

The Language of Medicine

For the first year, I felt that I hadn't so much enrolled in medical school as foreign language immersion. Erythema, epistaxis, ecchymosis, bronchiectasis—there were hundreds of words, some new terms for things I'd already heard of but most completely unfamiliar. As an unabashed logophile, I cherished the lecturers who delved, however briefly, into the comforting territory of etymology. From the Greek root *staphyle*, meaning grape, and the Latin *aurum*, meaning gold, comes *Staphylococcus aureus*, a round bacterium that grows in golden clusters and can kill when it colonizes a heart valve or the blood. From *athero*, meaning porridge, and *sclerosis*, meaning hardening, comes atherosclerosis, unctuous yellow depositions in arteries that cause them to thicken. Although the year was grueling, I found comfort in pronouncing and defining the new terms. There was much to learn, there was little time, and words were a concrete and measurable project.

And somewhat paradoxically, medical jargon, long deviled as impenetrable to outsiders, became for me a bridge to the world outside medical school, to the parallel universe where I chose to pursue theater, my first love, instead of medicine. I understood that by choosing a life in medicine I was, at least temporarily, giving up on the arts—but by finding humor in medical terminology, I found a way to keep in touch with my artistic friends. We had an ongoing game in college where we made up fictional band names and sent them to each other. Now, with this new vocabulary, the band names basically wrote themselves: Mucociliary Escalator is (obviously) garage rock, DJ Fatty Streak spins for clubs in New York and Los Angeles, The Haemophilicats are British punk, and Phineas Gage and the Tamping Rods cover old Motown hits. I'd find myself listening attentively during lecture, hoping for gems like Pubic Symphysis, the Notochords, or the Obturators (definitely heavy metal) to send to my friends.

Some of the terms were funny to me because of the way they sounded, and others simply because of how complicated they were. One lecturer put up a slide on which the word POEMS was typed in capital letters, which as it turned out was not a reference to rhyming couplets but an acronym for polyneuropathy, organomegaly, endocrinopathy, monoclonal gammopathy, and skin changes syndrome. The acronym was so complex that it was hilarious, and I realized that I was laughing not at the incongruity of poetry on a medical school lecture slide but at the impossibility of learning it all in a 2-week block. But we did learn. At the beginning of each course, we would stumble over words when reading cases aloud; by the end, even phrases like “serpiginous ulcerations with inflammatory exudates” fairly rolled off our tongues. We were soaking up this language and were eager to put it to use.

I didn't question the value of learning to speak the language of medicine—there's a reason why there are so

many words. Distinguishing lung sounds—crackles from rhonchi, wheezing, and stridor—is important not just diagnostically but linguistically. We need to use those terms rather than invent our own to better communicate with the instructors who will become our peers. Being specific is important, but some terms seem to obfuscate true meaning. Iatrogenic, from *iatros*, meaning doctor, and *genein*, to produce, means that the physician caused the injury. Iatrogenic pneumothorax is a term for something that can happen when a physician inserts a central line incorrectly and punctures the lung; as a diagnosis, it sounds suspiciously like evasion. I've learned that the word “idiopathic” is often used when physicians don't know the physiologic cause of a patient's illness. What is gained and what is lost when we use that term instead of admitting to what we don't understand?

For patients, the words are never just words. Some patients who visit our lectures speak the language better than we do, throwing around terms like “hematochezia” and “dyspnea” like old hands. They're in the club, too. Many of them have described their moment of diagnosis, no matter how dire, as a relief. They take comfort in knowing that their suffering is caused by something that has a name. It attenuates some of their loneliness, legitimizes their instinct that something has gone wrong. Of course, the way the words are delivered matters as much or more than the diagnosis itself. A patient who spoke to our class during the gastrointestinal block was asked how his diagnosis was broken to him, and he gave a surprising response. “I'll tell you,” he said, “because I'll always remember how that happened. Some resident comes into my hospital room. I'm lying in bed. She goes, ‘Mr. Morrison. Rectal cancer!’ and leaves.”

I developed an internal tension: needing to find the words interesting and funny on their own merits to keep studying them day after day but knowing that lurking beneath the textbook definition was a world of fear and pain that I wasn't exposed to.

And then, one day, my classmate called me crying and told me that her mother, while trying to decipher a radiology report over the phone, had come across a new word—neoplasia—and asked her daughter to define it. From the Greek *neo*, meaning new, and *plasia*, meaning growth, meaning a tumor, probably cancer.

A few weeks later, my best friend had an abnormal blood count and called me, terrified, asking me to clarify her doctor's words. It was shocking to hear the smartest person I know stumbling over the words “hemolysis” and “thrombocytopenia.” Despite having finished a hematology module, I found that the definitions I offered her were paltry. She didn't want to know about the ways that red blood cells can be damaged, resulting in hemolytic anemia and scleral icterus; she wanted to know if she was dying.

But this was the only medical knowledge I could offer her. These were the things I'd retained.

It had happened overnight. We had been neophytes, fumbling over phonemes, and now the words were something valuable that we had and others didn't, and that we were obliged to define and explain. They were badges, showing that we belonged to the medical community and weren't ordinary citizens anymore. And, suddenly, they weren't just words. They were words whose meanings I knew and wished that I didn't. They were words whose full weight I had been blissfully unaware of, focusing only on the superficial meaning, on the scientific meaning.

During the cardiology block, a lecturer started to discuss the various causes of dilated cardiomyopathy. "Idio-

pathic," he said. "That means that the doctors are idiots and the patients are pathetic." Laughter rippled through the lecture hall, but I couldn't. Suddenly, it just wasn't funny.

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AD LIBITUM

Andante

We have been walking this way for so long
Bipedal
One small step in front of another
Always in touch with the sly ground
In the longest, least self conscious dance of our lives

Secure ball and socket, the angled fulcrum of the hip
takes all our weight, and more
Down the mighty femur, to the button-braced knee
perilous hinge, locking straight
Heel strike shudders through the ankle mortice,
splays delicate rays of the plantar arch
Pinioned, but only briefly
before tendo-Achilles pushes down for lift off

Stance and swing, stance and swing
We are at the mercy of our mechanics,
each time, every time
While the wide world pirouettes
and the ground beneath pushes back

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