'Fisi anakana msatsi'

(literally: the hyena denied castor beans)

T Nyirenda

This proverb cautions against concluding someone's guilt merely on the basis of their reputation. Most Malawian proverbs have a folk story from which they are derived. Here is the story behind this proverb.

There was a village where livestock always disappeared. One day a family caught a hyena stealing their chickens and brought it to the village headman for judgement. Another woman appeared before judgement was passed and added that the castor seeds that she had left outside to dry before they were to be processed into oil were missing. She accused the same hyena of theft. The hyena defended himself, with honesty unknown of him. He said, "Chickens, goats, sheep and dogs my folks and I do steal but none of us has ever fed on castor seed; so that charge I deny".

This proverb (like many) can be understood in more ways than one. If you cast yourself in the hyena's role, the message to you is: 'Be careful that, by denying one fault, you don't find yourself admitting to another'. But if you take the role of the woman whose castor seeds were stolen, the message is: "Don't assume that a culprit who is guilty of similar crimes is guilty of this one."

This woman reminds me of the clinician who blames the mycobacterium for chronic chest symptoms that it is not responsible for, just becauses she knows that the *mycobacterium* is so often to blame for similar events. Such a clinician has failed to distinguish chickens (which hyenas often steal) from castor beans (which they don't).

I illustrate this common error with the following case report.

THE CASE

A 71 year old man was referred for review because his daughter protested strongly that she did not want her father to be given the tuberculosis treatment that was prescribed by a clinician through the TB registry.

The patient complained of coughing white frothy sputum for a month. His sputum production was heavy and he moved with a tin into which he spat. He also reported shortness of breath on exertion and left sided chest pain for the previous 3 weeks. He denied weight loss, loss of appetite, night sweats or previous contact with a TB patient. He recalled that his mother died of asthma.

He weighed 78 kilograms, had no fever, and had a blood pressure of 170/90 and an irregularly irregular pulse of 82 beats per minute. The apex beat was felt in the left mid-axillary line. The trachea was central. On auscultation the chest was clear. His chest x-ray, which was the basis for his TB treatment prescription, showed mild cardiomegaly. A diagnosis of atrial fibrillation and left ventricular failure secondary to hypertension was made. He was given methyldopa 250 milligrams twice daily and digoxin 250 micrograms once daily. Two weeks later he walked into our clinic thanking everybody for the assistance that he had been given. He was no longer coughing, was walking without shortness of breath, had a blood pressure of 150/70 and a regular pulse of 72 beats per minute. I could almost hear the Mycobacterium tuberculosis protesting, "My folks and I do cause chronic coughs, tiredness, and abnormal chest x-rays, but don't blame us for left ventricular failure"

Discussion

Diagnosis of TB can be difficult, but Guidelines produced by the National TB Control Programme (NTP) are available in almost all hospitals in Malawi in the form of a booklet,[1] posters and fliers, and organizations such as The International Union against TB and Lung Disease (IUATLD) also produce clinical guidelines.[2]

The case presented above shows that some vital clues as to whether a suspect has TB or not can easily be missed by health workers. This may be due several reasons such as lack of adequate consultation time, poor taking of patients' history, poor patient examination and poor diagnostic techniques. Chest x-ray reading among health workers in Malawi has been shown to be unsatisfactory.[3] Similarly, history taking in TB patients in one hospital was poor.[4] By just taking care with history and examination, we can spare many patients a long, expensive and potentially toxic course of unnecessary treatment, and instead give them the treatment that they really need.

It may be convenient to blame the hyena for everything that is stolen from the village, but such an approach will not explain the missing castor beans, or help to get them back!

References:

1. Manual of the National Tuberculosis Control Programme in Malawi. Ministry of Health and Population (Malawi)/IUATLD. 1999; 4th edition: page 12

2. Earnason DA, Rieder HL, Arnadottir T, Trebucq A. Management of tuberculosis. A guide for low income countries. *International Union against TB and Lung Disease (IUATLD) Paris - France. 2000; 5th Edition: page 6*

3. Nyirenda T, Harries AD, Banerjee A, Salaniponi F. Accuracy of chest radiograph diagnosis for smear-negative pulmonary tuberculosis suspects by hospital clinical staff in Malawi. *Tropical Doctor 1999 29:219-220*

4. Nyirenda TE, Gausi FK, Salaniponi FML. History taking in tuberculosis suspects at Likuni Hospital in Malawi. *Malawi Medical Journal* 1998: 60-61