

Professor Sir David Haslam
CBE FRCGP
Chair NICE,
Past President BMA,
Past President RCGP

Medical terminology can provide food for thought

I HAVE ALWAYS BEEN FASCINATED BY THE WAY DOCTORS TEND to use foodstuffs to describe pathological conditions.

From medical school, I recall being taught about maple syrup urine, and anchovy sauce pus – the latter being present in amoebic liver abscesses, as I'm sure you recall. Mind you, not only have I never once diagnosed an amoebic liver abscess in my entire career, I wouldn't know anchovy sauce if it was presented to me on a plate. The only anchovies that ever come my way are very welcome on the occasional pizza.

Some descriptions are much more commonplace. Fishy smells, cheesy necrosis or berry aneurysms, for instance, make sense to almost anyone. So do café au lait spots, which are typically seen in neurofibromatosis. However, if they had first been described more recently, I suspect they would have been latte or cappuccino spots instead.

Nutmeg liver is rare. Port wine stains and strawberry naevi are common. However, I feel that redcurrant jelly stools has to be one of the most brilliant and accurate uses of foodstuffs in clinical description, perfectly describing the outcome – if that is the word – of intussusception.

Another fruit comparison comes to mind if you've ever seen a case of Kawasaki disease. It is, you will recall, the strawberry tongue that gives the diagnosis away.

Meanwhile, and staying with the summer fruits, a raspberry tumour is an umbilical adenoma in the patent vitellointestinal duct. Yes, I did look that one up. I can only remember so many food-related conditions.

"The most extraordinary description was an academic paper that described a tumour as being the size of a medium kumquat"

By far the most common use of foods is to take fruit as the comparator of choice when describing cysts, masses, and lumps of almost any description. Saying that a mass is the size of a plum, tangerine, lemon, grapefruit or melon gives a vibrant sense of what the mass is really like, though strict accuracy would require you to be clear as to whether the melon was a honeydew or watermelon.

Indeed, while writing this piece I found a paper from the United States Department of Health and Human Services that provided the measurements of 15 different fruits including the cherry (2 cm), fig (4 cm when dried) and peach (6 cm). This same paper listed eight nuts (pecan being 3 cm, of course), and a selection of vegetables too. It is good that academic medicine takes these things so seriously.

The most extraordinary description I ever came across in a medical journal was an academic paper that described a tumour as being the size of a medium kumquat.

Being able to describe pathology in a succinct and reproducible way is really important. Our patients often struggle with description, of course.

I recall that one of the most unnerving phrases that patients can use when you arrive on a home visit is: 'I don't know what it is doctor, but I thought you'd like to see it, so I've saved it in the toilet.'

It's a good job that we are not squeamish.

Disclaimer
The views expressed are those of the author and do not necessarily reflect those of NICE.

Tell us what you think?

If you want to share your experiences or views with other readers, write to: **editor@thepractitioner.co.uk**