

of this problem, but I hope it may serve to indicate something of the underlying difficulties we are up against and the way in which one day we may be able to overcome them.

EXPERIENCE WITH AN ANTI-SMOKING CLINIC

Dr D. A. Smyth (*Medical Officer of Health, Edmonton*)

The Edmonton smokers' clinic began in February, 1963 as an attempt to allay the fears of Edmonton schoolchildren about their smoking parents. It was run as a discussion group, using film strips, flannelgraphs and an occasional guest speaker—and was not very successful. Over the period from February to May about 60 people attended, and of these 11 gave up smoking. It was decided, therefore, to hold the sessions in a county council clinic; to use film and a number of guest speakers; to measure lung function before and after each course and to use group physiotherapy.

The clinic did not start running on these lines until April, 1964. It had more success over the period April 1964–June 1965, and the results were more encouraging. Ninety-nine people completed six-week courses. Fifty-five of these stopped smoking and 40 reduced their smoking. The pattern now is one of six weekly sessions. At the first meeting registration takes place, lung function is measured by the Wright peak flow meter and the vitalograph, I give a short talk on the dangers of smoking, and a film is shown. The film is usually *Time pulls the trigger*. At the half-way mark there is a cup of tea. At the following four sessions a film is shown and then there are breathing exercises taught in groups by the physiotherapist. On three occasions we have a guest speaker. You have heard one of the guest speakers here today—Dr Gregg.

They (the would-be non-smokers) do not all stay the course.

Ninety-nine people completed courses—that is the six courses; 187 actually attended. At the sixth session we measure lung function again with the peak flow meter, show them the film and have a final discussion on how they have got on.

One other point. We have anti-smoking pastilles, which we are trying out, and these are given for the last five sessions. They are made from a mixture of essential oils with a little benzocaine and about half the patients find them helpful. I must say that I have only

tried one once and I would never do it again. It destroyed my sense of taste for about half a day.

Of those who did not attend the whole six-week course we had another eight give up smoking. As to the measurement, we found that 53 of the 187 men had peak flow readings below 500 and ten women had readings below 350. Women were mainly smoking between 10 and 20 cigarettes a day, the men between 20 and 30. The heaviest smoker—60 a day—was a woman. Fifty-five men and 44 women were reassessed. There was improvement in most cases. Actually, there was improvement in 83, but 12 of the others had high readings to start with. Thirty men stopped smoking and 17 of these had readings of 500 or more; 22 reduced and 12 had readings above 500. Twenty-five women stopped, and of these 20 had readings of 350 or more; 18 reduced, and 14 of these had readings of 350 or more. So we were able to improve 83 out of 187 people and to stop 63 of them from smoking.

The total cost of the 36-week period came to about £300. The cost for improvement can therefore be reckoned at about £3 12s. We find that it is the social pressures rather than nervous weakness that are the difficulties. It is much easier when the husband and wife come to the clinic together, or boy friend and girl friend. I do not regard it as a tremendous success, but, as Dr Levitt says, it is more successful than most anti-smoking clinics. I think it is a reasonable pattern and I have no doubt that other people can make an improvement and follow us with greater success.

THE PERSONAL DOCTOR'S ROLE IN PREVENTION

Dr S. Kay (*Member of The College of General Practitioners*)

At the present time, throughout the world there is considerable uncertainty about the role which the general practitioner ought to play in medicine. The difficulties and anxieties which are evident in the National Health Service in this country are a very real manifestation of at least some aspects of this. Medicine, carried along with other branches of scientific knowledge, is advancing at such speed that the humble general practitioner clutching desperately at his stethoscope and flourishing it bravely as evidence of his personal recognition of scientific advance—albeit made by Laënnec some time