

turned to South Africa, where they grew alarmed by the growing violence. "When you're living under those circumstances day to day, you don't know any different," Vogel says. "But when you get to a place like [Shaunavon] you exhale and say, 'Wow, it doesn't have to be like that.' So it's hard to go back."

Back in Cape Town, they decided to move to Canada permanently. An incident on the eve of their departure convinced Vogel that he made the right decision: gunmen had stormed a church service, and dozens of wounded and dying patients were being brought to the Victoria Hospital Emergency Department, where he was on duty. "I said to myself, 'I don't want to be in this emergency room

when they attack a school.'"

Vogel speaks matter-of-factly about some of the medical skills he brought with him. In one case, when a young farmer from the Shaunavon area accidentally shot off one of his toes, Vogel knew immediately what had to be done. He may not see many injuries like this in Saskatchewan, he says, but he did in South Africa. "One thing we were well practised in was treating gunshot wounds. In a city like Cape Town, [shootings are] a daily occurrence."

Shaunavon (population 2200) is a world apart from Cape Town and its 3.1 million residents. It is a quiet community with a 16-bed hospital that overlooks a field at the edge of town. "He's

been good for Shaunavon," pharmacist Hazel Lavoy says of Vogel. "I don't care where we're stealing doctors from — we need a doctor to keep this town vibrant."

In fact, Shaunavon still faces a GP shortage. The area can provide enough work for 3 doctors, but Vogel is practising alone. Mayor Sharon Dickie, who is leading the search for 2 more physicians, would be happy to attract more South Africans. "I don't think Dr. Vogel realizes how much we need him and appreciate him, and fear losing him," she says. — *Amy Jo Ehman*, Saskatoon; *Patrick Sullivan*, CMAJ

Reference

1. Sullivan P. Canada a prime destination as MDs flee South Africa. *CMAJ* 1999;160(11):1615-6.

Casinos bring ill fortune, psychiatrists warn

A 3-year-old casino in Hull, Que., has caused local residents to gamble more often and lose more money, the *Canadian Journal of Psychiatry* reports (2000;45:810-5). The study on the impact of availability on gambling also discovered an increase in the number of potential problem gamblers since the casino opened.

Laval University researchers randomly selected and interviewed 457 people from the Hull area before (1996) and after (1997) the Casino de Hull

largest average amount lost in 1 day of gambling (casino and other types) increased by 73%, from \$89 to \$154. In Quebec City during the same period, the number of gamblers decreased (from 26.7% to 22.4% of respondents), as did the largest average amount reported lost in 1 day of gambling (from \$33 to \$21). The average amount spent by Hull respondents at the casino was \$251 annually, while Quebec respondents spent an average of \$113 on gambling in general.

The extent of the casino's negative impact is indicated by responses from Hull residents before and after it opened. After the opening, 50% more Hull respondents disagreed with its establishment (29.2%) than had disagreed before it opened (19.5%).

Lead investigator Robert Ladouceur, a psychology professor, said the results of the study, which was funded by Loto-Québec, weren't unexpected. He was particularly interested in the results concerning problem gamblers. "When they start gambling to win back money they've lost, then that's a problem," he told *CMAJ*.

According to the study, the proportion of at-risk gamblers more than doubled in the year the casino opened (from 3.3% to 7.8%). Signs of an at-risk gambler include playing longer and spending more than planned, and trying to hide the gambling from family members or friends. The study found that the preva-

lence of probable pathological gambling did not change significantly. However, more Hull respondents said they knew someone who had developed a gambling problem over the past 12 months (28.2%) than did the Quebec respondents (15.6%).

In an earlier study on the prevalence of pathological gambling in Quebec,¹ Ladouceur found that the prevalence of the problem had increased from 1.2% in 1989 to 2.1% in 1996, a 75% increase.

This corresponds with the dramatic increase in legalized gambling in Canada. In 1985 the provinces were given exclusive control over gambling and legalized computer, video and slot devices. By 1997/98, Canadians were spending \$6.8 billion annually on some form of government-run gambling activity and the provinces were spending \$14 million providing treatment services for problem gamblers.

According to a recent *CMAJ* study (2000;163[1]61-4), the largest public health issues created by widespread gambling are gambling addiction, family dysfunction and underage gambling. "It's a very controversial issue," said Ladouceur. "There are medical problems, social problems and economic problems." — *Barbara Sibbald*, CMAJ

Reference

1. Ladouceur R, Jacques C, Ferland F, Giroux I. Prevalence of problem gambling: a replication study 7 years later. *Can J Psychiatry* 1999;44:802-4.



Art Explosion

opened. They compared this group with a control group of 423 respondents from Quebec City, which doesn't have a casino. The response rate was 53%.

After the casino opened, the proportion of Hull respondents who gambled increased from 13.8% to 60.4%, and the