

PULSE

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WHAT'S IN A NAME? The Art and Science of Medical Dialects

By: William A. Curry, MD, Professor of Medicine, Asociate Dean for Primary Care and Rural Health, at University of Alabama School of Medicine

Lost in tangled technology, Racing for digital bits, A word or more of apology: The answer in history sits.

UAB medical folklore quotes Dr. Tinsley Harrison as saying eighty percent of the time a good clinician can make the diagnosis from history alone. When I remind students and residents of this, they receive it politely but quietly. Maybe they are absorbing the profound wisdom, but I suspect they are skeptical. After all, so much of the system around them says otherwise.

Part of the problem can be that the history we elicit does not entirely make sense to us. Patients, after all, have little or no training in how to be patients. They bring their experience, their culture, and – significantly – their own vocabulary to the medical encounter. This lack of understanding can come from both directions. First, patients come from many cultures and subcultures. Second, in this century of globalization and immigration, physicians and other health care providers themselves now seem to come from everywhere. ¹

A quarter century ago, my late Tuscaloosa internist colleague and friend John Burnum, a keen and erudite observer, published his delightful "Dialect is Diagnostic" in the Annals of Internal Medicine.² His pursuit of "unscientific folk talk" uncovered word derivations that are strong clues to what can be difficult diagnoses. My favorite is "drawing spell," which in west Alabama is pathognomonic of primary hyperventilation. To breathe is to draw, and John was

certain this was the source of the term. I argued with him that it referred to the resulting hypocarbic alkalosis and subsequent fall in ionized calcium that ends with carpopedal spasm – the obvious "drawing" of the spell. John was impressed but not convinced.

The elegance of Indo-European language emerges from a term we still hear: "purple pieted," a purplish discoloration of the skin due to arterial insufficiency. Pieted or pieded comes from..... Continued on Page 2

Face-to-Face Communication: Come to our Annual Meeting

By Kathleen Nelson, MD, President, JCMS

The theme of my year as President of the Jefferson County Medical Society has been communication. We've had Pulse articles on culturally competent communication, health literacy and medical dialects. We have increased the use of electronic communication and improved our beeper and answering services. An additional way we can communicate with our members is "face-to-face" at our Annual Meeting. I'd like to extend my personal invitation to you and your guest to attend our next annual meeting on November 11 at The Club. We have some exciting Medical Society business to discuss, the presidential election will have just taken place and we can celebrate the results or commiserate about the outcome. We also have a special program that I am guite excited about: Dolores Hydock, a very accomplished Alabama storyteller, will be our dinner entertainment. She is a national award-winner, appearing at the Jonestown, Tennessee story-telling festival, and has been a sell-out in her theatrical productions locally. One of my delights as a physician is to listen to my patients' stories about what brought them to their office visits; how they see their health and illnesses, etc. I love to hear a good story and I have rarely heard someone as accomplished in relating a story as Dolores Hydock. We are in for a real treat and I encourage you to bring a guest and invite your associates to attend with their quests as well. If you'd like to learn more about Dolores Hydock, please look at her website at www.storypower.org/home. Look for your invitation to the Annual Meeting and I hope to see you there.

WHAT'S IN A NAME?.....Continued

pie or magpie, a splotchy-colored bird who owes his name to the Indian cuckoo (pika in Sanskrit). Equally impressive to me are the Burnum connections from the chief complaint "My knee is quickie" (meaning sensitive and subject to sudden sharp pains). He reminded us that "quick, Old English cwic, means alive or living and is a good Teutonic Elizabethan word: the 'quick and the dead' in the Apostle's Creed and in Hamlet...'tent him to the quick.' Quick with child is to be pregnant, and the quick is the sensive flesh under our nails."

Some other pearls from Burnum:

Pain that sprangles out: spreads like a plant, as in the sheep sprangled away.

To persh to death: waste away, from the Latin peri re, to come to nothing.

The pain nulled down: diminished or soothed.

I am plumb give out: utterly exhausted, from lead (L. plumb) as in plumb bob, used to find the true vertical.

Bate: short for abate.

Hark: cough or clear the throat, probably from hawk, an imitation of the act . (He harked up phlegm.)

Peart, pyert: lively; I'm feeling right peart today. **Pone**: the Algonquin word for cornbread, a smooth lump or swelling. I would add risin', a smaller nodule, usually infectious.

Hope me: help me, from the Chaucerian holpen, as in that medicine hoped me a lot.

Smart and sight: a large or considerable amount of, as in I have a sight of gas on my stomach, and I drank a right smart of beer.

Bad: have a tendency to, as in I'm bad to eat sweets.

Stubborn: constipated.

Here are more that I have encountered:

Clabber: partially coagulated milk, as in Milk clabbers on his stomach ever' time.

Nature or Courage: potency Deathly sick: nauseated

Dropsy: heart failure, from Greek hydor (water) and hydrops, Old French hydropsie and Middle English dropesie.

Very well: just so-so, as in I'm doing very well. A variation is tolable well or just tolerable.

Fester: to become infected, as in If you don't take care of that cut, it'll fester up on you.

Gape: to breathe hard, as in He was a-gapin' for breath.

Give out: completely exhausted.

Goozle: throat. In other parts of the country, can mean sagging neck skin, a knock on the head, or sexual foreplay.

High blood: hypertension **Low blood**: anemia **Bad blood**: syphillis

III: irritible, as in He was ill at me.

The itch: scabies **Kernels**: lymph nodes

Hunker: squat, also just to lie low from feeling bad, as in I'm just gonna hunker down for a while.

Leader: tendon.

Locked bowels: constipation

Matter: thick secretions or the process of becoming such, as in My eye mattered up 'til I couldn't open it.

Mess: a lot.

Piles: hemorrhoids, from Old English pil and Latin

pilum (javelin). Very descriptive term.

Privates: genitalia.

Proud: pleased, gratified, as in I'm proud my test turned out alright.

Right: very, as in I'm right tuckered out (tired).

Root drop: impotence.

Shy kidneys: unable to urinate while observed. **Sick rag**: wet cloth to the forehead or neck, usually for nausea.

Strutted: indented from pressure on edema as from shoes.

Sull up: sulk, as in If I try to make him take his pills, he sulls up on me.

Thick blood: what apparently requires anticoagulation (not hyperviscosity).

Trots: diarrhea.

Want: tendency or habit, from Middle English wont, as in I want to stagger when I take this medicine.

There are comic mispronunciations that conceal important information: roaches on the liver (cirrhosis), prostrate (prostate) trouble, hysterectum (hysterectomy), regina (vagina), gluco water (IV fluids), octagon (oxygen), pulse (pus), thob (throb), tolable (tolerable), clogs (clots), evicted (addicted), fireballs (fibroids), flustrated or flustered (frustrated), gaulded (scalded, as in groin rash), node (knew), Old Timer's (Alzheimer's), and a local favorite, The Smilin' Mighty Jesus (spinal meningitis).

Hispanic patients talk of "susto," a fright that starts an illness, as in I had a fright that started my diabetes. "Mal de ojo," or evil eye, is a curse that makes babies sick. "Huesos molidos," literally ground-up bones, describes being extremely tired. "Estar de dieta" can mean not having a sex life or being on a diet. Some Asian patients refer to hotness that has nothing to do with temperature but rather to the location of illness. Hot food is food that is bad for you. The hip hop/rap culture is not without contributions: I am told a minute means the opposite of what it suggests, ironically suggesting a longstanding symptom.

IMMEDIATE locum tenens opportunities:

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WHAT'S IN A NAME?.....Continued

I wish I could say the internet has dramatically expanded the trove of information about medical dialects, but the additions are limited. Google is always a good place to start, and there are sites for folklore such as www.library.appstate.edu/appcoll/researchaids/caiken.html A Texas emergency physician has an impressive collection for use in orienting medical personnel to Southern dialect

(<u>www.bryanbledsoe.com</u>). On the other hand, if you can't find it in a dictionary, article, or Google, just ask the patient to explain it. It could be the start of some beautiful communication!

Dr. Curry is Professor of Medicine and Associate Dean for Primary Care and Rural Medicine at the University of Alabama School of Medicine. He practiced internal medicine in rural west Alabama for fifteen years before serving as dean of the medical school's Tuscaloosa campus. He moved to Birmingham in 2004.

Special thanks to Eric Wallace, MD and Lily Pham, MD, UAB medical residents, for help with Spanish and Asian expressions.

References

- 1. Millward, CM. Familiar English for foreign dotors. New Eng J Med 1970; 283:431-432.
- 2. Burnum, JF. Dialect is diagnostic. Ann Int Med 1984; 100:899-901.

A Reminder Regarding Dues Exemptions/Reductions

We would like to remind our members that they may be eligible for dues exempt status with JCMS. The JCMS Articles of Incorporation provide for the following dues exemptions/reductions:

members who have been active members of the JCMS for twenty-five (25) years and are over sixty-five (65) years of age are granted dues exempt status.

members who are fully retired and have been a member of the JCMS for at least twenty-five (25) years are granted dues exempt status.

members who are fully retired but have been a member of the JCMS for less than twenty-five (25) years pay thirty percent (30%) of the regular JCMS dues.

members who routinely work twenty or less hours per week, regardless of age, pay fifty percent (50%) of the regular JCMS dues.

If you are eligible for any of these exemptions or reductions and would like to make this change, please send your written request to Martha Wise c/o JCMS.

UPCOMING EVENTS

Oct. 20 Executive Committee Meeting - 5:30 pm

Oct. 21 The Wayne Finley 811 Breakfast Club Meeting - Henry Hoffman, PhD, will speak on Observations about Medical School Admissions at 8:30 a.m. in the JCMS Board Room

Nov. 11 The JCMS Annual Dinner Meeting – The Club – Speaker: Storyteller Delores Hydock

Nov. 17 Executive Committee Meeting – 5:30 pm

Nov. 17 Board of Directors Meeting – 6:30 pm

Nov. 18 The Wayne Finley 811 Breakfast Club Meeting – Vincent Carnaggio, MD, will speak on his experiences during WWII in the South Pacific in his presentation entitled, "A 16 Year-Old Goes to War" at 8:30 a.m. in the JCMS Board Room

Dec. 15 Foundation Trust Meeting – 5:00 pm Executive Committee Meeting – 5:30 pm

Dec. 16 The Wayne Finley 811 Breakfast Club Meeting – Tom Caldwell, MD, will speak on "Bessemer Medical History" at 8:30 a.m. in the JCMS Board Boom

Contact Juanita Pruitt at 933-8601 for more information regarding any of the above events.

New Members

Meaghan Roland Bowling, M.D.....OB-GYN.....UAB

In Memoriam

The JCMS wants to acknowledge the recent passing of the following JCMS members:

Robert W. Mowry, M.D. July 16, 2008

Catherine Bell Brummett, M.D. July 17, 2008

Just as Physicians use CME for professional development and to enhance their skills and knowledge base,

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Do you have a patient who has asthma and attends elementary school in the Jefferson County School District?

The UAB Lung Health Center will be conducting a study to examine the effect of hand hygiene on asthma exacerbations.

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If you or your patient's parent would like to learn more, please call: **996-6600**



THIS GOES ON YOUR PERMANENT RECORD: THE NATIONAL PRACTITIONER DATA BANK

By: Fran Quarles, Director & Assistant General Counsel, of HealthSouth Corporation

The National Practitioner Data Bank ("NPDB"), created by the Federal Health Care Quality Improvement Act of 1986 ("HCQIA"), is a nationwide flagging system to alert hospitals that there may be a problem with a particular physician's professional conduct or competence. Hospitals are required to report certain adverse actions taken against a physician and to inquire with or "query" the NPDB before determining whether a physician should be granted clinical privileges. This required reporting and querying effectively restricts the ability of incompetent physicians to move from state to state without disclosure of past adverse actions. Information reported to the NPDB is maintained permanently unless corrected or voided from the system.

Just what is reportable, though? This article will focus on adverse actions taken against physicians by hospitals, although a physician also must be reported for: (i) medical malpractice payments made pursuant to a written claim or judgment; (ii) state licensure board disciplinary actions; (iii) actions by professional societies; and (iv) exclusion from Medicare, Medicaid and other federal programs. In addition, a hospital must report a physician who resigns: (i) while under an investigation related to possible incompetence or improper professional conduct; or (ii) in return for not conducting such an investigation or proceeding. The physician does not have to be aware that an investigation is ongoing for his or her resignation to be reportable.

Hospitals are required to report professional review actions that: (i) adversely affect a physician's clinical privileges for a period of more than 30 days; and (ii) are based on a physician's professional competence or professional conduct that adversely affects or could affect the health or welfare of a patient. A "professional review action" is an action or recommendation of a professional review body (such as the Medical Executive Committee ("MEC"), Governing Body, or any subcommittees thereof), which is taken or made in the conduct of professional review activity, and is based on the competence or professional conduct of a physician (which conduct affects or could affect adversely the health or welfare of a patient or patients). A professional review action includes a formal decision of a professional review body not to take action or make a recommendation. An automatic termination or suspension, however, such as an automatic suspension for delinquent medical records, is not considered a professional review action and therefore not reportable.

Reducing, restricting, suspending, revoking, denying or failing to renew are all professional review actions that are considered to adversely affect a physician's clinical privileges. However, a restriction or denial of clinical privileges that occurs solely because a physician does not meet the hospital's established threshold eligibility criteria for a particular privilege is not reportable to the NPDB. This is because such restrictions or denials are not based on a physician's professional conduct or competence.

A professional review action is not reportable until made final by the hospital. Final action is taken by the hospital's Governing Body, except that a MEC's ratification of a summary suspension (for example, one that was originally imposed by the hospital's Chief Executive Officer) will be considered a final action. However, even if ratified, the summary suspension must last over thirty days and be based on a physician's professional competence or conduct (which affects or could affect adversely the health or welfare of a patient or patients) to be reportable.

A hospital must report a final action to the NPDB within fifteen days. Once a physician has received the report from the NPDB, he or she has the right to dispute the accuracy of the information submitted by the hospital. If, as a result of the dispute process, the original information is revised, the NPDB will send the corrected information to previous queriers. If, at any time the information submitted by the hospital is otherwise revised or voided (for example, a hospital reinstates a physician's privileges), the hospital must submit a report to the NPDB of the revision or voiding. This new information also will be sent to previous queriers. In addition, a physician has the right to add a response (called a "subject statement") to the report. This subject statement will always accompany the NPDB report.

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JCMS Annual Dinner meeting November 11, 2008

Save the Date of November 11, 2008, for the JCMS Annual Dinner meeting. This year the Annual Meeting returns to The Club and a special evening is planned. Awardwinning actress and storyteller, Dolores Hydock, will entertain us with stories about home remedies, bonnets, bow-tie quilts, tomato stakes, poke salad and other things Southern.

Dolores Hydock

Ms. Hydock is a touring artist for the Alabama State Council on the Arts, a speaker with the Alabama Humanities Foundation and a member of the Southern Order of Storytellers. As an actress, she has been featured in the one-woman plays Shirley Valentine, The Search for Signs of Intelligent Life in the Universe, Fully Committed, Talking Heads, The Lady With All the Answers, and Nothing Sacred: An Evening of Stories by Ferrol Sams and The Birmingham News.

Mary Colurso of The Birmingham News describes Dolores' stories as "heartwarming tales of wit and intelligence" and United States Supreme Court Justice Ruth Bader Ginsburg says "[she is] a very good storyteller!" JCMS members who have seen her perform have given her a unanimous "thumbs-up!"

Watch your e-mail or mail for the invitation coming in September!!!!

Announding New Member Benefits!!!

We are pleased to announce three additional benefits that are available to JCMS members. These entities offer discounted pricing to members of the Jefferson County Medical Society—when you contact them, please make sure to ask for your special JCMS member pricing.

- Healthcare Financial Services offers account receivables management services including pre-collection, active receivable billing, credit bureau reporting, skip tracing and bad check recovery services to all types of medical practices. Robin Long is the marketing manager responsible for the Birmingham area. He can be reached by telephone at (601) 927-3243 or at 1-877-747-7072 or via e-mail at rlong@hfsllc.com.
- Infinity Business Group, Inc. through its Federal Automated Recovery Systems offers merchant services for credit card processing as well as electronic check processing which converts a patient's check to an electronic transaction for immediate processing—funds are deposited into your account on the next business day. For more information, lease contact Donald Herman at 802-7910 ext. 102 or via e-mail at dherman@frgo.com.
- Gold's Gym offers discounted membership pricing and three personal training sessions to JCMS members. For more information call Jeff Marks at 397-0156 ext. 258.

Do not forget that the following groups also offer discounts to JCMS members:

- Chart Capture offers a discount on its electronic document scanning systems-contact them at 866-558-8098 or check out their website at www.chartcapture.com.
- Office Depot—free next day delivery with no minimum order and discounted prices on office supplies—contact Theresa Tuck at Theresa.tuck@officedepot.com or 837-0439.
- A-Z Medical Supply offers discounted prices on coding books-contact Candice at (800) 215-1956 or via e-mail at azmedicalsupply@bellsouth.net.



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IN THE NEWS

Robert Q. Craddock, M.D., retired from Norwood Clinic, Inc., in July, 2008, after completing 30 successful years in practice as a Neurological Surgeon. He is a University of Alabama School of Medicine graduate and completed residencies at Carraway Methodist Medical Center, Barnes Hospital, and Washington University School of Medicine. He is board certified by the American Board of Neurological Surgery and a Fellow of the American College of Surgeons. He has been on active staff at Physician's Medical Center Carraway and Brookwood Medical Center. He has received many honors and awards throughout the years including being voted as one of Birmingham's Best Docs 2006, 2007 and 2008. His many colleagues at Norwood Clinic, most notably his partners, Evan Zeiger, MD, and Walter Haynes, MD, and his staff, would like to congratulate him on his retirement.

Robert D. Robinson, M.D., joined Norwood Clinic, Inc.'s Neurosurgery Department in August, 2008, relocating from Tuscaloosa. He completed his Neurological Surgery residency at UAB in 1999, and is board certified by the American Association of Neurological Surgeons. Dr. Robinson and his partner, Dr. Evan Zeiger, are on staff at Brookwood Medical Center.

John P. Young, M.D., has joined Orthopaedic Sports Medicine Clinic of Alabama, P.C., in Birmingham. Dr. Young, a graduate of University of Arkansas for Medical Sciences, completed his General Surgery internship and his Orthopaedic Surgery residency at the University of Mississippi Medical Center. He later completed a fellowship at the American Sports Medicine Institute. He is board certified by the American Board of Orthopaedic Surgery.

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