advantage, use the excellent emergency services provided by the ambulance service and the accident and emergency departments. Surely, though, the large numbers of patients attending such departments — approximately 20 per cent of the population per year — reflects something of our availability and our patients' understanding of the relative roles of the general practitioner and the 'Casualty'.

Moreover, we found it disappointing that only 72 per cent of patients admitted directly by their general practitioner took with them a referral letter. Do we not all accept the importance, in an episode of illness, of the previous medical and drug history and, at least, an outline of the relevant social background?

We accept that, for patients, there are obvious reasons for self-referral to the accident and emergency department: it is always open, has no appointment system and provides ready admission to hospital and access to high-technology medicine. In this study there was no evidence of hospital departments encouraging self-referral by patients, except, perhaps in the case of the five children admitted with recurrent febrile convulsions.

Why encourage self-referral at all? For the technical benefits offered by the hospital? Or is the real reason our clinical inadequacy? Only a small proportion of children admitted last year to Wakefield hospitals with asthma had had any significant treatment from their general practitioner. Less than six per cent had received oral steroids.

'Overdoses' are now commonplace and are acceptable reasons for self-referral. Their frequency (and the recurrence rate) is a tribute to our technical skills but an indictment of our caring expertise. Owing to self-referral and patchy follow-up these patients take themselves out of our sight and out of our minds.

We feel that our findings, even in such a short survey as this, raise questions of importance. Is self-referral to the accident and emergency department to the patient's advantage? Is it cost-effective, especially when compared with the cost of providing emergency 24-hour care in general practice?

The increasingly frequent use of such departments by our patients poses problems in design and staffing of those departments. It reflects the public's frustration with outpatient waiting lists and their increasing dissatisfaction with the caring skills and availability of their general practitioners.

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Cure, comfort or relief?

Sir,

A favourite quote of my clinical teachers was the anonymous fifteenth century French aphorism: 'To cure sometimes, relieve often and comfort always'.

In order to verify its aptness today I assigned the possible outcomes of 200 consecutive consultations into categories of 'cure', 'comfort' and 'relief'. An extra category of 'resign' was needed because I had to reconcile myself to my inability to comfort several patients, that is, I gave up on them.

There were three instant cures, all vasectomies, and eight potentially curable conditions, all infections, five of them fungal.

I considered that 69 patients would gain relief and to many of these I gave medication. Included under 'relief' were preventative actions such as cervical cytology, family planning and immunizations. Common medicaments included antihypertensives and anti-inflammatories, analgesics, diuretics and anxiolytics.

One hundred and thirteen patients were, I hope, comforted, and, in review, few in this category received medication. Mustering all the empathy I could, diplomacy was still needed to comfort patients with an unrealistic demand for a housing letter, those who were unwilling to return to work just yet and those who needed to cease unnecessary medication, lose weight and alter harmful lifestyles. Clearly patients and doctors perceive these situations differently.

In the seven patients I could not comfort, none had a significant medical condition. While most patients prefer a straight answer some are just not going to face reality or they 'know their rights'. We have our limitations, we cannot succeed every time.

For me, this brief survey confirmed that much of general practice is about people's unsuccessful attempts to cope with life's stresses. The doctor's ability to conduct a pertinent consultation is paramount; however inconsequential a person's complaint is, it makes sufficient impact on him to consult.

Difficult and subjective — therein lay the virtue of this categorizing, which created boundless discussion with my trainee and an increased awareness into what category patients might have placed themselves.

The results of my little survey led me to ponder on what I am doing in general practice and to modify that old and anonymous French aphorism, and to introduce one of my own: 'To cure sometimes and to relieve or comfort whenever possible'.

Five hundred years ago doctors could cure only a few conditions, today only a few conditions need curing. But doctors must remain perceptive of their patients feelings and needs.

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Table 1. Source of hospital admissions to general medicine and paediatric departments, Wakefield hospitals (percentages in parentheses)

	Total	GP	AE	PDS	OP	Dom	Others
General medicine	193 *(100)*	78 *(40.4)*	72 *(37.3)*	5 *(2.6)*	20 *(10.3)*	15 *(7.7)*	3 *(1.5)*
Paediatrics	81 *(100)*	35 *(43.2)*	38 *(46.9)*	2 *(1.2)*	1 *(1.2)*	1 *(1.2)*	4 *(4.9)*
All admissions	274 *(100)*	113 *(41)*	110 *(40.1)*	7 (2.5)	21 (7.6)	16 (5.8)	7 (2.5)

GP = general practitioner AE = accident and emergency department PDS = professional deputising service
OP = outpatients department Dom = domiciliary visits by consultant