

# The Fight Against Time

IN a recent talk I reminded you that, with cancer, the fight is against time. Any suspicion of cancer should mean a visit for early diagnosis, earliness being necessary for successful treatment at our present stage of knowledge. What is our present knowledge of this enemy? I guess you'd like to know.

At the beginning of this century there were some leads. Chimney sweeps developed cancer of the skin. Scottish shalefield workers were prone to paraffin cancer. Lancashire cotton workers to mulespinner's cancer. These pointers were worked upon. In the middle twenties soot, mineral oil, pitch and coal tar were shown to contain a chemical constituent that could cause cancer. Later, cancer agents were recognised in many different chemical types, such as dyestuffs and metals, and also in radiations—from ultraviolet, infra-red, and radio-active sources. In the last twenty years research has been seeking the key as to how these agents act.

The seat of action in the cell eludes researchers. There are hints that the reproductive centre of the cell is disabled or in some way inhibited, and the abnormal or cancer cell keeps splitting off instead of normal cells. This biological upset inside the cell can be started off by a chemical substance or other agent from without. So a great deal of present-day research is geared to the idea—at present a majority idea—that the biological upset within the cell, if it can be started off by enzymes or chemicals, possibly can be controlled through similar means. And so in the last ten years this theory has been tested clinically. Some successes have accrued, such as the use of sex hormones



to hold back certain cancers, and in a limited application of myleran in one type of leukaemia. Lots of agents have been tried that do inhibit cancer growth, but they're too destructive to healthy cells. The search is on, therefore, for better chemicals or enzymes that will restore normal cell division. Who knows if and when they'll find these? If they do, the end is in sight. This brings you up to date with research trends in cancer.

What of cancer treatment? Progress recently has been in the nature of deciding which treatment weapon offers the best chance of success. For a particular cancer will surgery or radiation be the choice, or will both be used, and if both, which one before the other? Take breast cancer. Choice of treatment is now decided by the stage of the disease. If early, surgery is more effective and gives a 75 per cent chance of 10-year survival. If not so early, with glands affected, surgery gives nearer a 30 per cent chance of 5-year survival, and radiotherapy is brought in to help the control. If late and advanced, radiotherapy is the better tool than surgery, and may prolong life for 5 years or more. In very advanced cases, the sex hormones are used to control the rapid-

This is the text of a talk on health broadcast recently from ZB, YA and YZ stations of the NZBS by DR. H. B. TURBOTT, Deputy-Director-General of Health

ity of the cancer, prolong life, and relieve the symptoms in a way undreamt of ten years ago. All types of cancer have been, and constantly are being, reviewed for the best treatment. Cancer of the womb used to mean surgical removal; nowadays more and more women have radiotherapy rather than surgery with a 5-year cure rate of nearly 60 per cent. In cancer of the voice-box it used to be surgery early and radiation treatment if late. Nowadays it's the other way round. These changes are marks of progress, and the cancer case found early has a better chance of survival than previously.

In our country the cancers found most in our hospitals are these, for the age group 45 to 64 years, and in order of frequency—breast, large intestine, stomach, lung and bronchus (or air tube), rectum (or back passage), the neck of the womb, the body of the womb. This age group covers the period when people have the possibility of cancer in their consciousness. These being the commoner cancers, you will watch for these danger signals: Any unusual lump or thickening, especially in the breast. Any irregular bleeding or discharge from any body opening. Persistent indigestion. Any persistent change from the normal habit or action of the bowels. Any sore anywhere that won't heal, or any sudden changes in moles or warts. Take advice at once if such things happen to you.

## Poetry Readings

WHEN they were in Wellington last year with the Shakespeare Memorial Theatre Company from Stratford-upon-Avon, Raymond Westwell and his wife, Joan MacArthur, recorded two programmes of poetry readings which are now being heard from National stations of the NZBS. One of these, *Poems About Children and Animals*, will be broadcast from 4YC at 8.20 p.m. on Sunday, June 20. Poets represented in this programme include Hartley Coleridge, with "To a Deaf and Dumb Little Girl," Edward Lear ("The Owl and the Pussycat"), Keats ("Song About Myself"), Blake ("Tiger, Tiger, Burning Bright," and "Piping Down the Valleys Wild"), and Christopher Smart, with his well-known poem about his cat. The other programme is a collection of love poems. This includes "Karolin's Song," by Ben Jonson, two sonnets by Michael Drayton, Thomas Campion's "Kind Are Her Answers," Herbert's "Love Bade Me Welcome," Sir John Suckling's "Why So Pale and Wan, Fond Lover?" and "Out Upon It," Elizabeth Barrett Browning's "How Do I Love Thee," and Anne Bradstreet's "To My Dear and Loving Husband."

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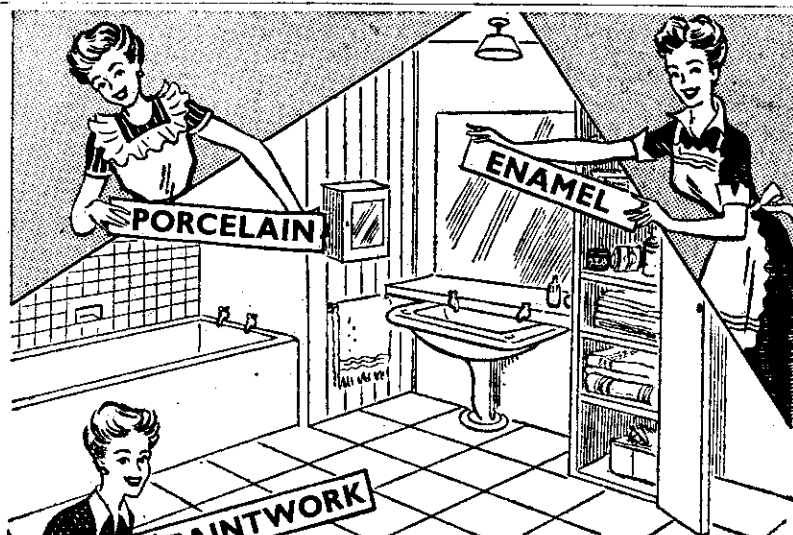
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