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

steward alone. By pushing morphia and hyoscine to the extent of half or even three-quarters of a grain of the former, it is possible to remove even a difficult appendix under local analgesia, assisted perhaps in some cases by a few whiffs of chloroform while the appendix is being delivered.

One cannot help deploring the fact that in this country, where so many doctors have to practise singlehanded, no attempts are made in the majority of the teaching hospitals to use local analgesia and to impress its great advantages on the students.

I am, Sir, yours faithfully,

J. W. PORTER,
Bombay, August 22nd, 1922. Major, R.A.M.C. (retired).

DEATH IN THE ALPS.

To the Editor of THE LANCET.

SIR,—Reports continually appear of persons who are killed by falling in the Alps. Some of these cases occur through storms, avalanches, or other unfavourable events, but quite a large number cannot be attributed to any activity on the part of the mountains. They seem explainable only as in some way due to the acts of the persons themselves. Must we go as far as Stekel in saying that only a small part of the accidents in the mountains are actually accidents, and that they are for the most part really cases of involuntary suicide? Perhaps the following observations may suggest an answer.

The Geneva psychologist Flournoy reports the case of a man who consulted him because he lived in constant fear of dying from a fall in the mountains. This fear was persistent and overpowering, in spite of the fact that he knew he could avoid such a fate by not undertaking any dangerous climbs. For several years he made no mountain excursions at all. At last he undertook one with a feeling of perfect security. During a rest at a place where there was really no danger he went to sleep and fell into eternity. Why should he fall asleep in such a place, and why should he in his sleep make a movement that threw him into the abyss? Stekel tells of a passionate mountain climber who was in trouble. On one occasion, on the Rax, he was seized with the impulse to put an end to all his troubles by a fall. The impulse was not carried out, but shortly afterward at a dangerous point he became unable to proceed and was seized with violent giddiness. He afterwards described the condition as one of a struggle between two impulses, one to throw himself down and the other not to do so.

Many people undergo experiences like the one lately related to me by a patient. While climbing in the mountains around Badgastein he had to pass along a narrow path on a long steep slope. The path was perfectly safe, but he was seized by such an uncontrollable fear of falling that he could not proceed. Later, on coming to a ridge where the other side descended to great depths, he was obliged to throw himself on the ground, not on account of a fear of falling—of which there was no possibility as long as he remained where he was—but because he knew that if he made a step further he would throw himself over the ridge. This same impulse had all his life long made it impossible for him to approach the edge of any building or to cross a bridge without a rail to hold on to. It was quite frankly an overpowering impulse to commit suicide that lay in his unconscious mind and came to the surface only when there was a chance to fall. The fear in such a case is not a fear of falling, but a fear of yielding to the suicidal impulse. Such unconscious impulses often execute themselves during sleep. I have no doubt that the man of Flournoy's account fell asleep in that particular place because his unconscious mind wished to get the opportunity of carrying out its plan while consciousness was dormant. I further venture to assert that for many persons who are troubled by giddiness and fear in the mountains the cause is exactly the same—namely, an unconscious wish to commit suicide.

Mountain climbing has often been deliberately and consciously used as a means of committing suicide

respectably. The above considerations seem to indicate that it may be used unconsciously and involuntarily for the same purpose.

I am, Sir, yours faithfully,

E. W. SCRIPTURE.

New Cavendish-street, W., Sept. 6th, 1922.

PUERPERAL SEPTICÆMIA AND SCARLET FEVER.

To the Editor of THE LANCET.

SIR,—On July 7th I was called by a midwife to a puerperal woman with fever. A swab taken from the interior of the uterus was sent to Dr. E. Cronin Lowe, who reported a pure culture of *Streptococcus puerperalis*. On July 8th one of the patient's children developed scarlet fever, and was removed to the isolation hospital. On July 9th another child developed scarlet fever; in this case a swab from the throat showed *Streptococcus brevis*. On July 10th a third child developed scarlet fever. The throat was swabbed and a few streptococci found in the films, but these could not be isolated. The mother, who recovered, was treated on the first day with 500 millions detoxicated streptococci. The uterus was douched once with liq. sodæ chlorinatæ 1 in 3. 750 millions detoxicated streptococci were given on the second and 1000 millions on the fourth day. I am, Sir, yours faithfully,

J. HARGREAVES ROBINSON.

Southport, August 29th, 1922.

THE SCOPE OF VACCINE THERAPY.

To the Editor of THE LANCET.

SIR,—In your issue of Sept. 9th Dr. C. E. Jenkins in his paper on this subject makes two statements which should not in my view be allowed to pass without protest.

(a) He says: The number of injections (apparently of any vaccine) should not exceed eight. In the practice of the laboratory which I direct, we have found that in respiratory diseases (including prophylaxis) and the various ailments arising from intestinal stasis we have obtained much better results by diminishing the dose and increasing the number of injections; in the vast majority of our cases the prescribed course consists of 16 doses, and we find that the improvement in the patient's condition is usually greater during the second half of the treatment than the first.

(b) The old type of vaccine is not, in Dr. Jenkins's opinion, preferable or even equal to the residual vaccine in the improvement it produces. Here it is, perhaps, doubtful whether he uses the word "residual" as synonymous with "detoxicated," as he evidently does in the sentence immediately preceding it. If so, I can only say that in gonococcal and catarrhal vaccines quite half of the cases which I see in consulting and laboratory practice are sent by their medical attendants for an autogenous vaccine, because they have derived little or no benefit from the "detoxicated" variety.

Both the points on which Dr. Jenkins is dogmatic are, in my opinion, open to discussion, and it is better for the pathologist to treat each case on its merits.

I am, Sir, yours faithfully,

A. KNYVETT GORDON, M.B.

Bedford-square, W.C., Sept. 12th, 1922.

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