

Writing Topics

- JOURNAL TO ESSAY** Reread your journal entry and the quotations at the beginning of Jain's essay (p. 128). Using specific examples, write an essay arguing that a form of politeness has outlived its usefulness. Under what circumstances did the courtesy originate, and why was it considered polite? What has changed to render it objectionable to some people? Are they right to object? Is there some other behavior that should take its place?
- With Jain's essay as a model, write an essay of your own that uses examples to explain why you admire another person. You might write about a parent, as Jain does, or about anyone who has had a positive influence on you.
- In her conclusion, Jain comments that "females in all societies have been inculcated to behave in a manner that is seen as befitting their gender" (paragraph 6). She seems to believe, in other words, that women everywhere willingly adhere to rigidly defined gender roles. What do you think of this assertion? Can you think of examples that contradict it? Write an essay that examines Jain's assumption. Whether you agree with her or not, offer plenty of evidence to support your conclusions.
- CULTURAL CONSIDERATIONS** As Jain points out, the English language has only one form of the second-person pronoun *you*. Jain characterizes this quality as a weakness but then goes on to suggest ways in which different levels of the pronoun's formality in Hindi can be used to reinforce inequality. Focusing on a single example, write an essay in which you contemplate the influence of language on culture, and vice versa. How might multiple forms of the pronoun *you*, for instance, reflect social hierarchies? Why did feminists fight to eliminate the generic male pronoun from American English (until the late twentieth century, it was standard practice to use *he*, *his*, and *man* to refer to both men and women)? Why does France have a government commission charged with banning words like *weekend*, *volleyball*, and *surfer* from the French language? Other examples may come to mind; write about what interests you most.
- CONNECTIONS** In "I Want a Wife" (p. 264), Judy Brady also writes about what was expected of wives forty years ago. Read her essay and consider what she might think of Naresh Jain's effort to treat his wife as an equal. Would "linguistic parity" be enough for Brady? What aspects of the Jains' marriage might she criticize? What aspects might she applaud?

ON JARGON

A passage is not plain English—still less is it good English—if we are obliged to read it twice to find out what it means. —Dorothy Sayers

I'm bilingual. I speak English and I speak educationese.
—Shirley Hufstедler

You and I come by road or rail, but economists travel on infrastructure. —Margaret Thatcher

JOURNAL RESPONSE What words or expressions have you encountered in your college courses or in your college's rules and regulations that have confused, delighted, or irritated you? Write a brief journal entry describing the language and its effects on you.

Perri Klass

Perri Klass is a pediatrician, a writer, and a knitter. She was born in 1958 in Trinidad and grew up in New York City and New Jersey. Klass obtained a BA from Harvard University in 1979, finished Harvard Medical School in 1986, and teaches journalism and pediatrics at New York University. Her publications are extensive: short stories and articles in *Mademoiselle*, *Antioch Review*, the *New England Journal of Medicine*, and other periodicals; several novels, including *Other Women's Children* (1990) and *The Mercy Rule* (2009); five essay collections; a memoir, *Every Mother Is a Daughter* (2005); and the parenting guide *Quirky Kids* (2003). Klass is the president and medical director of Reach Out and Read, a nonprofit group that works with pediatricians to distribute books to disadvantaged children.

She's Your Basic LOL in NAD

Most of us have felt excluded, confused, or even frightened by the jargon of the medical profession—that is, by the special terminology and abbreviations for diseases and procedures. In this essay Klass uses examples of such language, some of it heartless, to illustrate the pluses and minuses of becoming a doctor. The essay first appeared in 1984 as a "Hers" column in the *New York Times*.

"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 "3 CP, SOB, N/V" meant "without chest pain, shortness of breath, or nausea and vomiting." By the end I took the abbreviations so 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 that 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 may 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 next admitted 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.

These special languages contribute to a sense of closeness and professional spirit among people who are under a great deal of stress. As a medical student, it was exciting for me 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,¹ the more obscure the better. He never said "capillary pulsation" if he could say "Quincke's pulses." He would lovingly tell over the multinaimed syndromes—Wolff-Parkinson-White, Lown-Ganong-Levine, Henoch-Schonlein—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." A brainstem preparation, as used in neurological research, is 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.

The more extreme forms aside, one most important function of medical jargon is to help doctors maintain some distance from their patients.

¹ *Eponymous* means "named after"—in this case, medical terminology is named after researchers. [Editors' note.]

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 adreno-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 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.

Meaning

1. What point does Klass make about medical jargon in this essay? Where does she reveal her main point explicitly?
2. What useful purposes does medical jargon serve, according to Klass? Do the examples in paragraphs 9–16 serve these purposes? Why, or why not?
3. Try to guess the meanings of any of the following words that are unfamiliar. Check your guesses in a dictionary, and then use each word in a sentence or two of your own.

primeval (2)	syndromes (9)	locutions (15)
terminal (6)	reverent (9)	jurisdiction (17)
perennial (7)	pompous (15)	

Purpose and Audience

1. What does Klass imply when she states that she began her work in the hospital "in a state of primeval innocence" (paragraph 2)? What does this phrase suggest about her purpose in writing the essay?

2. From what perspective does Klass write this essay: that of a medical professional? someone outside the profession? a patient? someone else? To what extent does she expect her readers to share her perspective? What evidence in the essay supports your answer?
3. Given that she is writing for a general audience, does Klass take adequate care to define medical terms? Support your answer with examples from the essay.

Method and Structure

1. Why does Klass begin the essay with an example rather than a statement of her main idea? What effect does this example produce? How does this effect support her purpose in writing the essay?
2. Although Klass uses many examples of medical jargon, she avoids the dull effect of a list by periodically stepping back to make a general statement about her experience or the jargon—for instance, "I picked up not only the specific expressions but also the patterns of speech and the grammatical conventions" (paragraph 4). Locate other places—not necessarily at the beginnings of paragraphs—where Klass breaks up her examples with more general statements.
3. **OTHER METHODS** Klass uses several other methods besides example, among them classification (Chapter 9), definition (Chapter 12), and cause-and-effect analysis (Chapter 13). What effects—positive and negative—does medical jargon have on Klass, other students, and doctors who use it?

Language

1. What is the tone of this essay? Is Klass trying to be humorous or tongue-in-cheek about the jargon of the profession, or is she serious? Where in the essay is the author's attitude toward her subject the most obvious?
2. Klass refers to the users of medical jargon as both *we/us/our* (paragraphs 1, 5, 6, 17) and *they/our* (7), and sometimes she shifts from *I* to *you* within a paragraph (4, 18). Do you think these shifts are effective or distracting? Why? Do the shifts serve any function?
3. Klass obviously experienced both positive and negative feelings about mastering medical jargon. Which words and phrases in the last paragraph reflect positive feelings, and which negative?

Writing Topics

1. **JOURNAL TO ESSAY** When she attended medical school, Perri Klass discovered a novel language to learn and with it some new attitudes.