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A memorable patient Check, check, and check again

A well known author came in at the end of our tuberculosis clinic with an x ray which suggested tuberculosis. He was well but his contact was a man with AIDS and tuberculosis on the ward. He had no symptoms and the physical examination was normal so, as is customary, I asked him to provide some sputum, which he managed with great perseverance, and blood and arranged to see him a few days later.

He had a partner and child, and I called them to the contact clinic for Heaf tests and chest x ray examinations, which turned out to be negative. His blood tests were normal and the sputum was negative on direct examination, but I was so sure that his chest x ray film showed active tuberculosis that I was quite ready to embark on bronchoscopy and treatment. All the normality made me suspicious and, before committing the act of writing the prescription, I asked him to have another chest x ray examination.

Surprisingly, this was completely normal. So at least he did not have tuberculosis and I could send him on his way with sincere apologies for the inconvenience, unnecessary investigations, and anxiety caused by a monumental error. But he was pleased that he had not had a bronchoalveolar lavage.

His chest x ray film had his name typed on a label stuck over the top right hand corner. Peeling it off I found another name which I later identified as belonging to a man who had attended the cardiology clinic on the same morning as the tuberculosis clinic. I rang him at home and got his mother who was sufficiently surprised that I decided to confide the reason for my call.

He was a postgraduate geology student living at university, but he was due in town the next day and I managed to meet him. He had done his MSc in Paris the previous year and been afflicted by a severe flu-like

illness with anorexia, weight loss, cough, and haemoptysis which resolved after six weeks or so. His Parisian doctor had been so excited by a mitral murmur that he had quite forgotten to arrange a chest x ray examination. So, 16 months later, he had eventually come to the cardiology clinic at our hospital for follow up and had been sent for a routine examination.

His repeat x ray examination was abnormal and his sputum was full of acid-fast bacilli, so the diagnosis was not in doubt. One further complication: he was just about to embark on an expedition up to 19 000 feet in the Himalayas. A straw poll of expert tuberculologists was exactly divided as to whether he should be forbidden or allowed to go.

The explanation for the extraordinary error: the radiographer could not believe that the abnormal x ray film could have been of the fit young man who bounced in from the cardiology clinic, but she felt that it must have come from the man who told her all about his contact with a tuberculous patient on the AIDS ward so she swapped the names.

Never believe what you see if it does not make sense. Check, check, and check again.

Geoff Scott *consultant clinical microbiologist, London*

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.