

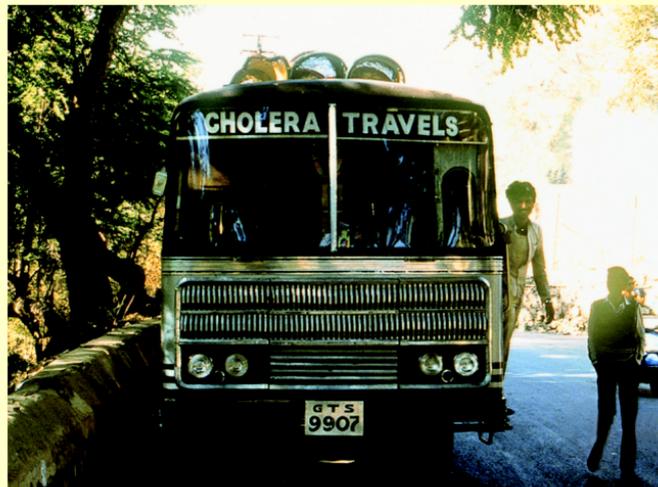
for my unspoken resentment at the time of agreeing to make this house call, but I also felt a sense of great relief that I had attended. The old aphorism “to cure sometimes, to relieve often, to comfort always” came to mind.

I left the practice at the end of that year to join a group practice — still in the eastern suburbs — where I remained for the next 11 years. During that time, my initial indifference to the psychiatric aspects of illness was gradually replaced by a growing realisation of the importance of emotional factors in medical practice. Eventually, I decided to undertake specialist training in psychiatry, and it was agreed that I would leave the practice at the end of 1970.

I was on call for the practice on a weekend late in 1970 — perhaps my last weekend on call. The Sunday evening was warm and still. Towards midnight, there was a phone call, and a woman asked me to make an urgent house call, saying, “Mother can’t breathe, doctor!”. My mind went back to the incident of years before, and I simply took the address without getting any medical details and got there as soon as I could.

I found that, this time, Mother was a middle-aged woman with a head cold, who could not breathe *through her nose*. Respiration through the mouth was unimpeded and examination of the respiratory and cardiovascular systems was otherwise normal.

I wrote a prescription for ephedrine nose drops. Both mother and daughter protested that the chemist shops would not be open until the next morning. I suggested that the medical “urgency” of the situation would justify waiting until



Adventure tours

SNAPSHOT

This photograph was taken in Udaipur, Rajasthan, India, in 1988. It had occurred to me to submit it to the *MJA* some years ago, but I wanted first to be sure of the epidemiological validity of this omnibus statement.

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