With its lack of uniforms the modern psychiatric ward can be full of surprises. Asked for the whereabouts of two patients with anorexia nervosa, a figure of authority replied ‘Ah, those are the two who share the same mind’. Authority turned out to be a schizophrenic. Her reply prompted the speculation whether a doctor does or should attempt to share his patient’s mind in the interests of better diagnosis and treatment. ‘I know exactly how you feel’, is a sympathetic but inaccurate medical statement. Doctors, writing on their experiences as patients, make it plain that their colleagues were far from knowing how they felt. Some doctors are content to diagnose the disease without exploring its effect on the patient. Theirs is the voice of authority, an opinion handed down as if engraved on tablets of stone. Some patients bring their disease to a doctor like taking a suit to the cleaner. ‘Clear up my cough and mend my hernia’. More often the patient’s view of his disease is not that of his doctor. The classic case of happy patient and contented doctor despite total misunderstanding is A. A. Milne’s dormouse who lived in a bed of delphiniums (blue) and geraniums (red). Delphinium-geranium intolerance was the wrong diagnosis so chrysanthemum therapy could not succeed even with Milk, Massage-of-the-back and Freedom-from-worry. The dormouse shut his eyes to the chrysanthemums, dreamt of delphiniums and was better. The doctor was equally pleased with the cure. ‘There’s nobody quite understands these cases as I do.’ There are real situations like this in medicine. The language of understanding is so difficult to learn and has so many dialects.

It is odd that, when communication or the lack of it obsesses society, writers make a reputation by using four-letter words. At one time these were considered the meaningless cries of the illiterate. The use of words to express meaning is well illustrated by the Lloyd-Roberts lecture. In it, Mr Alistair Cooke chides us for medical jargon and suggests that each faculty of medicine should have a Professor of English. Such a professor could be the patient’s advocate as well as the doctor’s scourge. Mr Cooke would be the ideal candidate for the foundation chair. He is aware of the interplay between patient and doctor. He knows that the doctor’s personality moulds his approach to practice.

We try to keep abreast of the technical times but we seldom put the same
effort into keeping abreast of our patients. Open a medical journal and there is likely to be another paper on how to measure thyroid function. There will not be an article entitled ‘The effect of a thyrotoxic wife on her family’. Patients are still people and the ripples from a single disease spread out to encompass more than the sufferer. A comprehensive view of this situation does entail climbing some way into the patient’s mind. Barriers of culture and language may thwart the most earnest attempt. Most doctors, according to their personalities, have learned various tricks to enter the patient’s world and know when to do so. Usually it has to be done using the patient’s own concept of words. The inarticulate patient is bound to get less from his visit to the doctor than one who can express himself in terms that the doctor fully understands. Yet we do very little in postgraduate education to explore different and new ways of breaking the comprehension barrier. It is not easy to teach an old dog new tricks. Some dogs do not consider the need to learn any tricks at all.

It is easy to conjure up the image of the family physician dispensing infinite knowledge and wisdom. This paragon has always been mythical. Humanity being what it is, no one could sensibly advocate such an ideal for universal use. At best, a number of doctors combine knowledge with wisdom. The problem is how to increase their number. Judging from the lack of discussion, most doctors are content with their own prowess in getting through to patients. They certainly spend more time considering how best to get through to medical students. Yet a far too common saying is, ‘The doctor told me nothing’. The words may have been few or many; they did not have meaning for the individual.

The present conglomerate of urban communities, compressed rather than structured, is inimical to the individual’s health and personal medicine. In our largest cities a mass of doctors faces a mass of potential patients. Any meeting is likely to be a random brief encounter. Maybe this episodic approach to disease is sufficient and that all more prolonged and personal contacts are now within the sphere of social rather than medical work. Health care is delivered in this way. It can be quantified but units of service make no allowance for those unexpressed needs that manifest themselves as symptoms, unexplained by organic disease and unrelied; nor do they indicate the ways in which a physician and his patient reach acceptance of the incurable.

Come back, Mr Cooke. In magisterial if not professorial guise teach us more of language with meaning. Explain us to our patients and show them how to understand us. This is no greater task than explaining the history of America. Come back and show us that common sense can be clothed in common words for the better understanding of men.