

Smith, F.R.S.; Dr. Edwin Goodall; Dr. Henry Head, F.R.S.; Dr. Crichton Miller; Sir Frederick Mott, F.R.S.; Dr. W. H. R. Rivers, F.R.S.; Sir Humphry Rolleston; Dr. T. A. Ross; Dr. Tredgold; Dr. W. Worth.

This committee will call a general meeting on May 4th, 1922, at the rooms of the Royal Society of Medicine for the purpose of deciding on the constitution of the National Council, of electing officers and other business. Meanwhile the honorary secretary will be glad to receive the names of all persons, lay or medical, who are interested in this movement and who would care to have more particulars sent to them. Communications should be addressed to the Honorary Secretary, National Council for Mental Hygiene, 51, Green-street, W. 1.

I am, Sir, yours faithfully,

March 27th, 1922.

COURTAULD THOMSON.

THE MEDICO-LEGAL SOCIETY.

To the Editor of THE LANCET.

SIR,—The Council of the Medico-Legal Society has agreed that the time has arrived for the Society to have its own library, and arrangements have been made for this at the place of meeting, 11, Chandos-street, Cavendish-square, W. 1. Members of the Society are cordially invited to present books on medico-legal subjects to the library, which will be acknowledged and duly catalogued. They should be sent to the librarian of the Medico-Legal Society at the above address. Arrangements are also being made for members to have free access to the library at convenient hours.

We are, Sir, yours faithfully,

J. R. ATKIN,

President.

R. HENSLOWE WELLINGTON,

B. H. SPILSBURY,

Members of the Library Committee.

March 25th, 1922.

COMBINED METHODS IN THE TREATMENT OF CANCER.

To the Editor of THE LANCET.

SIR,—In the course of the interesting correspondence on this subject in recent issues of THE LANCET, Dr. J. H. Douglas Webster and Dr. F. Hernaman-Johnson have emphasised the necessity for coöperation among the specialists who attack the problem of the cure of cancer. Dr. Webster sums up his letter thus:—

“More than any partisan rivalry between surgery, radium, and X rays will an active co-partnership—with constant reference to all the other viewpoints, physical, pathological, and biochemical—be likely to lead to success in the final understanding and control of cancer.”

The omission of the psychologist from the team is the point to which I desire to draw attention. It is agreed that the capacity of the patient to react in the direction of health is the factor which limits the effective action of each member of the team; the greater this capacity, the more thoroughly can surgery and radiation be applied to the task of extirpating the new growth. And whatever the physico-chemical mechanisms of the protective tissue-reaction may prove to be, there can be little doubt that mental comfort—the goal of the medical psychologist—is a dominant factor in the production of immunity, in this as in other varieties of biological attack upon the tissues.

In the course of psychotherapy, undertaken not for the cure of cancer but for the comfort of the cancer patient, the improvement in the strength and general condition of the patient on the cessation of mental conflict is an arresting phenomenon. The cancer patient is pre-eminently subject to mental stress and conflict of a severity sufficient to account for a very large part of the pain and debility which are commonly present; but he is very rarely encouraged to “face facts” and to solve his conflicts

until all hope of his recovery has been abandoned. This letter is a plea for the admission of the psychologist to the team at the outset of treatment, on the grounds that (1) he can enable the surgeon and the radiologist to act more promptly and more thoroughly than is usually possible when the patient is not helped to face the facts of his position, and (2) that his influence has a directly curative effect, and may therefore tend to lessen the incidence of secondary deposits.

As Dr. Hernaman-Johnson remarks, “Nature does not recognise specialties.” Nature treats the cancer patient—his body, his mind, and his neoplasm—as one problem. It is no easy problem, and we are not likely to solve it if we neglect an essential part of it.

I am, Sir, yours faithfully,

J. NORMAN GLAISTER

New Cavendish-street, W. March 25th, 1922.

* * A similar plea has been received from Dr. Haydn Brown.—ED. L.

THE TREATMENT OF ADENOIDS:

A RESOLUTION BY THE COUNCIL OF THE SECTION OF LARYNGOLOGY OF THE ROYAL SOCIETY OF MEDICINE.

To the Editor of THE LANCET.

SIR,—In view of the great number of children requiring operations for the removal of tonsils and adenoids, and of the varying standard of the provision made by hospital and local education authorities for such operations, the Council of the Laryngological Section of the Royal Society of Medicine, after careful consideration, desire to make the following suggestions:—

(1) That all clinics, whether at hospitals or schools, should be in the charge of surgeons with special experience of diseases of the nose, throat and ear, so that, inter alia, a wise selection may be made of cases requiring operation, and others not requiring operation may be appropriately treated.

(2) That all patients requiring operations for tonsils and adenoids should have in-patient institutional treatment, and that a stay of at least 48 hours should be insisted on, and a further stay if thought advisable by the medical officer in charge.

(3) That parents should be given printed instructions as regards the preparation of the patient for operation, and of the room to which the patient will return.

(4) That before the patient is admitted for operation inquiries should be made by a responsible authority, as to the home conditions and circumstances, especially with reference to the presence of infectious disease.

(5) That when the patient leaves the hospital printed instructions with regard to after-treatment should be given (as per scheme appended).

(6) That anaesthetics should be given by anaesthetists with special experience of these operations.

(7) That after the patient leaves the hospital with the printed instructions for after-treatment arrangements should be made for the supervision of a qualified visiting nurse.

The Council were of the opinion that where it is impossible in large cities to provide hospital accommodation for all the cases, the provision of open-air buildings near the city, adequately equipped for operative treatment, would offer many advantages. These would be specially useful in connexion with school clinics. Until such provision of adequately equipped in-patient clinics can be arranged, and where it is not possible to keep every child in hospital for 48 hours after operation, and the child is operated on in an out-patient department, the Council recommend that several further conditions should be fulfilled:—

(1) That printed instructions should be given to the patient with regard to preliminary preparation, and investigation should be made beforehand—e.g., by a “care committee” or a visiting nurse—as to the adequacy of the home accommodation and supervision, and also the absence of adverse sanitary conditions, risks of contagion, &c.

(2) That proper waiting-room accommodation should be provided for patients before operation.

(3) That the recovery room should be scrupulously clean, warm, and well-ventilated, and provided with separate beds or couches for each patient.