

# Words, words, words

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*When I use a word . . . it means just what I want it to mean—neither more nor less.*  
Humpty Dumpty.

FOR nearly a hundred years now, the world has smiled at Lewis Carroll's donnish little joke; yet the world has been fooling itself, for this is in fact no joke, but a plain description of what happens every time our tongues wag, and it is fitting that we, for whom speech is the coinage of our daily commerce, should be aware of this, and we ignore its implications at our peril. Rudyard Kipling said that 'civilization is transport' and in the context of his times this was perhaps a fair judgment, but now it is certainly much nearer the truth to say that civilization is communication, and if we are aware of this concept we may see almost daily its success or failure, and the results which inevitably follow. Speech was the latest skill to be attained by man, and as such is clumsy, inaccurate and primitive, and compared with the exquisite precision of movement or of sight, is as the hour-glass to the ship's chronometer, the hand-file to the capstan-lathe, and rarely to be taken at its face-value. It is as though we were trying to conduct our affairs using a monetary system in which, although all the coins were clearly marked, we could ignore this at will and give to each piece our own idea of its value. The chaos that would result from such a system would be great and obvious, but no greater than that which exists—but not so obviously—in the currency of speech.

One simple example of the difficulties inherent in this imperfect system is shown by a somewhat humiliating situation in which every general practitioner from time to time finds himself. It arises when dealing with a case which we suspect will be difficult or will need further investigation involving consultation with a specialist or other colleague. We are at pains to take the most careful history and assure ourselves that we have the matter to rights, and before the consultation we rehearse a *précis* of this history to our colleague, who then usually proceeds to question the patient further. We are often exasperated to find that the story we now hear differs in many aspects from that which we had so carefully elicited, and in our natural chagrin at this embarrassing development we are sometimes over-quick to ascribe this discrepancy to the innate stupidity—or even perversity—of our patient, or, if we are prey to sentiments of inferiority, to our own lack of skill at history-taking. Neither explanation is correct. What has happened is this: We have entered into a verbal transaction with our patient, and have between us sorted out our two currencies as best we can, and each has come to certain conclusions as to the other's true meaning. Into the business now comes a third party, using, as he must, his own personal coinage, and it is inevitable that minor differences in response will occur, and possibly, on occasion, that even major discrepancies will arise. It is well to recognize that the same question, framed in two different ways, will rarely produce the same answer—a fact known and used for years by all good barristers.

To Tallyrand has been attributed the remark that 'speech was given to man to disguise his thoughts', and on the highest intellectual, social and political levels this is frighteningly true, but for every man who willingly deceives you with words, there are a hundred who do so unwittingly and in all innocence, because their store of words is so limited, being little more than suffices for their daily needs—and of a different value

from your own. Each word has so many jobs to do that it is a jack-of-all-trades, and as such loses all precision. Even more dangerous is the man whose vocabulary—obtained perhaps from a superficial contact with the mass-media—is greater, but half-digested and only partially comprehended; he will mislead himself, and you, in the most insidious but complete way, for it is probable that neither party will be aware of the disharmony which exists. On the other hand, the doctor must remember that he also is using a clumsy instrument, and may be doing so in a maladroit way, or in a manner foreign to the accepted currency of his audience. Exemplary of this are two euphemistic phrases commonly used by doctors, both of which taken in isolation are merely bald statements of fact, but which to us convey a whole world of difference, a difference caused by the addition of one small word which in normal use has little or no meaning. Consider, for instance, ‘Your husband is a sick man’, and ‘Your husband is a very sick man’. Having used such a phrase—probably from a laudable sense of delicacy—we have no right to complain if, later on, we find that on some occasions at least, we have proffered the wrong coin, and are false-changed with the accusation that we have not made the outlook clear. Consider too, the various words and phrases which we habitually use—even among ourselves—which are in fact pure Tallyrandisms: We use them to protect ourselves and others from hard or unpalatable facts. ‘The treatment’ of terminal carcinoma, of multiple sclerosis, of muscular dystrophy. We mean ‘management’, and if we more often used this word our minds would be the more concentrated upon our many deficiencies. The surgeon who has for long been telling patients, ‘I have taken it all away’, begins gradually and imperceptibly to delude himself with this fantasy, and his assessment of his own therapeutic potency is unconsciously falsified. Psychiatry is probably richer in Tallyrandisms than most other branches of medicine, possibly because the subject is less precise and more open to philosophical debate than any other. The following sentence is extracted from a report recently received: ‘. . . this immature and rather restricted personality finds difficulty in coping with even minor stress-situations . . .’ Translated into plain English this sentence could read: ‘This unattractive little man has no guts’. It is a matter for some debate who is confusing whom by the use of this rather baroque style, and whether or not any useful purpose is served thereby.

Another long-treasured gem concerned the behaviour of a known aggressive psychopath: ‘Last week he went so far as to empty the chamber-pot over his mother’s head. In view of this inappropriate behaviour etc. etc. . . .’ Inappropriate to what? It would be difficult to imagine any action more appropriate to the behaviour of an aggressive psychopath than this unequivocal and flamboyant assertion of filial impiety. As there are occasions when vogue-words have perforce to be used, it is well to use the nasty things correctly. Among many in current fashion with medical men are the following: *discipline*, *appropriate*, *dialogue*, *problem*, *epidemiology* (usually employed where *endemiology* is meant), *pragmatic* (an infection from Another Place), *on-going*, *through-putting* and *inadequate*. Reflecting on these—and others which doubtless come to mind—it will be seen that in general our little foible is to *overvalue* words; to give them a more specialized, more intensive and more idiosyncratic value than they warrant in the everyday commerce of speech: It is human frailty to have more respect for a five-pound note than a florin.

In another respect the medical profession has been, and still is, more guilty than most of deceiving itself by the lazy misuse of words. Thomas Carlyle was aware of this danger when he said, ‘Be not the slave of words’. By being great minters and counterfeiters of words, we have for long successfully concealed ignorance with verbiage and confused ourselves into the bargain. This habit dies hard, and though perhaps we are not now quite so naughty about coining sesquipedalian alibis, we are more and more liable to subject ourselves to the tyranny of the slick *cliché* and the vogue-phrase, and particularly if we can clothe them in imposing capital letters. The *cliché* is a particularly

dangerous Servism, as by its nature it always contains a moiety of truth—never the whole—and locks in mental bondage not only the audience which accepts it, but even more finally and damnably the mind which by using it has succumbed to its infection. We are at the moment in the grip of a great epidemic of *cliché* which appears to be growing not only in volume but in virulence so that the duckspeak and doublethink of 1984 seem to be approaching with alarming chronological precision. The vogue-phrase is becoming more and more a weapon of indoctrination, in both lay and medical hands, but, like the *cliché*, it can not only hit the target, but also has a nasty habit of back-firing and wounding the mind that wields it. Looking after children, for instance, cuts no ice, but a *Child Health Service* has us all turning to the East and abasing ourselves with appropriate humility; watching children grow up is small beer, but *Developmental Paediatrics* is obviously a *Concept*, and probably a *Discipline*, and therefore almost certainly of *First Importance*. The *National Health Service* has been successfully obscuring original thought for some 20 years now: More properly described as a *Contributory Sickness Service*, it would probably not have survived for five years without major and beneficial modifications, but its splendid semantic pedigree—by Positive Health out of Free-for-All—has ensured that it is still in the form-book and highly fancied by all those optimistic punters who ever seek the long-priced winner.

These, then, are some of the Tallyrandisms and Servisms which tend to besot us, for self-delusion is probably the greatest folly that an educated man can commit—and the alert mind must always be on guard against such insidious assaults against its integrity; but what of our honest difficulties in assessing the value the man-next-door gives to his coinage? These are legion, and like the poor, always with us, and it is noticeable that the general tendency of people when they become patients is to *devalue* the currency; hyperbole reigns and it is surprising to what similar extent a word will be devalued by a great diversity of people—almost as though by previous collusion and consent. Consider the use in the surgery of the word ‘terrible’. This word is one of the strongest and hardest in the English language—Shakespeare had great respect for it, as did Cranmer—yet it is almost axiomatic that any description of a symptom which uses this adjective is pathognomonic of minor or no-pathology—it is a coin spent to buy the doctor’s interest in, and respect for, a symptom which is unimpressive even to its owner, and which, on being challenged, will always be withdrawn and usually with a deprecatory smile: The patient is well aware that he has been over-calling his hand. In contradiction to the spendthrift use of this adjective is the almost universally accurate use of the word ‘horrible’. Let the physician beware when he hears this word; by common consent, it seems, it is reserved to describe the more sinister of human pains—those of angina, of claudication or the deep bone-pains of the Psalmist. How odd the consensus on these two words! How does it come about?

Not, perhaps, so universal as the devaluation of the word ‘terrible’, is that of ‘deadly’. This is indeed a very final word, a lethal word; yet it is frequently used to describe conditions which at best would warrant the use of the word ‘disagreeable’. Among patient-words, ‘collapse’ is in great vogue, and is a veritable harlot, and as such, especially dangerous to the inexperienced. It is used with the most profligate and disrespectful abandon, and may connote any condition from a passing lassitude to a major epileptiform seizure, or even death. The experienced physician knows this of old, and will be on guard against its meretricious appeal. The word ‘turn’ is another which can never be taken at face-value; probably the most idiosyncratic coin in use, it has as many values as there are people using it, and although the adjective used to qualify it may give some assistance—there is a world of difference between ‘a bit of a turn’, and ‘a nasty turn’—a full declaration of the user’s valuation must always be insisted on before its acceptance. Oddly enough this word is practically never used when the attack complained of has any actual versational content; always then we have ‘giddy turn’ which is correct, if somewhat tautologous.

Simple hyperbole is much easier to evaluate, although for this to be done it is necessary to know well the person with whom we are dealing. 'Fetched to the ground', 'little dead thing', 'like a ball of fire', are all, by long usage, capable of being placed in a fairly narrow category of value, for this exaggeration is honest and unashamed. Much more difficult to assess, however, is the currency of the man who is verbally penurious and who extracts coin from his small store with all that deliberation and reluctance commonly shown by the pensioner who has enough—and not a penny more than enough—for his weekly pint. This difficult kind of transaction is exemplified with salutary clarity by the following little moral tale. The labourer with a vocabulary perhaps of some 200 words—mostly monosyllables—came to his doctor and complained with great simplicity in these terms, 'I can't eat'. Good basic English, and on the face of it, not to be suspected. Measures were at once taken to investigate this condition of anorexia, and it was not until the third consultation that the dyspraxia of his right hand—which made the use of knife or spoon impossible—was appreciated, and the cerebral tumour responsible for his condition was suspected. What had been stated was factually correct, but the elaboration necessary to enlighten the situation was beyond the verbal wealth of the man. It is interesting to note that this patient maintained to his dying day—in his own words—that he had been the victim of stupidity and impercipience. Had he not, after all, described the situation with a laudable and uncommon economy of words? What can man do more?

Every doctor will meet, and will have to learn, the dialect words of his area. Used mostly by older people, they tend to be dying out, but fortunately have some life in them yet. Another snag arises here, for sometimes a good English word is used in dialect with a completely different meaning. In the West Country for instance, such a word is 'middling'—by no means what it seems. If one is middling poorly, one is seriously ill—if very middling, at death's door. This can be confusing. In this part of the world, too, nobody who is not completely cured will ever admit to being better. 'Better' is reserved for complete recovery, and it is taken as somewhat of an insult to be told that one is better, when, quite clearly, one is still in bed and a merciful three weeks away from the resumption of toil. Pure dialect words are simple, for oddly enough they are used with the greatest accuracy and once the doctor is aware of their translation, they are extremely useful. The phrase 'it's middling teart', is an accurate description of a superficial pain or smart, which although severe is not considered, even by the patient, to have any sinister implications. A blow on the thumb with a hammer, a superficial burn, yes; but indigestion or angina, never. Would there were more descriptions of pain as accurate as this. Again, to be 'moithered' (subtle onomatopoeia!) is to be a little confused, a little disorientated, but never deluded or downright mad. The child with measles will be moithered at night, and little thought of it; but the old man with his bronchitis who is very middling *and* moithered, is without doubt shortly to gain happy release from this turbulent vale. It would be difficult to describe the situation in more accurate fashion, or with a greater economy of words.

Here then, are some aspects of our daily problem—all difficult, all a challenge; but the greatest difficulty for us is to recognize accurately our own devaluation of words and that of our colleagues, for an ignorance of the existence of Tallyrandisms and Servisms has spoiled more good doctors than any insensitivity to the verbal currency of those for whom they are responsible—time and experience have a way of setting that to rights. Fortunately there is a Golden Rule, and it is this: Whenever faced with anything which may, however remotely, have a whiff of Tallyrandism about it—translate it at once into basic English and look again. Observed through the spectacles of simple words—monosyllabic if possible—many a grandiose concept will be seen to be but a 'Colossus stuffed with clouts'; many a nightingale's song heard to be merely the parrot's cry; and often the Emperor will be seen to have no clothes on, after all.