

Slang 'On Board'

I read with great interest the article by McCrary and Christensen¹ published in the January issue of the ARCHIVES. I found their categorization of slang into four basic types to be very helpful and insightful. I was also pleased to read that they noted the potential usefulness of jargon in helping physicians cope with difficult situations and the allowance that even excellent physicians may, at times, resort to derogatory jargon to deal with stress.

I also heartily endorse their recommendation that "This situation should prompt observers to scrutinize the social, physiological, and physical conditions that have produced so much stress and discomfort among physicians." However, even if improvements are made in the conditions faced by physicians, especially in training, I am afraid that the practice of medicine will always entail some stress. Therefore, it may also be valuable to provide training and support to help physicians develop healthier coping mechanisms.

Balint groups provide one such mechanism for accomplishing this end. I have noted that residents who participate in Balint groups tend to use much less derogatory slang and tend to cope with the emotional content of medical practice in a much healthier way. This strategy and others to facilitate coping deserve our attention. They may well help us be less derogatory when we talk about difficult patients.

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1. McCrary SV, Christensen RC. Slang 'on board.' *Arch Fam Med*. 1993;2:101-105.

In reply

Dr Hatch makes the helpful points that some degree of stress is inevitable in clinical practice and that Balint groups may diminish stress-induced use of derogatory jargon among house staff. We concur and fully endorse the use of Balint groups as

one among several appropriate methods of ameliorating stress-related problems, both moral and practical. Other stress-reduction activities include sports or exercise programs; individual psychotherapy; pursuit of avocations, such as games or hobbies; and other recreational activities. Of course, the twin banes of most residents, shortages of time and funds, may limit the availability of some of these options. Nonetheless, we believe that every physician should take some time each week to pursue personal development and recreational activities of his or her choosing. Many physicians frequently recommend these practices to patients; they are equally applicable to physicians.

The word re-create is derived from the Latin recreare, which means literally to create anew the body and mind.¹ It is this re-creation of self that enables physicians to maintain their humanity while regularly confronted with suffering, unpleasantness, and death. In this sense, recreation may be good medicine for the use of derogatory jargon.

This discussion neglects the problem that some derogatory jargon may be used more as a result of role modeling and habit than of stress. Our work was intended to form the moral framework for clinicians to evaluate their use of jargon, regardless of its origin, and to provide motivation for modification of negative behavior patterns.

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1. Webster's Ninth New Collegiate Dictionary. Springfield, Mass: Merriam-Webster Inc; 1983:985.

Who Was the First to Use Ether Anesthesia for the Relief of Surgical Pain?

As a native Georgian, I have always thought that Crawford W. Long, MD, a rural physician from Jefferson, Ga, began the use of ether anesthesia. During my early years, the issue of who was the first to discover ether anesthesia seemed so free of controversy.

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