would be prudent to use prophylaxis in this setting. The standard regimens could be used, as S. aureus would not be likely to cause bacteremia following dental and/or genitourinary procedures.

Dr. Kirkland raises the question of bleeding hemorrhoids as a potential source of endocarditis. It would not be practical to administer prophylaxis to all patients with hemorrhoids, but it does seem prudent to give prophylaxis at the time of hemorrhoidectomy. The standard genitourinary regimen would be acceptable for that purpose.

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Submitted July 17, 1987, and accepted July 27, 1987

SCREENING FOR ALCOHOL ABUSE USING THE CAGE QUESTIONNAIRE

To the Editor:

It was with a careful sense of joy that I read the report by Bush and colleagues (Am J Med 1987; 82: 231–235) commenting on the validity of the CAGE questions in medical and orthopedic surgery units. This duplicates a study my colleagues and I published five years ago [1,2]. Although the authors did not cite our study in their bibliography, we were pleased to find that their efforts replicated our research. To further clarify matters, I list the statistical characteristics of our study in **Table I.**

Sadly, even though our study was published in a widely read journal that was sent to approximately 30,000 primary care physicians, we have found little or no active response in terms of physicians readily including the CAGE questions in their day-to-day practice. Despite the fact that the CAGE questions, originally derived by John Ewing, M.D. [3] from a survey of medical inpatients, have been around for some time, it has proven extremely difficult to bring them into general use. Although we appreciate the efforts of Bush and co-workers in once again revalidating this instrument, I fear the field has moved beyond their investigation. The real task is to outline and then to address the resistances that primary care practitioners have in utilizing an alcohol screening examination. We recommend this focus to them as a more useful area of current investigation.

TABLE I Summary of Effectiveness Characteristics: CAGE versus Medical History

	CAGE (percent)	Medical History (percent)
Sensitivity	70	82
Specificity	99	88
False-positive	1	12
False-negative	30	18
Positive predictive value	97	79
Negative predictive value	89	89

SPONTANEOUS REMISSION OF METASTATIC PARAGANGLIOMA

To the Editor:

Paragangliomas are rare neoplasms, most of which are benign [1,2], but malignant paragangliomas are occasionally encountered [3]. We have seen a case of spontaneous remission of biopsy-proven metastatic pulmonary lesions from a malignant paraganglioma arising in the neck.

A 60-year-old man found a mass in the right side of his neck in 1978. The mass was removed and histologically was a paraganglioma associated with a large nerve trunk. Five cervical lymph nodes contained no tumor.

He did well until July 1985, when multiple pulmonary nodules were found on routine chest radiography (**Figure 1, top**). One of these nodules was removed by wedge resection, and was metastatic paraganglioma on light microscopy. Numerous dense-core granules and neural processes with neurotubules and neurofilaments were seen on electron microscopy, and the result of a Grimelius strain was positive, confirming the diagnosis.

Chemotherapy with 5-fluorouracil, streptozotocin, and dacarbazine was begun in August 1985. Chemotherapy cycles continued every three weeks until January 1985. A chest x-ray in February 1986 showed no shrinkage of the nodules, and chemotherapy was stopped. Follow-up chest radiography in March 1986 showed no change in the nodules. In June 1986, however, a chest x-ray showed slight regression of the nodules. This was five months after the last chemotherapy. No change in his diet, non-oncologic medications, or lifestyle had occurred. Subsequent examinations showed further regression in August 1986 and October 1986 (**Figure 1, bottom**). In January 1987, he was doing very well, and the nodules had not regrown.

Spontaneous remission of cancer is rare. This case is the only one we have observed in more than 10 years of oncology practice. Everson [4] collected over 1,000 cases in a literature review, but considered only 130 to have sufficient documentation to accept as examples of spontaneous remission. In his series of 130, spontaneous remission was most frequent in neuroblastoma, a tumor of infan-