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## Medical Jargon - An Overview

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### Abstract

"They do certainly give very strange and new-fangled names to diseases" — Plato (427-347BC)

"The Patient's Ears remorseless he assails, Murthers with Jargon where his Med'cine fails" - Sir Samuel Garth (1661-1719)

That's all very well, gentlemen, but only laymen called it Jargon. The correct medical term is Correct Medical Terminology. We doctors can't go around calling Familial Dysbetalipoproteinaemia "a touch of the nasties", now can we? Any more than we'd call Erysipelothrix rhusiopathia "a little bug". So just moderate your language, Sam; and as for you, Plato — run along and play with your friends.

Precision is vital to good communication, and medical men use jargon only to define exactly what they mean. Or do they? Occasionally, perhaps, there may be the tiniest hint of Jargon For Jargon's Sake — our profession has few other status symbols left nowadays, and sometimes it is regrettably necessary to subdue an uppity patient by blinding him with science. But under normal circumstances the use of jargon purely to impress people is limited to students and paramedical personnel, showing off their phraseology like a lance-corporal's stripe. Tyro jargoneers hold forth only to the awe-struck laity, since they remain uncomfortably aware that one slip will reveal their bluff and cause cruel hilarity to the initiated. In one hospital where I worked nobody had the kindness to correct a pleasant old nurse who for years referred to "urea and electric lights". (Another fond memory of nursing jargon: a successful enema is always said to have been "given with good result" — a merciful phrase which spares passers-by the details — and I remember a nurse exclaiming after an incontinent patient developed diarrhoea, "There was result everywhere!")

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## MEDICAL JARGON – AN OVERVIEW

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The more experienced the doctor, the plainer his speech. Older consultants tend to refer to stethoscopes as "tubes", physiotherapists as "girls" and paracoccidioidomycosis as "flu". They do this neither through lack of knowledge nor because their uvulas have calcified, but in order to guard against the age-old accusation levelled at medical jargon – that it is a cloak for ignorance. Sometimes it is: few of us know exactly what we mean by, say, "hypothalamus" or "S-I unit". Nevertheless, most of us retain a grasp of the broad outlines and when pushed can distinguish between melaena, melanoma and melarsoprol. Gone is the era when a physician's knowledge began and ended with his elaborate Latin terminology: in this scientific age a fairly complex word, like "Emiscan" or "lymphocyte" is likely to convey a much more complex concept. A few doctors remain adept in the ancient art of using jargon as armour. Dermatologists, for instance, have an array of wonderful Graeco-Roman words for things that you and I would call by the four-letter Anglo-Saxon "rash" or "spot". To watch a dermatologist in action, saying, "Aha, pityriasis rosea!" or "Go, bath in oatmeal!" is to appreciate medical gamesmanship at its best.

Though nowadays our jargon rarely hides out-and-out ignorance, it is still widely used as a disguise for woolly thinking, particularly by some of the newer specialties. It is generally accepted that a specialty is not a specialty until it has its own jargon, impenetrable to outsiders. For example, Immunology has rapidly grown a jungle of jargon by the natural process of naming new things as they were discovered. This is unavoidable, but specialties which are not in the discovery business, such as Administration or Social Work, have had to force their neologisms, a method which can produce some bizarre blooms. Patients no longer have friends, they have Interpersonal Relationships. Readers of *Res Medica* and *Private*

Eye will be amazed that the word "situation", despite the millions of gallons of ridicule poured on it, refuses to drown and continues to be an ongoing viable vocabulary-unit in the context of interdisciplinary communication at an Administrative level in the NHS. It occurs, in fact, across the board. Language like this is disconcertingly common even among doctors, especially those who want to seem up-to-date. The editor of the *British Medical Journal* has had to publish a list of 45 vogue words which contributors use "at their peril". It runs from "attitudinal" to "universalistic" via "grassroots" and "multidisciplinary". He should have offered a prize to anybody who knew what they all meant.

Most doctors, experienced, knowledgeable and far from trendy, would say that they use jargon only sparingly. The trouble is, they use it without realising it. Our training has drummed our obscure language so far into our subconscious that we cannot help thinking in jargon. Even the light-weight article that you are now reading would be heavy going for an intelligent layman, with its gags about electric lights and melaena. Our exclusive group-language sets us apart and makes it difficult to talk to non-medical friends without a string of patronising parenthetical explanations.

Of course, we have to talk to patients, and for this necessary chore a special terminology has evolved with a delicious jargon that never occurs in any other context. I pee, thou *passesst water*, he micturates. This strange half-world between curt everyday speech and polysyllabic professionalise is inhabited by people whose "bowels move", who may have "palpitations" and who (usually) have "back passages". My own specialty, gynaecology, requires euphemisms more than most and I keep being surprised that patients always know exactly where I mean by "down below". I recall as a houseman taking a hurried Systematic History from a foreign lady and asking briskly, "Any pain on intercourse?" "Pardon, please?" she replied, *intercourse* clearly not having featured on her Linguaphone record. I was temporarily non-plussed, able to think of only one synonym, which I hesitated to use in mixed company. Luckily the nurse chaperoning this interview was a resourceful woman and suggested making love. I'm sorry, I'll repunctuate that: she suggested "making love".

It is unfortunate that "jargon", like "hypocrisy" and "bestiality", is a harsh word with pejorative overtones, as some of its manifestations are far from ugly and a few are works of art. The graceful symmetry of "Wolff-Parkinson-White syndrome" deserves a Design Centre award. A place in the Tate should be reserved for the inspired "pseudo-pseudo-hypoparathyroidism", whose rhythmic undulations were built by an anonymous hand from an unpromising heap of Greek prefixes. These sophisticated creations are a world away from hand-blown artefacts of unaesthetic folksiness such as "hot dog headache", "Rocky Mountain spotted fever" or 'Salmonella thompson'. The profusion of medical eponyms – from "Addison's Disease" to "Zollinger-Ellison Syndrome" – can just be endured, if only through sympathy with the vanity of their dedicatees, though such hyphenated excesses as "Batten-Spielmeyer-Vogt Syndrome" are undeniably vulgar and probably of dubious mid-European origin.

We have no excuse, however, for tolerating the ambiguous inelegance of contractions and abbreviations. A phrase like "This woman needs 'scoping, doc" not only sets a sensitive registrar's teeth on edge but could subject the patient to the insertion of any one of a battery of metallic or fibreoptic gadgetry. "SCD" to the surgeon is Surgical Consultation Department, and to the gynaecologist is Something Coming Down. The physician's "DOE" is "Dyspnoea On Exertion" but the casualty officer's "DOA" is Dead On Arrival.

Such unnecessary conundrums are bad enough, but worse danger lurks in the notorious "hyper/hypo" combination. These antonyms, almost identical in speech and writing, cause potentially lethal confusion every day. Generations of students, introduced to them for the first time, have thought, "Hey, this is a bit silly", but they are perpetuated by inertia. Now that we have reorganised our administration and our system of measurement, we might think about re-organising our jargon, starting with these dangerous antiques. We could follow the suggestion made half in jest some years ago, and substitute "lower" for "hypo". "Lowpertension" "Lowperglycaemia". "Pseudo-pseudo-lowerparathyroidism". Clear and unconfusable. Could it be too sensible a change to be incorporated into our medical jargon?