

was 9.4 months, with a range of 3 to 24 months; seven patients were still alive at the time of reporting. Untreated patients at this stage of the disease would not be expected to survive longer on average than 3.9 months.⁶ Even patients with advanced disease derived some benefit, and a few improved dramatically. Similar results were obtained in the treatment of patients whose disease originated in sites other than the colon, including some with metastatic carcinoid tumours.

Sullivan points out that cancers of the colon and rectum are the most common forms of human neoplasms; they account for some 15% of all malignant tumours.⁷ About one-quarter of the patients die from liver failure secondary to hepatic metastases. The new method appears to offer, with little risk, the prospect of prolonging active life to a high proportion of patients. The precise details of management require special skill and familiarity with the properties of highly toxic drugs, and the method is therefore likely to be used mainly in special centres.

Social Salvage

The basic ingredients of problem families are mental subnormality, temperamental instability, ineducability, a squalid home, and numerous children. Since the main features of this social problem were brought to light by the Family Service Units¹ and depicted in detail by many medical officers of health, a variety of efforts have been directed towards the alleviation of them and their medical implications. But there is no easy remedy for the difficulties that confront a family with subnormal intelligence in one or both parents, instability of character, intractable ineducability, a squalid home, and neglected children. It is first of all necessary to sort out so far as possible the causes from the consequences.

The Family Service Units which have been set up in various parts of the country tackle the problem by establishing a close relationship between a social worker and the family concerned. This method of intensive casework has yielded results; it requires dedicated social workers, and each worker can cope with only a relatively small case load. The Family Service Units are well aware of the inherent difficulties, and their primary objectives are to relieve the domestic squalor and give personal help to the mother as well as friendship to all members of the family. Such families have become so socially deprived as to be bereft of friends and moreover to feel completely rejected by society.

It might well be thought that, since the advent of the Welfare State with vast sums now being spent on the health and welfare services, problem families would tend to disappear. Regrettably this has not been so. Their number seems to remain as high as ever. In the big towns the multiple letting of large houses has provided new opportunities for such families to "get lost" among the new slums which have thus come into existence. Medical officers of health, only too well aware of the need to ensure adequate help, make sure that support is readily available for these families, especially when the parents are young and when there is some hope of reversing the downward trend.

Some local authorities employ social workers, special health visitors, and home helps with special training to maintain and assist the problem families. There are hostels where the mothers can go with their children for prolonged periods of training, while the father and perhaps some members of the family are cared for at home by home helps. Many other social and personal services are employed to try to reclaim or at least maintain these feckless people.

The response to assistance by statutory or voluntary bodies varies. Some problem families can be reclaimed; others respond at first but relapse when help is withdrawn, so that some continuing support is required. Regrettably, there is a hard core which does not respond but nevertheless requires considerable permanent support, primarily for the sake of the children. They must be supported to try to prevent the vicious circle from being repeated in the next generation. The Family Service Units in towns where they are active take on a fairly high proportion of these hard-core cases and accept the thankless task of caring for them for prolonged periods.

Recently the Sheffield Unit, in the interests of co-operation between the social services, has produced a booklet setting out the aims, work, and practice of Family Service Units² as a guide to social workers, medical men, and others. In it a problem family is described as one whose habits and ways of life are unacceptable to the community and are apt to lead to the neglect of their children and the break-up of their home. While this description is in general acceptable, the last part of it does not always fit, for often the members of the real problem family, despite their depraved and squalid condition, tend, and want, to remain together.

The Family Service Units started in bomb-stunned Liverpool as a venture in faith, and in the years since the war have had many a financial struggle to keep going. Problem families do not evoke the same sympathy as either the physically or the mentally handicapped; nevertheless they exist in our society and apparently will continue to do so. We have therefore an obligation to treat and support them as we do the people who are handicapped in other ways.

Westminster Hospital

This week Westminster Hospital is celebrating its 250th anniversary. On 14 January 1716 four men—Henry Hoare, banker; Robert Witham, vintner; William Wogan, writer; and the Reverend Patrick Coburn—sat down together at St. Dunstan's Coffee House in Fleet Street to discuss their concern over the sick poor of Westminster. From this small beginning sprang not only the foundation of Westminster Hospital but also that of St. George's Hospital at "High Park Corner"—or, as we now know it, Hyde Park Corner. This second foundation arose as a result of disagreement between members of the Westminster Board of Trustees about the merits of two rival sites for the expanding infirmary. At page 156 of this issue of the *B.M.J.* Dr. J. G. Humble draws on his forthcoming book *Westminster Hospital 1716-1966*¹ to tell the eventful story of Westminster Hospital's first 250 years. The anniversary celebrations include a

¹ To be published shortly by Pitman Medical Publishing Company.

² *Brit. med. J.*, 1949, 2, 229.

⁶ McKie, E., *Venture in Faith*. Liverpool and District Family Service Unit, 1963.

⁷ *The Aims, Work and Practice of Family Service Units*. Sheffield Family Service Unit (1s. net), 1965.