gathers in the schoolroom and listens to a piece of classical music for 1 hour. The program started spontaneously and eventually became popular. Every week one member of the group volunteers to choose a composer and selected pieces to be played the following week. After the session there is a general discussion, led by a schoolteacher, about the music and its effect on each member of the group.

After 2 years we made some interesting observations:

- Most of the members of the group had no background of classical music. In fact, some of them were not even interested in music.
- The group is composed mostly of patients who have committed violent offences. They were self-selected and were not persuaded by treatment teams to join the group.
- While listening to a piece of music some of the patients started using visual material, in the form of slide projections on the wall, to augment their appreciation.
- The group listened to the music intently without any disruptive behaviour.
- When rock music was played the group became disruptive, so much so that the session had to be ended prematurely.
- Of all the composers chosen by the group Tchaikowsky seemed to be the most popular, followed by Debussy.
- A man who had committed a number of murders and had never been exposed to classical music became obsessed with Debussy's music.

All the activities of the group are closely monitored by the department of occupational therapy and training. In the future we may be able to publish some data. However, from the last 2 years' experience it seems clear that classical music has a positive effect on individuals who have shown violence in the past. One wonders whether classical music has a specific effect on the nondominant hemisphere of the brain, which is also closely related to affect.

After the publication of Munro and Mount's article I wrote a letter to Yehudi Menuhin asking him to visit our hospital. Mr. Menuhin replied so positively that a date for his visit was arranged. Unfortunately, he could not come owing to other commitments, but he has confirmed that he will visit our hospital and meet with the group Feb. 8, 1980. Mr. Menuhin was so interested in this aspect of our therapy that I was invited to meet with him following a concert in Vancouver in February 1979.

I wrote this letter because I recently observed some criticism of my colleagues on this very important topic.

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Experience with an undergraduate medical bursary program in Ontario

To the editor: On Oct. 1, 1969 the Ontario Ministry of Health introduced an undergraduate medical bursary program to attract medical students into family practice in areas of the province designated as underserviced. Ontario residents attending a Canadian medical school were eligible to apply for support. The bursaries provided $3000 per annum in each of the last 3 years of college, and were granted to the students upon their agreement to spend 1 calendar year in family practice in an area designated as underserviced for each year of academic assistance. A total of 220 students received 427 years of bursary assistance.

Following graduation the students were permitted up to 3 years' postgraduate training, provided such training was preparing them for family practice.

During the last 6 months of internship the bursary recipients were encouraged by the Ontario Ministry of Health to attend an interview, at which they were advised of the various vacancies in the program and given complete information about each. The choice of location in which to practise, made from the list of areas designated as underserviced, was their own. When doctors entered the program they were eligible to apply for the financial support available to any other physician who might join the program. At that time such support was in the form of a contract with a guaranteed annual minimum net professional income of $33 000, or an income-tax-free incentive grant of $8000 the first year, $6000 the second year and $3000 in each of the following 2 years. Bursary recipients who do not return the service are responsible for returning the monies plus 10% interest computed from the date of graduation.

The following observations were made of the undergraduate medical bursary program:

- Of all the bursary recipients 50% returned service and did practise or are practising in underserviced areas.
- Half of the 50% who returned service did so in northern Ontario. This was interesting because students were selected for bursaries primarily because they had indicated an interest in practising in the North.
- Two thirds of the 50% remained in the underserviced area after their obligation to the Ontario Ministry of Health had been fulfilled.
- Students who received undergraduate bursary support for 3 years were more likely to return service than those who received support for only 1 or 2 years.
- Fewer than 10% of female students who received bursaries completed the program.
- Of the 50% of doctors who failed to fulfill their obligation, about 60% have refunded their monies with interest, and 35% are in the process of returning the funds; collection is a problem with only 5%.
- The undergraduate bursary program could be depended upon to provide physicians in areas where primary health care is urgently needed.

It was concluded that a small, ongoing undergraduate bursary program would meet the needs of underserviced areas and could be operated at a good cost/benefit ratio.

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