patient, and breeds discontent and mistrust in the family doctor.

It is my impression that in general the standard of letter from general practice to hospital has improved enormously during the past few years (as have most standards in practice itself). During this same period hospital medicine has become more and more complex and one is left with the inescapable conclusion that many hospital staff just don't care whether their lines of communication are satisfactory or not.

I feel that for too long the lazy and "couldn't-care-less" family doctor has been used as an example and excuse by the hospital service for not putting its own house in order. Examples are set and followed by the men at the top. The welfare of my patients is my main concern, and although I hope that I don't have to await a tragedy before this alarming situation is rectified I feel this letter will have been of some avail if it provokes suitable thought and action on all sides.—I am, etc.,

IAN CAPSTICK.

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Hazards from Raw Fish

SIR,—May we be permitted to suggest that the answer to the question on hazards from eating raw fish (28 June, p. 812) is not exhaustive?

It was correctly observed that the main danger in the Far East is of contracting clonorchiasis due to *Clonorchis sinensis*. Disease in man, however, can also be commonly caused by eating raw fish contaminated with related flukes of the genus *Opisthorcis*.¹ *Opisthorcis felinus* is common in man in many parts of the world, and *Opisthorcis viverrini* has caused disease in Thailand, where it is associated with carcinoma of the liver. In addition, there are conditions caused by roundworms other than those mentioned. Manson-Bahr² refers to the finding by Kitamura (1952) of the larval stage of *Gnathostoma spinigerum* in fishes in the Yangtze valley in China. Wandering larvae of the roundworm in the human host produce one form of visceral larva migrans, and this syndrome may also be caused in man by ingestion of raw fish containing third-stage larvae of the giant kidney worm *Dioctophyna renale*.³

Although your original answer was correctly confined to fish, in the ensuing correspondence (19 July, p. 173) crustaceans were mentioned, and it is perhaps of interest to your correspondents that paragonimiasis is endemic in Japan, where it is caused by eating raw or pickled crabs,⁴ fresh-water shrimps, or crayfish.⁵ These flukes are members of the genus *Paragonimus* (the lung-fluke), and they must constitute a special danger to travellers in the Far East who are tempted to savour local delicacies. They have also been found recently in Canada and the U.S.A.⁶—We are, etc.,

W. A. BLACK.

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Cancer Diagnosis and Prognosis

SIR,—Reading through the booklet published by Family Doctor entitled *The Truth About Cancer*¹ I am struck by the implied assumption that early treatment of cancer gives a better chance of cure. Indeed, the last page—after giving the eight so-called warning signals (some of which I feel are late warning signals)—states that if everyone knew these cancer would be diagnosed more often at an early stage of its development and there would be a much better chance of cure.

As one who has been involved in a variety of health education activities for over 20 years, I have always felt that we should not mislead people about the facts. All my reading and experience indicates that only perhaps in rodent ulcer (a special case), in precancerous cervical changes, and, doubtfully, in "early" cancer of the breast can we give an optimistic prognosis. The latest Office of Health Economics booklet *The Age of Maturity*² supports this idea when it states that little is to be gained by the early diagnosis of lung cancer and of cancer in other sites, except possibly for cancer of the breast and cervix.

It may be that there is some "truth" about *The Truth About Cancer* that I have missed. If so I would be glad if any evidence can be put forward in support of the statement that it is worth while to learn the eight warning signals and to act on them. Have we, for instance, any figures to show that the prognosis in female doctors with cancer of the breast and uterus is better than in comparable social groups?—I am, etc.,

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Lewisham Hostel

SIR,—We, the undersigned doctors, all living immediately adjacent to the proposed ex-addict hostel at Lewisham, wish to take issue with your leading article on this matter (27 September, p. 731). The individuals entering this hostel cannot be regarded as "ex-" or former addicts. The high drop-out rate for drug addicts within one year of hospital admission is well known, so that, however carefully the hostel inmates are selected, some will relapse.

Our main objection to this scheme relates to the infectious nature of drug misuse, and that in an attempt to rehabilitate a small number of addicts a disproportionate amount of harm may be done to the local community. Eliot Bank is five miles (8 km.) from the West End, three miles (5 km.) from two treat-

ment centres in Camberwell, and within two miles (4 km.) of another at Norwood. Drugs are therefore easily obtainable. Of more concern, however, is the local geography of the site, which happens to be adjacent to a primary school, lies within close reach of five other schools, including two large comprehensives, and is encompassed by council estates and private dwellings.

We question the value of a review at the end of two years. This will have no scientific basis, since a pilot study concerning the current drug problem in this area has not been undertaken. If there is some ultimate success, who will know at what expense this will have been achieved?

We object to the patronizing attitude in the leading article concerning the education of the local residents. They must, of course, be supplied with the true facts, but we wonder whether the pamphlet circulated by the sponsors among the local residents was intended to indoctrinate rather than educate them. On its first page assertions were made that: the hostel was for "ex-drug addicts" and there would be "no drugs or drug users." Nevertheless, on page 3 the possibility of relapse is admitted, though its effect on the community is dismissed in the statement that: "There is no danger of residents going back on drugs and handing drugs around the neighbourhood. Urine testing and very strict supervision can ensure that any case of relapse would be immediately detected and dealt with before the slightest harm resulted in the neighbourhood." Unfortunately, not all drugs can be detected by urinalysis. The rapid elimination of some necessitates daily screening, and certain individuals may refuse to give urine specimens or swap them to avoid detection. As regards supervision, what will the social workers running the hostel do if someone refuses to give a urine specimen, or goes out without leave, or is suspected of smoking cannabis? Experience in hospital suggests that a policy of discharging addicts for misdemeanours empties the ward. Will the sponsors be prepared to have an empty hostel or will they give the inmates another chance? What is to happen to the relapsed addict who does not wish to return to hospital?

This proposed hostel is an experiment—a research project—and the first of a few. The Department of Health will no doubt have received influential consultant advice on its location in an urban area. Are we, then, to understand that logically such hostels should be situated within the environs of council estates and schools?—We are, etc.,

L. W. KAY.
R. GARDINER.
M. BAUM.

London S.E.23.

Cerebral Blood Flow in Migraine

SIR,—I was most interested to read of Drs. E. Skinhøj and O. B. Paulson's observations on cerebral blood flow in migraine (6 September, p. 569), particularly as they have confirmed my observations by a different method. They have also supported my conclusion that the cerebral blood flow changes are a generalized and not a focal phenomenon, a view not hitherto widely accepted.

Since my original report on seven patients,¹ I have observed the cerebral blood flow changes in 11 more patients in both the