etc. which is described by a number of witnesses as different makes, models, colors but, for very good reasons, not by the license number. The British and most European countries have larger and more legible plates which readily afford instant identification. I can well imagine the anguish of manufacturers and state agencies if larger and more legible license plates were made obligatory but this would accomplish a great deal for driver responsibility and law enforcement and would probably be welcomed by the local police and highway patrol.

EDWARD B. SHAW, M.D.
Department of Pediatrics
University of California, San Francisco

It's Blood—Not Soup

To the Editor: "If we can impose strict liability upon a restaurant serving contaminated soup, certainly we can impose a similar standard on hospitals dispensing blood."

I am sure that Assemblyman Sieroty (D, Beverly Hills) has good intentions with his transfusion bill (AB 285). However, to equate blood with contaminated soup, or even borsht, is unreasonable. The above-quoted statement from Mr. Sieroty's news release of 2 February indicates his lack of understanding of transfusion and hepatitis problems.

Mr. Sieroty is conservative with his statement, "Hundreds of persons yearly contract hepatitis as a result of transfusion of contaminated blood." In fact, there are over 30,000 *reported* cases of transfusion hepatitis with 5 to 10 percent mortality. The principal source of this hepatitis is commercial blood obtained from Skid Row donors.

Of course there is a need for research to improve detection and elimination of hepatitis virus, and to make transfusion safer. However, it is unjust to penalize hospitals and physicians for the present inadequacy of medical science.

It is suggested that Mr. Sieroty, other politicians and MDs visit the Skid Row blood collection centers. It is urged that the news media and legislators be contacted to abolish commercial, for-profit blood banking. This will be in accord with my CMA resolution (131-72), which was ably supported by Professor J. Garrott Allen of Stanford and approved by the CMA House of Delegates at the February 1972 session.

ALBERT FIELDS, M.D.
Los Angeles

Methadone is Controversial

To the Editor: The article and the editorial on the subject of methadone maintenance for opiate addicts which appeared in the February, 1972, edition of CALIFORNIA MEDICINE, neglect some very important facts and misrepresent others.

First, the article never mentions the basic rationale for methadone maintenance. The rationale for methadone maintenance is that it is supposed to reduce the number of robberies, burglaries, and other thefts that heroin addicts commit in order to get the money with which to purchase heroin. The rationale is that if methadone is supplied to opiate addicts through legitimate channels, then the addicts will not have to steal to secure the funds to purchase heroin, all of which is supplied through an illegal market at an enormous profit to the suppliers. Hence, methadone maintenance is an attempt at a medical solution to a criminal or social problem.

Thus, it follows that the success of methadone maintenance depends not upon the number of addicts that can be kept in methadone maintenance programs, but rather it depends upon whether this new form of supplying the opiate to the addict will actually result in a decrease in the amount of property stolen by addicts.

It is no medical achievement to supply an addict with a substance to further his addiction. However, it *would be* a great feat of social engineering if one could somehow lower the crime rate, but we have yet to see any sort of research project wherein there was some kind of scientific attempt to see whether methadone maintenance did indeed cut down on the amount of thefts committed.

Not too long ago, there was some improvement noted in the crime rate in Washington, D.C., and some were quick to attribute this to the instituting of methadone maintenance. It should also be noted that simultaneously with these developments was an expansion of the local police force from around 3,000 officers to around 5,000 officers.

Although there are some pharmacological advantages to one's being addicted to methadone as opposed to one's being addicted to heroin, these are pharmacological advantages only incidental, and it is the method of supplying the opiate which is the significant issue.

This whole issue becomes a *medical* problem only insofar as physicians are required by law to