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## “The Slimy Mud of Words”

H. C. Drysdale

M.B., Ch.B.

### Abstract

Based on a Dissertation read before the Royal Medical Society on Friday, 24th February, 1961.

The condition of man requires that he communicate with his fellows. Yet language may be a distorting glass and may often accentuate the isolation rather than the communication. For the doctor, the need for personal communication is as great as for other men but there are, in addition, two spheres of his professional work in which it becomes paramount.

In the first place, the doctor has to contact his patients. "I am by trade a dealer in words, and words, *as you know*, are the most potent drugs known to man." The saying is attributed to Rudyard Kipling and contains a truth familiar to all who come in contact with patients. Words acting as drugs influence the irrational and the emotional, and their power is amply demonstrated by the positive results so often produced by the pharmacologically inert tablets used in double blind clinical trials.

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# “THE SLIMY MUD OF WORDS”

Language and New Concepts in Medicine

By H. C. DRYSDALE, M.B., Ch.B.

Based on a Dissertation read before the Royal Medical  
Society on Friday, 24th February, 1961.

*Out of the slimy mud of words.*

*Out of the sleet and hail of verbal imprecisions,  
Approximate thoughts and feelings,*

*Words that have taken the place of thoughts and feelings.  
There springs the perfect order of speech.*

*And the beauty of incantation.*

—T. S. ELIOT, *Choruses from “The Rock.”* \*

The condition of man requires that he communicate with his fellows. Yet language may be a distorting glass, and may often accentuate the isolation rather than the communication. For the doctor, the need for personal communication is as great as for other men but there are, in addition, two spheres of his professional work in which it becomes paramount.

In the first place, the doctor has to contact his patients. “*I am by trade a dealer in words, and words, as you know, are the most potent drugs known to man.*” The saying is attributed to Rudyard Kipling and contains a truth familiar to all who come in contact with patients. Words acting as drugs influence the irrational and the emotional, and their power is amply demonstrated by the positive results so often produced by the pharmacologically inert tablets used in double blind clinical trials.

Apart from the therapeutic use of words, however, the doctor has often to transmit facts to his patients, and here grave difficulties may arise. There is little to be gained from prescribing a precise and accurate diet unless both the patient and the doctor mean the same thing by ‘dinner’; for the patient any disease which is ‘pernicious’ must be dire and dreadful in its outcome, no matter if, to the practitioner, it only means a fortnightly subcutaneous injection; when the patient says he is ‘better,’ is he improved—or cured?

When dealing with patients, the doctor tends consciously to use non-technical terms, and when he does impart information he is generally at some pains to make sure that he is correctly understood. In the second situation where communication is of paramount importance to the doctor, such pains are often absent. This is the situation of communication between doctors, as men of science. If Medicine is both a science and an art, perhaps part, at least, of the artistry lies in the use of language. Certainly if we doubt

\* “*Collected Poems.*” Faber & Faber Ltd., London.

the importance of this artistry it is to the professional writer that we should turn. Sir G. Pickering <sup>(1)</sup> in his recent comments on this subject, quotes W. Somerset Maugham: "On taking thought it seemed to me that I must aim at lucidity, simplicity and euphony. I have put these things in the order of importance I assigned to them." Perhaps we may examine a little more closely the first of these desirable attainments.

Dr. Richard Asher <sup>(2, 3, 4)</sup> has conducted a penetrating analysis into the distortions which the meaning of a word may undergo. He demonstrates three separate meanings in each term; the entymological meaning, the derivation of the word; the implicational meaning, upon which the derivation is based; and the referential meaning, the simple objective fact which is eventually associated with the term. An example may serve to show both the utility of this analysis and the importance of the confusion which can arise.

The clinical entity Epilepsy has been known from ancient times, and the dramatic nature of a fit ensured that an accurate description was made early in its history. Theories as to its causation were many. One of the components of the fits which was recognised early was the premonitory subjective sensation, and catalogues of the various manifestations were drawn up. At this time the popular theory of causation was that evil humours passed from the limbs to the head and there evoked the fit. The term 'aura,' from the Greek, meaning a cold breeze, was first used of a single patient whose premonitory symptoms were described in this way; this description was taken as confirmation of the humour theory, and it was but a short step from there to calling all such premonitory symptoms auras—and assuming a similar cause. <sup>(6)</sup>

Thus we have the entymological meaning—a cold breeze, and the implicational meaning—the passage of humours to the brain immediately before a fit. Once the term had become generally accepted, all further thought upon that particular subject was bedevilled by the implicit assumptions of the terminology, until eventually, aura acquired a referential meaning—the subjective sensation preceding a fit. In this case it was several centuries before it was generally realised that the aura was the result of an initial central disturbance, and, in the interim, various measures, ranging from cautery to hideous medicinal concoctions had been persistently applied to the limbs to prevent the spread of the hypothetical humour.

The example is from the past, but there is ample confusion in the use of terms today, confusion within the implicational meaning. Take, for example, the very basic word disease. Does this mean overt dis-ease? Surely not, since so much time in present-day medicine is spent in discovering subclinical states. Shall we then define it as a deviation from the normal? Immediately the word 'normal' clamours for definition. Even with accurate observations, precise measurements, numerous patients and all the aids which statistics can offer us, this may be a difficult task. Always there will be patients who hover at the extremes of any 'normal range', or worse still, occupy the limbo of overlap so charmingly labelled 'equivocal'. How, then, are we to know what to treat?

As well as forming a bar to action, the imprecision of the term disease is also a bar to thought, for a single disease may contain within it many different pathologies or aetiologies. As long as peptic ulcer is a disease, then the fact remains concealed that one such ulcer may be associated with a parathyroid adenoma, another with a beta-celled tumour of the Islets of Langerhans, and a third with undue consumption of corticosteroid hormones. There has been therefore, a recent tendency to substitute the term "syndrome" for disease; such a symptom complex represents the result of a "chain of physiological processes, interference with which at any point produces the same impairment

of bodily function. The same syndrome may thus arise from many different causes.”<sup>(5)</sup> So simple a substitution as this has, in the words of Sir Harold Himsworth, produced a ‘liberation of medical thought.’

Dr. Asher has demonstrated two ways in which words further limit out thinking. In the first place, once a concept has become sufficiently established to be given a name, it becomes most difficult to eradicate, and an apt name may perpetuate a non-existent entity. Pituitary cachexia, defined in my dictionary as the weakness and emaciation caused by the removal of the hypophysis has its existence doubted in Davidson's *Textbook of Medicine*: “Wasting (pituitary cachexia) is not a common sign, and when present is often due to some intercurrent disease”. Similarly the delightful Osgood-Schlatter's disease of the tibial tuberosity is gradually being ousted from its pride of place among the osteochondritides, and the arch iconoclast Dr. Asher tells us that both Messrs. Pel and Ebstein wrote about patients with chronic remitting fevers probably due to brucellosis, and certainly not associated with lymphadenoma.

Conversely many a syndrome must escape general recognition simply for lack of an appropriate title. This has been demonstrated by the simple expedient of naming two, and in the future no textbook of psychiatry will be complete without a mention of the Munchausen syndrome, or cardiology book without a mention of precordial catch (Trexidor's twinge).

In summary, therefore, a word may come to enshrine a dead idea, its meaning may change with the passage of time, or it may come to possess more than one meaning so that precision in its use is for ever lost. “Once a word has been mishandled consistently, it is useless for scholars to try to preserve its correct meaning. Like a bolt screwed into the wrong socket, it forces a place for itself and, at the same time, spoils the thread of the seating so that the correct fitting will no longer go in properly.”<sup>(2)</sup> We may gain a sad measure of consolation from the reflection that this debasement is not peculiar to medicine for, as Thurber ruefully quotes: “Love has become a four letter word”.

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