

NATIONAL CANCER ASSOCIATION OF SOUTH AFRICA : PRESIDENT'S ADDRESS *

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It is my privilege to report on another year during which the National Cancer Association of South Africa has made considerable progress.

During the year 1959 the Association pursued its three-pronged attack against cancer by means of research, professional information, and public education, along the lines previously laid down and approved by the Board of Trustees. Important strides forward have also been made in regard to welfare work as far as cancer patients are concerned. By exploiting the unique advantages of having at its disposal up-to-date medical procedures, medical schools, and modern hospitals, the Cancer Association has made an important contribution in cancer research. Surveys of the cancer incidence in the Bantu population have continued in an endeavour to discover significant points of difference between the types of cancer found in the various races. At the same time the Association also continued, with all the means at its disposal, to make its contribution towards ensuring optimum life-saving efforts in the light of existing knowledge. It pursued its proved policy, that an alert medical profession can give maximum assistance to an enlightened public — with sufficient knowledge to combat fear and ignorance. I am pleased to say that the

* Delivered at the Annual General Meeting of the National Cancer Association on 26 July 1960.

Council of Management has been encouraged by the keenness of the medical profession to avail itself of all possible sources of knowledge with a view to constantly improving diagnostic and therapeutic techniques, and by a public which is showing a remarkably mature and sensible attitude to the subject of cancer education. It is clear that in the fight against cancer it is necessary for the best doctor-patient relationship to be developed and maintained. The doctor must realize that the public is anxious to cooperate with him by consulting him in the earliest possible stages of the disease. It is inevitable that patients will consult their doctors in all sincerity about symptoms which may turn out to be harmless. Such people should be sympathetically received and reassured. On the other hand, patients should appreciate that the medical profession is grappling with one of the greatest problems which ever confronted mankind. Mutual confidence, sympathy, and understanding are essential elements for the ideal doctor-patient relationship.

With reference to the annual report of the National Cancer Association of South Africa, attention is invited to a few salient features:

Firstly, I should like, on behalf of the Council of Management, to say that the diagnostic and treatment facilities available in South Africa are of a high standard. An example of

what the Association regards as a service capable of fruitful expansion is *exfoliative cytology*. While there are many pathologists fully trained and experienced in this important diagnostic technique, the Association discovered there were not enough skilled technicians available to assist them, particularly if the Association were to inform the public of the obvious advantages of this method of early diagnosis. I am pleased to report that the Association has successfully instituted a full-time course for the training of cyto-technicians. Once these technicians are proficient they will return to their respective laboratories in various parts of the country where they will be able in turn to train colleagues. The medical profession will, through the medium of the *South African Cancer Bulletin*, receive detailed information in regard to taking of specimens in their consulting rooms and the correct method for forwarding these to pathologists for expert analysis. Doctors are urgently requested to equip themselves with this important knowledge, because the Association intends during 1961 to embark on one of its most intensive public education programmes as a result of which women in particular may be expected to insist upon this method of diagnosis during routine medical examinations. At the same time an appeal will be made to women's organizations, when the time comes, to cooperate with the Association in bringing its films and literature to the women of South Africa. An excellent educational film which is available is in the process of being translated into Afrikaans.

Secondly, it is necessary to draw attention to the establishment by the Association of an expert 'Tumour Reference Panel' to which any doubtful, difficult, or interesting tumour sections can be referred free of charge.

Thirdly, the medical profession is reminded that the Association's up-to-date professional film library is at their disposal free of charge. Certain medical schools have realized the value of these films as teaching aids. It is a matter for concern, however, that one or two medical schools have not availed themselves of this free service. More use could be made of the Association's medical library in Johannesburg. Attention is also invited to the fact that the Association's Clinical Programme Committee organizes lectures and symposia on cancer whereby doctors may benefit considerably from discussions on various aspects of the disease.

In referring to the *public education activities* of the Association, I wish to make special mention of the magnificent support received from all sections of the South African press and radio. The numerous articles which continue to appear in the press, and radio broadcasts, serve as invaluable means of spreading knowledge about cancer. The press and radio are to be congratulated on the high standards achieved in their propaganda. The Cancer Association endeavours not only to interest others in its educational work but also to obtain their cooperation. Women's and church groups, trained nurses, training colleges, municipal authorities, organizers of shows and exhibitions throughout the country, have rendered valuable assistance in the past. The latest addition to this army of volunteers is organized commerce and industry. By way of experiment, the Association appealed to employers to arrange film shows for their employees and to distribute educational literature in pay envelopes and by other available means. So overwhelming was the response that the Employee Education Service has become an important feature of the Association's programme. It is a feature of film shows arranged in this manner that attendances are invariably higher than anticipated by employers.

During 1959 15 country tours were attended by 12,830 persons, more than 3 times the number of people who attended the previous year. At agricultural and industrial shows direct personal contact was made with 214,910 adults and over 100,000 pamphlets have already been distributed.

Details in connection with progress made in the fight against the cancer 'quack' appear in the annual report. A great deal has been said and written about this problem, but it is, I consider, necessary to mention why the Association fights cancer quackery. This would appear to be desirable in view of the fact that it is contended by quacks that the Association protects the medical profession. This is not in accordance with facts. The Cancer Association was not formed to serve

the interests of the medical profession but to look after the welfare of the public and the cancer patient, although it assists the medical profession and medical auxiliaries by providing information on diagnostic and treatment facilities. The fact that the Association's immediate aim is to ensure early recognition and therefore early treatment and cure, and that its long-term aim through research is to combat the disease more effectively, disproves this unworthy accusation! The real reason why the Association fights quackery is because it wishes to protect a gullible public from exploitation. There can be few things more pathetic than for a medical practitioner to deal with a hopeless case of cancer after a quack has vainly applied his plasters and secret remedies. Particularly, when it is considered that most victims of quacks initially suffer only from skin cancer, the most curable form of cancer, it is heartbreaking to discover such patients only after these cancers have been allowed to spread to other parts of the body and to become incurable. The Association would be negligent if it did not take steps to warn the public about the danger of consulting cancer quacks. The Association will persist in enlightening the public in this regard through all available means and whenever opportunity presents itself.

As regards *research*, demographic surveys continue to confirm the marked contrast in incidence and site of cancers in the different races of Southern Africa. In Cape Town the high incidence of stomach cancer in the Coloured population has been a striking feature, while the surveys in the Transkei and Moçambique have shown an inverse incidence of cancer of the oesophagus and liver. In the Transkei, cancer of the oesophagus shows an incidence which, in some areas, is higher than any yet reported elsewhere in the world. Liver cancer, on the other hand, is seldom seen in the Transkei. The exact opposite situation exists in Moçambique where liver cancer is the most common malignant tumour seen at autopsy in the Bantu in Lourenço Marques, while cancer of the oesophagus is very rare. The Transkei observations indicate that the incidence of oesophageal cancers is not dependant upon genetic factors.

From these findings it would appear that there are important environmental factors determining the racial incidence of different cancers. Observations on the Bantu in different parts of South Africa suggest that the environmental factors vary according to tribal customs and that these may be operative in determining the incidence of different cancers. It is, therefore, important, having established the factual data by demographic surveys, to make every effort to define the environmental factors which are of importance in the causation of cancer. If this could be successfully accomplished it is believed that approximately two-thirds of cancer cases could be prevented.

Finally, so far as the Association's programme of activities is concerned, members will no doubt be pleased to learn that the Council of Management has finalized a plan of action whereby needy cancer patients can obtain such assistance as can be rendered by the Association, and that this assistance will be placed within reach of all.

Any welfare organization encountering a cancer patient in need may apply to the Association for assistance on behalf of such patient, provided a report by a welfare worker in the prescribed form and accompanied by the requisite medical certificate, is submitted. A handbook for the guidance of interested parties is available free of charge to *bona fide* welfare organizations upon application to the National Secretary, P.O. Box 2000, Johannesburg. Applicants should state whether the handbook is required in English or Afrikaans. It would be appreciated if the press would draw attention to this matter. This new approach is a great improvement, since humanitarian services rendered to date could only be made available in certain areas as described under the section 'Care of the cancer patient' in the 1959 Annual Report.

I should like, in conclusion, to express my personal and sincere appreciation to my colleagues on the Council of Management and those serving on committees thereof for their support and cooperation during the past year, and to record the Association's thanks to the Secretary and staff for their loyal and efficient service in spite of the ever-increasing burden placed upon their shoulders with the great expansion of the Association's activities.