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A memorable experience In the line of duty

Six years ago I was completing the last year of my registrar's rotation in a busy teaching hospital. On-call for general medicine one evening and accompanied by a few final year medical students I could not help noticing a bedraggled young man with wild looking eyes. He was sitting in a cubicle in the accident and emergency department muttering loudly to himself and hopping up and down like a mechanical toy. No, he was not drunk or delirious, I was told; he was a psychiatric patient waiting to be seen. As I left the department he was crawling on his hands and knees and looked visibly agitated. About half an hour later I was back to see a patient who was having a fit. The bleary eyed man was in the room next door and the psychiatry registrar was with him. She was trying to start some sort of conversation. I stepped out briefly to get an ophthalmoscope. At that moment the psychiatric patient suddenly lunged at the registrar and struck her two glancing blows. He was a big man—towering over her he was now attempting to lift the helpless girl by the lapels of her coat. What happened next was more instinctive than anything else. I found myself holding the man's arms, trying to push him away. He ripped my shirt and would probably have pulverised me had it not been for the medical students. They had heard the racket and, all being strapping athletes, quickly managed to pin him to the floor as more help arrived. Unnoticed, the registrar sat

alone in a corner, trembling and weeping silently. Just then my patient started to convulse again, and I had to leave abruptly along with my entourage. When I finished she had gone. It was my shirt that had been torn, and I am not sure if anyone even realised that she had been assaulted. The whole event would not have taken more than 30 seconds. Yet it is something that all of us at the front line of acute medicine dread, a nightmare ready to unfold without warning. All the protocols and guidelines seem like those taken out of a book of etiquette in such circumstances—utterly useless.

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We welcome articles of 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 some are considerably shorter) from any source, ancient or modern, which have appealed to the reader.