

## THE CANCER BILL.

The object of the Cancer Bill, which has been introduced in the House of Commons backed by Mr. Walter Elliot (Minister of Health) and Mr. John Colville (Secretary of State for Scotland), is to provide diagnosis and modern methods of treatment for all who suffer or fear they suffer from cancer. Cancer at present causes 70,000 deaths a year—a figure which has risen steadily in recent years—and is second only to heart disease as a cause of death.

### New Duty on Local Authorities.

Local Authorities in England and Scotland with whom extensive discussions have taken place have been most sympathetic.

The main provision of the Bill is to place on county and county borough councils (in Scotland the councils of counties and large burghs), either singly or in regional groups, the duty of securing adequate facilities for the diagnosis and treatment of persons suffering, or suspected to be suffering, from cancer. It is estimated that at present only one case in four which might hopefully be treated by modern methods is so treated. Local Authorities will be asked to submit their arrangements for the Minister's approval within a reasonable time.

### Diagnosis and Treatment for All.

The arrangements which these Local Authorities will make must include:—

(1) Provision for *diagnosis*.—For treatment to be successful, diagnosis should be as early as possible. It is, therefore, intended to have diagnostic centres at which expert clinical advice on a team basis will be available to all. These centres will in general be in large towns and patients will come in from the surrounding areas.

(2) Facilities for *treatment* in voluntary hospitals, whose services it is hoped to utilise to the utmost, or hospitals under the control of Local Authorities. The intention of the Government is to bring the most modern methods of treatment, whether by surgery, radium or deep X-rays, alone or in combination, within the reach of every sufferer. This will involve—

(a) additional facilities for treatment at appropriate local centres, both by developing existing centres and by providing new ones;

(b) the provision of additional hospital beds;

(c) enabling sufferers to go for treatment from a distance by authorising Local Authorities to pay, where necessary, their travelling expenses and even that of a companion.

Local Authorities will also make such other arrangements as are necessary to the effective operation of the service—such as provision for pathological examination and the following up of cases.

### Consultation with Voluntary Hospitals and Private Practitioners.

Before submitting their arrangements to the Minister, the Local Authority will consult the Radium Commission, representatives of the governing bodies, and the medical and surgical staffs of the voluntary hospitals concerned in their area and representatives of local registered medical practitioners.

### Exchequer Grants.

The Bill provides for an Exchequer grant approximately equivalent to 50 per cent. of the total additional expenditure incurred by Local Authorities. As with the new Midwifery service set up last year, the biggest rate of grant will go to the poorest areas.

### Radium Trust.

The Bill enables the Minister to lend up to £500,000 to the National Radium Trust for the purchase of radium

and other radio-active substances and of equipment for radio-therapeutic treatment. The Trust have already arranged an option for a substantial purchase of radium from Canada at a fixed price over the next five years. This, however, does not exhaust the grant available, and radium from other sources might also be purchased.

### Quack Remedies.

The Bill proposes a general prohibition of the dissemination of advertisements for "cancer cures" to the lay public. This follows the analogy of a similar provision relating to advertisements of substances for the treatment of venereal disease which has been in force for many years.

### Research.

Mention has been made in medical and other papers of the desirability of the continuance and extension of research. The Minister regards this as of the highest importance. A great deal of invaluable work is being carried out by the Medical Research Council, under the control of the Lord President of the Council—Lord Runciman—with whom the Minister is in close touch. The Minister has already assured the great voluntary organisations of his desire that their work should be maintained and expanded and of his intention to consult and co-operate with them at every stage.

## WHERE THE DEAF ARE MADE TO HEAR.

### PRINCESS ROYAL AT THE DEAF MUTE CLINIC. VISITS TO INFANTS' HOSPITAL.

How deaf-mute children are made "sound-conscious" and so enabled to discover their voices was demonstrated to H.R.H. The Princess Royal when she recently visited the Infants' Hospital in Vincent Square, London, of which she is President.

Her Royal Highness was received by Colonel H. L. Nathan, M.P., Chairman of the Hospital, and conducted round the wards by Colonel Nathan and the Matron, Miss Gertrude Hilder.

Remarkable results have been obtained in the Hospital's Deaf Mute Clinic since its establishment in 1932. During that period over 250 deaf mute babies have been examined and over 100 have attended for training. After treatment 15 deaf mutes between the ages of five and seven have been accepted at normal schools.

Investigations at the Clinic show that the average deaf mute is up to normal standards except for sense reception and learning, and that after a period of amplified stimulation, whether through natural or substitute channels, the intelligence factor may rise above the normal. The child then becomes keen to learn, and regards the clinic as a playground with his fellow-patients as playmates.

Noises and speech sounds are communicated to the child by two types of electrical amplifiers. Electro-acoustic apparatus produces sound through a microphone and ear-phones, either from the human voice or from special gramophone records. Electro-vibratory apparatus is used to transmit vibrations to the finger-tips.

Special educational gramophone records have been devised to supply sounds which a child would normally hear, such as the sound of a rattle, toy bells, clock ticks. Other records supply street noises, animal noises, first words, such as "Ta," "Mum" "Baby."

For his speech training, the deaf child is taken in hand by an experienced speech therapist. Many of the children require two to three attendances before their interest is aroused, but once this is obtained they soon take to imitating what they hear.

At present many of the pupils, until recently deaf and dumb, can repeat the names of the primary colours, count up to 20, read and repeat several monosyllabic words.

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