

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

Worcester.

ROBIN STEEL.