

the very keen debates which took place two years ago, when the attitude of the profession was one of conflict with the Government, one often heard opinions expressed that seemed to imply wilful perverseness in those with whom we were dealing. Should you be involved in any similar controversy, I advise you to regard the Chancellor of the Exchequer of your time as one of the cosmic forces. The Minister merely expresses social tendencies, and though you may not be able to see their origins, you have to take them into account as certainly as you must regard the law of gravitation when you go down a stair. If you remember this you may be able to do good business and to direct the current of events which, on any other plan, will sweep you away in spite of your impotent sputterings. You cannot solve the problems of medical politics if you confine your view to professional conditions alone, and you must credit others with an honesty of purpose equal to your own. You may take it for certain that while medical considerations and the wish of the medical profession may have determining weight if other things are equal, a system of medical organization will be stable only in so far as it can justify itself by the results it produces for the community.

If it is important to take a detached view of the forces at work outside, it is equally important to take a sane view of the powers available within the profession. I have already, and from another point, advised you to join the British Medical Association, and I do so here again since it offers the readiest way in which you may discharge part of your responsibility to the profession. It is, of course, true that the organization of the profession will go on whether you join or not, but its momentum is proportional to the mass, and you can add yourself. Organization will secure advantages for the profession, and of these the outsider cannot divest himself, though he may avoid sharing in their cost. The Association is the agent of our collective bargaining. It has not the organization of a trade union, and some would fain have it formally enrolled in this category. The Association and a trade union each in its place can take very efficient action, but only so long as the opinion of the members consents to the course taken. When this support is absent, trade union and Association are likewise impotent. You will find those most ready for vigorous action who have a definite opinion, and the more narrow its basis the more ready are they to demand the assent of others. Vigorous action is not necessarily effective. If the Association is usefully to intervene in public affairs, the members must find leaders whose ability they recognize and must give them a free hand to carry out as they best can a policy which commands general assent. No democratic organization can usefully interfere in the details of business. Settle your policy; seek your leaders and trust them.

## CANCER, PUBLIC AUTHORITIES, AND THE PUBLIC.

By CHARLES P. CHILDE, B.A., F.R.C.S.,

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THE following communication is published in the hope that it may catch the eye and merit the attention of medical officers of health, and that through them the subject of it may come up for the consideration of Public Health Committees.

The Health Committee of the Portsmouth Town Council has for several months had the subject matter of this communication under its consideration, and has submitted certain resolutions which have been adopted by the Council, and will shortly take effect in this neighbourhood. The Portsmouth Town Council, at all times progressive in matters of public health, is, I believe, the first, in this country at all events, to have taken action on these lines. The reference to the Health Committee from the Council was as follows:

To consider in conjunction with the medical officer of health any possible means of securing the earlier treatment of people suffering from cancer, and to report to the Council at an early date.

A subcommittee was formed which gave the matter earnest consideration, with the result that certain recom-

mendations approved by the Health Committee were sent forward to the Council, and were adopted by an overwhelming majority.

To medical men, and especially to surgeons who are called upon to deal with cancer by the only known method of cure—name'y, operative removal—the necessity of endeavouring to secure its earlier adoption is one of the most pressing medical problems of to-day. This is quite evident on reading any discussion during recent years on cancer and its treatment; for whatever different views may be expressed as to the best operative measures for its cure or relief, the point on which there is an absolute consensus of opinion is that until cases can be submitted to treatment earlier than at present it is impossible to expect any sensible measure of success. Though the cause of cancer remains undiscovered, its local origin has during the present generation been universally accepted by the profession. It would be beside the point to enter here into the evidence—clinical, microscopical, experimental, and, most convincing of all, surgical (for during this period it has been proved over and over again to have been cured)—of the fact that cancer in the first instance is a local disease confined at first to the part it attacks, and that it destroys life by its continued growth locally and by its centrifugal spread from its local site of origin. Such being the case, it follows that for every case of cancer which occurs in a situation accessible to surgical removal a time exists, be it short or be it long, during which it is capable of cure, and the measure of success in its treatment depends directly on the ability of its victim to avail himself of this time. Now cancer in far the majority of instances does occur in situations in which it is surgically removable. In women cancer of the breast and generative tract, according to a statistical study based on the cancer records of the Middlesex Hospital by Lazarus-Barlow, accounts for 80 per cent. of the disease. In men 80 per cent. of all cancers affect the alimentary tract, the whole of which, with the possible exception of the pharynx and oesophagus, is readily accessible to the surgeon. Roughly speaking, it may be said that four-fifths of all cancers in both sexes are accessible to surgical removal, and are therefore potentially curable. Yet how few are cured! The reason is not far to seek, and is perfectly well recognized by the profession. It is that early cancer gives rise to no symptoms calculated to warn the patient, unless he is alert, of the abyss on which he stands, and that the person attacked with cancer, though the danger signal is usually hoisted early enough and clearly enough, is in most instances totally unaware that there is anything serious the matter with him. This is literally true of the hospital class of patient. I have gone carefully into the matter myself, and any medical man who has the opportunity can test the truth of it. If a woman of the hospital class with advanced cancer of the breast or uterus is asked how long she has known that she had a tumour of the breast or irregular bleeding, the common answer is anything between six and eighteen months. If she is next asked why, knowing this, she did not apply earlier, the almost invariable answer is to the effect: "I felt well; it caused me no pain; I did not think it was anything serious." A similar reply will almost invariably be elicited from a man with advanced cancer of the lip or mouth.

If these people have any knowledge at all of cancer, owing to friends or relatives having died of it, it is that of a person wasted to a shadow, suffering all the tortures of hell, and eventually dying a miserable death. It never enters their head that the painless little tumour in the breast, or the slight irregular bleeding, or the small sore on the tongue is the same disease. Among the educated classes ignorance too accounts more than anything else for delay in seeking advice. This also I have tested. Fear has some share in it; the dread that they may be told that they have cancer, which they regard as tantamount to a death sentence. This fear, it will be noted, is due to ignorance of what it is possible to do for early cancer; and it is not to be supposed that the majority of educated men and women, provided they knew that cancer was curable if they sought advice at once, and knew equally well that it was inevitably fatal if they delayed, would hesitate between the two alternatives. It is the unwarranted ignorant conviction that if they have cancer it is a fatal disease, which causes them to put off. Dread, too, of operation weighs with some, but I do not think

with many nowadays. People have become so accustomed to surgical operations, the painlessness and all but exceptional safe course of them is so well known to the public, that fear of operation does not, I think, account for much delay. At all events we do not find it so in other diseases. If a patient is told he has a dangerous illness and that surgical operation gives him the best chance of life, he rarely refuses it. When people apply with advanced cancer, and are told that surgical operation gives them the only chance, even though it be a poor one, they very rarely refuse it. When these various matters are weighed up it comes to this—that sheer ignorance of the gravity of the complaint is far the most potent factor making for delay, the only other factor of importance being the dread people have of being told they are suffering from what they regard as an inevitably fatal malady. This also has its origin in ignorance of the disease in question.

Such being the case it may pertinently be asked if it does not become the duty of public authorities, one of whose chief functions is the care of the health of the community they serve, to endeavour to remedy this state of affairs, and to endeavour to do this in the only possible way—namely, by educating the public in the danger signals of cancer, by giving them such information as will make it, at all events, possible for them to apply in time to save their lives. Personally I think it is their duty. It may be contended that there are both difficulties and objections. Let us examine them. Take the difficulties first. Though it may be difficult to educate the public, though it may be difficult to make any fact about this or any other disease common knowledge, yet if attention is riveted on a few important points, and on the common sites of cancer, the matters for the public to know are extremely simple. So that the task is not *a priori* hopeless. It has never been tried. We are going to try it at Portsmouth. Practically every case of cancer of the uterus occurring after the menopause should be caught in the early and curable stage. Every woman should know that bleeding occurring after the menopause means for practical purposes cancer, and curable cancer. It is a definite and simple fact. Every woman should know that a lump appearing in the breast after 40 years of age is much more probably cancer than anything else, and if she loses no time, cancer which is curable. It is a fact, definite and extremely simple. Every man should know that a wart or sore appearing spontaneously on the lower lip after forty-five years of age is in all probability cancer, and cancer easily curable if he does not wait. It is again a fact, definite and simple. Examples could easily be multiplied. It will be recognized how simple and few and definite are the facts the knowledge of which would enable the sufferers from most cancers—not all, but most cancers—to have at all events a fighting chance of saving their lives. For educative purposes the age incidence of the disease is of great value, and may be put roughly at 40 years or thereabouts. Cancer before this age is comparatively rare, and for instructional purposes, not absolute exactitude, but definiteness and simplicity, are requisite. Below will be found the danger signals of cancer which the Portsmouth Town Council intends to place in the hands of the public.

Next consider the possible objections to the instruction of the public in the danger signals of cancer. They are two, and they found what I consider quite natural and reasonable expression in the discussions on the subject both before the Health Committee and the Council. There is first of all the objection to publishing in the press, for all and sundry to read, matters which are calculated to offend in some quarters customary notions of decency, matters which from life-long habit have become so familiar to the medical mind that they do not jar on its sense of propriety as they very naturally do on the lay mind accustomed to move in a different atmosphere. This, after all, although a natural, is a purely sentimental objection. Whenever a deviation takes place from the beaten track, some sort of a shock occurs. It usually soon wears off; what people were shocked at yesterday they take as a matter of course to-day. But even if there was a great deal to be said in support of any sentimental objection, will it be seriously contended that it should have any consideration whatever when weighed against the attempt to save the lives of those afflicted with one of the most common and deadly scourges to which the

human race is liable? To my mind, biased though it may be by my medical training, the situation has only to be explained to any reasonable being to convince him that any sentimental objection, however plausible, should not bar the way for a single moment. The second, a sounder objection, is that such information may alarm the public. Let this for the moment be granted. I hold that it is better even to alarm the public than to stand idly by and see the public commit involuntary suicide. But it may be questioned, whether, so far from alarming the public, it will not have the exactly opposite effect and give the public increased confidence. In the crusade against tuberculosis the public, the educated public at all events, has become enlightened on many uncomfortable facts about this disease, such for instance as the omnipresence of the tubercle bacillus, the facility of its access to the system through milk, the infectiousness of tuberculosis, the virulence of the sputum of infected persons, etc.

Yet there is no evidence of mental unrest or uneasiness on account of acquaintance with these facts. There is rather, I think, a feeling of increased confidence and hope abroad in regard to this disease. But even supposing the equanimity of some few nervous people has been disturbed owing to dissemination of knowledge on these points, the interests of the community as a whole have been so obviously served by the power which such knowledge confers on it, both of avoiding tuberculosis and of combating it when present, that there has been no hesitation as to the course to be adopted.

That the two above objections to the education of the public exist in the danger signals of cancer is admitted. But the question is, Does the contemplated advantage outweigh such objections? If cancer is a local disease and can be cured, as undoubtedly it can in many situations, provided it is treated early enough; and if thousands of lives are lost annually through its victims, owing to sheer ignorance, not applying early enough for efficient treatment, as is also unquestionably the case, are objections of this nature of sufficient weight to override the attempt to remedy this state of things? We have got to make a choice. On one side are ranged the comfortable sentiments of those who have not got cancer, and the possible alarms of those who have not got cancer and never will get cancer through fear of getting it; on the other side are the realities of those who have got cancer, of those afflicted with almost, if not quite, the most widespread, fatal, and terrible disease known. The question is, In whose behalf should our efforts be directed?

The above objections were the only ones raised in the discussion on the subject, and the Council, composed mostly of laymen of sound common sense and business capacity, with a full knowledge of both aspects of the question, showed, in my opinion, a fine judgement and a fine courage in determining almost unanimously to make a bold attempt to come to closer quarters with this deadly scourge.

With this end in view, three resolutions were passed in the Council meeting on October 28th of last year. The first resolution was to the effect that a meeting should be called to which the nurses of the town and ladies interested in social, medical, and charitable work should be invited for the purpose of hearing a lecture on cancer. The object is to commence a system of education on the early signs of cancer, the possibility of its cure, and the folly of delay in seeking medical advice. The kind of people invited, and whom it is hoped to interest, are those who either in their professional capacity or their charitable ministrations come into frequent contact with the poor and uneducated classes. The Central Midwives Board has issued written instructions to midwives on the early signs of cancer of the uterus. The idea is to extend dissemination of knowledge to others than midwives, and to make it embrace other common situations of cancer. It is hoped that such a lecture will be given annually, as frequent repetition will be required to forward education in this direction.

The second resolution was the following: "That provision be made for the microscopical examination of material in connexion with cancer free of charge." It is recognized that the only reliable information in early cancer and in doubtful cases comes from the microscope, and the object is to encourage medical men to make use of

this method of detection earlier and more frequently. It puts it also within the means of every patient to obtain a competent histological report in any case in which there is the least suspicion of cancer whenever the situation of the disease renders this possible. It puts the patient, however poor, on an equal footing with his richer neighbour in the struggle against the disease. It is hoped, however, that in the case of those who can afford it a charge will be made, as while I hold it to be the duty of public authorities to provide medical necessities for the poor, it is no part of their duty to provide medical luxuries for the rich.

The third resolution is the following: "That your committee be authorized to publish monthly in the local press the following notice:

"BOROUGH OF PORTSMOUTH.

"The only cure for cancer at present known is its early and complete removal. Cancer, if removed early, has been proved conclusively to be a curable disease. If neglected, and not removed in its earliest stage, it is practically invariably fatal. The paramount importance of its early recognition and early removal is therefore evident. For this purpose the assistance both of the public and the medical profession is requisite, and a grave responsibility rests on both. It is only by their mutual co-operation that the ravages of this terrible disease can be lessened. The following information should be of vital assistance to the public. It is no exaggeration to say that, if acted upon, the result would be the saving annually of many hundreds of lives, which at present are inevitably lost.

"1. Cancer, in its early and curable stage, gives rise to no pain or symptoms of ill health whatever.

"2. Nevertheless, in its commonest situations, the signs of it in its early stage are conspicuously manifest. To wit less:

"3. In case of any swelling occurring in the breast of a woman after 40 years of age, a medical man should at once be consulted. A large proportion of such swellings are cancer.

"4. Any bleeding, however trivial, occurring after the change of life means almost invariably cancer, and cancer which is then curable. If neglected till pain occurs, it means cancer which is almost always incurable.

"5. Any irregular bleeding occurring at the change of life should invariably be submitted to a doctor's investigation. It is not the natural method of the onset of the change of life, and in a large number of cases means commencing cancer.

"6. Any wart or sore occurring on the lower lip in a man after 45 years of age is almost certainly cancer. If removed at once the cure is certain, if neglected the result is inevitably fatal.

"7. Any sore or swelling occurring on the tongue or inside of the mouth in a man after 45 years of age should be submitted to investigation without a moment's delay, and the decision at once arrived at by an expert microscopical examination whether it is cancer or not. A very large proportion of such sores or swellings occurring at this time of life are cancer, and if neglected for even a few weeks the result is almost inevitably fatal. If removed at once the prospect of cure is good.

"8. Any bleeding occurring from the bowel after 45 years of age, commonly supposed by the public to be "piles," should be submitted to investigation at once. A large proportion of such cases are cancer, which at this stage is perfectly curable.

"9. When warts, moles, or other growths on the skin are exposed to constant irritation they should be immediately removed. A large number of them, if neglected, terminate in cancer.

"10. Avoid irritation of the tongue and cheeks by broken, jagged teeth, and of the lower lip by clay pipes. Many of these irritations, if neglected, terminate in cancer.

"11. It is desirable that rooms occupied by a person suffering from cancer should be cleaned and disinfected from time to time."

This public notice may possibly give rise to some adverse criticism. The necessity for the widespread knowledge of some such facts as these before anything really hopeful can be done for cancer has been discussed above and need not be repeated. It will be noted that no attempt is made to deal at all exhaustively with the symptoms of cancer. It was felt that this would only confuse the public and serve no useful purpose. Just the commonest situations of the disease, and those in which its presence could hardly escape the notice of the victim and the commonest times at which it appears, have been emphasized.

I may say in conclusion that the Local Government Board was approached with the view of obtaining its consent to making cancer a notifiable disease, and I believe I am correct in saying that it has been approached from other quarters with a similar request. The idea was that it would make for the earlier detection of cancer, because if a medical man were attending a doubtful case and knew that if it was cancer, compulsory notification was required of him, it would be an inducement to him, should such inducement be necessary, to act on the second resolution and obtain a microscopical report, which is recognized as the only reliable criterion in early cancer.

The request to the Local Government Board was not acceded to. Government departments are notoriously conservative and difficult to move. Possibly, if the Board is similarly pressed from other quarters, it may be induced to reconsider its decision.

Whether the above means, adopted after due consideration, are the best for endeavouring to instruct the public in the early danger signals of cancer may be a matter of opinion; what is no matter of opinion at all is this, that unless and until some means are found of disseminating such knowledge, though there may be cures of cancer here and there, owing to accidentally favourable circumstances, these can only form the exceptions that go to prove the rule of its uniform fatality, and that there can be no sensible reduction in its appalling mortality. This mortality amounted in the British Isles for the five years 1906-1910 to 939 per 1,000,000 for all persons.

## EXPERIENCES OF THE NATIONAL HEALTH INSURANCE ACT.\*

By E. F. PRATT, M.D.

In approaching so highly contentious a subject as the Insurance Act one is confronted at the outset with a great difficulty; perhaps I should rather say a fear—a fear of exaggeration—for, whether one be a friend or opponent of the measure, one may be tempted to concentrate one's mental vision more particularly on those experiences which more than others appear to support one's own views.

As it has fallen to my lot to have the honour of relating to you some of my experiences, I have endeavoured in the course of this short paper to give an absolutely impartial and unbiassed account of the working of the Act. I have also been at some pains to collect opinions from my colleagues, from insured persons themselves, and from friendly society officials.

Twelve months ago I think a great many of us felt discouraged and downhearted, for we were then, owing to the precipitate haste with which the Act was introduced, in an almost chaotic condition. We were all surfeited with a heavy crop of rare fruit in the shape of red cards; we were all feeling symptoms of incipient scrivener's palsy from signing those cards; we were exasperated by the wretchedly cumbersome day books, and the forefingers and thumbs of our right hands were in a chronic state of mourning through handling the carbon papers of the day book and prescription book. The discontent and discouragement, and the thirst for revenge on the introducer of the Act continued more or less during the whole of the first quarter, but my conscience compels me to admit that that vengeful thirst was considerably allayed on April 16th with the arrival of our first cheque. We then began to think that there might be something in the Insurance Act after all. Although one felt inclined to do anything rather than bless the red cards, they served a very useful purpose, as the following anecdote will show.

An insured person, suffering from a bad cough, called one day to see a certain colleague of mine, who naturally asked to see the man's card. The card was produced, and my colleague was surprised to read "E. F. Pratt" on the back of it. This was at once pointed out to the man, who, however, replied that he had had a bottle of medicine from Dr. Pratt, but, as it had done him no good, and as he understood the Act allowed free choice of doctor, he thought he would try someone else. Now, had it not been for that little red card my colleague might have used up no end of brain cells in endeavouring to stop the cough of a person for whom he would receive no payment.

The day books were, to put it mildly, simply awful, and it was very welcome news to most of us when we heard they were to be discontinued and their places taken by record cards. When the latter were introduced we welcomed them with open arms, and, following out a hint from a colleague, I commenced a numerical system, which I have found exceedingly easy to work. I ordered a stock of plain visiting cards, and each patient coming under

\* A paper read at the winter scientific demonstration of the Newcastle-on-Tyne Division, British Medical Association, February 20th, 1914.