

ers who suggested several minor changes and estimated the time required for completing the questions. In June 1966 the questionnaire was mailed to the 1584 doctors in the 14 counties of Southwestern Ontario. Included with it were a covering letter from Dr. A. T. Hunter, Director of Continuing Education, encouraging participation in the study, and a stamped self-addressed envelope. No rewards were offered for returns and no reminder letters were sent. The covering letter did state, however, that if the questionnaires were signed, the results would be sent to all participants.

RESULTS AND DISCUSSION

A total of 531 questionnaires (33.5% of those originally sent) were returned completed; 10 more were returned incomplete because the physician was no longer in practice. Of the *completed* returns 253 (48%) were from general practitioners and 270 (51%) were from specialists, but for eight the type of practice was not indicated and could not be determined. Although the distribution of general practitioners and specialists in the mailing list is not known, it is worth noting that the percentage distribution of the returns was very close to the distribution of all Canadian physicians as reported by Canadian Facts Company Limited (2) (i.e. specialists 48%, general practitioners 52%). The distribution of specialties in our returns is also very similar to that for the Canadian physician population, except that our percentage of returns from psychiatrists was higher, and from surgeons was lower than the actual distribution. This may reflect a great interest by psychiatrists in a study of this type, or probably that psychoactive drugs are being more actively promoted now; the surgeons would not be expected to have as great an interest in drug promotion.

Although the instruction stated that a signature was not required, it is of interest that 91% of all doctors replying did sign the questionnaire. That many of the doctors who replied did so conscientiously can be inferred from the detailed answers to some questions and from the number of unsolicited observations and thoughts expressed on drug promotion. It might be argued that doctors with strong opinions on drug promotion would be more likely to return completed questionnaires. Nevertheless, these were the opinions expressed by a group of over 500 doctors representing a cross-section of the Canadian medical profession.

The answers to questions concerning the size of the community in which the doctors practised and the country and year in which they graduated revealed that, as expected, 95% of the specialists practised in communities with populations exceeding 20,000, and 78% in centres over 50,000. Of the general practitioners, 45% practised in communities under 20,000. Most of the doctors replying graduated between 1940 and 1950: 71% of specialists and 63% of general practitioners. There was little difference between the group as to the country where they became medically qualified. Although 80% of all doctors qualified in Canada, 10% in the United Kingdom and 3% in the United States, a total of 14 countries were represented in the remaining 7%.

In the tabulation of results all respondents indicating a specialty are called "Specialists". The eight returns where the type of practice was not specified are not listed separately but are included in the totals for "All Doctors". The results throughout are given in percentages of *answered questions* with the totals in parentheses. Any discrepancy between the totals shown in the tables and the number of respondents (531), or between "General Practitioners" and "Specialists" replying and the total replies, is accounted for by the eight unspecified returns and by those in which that particular question was unanswered. Because in all tables the percentages shown have been rounded off to the nearest whole number, not all the figures add up to exactly 100%. For questions containing "other" categories, there were not enough of any answer to be considered significant and these are not subdivided.