

PROGNOSIS IN UTERINE CANCER.

SIR,—I desire to call attention to an article by Dr. W. P. Healy to which reference is made in the *Epitome of July 5th* (para. 20). Writing in the *New York State Journal of Medicine* of February 15th, under the title "Factors that influence prognosis and end-results in uterine cancer," this author states that Broders of the Mayo Clinic groups uterine cancers according to their different cell types in four grades, and compares the results of surgical and of radiation treatment according to the grade of tumour. In Grade I he places those tumours "which represent the adult highly differentiated type of epidermoid cancer cell," and in Grade IV those tumours "which are very cellular and made up of completely undifferentiated embryonal or anaplastic cells." Grades II and III are intermediate between Grades I and IV in degree of cellular differentiation and evidences of anaplasia. Dr. Healy points out that the malignancy of the tumour varies with the stage of development of the cell; the higher the stage of development the less is the malignancy, and the lower the type of cell development the higher is the malignancy.

These observations are, I think, generally admitted to be true, but his further observations will probably come as a surprise to a great number of medical practitioners—namely, "that the degree of radio-sensitivity of the epidermoid cancers of the cervix varies directly with the cell type, Grade I being the most radio-resistant and Grade IV the most radio-sensitive," an observation which has a most important bearing upon the question of treatment, which is borne out by the statistics and end-results which he quotes. In cancer of the cervix in Grade IV, the most malignant type, when treated surgically by hysterectomy, only 9.5 per cent. of the patients remained well after five years, whereas of those treated by radiation 66 per cent. remained well after five years. Cancer of the corpus uteri he also differentiates into four grades, according to cell type and structure. He states that those in Grade I were least malignant and were the most readily cured by any form of efficient therapy; Grade IV cases were the most malignant, and at the same time the most radio-sensitive, histologically resembling closely the anaplastic Grade IV of cervix cancers. These cases of cancer of the corpus under surgical treatment gave uniformly bad results, not one of the patients in Mahle's report from the Mayo Clinic having survived five years, whereas under radiotherapy 50 per cent. of the patients with Grade IV corpus cancer were alive and well at the end of five years. In advanced cases of all grades which were treated by radiotherapy 23 per cent. of the patients were still alive at the end of five years, though all these cases were hopeless from a surgical point of view when first seen.

It is remarkable in view of these statistics how few cases of uterine cancer are treated by radiation in this country, when compared with the enormous number treated surgically; the only reason is apparently that the beneficial effects of radiotherapy have not been made sufficiently evident in the medical literature of this country. I have treated a large number of cases of uterine cancer by means of radiation with success, but I must admit that I had no idea that the comparison between surgery and radiotherapy was so heavily in favour of the latter.—I am, etc.,

London, W.1, July 5th.

CHRISTOPHER KEMPSTER.

X-RAY TREATMENT OF TONSILS.

SIR,—In reply to Dr. Webster's letter (June 28th, p. 1197) regarding the enucleation of tonsils by diathermy, I certainly had no wish to make disparaging remarks about x-radiation in general. Surely, however, such appreciation of x-ray treatment may be accompanied by an acknowledgment of its limitations. My statement in "Destruction of tonsils by diathermy" (*British Medical Journal*, June 14th) reads:

"x rays and radium cause the tonsils and lymphoid tissue to diminish in size, but the remaining shrunken fibrous tonsil may continue to serve as a focus of infection."

Further it was suggested that haemolytic streptococci and other pathogenic organisms are often found afterwards

unaffected by such treatment. Thirdly, there was the possibility of x-ray dermatitis and damage to the thyroid-parathyroid apparatus. Dr. Webster tells us that he is prepared to repeat a 50 per cent. erythema dose twice weekly, as this cannot possibly lead to dermatitis. My own experience of twelve years' x-ray therapy does not agree, as I have seen x-ray dermatitis develop with still smaller dosage. Dr. Webster possibly ignores the effect of secondary x-radiation when he states that by his technique x rays cannot possibly reach the thyroid and parathyroid structures.

With regard to the second and pathological question, it is quite correct that haemolytic streptococci are occasionally located in apparently healthy throats. So are diphtheria bacilli; but surely it is at least desirable to eliminate them, especially when virulent specimens are detected. I am assured by my pathologist friend Dr. Creed that the suggestion that the tonsils are part of a normal antibody laboratory is sketchy in the extreme, since no authority has ever discovered where antibodies are formed normally. The spleen probably plays a great part. It is still more unlikely that organisms in freely draining tonsillar crypts act as a stimulation of antibody production. Further, even if, as Dr. Webster states, x rays cause a reduction in the number of organisms in the tonsil crypts, surely this would by his very theory reduce the antibody stimulators.

In my opinion the greatest objection to the x-ray treatment of tonsils lies in the very shrinkage Dr. Webster mentions. The extensive invagination of surface area produces innumerable pockets or crypts. As a result of the diathermy enucleation, however, we are left with a soft glassy scar with practically no contraction of tissue.—I am, etc.,

Putney Hill, S.W.15, July 7th.

WARNER COLLINS.

VILLAGE SETTLEMENTS IN THE AFTER-CARE OF TUBERCULOSIS.

SIR,—In the review of the report of the employment committee of the Joint Tuberculosis Council (*Journal*, June 28th, p. 1183) I notice the following passage: "An important criticism of village settlements is that they cater for so few people." I hope you will forgive me for writing to point out what a curious criticism this is. The only reason why village settlements have so far only catered for a few people is because no such settlement has yet had enough capital. As the committee indicates, the local authorities originally responsible for the inhabitants of a village settlement contribute nothing towards the capital expenses involved. If they did—and I have already suggested a manner in which they might conveniently be empowered to do so—it would be found that many more people would be "catered for" in village settlements.

The committee's suggestion that persons "settled" should be "unsettled" after a few years seems to me to show a complete misunderstanding of the foundation of village settlements. They are not intended to "harden off" early cases, but to provide permanently for moderately advanced cases which have been rendered quiescent. Surely the committee is aware that in such cases quiescence is not a permanent condition, and that exacerbation would follow a return to the outside world, especially as the prospects of obtaining suitable employment are, on the committee's own showing, practically nil?

One further point: the result of the appeal to employers was the conclusion that "ordinary industry can contribute nothing of importance to a solution of the problem at issue." Yet the committee, later in the same report, "expresses the view that the primary aim of all schemes for care and after-care should be to increase the proportion of cases that can enter ordinary industry!" Comment is superfluous.

The committee's report proves, more clearly than it proves anything else: (1) that ordinary industry will not absorb ex-sanatorium patients, and (2) that only in village settlements can such persons be sure of permanent employment. Is it not evident, therefore, that until there are enough village settlements the whole problem of tubercu-

losis will remain unsolved? "Early" cases avoid discovery because they fear economic disaster. Remove that fear by means of village settlements and surely the proportion of "early" notifications will increase. One thing is certain: until that fear is removed we shall make little progress in combating tuberculosis.—I am, etc.,

P. C. VARRIER-JONES,
Medical Director, Papworth Village Settlement.
July 8th.

AN IMPERIAL MEDICO-POLITICAL CONFERENCE.

SIR,—It is now common knowledge that the British Medical Association will be celebrating in 1932 the centenary of its birth. For the past twenty-eight years there have been held annually in the United Kingdom meetings of representatives, but the problems discussed have been almost entirely confined to those affecting the medico-political interests of the members resident there. Although representatives from overseas do to some extent attend, this annual opportunity for a short medico-political conference among themselves and with those working at the headquarters of the Association has never been taken advantage of.

It has become now quite the usual thing for the British Government of the day to call into conference representatives of the Dominions and of the Colonies when there are discussed questions that profoundly affect the future of the Empire and other nations, many of which have a medico-political bearing. At Geneva the League of Nations has developed a section that deals with social services, and consequently impinges on, and eventually controls, matters in which members of the British medical profession are deeply interested. Wireless, air mails, and rapid means of transit have brought all much closer together; disease is less localized now than it used to be. Medico-political activities can no longer be conducted in isolation.

Does not the centenary in 1932 provide a similar opportunity for more closely linking up the Association at home and the Association overseas, for purposes of education, consultation, and protection, thus allowing it to take in Imperial health questions generally that intimate consultative and co-operative part which it takes locally in all parts of the Empire? We have a Dominion Committee, and it does good work. But in 1900 a medico-political committee for Great Britain was sufficient for all purposes; now it is only a small part of the intricate machinery developed. Health insurance problems, State and voluntary hospital problems, maternity service problems, general medical service problems, drug traffic problems—all have their peculiar setting in relation to the part of the Empire concerned. On all these and other matters exchange of experience would be invaluable.

The human tendency is for those with a common interest to come together, and thus we are faced with innumerable kaleidoscopic groupings. This is all to the good in so far as central bargaining is concerned. But if those who have to face and to deal with such trained and experienced combinations are themselves at the best only individual units, then their defeat becomes as easy as that of an undisciplined mob. We at home should recognize the advantage of personal contact with the stimulating influence of colleagues who live under freer conditions. We are still far too provincial and introspective in our outlook, our interests, and our actions. Such a conference—especially if repeated at reasonable intervals—would help to alter all this and result in good to those who live here to desire to help.

The Sections at the Annual Meeting in 1932 could be made to acquire a more Imperial aspect by a suitable choice of subjects for papers and debate. But unless the individuality and freedom of medicine has been secured all discussion of scientific subjects will be academic and conducted in shackles.

There is time for our overseas members to consider the proposal and to express their views.—I am, etc.,

Hove, Sussex, July 10th.

E. ROWLAND FOTHERGILL.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

THE House of Lords has this week decided to insist on its amendment to the Coal Mines Bill, which would permit the working of a ninety-hour fortnight in mines. The House of Commons debated the Scottish Estimates, Imperial Trade Policy, and a motion to authorize an increase of £10,000,000 in the Unemployment Insurance Fund. The Finance Bill was again considered on report. The Housing (Scotland) Bill passed through report and was read a third time in the House of Commons. In the House of Lords the Housing (No. 2) Bill was read a second time.

The Mental Treatment Act (1930) received the Royal Assent on July 10th.

In the House of Commons, on July 15th, discussion arose on the position of opticians under the national health insurance scheme, and a statement was made by Mr. Greenwood.

Mr. Greenwood states that an interim report from the Committee on Maternal Mortality will be published before the end of the month.

Scottish Department of Health.

The House of Commons, on July 14th, considered in committee a vote to complete the sum required for the salaries and expenses of the Department of Health for Scotland.

Mr. W. ADAMSON, in moving the vote, said that in 1929 the birth rate in Scotland was 19.02 per 1,000 of the population. Both the birth rate and the actual number of births were lower last year than in any year since compulsory registration was introduced in 1885. The death rate was 14.5 per 1,000, which was slightly higher than in 1928. This was largely, if not altogether, attributable to the epidemic of influenza in the first quarter of 1929. Respiratory diseases during that epidemic had an adverse effect on the infantile mortality rate, which was 88.8 per 1,000 in 1929. This was, however, lower than the rate for any year except 1923 and 1928.

Maternal Mortality in Scotland.

Scotland was still in an unenviable position with regard to maternal mortality, the rate for 1929 being 6.9 per 1,000 persons, compared with 7 for the preceding year. The rate had varied very little since the introduction of schemes of maternity and child welfare, and showed no marked tendency to decline. The matter was continually occupying the attention of the Department of Health, the local authorities, and others engaged in medical administration. Investigations were now being made in Scotland into the deaths of married women during pregnancy or within four weeks of the termination of pregnancy. While the numbers so far investigated were not sufficient on which to base definite conclusions, there was throughout a quite definite indication of the need of providing more complete medical supervision and care of women during pregnancy. To that end it was hoped, with the present organization of the health services under the Act of 1929, that an effort would be made to secure an adequate ante-natal service; but for the best results they must look to the mothers themselves to co-operate by making a fuller use of the services provided. This would probably have to be done by stimulating their interest in these services and educating them as to their value.

Tuberculosis.

With regard to tuberculosis the picture was more encouraging. The death rate in 1929 from all forms of tuberculosis was 94 per 1,000, the lowest yet recorded in Scotland. It was 3 per 1,000 lower than the rate in 1928, which up to that time had been the lowest recorded figure. In 1929 4,579 persons died from tuberculosis, compared with 6,326 in 1919. Although respiratory tuberculosis shared in the high mortality of the first quarter of last year, the death rate for the year was down, and but for the abnormal weather in the first quarter the decrease in the number of deaths would have been even more substantial. Although tuberculosis still accounted for many deaths it was hoped that the continuance of the intensive campaign against the disease, aided by improved methods of diagnosis and a greater facility for institutional treatment, would, ere long, secure that tuberculosis would be classed among the less deadly ailments of humanity.

Sickness among the Insured.

The amount expended by the approved societies on sickness and disablement benefit still kept abnormally high. In 1929 £1,924,000 was spent—an increase of £200,000 over 1928. The epidemic of influenza in the early part of the year accounted for some part of the increased expenditure, but, after making allowance for that, and for the slightly increased number of insured persons at risk, there remained a considerable part of the increase for which no explanation was available. The Department continued to give the matter its closest attention, and had been in conference regarding it with representatives of the approved societies and a