cians, just as there are for patients, but hardly any at all for institutions.

I was therefore interested to see that Dr. Peterson focuses, correctly I think, on the bureaucratization of health care, and reads much of Carioca medical slang to be a response to this process. The alternative that has been explored extensively by physicians and medical social scientists of a more Marxist bent is the 'proletarianization' of physicians, a process in which physicians increasingly find themselves serving as employees of de facto profit-making hospitals and 'managed care' corporations. In the mid-1980s journals such as *The International Journal of Health Services Research* were inflamed with angry analyses of Marxist scholars who read into this process the commodification of 'care' the conversion of a human relationship into a reified 'thing' that is produced, measured, withheld, or sold in a strictly economic model.

Dr. Peterson suggests, as I read him, that a more nuanced view of the recent history of the political economy of health care is necessary. After all, physicians have long worked as employees of institutions, and they are still far from being treated as hourly wage laborers. Rather, what has changed in the circumstances of physician work is the extraordinary level of bureaucratization it has undergone, at least in the United States and, apparently, in Brazil. I do not have the space in a brief commentary to develop this point in detail, but since it is not the explicit focus of Dr. Peterson's article I want to draw attention to the relevance of his argument for an ongoing debate in the sociology of medicine. While his Brazilian example has fascinating differences from the US cases with which I am most familiar, there are important similarities that make his article a significant contribution to this debate as well.

I should also note that this commentary is being written while I am traveling, and do not have access to the usual scholarly materials that I would want to consult; I apologize to Dr. Peterson and other authors if my memory fails me at one or two points in my discussion of their work.

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Peterson presents compelling examples of the meaning and the constructions of medical slang in Rio de Janeiro, and describes the new meanings physicians create for (and communicate about) their health care system through their use of medical slang. But he makes unconvincing attempts to differentiate his study from others (particularly a study by Gordon in California), and sometimes moves too quickly between descriptions of metaphor, slang, jargon, proverbs, puns, and jokes. This is at once a pleasing and problematic paper, especially for a medical anthropologist with little formal sociolinguistic training.

Peterson contrasts substitutive, comparative, and interactive explanations of metaphor, and makes a convincing case for the utility of the third category. He presents only a sketch of the Brazilian health system crisis, but he makes appropriate and convincing references to a context of horror and moral challenge, and the development and use of medical slang to manifest and confront (or worsen) that context. On the other hand, his attempts to compare his study with one from California on hospital jokes (Gordon, 1983) are less convincing. He contrasts his broader with Gordon's narrower focus, though it is not clear that Gordon sought to represent anything other than one specific type of joke. He also critiques Gordon's attention to rapport among professionals and distance from patients, preferring instead his own attention to the creation of meaning. But while Peterson does attend to meaning, he also posits a mechanism of social critique that links a context of horror to the creation and use of puns by doctors. So is it that Peterson dislikes Gordon's lack of attention to meaning, or is it that Gordon employs a different functional model? Or both? Peterson later explains that he pays most attention to the third of his three themes (medical specialty, patients, health care services) because this is an area more relevant to the crisis. He chooses his own examples for what, as much as how, they communicate. Finally, Peterson writes that Gordon draws "*curious conclusions.*" This critique seems to me to rest largely on a misrepresentation of the word 'claim,' as equivalent to the verb 'to demand' rather than the also acceptable 'to require' (contrary to Peterson's conclusion, in this latter sense comatose patients can readily claim attention).

But underneath this I am confused about the role of this critique in the article itself: without defending Gordon I wondered why Pe-

terson chose to make these sometimes forced comparisons rather than letting his work 'speak for itself?' Is Gordon the only available representative of a substitutive view of medical metaphors? I would have liked to have read fewer critiques of Gordon, and more extensive analysis, for example, of the similarity in imagery between the emasculation of the medical staff (expressed through the term *esculhambina*) and the emasculation of patients (expressed through the term *poliesculhambado*).

I regret that Peterson sometimes uses language to distance rather than inform the reader. What, for example, is the reader to make of this sentence: "*Medical slang is thus essentially connotative, to the extent that the significant element is the use of the linguistic register* per se*?*" Is this the same as saying, 'Medical slang basically helps to convey new meanings, based on its use of words already in circulation?' And why use terms like chiasmas, catachresis, and paronomastic transformation or paronomastic interaction without defining them? These are disconcerting parts of an article that pays such close attention to words themselves.

While the opening is at once forceful and playful, I am sorry that Peterson does not follow through with his promise "*to return to questions raised by the clavicle...*". The conclusion invoking metaphors of keys and fumes might have been more powerful had it reinforced more specifically the links between ethical challenge, daily practice, and physicians' puns.

Despite these criticisms, it is still a pleasure to see (well, to read) this attention paid to what (and how) we mean. Peterson offers many ideas for additional work on the topic, in Brazil and elsewhere.

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The article '*Trambiclínicas, pilantrópicos,* and *mulambulatórios*: Medical slang in Rio de Janeiro, Brazil', in keeping with its numerous metaphorical examples is I.I.I (Inquisitive, Instigating, and Indocile, in the best sense of the word). I believe it allows for two readings, which I describe below and in both of which (as *versions*) I see pertinence and legitimacy. The first focuses on the scientific concatenation proposed by the study. The second begins with the study's proposal as a stimulus for ideas and dialogue.

A 'closed' reading

The paper begins with a *hypothesis* that could be summarized, with unavoidable loss, as following: scientific and deontological discourses, albeit constitutive, are insufficient to express the totality of medical ethos. According to the author, another semantic field, 'medical slang', a difficult term to translate [into Portuguese], is capable of expressing this ethos in a less orthodox and more sensitive way. From the onset the author challenges the familiar notion that this type of metaphorical recourse is used to maintain a distance between physician and patient (a role played better by medical jargon) or as a means to relax from tension experienced in the medical work process (more commonly dealt with by conversation on sex, football, etc.). Finally, he contends that 'medical slang' creates new meanings in the relations between physicians, between physician and patient, in the acquisition of new knowledge, and in the physician's relationship to the health care system itself. He thus assumes that metaphors will be read not as 'substitution' or 'comparison' of meanings but as creative 'interaction'.

Taking this point of departure, two major expectations can be generated in the reader. The first is to see the elements or characteristics of this medical ethos revealed, based on an analysis of this 'medical slang'. If the interpretation of 'medical slang' is a strategy, an ethnographic recourse allowing for an epistemological or socio-anthropological reading of the medical ethos, it is fair to hope that such an analysis will play this heuristic role. The second is to perceive, based on the examples of the empirical study performed, how such metaphors create new meanings, that is, how this attribution of (figurative) meaning gains symbolic recognition by its community of origin and is capable of ascribing new meaning to concrete relations, metaphorized by 'medical slang'.