
FIELD-NOTES | SPRING 2017

Bright is the Ring of Words

By Richard Westcott

One of the pleasures of practising medicine is listening to patients.

A platitude of course, but like all platitudes, it contains truth. I mean, really listening. With the passing of the years, having heard all those different voices, all those expressions, phrases, descriptive and often ingenious uses of words, many of us have found an unexpected pleasure in hearing not just what patients say, but how they say it.

Wherever a doctor practises, they will have heard delightful examples of small talk, such as the conversational remark one October morning – “we always get some sort of weather at this time of year.” If you are fortunate enough to work in a place where regional, if not local words and expressions are particularly evident, this has to be especially the case. I was privileged to spend my professional life as a family physician in a rural area in south west England, on the edge of Exmoor.

Many of these interesting and, at least initially, unusual words are no more than compressions, producing what for a moment feels like a new word – *plaint* for complaint, *aplents* for plenty of, *contrapsy* for argument (controversy), *skinter* for skeleton – although I admit, that one has a slight addition as well as jumble.

Quite a few are slight variants of standard English, where perhaps one letter is changed, making the word more emphatic, more easily pronounced, even slightly more onomatopoeic. Thus something *blared up*, rather than just flared up, and I was told (rather loudly) that grandfather was *deave* (deaf).

And how about a word that figured in a phone number - *awt*? (Or should it be spelt *aught*?) This was of course *nought*, showing us that it's often the first letter that gets dropped, producing a temporary uncertainty for the listener – head turns into *aid*, home into *aum*, productive coughing is *awking* and hundred might become *uun-durd*.

Some really are onomatopoeias. *Cecker* is a dry, tickly cough; a productive cough generates *rummage*. *Sloggy* means slow and stiff (though I later learnt that, when used as a noun, this represents a very low grade labourer, caricaturing his demeanour and behaviour). To *crake* is to grumble or complain. Someone with learning difficulties was a *kenaw-nort* (like so many of these words, you have to say them out loud) or, if worse, *zawny*. *Zuffing* is crying or sobbing. Faced with a collapsed husband, an old lady told me she was *all to a miz-maze*, which needed no translation.

Others are no more or less than good old-fashioned English – but an English that has otherwise become somewhat forgotten. A patient had a pain in *the lank* – the groin – and another used the word *poll* for head (as in poll tax). Someone said he got up “fair betimes in the morning”, a phrase which I learnt that Pepys (no less) used, meaning bright and early. Some of these expressions may represent an unrecognised folk memory – I was told “things are so bad today that us'll soon be back on black bread.”

There can even be a Shakespearian flavour. “He was a near man” I was told later meant that he kept his money near him: he was mean. I gently remonstrated with a particularly reticent patient, who responded after a moment – “I takes my words out and looks at them carefully before replying”. A wife said to her farmer husband, who admitted he was feeling ill – “I don't fancy that you are setting forth a lot.” And one old man waiting for his wife to die announced “Us be looking for the last of her.”

Practising in an agricultural area, we would encounter expressions reflecting that culture. When told she had to go into hospital, an old woman declared “I've got my mind tilled”: she was prepared and ready. After a nose bleed, “twas a bit slaughterish.” And an eighty-year old lady declared with surprise that she had “to show my dairies”.

There were times when I had no idea what was meant. Duck's meat? Fortunately the symptom - sticky eyes - was evident. But what was a *pinzle*? "Pinswell" the patient patiently enunciated, trying to help me. Then she tried another word – "abs". Seeing I still did not understand, she offered "Asp?"

I realised eventually that this was a contraction of the word "abscess".

I used this as an excuse to do some research, and stumbled upon a wonderful old volume by a certain Frederic Thomas Elworthy, member of the Council of The Philological Society no less, published in 1886. This dictionary of our local dialect running to nearly a thousand pages is filled with learned disquisitions on translations, pronunciations and derivations, illustrated with many examples. I started to read seriously, but soon realised that this formidable Victorian gentleman – I pictured a whiskery academic, probably in holy orders, a bit like Lewis Carroll – had a twinkle in his eye, and was enjoying himself.

So, looking up that *apse*, I read that this is indeed an abscess.

Listen to Mr. Elworthy – I'm afraid you'll have to concentrate:

Her've got a apse 'pon her neck. This no doubt is an ignorant way of pronouncing *abscess*, which sounds so very much like *aapsez*, and we all know that to be a plural of *apse*. Inasmuch then as only one thing is referred to, we country folks naturally drop the plural inflection.

I felt like Alice asking what had originally seemed like a sensible question, gaining a logical answer but ending more confused than when she started.

There are many words and expressions which defy categorisation – being part onomatopoeic, part archaic and part – well at first sight – nonsense. *Back-sie-vore* is the wrong way round, upside down or back to front; *cut on a wee-wow* is crooked.

Certain words are probably neologisms, as with the mother who presented her baby's thumb stung by an appledrain (wasp) – "it come up all blewed." Did she mean the past participle of blow, *blewed* rather than blown, or was she referring to the colour – or perhaps even both? And someone else suffering a terrible pain, called it quite *martyrous*. Neologisms maybe, but certainly expressive.

Sometimes there is a profound dignity, a sort of poetry, in which much is said with very few words. A farmer nearing the end of his days said quietly, "I can't die, doctor, nor naught nothing."

Some are just funny – *donkey's gallop* (which means short and sharp), anal pain was described as *pain in the pantry*.

Perhaps some are, from a pedantic point of view, misuses. *Aggravate* meaning to argue may not be a proper use, but literally if aggravate means to make something heavier, then it may be appropriate. Others are even malapropisms, though none the worse for that, somehow taking on a life of their own as aphorisms. I never actually saw this, but the story runs that under a mirror a declaration was written in a copper plate hand that would have been as well worth pondering then, as it repays a moment's consideration now:

Things seen is Intempural

Things not seen is Inturnel

Here we have malapropisms and rule-breaking grammar exploiting their ambiguity, such that the whole becomes an aphorism which tips into something close to poetry. I can imagine at least one of my old patients saying this quietly to themselves, if not to me.

With such idiosyncratic words and phrases, anarchic uses of archaisms and alterations of conventional vocabulary, language is enriched. So, as I recall some of these original words and expressions, I hope I have not sounded in any way superior or patronising. The point of language is communication; this dialogue, so central to our art and craft of doctoring, is enhanced by respectful if not at times bemused, not to say amused observation.

And communication is of course a two-way process.

As doctors, we find ourselves dealing in the same currency. I may not hear myself using these words and phrases, but – more subtly perhaps – we are in our turn influenced. My (now grown up) children point out that my pronunciation of certain words like bitter has taken up a certain prolongation of the 'r', well described by my old friend Elworthy.

So as we listen, we hear – and are changed. The words we use reflect not only the people that we are, but the people we are with. Our language is the richer for all its many individual voices, with their particular vocabularies. As doctors above all we must be listeners, hearing what our patients have to tell us. And those words are not just the vehicles of meaning, which may be a serious matter; but they bring their own flavour, which like the individuals who use them, we can enjoy.

In Memoriam Dr Alun Edwards of Barnstaple, who noted many of the examples quoted, and who helped me to become a better doctor, not least by learning to enjoy our patients' words.

Richard Westcott is now retired, having spent a professional lifetime in family practice in the southwest of England. Educated at Oxford and London Universities, he completed his training in Exeter before moving to north Devon, on the edge of the National Park of Exmoor. He retained his links with Exeter University, becoming a lecturer in General Practice with responsibility for training family doctors and training other trainers. He has published widely in the British Medical Journal and many other publications, a recent essay appearing in the acclaimed anthology *Miracles We Have Seen*, edited by Harley Rotbart. His love of the written and spoken word underpins the present article. A prize-winning author, he now focuses on writing and sharing poetry.

© 2016 *Intima: A Journal of Narrative Medicine*