

Photographs of a patient change a doctor's initial diagnosis

YOU'RE going to think we're overanxious parents,' said the over-anxious parents who crammed into my room with their bored-looking son.

'Take a look at this,' said the father, who appeared marginally the more worried of the two.

'This' was a letter from the teenage boy's college threatening Mike with expulsion if he indulged in further disruptive behaviour.

'Do you think it's his thyroid?' said his mother.

There is a limit to one's ability to make an instant diagnosis on a patient one has never laid eyes on, and who is claimed to have turned in six months from the British equivalent of Little Lord Fauntleroy to an uncontrollable maniac, yet sits in the surgery looking saner than his parents.

So I took refuge in the notes.

Mike had been diagnosed as having probable temporal lobe epilepsy at the age of 10 but had quickly responded to drugs and had no fits or vacant episodes for years. He had had no contact with the practice for some time. There was a recent letter from a neurologist Mike had once seen.

The family had evidently referred themselves back because of the current problems, to ask if his medication was to blame and point out a squint he had

acquired. The consultant doubted the former, but felt the doses were so low they were probably unnecessary anyway, and should be stopped.

He reassured them that the squint was old and concomitant. When I asked the family, father said the squint was new, mother said it was old but had got worse, and Mike said it was the same as it ever was.

At this point, wondering how to tell the parents that their ambitions for their son's safe career might not coincide with his own wishes, I played for time, sent him off for his thyroid test, and asked to see him on his own in a few days.

In the interim I went through the records and noted my colleagues' advice that the parents were impossibly overprotective and always had been.

Alone, the lad volunteered that his apprenticeship was a bore, and that his real ambition was to travel the world, but that for his father's sake he was going to stick the course.

He said there was not much wrong, but that since he had lost his car in a shunt—not his fault—and split with his girlfriend, he had felt a bit isolated and frustrated.

I reminded him that his admirable plans would not be helped by being chucked out of his job, and he agreed he should try and be a bit more tolerant.

I had already done a full neurological examination with no findings, but repeated it, with no more significant result.

But when I looked at a series of old photographs of him, showing no sign of a squint, and he had mentioned in passing that there had been a period of months when he had a blind spot in the middle of his left field of vision, my whole view of the case changed, and I referred him.

The neurologist, too, thought the problem was behavioural but

for everybody's peace of mind he ordered a CAT scan.

It showed a glioma the size of a bottle of antidepressants near the hypothalamus.

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