

## **A deceiving patient**

One day, on a ward round of a long-stay hospital, the Sister reported that an elderly female patient had recently developed diarrhoea and a change of bowel habit. Physical examination was negative, as was procto-sigmoidoscopy. A barium enema revealed no abnormality.

A sharp-eyed nurse drew attention to a glass jar on the bedside locker. It was prominently labelled 'SUGAR' but the contents did not have the usual granular appearance. It had the sharp characteristic taste of magnesium sulphate (Epsom salts), and the patient had stirred it into her drinks several times a day in order to 'sweeten' them. The diagnosis was clear.

This case taught me three important lessons. First, that aperient diarrhoea does not only occur in people at home. Secondly, that some patients will scheme and connive to consume forbidden substances. Thirdly, that we should examine the contents of patients' bedside lockers for substances that can slow a patient's recovery.

Other examples of progress-retarding substances include cake and biscuits in obese patients, those on strict diets and people with diabetes mellitus; and alcohol smuggled in to those with liver problems. Supplies are brought by over-sympathetic relatives who may be unaware that the pleadings of the patient may conflict with medical management. Consumption of inappropriate substances may take place secretly under the bed clothes at night.

TONY N. G. CLARKE  
*Consultant Physician (Retired),  
Brighton, UK*