

The American Cancer Society

By THEODORE ADAMS

IT was in May 1913 that a small group of forward-looking physicians and laymen in New York City took the decisive step of forming the parent national organization of the American Cancer Society. They named it the American Society for the Control of Cancer. The \$10,000 contributed the first year was used to publish a pamphlet and promote discussions in women's clubs of a taboo subject—cancer.

In contrast to that small beginning, the Nation in 1956 contributed \$27,000,000 to the American Cancer Society's coordinated, countrywide program of public and professional education about cancer, service to patients, and scientific research into the cause and cure of this disease.

The American Cancer Society is a voluntary organization of people united to speed the conquest of cancer. It is composed of 60 chartered divisions serving the 48 States and Alaska through 2,788 organized units and more than a million volunteers. The divisions and units operate under volunteer directors, or governing committees, composed of lay and professional people who formulate policies and program objectives within the framework of national and divisional policies. Represented on the national board of the society are all areas of the country and business, industry, law, science, medicine, and communications. The society reports annually to the contributing public about funds collected and expenditures made. The president of the American Cancer Society is Dr. David A. Wood, director of the Cancer Research Institute and professor of pathology,

University of California. Chairman of the board is Walter J. Kohler, former Governor of Wisconsin.

Research

Research takes a big chunk out of the annual budget. This is natural, for the society believes, along with informed minds everywhere, that research is the key to the conquest of cancer. As a result, each year 25 percent of all funds received by the society have gone into its national research program. Since 1945, when this program was launched, almost \$50 million has been invested in grants for cancer research in the Nation's leading hospitals, universities, and other laboratories. Today, the work of a thousand senior scientists, assisted by some 3,000 younger workers, is backed by society funds. The investment has paid off by advancing fundamental knowledge of the life and growth processes, improved radiation and surgical techniques, and the development of lifesaving and pain-easing drugs, some of which can bring about temporary control of malignant growths.

The year 1956 also saw a dramatic reappraisal of the research program to speed developments and save lives. Approved by the board of directors were the basic recommendations of the society's Ad Hoc Research Policy Survey Committee for four types of grants for the support of research and four for the training and support of investigators. The philosophy behind the recommendations is embodied in the committee's report, which stresses continuity of research "to assure that the scientists now being trained are able to realize their maximum potential for fully imaginative and productive research, and to make a career in cancer research

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so attractive as to lure the more capable and ingenious of the potential candidates.”

Culminating a year's study by top-level scientists and administrators, the action was designed to meet more adequately the needs of the present advanced status of research by:

1. Establishing new types of research grants to individuals and institutions that will permit longer range planning and more flexible use of funds so that promising new leads may be pursued more rapidly.

2. Assuring more adequate manpower for cancer research by expanding the program of training to young scientists and establishing long-term faculty level positions in universities to attract more scientists to the field of medical research and keep them in it.

3. Coordinating under one Scientific Advisory Council the society's entire research program, which had become divided into a number of more or less independent efforts during the organization's rapid 10-year growth.

Following up these developments, the society, in August 1956, named 15 of the Nation's leading scientists and research administrators as members of the newly formed Scientific Advisory Council of the American Cancer Society. The appointments were announced by Governor Kohler, who said, "We have asked these scientists to serve as the primary guiding force in blueprinting the direction that our research program will take. They have a tremendous responsibility, but also the challenging opportunity to devote their talents and vast experience towards the ultimate solution of the cancer problem. The board of directors is gratified that some of the best scientific brains in the country have been assembled for this all-out attempt to discover the causes of cancer and to evolve better methods of control and cure."

Action by the American Cancer Society board directs that the new Scientific Advisory Council examine continuously progress in cancer research. The council will survey what is being done by both governmental and privately financed groups and will determine which are the most promising of the unmet needs. Recommendations will then be made for appropriation of funds in whatever categories are indicated. The council will review the recommendations

ACS Scientific Advisory Council

The American Cancer Society Scientific Advisory Council consists of the following:

Dr. George W. Beadle, chairman, California Institute of Technology, Pasadena; Dr. Walter J. Burdette, St. Louis University, St. Louis, Mo.; Dr. Philip P. Cohen, University of Wisconsin, Madison; Dr. Howard J. Curtis, Brookhaven National Laboratory, Upton, Long Island, N. Y.; Dr. Harold F. Dorn, Public Health Service, Bethesda, Md.; Dr. Thomas Francis, Jr., University of Michigan, Ann Arbor.

Dr. Alfred Gellhorn, Columbia University, New York City; Dr. Eugene P. Pendergrass, University of Pennsylvania, Philadelphia; John M. Russell, the John and Mary R. Markle Foundation, New York City; Dr. George Sayers, Western Reserve University, Cleveland, Ohio; Dr. Howard E. Skipper, Southern Research Institute, Birmingham, Ala.; Dr. Edward L. Tatum, Stanford University, Palo Alto, Calif.; Dr. Arnold D. Welch, Yale University, New Haven, Conn.; Dr. Milton C. Winternitz, National Research Council (retired), Washington, D. C.; and Dr. Gordon Zubrod, Public Health Service, Bethesda, Md.

of special scientific advisory committees dealing with specific areas of responsibility such as the cause, pathogenesis and treatment of cancer, institutional research grants, and personnel for research. Special areas will also be covered. For example, continuation of the existing Research Advisory Committee on Lung Cancer was authorized.

Education

The public education program of the national society is enhanced by year-round programs in the divisions. The program is concerned with audiences and is projected under formal headings of mass media, employee education, club and organization, school and college, and neighborhood educational programs. In 1955 more than 60 million copies of the society's leaflet, "Seven Danger Signals," were distributed. The same year the society's work in public education was strengthened by the establishment, as a

standing committee of the national board, of a Public Education Committee under the chairmanship of Dr. Frank M. Stanton, president of the Columbia Broadcasting System.

On the State and local level, the society's divisions and units work in cooperation with other national organizations, thereby reinforcing divisional public education activities. In 1955 the American Cancer Society worked with the American Public Health Association, the Industrial Medical Association, the National Science Teachers Association, the National Conference for Cooperation in Health Education, AFL-CIO, the Women's Auxiliary of the American Medical Association, the General Federation of Women's Clubs, and many others.

A recent public opinion poll has shown excellent results from the American Cancer Society's education program, although groups of low income and of lesser educational advantage still need much attention.

A major objective of the society's professional education program is to alert physicians everywhere to the possibility of cancer in all patients and to provide them with information that will aid its detection in an early, curable stage. A second objective is to improve the means for the diagnosis and effective treatment of cancer through special training given individual physicians. Closely related are the society's medical service activities, which provide needed medical laboratory services, equipment, and forms of organization designed to assure accurate case records and consultation between physicians on treatment and followup procedures. Close cooperation with State and local medical societies and hospitals is the rule. Grants are made to institutions approved for postgraduate training by the American Medical Association's Council on Medical Education and Hospitals, the institutions themselves designating the individual fellows. Thus, physicians completing their fellowships enter or return to practice with invaluable direct experience in basic medical problems of cancer.

Since the start of this program in 1948, a total of 864 fellowships has been awarded to 56 institutions. In addition, since 1950 grants of the society have contributed each year to the advanced training in cancer for physicians at the Memorial Cancer Center, New York City,

where 122 fellowships were awarded for the 1955-56 academic year alone. Since its inception in 1948 a total of \$2,493,690 has been devoted to this program.

The society publishes two bimonthly periodicals: *Cancer*, a scholarly journal for the clinical investigator, and *CA: A Bulletin of Cancer Progress* for the practitioner. The society's medical library prepares special bibliographies on cancer and issues to medical schools and libraries *Cancer Current Literature*, a monthly index. Other activities of the society for the benefit of the medical profession include a cancer monograph series, demonstration slides, medical exhibits, and special films.

Service

Units in most divisions of the society are organized on a county basis. Since much of the society's work is medical in character, local medical societies, hospitals, and departments of health are broadly represented on unit boards. In addition to basic community education and campaign activities, many of the units participate in hospital diagnostic and consultative services, cancer registries, cancer detection programs, lung cancer screening programs, nursing service, medical social work, and transportation of patients.

In 1955, 2,590 cancer information centers for the public were maintained by units, 410 of them on a full-time basis. Financial support was given to 387 hospital diagnostic and treatment services. Subsidies to visiting nurses' organizations made possible 202,103 visits to needy cancer patients.

Approximately one-third of the society's volunteers are engaged in service activities for cancer patients and their families. Almost 200,000 volunteers made 19,110,380 cancer dressings, which were distributed free to cancer patients. Unit loan closets, equipped with sick-room necessities, were supplied free to 20,754 patients.

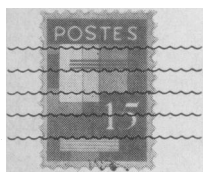
Liaison With NCI

The society maintains continuous liaison with the National Cancer Institute of the Public Health Service. Working together, the two

organizations have sponsored national cancer conferences at which all aspects of the problem have been reviewed and new developments in research and therapy brought to public attention. The third National Cancer Conference was held in Detroit, June 4-6, 1956, and was attended, in addition to United States leaders in this field, by a distinguished contingent of cancer specialists representing 22 foreign countries. Also, to give all possible assistance when requested by proper authorities in foreign

countries, the American Cancer Society has in operation a board committee and foreign desk to maintain liaison with the Department of State and foreign embassies and to answer queries from abroad. More than 500 requests for information were received from 69 countries in 1955.

Thus the society, while pursuing its own threefold goal of research, education, and service, acts as a national and international catalyst to end the scourge of cancer.



INTERNATIONAL MAIL POUCH

Inoculation—Local Style

In remote sections of Afghanistan, which is larger than Texas, it has been the practice of "mullahs" to inoculate villagers with matter from pustules of patients with active smallpox. Many villagers bear scars on the dorsum of the hand between the first and second metacarpals as evidence of this practice. Near Lashkar Gah, one such mullah practicing his art left a wake of dead children, hand infections, and axillary abscesses, products of a combination of smallpox and septicemia. The Lashkar Gah staff saved many children, but the mullah escaped.

—LESLIE J. DEGROOT, M.D., *acting public health adviser, United States Operations Mission to Afghanistan.*

"Stamping" Out Malaria

The Government of India has issued a 6-anna postage stamp bearing the legend "malaria control" with two scenes; one depicts poverty in malarious areas, the other shows prosperity after DDT. With

a history of more than a million deaths annually from malaria, India is waging a large and successful control campaign.

—JOHN J. HANLON, M.D., *chief, Public Health Division, International Cooperation Administration.*

Rural Health Teams

Extension of rural health services in the Philippine Islands has reached the point where more than a third of the smallest governmental units have the basic team of physician, nurse, midwife, and sanitary inspector. Two-thirds have at least three of the team. More than 9 in 10 had at least one public health official. Training centers plan to provide field experience for more than 7,000 community development workers. Malaria control has progressed to the point where housewives question the need for further spraying of their walls since none of the family has had the fever for a year.

—MALCOLM J. FORD, M.D., *rural health adviser to the Republic of the Philippines.*