Urines Are Cooking: Perspectives on Medical Slang and Jargon

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It has been truly said that slang is something like pornography: even though the experts can't agree on a definition, we all recognize it when we see it. And the essential character of slang, like that of pornography, resides not so much in the topic under discussion as in societal attitudes toward the way in which that topic is treated.

The adjective that most often comes to mind when we attempt to define slang is *unconventional*. Slang can be thought of as a sort of eccentric or irregular dialect that exists in parallel with the more formal vocabulary that we find codified in dictionaries. We all use dozens of slang expressions and understand hundreds more when we hear them. But we also recognize that slang is inappropriate in some settings, such as a resumé or a letter of sympathy. Some slang expressions are objectionable because most people don't understand them; others because they are too brash, flippant, or frivolous for formal discourse, or perhaps are even offensively vulgar.

Since the language of medicine is full of slang and all dictators use it, the competent medical transcriptionist must develop the ability to judge which expressions to transcribe verbatim, which ones to translate into formal terms (and what terms to use), and which ones to flag. This article offers a classification of medical slang and suggests guidelines for its management by the transcriptionist.

Some day I hope to compile a book-length glossary of medical slang. That day hasn't come yet.

When we try to analyze slang as a linguistic phenomenon, we find that it actually encompasses several overlapping vocabularies, each with its own origins, motivations, and flavor.

Informal or colloquial language includes a huge number of **short forms** that have been cut down from longer words or phrases just to save time and effort. Shortened versions of single words can be subdivided into those that have

(1) lost their beginnings, such as *[colono]**scope***, *[electro]**lytes***, and *[hemato]**crit***;

(2) lost their endings, such as ***consult**[ation]*, ***met**[astasis]*, and ***retic**[ulocyte]*;

(3) lost both beginnings and endings, such as *[diver]**tic**[ulum]*, *[in]**flu**[enza]*, and *[pre]**script**[ion]*; and

(4) lost something out of the middle, such as ***app**[endectom]**y***, ***cath**[eteriz]**ed***, and ***prep**[are]**(p)ed***.

The same patterns can be identified among shortenings of phrases:

(1) *[adrenocortical] steroid, [anabolic] steroid, [lymph] node, [sinoatrial] node*;

(2) *local [anesthetic], pectus [excavatum], pelvic [examination], portio [vaginalis]*;

(3) *[plasma] cholesterol [concentration], [pulsed] Doppler [sonography]*;

(4) *genitourinary [tract]* infection, *Pap[anicolaou] smear, sed[imentation] rate, white [blood cell] count*.

What might be called **syntactic shortening** occurs when, for example, a verb is formed from a noun or adjective without change of form: *to biopsy*; *to code* 'call for help in cardiopulmonary resuscitation; *to gross* 'perform gross examination and description of pathology specimens'; *to guaiac* 'test a stool specimen for blood with guaiac'. **Back formation** is the creation of a new word (such as *beg*) that seems as if it should have been the origin of another word (such as *beggar*), but wasn't. Medical examples include *to diurese* from *diuresis*, *to lase* from *laser*, and *to torse* from *torsion*.

A special form of shortening is the **letter abbreviation**, in which the initial letters of the words in a phrase are used instead of the full phrase. Thus, *H and H* 'hemoglobin and hematocrit', *D/C'd* 'discontinued'. Although most abbreviations are not truly slang, they may share some of the objectionable features of slang words and phrases: unintelligibility, ambiguity, and informality.

Another way of compressing or shortening language is **contraction**, whereby two or more words are run together and some internal sounds are omitted. In writing, the dropped sounds are indicated by apostrophes: *can't*, *he'll*, *I'd've*, *she's*, *they're*. Most contractions are colloquialisms rather than true slang. Although they may be considered inappropriate in the most formal speech and writing, they sound and feel much more natural in speech than the full expressions. The speech of a person who always says *he will*, *she is*, and *they are* instead of using contractions seems stiff and pedantic, even foreign. Dictators who are native speakers of English naturally use many contractions.

An important source of slang terms besides the desire to shorten or simplify language is whimsy or a sense of **humor**. Examples are light-hearted variations on standard terms such as *orthopod* for *orthopedist*, *preemie* for *premature infant*, and *Western blot*, a modification of the *Southern blot*, which was named for its developer, E. M. Southern. Here we might also mention comical expressions such as *chandelier sign*, which implies that a diagnostic procedure is so painful that the patient leaps into the air and hangs from the chandelier.

Some slang is **pejorative**, that is, uncomplimentary or even abusive. Examples in medical language include *crock* and *gomer*, both referring to tiresome, difficult, or hypochondriacal patients. Slang can also be **euphemistic**, replacing an awkward or offensive word with one that seems more acceptable. Familiar examples of such expressions are *confused* 'demented'; *inappropriate*, often denoting behavior that is grossly objectionable; and *poor historian*, sometimes referring to a patient whose memory is virtually blank. Among euphemisms one might also include the abbreviation *FLK*, which sounds better than the full expression, *funny-looking kid*.

The terms **argot** and **jargon** refer to special, often secret vocabularies used by practitioners of certain trades or professions to discuss their activities or their equipment and its use. One reason behind the development of such special "shop talk" is the desire for a shared, exclusive language as a source or symbol of solidarity, somewhat like the vestments and rites of a secret society or a religious sect. This aspect of medical jargon appeals particularly to medical students and physicians in training, who are quick to appropriate and perpetuate esoteric expressions heard from instructors.

A second motive for the development of a trade jargon is the need or wish to communicate by means of a code that cannot be understood by outsiders. (Another meaning of *jargon* is 'unintelligible language, gibberish'.) This feature also has its application to medicine. At one extreme we have a gang of criminals plotting robbery and murder in the presence of their unsuspecting victim and at the other a team of physicians on rounds discussing a grave prognosis in the presence of the patient.

The jargon of medicine, like most other jargons ranging from thieves' cant to the highly technical vocabularies of international law and nuclear physics, can be divided into two broad categories: specially coined terms and ordinary words to which special meanings have been assigned.

In one sense the first of these categories encompasses the whole vast lexicon of the healing professions, containing arcane tongue-twisters such as *esophagoduodenoscopy*, *pseudohypoparathyroidism,* and *spondylolisthesis*. But although words like these may in some sense be called jargon, they are certainly not slang.

In contrast, terms such as *benign neglect* 'withholding fruitless and potentially harmful treatment', *bleed* (noun) 'hemorrhage', *high index of suspicion* 'particular alertness to a given diagnostic possibility', *left shift* 'increase in the proportion of immature neutrophils in the circulation', *natural history of a disease* 'expected clinical course', *retrospectoscope* (a mythical instrument with which the physician is supposed to achieve "20/20 hindsight"), and *workup* 'thorough diagnostic evaluation' are all slang, at least by origin.

A large part of medical jargon consists of ordinary English words to which special meanings have been assigned. Many of these expressions hover on the borderline between slang and formal language. Consider the italicized terms in the following phrases:

The chest is *clear*; the ears are *clear*; the suture line is *clear*. The deep tendon reflexes are *intact*; the tympanic membranes are *intact*; the pulses are *intact*. The history is *remarkable* for tonsillectomy at age 12; findings on examination were *consistent with* acute bronchitis; lab studies are *compatible with* metabolic alkalosis. The patient *presented* to the emergency room *in* atrial fibrillation. He *spiked a temperature*. His liver function studies are *elevated*. She *failed* outpatient therapy; he was *seen for* recurrent bronchitis; the patient was *started on* ciprofloxacin; she was transferred to Mental Hygiene *secondary to* increasing disorientation. *Acute abdomen, renal panel, blood chemistries, generous biopsy, documented lymphoma, looks toxic . . .*

Most or all of these words and phrases may have become so familiar to the experienced medical transcriptionist that they seem like strictly formal technical language. Yet each usage exemplified here represents a deviation, peculiar to medicine, from the conventional meaning of the word or words involved. These are some of the very terms that, by their strangeness and apparent incongruity, present the greatest challenge to the beginning transcriptionist.

One form of medical jargon owes its prevalence to the fondness of many physicians for abstract language, pretentious circumlocution, and obscure prolixity. Such physicians seemingly consider it a mark of intellectual superiority and linguistic sophistication to prefer *intervention* to *care*, *medication* to *medicine*, *modality* to *treatment*, *morphology* to *shape* or *appearance*, *pathology* to *disease*, *symptomatology* to *symptoms*, and so on.

The fledgling physician absorbs massive doses of medical jargon from the speech of professors and peers and often puts some of it to use like so many formulas or incantations without clearly reflecting on its exact meaning. Hence we hear such oddities as "status post falling off his tricycle" and, in operative reports, the endlessly recurring and wholly superfluous phrase, "The patient was taken to the operating room." *Albuminuria* is not an acceptable synonym for *proteinuria*, nor is *blood sugar* an exact equivalent of *plasma glucose*. Although *bilirubin* may appear in the urine, *bile* does not. *Decompensation* cannot logically denote a deterioration of function when no compensation has previously taken place.

Much medical jargon violates English idiom or common sense: "At risk *for* [why not *of*?] metabolic syndrome." "Extensive ecchymosis of the left [side of the] face." "Auscultation revealed absent breath sounds [?] over the left base." Jargonistic formulas may embody terms or concepts that

have been obsolete for decades. *Flat plate* still means 'a radiographic study of the abdomen with the patient supine' even though probably no physician living has ever seen a glass plate used to record an x-ray image. A stool examination for occult blood is apt to be called a *guaiac test* regardless of what reagent is used.

Granted that scarcely a paragraph of dictation is ever entirely free of colloquial or unconventional expressions, what are the implications for the medical transcriptionist? How far may slang, medical or general, diverge from the beaten track of formal language before it becomes taboo in a medical record? What kind of slang can be transcribed just as it is dictated, what kind needs to be altered to something more formal, and what kind must be rigorously excluded?

Only a few absolute rules can be laid down on this tricky topic. One is that **profane, vulgar, obscene, scurrilous, defamatory, uncouth, or otherwise crassly offensive language is always out of place in a medical report**. Inclusion of such material detracts from the sober and objective nature that should characterize a serious technical document. It can raise doubts as to the credibility or validity of the document and the competence or good faith of the dictator, and may even lead to litigation.

An important exception to this rule pertains to slang that is quoted by the dictator from the speech of a patient or some third party. Generally the dictator indicates this by saying "quote . . . unquote" or "quotation marks": *The pros and cons of surgery were presented to the patient but he stated that he didn't "want any damned butcher messing with" his "gizzard."*

Quotation marks may also appropriately be used to set off less inflammatory remarks (*The patient's mother says she "freaked out" the last time she had a pelvic examination*), including slang expressions deliberately employed by the dictator (*Recently most of our therapy sessions have evolved into "bull sessions"*).

Another rule of general application is that **any extremely unconventional expression should be replaced by a translation**. Thus, a *wicked-looking appendix* might be more appropriately described as *severely inflamed*, and *Reports of urine cultures and sensitivity studies are pending* looks and sounds better than *Urines are cooking*. If there is doubt as to the intended meaning, the transcriptionist would of course flag such a passage instead of making a wild guess.

A corollary or footnote to this rule is that a term that looks like slang but appears in medical dictionaries and word books can generally be transcribed verbatim. Examples might be *Coca-Cola urine, lumpectomy*, and *sweaty feet syndrome*.

The very general guidelines given above must be interpreted in the light of the transcriptionist's judgment and experience, aided perhaps by institutional or agency directives or individual dictators' preferences, if known. Style manuals typically offer broad rather than detailed advice regarding the handling of slang and jargon in medical reports, and any specific recommendations they make are apt to be arbitrary. For example, the AMA *Manual of Style* prefers *reference range* to *normal range*, *therapy for cancer* to *therapy of cancer*, and *treatment of cancer* to *treatment for cancer*. I must confess that the rationale behind such choices escapes me.

A few fairly standard conventions regarding the handling of short forms may be mentioned here. Most letter abbreviations, as mentioned earlier, are not genuine slang. Indeed, it is standard practice to transcribe dictated units such as "centimeters" and "milligrams per deciliter" as abbreviations: *cm*, *mg/dL*. But, like slang, initialisms and acronyms can be obscure or ambiguous. *D/C* can mean either *discharge* or *discontinue*; *HS* can mean either *half-strength* or *bedtime*; *MS* can mean either *morphine sulfate* or *magnesium sulfate* (as well as *Master of Science, multiple sclerosis, medical student, millisecond*, and who knows what else?).

A letter abbreviation should therefore be expanded on its first appearance, with the abbreviation following the full expression in parentheses. Thus, "Emergency IVP showed . . ." should be transcribed as "Emergency intravenous pyelogram (IVP) showed . . . " If the same abbreviation is dictated again later in the document, only the abbreviation is transcribed.

Most authorities recommend similar treatment of binomial taxonomic terms (genus and species). Thus, "Cultures were negative for toxigenic *E coli*" would be transcribed as "Cultures were negative for toxigenic *Escherichia coli (E coli)*." Note that in contemporary practice the period is omitted from the abbreviation of the genus name. In no case should true jargon such as *H flu* or *Strep pneumo* be transcribed verbatim.

Some very basic abbreviations occur so frequently in certain settings that they can safely be transcribed as dictated. Examples are S_2 (denoting the second heart sound) in a report of a cardiac examination; the L_5-S_1 *interspace* (the interspace between the fifth lumbar and the first sacral vertebrae) referring to spinal findings on physical examination or imaging studies or at surgery; and *WBC/hpf* (white blood cells per high power field) in a report of microscopic examination of urine.

By contrast, certain other abbreviations have recently been outlawed by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) because of the high risk of misinterpretation, with potentially lethal consequences, when they are hand-written. For example, *cc* 'cubic centimeter(s)' can be mistaken for *U* 'unit(s)' or the numeral *4*, and μ*g* 'microgram(s)' may look like *mg* 'milligram(s)'. Even though the danger of error may be virtually nil when the forbidden abbreviations appear in a transcription, the prohibition issued by JCAHO extends to all uses of them, even including printed forms.

The decision whether to transcribe or reinflate contractions such as *hasn't* and *we've* depends on local standards. So does the choice between *exam* and *examination*, *lab* and *laboratory*, *postop* and *postoperative*. By and large, however, even clipped forms that are universally understood throughout the medical community, such as *alk phos, cathed, labs, multip, procto, pro time, quad-strengthening, rehab, strep, urines,* and *V tach* should be transcribed in full: *alkaline phosphatase, catheterized, laboratory tests* (or *reports*), *multipara, proc-*

toscopy, prothrombin time, quadriceps-strengthening, rehabilitation, streptococcus (or *streptococci*), *urine specimens*, and *ventricular tachycardia*.

Regardless of any other considerations, an ambiguous abbreviation or short form should always be expanded: *AV (arteriovenous/atrioventricular)*, *crypto (cryptococcosis/cryptosporidiosis), histo (histology/histoplasmosis)*. And an expression that obviously distorts reality, such as a urine specific gravity of 1.012 dictated as "ten-twelve," should always be rendered in its correct form.

When in doubt about a piece of jargon, ask yourself whether a more suitable, even though perhaps longer, term is readily available. On those grounds, *CABG'd ("cabbaged"), cyanosed, necrosed,* and *seized* should be rejected in favor of *underwent coronary artery bypass grafting, cyanotic, necrotic,* and *had a seizure*.

By contrast, your own good sense will probably tell you that standard phrases like *oriented times three*, *two-diopter choke*, and *two-pillow orthopnea* can be transcribed word for word unless local precepts dictate otherwise. And probably few service managers would expect a staff member to recast "a couple of skin bleeders were bovied" as "two or more severed and hemorrhaging cutaneous arteries were coagulated with a Bovie electrosurgical pencil."

It may help to keep the issue of slang and jargon in perspective if you recall that every single word, meaning, and pattern of usage in every language ever spoken on earth was at some past time an innovation—either a brand-new addition to the language or a departure from some previous usage. Many of our most solemn and sacrosanct words and phrases got their start as puns or flippant variations on existing terms.

In other words, what makes an expression slang is not its origin but rather the degree of acceptance it has attained in the formal speech and writing of educated and cultivated people. Clipped forms and jargon expressions that haven't made it yet could still become part of the standard language of medicine tomorrow. Skill in medical transcription requires experience, discretion, taste, and an intimate familiarity with both the formal lexicon of medicine and that other, slightly disreputable vocabulary we call slang or jargon.

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Translation, Please!
Medical Slang and Jargon

A&W	alive and well
albuminuria	proteinuria
absent breath sounds	absence of breath sounds
afib	atrial fibrillation
alk phos	alkaline phosphatase
amp	ampule
anchovy	rolled-up piece of fascia lata (that looks like an anchovy)
appy	appendectomy
appy tape	small laparotomy tape used in appendectomy
AV	arteriovenous *or* atrioventricular
bagged	ventilated by hand using an Ambu bag
banana bag	a detox "cocktail" given IV to alcoholics
beaver fever	hikers' and canoeists' "affectionate" term term for giardiasis
benign neglect	withholding fruitless and potentially harmful treatment
bicarb	bicarbonate
bili	bilirubin
bili lights	bilirubin (fluorescent) lights for infants with hyperbilirubinemia
bleed (noun)	hemorrhage
blown pupil	dilated pupil unresponsive to light in a brain-damaged patient
blue bloater	emphysema patient with cyanosis and peripheral edema due to right ventricular failure
bug	any infectious agent
CA	carcinoma
CABG'd ("cabbaged")	underwent coronary artery bypass grafting
cardioplege (v.)	to administer cardioplegia
cath'd, cathed	catheterized
cauliflower ear	external ear deformed by repeated or severe trauma, as in boxers and wrestlers
coags	coagulation studies
code black	emergency department jargon for a patient who has died
confused	demented
consult	consultation
crank	street drug methamphetamine which is snorted or injected
crit	hematocrit
crock	difficult patient
crypto	cryptococcosis, cryptosporidiosis
cyanosed	cyanotic
cysto	cystoscope, cystoscopy
D/C, D/C'd	discontinue(d), discharge(d)
decels	decelerations
diff	differential
dig ("dij")	digoxin, digitoxin, or digitalis
Doppler	pulsed Doppler sonography
drip	intravenous infusion
D-stix	Dextrostix
duck	male urinal
dunk, dunked	inversion of the appendiceal stump before tying the pursestring suture
embolotherapy	embolization treatment
epi, Eppy	epinephrine (Adrenalin)
e-stim	electrical stimulation
euboxic	said of a laboratory test whose result falls within the normal box on the automated report printout
ex-fix	external fixator, external fixation
fat doctor	bariatrician; specialist in treating obesity
fecalogram	an imaging study in an improperly prepared patient, showing stool in the colon
fem-pop	femoral-popliteal
flatliner	patient whose EEG shows no cerebral activity
FLK	funny-looking kid
flu	influenza
fudge factor	arbitrary adjustment of quantitative test result to support a desired interpretation
gomer	difficult patient ("get out of my ER")
gram	cardiogram, sonogram, electroencephalogram . . . or gram
H flu	*Haemophilus influenzae*
H&H	hemoglobin and hematocrit
histo	histology, histoplasmosis
HS	half-strength; bedtime
I'd've	I would have
IMax or IMAX	internal maxillary artery
in the magnet	said by radiologists working in MRI unit
inappropriate	displaying grossly objectionable behavior
jargon	unintelligible language, gibberish
joker	operating room instrument
labs	laboratory studies
lap	laparotomy
lap appy	laparoscopic appendectomy
lap chole	laparoscopic cholecystectomy
lap tape	laparotomy sponge
left face	left side of the face
left shift	increase in the proportion of immature neutrophils in the circulation
local	local anesthetic
LOL	little old lady
lytes	electrolytes
meds	medications
met, mets	metastasis, metastases
Metz	Metzenbaum scissors
MS	morphine sulfate, magnesium sulfate, multiple sclerosis, millisecond

Translation, Please! Medical Slang and Jargon

multip	multipara, multiparous
necrosed	necrotic
nitro paste	nitroglycerin ointment
node	lymph node, sinoatrial node
OD'd	overdosed
orthopod	orthopedist
Pap smear	Papanicolaou smear
peanut	small sponge used in surgery
pectus	pectus excavatum
pelvic	pelvic examination
pimping	relentless quizzing of a medical student or resident on arcane topics by a senior physician, chiefly to establish or maintain superiority
pink puffer	emphysema patient with dyspnea but no cyanosis
pollywogs	cotton balls, pledgets, or sponges used to absorb blood or fluids at the operative site
poor historian	patient with a blank memory
portio	portio vaginalis
post	postmortem examination, autopsy
preemie	premature infant
prepped	prepared
procto	proctology, proctoscopy
pro time	prothrombin time
Q sign	a moribund patient, with gaping mouth and lolling tongue
quad-strength-ening	quadriceps-strengthening
red flag	a condition or laboratory value ("panic level") indicating severe or urgent condition
rehab	rehabilitation
retic	reticulocyte
retrospectoscope	a mythical instrument with which the physician is supposed to achieve 20/20 hindsight
ROMI, romied	rule out myocardial infarction, myocardial infarction ruled out
sats	(oxygen) saturation
scalpel safari	trip to a third-world country for cosmetic surgery
scope	colonoscope, endoscope, etc.
scrim	speech or auditory discrimination
script	prescription
sed rate	sedimentation rate
seized	had a seizure
sharps	suture needles, scalpel blades, hypodermic needles, cautery blades, and safety pins
sharps count	count of sharp instruments at end of operative report
shotgun therapy	treatment with several drugs so as to cover all diagnostic possibilities
sickler	patient with sickle cell anemia
sink test	sham lab test, in which the unexamined specimen is discarded "down the sink"
skinny needle	a 22-gauge needle used in percutaneous biopsy or aspiration cytology
slow code	CPR efforts carried out perfunctorily and with little expectation of success
soft-passed	passed without resistance
spill	excrete inappropriately in urine, as glucose or protein
stat or STAT	immediately
steroid	adrenocortical steroid, anabolic steroid
Strep pneumo	*Streptococcus pneumoniae*
strep	streptococcus, streptococci
subcu	subcutaneous, subcuticular
sublux (v.)	subluxate
sundowner	moderately demented, usually elderly patient, who becomes more severely disoriented in the evening
surf test	surfactant test of amniotic fluid
sweetheart	Harrington retractor
T and C	Tylenol and codeine
TBP	total body pain; referring to a patient with numerous severe complaints
T'd ("teed") (v.)	extension of an incision in a T shape
tet spell	spell typical of tetralogy of Fallot
tib-fib	tibia-fibula
tic	diverticulum
tincture of time (TOT)	watchful waiting
T-max	temperature maximum (formerly, renal tubular clearance threshold)
to biopsy	perform a biopsy
to code	call for help in CPR
to diurese	to induce or experience diuresis
to gross	perform gross exam and description of pathology specimens
to guaiac	test a stool specimen for blood with guaiac
to lase	to use a laser
to torse	to experience torsion, as a cyst or testicle
tokos or tocos	tocodynamometer; tocolytics
triple A	AAA (abdominal aortic aneurysm)
Tyco #3	Tylenol No. 3 (Tylenol with Codeine No. 3)
uncooperative	negative, disobedient, defiant
urines cooking	reports of urine cultures and sensitivity studies are pending
urines	urine specimens
V tach	ventricular tachycardia
wastebasket diagnosis	a vague or general diagnosis, such as chronic fatigue or nonspecific back pain
wee bag	urine collection bag
wet reading	stat radiology report
white count	white blood cell count
wicked-looking appendix	severely inflamed appendix
workup	thorough diagnostic evaluation
Zandy bars, Zannies, Z-Bars	Xanax