



chlorpromazine, although it can be obviated by giving 500 mL of normal saline solution intravenously before administration of the drug.

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Alcohol left out of health promotion for young people?

We read the article, "School-based health promotion: the physician as advocate" (*Can Med Assoc J* 1997;156:1301-5), by Dr. J. William Mackie and Peter Oickle, with interest. It is heartening to see that some physicians acknowledge their responsibility in school and community health promotion and are prepared to devote time and effort to it. We were puzzled, however, to see smoking, but no other substance abuse, listed among the 8 "complex health and social risks" facing Canadian children today. In fact, the sole reference specifically to alcohol is as the 35th of 36 elements of the comprehensive school health approach. "Restrictions on alcohol abuse" follows "ban on tobacco use" but is far less stringent.

We commend the tobacco abuse program adopted by the CMA and the Canadian Association for School Health. Judging from this article,

however, one might infer that physicians and school health professionals have assigned a lower priority to abuse of alcohol and other drugs. Doesn't alcohol abuse in the schools demand at least as urgent and radical action as smoking? Perhaps smoking is viewed as a more important target, to be dealt with first. Or are we facing a more general problem: ambivalence toward an old friend?

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[One of the authors responds:]

Our article presented a health education program, Comprehensive School Health, that had the greatest effects on attitudes and behaviour related to reducing the risk from a variety of threats to health. Reducing tobacco use was selected as an example, not because it is a high-priority issue, but because it is known to most physicians in Canada. Certainly, alcohol and drug abuse are important issues, as are unplanned pregnancy, sexually transmitted diseases, safety and reduction of violence, self-esteem, nutrition and physical activity. These topics are most effectively presented when the health curriculum is enhanced by supportive health services in a healthy school environment, with social support from outside agencies.

The Comprehensive School Health model was supported by the CMA at its General Council in 1995. Individual physicians can and do offer their services and expertise in curriculum development, health services to students and advocacy of a healthy school environment.

In regard to urgent and radical action, the Heart and Stroke Foundation of Canada at a recent meeting issued a warning to the children and youth of Canada that they will face an unparalleled epidemic of heart dis-

ease and stroke in 3 to 4 decades unless there are strong efforts to promote the 4 cornerstones of heart health: good dietary habits, a tobacco-free lifestyle, regular physical activity, and a supportive psychosocial environment. Alcohol misuse can have equally profound effects on individuals and families if education about its dangers is not promoted. However, just as heart health must be taught using this comprehensive approach, so too must other areas of health education.

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Ruling out spinal fractures in trauma

Judging by the number of references in "Variation in emergency department use of cervical spine radiography for alert, stable trauma patients" (*Can Med Assoc J* 1997;156:1537-44), by Dr. Ian G. Stiell and associates, the issue of missed cervical spine trauma remains a hot topic in emergency medicine.

The yield of standard 5-view cervical spine screening films in suspected neck trauma is clearly extremely low. Unfortunately, this observation does nothing to reassure emergency physicians faced with identification of fractures that threaten the spinal cord. No physician wants to be held accountable for missing such a potentially catastrophic injury. As a result, the responsibility for detecting such an injury has been arbitrarily transferred to the radiology service in each of the major trauma centres across the country. Thus, until the spine has been "cleared" by the neuroradiologist, all patients suffering trauma are treated as if a spine fracture exists. On more than a few occasions, this has resulted in unacceptable delays,