Medical Slang in British Hospitals

Adam T. Fox
St. Mary's Hospital
London, United Kingdom

Michael Fertleman
University College Hospital
London, United Kingdom

Pauline Cahill
St. George's Hospital Medical School
London, United Kingdom

Roger D. Palmer
Addenbrooke’s Hospital
Cambridge, United Kingdom

The usage, derivation, and psychological, ethical, and legal aspects of slang terminology in medicine are discussed. The colloquial vocabulary is further described and a comprehensive glossary of common UK terms provided in the appendix. This forms the first list of slang terms currently in use throughout the British medical establishment.

Key words: communication slang, terminology, medicolegal, accountability

“Within a given culture there is a shared language” (Argyle, 1967). Many professions speak a secret language, often indecipherable to outsiders. Medicine is no exception to this. Scientific jargon and acronyms are an everincreasing part of a physicians’ everyday language (Isaacs & Fitzgerald, 2000). Despite this, there...
is yet another vocabulary, one that has not been formalized in any medical text, journal, or dictionary, yet it is almost universally understood by medical students and junior physicians. This is the medical form of slang, a term synonymous with technospeak, colloquialism, and vulgarism (Kirkpatrick, 1998). *Slang* is defined in different ways, such as “words or phrases, or particular meanings of these, that are common in informal use, but are generally considered not to form part of standard English, and often used deliberately for novelty or unconventionality” (Sykes, 1983). Perhaps unkindly, it is also defined as “the special vocabulary used by any set of persons of a low or disreputable character” (Onions, 1985).

Medical slang has a growing vocabulary, yet its use in Britain remains mostly undocumented and overlooked by mainstream medical literature. The authors, over a period of years, have collected nearly 200 slang terms in use in British hospitals and present these in the appendix. Although often distasteful and derogatory, slang serves a purpose. Consequently, offense can be experienced by patients, health care professionals, and physicians alike. Many are unaware of its ferocity, and, in producing a comprehensive dictionary of terms, the authors intend no ill feeling: The terms do not represent their views, but merely reflect the reality of hospital medicine.

**THE ORIGINS OF MEDICAL SLANG**

**Who Uses Slang?**

Coombs, Chopra, Schenk, and Yutan (1993) surveyed American physicians at various stages of their careers regarding their familiarity with medical slang. They discovered that slang is learned in the clinical setting and was therefore uncommon until the third year of medical school, when its use increased. Usage continued to increase during later medical student years and peaked during internship year, when the hours are longest and responsibilities are extensive. Thereafter, use declined over the subsequent 5 years, and, by 20 years of practice, knowledge of medical slang terms is only slightly greater than that of the naïve preclinical medical student. Perhaps this represents advancement in terminology, as social language has changed through the decades, or perhaps simply maturity in clinical practice.

Medical students do not appear to embrace the coarseness of medical slang freely (Parsons, Kinsman, Bosk, Sankar, & Ubel, 2001), and, although identifying with the physician’s frustration and disappointments, they also identify and empathize with the patient. Consequently, there is a conflict in using slang, although this is not to state that the physician does not sympathize nor empathize with their patient. Perhaps distanced from responsibility, initially, they reluctantly start using slang to be sociable, until it becomes more freely and readily used.
In the absence of formal data in this country (UK), experience shows that slang is a language of British junior physicians, too. The long hours and late-night camaraderie of the physicians’ office or mess provide a conducive venue for the use of slang. Less derogatory terminology may be found more commonly in the discourse of more senior professionals, perhaps as they have learned to become a little more accountable for the language that they use in open conversation. Medical slang does appear, unsurprisingly, to be an international phenomenon. Work from the United States (Coombs et al., 1993; Gordon 1983) and Brazil (Peterson 1998) suggest that slang terminology often evolves locally. This may be expected, given that acronyms and puns seldom retain their humor after translation. However, the source of the slang itself may cross language barriers. A common British diagnosis, such as PGT (pissed, got thumped), has a Brazilian correlate in PIMBA (literally, “swollen-footed, drunk, run-over beggar”). Even within Britain, usage varies. The TTR (tea time review) is used in Northern hospitals, yet appears to be unheard of in southern England.

Where Is Slang Learned?

Most slang appears to be learned from peers and seniors, usually in the later medical school years, and use peaks within the first year or two of starting work as a junior physician. There are many other sources of terminology. Books such as The House of God (Shem, 1978) brought the language of turfing, bouncing, and walls to physicians everywhere. Later publications, such as Keating’ s (1993) Bluffers Guide taught us the rule of fives, and Mercurio’ s (2002) Bodies described Cheeriomas and Clintonesque notes.

Television is also responsible for proliferating terms. The medical drama ER regularly uses slang, such as code brown (episode of fecal incontinence), among a predominantly nonunderstanding lay audience. The creator of ER, Michael Crichton, a Harvard-trained physician, had used medical slang, such as FLK, in his earlier writing (Hudson, 1969). Other terms may be more generic than medical and may have crossed from other sections of society. Assmosis, the progress of your career by sycophantic means, may have biological connotations, but is no more specific to medicine than to any other profession.

How Is Slang Derived?

Slang is derived by a number of methods. The most straightforward is by acronym, such as admission for TBP (total body pain), arising out of the need for abbreviation in recurrent scenarios, or the ERCP (emergency retrograde clerking of patient)—as any junior house officer in Great Britain will tell you. Abbreviation provides words such as stat, shortened from the Latin for “immediately” statim. Metaphor is also used, usually regarding bodily fluids, for example, house red for blood.
Sometimes, the origin may be humorous use of more conventional terminology, such as *Rothman’s sign* for nicotine-stained fingers. Another example is the *flower sign* (also known as the *grape sign*): The patient is considered “positive,” if there are flowers (or grapes) by the bedside. Although anecdotal, this is considered to be of prognostic significance regarding speedy discharge to a supportive family, without the need for social service involvement. The largest group is simple obscenity and derogatory name-calling. We include many such terms, but would refrain from encouraging their use and, as such, withhold those intended to simply offend. A final, important source for slang terms is the euphemism, a genuine need for words that describe situations in which a single, succinct medical word does not exist. *Acopia* is a perfect example of this.

**Why Use Slang?**

Slang is, on one hand, thought to overcome anxieties encountered within normal medical practice (Coombs et al., 1993). These anxieties may arise as a result of clinical and diagnostic uncertainty, the difficulty in treating fellow human beings, and to distance oneself from disease and death. Gordon (1983), however, does not advocate any of these. He believes that the use of hospital slang merely facilitates interrelations among staff, thereby allowing social grouping and rapport. After all, the terms are not used in front of the patients and, if anything, suggest frustration and anger against a patient group for whom little sympathy is offered (e.g., *Gomer*—“get out of my ER,” which implies the patient is wasting physician time).

There is little doubt that slang creates a sense of belonging to a select group of individuals and allows surreptitious communication. It also provides humor and witty interaction, which frequently relieves stress, whatever the precipitant within the junior physician’s work.

**PSYCHOLOGICAL ISSUES SURROUNDING SLANG USAGE**

Every group has its own language and codes. When people belong to a closely knit, self-conscious group, isolated in some areas of experience from other people, they evolve their own language. Jazz musicians, football teams, army units, teenage gangs, and families all have conversations that an outsider would find hard to understand (Gahagan, 1975). This is what Bernstein (1971) called *restricted code*. It arises in situations of shared experience and emotional ties. With restricted codes—in this case medical slang—the meanings are communal property (among medics), and this makes it a poor medium for expressing private and personal feelings or ideas. Thus, slang will help to develop a feeling of camaraderie within groups, but it will restrict possibilities of personal revelation and the intimacy that
might follow. Such language also maintains a distance between the physician and patient and helps relieve the tensions inherent to the profession (Knauth, 1998). Yalom (1975) writes about developing cohesiveness in the group: Slang does allow for a certain group spirit, a sense of mutual support, and a common goal. The use of medical slang also reveals an underlying discourse of a competitive world, where an educated and competitive hierarchy holds power. The environment is a little harsh, and one needs to employ several techniques to deal with the pressures of work and the distressing nature of the task.

Humor is a potential way of coping with some of the unpleasantness of dealing with human bodily functions, suffering, and death, on a daily basis. A lot of the medical slang is very funny. It is an opportunity to show off medical knowledge in a different way. It is also an opportunity for cathartic release from the intensity and hard work of dealing with illness and pain. So, perhaps the discourse is one of physicians working hard, in difficult circumstances, and needing to express and release some of the pressures that accumulate.

As students, future physicians go through an intensive training. Many medical trainees will not have modeled how to stay open to one’s humanity and vulnerability. There is a tendency to associate human responsiveness and warmth and compassion with not being professional. A result of this is an acceptability of openly demonstrating, even reveling, in the lack of empathy exhibited by some medical slang. One of the tasks currently in medical communication skills training is to facilitate respect of the patient and their needs and concerns, by encouraging the student to stay open and to be more empathic.

Recurring Themes in Medical Slang Usage

Naturally physicians, when faced with any phenomena, attempt to classify it. However, we progress with caution, because, as Freud (1905/1960) warned, “if we undo the technique of a joke, it disappears.” Peterson (1998), in his anthropological study of medical slang in Rio de Janeiro, grouped the terminology into three classes. The first related to medical training and the relationship between knowledge and the various fields of medicine. The next group pertained to patients and the physician’s relationship with them, and the third comprised slang related to health care services themselves. Peterson (1998) felt that this third group was particularly large and that the use of slang to denigrate respected institutions, such as hospitals, grew from a worsening crisis in the Brazilian health care system. Indeed, Konner (1987) and Coombs et al.’s (1993) comprehensive collections of American hospital slang contained few examples from this third group, which some felt may reflect the improved resources in the U.S. health care system (Flowers, 1998). From our British collection, we found that there are a number of predominant themes running through the commonly used slang terms.
Coping. The use of medical slang helps to depersonalize the distress encountered in the everyday working life of the physician. It is a way of detaching and distancing from patients’ distress through loss, grief, disease, dying, and death. Often, someone else’s pain is too much for us, so we cut off. Medical slang can be funny, so that it works by avoiding or distracting from or denying the seriousness of what is going on. Kubler-Ross (1989) describes the state of denial as a key part of the stages of grieving. The use of medical slang, combining euphemism and humor, illustrates this in everyday life, for example, dealing with the morbid practice of receiving payment from filling out cremation forms. *Ash cash* (collected from the *ash point*) is a universally recognized term: This should not be confused with *bash cash*, following accident claim forms.

Scapegoating. There is a fair amount of racism, ageism, homophobia, and what has been termed *body fascism* (pressure to be young, fit, and agile, with no evidence of any disability or disease or weakness in the body) in the use of medical slang. This form of slang is inherently a nonpolitically correct group of acronyms, phrases, and comments.

There is evidence of great discomfort with our bodies when things go wrong and do not function effectively. After all, physicians are there to try to heal, to cure, and to repair, so the pressure to do this is massive. Many physicians feel they have failed if they have not stopped a disease progressing. Referring to the elderly as *crumble* is a classic example of underlying guilt.

Responsibility. Pertinent to some medical slang is the ability of the user to “scrape by with the minimum of effort or knowledge.” After all, reference to the *September club* (students who return from their summer holiday early to engage exam retakes) implies success, but with the minimum of effort or perhaps an inappropriate career choice. Terms such as *Woolworths test* reduce the anesthesia assessment process to a simple, trite observation. Feelings of limited self-worth or the desire for less apparent responsibility may be implied from the users of *dermaholiday*, in which the suggestion is that the career is less onerous.

LEGAL ISSUES SURROUNDING SLANG USAGE

Hypothetically, a patient could initiate legal action due to the use of medical slang, albeit very unlikely. It is with this in mind that medical slang has become a predominantly verbal form of communication, seldom seen in medical notes. Physicians are becoming increasingly aware of medico–legal issues such as patients’ rights to view their medical records.
The duty of care to all patients extends to the keeping of accurate and clear medical records. When the record is rendered ambiguous by the use of slang, then this could constitute a breach of the required standard of care. In a case in which a general practitioner wrote a prescription in atrocious handwriting, the patient was able to sue both the practitioner, for writing the prescription badly, and the pharmacist, who mistakenly dispensed the wrong drug and at the wrong dose (*Prendergast v. Sam & Dee*, 1989). A similar action could arise, theoretically, in situations in which ambiguous slang is used and harm results from its possible different meaning to different people. “GOK” written in the notes as a diagnosis would imply “God only knows.” It is not a huge leap to confuse this with GOR, a conventional abbreviation for “gastroesophageal reflux.”

A patient will only be able to successfully sue when they can show that there has been a breach in the standard of care owed to them and that damage has occurred as a result. For a defense to such an allegation, an accused health care professional needs to find colleagues prepared to state that they would have performed a similar action in a similar set of circumstances (*Bolam v. Friern Hospital*, 1957) and that such a course of action has a logical basis—the so-called Bolam test. Facing an allegation of breach of duty for writing slang, the physician should be capable of finding colleagues who would also claim to use such terms in the notes and that therefore the writing of slang is reasonable. Providing the practitioner is using established and unambiguous terms, then the claim would fall at this point.

However, the claim could proceed in circumstances in which the terms were not established or were ambiguous. Hence, it is good practice to avoid the use of terms that are not helpful in the management of the patient, and especially those terms that occasionally creep in as attempts at amusement at the patient’s expense. Indeed, representatives of medical insurance organizations have been quoted, addressing physicians on the subject of slang “from a medicolegal perspective to avoid these at all costs” (*Bell & Jones*, 2001).

If a patient is capable of demonstrating a breach in the duty of care through the writing of slang in the notes, a claim for compensation could only proceed if the patient can show that damage has occurred, and that the damage was caused by the breach of duty. Here is where the hypothetical possibility is likely to turn into a practical impossibility. It would be rare indeed that a patient suffers actual harm as the result of slang, and that, furthermore, the harm was, on the balance of probabilities, caused by the writing of the slang.

Ethically, junior physicians should balance the time-saving that slang allows with an understanding of the potential harm that can occur, both in the management of a patient with ambiguous notes and to the patient’s feelings, should they ever read their notes. As society’s perception of the physician changes, the paternalistic culture, which derogatory slang implies, is increasingly unacceptable.
ETHICAL ISSUES SURROUNDING SLANG USAGE

Is it ethical to use slang and abbreviations? This greatly depends upon the manner in which the slang is used and the purpose it serves. Use of acronyms such as NAD, which are used universally to imply that “no abnormality could be discovered” on examination, can also imply that the physician had in fact “not actually done” this part of the examination. This exemplifies the ambiguity that can be inherent in the use of such abbreviations or slang usage. This may potentially have legal implications, should harm come to the patient as a result of missed clinical signs. It also could be considered unethical, and, although it is not difficult to suppose that this may have resulted from the frustration of examining an uncooperative patient, as it is doubtful that such a physician would have intended malice, they clearly have not considered the ethical situation they were in. Kant (1785/1949) suggested that it is a person’s duty to act in a way that, if everyone were to act in a similar manner, the lives of all in the community would be enhanced. It is difficult to see how slang can fulfill this.

The Hippocratic Oath states that “the regimen I adopt shall be for the benefit of the patient according to my ability and judgment, and not for their hurt or any wrong” and ends with this statement: “Pure and holy will I keep my life and my Art.” The Geneva Convention Code of Medical Ethics has this clause: “I will maintain the utmost respect for human life from the time of conception, even under threat.” When considering slang, especially derogatory terms, it is possible to see how the terms may cause offense if revealed to the patient.

Applying the four ethical principles of autonomy, beneficence, nonmaleficence, and justice, to slang, physicians should remember that the principle of autonomy requires that a patient should be treated as responsible and should be regarded as a partner in the proposed treatment. The wishes of the patient are paramount. The use of slang terms may appear to denigrate the patient and therefore lower their consideration in the eyes of the physician. This would lead to a reduction in the patient’s autonomy. When a slang term is used as a simple form of medical shorthand, there should be little conflict with the principle of autonomy, although, a slang user must be prepared to elucidate the slang terms to the patient. Issues of not doing harm, or nonmaleficence, go beyond the physical harm that a physician may cause through his actions. Psychological harm, through the use of insulting terminology or phrases, may result in injury to a patient who has long since been cured of a physical problem. Ultimately, what is required of a physician is to act in a patient’s best interest. This is underlined by the principle of beneficence, in that a physician must demonstrate that the action chosen, including the use of medical slang, was in the patient’s interest. Equally, the principle of justice requires a physician to be fair and thus treat all patients in the same regard.
Feudtner, Christakis, and Christakis (1994) found that 98% of medical students had heard physicians refer to patients in a derogatory manner, and that this, in part, was responsible for “ethical erosion.” Slang, if retained as a verbal and private language, is unlikely to be of relevance to the patient and is more representative of the physician’s attitudes (coping, scapegoating, and responsibility) and their individual ethic or moral stance.

CONCLUSIONS

Medical slang is a dynamic and diverse form of communication. It may be rude, derogatory, or simply funny. Slang may help make life as a physician more bearable, either through humor and depersonalization, or through a feeling of belonging. It may also, however, allow patients to be devalued. Although acknowledging that slang is likely to continue to be used, it should be kept to a minimum. With so much of the language being derogatory, it should be avoided in medical notes and only those terms used that are properly defined and unambiguous in nature. As such, slang can remain an effective means of conveying information between professionals of any select group and provide release and social integration, as it has done over many decades.

REFERENCES

Bolam v. Friern Hospital Management Committee, 1 WLR 582, (1957).


**APPENDIX: GLOSSARY**

A is for

*Acronymophilia* Affliction characterized by excessive use of acronyms

(see TLA)

*Acopia* Inability to cope. Used as a diagnosis, predominantly in the elderly

*Adminisphere* Refers to the parts of the hospital where the managers work

*Air biscuit* A stool that floats

*AMAP* As much as possible

*AMF YoYo* Adios my friend, you’re on your own

*AOA* Adult onset anencephaly (to be without a brain)

*Ampho-terrible* Amphotericin, the antifungal that often makes the patients sicker

*Ash cash* Money paid for signing cremation forms

*Ash point* Where you collect your ash cash from

*Assmosis* Promotion by “kissing ass”

*Asynapsing neuritis* See also LOBNH

*ATS* Acute thespian syndrome

*Aunt Minnie lesion* Once seen, never forgotten, like Aunt Minnie at the Fineberg wedding

B is for

*Babygram* the entire body X ray you often get when taking an X ray of a neonate
Bash cash  Money paid for completing accident forms in A&E
BBA   (baby) Born before arrival
Betty  Short for diabetic
Bible  Oxford Handbook of Clinical Medicine
Blamestorming  Apportioning of blame for mistakes, usually to the locum as they are no longer on site
Bleep dream  Waking in the belief that the bleep has gone off
Bob Hope  Rhyming slang for “dope”
Bounce  When a patient returns to your team after attempting a turf without enough buff
Brown trout  A stool that won’t float, as opposed to an “air biscuit,” which does.
Buff  Applying spin to a patient’s history to facilitate a turf

C is for
Cephosplat  Broad spectrum cephalosporin antibiotic
Champagne tap  A bloodless sample from a lumbar puncture. Traditionally rewarded by a bottle of champagne from the supervising consultant
Cheerio  Patient with a highly aggressive, malignant tumor
Cheese & onion  The Oxford Handbook of Clinical Medicine, because of its green and yellow cover. Also known as the “Bible”
CKS  Cute Kid Syndrome
Clintonesque  To embellish one’s account of events without actually lying
CLL  Chronic low life
CLM  Career-limiting move
CNS–QNS  Central nervous system—quantity not sufficient
Code brown  Fecal incontinence
Coffin dodger  Derogatory term for elderly patient
Cold tea sign  When positive, refers to the several cups of cold tea on the bedside cabinet beside an elderly patient whom has recently “passed on”
Crackerjack referral  “It’s Friday, it’s five to five, it’s . . .”
Crispy critter  Severe burns victim
Crumble  Derogatory term for an elderly patient
CTD  Circling the drain—derogatory term for expectant terminal patients
CYA  Cover your arse

D is for
Departure lounge  geriatric ward
Dermaholiday  one of the less intensive specialties, but busier than rheumaholiday
Digging for worms  varicose vein surgery
DBI  Dirt bag index, which is calculated by the number of tattoos multiplied by number of missing teeth, to estimate days without a bath
DNA  Deoxyribonucleic acid or, more usually, did not attend
DOA  Dead on arrival
*Doc till you drop*  Reference to the previous onerous hours worked by house officers
*Doughnut*  CT scanner

**E** is for

*Electric lights (“lytes”)*  Urea and electrolytes profile
*ERCP*  Emergency retrograde clerking of patient, an emergency procedure before the consultant rounds
*Epidemaholiday*  Epidemiology, similar to *dermaholiday*
*Eternal care*  Intensive care or mortuary
*Expensive scare*  Intensive care

**F** is for

*Fascinoma*  An interesting medical rarity
*Fatal medicine*  Coined by Neonatal ICU, for Fetal Medicine, because of high incidence of poor prognosis neonates
*Feet up general*  A quiet district hospital
*5-H-1-T*  Polite medical term for shit
*FLK*  Funny looking kid. May be *JLD* or *NFN*
*Flower sign*  Fresh flowers (or grapes, for the *grape sign*) at the bedside imply the patient has a supportive family
*FOS*  Full of shit
*Freud squad*  Refers to psychiatrists
*Friday construction*  Like the cars, put together badly when the workers’ minds were on the weekend
*FTF*  Failure to fly or failure to float, for attempted suicide victims (jumping or drowning).
*FUBAR*  Fucked up beyond all repair

**G** is for

*Gassers*  Anesthetists, as in gassers and slashers
*Gerbilophilia*  Suffered by patients who present with rodents per rectum
*Ggf*  Grandpa’s (-ma’s) got a fever. Shorthand for an elderly person presenting with pyrexia of unknown origin
*Glove up & dig in*  Severe constipation, requiring manual evacuation
*GLM*  Good looking mum
*Goldfish stool*  As in “as rare as…” (see also Rocking Horse stool)
*GOK*  God only knows
*Gomer*  The “Get out of my emergency room” heartsink patient
GOS  God’s own spot (reference to tertiary/teaching hospitals)
GPO  Good for parts only
Granny dumping  Practice of bringing elderly patients to emergency departments for admission, usually before public holidays
Grape sign  Grapes at the bedside imply the patient has a supportive family
Green one  PEAs are green (reference to the change in terminology from EMD to PEA)
GROLIES  Guardian reader of limited intelligence in ethnic skirt
Guessing tubes  Stethoscope

H is for
Hairy Psalms  Haven’t any idea regarding your patient send a lot more serum
Hamster sign  Swollen cheeks as seen with steroids, but also as a result of swelling postjugular line insertion
Handbag positive  Used to denote a patient (usually an old lady) lying in her hospital bed clutching her handbag as a sign she is confused and disoriented
Heart sink  Frequently attending patients for whom the physician has little to offer
Hens teeth  As in “as rare as . . . ”
Hobgoblin  Hemoglobin
Horrendoplasty  A very difficult operation
House red  Blood

I is for
Inbreds  Physician whose parents are physicians
ISQ  In status quo

J is for
JLD  Just like dad. Commonly used as the etiology for an FLK
Journal of Anecdotal Medicine  Source quoted for less than evidence-based medical facts
J. P. Frog  Just plain fucking ran out of gas

K is for
Kidney stone squirm  Spot diagnosis in A&E (see also PID shuffle)

L is for
Larry  Locum as in “doing a larry”
LOBNH  Lights on but nobody home (see also asynapsing neuritis)
LOB  Loads of bollocks
LOL    Little old lady
lytes    Electrolytes

M is for
  Metabolic clinic    The coffee or tea room
  MFI    Mother fucking infarction—a very large myocardial infarction
  MICO    Masterly inactivity and catlike observation
  MICOS    Masterly inactivity, catlike observation, and steroids
  Mushroom syndrome    Suffered by housemen who are kept in the dark and shovelled with manure periodically

N is for
  N = 1 trial    Polite term for experimenting on a patient
  NAD    No abnormality discovered, or not actually done
  NFN    Normal for norfolk. Another possible etiology of an FLK

O is for
  OAP    Overanxious patient or parent
  Obs & gobs    Obstetrics and gynecology
  OD    Overdose
  Ohno-second    The moment when you realize something has gone horribly wrong
  Old man’s friend    Pneumonia (predominantly an American term)
  Oligoneuronal    Of low intellect
  O-sign    Found on the very sick patient who lies with his mouth open. Precedes the Q sign
  Ostrich treatment    By pretending it’s not there, one hopes it will go away

P is for
  Pan investigram    Shorthand for a raft of investigations
  Parentectomy or parent transplant    Removing parents as an effective cure to a child’s problems
  Pathology outpatients    Mortuary
  PDE    Pissed, denies everything
  Percussive maintenance    Hitting an electronic item, such as a ventilator, to make it work
  Pest control    Term applied to psychiatrists by casualty officer
  PFO    Pissed, fell over
  PGT    Pissed, got thumped
  PID shuffle    Spot diagnosis in A&E. Others include the “kidney stone squirm”
  Pink shrink    A gay psychiatrist
  PPP    Piss poor protoplasm
**Plumbus oscillans**  “Latin” for swinging the lead

**Policeman lesion**  A lesion on an X ray that is so obvious, a policeman would spot it

**Postweekend fatigue syndrome**  Disease seen mainly in general practice surgeries on Monday mornings

**Pox docs**  Physicians who staff the gerito-urinary medicine clinic

**PRATFO**  Patient reassured and told to fuck off

**Psychoceramics**  Psychogeriatrics

**Pumpkin positive**  Derogatory term to imply that, when you shine a penlight into the patient’s mouth, his brain is so small that his whole head lights up (see also oligoneuronal)

**Q** is for

**Q-sign**  Follows the O sign, when the terminal patient’s tongue hangs out of his open mouth

**QT-sign**  Follows the Q sign, when the tongue is out and the tablet remains on the end of it

**R** is for

**Removal men**  Care of the elderly department

**Retrospectoscope**  Equipment that endows the benefit of hindsight

**Rheumaholiday**  Rheumatology (see also dermaholiday)

**Rocking horse stool**  As in “as rare as . . .” (see also goldfish stool)

**Rose cottage**  Mortuary

**Rothman’s sign**  Tobacco staining of fingers

**Rule of five**  If more than five orifices are obscured by plastic tubing, then the patient’s condition is deemed critical

**S** is for

**Scepticemia**  What physicians develop with experience

**See one, do one, teach one**  Classical way to learn medical techniques

**September club**  Not-so-exclusive group of students doing retakes

**Serum porcelain**  Battery of blood tests on an elderly patient

**Serum rhubarb**  Obscure tests carried out only in specialist centers

**Sieve**  Physician who admits almost every patient they see. Opposite of a wall

**SIG**  Stroppy, ignorant girl

**Slashers**  General surgeons

**Slough**  Patient who another unit or hospital tries to unload on you inappropriately or unfairly

**Smellybridge**  Skin between the anus and the posterior aspect of the scrotum

**Smiling death**  Friendly examiner everyone loves to hate

**Solomf yoyo**  So long mother fucker, you’re on your own
Soft admission  One that only a sieve would accept
Spanish disease  Unconvincing cockney rhyming slang for cancer
Stat  Immediately, shortened from the latin statim
St. Elsewhere  Term used in ivory towers to describe any nonteaching hospital

T is for
‘tache test  A rather insensitive test initially thought to be predictive of HIV status
TATT  Tired all the time
TBP  Total body pain
TEETH  Tried everything else try homeopathy
T.F. BUNDY  Totally fucked but unfortunately not dead yet
THC  Three hots and a cot, sought in A&E by the local homeless (three hot meals and a bed)
TLA  Three-letter acronym. Used repeatedly by Acronymophiliacs
TMB  Too many birthdays
Treat ‘n’ street  A&E philosophy of quick patient turnaround
Trick cyclists  Psychiatrists
TTFO  Told to fuck off
TTR  Tea time review (in northern hospitals)
TUBE  Totally unnecessary breast examination
Turf  Diverting a patient to another team by buffing the history to suit. An art practiced in its highest forms by the Turfmaster generals

U is for
UBI  Unexplained beer injury, for all those hungover people on Sunday mornings with black eyes/swollen knees and no idea how they’d got them
Unclear medicine  Nuclear medicine, especially in reference to V/Q scans
Unineuronal  Extremely educationally challenged—an extension of oligoneuronal

V is for
Vitamin H  Haloperidol

W is for
Wall  Physician who resists admitting patients at all costs. The opposite of a sieve
Walletectomy  An expensive procedure, in private practice
WAW  What a Walley
Whopper with cheese  Fat woman with thrush
WNL  Within normal limits (or, we never looked—see also NAD)
Woolworth’s test  Used by anesthetists. If you can imagine the patient shopping in Woolworth’s, then they are fit enough for an anesthetic
Wooly jumper  Any nonacute physician
Wrinkly  Elderly patient

XYZ is for
YSM  Yummy scrummy mummy, an attractive parent
Zorro belly  Surgical “Z” inscription on the abdomen of an unfortunate patient