A memorable patient
A question of confidence

She took so long in answering the door and was so breathless when she did so, that I immediately thought that Agnes should be in hospital. A brief chat and examination in her cramped sitting room confirmed that she was in severe left ventricular failure, which had been worsening for nearly a week. I had never met her before, and she was obviously distressed that my partner, who usually sees her, could not come.

“I think we should send for an ambulance to get you into hospital for a few days,” I ventured.

Her face froze with fear: “Oh, no. Hospitals are such awful places—noisy, dirty, and, of course, you read about so many mistakes being made and old people being so badly treated nowadays.” She wouldn’t hear of it.

Saidly, this has been a common enough reaction from older patients in my experience for a long time. What followed, however, was completely new to me.

“Never mind then, we’ll try an injection of some medicine instead to get all this fluid off your lungs.” I was already reaching for the ampoule when the look of horror flashed over her for a second time.

“My longsuffering partner agreed to visit Agnes once a month of ages: prospective cohort study from Durban, South Africa. AIDS 2001;15:378-87.


Correction
Infantile colic
In this “Extract from Clinical Evidence” by Sally Wade and Teresa Kilgour (25 August, pp 437-40) the number of infants in the five randomised controlled trials looking at the effects of anticholinergic drugs on infantile colic was 134 [not 177] (see last paragraph p 437).