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*“I feel Crook Doc !”*

*Language, Cultural issues and Etiquette in the Australian consulting room*

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*By Professor Sandy Reid AM*

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*When I came to this country as a migrant from Britain I found there were many Australian expressions which were quite new to me. I can imagine how difficult this must be for those of you for whom English is not your first language. This short guide may help.*

*As a general guide however: if you do not understand what your patient is telling you, do not be afraid to ask: you should also feel quite open to making it clear to your patients that, if they do not understand you they should ask you to explain. As a general rule, especially as many of your patients will be elderly and going deaf, slow down your speech, and “turn up the volume”- speak more loudly.*

Prof Sandy Reid AM  
University of New South Wales Rural Clinical School  
Wagga Wagga, NSW 2650

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*John England:* English is a funny language.

*Ali:* I don't think it's at all funny.  
It doesn't make me laugh.  
It's very peculiar.

*John England:* That makes my point.  
*(That's what I meant.)*

In English *funny* has two completely different meanings which we describe as *Funny ha ha* (causing laughter), and *Funny peculiar* (strange, inconsistent etc).

Australian English has its peculiarities. Your patients use a bewildering number of colloquial expressions to try to convey to their doctors how they feel. This short account only deals with a few of the strange ways we talk, and is *focused on the medical consultation*. Other general publications which may help are:

- *True Blue Guide to Australian Slang*, New Holland, 2004
- *Aussie Slang Dictionary: Essential Guide for International Visitors*, Dynamo House

- *A Dictionary of Aussie Slang*, Penguin, 1999

A Frenchman complained that the English do not say what they mean. He was on the bottom bunk in a ferry crossing the English Channel on a very stormy night. Suddenly, the Englishman in the top bunk called out *Look out*, and the Frenchman did!

(*Look out*, or *watch out*, means *Take care; be careful*)

## About the Author

### **Professor Sandy Reid**

After training in London, in 1959 he immigrated to Australia specifically to become a rural GP and did this for 11 years.

In 1970 he moved to Newcastle to educate his family and helped set up the new medical school there in 1975. He was responsible at various times for Ageing, Human Sexuality, and Clinical Skills.

He was appointed Foundation Professor of General Practice in 1992 and Assistant Dean for Undergraduate Education. He has promoted Rural Practice to generations of medical students. He worked part time for the RACGP training program from its inception in 1973 until now.

He has also worked in Palliative Care, and was part- time Director of Primary Care at the John Hunter Hospital in Newcastle. He has examined in the RACGP fellowship examination since 1974, and the AMC examination for overseas trained doctors since 1994.

He retired to live in Wagga in 1997, but helped to set up the UNSW Rural Clinical School based in Wagga. He was Director of the school from 2002-2005.. Many of the students entering the Rural School remain in the country for the final three years of their undergraduate training.

With this background he is strongly committed to medical education at all levels, and recently to the problems faced by graduates who did not train in Australia.

He was awarded the Australia medal in 2006 for services to medical and rural education.

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## Section 1

### Some ways of saying things

Many words, like *funny*, have several different meanings, and many words spelt differently are pronounced the same:

- *Well* means in good health, but it is also a hole in the ground from which one *draws* water. *Draw* is also the action of making a picture, usually with a pencil.
- *Lead*, pronounced *led*, can refer to the heavy metal (Pb), but the Prime Minister is a political *leader*, pronounced *leeder*, who leads us.

The word *got* is not considered very good English, but it is used *a lot* (frequently). So:

- *Have you any pain in your chest?*, or *Do you have any chest pain?* becomes *Have you **got** any chest pain?*
- The constructions *Have you got chest pain?* or, *Are you getting pain in your chest?* do not usually sound quite right.

The words *some* and *any* cause many difficulties for reasons which are complicated. Examples may help:

- *Have you had **some** pain in your chest?* is incorrect, and should be *Have you had **any** pain in your chest?*

*Some* implies a portion of a larger entity: *Please may I have some more.... Is there any more...? Soa?* *Any* in this sense asks about the presence or absence of pain.

The word *the* (the definite article) refers to a specific thing: *Put **the** cup on the table.* The word *a* (the indefinite article) refers to any one of the things referred to, as in: *Can you find **a** chair to sit on?*

The words *bugger* (and its variant *buggered*) are very confusing. It is not a polite word and Americans do not use it in the same way as the British and Australians. Literally it refers to anal intercourse, but, as it is commonly used, it does not mean this at all.

It can be used as a term of abuse: *You silly bugger*, but can also be used in quite a friendly way to a friend: *Why did you do that you silly old bugger (or bastard)?* See also general health in the next section.

Avoid using any words you are unsure about, Many have to do with natural functions or sex but you should know what they mean!

*Do you get my drift?*

*Do you follow me?*

*Are you with me?*

*Is that clear?*

All mean: *Do you understand what I am saying to you?*

In the consultation sections I will try to ask some of the questions in the correct way to guide you, and sometimes to point out common errors.

## Section 2

### Greetings and general health enquiries

#### Greetings

*How are you going? (ow ya goin')* is a general Australian greeting which does not usually attract any response relating to health. The usual response is *Good thanks* but, taken literally this means that *things are going nicely*, and a more accurate health response would be *Well thank you*. If one is in good health, one usually feels *well*. Sometimes people say *no worries*, or *no drama*, in response to *ow ya goin'* but *No worries* is a more usual response when you have just thanked someone.

*How are you?* is much more medical and might be used as an opening for a consultation, but might attract the smart remark: *Well I wouldn't be here if I was well*. Almost any opening question can be answered with a smart remark – this does **not** mean that the person is very *clever* or *well-dressed*; it is being said by someone who is trying to be a *smart arse*. A *know-all-arse* makes no sense here as *arse* is an impolite word for the *bottom* or *buttocks*. However, if you say that someone is *very smart*, that may mean that they have a *very good brain*, or that *they dress very well*.

Some suggested **consultation openers** and some *smart* replies:

- *What brought you to see me?  
A number 18 bus.*
- *What can I do for you/ how can I help you?  
You tell me.*
- *What are you complaining of?  
I'm not complaining.*
- *What's the problem?  
That's for you to decide.*
- *Why have you come to see me?  
The wife made me come.*

Note that *the wife* is quite a common expression for *my wife*.

Fortunately most people do not respond in this way. You have to find what works for you!

**Consultation closure** can be quite difficult to achieve, but don't be surprised if the patient says *See you later*, or *see ya*. This is another way of saying *goodbye* and should not be taken literally. The girl on the checkout at the supermarket, or the flight attendant on a plane will both say it as you leave.

#### General health

*I feel crook* is a common and useful Australian way of saying that *I feel unwell, I feel sick, I feel ill, I think I've got a wog, I'm feeling a bit under the weather, feeling rotten, below par, whacked or flat. I'm feeling pretty ordinary* is another incomprehensible way of saying this! But be aware that some of these words can be used in different ways: if a woman is *unwell* she might mean she has her menstrual period.

People also use the words *sick* and *ill* to convey that they are *vomiting* or are *nauseated*. The crude word for *vomit* is *chunder*. *Under the weather* can mean *drunk*. British people might well take offence if asked if they are *crook*, because with an *a* in front of it *a crook* is a *dishonest person*.

In Britain and some sections of Australia the term *wog* is a derogatory term applied to a person usually of non-Caucasian appearance, but a *wog* in Australia can also be a *virus* or *other infection*. So: *I've*



*been in bed with a wog for a week* puzzled me when I came to Australia! And *I've been sick in bed under a doctor* means *under the care of a doctor!*

**States of consciousness** can be confusing. *He's in Lala land/ Cloud Cuckoo land, he's cuckoo, he's nuts, he's bats /batty, he's bonkers*, (not to be confused with *bonking* which is a sexual act), *he's away with the fairies/ not with it/ out of his mind/ gone crackers/ gone bananas/ lost the plot/ got a screw loose/ off his rocker/not the full quid* all generally refer to *dementia, mental retardation* or *the effects of drugs* or *psychiatric disturbance*.

*Off his face, under the weather, legless, pissed* or *blind drunk* relate to alcohol. In hospitals the letters PFO mean **P**issed (Drunk) and **Fell O**ver. This is not something you should write in the patient's notes, but you may see it!

### **Weight**

Not too many problems here. Ask: *Have you lost weight? Is your weight steady? Have you gained weight?* Are you getting any heavier? Do not say *Are you losing any weight?* It is correct grammatically, but is not the way the question is usually asked.

**Tiredness** is very common. The terms *I feel whacked (out), tired out, flat, exhausted, done in, I'm bushed, buggered, rooted, knackered, I've had it, I can't keep awake* are expressions of tiredness. *I'm at the end of my tether* can convey tiredness, but more often is an expression of frustration.

**Anxiety/ depression/ annoyance/ mood** is expressed in many ways often related to a specific body system:

- *My heart sank, I was broken hearted*, imply *sadness*
- *My heart jumped into my mouth* expresses *anxiety*
- *It took my breath away* means *I was astonished, I was breathless with excitement*
- *It irritates me, s/he gets under my skin* means it, or some person *annoys* me
- *He gives me the creeps* means *I feel very uncomfortable in his presence*. He may be very ingratiating (trying too hard to please you). Such a person may be described as *slimy* or *smarmy*. Sometimes a woman will use these words to describe a man who is trying to get her to like him.
- *I am fed up (to the back teeth), it makes me sick, it gives me the shits* all convey *annoyance* or *frustration*
- *I have butterflies in the stomach* conveys *anxiety*
- *It's a pain in the neck, it's a pain in the bum, I feel as if the weight of the world is on my shoulders* mean *I am overburdened by work or problems*
- *I saw red, it got my goat*, refers to a situation which made me *angry*

**Death and dying** are spoken of in a variety of ways. *My father passed away, or passed on, or passed over (to the other side)*, are common as is, *I lost my father last year*. Sometimes people talk about grandma *going to sleep* when they mean she *died*: this expression is quite often used to soften the blow for children, and should be avoided and advised against as children may then be reluctant to go to sleep. Some are more direct and would say *Dad died in 1995. Dad turned up his toes*, or *Dad dropped off his perch* are expressions you could not guess at, but they also mean he *died*. More crudely, and not usually used when speaking about the family, *he kicked the bucket, he croaked* or *carked it* (carcass). The police always refer to a *deceased male person* when they mean a dead man.

The general Australian culture is that people who are terminally ill should be made aware of this – it makes it very much easier for the doctor to treat someone in an atmosphere of trust. This view is not held by all cultures, and it is important in this situation to enquire what the patient knows, and what the family wants him or her to know. Often the family thinks that the knowledge that she is going to die

will make mum *drop her bundle, give up fighting* and *die more quickly*: this is seldom the case. People who are very sick, for whatever reason, may be described as being *at death's door*

### **Pain**

**Q:** Are you in pain? Means **now**.

**Q:** Do you have any pain? Can mean **now**, but can also mean, **at any time**.

**Q:** Have you had, (or have you been having) any pain? Means, **at any time during the illness we are discussing**.

**Q:** Are you having pain? Literally means **now**, but is often used wrongly to mean **at any time during the illness we are discussing**.

Pain is usually expressed in terms doctors use, but sometimes the word *chronic* is used to mean that pain is *really bad*. *Acute* generally refers to *sudden onset*, but may also mean *very severe*. *Tightness in the chest* can be expressed as *a pain*. *Pins and needles* refers to the pain you experience when you knock your *funny bone*, that is the *ulnar nerve at the elbow*. The proper term is *paraesthesia*.

Pain is often described as *a bit of a pain*, which sounds minimal, but may turn out to be quite severe. With time you come to know which patients, and which cultures *play up* (exaggerate) or *play down* (minimise) their pain. Stereotypes suggest that people of Mediterranean origin exaggerate, and northern Europeans are stoical (minimise) – but this is not always so.

A common use of *playing up* is to convey that a person is having a (*usually irregular*) *sexual relationship*. For example, I think my *hubby* (husband) is *playing up*. It can refer to other *disorderly behaviour*. The medical use of *playing up* means that something isn't working properly; for example, their heart, their bowels, their diabetes is *not well controlled*.

The examples above cover some of the expressions you will hear. There are enough to show how difficult this language is. It will take a long time to absorb it. In the meantime you should become comfortable in asking for an explanation if you do not understand. This is better than guessing or ignoring what has been said.

You might try:

*I'm sorry, I didn't understand what you just said, could you explain it to me? Or I'm not familiar with that expression: what does it mean?*

### **Section 3:**

#### **Dress codes, Confidentiality and Privacy. Raising difficult issues.**

##### **1. Female Dress Codes In Australia**

It is often reported in the papers that doctors are in trouble because of inappropriate attitudes and actions towards female patients. To many people from other cultures some Western women dress in what could be regarded as a sexually provocative way. This attitude has been highlighted recently by events at Cronulla Beach, Sydney in 2006 when many Australian girls complained that they were referred to by young men from other cultures, as "sluts"(inferior creatures with poor morals) because they wear bikinis or even appear on the beach without any covering of the breasts. (*Topless*) Some men take this to mean that they are sexually available, or are "asking for it" and are therefore legitimate subjects for rape. In ordinary dress some women wear blouses which show a lot of "cleavage" (the area between the breasts). None of this should be taken to infer sexual availability or moral laxity, but rather a fashion trend in western culture.

Any doctor needs to be careful when conducting examinations of an intimate nature in consultation. If a woman has a cough it is worth saying "I need to listen to your chest to see how bad the infection is in the lungs", and to explain that to do this some clothing will have to be lifted. It is better to start this examination at the back: it yields more information and cannot be misinterpreted sexually. Similarly, in lower abdominal pain, a brief explanation that it is important to carry out an "internal" or vaginal examination to check that the tubes and ovaries are not the cause, may be very reassuring to the patient and avoid criticism of the doctor. It may be appropriate for a male doctor to ask if the woman would prefer another woman to be present for the examination, especially if the woman appears suspicious or reluctant about the examination. In this case a member of the female practice staff can be asked to act as a "Chaperone". A report of one piece of behaviour misinterpreted sexually can spread very rapidly and would be very hard to survive, specially in a small community.

##### **2. Patients' right to privacy.**

Very few people of either sex like to expose their bodies: but they accept the need to do this as part of a medical consultation. We should make the process as easy as possible. All consulting rooms should be equipped with a curtain surrounding the examination couch, clean linen or paper cover on the couch, a sheet to put over the patient and a chair for them to put their clothes on. Patients should be told what clothes to remove, invited to undress behind the curtain, cover themselves and tell the doctor when they are ready to be examined. It is not acceptable in any circumstances to watch people while they dress and undress, but it is not uncommon for this to occur. Even while carrying out a pelvic examination people are far more comfortable if their lower abdomen and pubic area is covered by a sheet.

Adolescents over the age of 16 have an absolute right to have their own Medicare card, and to engage in a confidential consultation with a doctor which must be regarded as confidential. The patient must be reassured about this, and the parents should not be informed unless the doctor has strong grounds for believing that the young person is at real risk of harm. There are several "grey areas" where the law is hard to discern. If in any doubt the doctor should discuss the issue with a trusted senior colleague, or their medical insurer.

##### **3 .Raising sensitive issues.**

Many doctors find it difficult to broach subjects related to sexuality or the need for regular examinations such as Pap Smears. The difficulties do not relate only are not confined to talking with female patients: asking men about their sex lives can also be difficult for doctors of either sex. Various strategies are useful.

Use the "third person construction" e.g.:

- Many men of your age, especially those with diabetes, have trouble with their sex lives: it can be difficult to get an erection.....has this been a problem at all?
- To the mother of 14 year old girl who has not had a period for 2 months: "There are a number of reasons why girls sometimes lose their periods, but obviously the first question we have to get out of the way is 'is there any *possibility of pregnancy?*'"

Defer the event.:

“I feel Crook Doc !”

- As you probably know, we can prevent cancer of the cervix (the neck of the womb) by doing regular Pap smears on all women who have ever been sexually active. I don't want to spring this on you today unexpectedly; do you know about it, and if not could we talk about it? It is a very worthwhile test which I could explain to you. We could do it for you here at the surgery another time, or perhaps you could have it done at the women's health clinic. Nobody likes it much, but I really do think it is important for you to have one regularly every couple of years. It can be uncomfortable and a bit embarrassing, but done gently it should not be painful.

## **Section 4**

Systems review: what some of the words mean

**(Q):** *How doctors usually ask the questions.*

**(R):** *Some colloquial responses are shown,*

### **The Gastro-Intestinal (GI) System**

#### **Appetite:**

**Q:** Are you eating OK? How is your appetite? Have you lost your appetite?

**R:** *No, I'm right off my tucker; I can't stomach food. I feel yucky.*

#### **Dysphagia:**

**Q:** Do you have any difficulty with swallowing?

**R:** *My food seems to get stuck in my gullet. It hurts my chest or I get pain in my chest when I try to swallow, I can't get it down.*

**Indigestion:** The word is often misunderstood.

**Q:** Do you have any pain or discomfort when you eat?

**R:** *Yes I feel all blown up, or bloated, when I eat. This implies wind. Other answers might be: I can't seem to digest my food. I get butterflies in my stomach.*

**Burps:** To have the *burps*, belch or *burp a lot*, means that wind is coming up from the stomach, through the mouth.

**Flatulence:** *Passing wind* through the anus is a *fart*. *Fart* is an impolite term. An alternative used by the young is *popping off*. (but "popping in" to see someone means paying an unexpected visit)

#### **Nausea and Vomiting:**

**Q:** Are you feeling sick as if you might vomit/ are you feeling nauseated?

**R:** *I can't keep anything down* is self-explanatory. *I feel yucky*, or *I could easily puke*, means *I feel I could easily vomit*.

**Do you feel sick? Means now.**

**Have you been feeling sick? Means over a period of time. Many people would say “I have been feeling sick” meaning that they have felt like vomiting**

#### **Constipation:**

*I can't open my bowels, he can't do a poo, he hasn't **been** for 3 days, her poo is very hard, I'm all bunged up.* People only occasionally use the word *stool* for faeces, and almost never use the word faeces. If you are told that a child is having trouble doing *Number 2*, s/he is constipated. (*Number 1* refers to passing urine.)

**Diarrhoea:** Frequent loose, runny motions or stools, but if a parent tells you their child is *gastric* or *has the runs* they usually mean the child has diarrhoea. *Gastric* is a shortening of gastroenteritis which does indeed cause diarrhoea, as well as vomiting and abdominal pain. Crudely *I've got the shits* or *the runs* or *been shitting a lot* means the same thing – but *it gives me the shits* means that I find it something very annoying or *it pisses me off*.

*Piss off / buzz off / get lost* all mean *go away/ leave me alone*. (The origin of this expression is obscure)

Impolite Terms: *Shit* for *faeces*.  
*Piss / Pee / Wee / Piddle / pizzle* for *urine*.

**Abdominal Pain:**

*Stomach ache* and *belly ache* mean discomfort in the abdomen, not necessarily the upper abdomen. The person may have *the gripes*, which usually refers to the colicky or griping pain of diarrhoea. They may be feeling *gastric*.

**Dental**

*Tooth ache*

**pain:**

**Jaundice:** is commonly called *the yellow jaundice* (liver disease).

**Blood in the stools/Melaena:**

**Q:** Have you noticed any blood in your motions (or Poo)?

**Q:** Have you noticed any change in the colour of your motions?

**Q:** Have you noticed if your motions are black?

*People have seldom looked. Answers are not colloquial.*

**Respiratory System**

*I've got a cold, I feel all stuffed up I've got a wog I've got the dreaded lurgy*  
all mean *my nose is running or blocked by mucus*.

This may be accompanied by a sore throat and develop into a cough. Most people now recognise that this does not need to be treated with antibiotics, and often the reason for the visit is that they need a certificate for absence from work for a few days. Many will say they've got *sinus*, or *sinusitis* or *the flu*, merely to convey a *cold*. URTI is Upper Respiratory Tract Infection. *I've got the dreaded lurgy* can also mean that I have the *current wog*, and this might be *diarrhoea*.

**Mucus** is occasionally called *snot*, but it is not uncommon for a child to be described as having a *snotty nose*. Mucus, which is coughed up is usually *phlegm* pronounced *flem*, and is rarely called *sputum*. Sometimes it is called *spit*, or people say “ I have been coughing up a lot of yucky or mucky stuff”.

**A cough** is often called *bronchitis*, and occasionally the uneducated say they are *bronchial*.

**Cardio-Respiratory System**

**Dyspnoea:**

**Q:** Have you had any problems with your breathing? Means **during the illness we are discussing**.

**Q:** Are you having any problems with your breathing? Means **now**.

**R:** *I can't get my breath / I wheeze a lot/I get a tight feeling in my chest.*

**R:** *I get out of puff very easily / I run out of steam very quickly!* (Steam train analogy).

**Exercise Tolerance:**

**Q:** Are you able to exercise normally?

**Q:** Is your chest pain/breathlessness affected by exercise/exertion?

**R:** See above - Dyspnoea

**Arrhythmias:**

**Q:** Do you have any palpitations / Do you get palpitations – a feeling that your heart is beating too fast or irregularly?

**R:** *I feel a fluttering feeling in my chest.*

The patient will often indicate the suprasternal notch while describing this.

*My ticker races.* (*Ticker* is a commonly used word for *heart* because it supposedly sounds like a clock, which also ticks.)

#### **Oedema:**

**Q:** Do your ankles swell / have you noticed any swelling of your ankles?

**R:** *They blow up* by the end of the day. (Explosives also *blow things up*, but the meaning is quite different!)

They are *puffy* most of the time. People also get *puffy-eyed*. In each case *puffy* means swollen.

#### **Chest Pain:**

**Q:** Do you have any pain in your chest at present? Means **now**.

**Q:** Have you been getting any pain in your chest? Means **during the illness we are discussing**.

**Q:** Do you have pain in the chest when you exercise?

In trauma cases it would be more usual to say:

**Q:** Does your chest hurt when you breathe?

**R:** *It catches me* when I take a deep breath – pleurisy or trauma.

**R:** *It burns when I eat/ hot/bitter or acid water comes into my mouth* – reflux.

**R:** It feels *tight /or heavy / takes my breath away* when I exercise – angina

**R:** It is a bad *crushing* pain – AMI

#### **Wheeze:**

This is generally understood.

#### **Cyanosis and Pallor:**

**Q:** Have you, or anyone else ever noticed if your lips / or hands / or feet go blue?

**Q:** Have you, or anyone else ever noticed if you are pale?

**Q:** Do your fingers ever go white? – Raynauds Syndrome

## **Nervous System**

#### **Loss of consciousness:**

**Q:** Have you had any *blackouts*?

*Blackouts* are periods when you actually lose consciousness – syncope, epilepsy, alcohol abuse.

**Q:** Have there been any times when other people said that you didn't seem to be *with it*, or were *absent*? – absences of epilepsy.

**Q:** Have you ever had a *fit*? – epilepsy.

**Q:** Have you ever *fainted*? – syncope not necessarily with loss of consciousness.

**Q:** What were you doing when you fainted? This may help to distinguish various causes.

#### **Vertigo:**

The word *dizzy* implies that the person feels unstable / off balance / *funny* in the head.

*I'm all wobbly on my pins* (legs) means *I am unstable, I cannot balance well*. *Giddy* has a similar meaning but may imply true vertigo which means a rotating, spinning sensation. *My head is all in a spin*. But *it makes your head spin* in ordinary conversation can mean that there is such a lot *going on* (*happening*), that it is hard to *take it all in* (*comprehend*).

Vertigo may be accompanied by *ringing in the ears* (tinnitus or a *roaring noise*). Any sound heard by a person which is not from an external source is known as tinnitus, except in mental disorders where the hearing of voices is an auditory hallucination. Tinnitus may sound like *grasshoppers/locusts* or *cicadas* (an insect which lives in the Australian *bush* and makes a very loud noise in summer). The word *bush* also means a *compact shrub* which one might grow in the garden.

**Visual Changes:**

**Q:** Do you have any problem with your eyes / with seeing / with your vision?

**Q:** Can you see OK?

**Q:** Are your eyes bothering you?

**R:** My eyes / eyesight / vision is *blurred* or *fuzzy* – my vision is not clear.

**R:** *I'm as blind as a bat.*

**R:** *My eyes water a lot or are watery (tears overflow).*

**R:** *My eyes feel as if they were full of sand – they are gritty.*

**R:** *I am seeing double* – Diplopia, usually the result of squint or paralysis of an eye muscle.

**Hearing Changes:**

**Q:** Similar to vision questions.

**R:** *I'm as deaf as a post / deaf as a beetle.*

**R:** *My ears are ringing.*

**Headache:** People regularly call any kind of a headache a Migraine: do not take this as being an accurate description of this. very specific type of headache. *Tension headache* is far more common.

**Sensory Changes:**

**Q:** Is your sense of feeling OK? Can you feel things all right? Do things feel funny?

**R:** *My hand feels a bit numb; I can't feel a thing; it feels funny; I have pins and needles.*

These all refer to paraesthesia (*funny/peculiar feelings*), anaesthesia (*loss of feeling*).

A *burning feeling* results from being *burned*, or from post herpetic neuralgia, or partial sensory nerve damage.

A *burn* is *damage to the body by heat*. *Scald* means *burn by a hot fluid*, *seared* means *burned by a hot solid* such as a cooking stove.

**Tremors:**

*I'm shaking like a leaf / I feel all trembly.*

**Memory Problems:**

*My memory is going off, my mind is a blank, I can't think straight, I'm having a seniors' moment, I can't find the word.*

**Muscle Weakness or Strength:**

*I'm as weak as a kitten. He's as strong as a bull.*

**Urinary Symptoms:**

**Q:** Do you have any trouble with your *water works*?

Synonyms for passing urine: *urinating, passing water, doing a wee* are common. *Piddle* or *pee* or *having a leak* are less polite/impolite.

Impolite terms: *piss / piddle / pee*, or *have a leak*

Pain: *It stings or burns when I pass water*

Frequency: *I have to go a lot*

Quantity: *I seem to do a lot*



## Skin Conditions

If they are itchy, they make you want to *scratch*. They are called by a variety of names:

- *Eczema* and *dermatitis* are used loosely to mean the same thing and are often referred to as *the dermo*.
- Head lice: *nits*
- Herpes simplex on the lip: *cold sore*
- Impetigo: *school sore*
- Dermatitis caused by urine or by candida (*thrush*) infection: *nappy rash*
- Pubic lice: *crabs*
- Being bitten by a bee: *Bee sting*

Being bitten by a mosquito: *Mozzy bite*

- Urticaria: *hives, heat spots, heat rash, nettle rash*

*Viral exanthemata* are often wrongly called *measles* or *German measles*.

## Reproductive System

### Sexuality:

A lot of sexual words are used colloquially or as swear words. This section includes the OK words and tells you what the others mean to emphasize that you are best to avoid them.

**Q:** Do you *have sex / make love* regularly? Does it hurt when you *have sex /make love*?

An *orgasm* is called a *climax*.. Many young women/ girls, find their early sexual experiences very unsatisfactory, and their partners tell the girls they are *frigid*. (Non responsive). It is worth mentioning this (using the third person construction as written above,) and enquiring if there is any problem. If there is it can be very worthwhile to invite the boyfriend to come to a combined consultation, and explain the normal time differences in male and female sexual responses. Discussion with a colleague, to help you to be comfortable with the subject and well informed, and the provision of a simple book on the subject can prevent a lot of unhappiness.

Patients will seldom use the following impolite words. Sexual intercourse is crudely described as *fucking* which is also known as the *F word, having a fuck, shagging, screwing, bonking, rooting*. The *F word* is frequently used as a swear word with no sexual or medical connotation: *bloody, bugger, sod* and *shit* are also used as swear or abusive words.

### Females:

Menstrual blood loss is usually called *my period*, also *my monthly* and occasionally *the curse*. The menopause is the *change of life*. The term “down below” refers to the “private parts” ie the genitals.

**Q:** Are your periods: regular, normal, heavy, light? How long do they last? How often do you have them? Are you on *the pill*? *The pill* is *the contraceptive pill*.

**R:** Responses to this are not difficult or colloquial. Note: The vagina is usually called the *front passage* and the anus is the *back passage*.

*Breasts* may be referred to as *boobs*, or *tits*. Doctors should use the proper word or they may be seriously misunderstood.

**R:** Responses are straightforward.

### Males:

- *Impotence*( *erectile dysfunction is now the accepted term for impotence*) is failure to *have an erection / get it up / or get a hard on*. *Feeling inclined to have sex* is *feeling horny* or *randy*. An *orgasm* is referred to as *coming*. *Coming too quickly* describes *premature ejaculation*. *Semen* may be called *sperm*. The impolite term is *spunk*.

- Masturbation is *wanking*, *tossing* or *jerking off*. The reference to someone as a *wanker* or *jerk* should not be taken literally: it means that the person is *having himself on*: deceiving himself about his own importance. A *blow job* refers to giving oral sex to a male.
- The *scrotum* is the *bag* or *ball bag*, and the *testicles* are *the balls* or *bollocks*. Remonstrating vigorously with someone may politely be expressed as *ticking them off*, but more crudely as *giving them a bollocking*.
- The penis may be known as *the cock*, *the willy*, *the trouser snake*, *Percy* or *the old man*, but in a different context the *old man* is slightly cheeky way of referring to *a person's father*.

### **Illegal Drugs:**

In some practices you will need to know a good deal about illegal drugs. A Google search can help you find their names.

Direct access can also be obtained by going to <http://www.fds.org.au/substance1.html>, and to its subset [http://www.fds.org.au/street\\_names.html](http://www.fds.org.au/street_names.html).

If you have trouble with spelling medical and drug words you may find it worthwhile to investigate the site below which is a medical spellcheck.  
<http://www.grebins.com.au/index.html>

Enjoy learning the new language.

*See ya lader, See you later.* goodbye.