again a new department of general practice was at point of birth. This would be able to develop its research potential through conventional Canadian practice and through the community clinics which provide well documented medical care, computer assisted, for definable populations in Saskatoon and Regina. No longer content with the prairies as they are the inhabitants have built a mountain and to this we were taken; a huge monument to prairie industry and wealth and an earthmoving feat which will enable the All-Canada Ski Championships to be held there in 1972.

The flight to Calgary in Alberta is over miles and miles of checkerboard cornlands and Calgary itself shares with Saskatchewan an intensity of daylight that stops one's camera shutter down even with the shortest exposure. A department of general practice had been established here and Professor George McQuitty had arranged a session which included workshops on the Muskoka model and was well attended at undergraduate and postgraduate levels. A long drive, too, took us for a brief visit to Banff, where the Rockies even on an overcast day were as impressive as we had expected, and to Lake Louise, the geologist's ideal of a glacier lake which might be the ideal of the artist also.

The British Columbia Medical Association was meeting in Vernon and the next flight was to Kamloops and thence a drive down the Okanagan Valley. A session was held here, well attended by doctors in the younger age brackets. This feature, the young average age of Canadian doctors interested in research, had been noted at Muskoka and was repeatedly observed later, a very encouraging sign. Kamloops airport again, to the last meeting of the series for this half of the visiting team, in Vancouver itself. A smaller group had been convened by Dr John Sumner and we gave the last of our apocalyptic performances. The next flights were back 'over the top' to a fogbound Britain where the dustmen had come out on strike in our absence.

It is hard to know how to summate the impressions of an odyssey of this kind. We could not explain why, after some years of comparative dormancy, interest in research had suddenly caught alight in Canada. The real or imagined atmosphere of stability of general practice engendered by the introduction of Medicare in all provinces after settling their educational requirements and setting up a College examination may well be part of the explanation. Some projects tackled were undoubtedly over-ambitious and some of the mistakes which were fresh in U.K. minds had been, or might have been committed. We learned that the relevance of research in practice to environmental studies is as well, or better, understood in Canada than in U.K. and we returned, all tired maybe, but stimulated and greatly encouraged by what we had seen and the contacts we had made. The four of us who formed the visiting seminar are at one in thanking Dr Don Rice and the Canadian College of Family Physicians for what was, to us, a unique experience, and many members of the Canadian College and several universities for their unstinted hospitality.

Correspondence

Health Education

Sir,

For an organism to awaken (*Journal of the Royal College of General Practitioners*, 1970, **20**, 311) it must have been asleep but alive. Any more generative process is either conception or birth.

During many centuries the doctor was therapeutically impotent, using his dynamic interaction with the patient to provide support, comfort and care. His major rôle was in persuading the patient to await the termination of a self limiting pathology, or teaching him to adjust to an incurable pathology. This is the application of health education to tertiary prevention.

Although there have been a few outstanding exceptions, general practitioners as a whole have neglected any responsibility for health education in primary prevention. But this is a rôle that the general practitioner of today must face, and the general practitioner of tomorrow will accept. However, he will be mainly involved as a participant, and only less frequently as the ubiquitous leader of old; this position must go to him with

greater knowledge and skills in the fields of both health and education.

One is sure that any offer of assistance from the College to the Health Education Council will be warmly entertained, but in view of our minimal involvement in health education previously one can understand their reticence to recruit us. Communication may prove difficult if we really believe that we 'handle 90 per cent of human illness from start to finish.'

Edinburgh PHILIP L. HEYWOOD

Awakening?

Sir,

Your editorial under the above, stirs me to write to suggest that it is because of the failure of the College to give a lead in health education that the Health Education Council has not seen fit to consult the College, and in fact, talks of health education teaching of medical students and doctors. Family doctors, of all people, should not need health education, but should be experts in that field.

However, probably the majority of doctors are still far too disease orientated in their outlook to be capable of instilling into their patients a sense of health consciousness.

It may be pertinent to ask why has the College no central Health Committee, one of whose functions should be the collection and dissemination of information concerning personal or family health?

JAMES HARPER

Needham Market.

Attachment of overseas students

Sir,

For the last few years members of the College have been providing hospitality for foreign medical students for short periods in the summer vacation. The scheme is an international one but in this country is arranged by the British Medical Students' Association.

I know that doctors who have taken part have enjoyed having a senior student from another country with them and the students themselves have told BMSA how valuable and stimulating the experience has been to them. Because the scheme has been so successful, there are now many more foreign students wishing to come to this country and BMSA finds itself short of doctors. Any member of the College who would be interested in taking part in this arrangement can obtain full details from: **The International Secretary, BMSA, BMA House, Tavistock Square, London, W.C.1.**

I hope that we shall be able to offer the amount of support that is required.

CONRAD M. HARRIS,
Secretary, Education Committee.

Fluphenazine Depot Injections

Sir,

In your centenary issue my friend Dr Dorothy West raised the important issue of long term side effects of the depot phenothiazine injection treatment of schizophrenia. Although it is correct to be alert for side effects, since she asked for the opinion of other doctors, I am sure that this treatment is of great value. Not only is it an important step forward over oral medication but family doctors have an important rôle to play in its administration and follow-up.

When I entered general practice seven years ago after five years full-time psychiatry it was a matter of great disappointment to find the frequency with which schizophrenics stopped taking their drugs and relapsed. Having detected early schizophrenia and persuaded patients to enter hospital briefly for stabilization on drugs they showed improvement dramatically but on return home equally usually stop their medication. Even regular follow-up visiting by a doctor (an expensive hobby) failed to reduce this tendency and one would wait helplessly while the good effects wore off and the disease insidiously progressed till a catastrophe occurred or the symptoms warranted re-admission usually under compulsion and certainly with unhappiness in the family.

One brief case report perhaps may illustrate this point. A widow aged 73, devotedly looked after by her son, developed the parphrenic type of schizophrenia in May 1963 with many features suggesting poor prognosis including her florid hallucinations, her controlled diabetes and deafness requiring a hearing aid: Between May 1963 and May 1966 she required admissions on six occasions, but for the last three and a half years having Moditen injections at the surgery every fortnight, she has been free from psychosis; not only is she grateful and the NHS saved the expense of hospital admission, but the son has felt it safe to get married and the patient is now a proud grandmother.

I would like to extend the discussion further and ask all practitioners who have a practice or attached nursing sister if their schizophrenics are having their injections at surgery. If a patient is attending hospital or clinic for injections 12 to 24 times a year, this is a load which a well-organized practice could absorb providing a reliable follow-up system for defaulting is constructed. This also means that any non-psychiatric illness can be dealt with at one visit, which saves the psychiatric hospital from becoming involved in primary care or the patient from having to attend both hospital and surgery.

Depot preparatations may have their value in fields other than schizophrenia. One of my more recalcitrant alcoholics agreed to an antabuse inplant. For 12 months he has been a transformed character, having previously suffered relapses on a range of more conventional remedies.

Worcester. ROBIN STEEL.