This is a fascinating account of present-day medical slang as current in hospitals of Rio de Janeiro. It invites comparison with medical slang used in other countries, as the use of slang undoubtedly reflects the social conditions under which medical personnel work.

As Peterson points out, what is striking about Brazilian medical slang when we compare the vocabulary that he collected with those collected in hospitals of the United States (e.g., Konner 1987; Coombs et al. 1993) is the variety of deprecatory terms that refer to Brazilian health care services. Coombs et al. (1993) collected 247 terms, of which the majority referred to the ‘players’ care-givers and care-receivers and their relationships. Only 17 terms referred to health care services, and were relatively mild compared to those used by Brazilian doctors. ‘St. Elsewhere’, a term popularized by a television program, refers to a community hospital isolated from academic centers; ‘Doc-in-the-Box’ is a walk-in clinic. Konner (1987), an anthropologist who decided to go to medical school when he was in his mid-30s and who wrote a book about his experiences, includes a glossary of 234 terms. Again, few refer to health care services per se. He includes ‘St. Elsewhere’ and ‘Money Changers’, used by hospital personnel to refer to private physicians, especially those in successful group practice, implying that their work cannot be trusted because of the profit motive.

A number of explanations have been given for the widespread use of medical slang, especially in a hospital setting. Coombs et al. (1993), using a questionnaire designed to test the familiarity of doctors with medical slang at various stages of their careers, found that the use of slang was uncommon among medical students until they leave classrooms and laboratories and begin to be involved with patient care. “Slang increases slightly in the final year of medical school, and peaks during the internship year, considered the most difficult of all, when the hours are long and the responsibility of patient care extensive” (Coombs et al., 1993:992). Physicians who have been in practice for 20 or more years are hardly more familiar with hospital slang than beginning medical students.

This suggests that situations of high stress and frustration, such as that which young doctors often face during their years of hospital residency, often result in the use of ‘gallows humor’ to defuse tension. However, in the United States, once doctors were established in their careers they could, at least until recently, expect to enjoy professional independence, high prestige, and financial security. In Brazil, according to Peterson, medical slang reflects the “malaise and discontentment” of doctors caught in the present crisis of the Brazilian health care system, a crisis that destroys confidence in their professional future. But doctors are becoming increasingly unhappy with changes in the American health care system as well, and in how these changes affect them.

In the United States, according to a recent article in the New York Times (Stolberg, 1998), as managed care rapidly replaces traditional fee for service, doctors are losing their independence. According to the director of the Center for Health Policy at the University of Pennsylvania, “Now you have doctors subject to outside management, most doctors being employees of an organization or highly managed. The loss of autonomy and control is astounding. The doctors are battered” (Stolberg, 1998:A1). A physician whose practice was taken over by a for-profit medical group that subsequently went bankrupt gloomily prophesied the complete collapse of American health care since, “any system in which a crucial component is so demoralized namely doctors cannot possibly survive” (Stolberg, 1998:A14). If this is the case, may we not expect that future collections of American medical slang will include disparaging terms for medical services that parallel those already current in Brazil?


