the condition, which often obscures the causative link. For those patients with the disease, further potentially harmful interventions should be avoided. As exemplified in case 1, however, cholesterol embolism may occur without instrumentation, and the diagnosis should not be dismissed in such cases.

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A salutary experience On the receiving end

One Saturday afternoon long ago, while servicing my car, I ran a splinter of metal into my index finger and couldn't extract it. So I went, grubby and oily, to the accident and emergency department of the hospital where I had trained and then worked for a few years. On a sudden whim I decided not to say that I was a doctor. That decision gave me the most salutary experience of my career.

I queued at reception to be interrogated by the white coated gatekeeper. Name, address, date of birth, GP's name and address, religion, and next of kin. Foolishly, I suggested that as I was unlikely to die she could manage without my religion or next of kin. It was quickly made clear to me that without a religion I would not be seen, so I mumbled, "Church of England," and was allowed to enter the familiar waiting hall. I was directed by a nurse to a queue, which I soon guessed was "minor ops." For half an hour nothing much happened. A few more patients joined the various queues and a couple of nurses chatted quietly in a corner, but there was no sign of anyone else.

Then a nurse came up to me with a loaded syringe. "What's that?" I asked. "It's just a little prick," she said condescendingly. Further inquiry established that it was antitetanus serum. No one had bothered to ask whether I was allergic to horse serum, and as I was already full to the eyebrows with tetanus toxoid I suggested that I didn't need the injection. This was a second, more serious breach of protocol, and from then on I was eyed with deep suspicion, not only by the nurses but by several of my fellow patients as well. Another half hour went by and still no sign of any doctors.

Suddenly, the hall was full of chattering medical students and casualty officers. Then the penny dropped. They had all been watching the men's finals at Wimbledon on television. Three of the students worked their way along the now lengthy queue inspecting our various injuries and the casualty cards we were holding. All three glanced at my card and two of them picked up my finger, examined it briefly, and

let it drop into my lap, without saying a word or even establishing eye contact. Then they departed, each with a patient in tow.

My inside knowledge enabled me to work out what was happening. The students were coming to the end of their two weeks in the accident and emergency department. They were feeling fairly confident, they had all done several ring blocks, and were looking for something more interesting to do on their last weekend. Eventually, a doctor arrived to deal with their rejects. Quickly and competently, he gave me a ring block, removed the splinter, and wrapped my finger in tubegauze.

Back home, I reflected on the experience. For over two hours I had been treated, not as a young man with a minor injury, but as a supplicant, a fearful child, and the disembodied owner of a rather boring finger. And this would never have happened had I announced on arrival that I was a doctor. I hope that I have been a better doctor, at least intermittently, as a result of that Saturday afternoon. I have even wondered whether a similar experience might be good for all of us every 10 years or so. Perhaps it could be part of the revalidation package.

Robert Kendell *retired psychiatrist, Edinburgh*

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 most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.