A SURVEY OF UNRECORDED CASES OF CANCER

From the

YORKSHIRE FACULTY

The research committee of the Yorkshire Faculty, during the year ended 30th June, 1956, has been estimating the number of cases of cancer in Yorkshire which go unrecorded. The cases at present recorded are (a) those which go to a radio-therapeutic centre, and (b) those seen by a consultant *in hospital.* It may be assumed that the remaining cases are seen by general practitioners. For a period of twelve months forty-nine members of the Yorkshire faculty kept records of all the cases they saw, giving a pathological diagnosis where available and a clinical one in default.

The results of this investigation show that in one year sixty-one cases of otherwise unrecorded cancer were seen in a population at risk of 125,000. This is an average of approximately 490 cases per million. The number of new cases of cancer recorded annually is reputed to be between 1,700 and 2,500 per million of population in this country.

The cases in the survey were seen by twenty-eight doctors in urban regions, seventeen in semi-rural and four in rural. The cases seen were thirty-nine in urban, seventeen in semi-rural and three in rural practices. This suggests that it is not the rural practitioner who sees most of these unrecorded cases.

	Urban	*Semi-Rural*	*Rural*	*Total*
Doctors	28	17	4	49
Cases	39	19	3	61

Nineteen cases were male, thirty-nine female and in three the sex was not stated. The average age was 74 years.

Twelve cases were confirmed by a pathologist. In these the part affected was—

In four cases of epithelioma; the eyelids, cheek, neck and nose;
In two cases, the ovary;
One case each of stomach, lung, rectum, breast, colon, lymph glands (primary sites unknown).

There were forty-nine clinically diagnosed cases, in these the parts affected were—

In thirteen cases the stomach;
In ten cases the breast;
In five cases, colon;
In three cases, the lung;
In three cases, the rectum;
In two cases, ephithelioma of the cheek;
In one case each, ovary, pancreas, prostate, uterus, kidney mediastinum.
Seven were cases of carcinomatosis, with an unknown primary.

Of the sixty-one cases, six were epitheliomas of face or neck and may have been present for some years. The expectation of life in the other fifty-five cases will rarely have been more than two years, so that it may be argued that the majority of these cases would have been new cases occurring during the year of the investigation. If this is so, the survey shows that a considerable number of cases of cancer, perhaps as many as 400 per million of population go unrecorded.

The survey also suggests that in a number of hospitals some of the cases which go to a consultant are not recorded.

College News

Letter from the President

The following letter has been sent by the President to all recently qualified practitioners.

DEAR DOCTOR

I write to invite you to join the College of General Practitioners as an *Associate*.

If you intend to become a family doctor, the College can help you in many ways to find in general practice a career that will satisfy your highest ambitions. If you plan to be a specialist or consultant, it is believed that you will benefit greatly by knowing something more about the academic work which is being done by your future colleagues in general practice.

Ideas as to the capabilities and correct responsibilities of family doctors are changing, and there is a steadily growing conviction that general practice is fundamentally as important as the specialties. General practitioners have been in the past, and must be in the future, good doctors practising medicine in their own right. Many medical men and women desire to record and to preserve the traditions, the ideals and the art of the family doctor—one of the branches of our profession in which, in the past, Great Britain set an example to the world.

The College was founded in 1952 not as a political but as an academic body, with broad educational aims, to be the headquarters of general practitioners and to help and encourage them to maintain a high standard. It is organised for general practitioners, by general practitioners, to improve the efficiency and good name of the family doctor, and to raise his standing in the eyes of the medical profession, of students and of the public. It has already nearly