

Hematopapyrus & Other Medical Jargon

By Jonathan Katz

On the first day of medical school, the dean boasted that over the next four years our class would learn roughly 20,000 new words - tantamount to becoming fluent in a foreign language. The first two years of medical school proved the dean correct. Courses were reminiscent of a prolonged immersion in a dead language, read but rarely spoken. For example, I had read the word trichotemnomania countless times but could not fathom how the psychiatry professor managed to effortlessly utter such a smattering of syllables.

As I began rounding during my clerkships, what seemed like a lifeless dialect was revived. I learned when I ought to speak this new language and when plain English would suffice. To a patient I ask, “how many pillows do you sleep on?” to assess difficulty breathing while lying down, which translates to “pillow orthopnea” when presenting the findings to the medical team. The humor of this newly acquired vocabulary was made evident when Google informed me that I had visited the entry entitled “cerumen” a modest eleven times. To Google, it must have seemed like I was engaging in scholarly pursuits of earwax. However, reality was far more uninspiring; I wanted to avoid another lecture from an attending on the hazards of using colloquialisms in medicine.

But it wasn't until the end of my third year that I sought to expand the limits of this new language. I was examining a 56 year old male patient who presented with a chief complaint of “bloody butt.” Inquiring further, I learned that over the past several months, with increasing frequency, the patient had noticed blood stained stools in the toilet bowl following bowel movements. This was textbook hematochezia - an emergent work-up would be indicated to determine the etiology and management of the patient's concerning symptom. Later in the week, I saw a young-man who came to clinic for his annual check-up. Ever determined to be a diligent medical student, I began a thorough review of systems with the patient. As I worked my way down the body, I asked, “any trouble with bowel movements recently?” To which he replied, “Actually, it hurts when I poop and sometimes there's blood on the toilet paper.” About thirteen questions and a rectal exam later, I felt confident in my diagnosis. This was a posterior anal fissure secondary to constipation-induced straining during defecation, which can lead to tears in the anal mucosa. Anal fissures are notable for discomfort with defecation but are otherwise benign.

While presenting my findings to the medical team, I sought to announce the diagnosis but froze when I could not remember the medical term for “blood on the toilet paper.” Surely “blood on the toilet paper” is a common enough phenomena to merit some kind of Latin moniker. My mind was erratic, panicky. *Hematemesis, no, hematochezia, nigh, hemato...papyrus? Hematopapyrus, yes.* I began the Assessment and Plan, “Problem number 1,” I declared:

“Hematopapyrus.” To my great amusement no one reacted, so I continued with my plan of miralax weekly, increased water intake, and charmins PRN. Now the faces shifted with raised eyebrows and heads turning to the others for clarification. Very matter-of-factly, I said: “You know, hematopapyrus, from the Greek “hemato(of blood)” + “papyrus (a material prepared in ancient Egypt from the pithy stem of a water plant). The term is useful for distinguishing anal bleeding caused by wiping from rectal bleeding noticed while defecating - hematochezia.” The team laughed, and a new medical term was canonized.

Initially, I was skeptical of medical jargon, believing that it only obfuscates the elegant realities of biology. Is there really an advantage to referring to high blood pressure as hypertension when talking to peers? On the contrary, Stevan Harnad, a professor of cognition science, coined the term Kid-Sib, to describe effective communication as understandable even to one’s younger siblings. Though this philosophy of straightforward communication continues to resonate with me, I do believe medical jargon serves a purpose. When new words are canonized, they are useful, in that they are more succinct and add subtle meaning. “Pericardial tamponade” efficiently conjures pathophysiology, related signs/symptoms and a worrisome prognosis in a way that “external compression of the heart” fails to. Perhaps equally relevant, esoteric words, especially those rooted in Latin and Greek, provide medical practitioners with a sense of confidence and understanding rooted in a 3000+ year legacy of diagnosing, treating, and preventing disease.

In this vein, I propose adding hematopapyrus to the medical lexicon. It should be used to describe bleeding when wiping; the most common etiologies are benign processes, such as a posterior anal fissure or hemorrhoids; however malignant causes include condylomas and anal cancer.

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