

<sup>3</sup> Comite F, Cutler GB, Rivier J, Vale WW, Loriaux DL, Crowley WF, Jr. Short term treatment of idiopathic precocious puberty with a long acting analogue of luteinising hormone releasing hormone. *N Engl J Med* 1981;**305**:1546-50.

<sup>4</sup> Stanhope R, Adams J, Brook CGD. The treatment of central precocious puberty using an intranasal LHRH analogue (Buserelin). *Clin Endocrinol* 1985;**22**:795-806.

<sup>5</sup> Mansfield MJ, Beardsworth DE, Loughlin JS, *et al*. Long term

treatment of central precocious puberty with a long acting analogue of luteinising hormone releasing hormone. *N Engl J Med* 1983;**309**:1286-90.

Correspondence to Dr D C L Savage, Bristol Royal Hospital for Sick Children, St Michael's Hill, Bristol BS2 8BJ.

Received 30 April 1985

## Favourite words

P McDONALD, D THOMAS, AND D BURGE

*Wessex Regional Paediatric Centre, Southampton General Hospital*

**SUMMARY** A prospective survey of language used by children aged between 2 and 16 years for 'taboo subjects' was carried out on a paediatric surgical ward and in the outpatients clinic. The children were interviewed in the presence of their parent(s). A remarkable diversity of words and phrases was noted. Language was affected by the age and sex of the patient. This survey is of interest to all clinicians who need to communicate with children.

It has been emphasised frequently that good clinical practice depends on adequate history taking: this requires effective communication between doctor and patient and both parties have to understand and be understood. On paediatric surgical wards information about genitalia and 'taboo functions' must be gathered from child and parent. It may take several attempts and a variety of phrases to achieve this with children. As this problem has received so little attention in medical reports, we carried out a survey to define the vocabulary of the taboo words used by children.

### Patients and methods

The study took place in the children's ward and the outpatient department at Southampton General Hospital. One hundred children and their parent(s) were studied by questionnaire which was filled in by the investigators. Details of the child's age and sex were noted. The children were asked to give their favourite word for the following anatomical parts: *penis*, *vagina*, *anus*, and *testicles* and the following physiological functions: *defecation*, *anal flatulence*, *micturition*, and *vomiting*.

Any absence of a word for a part or function was recorded. In the case of toddlers who had not yet developed language skills, the word that was most used by the parent(s) to the child was noted. The information was obtained by the interviewer asking the questions at the end of the surgical consultation. Both children and parent(s) enjoyed the questionnaire, answering freely after any initial embarrassment. No attempt was made to lead the answers by suggesting words.

### Results

There were 72 boys and 28 girls in the study. The mean age was 7.2 years with a range of 2 to 16 years. There was no difference between the ages of the girls and the boys. There were 36 children in the 2 to 4 age group; 34 in the 5 to 10 group, and 30 in the group between 11 and 16 years.

### Anatomical parts (Table 1).

#### *Penis*

The commonest word for penis was 'willy' (36) with

Table 1 *Favourite words for anatomical parts*

<i>Penis</i>	Willy (36); don't know (20); penis (14); winkle (4); widge (4); dinkle (3); <i>others</i> —willy warbler, twinkle, ding-a-ling, my body, diggle, big worm, prick, tail, wotsit, privates, winkler, dilly dat, peanut, little man, hosepipe, nudger, dick, tinkle, bum.
<i>Vagina</i>	Don't know (61); fanny (14); vagina (6); <i>others</i> —pinkie, willy, tweet, fluffy bit, tummy, foo foo, no willy, luly, front bottom, special tummy, crumpet, tuppenny, ninny, foo, chuckerella, can't, wee wee, twinkle, private.
<i>Anus</i>	Bum (46); bottom (29); don't know (21); arse (3); backside (1).
<i>Testicles</i>	Don't know (76); balls (10); testicles (10); <i>others</i> —goolies, privates, nuts, rugby balls.

'penis' (14), 'winkle' (4), 'widgie' (4), and 'dinkle' (3) being used by a minority. Although 19 children had no word for penis, a further 18 terms were reported.

#### Vagina

Sixty one (61) children had no word for the female genitals. Of the minority who did, 14 used 'fanny' and 6 'vagina'. Nineteen other words were noted.

#### Anus

'Bum' (46) and 'bottom' (29) were the favourite terms for anus but 21 children had no word for it. The only two recorded alternatives were 'arse' (3) and 'backside' (1).

#### Testicles

Most children (76) had no word for testicles. 'Balls' (16) and 'testicles' (10) were the two most common of the six words recorded.

### Physiological functions (Table 2).

#### Defecation

Nearly half of children used 'pooh' (48) with 'toilet' (21), 'loo' (8) 'plops' (3), and 'number 2' (2) being used less often. There were 15 other words recorded, and only three children had no favourite name.

#### Anal flatulence

There were no less than 22 different terms given for this. 'Fart' (29), 'a pardon' (10), 'wind' (6), 'blow off' (6), 'fluffed' (5), 'permped' (or 'perped') (4), and 'bum burp' (3) were the most popular. Twenty children had no regular word.

#### Micturition

'Wee wee' was used by 61 children, with 'toilet' (21), and 'loo' (7) unfortunately overlapping with defecation. Only five other words were used, and six

children could not recall a specific word for micturition.

#### Vomiting

'Sick' or 'being sick' is the most widely understood term in our taboo dictionary, with 67 children using this. Only 'puke' (4), throw up (2), and the idiosyncratic 'putid' (1) were given as alternatives. Twenty six children had no favourite term.

**Taboo language and age.** Language varied between the age groups for certain categories. For example few children under four had a word for *testicle* unless they had been admitted for orchidopexy, but half the children in the 11 to 16 group did. Most children of all ages had a word for *penis*, but the word 'penis' was hardly observed in children under 10 years. Inarticulation of a word for the female genitals extended well into the oldest age group.

Although age changes occurred and adult words like 'arse' were used only by the older children, many childish words were retained by the 11 to 16 group.

**Sex differences.** Few girls were able to offer a word for *testicles* but about half had a term for *penis*. Both boys and girls were equally inarticulate concerning the female genitalia.

### Discussion

This survey was aimed at key taboo words and phrases of interest to clinicians on paediatric wards. The methodology of the study is open to criticism. Interviewing the children with their parent(s) may have resulted in responses more agreeable to the parent rather than most appropriate to the child. The older children, in particular, would have been affected by this, and probably were reluctant to pass on their latest school vocabulary. In addition, posing the questions without leading a reply was difficult. These weaknesses may account for the high 'don't know' scores in the study.

There are, however, lessons to be learnt from the survey. Although a bewildering number of words and phrases have been uncovered it is probable that 'wee wee', 'pooh', 'sick', 'fart', and 'willy' will be understood, if not articulated, by most age groups. With at least 70% of the children having no word for *vagina* or *testicle*, however, the doctor must still possess ingenuity if information about those organs is needed. A word for *vagina* was known by teenagers and a few younger girls. It is not clear whether the other children possessed a word for *vagina* but were unwilling to express it in the clinic to a stranger. The same query must also apply for

Table 2 Favourite words for physiological functions

Defecation	Pooh (48); toilet (21); loo (8); don't know (3); number two (2); plops (3); <i>others</i> —sit down, do a soggy, charlie, pooh cheese, bobs, big ones, tuffies, plomps, big toilet, go bum, shit, mud, kaka, tuppence, popper.
Anal flatulence	Fart (29); don't know (20); pardon (10); wind (6); blow off (6); fluffed (5); permped (4); bum burp (3); pop off (2); rude noise (2); trump (2); <i>others</i> —pass wind, done one, cracked a nut, let polly out, bottom noise, whiffed, bottom spoke, prout, guff, windy pops.
Micturition	Wee wee (61); toilet (21); loo (7); don't know (6); <i>others</i> —widdle, bog, pee pee, piss, aunty Jane.
Vomiting	Sick (67); don't know (26); puke (4); throw up (2); putid (1).

the large number of 'don't knows' with regard to testicle.

We found that those children who used unusual terms for one part of the body would do so for others. These children may actually be using a private family language. An example was the 6 year old who did a 'charlie', 'let polly out', and possessed a 'dilly dat'.

How far the child's language was affected by their parents' region of origin or socioeconomic grouping was not within the scope of the study. We did, however, identify a group of parents who deliberately encouraged the use of the exact anatomical term from the start.

The use of the taboo words was often a source of amusement to both parent and child with the terms

seemingly chosen to enhance this effect (for example 'chuckerella', 'tuppenny', 'tuffies', 'do a soggy' etc). Also, we noted several first names in the children's vocabulary such as 'charlie', 'dick', 'bobs', 'polly', 'fanny', and Auntie Jane, but can only speculate as to their origin. We found little media influence although 'monster munch' (*defecation*) is probably derived from television.

Our thanks to Messrs John Atwell and Neil Freeman for permission to study their patients who seemed to enjoy the interviews as much as we did.

Correspondence to Peter. McDonald, Southampton General Hospital, Southampton SO1 6HU.

Received 24 April 1985

## Mucosal neuroma syndrome—a phenotype for malignancy

M P WHITE, K M GOEL, J M CONNOR, AND N A COUTTS

*Royal Hospital for Sick Children, Glasgow, and Hawkhead Hospital, Paisley*

---

**SUMMARY** The mucosal neuroma syndrome is characterised by a typical physical appearance, neuromata on tongue and buccal mucosa, and a high risk of developing medullary thyroid carcinoma and phaeochromocytoma. A case is described and the importance of early recognition for prevention of malignancy is stressed.

---

The mucosal neuroma syndrome, multiple endocrine neoplasia type II<sup>b</sup> is a rare, autosomal dominant condition characterised by a typical physical appearance, multiple mucosal neuromas, and a high incidence of medullary thyroid carcinoma and phaeochromocytoma. Patients have coarse facial features, thickened blubbery lips, and a marfanoid habitus. Neuromas can occur on the tongue, buccal mucosa, and eyelids, and throughout the intestine. Disordered bowel function with constipation or diarrhoea is common. Medullated corneal nerves may be visible on slit lamp examination. Mucosal neuromas may be present from infancy and these together with the characteristic physical appearance should alert paediatricians to the diagnosis before malignancy arises. Unfortunately this seldom happens, the diagnosis being made when metastatic

malignant disease has occurred as this case illustrates.

### Case history

A 16 year old girl was investigated at a district general hospital for delayed puberty. On examination she had a slender habitus with a high arched palate, and hyperextensible joints. She had coarse facial features with thickened blubbery lips and neuromata on her tongue and buccal mucosa (Figure). Her thyroid was enlarged, with a hard nodule palpable in the right lobe. She was euthyroid. Thickened corneal nerves were visible on slit lamp examination. She was normotensive. Her height was 144.5 cm (less than the 3rd centile), her upper to lower segment ratio was 0.97, and her weight was 26.8 kg (less than the 3rd centile).

The results of endocrine investigations for delayed puberty were normal. She had a chromosome composition of 47, XX with an additional minute centric fragment. This was not considered important as the same abnormality was found in four other healthy family members. Her physical appearance and neuromata suggested, however, multiple endocrine neoplasia type II<sup>b</sup> and she was admitted to this hospital for further investigation.