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## Adventitia

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### Practice makes perfect

There were more than 1000 radiologists in the audience. The great pathologist Averill Liebow was preparing to project radiographs on the vast screen and we, the cognoscenti of the chest radiograph, were there, on show, to make the expected brilliant diagnoses, thus to stimulate and inspire the radiological *hoi polloi* in the auditorium. My fellow "expert" at this illustrious gathering was Ben Felson, surely the finest chest radiologist in the world at that time. I was pleased and honoured to be sharing the limelight with these two transatlantic "giants" and I'm ashamed to admit that my ego did wallow a little in the penumbra of their fame as the show began in an atmosphere crackling with anticipation. Ben took the first case with his accustomed panache—a scar carcinoma at the right apex simulating tuberculous infiltration to perfection. The master was not fooled for a moment and Liebow's histological material confirmed the confident diagnosis. We were off to a good start! The microphone was now placed in front of me but Ben Felson grabbed it to tell one of his stunningly dirty jokes. The audience was helpless with laughter, and even Averill Liebow smiled as he projected the next radiograph. My turn. Bolstered by my Brompton background and a fatally swollen ego I felt entirely confident and at ease. A posteroanterior and lateral chest radiograph of a 28 year old white woman with no clinical symptoms. A chance finding. The lesion was in the posterior segment of the left lower lobe, 2 cm in length, ovoid, homogeneous and solitary. I went through the well worn drill. A film taken six months previously was normal, thus ruling out sequestration, congenital cyst, and many other long standing abnormalities. I asked about joint disease and the sinuses. Had she lived in hydatid country or dwelt among the fungal flora of the Mid West? I drew a blank. Feeling a little less comfortable by now I touched on the atypical primary, the solitary metastasis, and various interlobar rarities and other unlikely possibilities and finished up toying miserably with an isolated deposit of amyloid, the refuge of the intellectually barren. I wanted to go home. Averill's histological slide showed the characteristic features of a rheumatoid nodule (the patient apparently developed joint symptoms six months later). I was not enjoying myself.

Back at the Brompton a week later I was talking to a colleague in the radiology department when George Simon came along the corridor with his idiosyncratic scurrying gait, clutching the inevitable armful of radiographs. "How was Miami?" — "Oh fine, fine, but I had a rather tricky case at the conference quiz . . ." I had only just started to recount the salient features of my case but George was already moving off and showing little sign of interest in my words. As he reached the doorway he said over his shoulder "Oh, that would be a rheumatoid nodule . . ." and vanished through the door. I was so stunned that it took me a minute or two to recover and chase after him, but he'd gone. My God! He'd diagnosed my case from the other side of the Atlantic without even hearing about its radiographic features!

I didn't catch up with George Simon again for several days, but I finally ran him to earth ferreting about in the radiography museum. "George, how the hell did you know that was a rheumatoid nodule?" He went on sorting films while saying in his flat sonorous monotone, "When I first saw that film in San Diego I got it wrong and I got it wrong again in Los Angeles, but when they showed it to me in Boston I did get the right diagnosis!" Oh well, practice makes perfect, I suppose, though I didn't say that to George, who wasn't the flippant sort.

In the States the radiological quiz has been refined and perfected over the years and is a deservedly popular attraction at conferences, as indeed it is at our conferences. Nowadays the "experts" work hard in the run up to their performances, avidly reading the latest books and journals in an effort not to be caught out in front of a hopeful and very updated audience. Everyone gains in knowledge from these public forays, especially the platform experts, whose enforced scouring of contemporary publications brings them right up to date on many a topic they might otherwise pass by, and they arrive at the table brimming with knowledge. They cannot any longer rely on "practice" to bring perfection. The practice itself must be perfect. At most major conferences that usually is the situation and I have great admiration for the erudite participants and their academic enterprise.

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