Would change mean improvement?

Even if there were a case for change, and a satisfactory alternative, would there be any reason for thinking that this would drive improvements in doctors' attitudes and behaviour? Most linguistic reforms reflect rather than bring about changes in attitudes. There are cases where the veto of a word may change attitudes—for example, banning the word “nigger.” A less striking example is the discouragement of people from using “he” to mean “he or she.” This may have played a small part in reversing the marginalisation of women. Nearer to home, there have been terminological changes that have made a difference. I wince whenever people use the obsolete term “epileptics” to refer to people with epilepsy; it seems to imply that people are identical to their illness. This implication, however, is not carried by the rather general term patient; we are used to the notion that we are patients at some times and not at others. Moreover, there are many instances of linguistic reform failing to change anything; for example, the introduction of “Ms” to deal with the inequity whereby a woman's mode of address revealed her marital status while a man's did not.

Even if introducing new terms such as consumer were effective, the effect might be for the worse. Replacing patient with consumer might foster the notion of doctors and nurses as functionaries in a healthcare business whose product is as many litigation-free units of

care in as short a time as possible. Empathy and compassion would be seen as threats to productivity ... after all, they take time, don't they?

I therefore find no grounds for replacing the word patient at present. And the absence of such grounds is itself grounds for not introducing this labour intensive change. To proscribe the term patient would be to detract from what is distinctive about medical practice. Better to improve that practice so that the connotation of patient becomes wholly positive.

A final point. This “referenceless,” data-free airing of opinion is a regression—the kind of primitive medical discourses that the *BMJ* should steer clear of—defensible only as the beginning of the debate. If the debate were worth pursuing, the next steps would be to research what people actually think about the word patient, what they think about the alternatives, and whether there is any evidence that terminological change of itself brings about alterations in the collective consciousness or whether it merely follows it. Whether the NHS Research and Development Programme would think this a worthwhile project into which to direct resources is an interesting question. But until we have any data, we should conclude that it is necessary to leave well alone. Think of the all the new verbal habits we would not have to learn, all the new stationery we would not have to buy, all the new signposts we would not have to erect, all the money and consciousness that could be saved for ... er ... patient care.

When I use a word ...

Oranges and grapefruit

Something in grapefruit juice inhibits an isoform, CYP3A4, of cytochrome P450, causing drug interactions. That is why terfenadine was last year removed from over the counter sales: grapefruit juice inhibits its metabolism, and that can lead to dangerous cardiac arrhythmias. The active ingredient in the grapefruit is unknown, although at least one of the flavonoid glycosides that citrus fruits contain, naringin, seems to have been exonerated. Now if you thought that “naringin” was reminiscent of another member of the citrus family, “orange,” you would be right, and here's why.

The indefinite article takes two forms, “a” and “an.” Originally it was “an,” a weak form of the Old English word for one, but by 1150 it was reduced to “a” before consonants (eg a book) and vowels that are pronounced as consonants (eg a eulogy), while “an” was retained before words beginning with a vowel or the letter H, even if aspirated (for example, an ox, an hour, an historian).

In about the 15th century both forms were commonly written in combination with the noun as a single word, for example aman or anoke. When a century or so later they became separated again, there was often uncertainty about where the division should occur. In some cases this led to spurious words (for example, a nox), a few of which persisted, becoming part of the language, as some examples show:

- adder (OE naedre);
- aitchbone (the rump bone in cattle; OFr nache, Latin natis, buttock);
- apron (OFr naperon, from Latin mappa, a table napkin);
- auger (OE nafu-gar, something that pierces (gar) the nave of a wheel);

- orange (Arabic naranj; in this case with the added effect of Medieval Latin, which converted naranjia to aurantia, influenced by aurum, gold); hence naringin;
- umpire (OFr noumpere, one without equal);
- newt (OE an efeta);
- nickname (OE an ekename, an alternative name).

In a variant of this effect, “for then once” became “for the nonce.” By the same process, in Scotland “mine own self” became “nainsell”, sometimes used jocularly to mean a Highlander. And when the Fool calls Lear “nuncle” he means “mine uncle,” although perhaps he also has “nanunculus,” a little man, in mind.

The process by which these changes occurred is called metanalysis, a term that was coined in 1914 by the grammarian Otto Jespersen. Although an older word, provection, already existed, it covered only those cases in which the letter n was taken over by the new word and not those in which it was lost to the indefinite article.

Then there is an atomy. But that is a nother story ...

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We welcome articles up to 600 words on topics such as *A memorable patient, A paper that changed my practice, My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for “Endpieces,” consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.