Correspondence.

"Audi alteram partem."

CANCER AND THE PUBLIC.

To the Editor of THE LANCET.

SIR,—The Registrar-General's returns for 1920 for England and Wales, published this year, are remarkable for at least two facts. The most satisfactory is the general low rate of mortality, even below 13 per 1000. The least satisfactory is the high death-rate from cancer. No less than 43,687 such deaths have been recorded in a population of less than 40 million. This means a higher rate than 1 per 1000. Now the credit of the medical profession is bound up with the mortality of the nation, both the general mortality and the specific mortality from any one cause. In these returns we have at the same moment cause for congratulation and for shame.

We are not responsible for the creation of diseases, but we accept the responsibility of curing them, and the best way to do this is to control their attacks. Preventive medicine is one of the outcomes of therapeutic failure. Preventive surgery must be resorted to where the good results of operation are so meagre. If a river has to be dammed it is easier at its source than near the mouth. The whole question, Sir, is this, Are we of the medical profession doing our duty towards relieving humanity of this advancing scourge? What precisely are we doing? A vast amount of research is going on, and the chief result is the production of carcinoma by the application of tar to the skin, and of sarcoma by injections of tar in experimental animals. This bears upon the causation, and the discovery of this should be of great value towards cure. As to treatment we operate, we radiate, we fulgurate, and a small proportion of the patients have neither further symptoms nor recurrence. Unless they die of other diseases we still hesitate to call them cured.

What do we do to prevent cancer? Surgically I believe we do a great deal, and the removal of a breast for degenerative mastitis I regard as an example of preventive surgery applied to carcinoma. Nevertheless, in the majority of our cancer patients we are fighting a losing battle, and whatever we may tell the patient we know from the outset how gloomy the prospects are. I used to think that ignorance of the dangers of malignant disease was more characteristic of the patients who occupy our hospital beds, but I find that in private practice the patients are almost as ignorant, and the position of the surgeon accepting fees for wellnigh hopeless operations is worse than when he is working as a servant of a voluntary hospital. We commonly comfort ourselves by thinking that we do our best, and we do, as a matter of fact, cure some of the patients and relieve the vast majority, but is this our best? Who is responsible for the persistence of ignorance: the unlearned, or those who hide the knowledge they possess?

The members of the medical profession are precluded from advertisement. Any doctor who communicates his professional knowledge to the lay press lays himself open to such a charge. This is doubtless a wise provision, but does it not sometimes react to the disadvantage of the public? Most of our large daily papers now possess a medical correspondent, and these authorities are letting in a little daylight on the working of our profession. Sometimes it is judicious, and I think in the matter of cancer education some help is being given. But it is meagre in amount and done in an apologetic way. If we contrast with this what is being done in the case of venereal disease the picture is totally different. We have, at the present time, the luxury of at least two societies each striving according to their lights to protect the public against the social evils of syphilis and gonorrhoea. The ravages of tuberculosis, also, have called into being a society for its suppression,

but what is being done in the case of the most terrible scourge of the present day? Historically the cause of these diseases was established before the societies were founded, but is there any need to wait until our knowledge is more complete, since almost everyone admits that there is a curable stage of cancer? It is a monster which can be slain only in its infancy.

In this country a book was published some ten years ago by Mr. C. P. Childé entitled "The Control of a Scourge: How Cancer is Curable," and it is an excellent book, calculated to do nothing but good. But who has read it? More recently "Cancer, a Handbook for the Lay Public," has been issued with the idea of securing financial support for the Cancer Research Fund of Ireland, but it received little encouragement even from your own journal (vide THE LANCET, Feb. 4th, 1922, p. 236). The medical officer of health for Leicester has issued a pamphlet to be distributed by health visitors from the Town Hall. These and similar efforts have been made, and, as I see it, well made, but they are not concerted efforts and they do not reach a large enough public. The lay press is certainly helping, and such papers as insure their readers against pecuniary loss by reason of appendicitis and similar ills might well, and at less cost to themselves and more gain to their clients, instruct widely in the early signs of malignant disease. The medical man's fear is that, as a result of this species of anti-cancer propaganda, cancerphobia, already a recognised human ailment, would become rife. Personally, I would rather spend my time reassuring patients who have not got cancer than operating on those who have. Further, I do not think the danger a very real one provided the public education is properly conducted.

In America they do these things differently. There they have a powerful Society for the Control of Cancer, and much work is being done by it to enlighten the public as to its early signs and the dangers of delay. The power of the press and the pulpit are both being utilised in this good cause, and I believe I am right in saying that this society organises "Cancer Weeks" from time to time. Now this sounds horrible, but I believe with our present lack of precise knowledge it is the most satisfactory road to success in treatment.

Finally, I have gleaned from THE LANCET that the League of Red Cross Societies, which has its headquarters in Geneva, is doing something in the matter. Also, through the courtesy of Sir Arthur Stanley, I know that the British Red Cross is anxious to help, but the question I should like to raise is whether it is not time that some specific body should be formed in this country to combat its worst pathological enemy. Noble benefactors, or potential benefactors, have placed large sums on offer for a medical cure for cancer, and I sincerely trust the money will shortly be earned. Pending this, will not others contribute towards the cost of educating the public, so that the sick person shall no longer attribute to the hand of God what is probably due to the carelessness of man?

I am, Sir, yours faithfully,

JOSEPH E. ADAMS.

Harley-street, W., Sept. 4th, 1922.

SURGICAL EMERGENCIES AT SEA.

To the Editor of THE LANCET.

SIR,—Surgeon-Commander H. E. R. Stephens's article in your issue of July 29th (p. 229) on the removal of a perforated appendix at sea, impels me to suggest the provision of a suitable syringe and a supply of stovain ampoules to every ship which only carries a single surgeon, and that the necessary technique of spinal analgesia should be taught in every hospital at home and abroad. If Commander Stephens had been in possession of this means of inducing analgesia, he could easily have removed the stoker's appendix with the assistance of his sick bay