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

Marek J. Gawel, MD
President
Canadian Headache Society
Assistant Professor of Medicine
University of Toronto
Toronto, Ont.
William E.M. Pryse-Phillips, MD
Professor of Medicine (Neurology)
Memorial University of Newfoundland
Health Science Centre
St. John's, Nfld.

References

1. Elenbaas RM, Iacono CU, Koelner KJ, et al. Dose effectiveness and safety of butorphanol in acute migraine headache. *Pharmacotherapy* 1991;11(1):56-63.
2. Holfert MJ, Couch JR, Diamond S, et al. Transnasal butorphanol in the treatment of acute migraine. *Headache* 1995;35:65-9.

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?

Patrick D. McCarthy, MD
Patricia McCarthy, MHSc
Toronto, Ont.

[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 disease 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.

J. William Mackie, MD
Capilano College Health Service
North Vancouver, BC

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,

an excessive number of radiographs and inappropriate application of protective devices for inordinate periods. Why this situation continues unresolved strikes at the heart of the inadequacies in our current teaching programs across Canada concerning the spine and musculoskeletal system. We do not teach how to examine the cervical spine in suspected trauma; instead, we preach inappropriately that "all will be revealed" if only the correct diagnostic imaging test is ordered. As a result, when a physician has little, if any, confidence in his or her ability to examine the neck, he or she relies on someone else's opinion or a diagnostic test. This explains the inordinate number of screening spine radiographs taken.

In a conscious, alert, cooperative patient whose attention has not been distracted by mood-altering drugs, alcohol or analgesics, physical examination of the neck is a far more sensitive way of screening for the presence of any cervical spine fracture than plain radiography.[1]

I propose that, rather than developing extensive guidelines for ordering radiographs, we should develop a teaching program to instil the principles of physical examination of the neck. Only when physicians gain confidence in their ability to examine the neck is radiographic screening of the spine likely to diminish.

Richard D. Dewar, MD
University of Calgary Spine Program
Calgary, Alta.

Reference

1. Velmahos GC, Theodorou D, et al. Radiographic cervical spine evaluation in the alert asymptomatic blunt trauma victim: Much ado about nothing? *J Trauma* 1996;40:768.

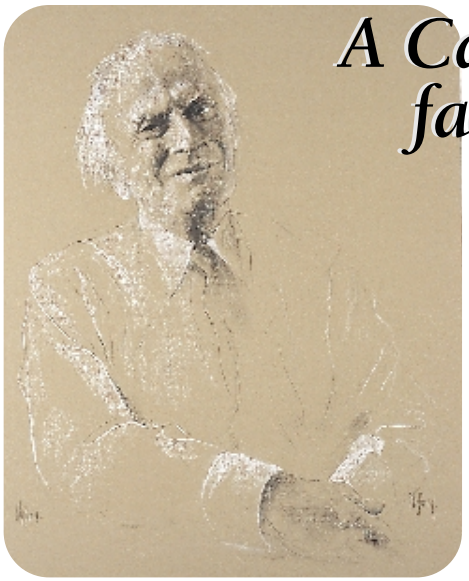
Terfenadine and SSRIs

In the article "Terfenadine therapy: Can we justify the risks?" (*Can Med Assoc J* 1997;157:37-8), Dr. Robert Rangno correctly points out that certain drugs and foods that inhibit the enzyme CYP3A4 may, when combined with terfenadine, prolong the QT interval and predispose the patient to ventricular arrythmias. He fails to include antidepressants, both tricyclics and selective serotonin reuptake inhibitors (SSRIs, especially fluvoxamine, nefazodone and fluoxetine), which all inhibit the CYP3A4 enzyme.

The increasingly popular SSRIs must be included in the list of drugs that should not be combined with terfenadine.

Gitta Tafler, BA, MD
Toronto, Ont.
Received via e-mail

A Canadian face on aging



Myfanwy Pavelić

"My mind goes back to November 1927 when I sat in the 4th row at Carnegie Hall and listened with tears to this eleven year old boy pour the music of Beethoven into my heart — He was eleven and so was I — and my mind was saying — just look — just listen and feel what he could do — and I could only sit and wonder what it would mean to be able to do something which could touch another's heart — It was forty-five years later that Yehudi and I met for the first time and his warm understanding and fulfilling friendship has been a large part of my life for the past twenty-four years —"

Vancouver Island artist Myfanwy Pavelić wrote these words on the occasion of a 1997 gala benefit concert and landscape painting exhibition in Victoria that celebrated her lifelong friendship and artistic kinship with world-renowned violinist Yehudi Menuhin. Now in their 80s, both Myfanwy and Yehudi still actively share their extraordinary talents with the world. These portraits, which Myfanwy prepared for the exhibition program, were done with charcoal and white conté on beige paper.