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Chairman of the Medical and Scientific  
Committee:  
PROFESSOR P. MACCALLUM, M.C., M.A., M.Sc.

Chairman of the Finance Committee:  
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Chairman of the Appeals Committee:  
B. T. ZWAR, Esq., M.D., M.S., F.R.A.C.S.

Executive Committee:  
SIR HUGH DEVINE, M.B., M.S., F.R.A.C.S.  
DR. L. J. CLENDINNEN, M.B., B.S., F.F.R.  
W. RUSSELL GRIMWADE, Esq., C.B.E., B.Sc.  
C. B. HEARN, Esq., A.I.C.S.  
DR. C. H. KELLAWAY, M.C., M.D., M.S., F.R.C.P.  
PROFESSOR P. MACCALLUM, M.C., M.A., M.Sc.  
SIR ALAN NEWTON, M.S., F.R.C.S., F.R.A.C.S.  
R. KAYE SCOTT, Esq., M.D., M.S., F.R.A.C.S., F.F.R.  
DR. R. A. WILLIS, M.D., D.Sc., M.R.C.P.

Secretary:  
H. G. WHEELER, J.P., A.I.C.A.

Executive Medical Officer:  
DR. C. V. MACKAY, M.D., F.R.A.C.P.

Telephone:  
J 2002 - J 4987

# Anti-Cancer Council of Victoria

(AFFILIATED WITH THE BRITISH EMPIRE CANCER CAMPAIGN)

Incorporated by Act of Parliament for the purpose of promoting, co-ordinating, and carrying out investigations in relation to the cause, prevention, and treatment of Cancer

C/o ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Spring Street,  
Melbourne, C.1.

10th February, 1940.

HGW:NA  
Professor P. MacCallum,  
Pathology Department,  
University of Melbourne,  
CARLTON. N.3.

Dear Professor MacCallum,

A meeting of the Executive Committee of the Anti-Cancer Council of Victoria will be held in the Council Room at the Royal Australasian College of Surgeons on Monday, 19th February, 1940, at 5 p.m.

## Agenda

1. Confirmation of Minutes.
2. Accounts for payment.
3. Hostel for patients undergoing treatment as outpatients at Public Hospitals.  
To consider the following notice of motion submitted by Dr. R. Kaye Scott:-  
"That the question of establishing a Hostel for patients undergoing treatment as outpatients at Public Hospitals be given further consideration"
4. Applications for permission to receive radon from the Commonwealth X-ray and Radium Laboratory.
  - (a) A letter from the Director-General of Health dated 9th January, 1940, enclosing a copy of a letter from Dr. H. H. Eddey dated 4th January, 1940.
  - (b) A letter from the Director-General of Health dated 7th February, 1940.
5. Visits to the Victorian Base Hospitals.
  - (a) A report from the Executive Medical Officer.
  - (b) A letter from the Bendigo and Northern District Base Hospital dated 9th January, 1940.
  - (c) A memorandum from the Executive Medical Officer concerning the letter circulated under 5 (b).
6. Improvement of Treatment Facilities.
  - (a) A letter from the Austin Hospital for Cancer and Chronic Diseases, dated 26th January, 1940.
  - (b) The Secretary's reply to the foregoing letter.
  - (c) Letters from the Royal Melbourne Hospital dated 23rd January and 1st February, 1940.
7. Central Cancer Registry.  
To consider steps to be taken for the organization of cancer follow-up departments at the contributing centres.
8. To consider a statement of Receipts and Expenditure for the period 1st July, 1939, to 31st January, 1940.
9. General.

Yours faithfully,

 H. G. Wheeler,

COMMONWEALTH OF AUSTRALIA

DEPARTMENT OF HEALTH

9th January, 1940.

Dear Sir,

I attach for your information a copy of a letter received from H. H. Eddey of the Clinic, Footscray, Victoria requesting permission to obtain radon for use in his capacity as surgeon at the clinic.

I should be glad to have the advice of your Council as to the suitability of this applicant.

Yours faithfully,

J.H.L.CUMPSTON.  
Director-General of Health.

The Secretary,  
Anti-Cancer Council of Victoria,  
MELBOURNE. C.1

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ENCLOSURE

THE CLINIC

28-32 Paisley Street,  
FOOTSCRAY.

4th January, 1940.

Dr. J. H. L. Cumpston,  
Director-General of Health,  
118-126 Queen Street,  
MELBOURNE, C.1

Dear Sir,

I have joined the Staff of the Clinic, Footscray, as Surgeon and I am desirous of obtaining permission to use, when necessary, the radon supplies of the Commonwealth Radium Department.

I shall use this radon in my capacity of Surgeon and I hold the degree of F.R.C.S.(Eng).

Thanking you in anticipation,

Yours faithfully,

(Sgd) H. H. EDDEY

COMMONWEALTH DEPARTMENT OF HEALTH

7th February, 1940.

Dear Sir,

With reference to your letter of 15th December concerning my request of 14th November 1939 for an opinion from your Council concerning the supply of radon for the use of Dr. A. R. Moreton at the Geelong and District Hospital, it would be greatly appreciated if you would now furnish me with that opinion. Advice has been received that there are cases at Geelong which may be in need of radon services.

Yours faithfully,

J. H. L. CUMPTON  
Director-General of Health.

The Secretary,  
Anti-Cancer Council,  
MELBOURNE. C.1

REPORT OF THE EXECUTIVE MEDICAL OFFICER FOR THE MEETING OF THE  
EXECUTIVE COMMITTEE

Since the last meeting of the Committee I have visited the Base Hospitals at Bendigo, Ballarat, Geelong, Mildura, Hamilton and Warrnambool, and also the Ararat District Hospital.

At each hospital I have had consultations both with the Committees of Management and with the Honorary Medical Staffs.

The Editors of the local newspapers have granted me interviews and have been kind enough to give extensive publicity to my visits and to the work and aims of the Anti-Cancer Council. As an instance of this I have circulated copies of the "Hamilton Spectator" of the 20th January last to members of the Executive Committee. I trust that in publicly stating the objects of the Council I have expressed myself in accordance with the policy of the Committee.

In every city and town I was cordially received<sup>and</sup> so far as I could judge public interest in the work of the Council was reawakened. There are still two Base Hospitals to be visited - Wangaratta and Sale, and other local hospitals which I would suggest are Maryborough, Castlemaine, Colac and Bairnsdale. From the town of Maryborough we have recently received a considerable donation. One hospital could be visited each week during the next two months.

The most important statement which I made to the country hospitals concerned the social side of cancer work. I stressed everywhere that the Anti-Cancer Council was anxious that no patient in Victoria should be deprived of access to modern methods of treatment because of poverty. I definitely promised that if the Committees of Management of country hospitals brought to my notice the case of any cancer patient, without means, for whom special treatment (not available in the country) was recommended in Melbourne, I would arrange that railway fares, etc. would be paid and that satisfactory accommodation would be found. This would be done through the Almoners' Department at each metropolitan hospital.

Two consequences will probably emerge from this action on my part. Firstly, that on behalf of the Anti-Cancer Council my office will become a metropolitan centre to which reference will be made whenever a country hospital has a "difficult" case of cancer requiring treatment in Melbourne, and secondly, that in order to provide for this service the Samaritan Funds at the disposal of hospital almoners will have to be augmented by us. It would be difficult to find a more satisfactory use for the moneys at the disposal of the Council. In this connection I beg to quote paragraph 3 of the Anti-Cancer Council Act which states the following as one of the objects of the council:

- (c) "To provide maintenance and travelling expenses to persons in need who are suffering from cancer to enable them to become inmates of or to attend a public general hospital or special cancer clinic for treatment"

This was the message which I conveyed to the country hospitals and it is one in which personally, I feel deeply interested. This aspect of our work, the care of the individual cancer patient, is the one which, in my opinion, will always be well supported by the public of Victoria. Nothing could compensate for a failure in this direction. An ideal to be aimed at is that almoners should see every cancer patient attending the out-patient department or admitted to hospital, and should be provided with funds to alleviate hardship and to increase comfort.

In my talks I also strongly emphasized the necessity for "follow-up" care with cases of cancer after leaving hospital. This was mainly from the social, not from the statistical point of view. Patients suffering from cancer, if discharged from hospital, require a considerable amount of after-care in their own homes. In Melbourne provision is made for this, mainly by District Nurses and partly by visiting almoners; no such provision is available in the country. I raised this question again and again in my discussions and although the premises of my argument were admitted as valid the objection was raised that the expense involved at present precluded its adoption.

The question of the employment of almoners in country hospitals has, however, now definitely come forward, and this will be of advantage when almoners are ultimately available for this service. My address to the Rotary Club at Warrnambool on this subject resulted, I was informed, in several offers of financial assistance to the Base Hospital for this purpose. If an almoner and district nursing service is to be established in the country for cancer patients, it is difficult to see how this can be done without monetary help from the Anti-Cancer Council.

In order to have more exact views on this subject I purpose -- with their permission -- to visit cancer patients in their homes in the metropolitan area, and to ascertain what amount of nursing and social assistance is actually being received by them.

The work of the Cancer Register has entered upon a new phase with the appointment of Cancer Registrars at the Alfred Hospital, the Austin Hospital, the Women's Hospital, St. Vincent's Hospital and Prince Henry's Hospital. The initiation and supervision of a follow-up system at each Hospital will be one of my duties and I trust that I shall have the same courtesies and facilities extended to me as I have received at the Royal Melbourne Hospital.

A copy of a letter to the newspaper proprietors of Melbourne is appended to demonstrate my attempts to obtain further publicity for the work of the Council. No reply has so far been received.

C. V. MACKAY

Executive Medical Officer.

31st January, 1940.

My request to your association is for the gift of five lines of space in your papers every fortnight. Newspaper publicity is essential to educate the public about cancer, and about the work of the Council. To do of any value this publicity requires to be continuous over a prolonged period, say twelve months at least. The publicity need not necessarily be more or less constant in character and must be assured here by repetition. The British Empire Cancer Campaign has formed in England a Federal Executive Committee, and it will be of assistance to quote the following statement made by the King: "Every effort should be made to help this organization to secure public and medical advice early so that the knowledge available may be used in lessening the ravages of this fell disease". The Anti-Cancer Council of Victoria is greatly concerned as the following: 1. That patients should have as much knowledge as possible of the early signs and symptoms of cancer, and that whenever in doubt they should consult the nearest hospital established at the Royal Australasian College of Surgeons, Spring Street. 2. That patients should be educated to attend for treatment as early as possible. 3. That the treatment given should be as efficient as possible, and that all necessary financial and social assistance should be given to patients. An example of publicity would be this: "Early diagnosis of cancer is the important factor in the successful outcome of this disease. The Royal Australasian College of Surgeons, Spring Street, Melbourne, has established a special clinic for the early diagnosis of cancer. Patients should be educated to attend for treatment as early as possible. The treatment given should be as efficient as possible, and that all necessary financial and social assistance should be given to patients."

ANTI-CANCER COUNCIL OF VICTORIA

C/o Royal Melbourne Hospital,  
Lonsdale Street,

9th January, 1940.

Mr. Pratt,  
Secretary,  
The Newspaper Proprietors' Association of Melbourne,  
"The Argus" Building,  
365 Elizabeth Street, C.I.

Dear Sir,

Re Publicity for the Anti-Cancer Council of Victoria

On this subject I was recently accorded the privilege of an interview with your Chairman, Mr. W. Dunstan, at his office in the "Herald" building.

Mr. Dunstan advised me to write to you and put forward my request to your Association.

This is as follows:

Newspaper publicity is essential to enable the Anti-Cancer Council to place before the public of Victoria certain facts about Cancer, and about the work of the Council. To be of any value this publicity requires to be continuous over a prolonged period, say twelve months at least.

The publicity matter must necessarily be more or less constant in character and must be hammered home by repetition.

My request to your Association is for the gift of five lines of space in your papers once fortnightly.

The British Empire Cancer Campaign has formed in England a Central Propaganda committee, and it will be of assistance to quote the following statement made by His Majesty, the King:-

"Every effort should be made to help this Propaganda Committee to encourage the public to seek medical advice early so that the knowledge available may be used in lessening the ravages of this fell disease".

The Anti-Cancer Council of Victoria is gravely concerned on the following points,

Firstly: That patients should have as much knowledge as possible of the early signs and symptoms of cancer, and that whenever in doubt they should consult the Cancer Information Bureau established at the Royal Australasian College of Surgeons, Spring Street, Melbourne.

Secondly: That patients should be educated to attend for treatment as early as possible.

Thirdly: That the treatment given should be as efficient as possible, and that all necessary financial and social assistance should be given to indigent patients.

An example of publicity would be this: "Early diagnosis of cancer is an exceedingly important factor in the favourable outcome of this disease. Early diagnosis must precede early treatment. If in doubt, consult the Cancer Information Bureau, Royal Australasian College of Surgeons, Spring Street, Melbourne. Every case of cancer is an emergency and must be recognised as such. Many cancers are cured by early diagnosis and early treatment".

I trust that this application will receive favourable consideration by your association.

I am,

Yours faithfully,

C. V. MACKAY, M.D.  
Executive Medical Officer,  
Anti-Cancer Council of Victoria.

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Jan - Jan

BENDIGO AND NORTHERN DISTRICT BASE HOSPITAL

9th January, 1940.

The Secretary,  
Anti-Cancer Council,  
MELBOURNE. C.1

Dear Sir,

Following the visit of Dr. C. V. Mackay to this hospital, and has discussed with the president of my board regarding the co-ordination of the work of the radium clinic of this hospital with your council, my board gave consideration to the matter.

I am instructed to request that your council provide £250 per annum to cover the costs of the appointment of a qualified nurse whose duties would be in connection with the work of the radium clinic.

The trained nurse would attend the meetings of the clinic, do the clerical work in follow-up of cases treated by the clinic and visit the homes of cases.

The amount of £250 would be made up of salary £130 p.a. (minimum) £52 p.a. board and lodging and the balance would provide for the transport cases which she would have to visit in the homes.

My board feels that such an appointment would be of considerable advantage to the working of the clinic and to the patients in particular. hopes that your council can see its way clear to make this yearly provision so that more beneficial results can be obtained in the anti cancer work.

Yours faithfully,

J. A. WALSH.

Secretary.

REMARKS OF THE EXECUTIVE MEDICAL OFFICER ON A LETTER OF 9th JANUARY, 1940,  
RECEIVED FROM THE SECRETARY OF THE BENDIGO AND NORTHERN DISTRICT BASE HOSPITAL.

This letter has a direct bearing on the discussion which I had with the President of the Board of Management and others during my visit to the above Hospital.

In the course of the discussion I deprecated the fact that no follow-up or after-care system existed for cancer patients in the area served by this Hospital.

The suggestion outlined in this letter was then brought forward by the Medical Superintendent and supported by the President.

Bendigo is at present in a different position from any other Base or Country Hospital. There is at this particular hospital a Cancer Clinic where, I am informed, treatments by radium are given to cancer patients by two of the younger members of the Honorary Medical Staff. It would certainly be of importance and benefit from the viewpoint of the Anti-Cancer Council if a "follow-up" statistical, nursing and social service were established at this Hospital in association with the Cancer Clinic.

The information given to me during my visit as to the numbers of cases of cancer treated during twelve months did not lead me to think, however, that this would entail full-time employment for a trained nurse. I would be prepared to revise this opinion in the light of experience gained during the ensuing twelve months following an appointment.

As regards transport for after-care visiting in homes, I have expressed the view in various centres that there exists in country towns an untapped pool of voluntary female help. Individuals from this pool would be glad of the opportunity to assist in providing motor transport for several hours once or twice weekly. When the need has been expressed it has been shown elsewhere that a ready response has been obtained.

I would recommend that consideration of this request be deferred until such time as I have had an opportunity of inspecting the radium clinic at the Hospital. I would suggest that this inspection should be made before the next meeting of the Executive Committee.

My I ask will it be possible to  
**C. V. MACKAY,**  
Executive Medical Officer.

31st January, 1940.

amount of the subsidy provided by the list of items sent

of equipment but the position has been complicated by the conditions existing of the war.

Your Honours will be interested to know that in addition to the above purchase, the Committee has ordered a new Sarrac X 600 diagnostic unit which includes a tube of the rotating anode type, also a new Sarrac X-ray table and fluorographic unit (apart from the film) which will completely re-equip the Diagnostic Department.

The Committee hopes that the new equipment will be especially useful in providing for the early diagnosis and treatment of cancer.

HEIDELBERG. N.22.

26th January, 1940.

HCW:  
The Secretary,  
Anti-Cancer Council of Victoria,  
Spring Street,  
MELBOURNE. C.1

Dear Sir,

Referring to your letter of the 6th of October, 1938, and the Committee's acceptance of the offer of the Anti-Cancer Council to provide £2500 to be devoted to the purchase of modern therapy equipment, I have now pleasure in advising you that an order has been placed with Watson Victor Ltd. for the purchase of "Maximar" 220 K.V. Deep Therapy Equipment.

The order stipulates that the machine shall be delivered and in working order within 16 weeks of the date of this letter. The Hospital is required to pay 90% of the total value of the order within 30 days of delivery and the remaining 10% within 60 days of delivery.

May I ask will it be possible for you to let me have a cheque for the amount of the subsidy promised by the 1st of June next?

The Committee regrets that there has been so much delay in the selection of equipment but the position has been complicated by the conditions arising out of the war.

Your Council will be interested to know that in addition to the above purchase, the Committee has ordered a new Watvic KX 500 diagnostic Machine, which includes a tube of the rotating anode type, also a new Watvic "Double-two" Fluoroscopic Table and Fluorographic Unit (spot film device) has been ordered to completely re-equip the Diagnostic Department.

The Committee hopes that the new equipment will materially assist in providing for the early diagnosis and treatment of cancer in this State.

I am,

Yours faithfully,

A. F. CAMERON

Manager and Secretary.

EGW:NA

31st January, 1940.

A. F. Cameron, Esq.,  
Manager & Secretary,  
Austin Hospital for Cancer & Chronic Diseases,  
HEIDELBERG. N.22.

Dear Sir,

I have for acknowledgment your letter of 26th January, 1940, in which you furnish me with details of the Deep Therapy Equipment purchased by the Board of Management of the Austin Hospital for Cancer and Chronic Diseases. I also note the conditions regarding delivery and payment under which the equipment has been purchased.

I note that you would like to receive my Council's grant of £2,500 not later than 1st June, 1940, and I will arrange accordingly for the payment.

Yours faithfully,

H. G. Wheeler,  
Secretary.

ROYAL MELBOURNE HOSPITAL

23rd January, 1940.

The Secretary,  
Anti-Cancer Council of Victoria,  
Royal Australasian College of Surgeons,  
MELBOURNE. C.1

Dear Sir,

My Committee with the aid of experts has just concluded an investigation into the possibility of continuing at its present capacity the functioning of our Deep Therapy Department and, as a result, I am directed to ask that you submit the following facts to your Council:

1. re Modern Sanitas Equipment: The Hospital's only effective Deep Therapy machine is a "Sanitas" which was installed in 1936. At that time lack of funds demanded and the isolated locations of the Department justified the installation of semi-shock proof apparatus and unprotected tubes which are used with non-insulated heads. It is estimated that the present tubes will last for a further six months, but, as the manufacture of this type of tube has now been discontinued, the Hospital is faced with the necessity of converting the apparatus so that the available type of tube can be utilized; this means the replacement of the existing Sanitas heads and cooling pumps with new 220 K.V. shock-proof heads and pumps at a cost of about £2,000.

2. re old Waite and Bartlett Machines. The hospital possesses two of these machines which were installed in 1923 and are now obsolete. On several occasions they have been completely overhauled and adjustments have been made to the rectifiers to give the maximum output.

A reasonable standard cannot, however, be maintained. On 23rd October, 1939, the Physicist in-Charge of the Commonwealth X-ray and Radium Laboratory reported:-

"It will be seen that under present conditions the equipment is operating most inefficiently. Experience indicates that any improved efficiency could only result from a very considerable replacement of parts of the mechanical rectifier, and since the equipment is about sixteen years old further replacements can be expected in near future".

This opinion is confirmed by our Radiotherapists' reports, a copy of the most recent of which is attached.

The Deep Therapy Department has to cope with approximately 50 treatments per day, 30 of which can be handled with the modern Sanitas machine. At the present time the excess malignant patients are sent to St. Vincent's Hospital, an arrangement which has not proved entirely satisfactory. The old machines are used only to treat patients when positioning requires simple "set-ups".

The life of these old machines is definitely limited to months, and when they cease to function the Department will be unable to afford treatment to ten to twenty patients per day. Such treatment can be made available only by the installation of a new apparatus to replace the two obsolete Waite and Bartlett Machines.

In view of the foregoing, my Committee considers that some immediate action should be taken to prevent the development of a situation which will mean the Hospital's inability to treat 40% of its Deep Therapy patients. I am, therefore, directed to ask respectfully that the Anti-Cancer Council of Victoria give earnest consideration to my Committee's request that they finance:-

1. The transformation of the heads of the existing Sanitas apparatus at a cost of approximately £2,000.
2. The purchase for about £2,500 of a new machine to replace the two obsolete Waite and Bartlett Machines.

My Committee views the near future with concern, and will, therefore, greatly appreciate your Council's assistance in preventing a partial cessation of cancer treatment at this Hospital.

Yours faithfully,

R. E. PANNING.

Manager.

## REPORT ON DEEP THERAPY EQUIPMENT

In 1955 new deep therapy equipment was ordered from Germany. Two tubes work from one transformer, the tubes are unprotected, and the apparatus is semi-shockproof only. These features were dictated by the necessity for economy, but the nature of the existing building justified the use of unprotected apparatus. American tubes were specified as the possibility of war was not overlooked.

### Present Problem.

The department has to cope with approximately 50 treatments per day. The old Waite and Bartlett machines have outlived their usefulness. The manufacture of American XPT 3 tubes (as used in the new Sanitas equipment) has been discontinued by the makers in favour of 220 or 400 K.V. tubes. Three other institutions in Australia are using these tubes. The local agents for these tubes have one tube only remaining in stock. This is available for purchase at a quotation per telephone of £275. The prewar cost was £220 for tubes available in America at 600 dollars, which were purchased in Australia at a cost of £140 for our present equipment.

### Policy.

A policy re Deep Therapy machines must take into account conditions in the new hospital, as well as satisfying present demands.

#### A. Sanitas equipment alternatives.

- (a) The purchase of further XPT 3 tubes, if available, will only postpone inevitable changes.
- (b) The conversion to one 400 K.V. unit: This is not feasible as no satisfactory head is available at present.
- or (c) Reduction to 2/220 K.V. units, (machines now operating at 275 K.V.) and replacement of existing heads with shockproof heads and new pumps. This will slightly reduce the number of patients treated per day. Any scheme must allow for slow treatment times, otherwise skin reactions are more severe; i.e. - it is unwise to utilize one high power machine for the treatment of 50 patients per day. Thus one further machine will be essential to deal with patients at present treated on the two obsolete Waite & Bartlett machines.

B. This Waite & Bartlett apparatus must be scrapped in the very near future (See Physicists' reports).

### Necessary Action.

- (a) Replace existing Sanitas heads and cooling pumps with new 220 K.V. shockproof heads and pumps. Utilize existing stands and all other equipment. This is essential as
  - (1) No other suitable 300 K.V. tubes for replacement are available.
  - (2) Existing heads could not be installed in the new hospital, and the present plans provide for space for shockproof equipment only. A change of heads is essential on transfer to the new site.  
This will allow 30 patients per day to be treated.
  - (3) If one further tube can be obtained, the change over could be postponed. One spare is at present in stock, but all three tubes have already had a reasonable life and a failure must be expected at any time.
- (b) To cope with the remainder, one further apparatus is needed, as the Waite & Bartlett equipment is no longer efficient. In view of the Physicist's report it would appear inadvisable to keep the machines working after the existing tubes cut out. Replace these two existing machines with one new apparatus. The whole of the excess patients could be sent to St. Vincent's for treatment if it is not possible to replace these old machines, and it is decided not to keep them running. This would involve 10-20 patients per day. At present all malignant excess patients are sent to St. Vincent's, and the old machines are used only to treat patients when positioning requires simple "Set-ups".

### Estimated Costs.

Sanitas equipment: 2 new heads, cables, oil pumps, dosimeters and cones, installation and maintenance.	£2,000
Replacement of Waite & Bartlett equipment. One complete new therapy set 220 K.V.	£2500
	<u>£4,500</u>

ROYAL MELBOURNE HOSPITAL

MELBOURNE. C.1

1st February, 1940.

The Secretary,  
Anti-Cancer Council of Victoria,  
Royal Australasian College of Surgeons,  
a MELBOURNE. C.1

Dear Sir,

On the 23rd January, I wrote to you by direction of my Committee in regard to the obsolescence and inefficiency of the Hospital's two Waite and Bartlett deep therapy machines, the life of which, I stated, was definitely limited to months.

I am now advised by the Radiotherapist that one of these machines has ceased to function, thereby accentuating the rather critical situation in connection with this Hospital's cancer treatment facilities.

Will you please inform your Council of this fact when presenting my letter of the 23rd ultime.

Yours faithfully,

R. E. FANNING.  
Manager.



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MELBOURNE

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Telephone:  
J 2002 - J 4987

Professor P. MacCallum,  
Pathology Department,  
University of Melbourne,  
CARLTON. N.3.

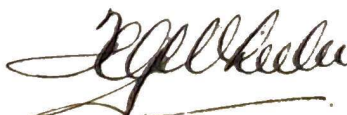
Dear Professor MacCallum,

A meeting of the Executive Committee of the Anti-Cancer Council of Victoria will be held in the Council Room of the Royal Australasian College of Surgeons on Monday, 22nd April, 1940, at 5 p.m.

Agenda

1. Confirmation of Minutes.
2. Accounts for payment
3. Application for permission to receive radon from the Commonwealth X-ray and Radium Laboratory.
  - (a) A letter from the Honorary Secretary of the Advisory Subcommittee of the Australian and New Zealand Association of Radiology, undated, re an application from Dr. H. H. Eddey.
4. A report from the Executive Medical Officer.
5. Requests.
  - (a) A letter from Messrs. Herring & Bathurst dated 27/2/40.
  - (b) The Secretary's reply to the foregoing letter dated 1/3/40.
6. Central Cancer Registry.
  - (a) A report from the Honorary Chief Registrar, Dr. Robert Fowler, dated 14th March, 1940.
  - (b) A letter from the Secretary of the Alfred Hospital dated 6/4/40.
7. Confirmation of the action of the Chairman, Sir Alan Newton and the Secretary in affixing the seal of the Council to the under-mentioned documents:-
  - (a) A form of authority to pay an amount of £600, being the proceeds of Loan No. 93, Melbourne & Metropolitan Board of Works due 1/4/40, to the credit of the Council's Bank Account.
  - (b) A form of authority to pay an amount of £5400, being the proceeds of the Council's holding in Victorian State Savings Bank Credit Foncier Loan 'J' maturing on 1/5/40, to the credit of the Council's Bank Account.
8. Staff.
  - (a) A letter from the Executive Medical Officer dated 29/3/40.
9. General.

Yours faithfully,



H. G. Wheeler,  
Secretary.

# Anti-Cancer Council of Victoria

(AFFILIATED WITH THE BRITISH EMPIRE CANCER CAMPAIGN)

Incorporated by Act of Parliament for the purpose of promoting, co-ordinating, and carrying out investigations in relation to the cause, prevention, and treatment of Cancer

C/o ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Spring Street,

Melbourne, C.I.

10th April, 1940.

AUSTRALIAN & NEW ZEALAND ASSOCIATION OF RADIOLOGY

The Secretary,  
Anti-Cancer Council of Victoria,  
C/o Royal Australasian College of Surgeons,  
Spring Street, C.I.

Dear Sir,

Re the application by Dr. H. H. Edey concerning the  
use of radon.

The members of the Advisory Sub-Committee of the Australian and New Zealand Association of Radiology consider that, as Dr. Edey has not produced any evidence of past experience in the use of radium and radon, and has not furnished information concerning any special qualifications which he possesses, his application cannot be entertained.

It is suggested that Dr. Edey should be written to and asked to detail any special qualifications which he may possess and also detail his experience in the use of radium or radon.

Yours truly,

ALAN. J. G. MACKAY.

(For Advisory Sub-committee Australian and  
New Zealand Association of Radiology)

71940

REPORT OF THE EXECUTIVE MEDICAL OFFICER FOR THE  
MEETING OF THE EXECUTIVE COMMITTEE OF THE COUNCIL TO BE HELD IN APRIL, 1942.

2

Since the last meeting of the Committee I have visited the Gippsland Base Hospital at Sale, the Wangaratta Base Hospital, the Maryborough and District Hospital, and the Bendigo Base Hospital.

In Bendigo I attended a session of the Cancer Clinic and afterwards addressed a luncheon meeting of the Bendigo Rotary Club on the work and policy of the Anti-Cancer Council of Victoria.

This address was published in the "Bendigo Advertiser" of Saturday 23rd March. Several members of the Rotary Club were somewhat caustic in their criticism of the fact that the work being done by the Anti-Cancer Council had not previously been brought to the notice of the people of Bendigo.

My visits to the country centres have been accorded so much publicity by the local press that this criticism should by now have lost most of its sting. I have also prepared newspaper articles which have been accepted and printed in entirety by the editors of country newspapers.

My inspection of the Bendigo Cancer Clinic followed upon a request by the Committee of Management of the Hospital for financial assistance to provide the salary for a nursing officer in charge of the Clinic, who would also do social work in the Hospital.

In my opinion the work of the Clinic would occupy only a minor proportion of any Sister's time. Social work in Hospitals requires special training which is not included in a nurse's curriculum.

The Anti-Cancer Council is committed to a subsidy for the training of almoners, who would be available if required for country base hospitals, and any breakaway from the original scheme would be, in my opinion, a mistake of policy.

It should, however, be clearly recognised that any expressed feeling regarding the employment of almoners in the country is at present lukewarm. It will take a considerable effort to effect a change of mental attitude on the part of hospital managers and committees of management before the employment of almoners in the country can be regarded as a likely possibility. War economies have, of course, to be accepted as a negative factor.

I think that the position should be faced that the training of some almoners may be completed and that no appointments in country base hospitals will be available for them.

Personally, I should like to have more first-hand knowledge of the social work of almoners in connection with patients suffering from cancer before I felt able to speak with full conviction of the necessity for the use of almoners in country base hospitals.

If a beginning were made at the Royal Melbourne Hospital by the employment of a special almoner for cancer work, if all cancer patients in the hospital or attending the out-patient departments were interviewed, and if a record were kept of the amount of social assistance rendered each month, then some facts of definite value would emerge. It will be necessary to have facts when the question of the renewal of the £500 per annum subsidy to the Board of Social Studies comes up for discussion, i.e. 30th June, 1942. At the present time I fear that we are assisting in the social training of many candidates who will never do any work in connection with cancer. In the meantime I would recommend that the Victorian Institute of Hospital Almoners might be asked to meet representatives of the Executive Committee to discuss the action which might be taken to implement the following conditions on which the Institute accepted the Anti-Cancer Council's annual grant. The relevant conditions are set out hereunder:-

- (1) That so far as is possible this money will be used to train almoners in medical social work and that your Institute will endeavour to persuade trained community social workers to take an extra year's training for medical social work and by so doing qualify them for service in the cancer field.
  - (2) That your Institute undertakes to develop the organization of the Almoner Service in country districts in accordance with the scheme outlined by your Institute to the Executive Committee of the Anti-Cancer Council making the necessary representations to the Charities Board of Victoria, the Managing Committees of Base Hospitals and the Australian Almoners Association.
- 115  
95.1

The Cancer Clinic at Bendigo presents many points of interest to the Executive Committee. It is managed by the Medical Superintendent Dr. C. Stanley, and the members of the Honorary Medical Staff are two surgeons Dr. Sandner and Dr. Harrison. Patients are seen once weekly and treatments are arranged by appointment apart from the day of the Clinic. Eighty new patients have been seen at the Clinic during the past twelve months. Radon is used very little for curative purposes and most of the cases are treated with the supply of radium held by the Hospital on loan from the Commonwealth Department of Health. I was informed that Dr. Harrison and Sandner have been authorised by the Director-General of the Commonwealth Department of Health to use this radium. Experience in treatment had previously been gained by visits to Dr. Kaye Scott's cancer clinic at the Royal Melbourne Hospital.

The majority of patients seen by me at Bendigo were suffering from cancer of the lip. No deep x-ray treatment is available. I made it clear, however, that all facilities would be placed at the service of the Hospital for any patients requiring this form of treatment in Melbourne. I stressed that the Anti-Cancer Council was anxious that no patient should miss the opportunity of receiving beneficial attention by reason of poverty and distance from a cancer treatment centre.

The treatment of superficial cancer at Bendigo brought back to my mind a question which was raised during my visit to Wangaratta. I was asked by the Committee of Management there why cases of skin cancer, especially those of rodent cancer, should have to visit Melbourne for radium treatment instead of being able to receive it in the country. I promised to discuss this on my return to Melbourne.

There is certainly a definite difference between the use of radium for superficial skin cancer and for other forms of cancer. Medical men in practice in country districts, of good standing in their profession, are apparently quite willing to attend a recognized cancer clinic in Melbourne as many times as is necessary to learn the methods of treating superficial cancer. They cannot, however, afford the cost of the University diploma course in radiotherapeutics. These medical men are quite conscious of their limitations with regard to treatment by radium, and have no desire to practise radiotherapy except in skin conditions.

This question has frequently cropped up during my visits to country centres and I have attempted to make my replies as non-committal as possible. I feel that there is a case to answer, and I am not quite sure of my ground.

My visits to base hospitals have given me the opportunity of obtaining much needed publicity for the work of the Anti-Cancer Council.

In company with Mr. Kitson, from the Victorian Government Statist's Office, I have inspected the work of the Cancer Registrars at the Alfred Hospital, Prince Henry's Hospital, the Austin Hospital, St. Vincent's Hospital, and at the Women's Hospital. I have also seen the work of the Registrars at my own hospital.

A beginning has been made and with tuition and encouragement progress should be continuous.

I have not been able to make contact with Dr. Kaye Scott (he is at present on holiday) with reference to his scheme for the establishment of a hostel for cancer patients attending a radiotherapeutic centre for out-patient treatment. My own impression is that sufficient demand for this type of accommodation does not exist.

The work of the Cancer Information Bureau is of a progressive character and I have answered numerous enquiries. The editors of the metropolitan press have endorsed the policy of giving the Council publicity once fortnightly.

C. V. MACKAY,  
Executive Medical Officer.

30/3/40.

HERRING & BATHURST  
Solicitors

High Street,  
MARYBOROUGH  
27th February, 1940.

The Secretary,  
Anti-Cancer Council of Victoria,  
Spring Street,  
MELBOURNE. C.1

Dear Sir,

L. M. Bucknall, decd.

We now enclose herewith Deed of Release in connection with the above Estate. Will you please peruse same and if satisfied therewith will you please get your Treasurer to sign the Deed and then return to us.

We shall let you have a cheque for £56. 0. 0 when all the beneficiaries have signed the Release.

Yours faithfully,

HERRING & BATHURST.

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1st March, 1940.

Messrs. Herring & Bathurst,  
Solicitors,  
MARYBOROUGH.

Dear Sirs,

Re L. M. Bucknall Dec'd.

I am instructed by my Executive Committee to acknowledge receipt of your letter of 27th February, 1940, enclosing the Deed of Release in connection with the above estate for execution by the Treasurer of my Committee.

Whilst fully appreciating the generosity of the Testatrix and the valuable services of the executors in the administration of the estate, my Executive regrets that the Council is not empowered by its Act of Incorporation to execute the documents submitted. It could not possibly give an indemnity or even a release but it will be very pleased to acknowledge receipt of the amount payable to the Council when the executors are in the position to remit same.

Yours faithfully,

H. G. Wheeler,  
Secretary.

In connection with (iii) it is recommended that the full-time service of Dr. C. V. Mackay be made available at each centre in rotation for a convenient period (approximately a month). It is thought that in this way individual assistance by the Executive Medical Officer will not only substantially lighten the work of individual Registrars but will inspire more cordial co-operation.

RF/NA

14th March, 1940.

It should be said that the Centre has attained anything approaching perfection. Depending on it does upon the voluntary efforts of the clinical personnel the burden of the war will, I feel to be prejudicial to our efforts to attain a high standard of efficiency. Under these circumstances, if events justify the expenditure, the Executive Committee may be asked to increase the current appropriation in order to pay bonuses to Hospital Registrars.

The Secretary,  
Anti-Cancer Council of Victoria,  
c/o Royal Australasian College of Surgeons,  
Spring Street,  
MELBOURNE. C.1

Dear Sir,

Re Central Cancer Registry

I beg to report progress as under:-

A. Distribution of copies of the Hospital Cancer Register.

By the middle of December 1939, the six contributing centres were each provided with a book of standard rulings (known as the Cancer Register) wherein to record selected particulars of all cancer cases presenting from 1st January, 1940, onwards. Issued at the same time were typewritten copies of detailed instructions for uniform procedure in compilation of the Register.

B. Explanatory lectures to Personnel.

In addition to the typewritten instructions already mentioned two lectures were delivered at the Central Registry Office, Royal Australasian College of Surgeons - one to the six Hospital Registrars, one to the six Hospital Records' Clerks.

C. Six months preliminary trial of plan of operations.

The tentative plan, as outlined to the Executive Committee on 3rd July, 1939, was subjected to a probationary period of operation at the Royal Melbourne Hospital from 1st July to 31st December, 1939, under the direction of Dr. C. V. Mackay.

During this time frequent consultations took place between Dr. Mackay, Mr. Kitson, Mr. Wheeler and myself and adjustments of detail were made. It is now possible to state that the detailed plan appears to meet all requirements and, given the genuine co-operation of the whole clinical and clerical personnel, should be productive of results.

D. First routine inspection of contributing centres.

Early this month - two months after the general adoption of the plan - the supervisor, Mr. Kitson, and the Executive Medical Officer (Dr. Mackay) visited each of the contributing centres for the purposes of examination and instruction. Mr. Kitson's reports are attached to this memorandum.

It would appear from these reports and from my personal observations that immediate attention should be given to securing -

- (i) the enthusiastic support of Honorary Medical Staffs,
- (ii) full-time service of the records' clerk in the three largest Hospitals (R.M.H., St. V's. Alfred)

1960 Jan - Jan

(iii) Sincere and intelligent co-operation by the voluntary Registrars in each hospital.

In connection with (i) and (ii) it is recommended that the contribution centres be circularised in the name of the Executive Committee asking that their obligations in these respects should be honoured.

In connection with (iii) it is recommended that the full-time service of Dr. C. V. Mackay be made available at each centre in rotation for a convenient period (approximately a month). It is thought that in this way individual assistance by the Executive Medical Officer will not only materially lighten the work of initiation, but will inspire more cordial co-operation.

**E. Conclusion.** Except at the Royal Melbourne Hospital it cannot be said that the Scheme has attained anything approaching perfection. Depending as it does upon the voluntary efforts of the clinical personnel the burden of the war will, I feel be prejudicial to our efforts to attain a high standard of efficiency. Under these circumstances, if events justify the expenditure, the Executive Committee may be asked to increase the current appropriation in order to pay bonuses to Hospital Registrars.

On Tuesday, 5th instant, accompanied by Dr. Mackay, I visited the Alfred Hospital and inspected the records of the Cancer Registry.

Yours faithfully,

I have to report that considerable misapprehension exists at the Registry with regard to the procedure to be adopted in entering the particulars of cases in the Registry.

On Friday, 8th instant, a visit of inspection was paid to the Cancer Registry at each of the following:-

Robert Fowler,

Honorary Chief Registrar,  
Central Cancer Registry.

1. Prince Henry's Hospital.
2. St. Vincent's Hospital.
3. Women's Hospital.

I desire to report that these hospitals are seeking an earnest endeavour to co-operate with the Central Registry. Difficulties experienced by the Registrars were discussed, and I feel confident that the records will be satisfactorily kept.

The inspection drew my attention to the importance of the assistance rendered by the medical officers of the various hospitals. It is uniformly as regards the interpretation of the scheme to be followed for the purpose of securing reliable results, I consider it desirable to be benefited if the Executive Medical Officer of the anti-Cancer Council were appointed as adviser with the Registrars of the work of the various contributing centres.

Yours faithfully,

A. F. [Signature]

Registrar, Central Cancer Registry

ANTI-CANCER COUNCIL OF VICTORIA

CENTRAL CANCER REGISTRY

11th March, 1940.

The Chief Registrar,  
Central Cancer Registry,  
C/o Royal Australasian College of Surgeons,  
MELBOURNE. C.1

Dear Sir,

On Tuesday, 5th instant, accompanied by Dr. Mackay, I visited the Alfred Hospital and inspected the records of the Cancer Registry.

I have to report that considerable misconception exists at the Registry with regard to the procedure to be adopted in entering the particulars of cases in the Register.

On Friday, 8th instant, a visit of inspection was paid to the Cancer Registry at each of the following:-

1. Prince Henry's Hospital.

2. St. Vincent's Hospital.

3. Women's Hospital.

I desire to report that these hospitals are making an earnest endeavour to co-operate with the Central Registry. Difficulties experienced by the Registrars were discussed, and I feel confident that the records will be satisfactorily kept.

The inspections drew my attention to the importance of the assistance rendered by the medical officers at the various hospitals. As uniformity in regard to the interpretation of the scheme is essential for the purpose of procuring reliable results, I consider it would be of benefit if the Executive Medical Officer of the Anti-Cancer Council were appointed to assist with the supervision of the work at the various contributing centres.

Yours faithfully,

G. E. KITSON,  
Supervisor, Central Cancer Registrar.

ANTI-CANCER COUNCIL OF VICTORIA  
ALFRED HOSPITAL  
CENTRAL CANCER REGISTRY

25th April, 1940.

20th February, 1940.

H. S. Wheeler, Esq.,  
Robert Fowler, Esq. F.R.A.C.S.,  
Honorary Chief Registrar, Victoria,  
Central Cancer Registry, College of Surgeons,  
14 Parliament Place,  
MELBOURNE. C.2. C.1

Dear Sir,

On Friday 9th inst., I visited the Royal Melbourne Hospital and inspected the records of the cancer section administered by Dr. C. V. Mackay.

I made a selective check on the cases entered in the Cancer Register and desire to report that the Register is very well kept, each case being entered neatly and accurately. The instructions issued from the Central Cancer Registry have been complied with and it would appear from my examination that the instructions fully cover all possibilities.

Dr. Mackay is experiencing difficulty in obtaining satisfactory reports on the patients' conditions at each visit. This is of vital importance as the assessment of result depends on this report. However, he is endeavouring to interest the Honorary Medical Officers in the matter and hopes to be successful. A follow-up system is necessary to finalise cases.

X-ray catalogue numbers are not available at the hospital at present for research references, but Dr. Mackay is endeavouring to procure same.

Wherever possible the serial number in the Register has been inserted on all documents connected with the case.

I have asked Dr. Mackay to forward cards for tabulation purposes to the Central Cancer Registry at the end of February. He expects to be able to finalise approximately 200 cases.

Yours faithfully,

G. E. KITSON  
Supervisor  
Central Cancer Registry.

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ALFRED HOSPITAL

6th April, 1940.

H. G. Wheeler, Esq.,  
Secretary,  
Anti-Cancer Council of Victoria,  
C/o Royal A/Asian College of Surgeons,  
Spring Street,  
MELBOURNE. C.1

Dear Sir,

After having conferred with the Cancer Registrar at this Institution I should be pleased if the services of the Chief Executive Medical Officer, Dr. C. V. Mackay, could be made available for one month in order that our Cancer Register, Records and Follow-up system may be thoroughly reviewed as to its efficiency.

Trusting your Council will give this matter its sympathetic consideration and appreciating past favours.

Yours faithfully,  
J. H. P. ELLER,  
Secretary.

Yours sincerely,

ANTI-CANCER COUNCIL OF VICTORIA

ROYAL MELBOURNE HOSPITAL,

29th March, 1940.

H. G. Wheeler, Esq.,  
Secretary,

Anti-Cancer Council of Victoria,  
C/o Royal Asiatic College of Surgeons,  
Spring Street, G.I.

Dear Mr. Wheeler,

I desire to bring to your notice our agreement with the Royal Melbourne Hospital concerning the clerical services of Miss Damon.

These services have been shared by the Hospital and myself since the beginning of last May. I now propose that this arrangement should terminate at the expiry of Miss Damon's annual holiday, which she desires to take from the 6th May to the 18th May inclusive. On Monday the 20th May Miss Damon would begin work as a whole-time employee of the Anti-Cancer Council.

I have spoken to Mr. Morcom on this subject and he is quite willing to agree to any arrangement convenient to us. Would you kindly communicate with the Manager of the Royal Melbourne Hospital?

Miss Damon's salary is £3/5/- per week and we have agreed to increase this to £3/7/6 as from the 20th May. I expect that the Hospital would also agree to holiday payment in advance on termination of twelve months' service.

Like all part-time arrangements, this one has become somewhat difficult under pressure and Miss Damon's work has suffered in consequence. I shall have, during the next six months, a better opportunity of judging Miss Damon's capacity for the somewhat special type of work involved in the compilation of the Cancer Registry and the work of the "follow-up" system of cancer records.

Yours sincerely,

C. V. MACKAY.

REPORT BY THE EXECUTIVE MEDICAL OFFICER FOR PRESENTATION TO THE EXECUTIVE  
COMMITTEE AT THEIR MEETING ON 24/6/40.

I beg to submit for the approval of the Committee proofs of a handbook on cancer which I have written for distribution in Victoria. Copies have already been forwarded to the members of the Committee. If the policy of issuing a handbook is approved, it is now possible at this stage of printing to make any additions, deletions, or alterations in the text which may be considered to be necessary. An estimated price has been obtained for ten thousand copies, and the printers have promised to hold the type intact for future orders.

The title is "What every adult should know about Cancer." The handbook itself is based on one issued by the American Society for the Control of Cancer and in places closely follows the text of the revised edition issued in 1932.

The first edition of the American booklet was published in 1918 and represented the combined work of ten eminent cancer specialists. It was subsequently revised and rewritten on several occasions. Suitable acknowledgment of our indebtedness will be made on the last page of the handbook.

Although the foundation of the American booklet has been preserved, the text has been considerably reduced and altered to conform with Victorian medical thought and practice. Careful discrimination has been attempted between the insertion of essential useful knowledge of this disease and of details which might tend to produce morbid consciousness or fear of cancer. Although any alterations in the text are possible at this stage of printing, it is hoped that they will not be of such a drastic character as to constitute a complete revision.

It is intended - subject to the approval of the Executive Committee - to distribute this handbook, when finally corrected, over as wide a field in Victoria as possible.

Numerous enquiries have been received by the Cancer Information Bureau for a handbook of this description. It is considered that there are many organizations in Victoria, such as the Country Women's Association, Trade Unions, Rotary Clubs, etc. which would assist in the distribution to their members. The publicity thus given to the means of early diagnosis of cancer, and to the work and objects of the Anti-Cancer Council is very necessary, and should be of especial value in the country districts of Victoria.

Since the last meeting of the Executive Committee I have worked at the Alfred Hospital in an endeavour to bring the methods of recording cases of cancer in line with the statistical requirements of the Central Cancer Registry, presided over by Mr. R. Fowler, F.R.C.S. I have been very well received at the Alfred Hospital and now feel that I understand the routine of this hospital sufficiently well to be able to pay visits to the clinical and clerical sections of the Cancer work with confidence of full and welcome co-operation.

I have also made contact with the lay and medical authorities of St. Vincent's Hospital, and hope at an early date to assist in building up the records and "follow-up" system for cancer cases on the same lines as have been established at the Royal Melbourne Hospital and at the Alfred Hospital.

The Cancer Information Bureau appears to be supplying a definite need, and its work is greatly assisted by the fortnightly cancer publicity in the Melbourne press.

C. F. MACKAY.  
14/6/40.

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ALMONER SERVICE

Dr. R. Kaye Scott, the Executive Medical Officer and the Secretary attended a conference with the representatives of the Victorian Institute of Hospital Almoners on Wednesday, 12th June, 1940, at 4 p.m.

Before the meeting, the representatives of the Anti-Cancer Council of Victoria decided upon a common policy which was later adopted at the conference.

As a result of the meeting it was decided that the following action should be taken by the Victorian Institute of Hospital Almoners:

1. That endeavours should be made to have an almoner appointed at the Austin Hospital for Cancer & Chronic Diseases. The following steps are to be taken:-
  - (a) The Honorary Staff is to be approached in an endeavour to enlist their sympathy and support.
  - (b) The Medical Superintendent is also to be approached.
  - (c) Representations are to be made to the Board of Management of the Hospital.
  - (d) Representations are then to be made to the Charities Board of Victoria.
2. It was decided to endeavour to arrange for the appointment of a temporary special almoner at the Royal Melbourne Hospital for a trial period of six months, for the purpose of investigating the social position of every cancer patient attending the Hospital. It is hoped that as a result of the report received, more definite information will be obtained concerning the manner in which an almoner service benefits patients suffering from malignant disease.
3. It was decided that the appointment of an almoner at the Ballarat and the Bendigo and Northern District Base Hospitals was desirable.

It was understood that the responsibility for initiating the moves necessary in connection with these appointments rested with the Victorian Institute of Hospital Almoners, and the representatives of the Anti-Cancer Council offered to co-operate and lend their support, although they pointed out that the Anti-Cancer Council could not undertake the responsibility.

Representatives of the Victorian Institute of Hospital Almoners realised that the agreement between the Anti-Cancer Council of Victoria and their Institute placed the responsibility for this work on the Institute.

Decisions numbered 1 and 2 are to be implemented immediately, but, at present, no action is to be taken to implement decision No. 3.

The Executive Medical Officer placed before the meeting his views concerning the need for an almoner service in connection with the treatment of patients suffering from malignancy and a copy of his remarks is attached.

H. G. WHEELER.  
Secretary.

REPORT BY DR. C. V. MACKAY ON ALMONER WORK WITH CANCER PATIENTS IN HOSPITALS IN VICTORIA, READ AT A CONFERENCE BETWEEN REPRESENTATIVES OF THE ANTI-CANCER COUNCIL AND THE VICTORIAN INSTITUTE OF HOSPITAL ALMONERS ON WEDNESDAY, 12th JUNE, 1940.

I began my investigations into the social aspect of the treatment of cancer with much enthusiasm. I considered that here was an outstanding opening for the Anti-Cancer Council of Victoria to support the existing organizations and to enlarge their scope. I was especially impressed by the opportunities which I thought existed for almoner work among cancer patients in suburban and country districts of Victoria.

My ideas were somewhat vague as to the details of this work, but I did think that an urgent need existed. Since then I have been somewhat disillusioned, and today I find it very difficult to define the requirements of almoner work with regard to cancer patients.

The organization and the objectives of the Anti-Cancer Council make it a peculiarly suitable medium to improve the treatment of cancer patients, and to assist in easing social disabilities. It can and has been argued that the Anti-Cancer Council has a very limited scope of responsibility either, for example, in making payments in money or in kind to indigent cancer patients. It is considered that these matters can best be left to established organizations, and that the Anti-Cancer Council should only concern itself with considerations of treatment facilities. These would include rail, tram, and bus fares for patients, as well as arrangements for accommodation during treatment.

During the latter part of last year and the early months of 1940 I visited all the Base and other hospitals in Victoria on behalf of the Council. I brought two particular messages. I stated that owing to the centralization of cancer treatment in Melbourne the Anti-Cancer Council would arrange for free railway fares and for accommodation in Melbourne for any indigent cancer patient recommended by a Base Hospital. I also strongly emphasized the work done by almoners in Melbourne hospitals, and urged their appointment at Base Hospitals.

There was a singular and universal lack of appreciation by Boards of Management of the necessity for almoners, except as assessors or clerical assistants to the managers and secretaries. After my extensive visits I was reluctantly compelled to admit that the scope for almoners in the country districts of Victoria was at present extremely limited. This has since been accentuated by the seriousness of the War position.

The principal factors are as follows:-

- (1) Country hospitals do not as a rule discharge their cancer cases to their homes if they are indigent. Death occurs in hospital;
- (2) Whatever work of a social character an almoner might do in a country town or district the cancer portion would not be ten percent of the whole. Cancer is not a major problem in country hospitals;
- (3) The Committees of Management of country hospitals do not appreciate the value of the work done by almoners;
- (4) The expense of an almoner's salary, with travelling allowances, seemed to be beyond the financial capacity of the hospitals.

I was reluctantly forced to the conclusion that the opportunities visualized by our Council at one time for almoner work in connection with cancer patients in country districts are, in my opinion, practically non-existent at the present time.

In the metropolis conditions were different, but here again I was surprised at the apparent absence of need on the part of most cancer patients attending public hospitals.

Cancer, in its social aspects, is a peculiar disease and cannot be compared with diabetes. When the cancer patient is ill he or she almost invariably goes to hospital and remains there, the span of life in severe cases being short. When in hospital most of the patients are pensioners and six shillings per week of their pension is for their personal expenses. A small percentage of cancer patients attending hospital may require social assistance but so far as my experience goes it is smaller than I expected.

To test my observations, and to increase my knowledge of the social side of cancer, I decided to visit some of the cancer patients attending hospital in their homes. For this purpose I availed myself of the services of the Melbourne District Nursing Association and saw the patients with the sister in charge of the social work. None of the patients ~~seen~~ seen appeared to be in need of social assistance even as regards payment of train fares, etc., and none were being visited by the almoners of their respective hospitals.

Almoners in hospitals only see cancer cases specially referred to them, and it would certainly be of great interest to have all new cancer cases at one of our hospitals seen over a period of at least six months. This would give valuable information as to the amount of work necessary amongst cancer patients. At present I find myself unable to decide what amount of almoner work is required.

The Austin Hospital is the only hospital with a large number of cancer patients, roughly about 130 being always in hospital. The appointment of an almoner at this institution, either full-time or half-time, for cancer work, to keep in touch with all admissions and discharges, assist in the follow-up system, and keep in touch with metropolitan and Base Hospitals would, I feel sure, be an excellent beginning in special cancer almoner work. I have reason to believe, however, that an appointment of this character might not be welcomed at the Austin Hospital and a good deal of persuasion would be necessary before agreement could be obtained.

C. V. MACKAY.

12th June, 1940.

At the end of April, Mr. B.N. Scott, B.Sc., resigned from the staff to take up the position of Physicist to Hospitals in Adelaide. Mr. F.M. Carey, B.Sc., A.M.I.N.E., A.A.I.S.E., was appointed to the vacant position, and during 1939 has been engaged principally with duties arising in the purification and measurement of radon.

2. ISSUE OF RADON.

The total radon issued during 1939 was 28,591 millicuries, representing a decrease of 10 per cent from the total for 1938. A total of 239,226 millicuries has been issued since radon preparation was commenced in July, 1929.

Issues of radon were made to 6 metropolitan and 2 country hospitals in Victoria and to the Launceston and Royal Hobart Public Hospitals. The total issue to hospitals represents a decrease of 15 per cent from the figures for 1938.

Hospital	Millicuries
Melbourne	10,398
Women's	4,523
St. Vincent's	2,051
Launceston	1,409
Alfred	1,101
Prince Henry's	641
Hobart	342
Bendigo	301
Eye and Ear	210
Horsham	74
	<u>21,027</u>

Radon available after the requirements of hospitals have been fulfilled can be issued to radiologists experienced in its use. A total of 5,104 millicuries (representing an increase of 28 per cent over the figures for 1938) was issued in this way to private practitioners.

Radon issues to centres outside Melbourne (including occasional issues to the hospital and private practitioners in Adelaide during the period in which that radon centre was not in operation) amounted to 2,613 millicuries, compared with 4,596 millicuries during 1938.

The total radon issued for treatment purposes was 27,151 millicuries, representing a decrease of 8 per cent from 1938. The number of patients treated was 634, an increase of 14 per cent, while the millicuries used per patient were 42.8, compared with 38.2 in 1938.

University of Melbourne

## REPORT TO THE ANTI-CANCER COUNCIL OF VICTORIA ON THE PARTICULARLY VICTORIAN ACTIVITIES OF THE LABORATORY DURING THE YEAR 1939.

1. NEW ORGANISATION AND STAFF CHANGES.

In July 1939, an agreement was entered into between the Commonwealth Department of Health and the Anti-Cancer Council of Victoria whereby the latter made an annual grant, and the Laboratory undertook the operation of the local physical service to hospitals in Victoria.

With the completion of the investigational work connected with the standardisation of radium and radon measurement, Mr. T.H.Oddie, M.Sc., A. Inst.P., has been available for investigational and routine work in x-ray problems.

At the end of April, Mr. B.W.Scott, B.Sc., resigned from the staff to take up the position of Physicist to Hospitals in Adelaide. Mr. F.M.Carey, B.Sc., A.M.I.E.E., A.Am.I.E.E., was appointed to the vacant position, and during 1939 has been engaged principally with duties arising in the purification and measurement of radon.

2. ISSUE OF RADON.

The total radon issued during 1939 was 28,591 millicuries, representing a decrease of 10 per cent from the total for 1938. A total of 239,226 millicuries has been issued since radon preparation was commenced in July, 1929.

Issues of radon were made to 6 metropolitan and 2 country hospitals in Victoria, and to the Launceston and Royal Hobart Public Hospitals. The total issue to hospitals represents a decrease of 15 per cent from the figures for 1938.

Hospital	Millicuries
Melbourne	10,395
Women's	4,523
St.Vincent's	2,031
Launceston	1,409
Alfred	1,101
Prince Henry's	641
Hobart	342
Bendigo	301
Eye and Ear	210
Horsham	74
	<u>21,027</u>

Radon available after the requirements of hospitals have been fulfilled can be issued to radiologists experienced in its use. A total of 6,104 millicuries (representing an increase of 28 per cent over the figures for 1938) was issued in this way to private practitioners.

Radon issues to centres outside Melbourne (including occasional issues to the hospital and private practitioners in Adelaide during the period in which that radon centre was not in operation) amounted to 2,613 millicuries, compared with 4,595 millicuries during 1938.

The total radon issued for treatment purposes was 27,131 millicuries, representing a decrease of 8 per cent from 1938. The number of patients treated was 694, being a decrease of 14 per cent, while the millicuries used per patient were 39.2 being an increase of 7 per cent over that for the previous year.

Through the courtesy of the Director-General of Health, a total of 1,101 millicuries were made available to research workers in the Natural Philosophy Department of the University of Melbourne, while 359 millicuries were used for research purposes in the Laboratory. Research issues are made only after all requirements for treatment purposes (both hospital and private practitioners) have been fulfilled.

The radon used for treatment purposes was issued in 5,459 containers, representing an increase of 2 per cent over 1938. The distribution of containers amongst the various types was as follows: implants (0.3 mm pt. eq.), 1 per cent; needles (0.5 mm. pt. eq.), 0.5 per cent; needles (0.8 mm.pt.eq.), 76 per cent; tubes (1.0 mm.pt. eq.), 6 per cent; tubes (1.8 mm.pt.eq.) 16 per cent. It will be seen that the tendency towards increased screenage is still being maintained; during 1939, 98.5 per cent of the radon issued was screened by at least 0.8 mm.pt.eq. The corresponding figures for the previous four years were 90, 94, 94 and 97 per cent respectively.

2. The needles issued have had the particular strengths required to deliver the desired dosage distribution throughout each individual lesion, and this has resulted in the use of a large range of strengths ranging from 0.2 to 7 millicuries per centimetre. Of the radon issued in deedle form, 10 per cent was of a strength 2.0 millicuries per centimetre or greater, 8 per cent ranged from 1.6 to 2.0, 44 per cent from 1.1 to 1.5 millicuries per centimetre, 23 per cent from 0.76 to 1.0 millicurie per centimetre, 12 per cent from 0.6 to 0.75 millicurie per centimetre, and 3 per cent below 0.6 millicurie per centimetre. The progressive tendency towards the use of weaker strengths is indicated by the figures for the number of needles required for each 100 millicuries issued for the last four years, which are 15.5, 17.0, 19.5 and 22.5 respectively. The use of a wide range of strengths and greater number of needles has caused an appreciable increase in the work of the physicist in calculating strengths and greater number of needles has caused an appreciable increase in the work of the physicist in calculating and cutting capillary and of the mechanic in filling needles.

Needles are issued in lengths varying from 1 to 10 centimetres. An analysis of the distribution of needles amongst various lengths shows that 56 per cent were less than 4 centimetres, 33 per cent ranged from 4 to 7 centimetres and 11 per cent were greater than 7 centimetres. These relative figures have remained practically the same for the last four years.

The figures for radon issues given above apply to the content of the containers at the intended time of insertion in the patient. Since metropolitan issues are often made to hospitals for operation next morning, and appreciable amounts are despatched to extra-metropolitan centres, a very considerable difference exists between the content at filling and at insertion. Further, hospital requirements are of a very varying nature; for example, although the average weekly issue was 521 millicuries, the individual weekly issues ranged from 166 to 1,010 millicuries. For these reasons, although 45,989 millicuries were purified only 59 per cent was actually applied to patients.

General Notes on Issues from all Australian Centres.

A summary of radon issues from the five Australian radon centres is given below; the total used for treatment purposes represents an increase of 2 per cent over that of 1938.

	Mgms. in Solution	Mc. of Radon Issued		Mc./mgm./year	
		Treatment	All Purposes	Treatment	All Purposes.
Commonwealth Laboratory.	1,524	27,131	28,591	17.8	18.8
other Australian centres.	1,719	20,484	21,073	10.9	11.2
Total	3,243	47,615	49,664	15.0	16.9

The issues to private practitioners, expressed as a percentage of the total treatment issues for the different centres were - Commonwealth, 22 per cent; Sydney, 17 per cent; Adelaide, nil; Perth, 35 per cent; Brisbane, 11 per cent. The number of millicuries used per patient were - Commonwealth, 39.2; Sydney, 17.3; Adelaide, 21.9; Perth, 25.4; Brisbane 61.0. In all, 1,433 patients were treated in Australia with radon during 1939.

All radon centres are now operating with uniform conditions of mounting in gold tubing, with the majority of the containers screened by at least 0.8 mm. pt. eq. and most of the remainder screened by 0.5 mm. pt. eq. It will be seen, however, that the clinical methods of utilizing the radon vary appreciably from centre to centre, and a careful comparison of the results obtained should be of value to radiotherapists.

3. LABORATORY OPERATIONS INVOLVING THE USE OF PRECIOUS METALS.

Considerable quantities of gold, silver and platinum are used in the drawing of tubing for radon containers and in rescreening of radium needles and tubes. During the year, the total mass of gold issued from, and returned to the Laboratory represented an increase of 5 per cent over 1938. The gold working loss within the Laboratory amounted to approximately 0.1 per cent of the total handled.

Metal Tubing for Radon Containers.

The Laboratory has continued to manufacture gold and silver tubing for use in its own radon service, and for the other Australian centres. The following quantities (representing an increase of 12 per cent in construction time over that for 1938) were issued during 1939.

ACCV RECORDS

	Gold Cap. 0.3 mm. pt. eq.	Gold Cap. 0.5 mm. pt. eq.	Gold casing 0.5 mm.pt.eq.	Silver Casing 0.2 mm. pt. eq.
Commonwealth Laboratory.	426 ft.	16 ft.	32 ft.	-
Other Austral- ian centres	232 ft.	49 ft.	34 ft.	66 ft.
Total	658 ft.	65 ft.	66 ft.	66 ft.

In addition six gold tubes for intra uterine radon applicators were constructed.

The increasing requirements of tubing by the other centres have seriously taxed the laboratory staff, and towards the end of the year, 170 ft. of 0.3 mm. gold capillary, 100 ft. of 0.5 mm. gold capillary, and 60 ft. of gold casing were purchased from abroad and distributed at the order of the local centres.

Issues and Return of Radon Containers.

All radon containers issued from and returned to the Laboratory are subject to careful check, and any not returned are charged for at regular intervals. Of the 5,459 containers issued, only 27 were not returned, which indicates the care given by hospital staffs.

4. PHYSICAL SERVICE.

In each State, a local physical service, generally financed by State anti-cancer funds and based on the Physics Department of the local University, is responsible for physical work in the radiotherapeutic departments of hospitals. The State physicist is in most cases responsible for the operation of the radon service, and has the training and equipment required for carrying out the necessary physical measurements and calculations to determine dosages being applied to patients being treated with x-rays and gamma rays. General progress in the work of the local physical services has been continued, and in most cases, radiologists are taking full advantage of the available facilities.

Victoria

Under the agreement between the Commonwealth Department of Health and the Anti-Cancer Council of Victoria, the Laboratory is providing the local physical services to Victorian Hospitals. Laboratory equipment is available for physical service activities and in addition the Anti-Cancer Council is providing certain equipment (including a dosage sub-standard) required for the use of the Victorian service alone and not for laboratory use generally. Suitable portable dosage substandards were previously obtained from Germany. An order has been placed for an instrument of very recent British Manufacture.

During the year, all hospital dosimeters have been calibrated and measurements of the output and quality of the x-ray beams used in treatment in the Royal Melbourne, St. Vincent's, Women's and Austin Hospitals have been carried out.

The physical problem of radiotherapy is the delivery of an adequate dose of radiation to malignant tissue with a minimum of damage to healthy superficial and surrounding tissue. The determination of the skin dose, and the doses at various depths within the tissue, is a difficult physical problem. Recent work has shown that these doses can be calculated from data obtained under carefully controlled experimental conditions with an accuracy considerably higher than that which can be reached in individual measurements on hospital equipment. Large scale graphs permitting the ready calculation of both x-ray and radium dosages for the wide range of conditions used in treatment have been prepared in the Laboratory during the year and distributed to radiotherapists and hospital physicists. The adoption of these graphical methods will ensure that tissue dosages applied in all Australian Hospitals can be evaluated in terms of an accepted unit.

These methods are used regularly by the physicists on the staff of the Royal Melbourne Hospital (Miss D. Wellington B.Sc., and Miss R. Farran, B.Sc.) in the evaluation of the actual doses applied to patients undergoing x-ray and radium treatment. The skin and depth doses delivered by the various x-ray beams used at the St. Vincent's, Women's and Austin Hospitals have been calculated in the Laboratory.

Calculations of the dosage distribution for different arrangements of radioactive applicators are being made regularly for the Women's and St. Vincent's Hospitals. In many cases, the radiotherapist determines the dimensions of a volume of tissue to which a required dose is to be delivered in a required time and the lengths, strengths and distribution of radon containers are determined in the Laboratory, and the required containers made up and issued.

The Laboratory has evolved rapid and accurate methods of determining the actual radiation exposure received by operating personnel in x-ray diagnostic and therapeutic and

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4.  
radium departments. During the year, the protection facilities at the Royal Melbourne, Austin, St. Vincent's, Women's and Ballarat Hospitals have been examined, and in certain cases, recommendations as to increased protection have been made.

Information as to the x-ray protective power of local building materials has been supplied to the Victorian Department of Health and architects for hospitals and professional chambers. In particular, specifications of the protection required in x-ray departments of the new Alfred and Royal Melbourne Hospitals have been supplied.

5. ADVISORY WORK REGARDING THE PHYSICAL PROBLEMS ARISING IN THE USE OF X-RAYS AND RADIUM.

The Commonwealth Department of Health has made the services of the physicist-in-charge available to institutions for consultation on various problems arising in connection with x-rays and radium. During the year, a considerably increased advantage has been taken of this facility. Advice was sought by a number of institutions regarding the technical aspects of x-ray therapeutic and diagnostic equipment, and of various types of electro medical apparatus. In several cases, the causes of irregular operation of x-ray equipment were investigated and recommendations made to eliminate the troubles. Information on problems of radon production has been supplied to the Wellington Hospital.

Technicians play a not unimportant part in the work of x-ray diagnostic and deep therapy departments, and it is in the interests of the accurate application of radiation that they should be as well informed as possible regarding the technical details of their work. With this object in view, the Melbourne Technical College established a theoretical and practical course for x-ray technicians several years ago. At the suggestion of the Australian and New Zealand Association of Radiology, this course has now been placed on a correspondence basis so that facilities for training are available to technicians throughout Australia. The Laboratory is represented on the x-ray Board of the Melbourne Technical College and has been able to assist in preparing schemes to suit individual centres.

The Laboratory has been represented on the Committee for the preparation of the X-ray Code of the Standards Association of Australia.

Through the Anti-Cancer Council, new deep therapy equipments have been, or will be in the near future be installed in the St. Vincent's, Austin and Royal Melbourne Hospitals. The Laboratory has assisted in preparing the specification of the equipments and has advised on technical aspects of equipments offered by tenderers.

6. INVESTIGATIONAL WORK  
Investigational work upon physical problems of radiotherapy is being carried out by the laboratory staff. The results of these investigations are made available to Victorian radiologists and a number have been suggested and carried out with their co-operation. Details of the investigational work carried out during 1939 are given in the complete report of the Laboratory.

VISITS TO THE LABORATORY  
The appreciable increase in the number of visitors to the Laboratory noted last year has been maintained throughout this year; in addition to Melbourne and interstate physicists and radiologists, parties from the Radiological Section of the Victorian Branch of the British Medical Association, technicians in training at the Melbourne Technical College, and nurses and technicians from the radiological departments of various hospitals have visited the Laboratory and been shown the various activities. Such visits are of considerable mutual advantage, and lead to a better understanding of the difficulties confronting both laboratory and hospital workers.

## VICTORIAN INSTITUTE OF HOSPITAL ALMONERS

### Report for the

The Chairman of the Victorian Institute of Hospital Almoners, and

Financial Year Ending on 30th June, 1940,

Prepared for, and Submitted to, the Victorian Anti-Cancer Council.

Conferences between representatives of the Anti-Cancer Council and the Institute of Hospital Almoners resulted in an agreement on the following points:-

1. That Almoner services were essential for the medical social care of patients suffering from cancer.
  2. That, in Victoria, there was not a sufficient supply of trained almoners to meet the ordinary demand, therefore more should be trained.
- The two bodies accordingly decided to co-operate in bringing about the increased provision of trained almoner services and the introduction of these services into hospitals where they would be most needed and effective. To this end, the grant of £500 a year for a period of three years was made by the Anti-Cancer Council to the Institute which, in its turn, undertook the following:
1. To take steps to increase the number of students accepted to train in the almoner work and, where necessary, to adapt the present course to this special need.
  2. To give assurance that experienced almoners would leave their present posts and accept work with cancer patients either in metropolitan or country hospitals.
  3. To approach the Charities Board with a request that it endeavour to secure the co-operation of base hospitals and to bring about the employment of trained almoners therein.

The following report indicates what has been done in furtherance of this undertaking.

#### 1. Increase in number of students.

Although the cost of the training of the hospital almoner exceeds more than the students' fees received, it was considered that, at the moment, the Victorian Institute of Hospital Almoners could add to its number of students without incurring much additional expense. On the other hand, the Board of Social Studies, which undertakes that section of the almoner training which is taken on general social work, found it impossible to enrol an additional number of prospective students without an increase in staff, as each student is required to include in her course a percentage of field work requiring individual supervision. The grant of £500 a year was accordingly utilized to subsidise the Board of Social Studies to the extent of £400, and it was thus made possible for the Board to employ an experienced field work tutor and to increase the student body, as indicated by the comparative figures as follows:

Number of students sent forward to the specialised training under the Victorian Institute of Hospital Almoners from the Board of Social Studies.

Year 1938	-	1 student
Year 1939	-	4 " "
Year 1940	-	6 " "

Number of students indicating increased number of new students accepted by the Board of Social Study and Training.

Year 1938	-	7 new students accepted.
" 1939	-	9 " " "
" 1940	-	12 " " "

In addition to this action in regard to the Board of Social Studies, the Institute introduced into the almoner course additional lectures given by a medical specialist in cancer.

2. Assurance that experienced almoners would be available.

The Chairman of the Victorian Institute of Hospital Almoners, and the Directress of Training, addressed the Victorian Branch of the Australian Association of Hospital Almoners on this matter with the result that two experienced almoners immediately offered to resign from their posts and undertake work with cancer patients, wherever and whenever required. As no hospitals called for their services, their offer was not availed of.

During the past year Dr. E. S. J. King had continued his work on the

3. The approach to the Charities Board.

This was undertaken by the Chairman of the Victorian Institute of Hospital Almoners in person, and by the Secretary in correspondence. The Secretary of the Institute also wrote, notifying base hospitals of the offer that had been made by experienced almoners, and suggesting the advisability of making an appointment. King and MacCallum have directed attention to the development of subcuticular tissue in fat, particularly in the axilla, but also in other situations in pathological conditions.

In addition, the Directress of Training, in her capacity of Chief Almoner at the Royal Melbourne Hospital, extended statistical records so as to have available special information in regard to cancer patients. The foregoing report indicates that the training of almoners has been accelerated, that almoners have been provided and are available, but that their introduction for this special work, either into metropolitan or country hospitals, has not taken place. Although the two experienced almoners who originally offered their services may not now be available, the Victorian Institute of Hospital Almoners has been informed that others are ready to undertake this work and that there is a small surplus of trained almoners not yet in positions who could relieve those who might be specially interested to undertake work with patients suffering from cancer.

D. BETHUNE.

Directress of Training

PUBLISHED PAPERS

S. GREIG SMITH.

Honorary Secretary.

R. A. Willis, B.Sc., M.D., M.B., F.R.C.S.

1. "A Primary Cystic Metastasis in the Brain from a Carcinoma of the Breast". J. of Path. and Bact. 1932. XLIII, p. 471.

2. "Argentaffine Carcinoma (Carcinoid Tumour) arising in Ovarian Teratoma: Report of Two Cases". J. of Path. and Bact. 1932. XLII, p. 297.

3. "The Experimental Study of Tissue Transplantation and its bearing on Cancer". The Aust. and N.Z. J. of Surg. 1933. IA, p. 119.

ACCEPTED FOR PUBLICATION

R. A. Willis -

1. "An Ovarian Teratoma containing Cerebellar Tissue".

(Submitted to J. of Path. and Bact.)

2. "Metastatic Neuroblastoma in bone presenting the Ewing Syndrome with a discussion on 'Young's Sarcoma'". (Submitted to Aust. J. of Path.)

3. "Oligoma (astrocytoma) of the Optic Disc".

(In collaboration with Dr. J. R. Anderson, to appear in the Trans. of the Ophthalm. Society).

E. S. J. King, M.D., M.S., D.Sc., F.R.C.S.

1. "The Pathology of Pre-malignant Bursitis". Syd. Molec. Med. Clin. Soc. Trans.

2. "The Pathology and Systemic Effects of Metastatic Carcinoma of the Breast".

3. "The Pathology of the Breast". Aust. J. of Surg.

4. "The Pathology of the Breast". Aust. J. of Surg.

THE UNIVERSITY OF MELBOURNE

Report of Research Work Done in the Pathology Department,  
University of Melbourne, during 1939.

For the Anti-Cancer Council

14th May, 1940.

During the past year Dr. E. S. J. King has continued his investigations of the histology of tumours, ganglia, cysts and the responses generally of synovial and related tissues to pathological conditions, and has paid particular attention to the staining behaviour and form of the Golgi apparatus on the cells of these tissues. He is of opinion that the condition of the Golgi apparatus may provide a valuable index of the state of functional activity of cells of synovial tissues in pathological conditions.

King and MacCallum have directed attention to the development of new lymph-glandular tissue in fat, particularly in the axilla, but also in other situations in pathological circumstances, e.g. breast cancer, a matter of moment to the surgeon.

Studies of proliferation of thyroid tissue in pathological thyroids have been made by N.M. Harry, P. MacCallum and L. E. Rothstadt on a series of glands removed at operation, particularly with reference to the types of proliferative activity and the development of "adenomata".

Dr. R. A. Willis has continued his researches on the spread of malignant tumours and on the structure of teratomas. A case of neuroblastoma with metastasis in the femur simulating Ewing's Sarcoma of bone has been fully studied, and a review of the subject of Ewing's Tumour undertaken. Other work includes the origin of adamantinoma, the microscopical structure of a series of dog tumours, some studies of embryological histology with special reference to the origin of embryonal tumours, and the examination of an unusual tumour of the optic disc.

PUBLICATIONS

R. A. Willis, D.Sc., M.D., M.R.C.P.

1. "A Solitary Cystic Metastasis in the Brain from a Carcinoma of the Breast".  
J. of Path. and Bact. 1939. XLVIII, p. 474.
2. "Argentaffine Carcinoma (Carcinoid Tumour) arising in Ovarian Teratomas: Report of Two Cases". J. of Path. and Bact. 1939. XLIX, p. 207.
3. "The Experimental Study of Tissue Transplantation and its bearing on Surgery".  
The Aust. and N.Z. J. of Surg. 1939. IX, p. 119.

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1. "An Ovarian Teratoma containing Cerebellar Tissue".  
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E. S. J. King, M.D., M.S., D.Sc., F.R.C.S. -

1. "Tumour of Pre-patellar Bursa". Roy. Melb. Hos. Clin. Reports.
2. "Ganglia and Cysts of Menisci, Observations on the Golgi Apparatus". S.G.O.
3. "Lymph Nodes in Fat". A. and N. Z. J.S.
4. "Tumours of Tendon Sheaths". A. and N.Z. J.S.