LEARNING THE LANGUAGE

Perri Klass

Perri Klass (1958–) was born to American parents in Trinidad and earned her M. D. from Harvard in 1986, going on to become a pediatrician. She has been writing and publishing widely while pursuing her medical career. Her fiction includes two novels, Recombinations *(1985) and* Other Women's Children *(1990), and a collection of short stories,* I Am Having an Adventure *(1986). She published a collection of autobiographical essays,* A Not Entirely Benign Procedure *(1987) about her experience in medical school. The following selection, "Learning the Language," is excerpted from that book. Klass is sensitive to uses of language and understands how language affects thinking. As you read this essay, think about other special groups who also use language in unique ways.*

"Mrs. Tolstoy is your basic LOL in NAD, admitted for a soft rule-out MI," the intern announces. I scribble that on my patient list. In other words, Mrs. Tolstoy is a Little Old Lady in No Apparent Distress who is in the hospital to make sure she hasn't had a heart attack (rule out a Myocardial Infarction). And we think it's unlikely that she has had a heart attack (a *soft* rule-out).

If I learned nothing else during my first three months of working in the hospital as a medical student, I learned endless jargon and abbreviations. I started out in a state of primeval innocence, in which I didn't even know that "s CP, SOB, N/V" meant "without chest pain, shortness of breath, or nausea and vomiting." By the end I took the abbreviations so much for granted that I would complain to my

mother the English professor, "And can you believe I had to put down three NG tubes last night?"

"You'll have to tell me what an NG tube is if you want me to sympathize properly," my mother said. NG, nasogastric—isn't it obvious?

I picked up not only the specific expressions but also the patterns of speech and the grammatical conventions; for example, you never say that a patient's blood pressure fell or that his cardiac enzymes rose. Instead, the patient is always the subject of the verb: "He dropped his pressure." "He bumped his enzymes." This sort of construction probably reflects the profound irritation of the intern when the nurses come in the middle of the night to say that Mr. Dickinson has disturbingly low blood pressure. "Oh, he's gonna hurt me bad tonight," the intern might say, inevitably angry at Mr. Dickinson for dropping his pressure and creating a problem.

When chemotherapy fails to cure Mrs. Bacon's cancer, what we say is, "Mrs. Bacon failed chemotherapy."

"Well, we've already had one hit today, and we're up next, but at least we've got mostly stable players on our team." This means that our team (group of doctors and medical students) has already gotten one new admission today, and it is our turn again, so we'll get whoever is admitted next in emergency, but at least most of the patients we already have are fairly stable, that is, unlikely to drop their pressures or in any other way get suddenly sicker and hurt us bad. Baseball metaphor is pervasive. A no-hitter is a night without any new admissions. A player is always a patient—a nitrate player is a patient on nitrates, a unit player is a patient in the intensive care unit, and so on, until you reach the terminal player.

It is interesting to consider what it means to be winning, or doing well, in this perennial baseball game. When the intern hangs up the phone and announces, "I got a hit," that is not cause for congratulations. The team is not scoring points; rather, it is getting hit, being bombarded with new patients. The object of the game from the point of view of the doctors, considering the players for whom they are already responsible, is to get as few new hits as possible.

This special language contributes to a sense of closeness and professional spirit among people who are under a great deal of stress. As a medical student, I found it exciting to discover that I'd finally cracked the code, that I could understand what doctors said and

wrote, and could use the same formulations myself. Some people seem to become enamored of the jargon for its own sake, perhaps because they are so deeply thrilled with the idea of medicine, with the idea of themselves as doctors.

I knew a medical student who was referred to by the interns on the team as Mr. Eponym because he was so infatuated with eponymous terminology, the more obscure the better. He never said "capillary pulsations" if he could say "Quincke's pulses." He would lovingly tell over the multinamed syndromes—Wolff-Parkinson-White, Lown-Ganong-Levine, Schönlein-Henoch—until the temptation to suggest Schleswig-Holstein or Stevenson-Kefauver or Baskin-Robbins became irresistible to his less reverent colleagues.

And there is the jargon that you don't ever want to hear yourself using. You know that your training is changing you, but there are certain changes you think would be going a little too far.

The resident was describing a man with devastating terminal pancreatic cancer. "Basically he's CTD," the resident concluded. I reminded myself that I had resolved not to be shy about asking when I didn't understand things. "CTD?" I asked timidly.

The resident smirked at me. "Circling The Drain."

The images are vivid and terrible. "What happened to Mrs. Melville?"

"Oh, she boxed last night." To box is to die, of course.

Then there are the more pompous locutions that can make the beginning medical student nervous about the effects of medical training. A friend of mine was told by his resident, "A pregnant woman with sickle-cell represents a failure of genetic counseling."

Mr. Eponym, who tried hard to talk like the doctors, once explained to me, "An infant is basically a brainstem preparation." The term "brainstem preparation," as used in neurological research, refers to an animal whose higher brain functions have been destroyed so that only the most primitive reflexes remain, like the sucking reflex, the startle reflex, and the rooting reflex.

And yet at other times the harshness dissipates into a strangely elusive euphemism. "As you know, this is a not entirely benign procedure," some doctor will say, and that will be understood to imply agony, risk of complications, and maybe even a significant mortality rate.

The more extreme forms aside, one most important function of medical jargon is to help doctors maintain some distance from their patients. By reformulating a patient's pain and problems into a language that the patient doesn't even speak, I suppose we are in some sense taking those pains and problems under our jurisdiction and also reducing their emotional impact. This linguistic separation between doctors and patients allows conversations to go on at the bedside that are unintelligible to the patient. "Naturally, we're worried about adeno-CA," the intern can say to the medical student, and lung cancer need never be mentioned.

I learned a new language this past summer. At times it thrills me to hear myself using it. It enables me to understand my colleagues, to communicate effectively in the hospital. Yet I am uncomfortably aware that I will never again notice the peculiarities and even atrocities of medical language as keenly as I did this summer. There may be specific expressions I manage to avoid, but even as I remark them, promising myself I will never use them, I find that this language is becoming my professional speech. It no longer sounds strange in my ears—or coming from my mouth. And I am afraid that as with any new language, to use it properly you must absorb not only the vocabulary but also the structure, the logic, the attitudes. At first you may notice these new and alien assumptions every time you put together a sentence, but with time and increased fluency you stop being aware of them at all. And as you lose that awareness, for better or for worse, you move closer and closer to being a doctor instead of just talking like one.