feasibility of this in practice.

The questionnaire asked for special interests which the doctor would be prepared to teach to other practitioners and students to be listed. Some practitioners have failed to list subjects in which they are known to be expert, so that the data are not complete but give an indication of the potential in the faculty area (table II).

The following subjects were mentioned by individual general practitioners or partnerships; practice nurse attachment, chest diseases, care of chronic sick, home renal dialysis and hypertension, orthopaedics, homeopathy, varicose vein surgery, urinary tract infections.

Each completed questionnaire (a four-page document) also enabled each doctor to describe in detail his practice organization and comment on how he felt that his practice could play a part in medical education. It was not thought that a general analysis of these data would be of value.

Discussion

The response to this questionnaire has been good. It shows that there is a large source of potential teachers in the Midland Faculty who would welcome a more active rôle in medical education in the immediate future.

The Education Committee of the Faculty is now in a position to supply general or detailed information to medical schools and boards of graduate studies who may wish to make use of the teaching facilities in the faculty area. In particular the possibility of undergraduates being shown general practice in a mixed or rural setting is feasible and with proper planning it would be possible for a group of about ten students to go to doctors in one area all at the same time and a teaching programme be arranged both on an individual and on a group basis.

Summary

As a result of the stimulus of the Todd Report (1968) all members and associates of the Royal College of General Practitioners in the Midland Faculty were circulated in August 1968 and invited to complete a detailed questionnaire if they were interested in taking part in medical education. One hundred and fifty-three questionnaires were analysed and they show that there is already some teaching being done at times by about 60 doctors and that the others were keen, ready and willing to take an active part.

It is suggested that the Faculty Education Committee can act as a co-ordinating body, helping to collect the facts in its area and then offering to help any medical school or other professional body that would wish to enlist its help to further the progress of medical education.

REFERENCE

Report of the Royal Commission of Medical Education. (1968). London. Her Majesty's Stationery Office. Cmnd 3569.

Correspondence

Cannabis Sativa—Indian Hemp
Marihuana—Ganja or Bhang 'Pot'

Sir,

I have been following the controversy appearing in the lay papers from time to time, regarding the use or abuse of Marihuana. The latest article, which has driven me to write, is that of Mr W. F. Deedes, M.P., in the *Daily Telegraph* dated 11 January 1969, where the political, social and the 'scientific' aspects of this question appear to be in dispute or causing a 'dilemma'.

Living in this part of India for the past 20 years, I have, in my professional capacity, had to meet and treat many patients who have smoked 'pot', many of them since early youth.

One can always recognize a 'pot' smoker of any duration by the fact that he will have been admitted to hospital on many occasions suffering from 'bronchitis'. He will have a

chronic non-productive cough, his exercise tolerance will be reduced, and he will have considerable emphysema. Terminally, he will have right-sided heart failure. This tragedy overtakes him usually in the early forties if he has smoked since youth. That is to say he will die prematurely, after much misery to himself and his family.

A person, once 'hooked' by hemp, has great difficulty in giving it up. To say that it is mildly addictive or a soft drug, in the current parlance, is just mere nonsense. Surely addiction can not be defined so.

Why do our 'progressives' and 'do gooders', amongst whom I am sad to note appear to be members of our own profession, make statements to the press and to medical journals stating that the drug is 'soft' and no harm or only a little harm can come from its use? When they have little or no experience of its effect in a society. I think if an enquiry were made to the Indian medical profession or to Indian social workers, a true picture of the long term effects on the individual would emerge. They would inform you how such an individual becomes a shiftless and degraded member of the community, and ultimately a sick member. How he becomes eventually unemployable because he is so incapable and unreliable. And how a society with many such members deteriorates.

Why in a society such as Britain today, where crime is rising, production falling and delinquency on the increase, must we even consider legislation to release a drug such as cannabis? How is it a matter of controversy? Why does anyone wish to make it easy for youth to have access to a drug the effects of which are euphoric, hallucinatory, sexually stimulating and ultimately degrading, unless they are deliberately plotting to undermine the whole basis of that society? And this at a time when every ounce of productivity is required to save the standard of living.

Why, at a time when we see pressures being brought to bear on the government, the T.V. and the press to ban advertisements for cigarettes, because they are carcinogenic and lead to premature death, do we have, simultaneously, pressure-groups trying to legalize a drug which kills its habitués a decade or a decade and half earlier than does tobacco?

How do we define 'mildly addictive'? The Ontario Addiction Research Foundation apparently circulted that "Some subjects would be adversely affected, others would not". How are we to know in advance as to the effect on any given individual? And why expose yet another group to addiction? We already have alcohol and many addicts to it. Will the legalization of yet another drug of addiction improve our society? Even if such legalization is pushed under the guise of scientific fact, or in this case, should I say 'scientific fiction'?

Assam. K. J. DUNLOP.

Herpes zoster

Sir,

Herpes zoster, in addition to its cutaneous manifestations, is sometimes accompanied by an internal dysfunction, e.g. hiccups from irritation of the thoracic nerve of supply to the diaphragm accompanying a T6 rash, a myocardial disorder preceding zoster vesicles in the appropriate skin area.

If any reader remembers any such case, I should be grateful for details.

Ilford. R. N. COMPTON SMITH.

Medical record card envelopes

Sir,

Dr D. J. Davies in the College *Journal*, January 1969, recommends an improvement in our medical record card envelopes.

I have been studying this problem with the help of an Upjohn Travelling Fellowship for some time. My researches have convinced me that the only real answer appears to be to change our whole recording system and so dove-tail it with the new International Paper Size. These new sizes have come to stay and any change that is made should have this very much in mind. All hospitals are going over to these sizes and the Civil Service has accepted it. This is a system we should aim for.

I have designed a double pocket gussetted envelope (A5). This large envelope allows the ordinary hospital letters to go in unfolded and the very large letters (A4) only require one fold. As well as allowing for the International Paper Size, the pockets are cut away on the inside so that the current E.C.5/6, 7/8, etc. may be accommodated and removed with ease.

A number of doctors are assisting me in this project and are testing out the double pocket wallet (A5) to see if the design and layout could be improved.