Victorian Cancer News

A Quarterly News Letter issued by the Public Education Sub-Committee of the Anti-Cancer Council of Victoria

No. 6 NOVEMBER, 1960

CANCER CAMPAIGN MAKES PROGRESS

The annual research expenditure of the Anti-Cancer Council of Victoria has increased from £12,000 in 1956/7 to £120,000 in 1959/60. This is revealed by the Council's Annual Report presented at the Annual Meeting on 26th September. The total expenditure for the year was £157,520, an increase of more than £50,000 on the amount spent in 1958/9.

During 1959/60, 33 separate research projects were financed by the Council. A large part of its expenditure is in the fields of leukaemia and carcinogenesis.

LEUKAEMIA RESEARCH

Research on leukaemia includes both clinical studies on patients with the disease, statistical studies regarding its incidence and characteristics in Victoria, and fundamental investigations into its nature and origin.

At the Royal Children's Hospital a clinical study is being made of all leukaemic children admitted to the hospital. Although at present the disease is invariably fatal, newer methods of treatment have been introduced which will prolong life, usually for many months and sometimes for years. By careful management of the drugs used in treatment, doctors have been able, during the period of extension of life, to keep the children well and happy, leading practically normal lives at home and even attending school.

Other clinical and scientific studies on leukaemia are under way at St. Vincent's Hospital and the Alfred Hospital.

The Central Cancer Registry, which is entirely supported by the Anti-Cancer Council, continues its statistical investigation of the disease, with the co-operation of the haematologists of the main public hospitals. The action of the Minister for Health in declaring leukaemia a notifiable disease in Victoria should greatly facilitate the Registry's work.

Meanwhile, the Council's Carden Fellow, Dr. Donald Metcalf, is pursuing his work at the Walter and Eliza Hall Institute on the fundamental characteristics of leukaemia in mice. With the assistance of Dr. K. Nakamura, a distinguished Japanese research worker, Dr. Metcalf has established colonies of pure-line strains of mice developing high and low incidences of leukaemia. By a close study of these mice in the period before leukaemia develops, it is proposed to evaluate those factors which determine the appearance of the disease in some mice, but not in others.

CARCINOGENESIS

Research on carcinogenesis (the origin or induction of cancer) is centred in the University of Melbourne. Research workers in the Department of Pathology, under the direction of Professor E. S. J. King, are seeking to gain a better insight into the means by which certain chemicals produce cancer when administered to experimental animals.

Work on carcinogenesis is also under way in the Departments of Botany, Physiology and Organic Chemistry.

CYTOLOGICAL DIAGNOSIS

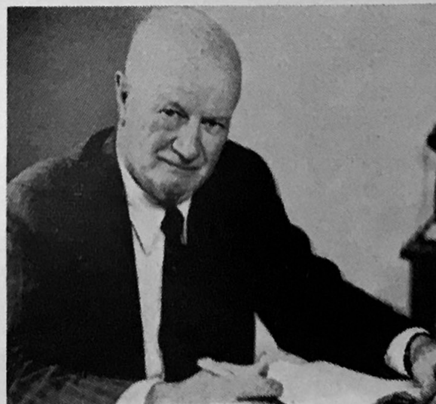
The Report details the results achieved by the cytologic diagnostic service established at the Royal Women's Hospital last year with the Council's financial support.

During the year more than 10,000 vaginal smears were examined, 2,877 being from gynaecological out-patients and 6,584 from ante-natal cases. The remainder were from in-patients and from outside sources.

Amongst the gynaecological out-patients alone 22 cases of carcinoma in situ of the cervix of the womb were diagnosed (incidence 0.8%), compared with an average of five cases per year before the service was instituted. In addition, two cases of carcinoma which were unexpected clinically were detected.

The Hospital comments that it is generally assumed that 50% of cases of carcinoma in situ later become invasive. Thus, 11 women have been saved the personal suffering resulting from cancer, and two others have received treatment at an early and favourable moment.

The results of the examination of the ante-natal cases were still incomplete as the Report went to press.



Sir Peter MacCallum.

SERVICE TO CANCER PATIENTS

Grants for Patient Aid exceeded £7,500, and included a grant of £1,500 to the Melbourne District Nursing Service for its work in providing nursing service for cancer patients in their own homes.

The Council has also given financial help to an association formed recently by colostomy patients, with the encouragement of Melbourne surgeons, which aims to assist other patients who may need help in adjusting themselves to the apparatus used after the operation.

Many cancer patients have received financial and other personal assistance through the Patient Aid Scheme.

EDUCATION

The public education programme underwent considerable expansion during the year, states the Report.

A total of 160 talks were given to a wide variety of community organisations, ranging from Churchwomen's Guilds to Jaycees and Rotary Clubs, compared with 60 talks the previous year.

Many of these meetings were in country centres, where the response has almost invariably been most enthusiastic.

Several "Education Weeks" organised by the Country Committees were staged with great success, notably at Bendigo, Wangaratta and Horsham.

In the belief that the creation of an informed public opinion is an essential step towards achieving its basic objective — "To save more lives" — the Public Education Committee plans to expand and intensify its education programme still further.

Two cancer seminars for the medical profession, organised by the Melbourne Medical Post-graduate Committee, in association with the Council, were held in the course of the year.

The first dealt with cancer of the uterus and the second with cancer of the stomach. Both were remarkably successful, being attended by many hundreds of doctors from all over Victoria.

In presenting the Report at the Annual Meeting, Sir Peter MacCallum, Chairman of the Executive Committee, praised the achievements of cancer research workers in Victoria.

However, he felt that even more would be done in the future. Progress depended on the co-ordination and development of research along the most productive lines.

"We have no illusions about the difficulties in finding a solution to the cancer problem," he said.

UNIVERSITY SURVEY OF ANTI-CANCER FILMS

THEY TEACH THE FACTS

Educational films screened by the Anti-Cancer Council had measurably increased knowledge of the warning signs of cancer, according to a survey carried out by the Department of Audio-Visual Aids, University of Melbourne.

Mr. Newman Rosenthal and Mr. R. J. Thomson, reporting on the project at the Cancer Congress, said that it was found that each of the films examined had also provided viewers with reassurances likely to offset possible anxieties and, therefore, to increase the likelihood of positive action.

First step in the survey had been to make an analysis of all available public educational films. These had been classified, the two extremes being those concentrating on an objective type of message (symptom recognition, methods of treatment, etc.), and those with an emotionally "saturated" approach ("Imagine **yourself"**, etc.).

Of these films, three had been selected to test audience reactions. They included two American films, "The Other City" (a whole-hearted attempt to teach symptom recognition), and "A Doctor Speaks His Mind" (an outline of the seven signs of cancer), and a New Zealand film, "Quiet Crisis" (which was directed towards encouraging people to seek early treatment).

All three were live-action films, the first being in colour, and the other two in black and white. The trend towards objectivity of approach was strongest in "The Other City", and towards the subjective approach strongest in "Quiet Crisis."

THE MESSAGE OF THE FILMS

In judging the effectivenesss of an anti-cancer film, workers on the survey had decided that the most important communication which such a film could make would be to stress the need for prompt action on the part of any person finding he or she has a symptom which might mean cancer.

This action would necessarily take the form of calling upon a member of the medical profession for advice. Since the general practitioner was more readily accessible to the general public than the specialist, it had been decided, also, that it was important for the film to stress that this was a matter which could be taken to the family doctor with complete confidence.

The question of reassurance had also been accepted as a pivotal point of the film's message. To communicate reassurance, i.e., that a diagnosis of cancer does not mean that cure is out of the question, the film would need to contain some information relating to methods of treatment, estimated curability, and the grave consequences of delay.

Questionnaires to test communication of these messages were given out immediately prior to the viewing of the three selected films, immediately following it, and again after a lapse of six weeks.

The first questionnaire covered relevant sampling data such as age, sex, education and socio-economic status. The second questionnaire was used to obtain viewers' records of the film story, their subjective impressions of the main messages, and information relating to their acceptance or rejection of elements in the film. The last questionnaire provided delayed-recall records, and information on action taken as a result of seeing the film, even if this merely amounted to having discussed the subject of cancer with friends or relatives.

Comparable audiences viewed each of the three films. The aim was to provide approximately balanced representation between the sexes, between the over-30 and under-30 age groups, and between above-Intermediate and below-Intermediate Certificate educational levels.

SUCCESSFUL COMMUNICATION

Results showed that all three films succeeded in communicating the message that promptness of action in seeking medical help was vital when a symptom was detected which could mean cancer.

All three films succeeded also in bringing about an increase in agreement with the statement, "If you think you might have cancer, it is not necessary to consult a specialist first, since your family doctor will know what to do for you."

Comparing pre-viewing with post-viewing assent to this question it was recorded thus:

	Pre-viewing	Post-viewing
"The Other City"	15%	59%
"A Doctor Speaks His Mind"	9%	41%
"Quiet Crisis"	10%	36%

In regard to symptom recognition it had been found that viewers averaged four symptoms correctly named per person before being shown any of the films. This suggested that public education on this topic had already made considerable progress.

The American film, "The Other City", had been most successful in increasing the number of signs named. It succeeded in teaching one additional symptom, raising the average number of correct symptoms from four to five.

The increase of knowledge of cancer facts following the viewing of "The Other City" seemed to depend on the use of a number of techniques commended in the survey.

The anonymous narrator technique in this film allowed for an objective, documentary style of presentation, and there were regular and recurring balancings of warnings by reassurances. Sombre subject matter was offset by the use of high-quality colour filming and there had been concentration on the development of a single idea.

USE OF ANALOGY

The use made in "The Other City" of some apt analogies to illustrate visually the process of metastasis (a valuable means of reinforcing the message to act promptly) was also commended. To demonstrate the spread of the disease viewers were shown a branch breaking from a tree by the side of a creek, floating down-stream and eventually taking root lower down.

Visual-teaching techniques of this type when used with discretion proved most effective.

Although it had not been suggested by the research workers that an ideal instructional film on cancer should arouse no anxiety in viewers (scarcely a realistic proposition), it was felt that anxieties should be carefully controlled by the provision of adequate reassurances.

NO CANCERPHOBIA

Scientifically controlled experimental research at Yale University had shown that strong fear-arousal tended to inhibit effective learning. Short projective tests given to groups of Melbourne viewers were designed to discover whether any of the films shown during the survey produced any marked traces of anxiety in audiences.

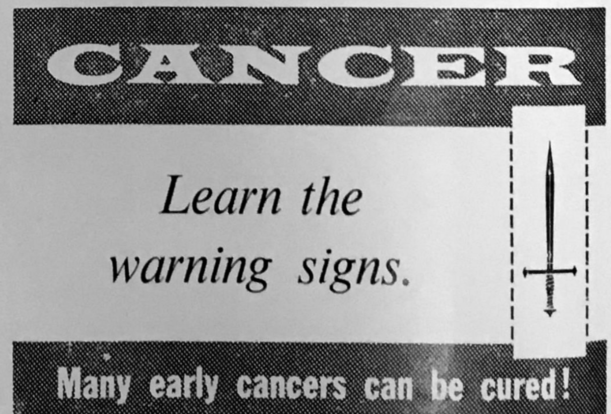
In the projective tests three slides were shown to subjects before viewing and a matched series of three after viewing. The subjects were then asked to produce their own imaginative stories based on the situations depicted in the slides.

By comparing the stories before and after viewing it was hoped to make some rough assessment of changes in mood, or the stirring of any latent anxieties resulting from the impact of the film.

However, results of the tests had shown that, although there were traces of anxiety in some cases, it did not appear as if any of the films had administered anything approaching an emotional shock severe enough to inhibit learning. Certainly, none of the films appeared to have produced any marked hypochrondriacal tendencies on the part of viewers.

On the other hand, the films had not only brought about positive changes in factual knowledge, but also improvements in viewers' attitudes to the disease.

When one considered that these beneficial changes, calculated to increase the likelihood of positive action should the occasion arise, had resulted from a single film viewing, they were sufficiently well marked to inspire optimism in the effectiveness of cancer education through the medium of film.



SURVEY OF PUBLIC ATTITUDES TO CANCER.

ENCOURAGING RESULTS OF EDUCATION CAMPAIGN

Better knowledge of the seven warning signs of cancer, an increased awareness of the serious nature of the disease, and a slight increase in confidence in non-surgical methods of treatment were encouraging results of Victoria's public education campaign. This was revealed by a current investigation of public attitudes towards cancer discussed at the Victorian Cancer Congress.

Dr. Godfrey Gardner, of the Department of Psychology, University of Melbourne, reported on material collected so far by his Department. He pointed out, however, that the trends discussed at the Congress must be regarded only as hypotheses — to be confirmed or rejected later when the full sample had been analysed.

The questionnaire, which had been presented to a selected cross-section of the Victorian population, was designed to show the level of knowledge of cancer in the community and public attitudes to treatment.

The interviewers had before them the objectives of the Anti-Cancer Council's education programme —
to inform the public of the facts about cancer,
to teach awareness of possible signs or symptoms.
to induce people to seek early diagnosis and treatment,
to promote a more hopeful attitude towards the outcome of treatment.

GROUPS INTERVIEWED

People interviewed in 1959 and 1960 were non-cancer patients attending general practitioners for general ailments (referred to in the report as "patients"). In addition, a group of "non-patients", or people not attending a doctor or clinic at the time, were interviewed in 1960. Results of interviews in both years were compared statistically together with some differences in the answers of "patients" and "non-patients".

Growing awareness of the serious nature of the disease was shown in answers to such questions as "Which disease do most people die from in this country?" In 1959 one-third of those interviewed replied (incorrectly) "Cancer", but this year one-half did so.

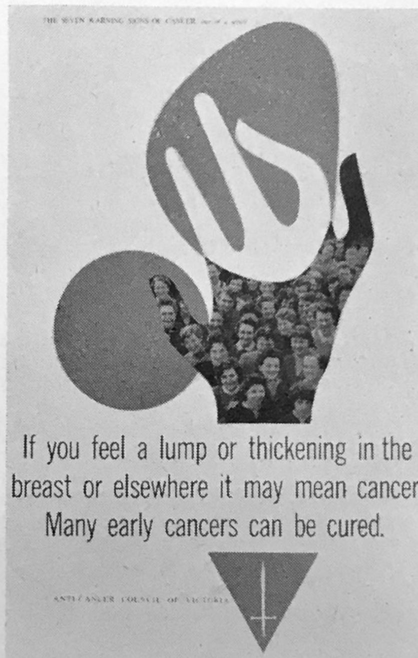
Another question, "Which disease would worry you most if you thought you had it?" was answered with "Cancer" by two out of three people in 1959 and 1960. Also, when given a list of seven diseases, including cancer, about three-quarters of the 1959 and 1960 samples found cancer the most alarming of them.

Sex differences were interesting, and showed that there were 20% more women than men who said that cancer was the disease which would worry them most if they thought they had it. 15% more women than men regarded it as the most alarming of the seven diseases.

KNOWLEDGE OF WARNING SIGNS

Testing knowledge of the seven publicised warning signs interviewers asked, "What do you think could be the first signs of cancer?" They found that the average number of signs mentioned per person had gone up this year from just over one to just over 1½ for "patients", and for "non-patients", men named two and women three.

The number of people who failed to name a single sign had decreased among "patients" from 37% to 32%, while for "non-patients" it was even lower, 10%. The number of people who named two of the signs had doubled and the number who mentioned three had trebled.



One of a Series of Posters issued by the Anti-Cancer Council.

ATTITUDES TO TREATMENT

Public attitudes to treatment were also investigated in the survey. Comparing responses to surgical operation and to other forms of treatment, there was more faith in surgical treatment, although confidence in other forms of treatment (especially among men interviewed) showed a slight increase.

Persons interviewed were asked, "Do you think people with cancer can get better after an operation?" Among "non-patients" three-quarters said "yes", only 12% replied "no", and 10% were doubtful.

However, the overall figures, including both "patients" and "non-patients", were less satisfactory. While the number who said "no" declined from 27% to 19%, those replying "yes" declined from 70% to 53%, and the proportions who "didn't know" went up from 3% to 28%. Confidence in other forms of treatment showed an improvement.

Results to date, which had yet to be checked and proved, suggested there had been a decline in confidence in the possibility of curing cancer.

Whereas 48½% of those interviewed in 1959 thought cancer could be cured, only 36% said so this year. However, the number of people who said cancer could not be cured had dropped slightly from 45% to 40%. Men seemed more optimistic than women and "non-patients" were more optimistic than "patients".

Finally, Dr. Gardner reported on an analysis made of public attitudes towards the necessity of seeking early diagnosis and treatment.

COMPLACENCY

When asked, "Do you think a delay of one month in treatment hinders the chance of a cure?" there seemed to be an increased and disturbing complacency about delay. Apparently it was the men interviewed, and especially the male "non-patients", who were responsible for this increased complacency.

The "non-patients" appeared to know more about cancer than the "patients", had more knowledge about the different methods of treatment available, and were more optimistic about the outcome of operations, but were more complacent about the effects of delaying treatment. This was a puzzling feature of the survey.

A possible explanation for this would lie in a person's "need to worry". People who already had an illness or ailment to worry about would be less likely to worry about cancer or take note of information about cancer. For well people, cancer might satisfy their "need to worry", and they would take notice of information regarding symptoms.

It also seemed reasonable to suggest that complacency about delay would be maximal with both high and low confidence in treatment, and minimal with moderate confidence.

A CONTINUING RESEARCH PROJECT

However the explanation could be that the "non-patient" sample differed from the "patient" sample in other important respects such as level of education. This would need to be checked when all the results were in. Sampling errors, too, could account for the differences.

Dr. Gardner concluded by reminding Congress that this investigation was still continuing. The 1960 results were only half completed and many items still remained to be analysed.

His Department would welcome help from anyone who could arrange contacts with groups of people who were willing to be interviewed on matters affecting the health education of the public.

A NEW CONCEPT OF TREATMENT FOR ADVANCED CANCER

HOME AS BASE

In a paper read at the recent Cancer Congress a plea for a new conception of the management of patients with advanced cancer to enable them to lead as normal lives as possible was made by Mr. Victor Stone, F.R.C.S., a Melbourne Surgeon, and the Honorary Director of the Cancer Unit at the Austin Hospital. Basis of the plan was that, whenever possible, patients should remain at home under the supervision of the family doctor while receiving all the benefits of modern medical treatment.

Such patients might have years of active, useful and relatively pain-free life ahead of them if their cases were correctly treated.

No patient should be despaired of, however ill he might be. It was important that his confidence and co-operation should be obtained by encouraging him to continue in whatever activities he might wish, to his maximum capacity, and for as long as he was physically capable.

Advanced cancer, although marking the stage from which recovery usually could not be expected, was not terminal cancer — far from it. Patients could still be actively treated. By a combination of methods, surgery, radiation therapy and chemotherapy, the growth might be retarded or restrained and held in check for long periods, even for years in some patients.

Everything, therefore, should be done to build up the patient's general strength and morale. Cancer could no longer be regarded as a wild growth of malignant cells occurring in a passive and non-resisting host. Recent studies suggested that there were strong natural defences against cancer.

Treatment of advanced cancer sufferers should be designed to build up these defences. They should receive the maximum dietetic care with a diet of high-calorie and high-vitamin content. Anaemia should be corrected and any intercurrent disease given full treatment. Physiotherapy, and even occupational therapy, should not be neglected. Pain should be completely relieved to ensure adequate rest and the greatest possible degree of comfort.

In the past the patient with advanced cancer was sent to hospital, often after much delay, and then only to await the inevitable end.

This was all wrong. The patient and his medical advisers should regard the home as the base from which the patient might go to hospital only temporarily and for a definite purpose such as special examination and treatment.

There were obvious advantages to be gained in nursing the patient in the familiar surroundings of his home, where he could receive the loving care of his relatives.

The family doctor should play a most important role in this new system of management. In these days of high specialisation it was essential that the patient should have someone to whom he could look for moral support and a kindly human interest in his welfare. However, for the family doctor to act effectively in this situation he must receive the full assistance of all his medical colleagues.

PLAN OF TREATMENT

First step in the plan of action was for the family doctor to arrange for his patient to be seen by a team of specialists. As a result of this consultation a complete assessment of the patient's condition would be made and a course of treatment worked out. In most cases the patient should be given a full explanation of the purpose of the treatment.

It might be necessary for the patient to be kept in hospital whilst treatment was commenced, and subsequently for as long as it was required to prove that the method of treatment was giving satisfactory results. Even while in hospital, however, confinement in bed would be unnecessary. At the Cancer Unit of the Austin Hospital at least 80% of the patients are ambulatory.

As soon as the patient was able to get about reasonably well he should be allowed home and placed in the care of his family doctor who would attend to his day-to-day requirements. Once established, the treatment could very often be carried on at home. The doctor must feel free to call on any of his colleagues for help at any time. It was essential that he should have easy access to a hospital bed for any further assessment, or if unexpected complications should arise.

For those patients who, unfortunately, had no home or relations to accommodate them, there was a great need for some satisfactory alternative. Small private hospitals, with good standards of service, would probably be most suitable, but some patients would need financial assistance. This was a problem which should interest both State and Federal public health bodies.

Alleviation of pain was a vitally-important factor in management of cases of advanced cancer. The administration to the patient of large doses of narcotics so that he was unaware of pain, but also entirely unaware of his surroundings, was unjustifiably crude and clumsy. Such methods should not be tolerated by the patient, his doctor, or his relatives.

Modern methods were capable of giving almost complete freedom from pain but at the same time allowing full consciousness, and even alertness of spirit.

With the help of Professor Frank Shaw, of the Melbourne University, some original techniques had been developed and tried at the Cancer Unit of the Austin Hospital. These techniques, which were extremely simple and very efficient, were now being used elsewhere and were recommended for general use to alleviate much of the suffering of cancer patients.

EUTHANASIA

Mr. Stone then went on to discuss euthanasia in relation to patients with advanced cancer. The desire to relieve pain and suffering was a natural and highly-commendable attribute of modern civilisation, and the question had been raised whether it was justifiable to hasten the peaceful end when the patient's condition was regarded as hopeless.

Quite apart from the important ethical and religious principles involved, the **medical** arguments advanced in favour of euthanasia were no longer supported by any sound factual basis. The recent mastery of the problem of pain relief had put an end to accusations of "prolonging the agony". The doctor would not allow this today, but would prolong life whilst at the same time removing the agony.

Medical science had made rapid progress in the management of many types of advanced cancer. The combination of chemotherapy wth standard methods of treatment had produced some results which previously had been thought to be quite impossible. It was likely that further important discoveries could be expected in the not too distant future.

The terminal patient was entitled to receive from his medical advisers both relief from pain and the mental and moral support that would enable him to maintain his dignity in the face of the inevitable outcome.

In this era of modern medicine, euthanasia could no longer be regarded as mercy-killing but rather as misguided homicide.

In this special kitchen at the Austin Hospital the housewife can resume her domestic duties preparatory to returning home.

VICTORIAN NEWS

CANCER CONGRESS

More than 500 delegates from Australia and many overseas countries attended the official opening of the Victorian Cancer Congress by the Premier, Hon. H. E. Bolte, on 22nd August, at the Melbourne Town Hall.

During the four days of the Congress, sixty medical and scientific papers were read at the five Plenary and six Sectional sessions. In addition, a Scientific Exhibition was presented in the Wilson Hall, and special demonstrations of the uses of television in post-graduate medical education and in diagnosis were arranged for delegates.

The Congress was the first of its type ever held in Australia. Organised by the Anti-Cancer Council, it attracted over one hundred delegates from interstate and abroad. Its success must be measured, not only by the large attendance, but by the high standard of the papers and the discussions at each session. It also gave Victorian research workers the opportunity to benefit from the experience and advice of eminent cancer specialists from the centres of cancer research and treatment in other countries.

PUBLIC EXHIBITION

In association with the Congress, a Public Exhibition, "Victoria Fights Cancer," was held in the Lower Town Hall from 15th to 18th August. It is estimated that at least 7,500 people attended the Exhibition in the four days.

The Austin Hospital, St. Vincent's, Prince Henry's and the Melbourne Distict Nursing Service kindly provided nursing staff for the literature and information counter. Technical staff from the Peter MacCallum Clinic and Australian Electrical Industries staffed and demonstrated the various exhibits.

Special screenings of anti-cancer films were held at the Assembly Hall and Nicholas Hall during the Exhibition. Two sessions for women only at the Assembly Hall were particularly well attended.

A section of the Exhibition was later included in a display stand at the Melbourne Homes Exhibition.

The interest shown in the Town Hall Exhibition and in the display at the Homes Exhibition have confirmed that there is a very real public interest in the cancer problem and particularly in the diagnostic and treatment facilities available in Victoria.

A NATIONAL CANCER ASSOCIATION

The formation of a national association to co-ordinate the fight against cancer in Australia has been discussed for some time. The Victorian Cancer Congress provided the opportunity to call a meeting of representatives of all State Cancer Organisations to further these discussions.

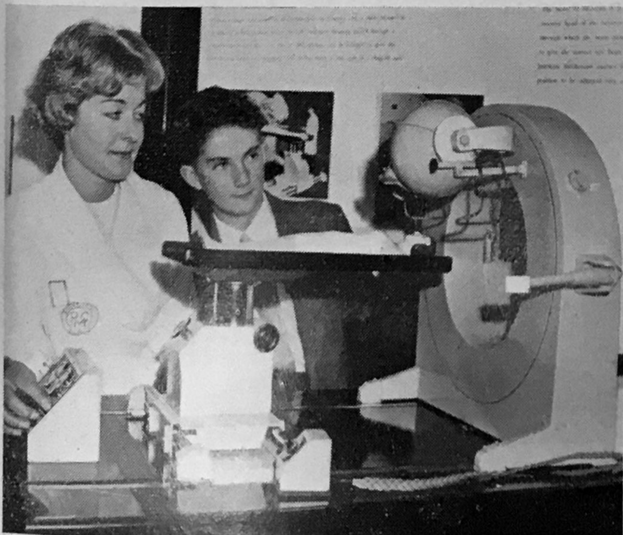
The conference met at the Anti-Cancer Council's headquarters on 26th August. It affirmed the desirability of establishing a national organisation charged with the co-ordination of research and other anti-cancer activities between the States, and with the provision of educational material both for the public and the medical profession.

It was agreed to convene a national conference to be attended by official representatives of each State Cancer Authority and the Commonwealth Government, for the purpose of establishing a national cancer association. The Anti-Cancer Council undertook to hold the conference in Melbourne in November.

U.S. GRANT TO MELBOURNE SCIENTISTS

The Vice-Chancellor of the University of Melbourne, Professor Sir George Paton, has announced that the United States Department of Health, Education and Welfare has awarded a University research team a grant of £45,000 for cancer research.

The work will be carried out in the Department of Physiology by research workers, Dr. S. Rose and Dr. T. R. Bradley. Both scientists have been working at the National Institute of Health in Washington, and will return to Melbourne at the end of this year.



A Peter MacCallum Clinic technician demonstrates a model of a Cobalt "Bomb" at the Exhibition

Commenting on the grant, Sir Peter MacCallum, Chairman of the Executive Committee of the Anti-Cancer Council, described it as "an outstanding example of international co-operation on cancer."

Sir Peter said that the Council had provided £11,000 for the Physiology Department's research since 1956. Dr. Bradley was in the United States on a travelling fellowship given by the Anti-Cancer Council. The question of further support for the project would be discussed when research allocations were decided in November.

SUPERFICIAL X-RAY UNITS FOR COUNTRY CENTRES

The State Minister for Health, Hon. E. P. Cameron, announced on 25th September that superficial X-ray therapy machines for the treatment of skin cancer would shortly be in operation at the Geelong and Bendigo Base Hospitals.

The Geelong unit would be in use early in October, and that at Bendigo early next year. Each unit cost about £3,000.

Mr. Cameron said that the installation of the new units meant that many patients in these areas would no longer need to visit Melbourne, and would allow treatment to be undertaken with the minimum of delay. Similar X-ray machines were already operating at Ballarat and Mildura ("Age," 26/9/60).

CANCER AUTHORITIES TO STUDY ABROAD

Two members of the Public Education Committee, Mr. T. H. Ackland, F.R.C.S., and Mr. Victor Stone, F.R.C.S., have been awarded travel grants to study overseas methods in the diagnosis and treatment of cancer.

Mr. Ackland is the 1961 winner of the Robert Fowler Travelling Fellowship, awarded annually by the Anti-Cancer Council. An Honorary Surgeon to In-Patients at the Royal Melbourne Hospital and Consultant Surgeon at the Peter MacCallum Clinic, he is an authority on breast cancer.

During his six months abroad visiting centres in Great Britain, Europe and the United States, Mr. Ackland will study all aspects of the management of cancer of the breast, including non-surgical treatments. He will also investigate the value of Cancer Detection Centres and methods used in public education overseas.

Mr. Stone, the Honorary Director of the Cancer Unit at the Austin Hospital, will be visiting the United States and a number of European countries. In addition to the study of treatment methods, he will pay particular attention to the diagnosis of cancer and to the results achieved in this connection by the establishment of Cancer Detection Centres. Mr. Stone's other interests will be a study of public education techniques and palliation in advanced cancer.

The Anti-Cancer Council has awarded Mr. Stone a special grant for this purpose.

AROUND THE REGIONS

by A. J. Brown

GEELONG EDUCATION WEEK

The GEELONG Regional Committee conducted an Education Week in the last week of September. The major activity undertaken was the distribution of the folder, "Cancer facts for you", to some 20,000 households in the Greater Geelong area. The Week chanced to coincide with the Geelong Community Chest doorknock appeal, and the voluntary collectors generously agreed to deliver the leaflets on the Committee's behalf.

Retail chemists in the Geelong district also co-operated in the campaign by displaying educational posters and leaflets in their shops. Daily broadcasts were delivered over station 3GL, and substantial press coverage for the Week was given by the Geelong "Advertiser". The travelling display was sited in the City Hall in conjunction with the mass X-ray service unit.

SUB-COMMITTEES

A successful 3-day Education programme was held at WARRACKNABEAL from 17th to 19th August. The local Committee reported excellent attendances at all functions, particularly on the ladies' night when the hall was packed with 150 women.

The ARARAT and YARRAWONGA sub-committees arranged programmes for their respective districts in the week commencing 3rd October. Local doctors gave invaluable assistance to both Committees.

In ARARAT, a special lecture and film session for women was held in the Town Hall and was well attended. Talks on the work of the Council and its Committees and the need for public education were given to the service clubs by the Ararat Chairman, Mr. Cavanaugh. Shops in the city co-operated in the campaign with window displays.

An ambitious lecture and film programme was arranged at YARRAWONGA, with separate sessions for women and for the general public. Attendances were most satisfactory, and indicated, once again, the genuine desire of the public for factual information about the disease. Leaflets were widely distributed through the town and its vicinity.

At WARRACKNABEAL, ARARAT and YARRAWONGA local theatre proprietors included 35 mm. anti-cancer films in their regular film programmes, and press assistance in publicising the campaign was readily offered.

TALKS IN E. GIPPSLAND

The Regional Committee at SALE has commenced a programme of lectures by medical speakers to community organisations in many towns in the region. A talk at MORWELL to the combined women's organisations was attended by more than 200 women. Other talks have been arranged at Heyfield, Sale, Traralgon and other centres.

FUTURE ACTIVITIES

The following Committees are now planning Education Weeks:—

MILDURA (week comm. 17th October)

SALE (week commencing 24th October)

BAIRNSDALE (week comm. 31st Oct.)

SHEPPARTON (week comm. 14th Nov.)

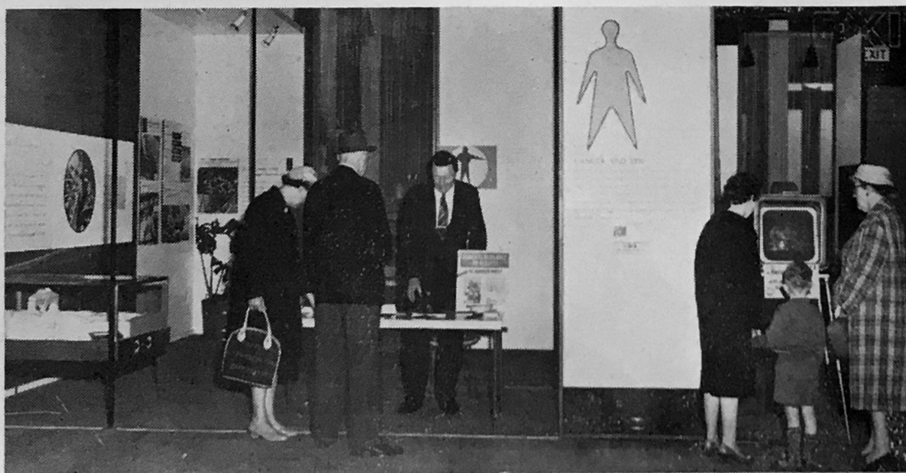
WODONGA (week comm. 21st Nov.)

ORGANISATION

The Chairman of the East Gippsland Regional Committee, Mr. T. Hackett, has advised that new Commitees have been organised at OMEO (Chairman: Cr. A. M. Pearson) and ORBOST (Chairman: Cr. K. Moore).

In an administrative re-organisation of the Region, a separate Service Committee has been formed for the municipality of SALE, under the chairmanship of Mr. B. Preston. The Regional Committee, which formerly acted also as the Committee for Sale, is now concentrating its efforts on liaison with its sub-committees and on co-ordinating their activities. The Committee now consists of a four-man executive plus delegates from each sub-committee.

To our knowledge, East Gippsland is the first Region to attempt to co-ordinate its activities in this way, and its progress will be followed with great interest.



Display Stand at the Melbourne Homes Exhibition.

PATIENT AID NOTES

by Mrs. Marjorie Esson.

Recently country committees were asked to give a report on the work they have done since the Regional Committees were set up early in 1959. Some committees may wonder what is being done in other parts of the State — what sort of cases are seen and how they are handled.

You will be interested to know that almost every Regional Committee has rendered assistance of some kind to cancer patients and their families. Sometimes the actual work has been done by a District sub-committee, but the problem is always discussed with the Regional Committee and where necessary referred by it to the Central Office.

From that point the Almoner and the District sub-committee confer, but the Regional Committee is kept informed of what is happening. The type of assistance and the amount of financial aid given has varied, and some of the committees will have seen demonstrated from their own cases the individual nature of the problems coming to us.

Quite often our funds have been used for a particular need arising from the illness, e.g., for payment of fares and accommodation to enable a wife and children to visit father hospitalised in Melbourne, for the purchase of a rubber mattress in one case and a chair in another to increase a patient's comfort.

Once or twice food and clothing have been provided, but this need has been met in some districts by other organisations, particularly the ex-servicemen's organisations, and Anti-Cancer funds have been used to assist the family in other ways.

Illness of the mother is often a problem, and some provision has to be made for the care of children or for domestic assistance following an operation. In one instance, board in Melbourne was paid to relatives to care for the children, and in a few cases home help has been provided for a limited period. In each case the possibility of obtaining help through the Municipal Council was first explored.

In two cases private hospital care has been subsidised in accordance with the Council's policy of providing this form of assistance in the later stages of the illness, when no bed is available in a public hospital. In the district concerned, beds are not readily available in the base hospital.

Amongst the cases handled by country committees, there have been several where the hardship was extreme and the problems difficult. These cases have demanded considerable time and thought in planning on the committee's part and this has been given with great warmth and understanding.

Although the number of cases helped is not large, we feel that real needs have been met — in part through material assistance, but also through the kindly interest and support of the committees.

TERMINAL CARE PROJECT SPONSORED BY ANTI-CANCER COUNCIL

(Excerpt from the 36th Annual Report of the Royal Melbourne Hospital Almoner Auxiliary, for the year ended 30th June, 1960.)

"The scheme sponsored by the Anti-Cancer Council by which monies are made available to defray, in whole or in part, the private hospital fees for patients in the terminal stages of their illness now operates smoothly. We have reason to believe that the figures for this year represent a fairly accurate picture of the "total needs" of our hospital's patients in relation to terminal hospital care — the figures are also in line with our original estimate that was based on the pilot scheme completed in our Wards in 1958.

"During the past 12 months individual grants were made varying from £1 to £139 on behalf of 45 patients. The total amount expended and reimbursed by the Anti-Cancer Council was £1,674, making possible 1,321 days' hospital care — incidentally, this also meant that for an average expenditure of £37 per patient, 3.6 R.M.H. beds per day were released for acute cases. In addition £150 was expended in Welfare grants approved by the Council's Almoner.

"It is almost impossible to assess or describe the incalculable contribution these Anti-Cancer Council monies make when the Almoners help patients or relatives plan for these last difficult months. In many cases, it has turned out that the actual financial expediture was relatively small, but the financial security engendered by knowing that the Anti-Cancer Council were prepared to underwrite hospital expensse and that additional monies were readily available in cases of need, cannot be overstated.

"We would like to record our appreciation of the Council's action in implementing and continuing to support this scheme which has met an outstanding and chronic need in the community."

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At the present time education tends to be too piecemeal, and cancer is usually mentioned in connection with the death of a politician or a film star. Then there is a wealth of more or less imaginary detail, and the general view is confirmed that the diagnosis of cancer is equivalent to a death sentence.

SHOULD PATIENTS BE TOLD?

Should the patient in whom the doctor has found the beginnings of cancer be told about it? By tradition the doctor tends not to tell his patient when he has a disease of doubtful prognosis: he holds the view that the patient, already perhaps weakened by the disease, runs the risk of not being able to face the disclosure of the exact nature of his illness.

We are not convinced that this is wise — and our view in this matter coincides with that of advanced American medicine. The classical position typifies a certain passive attitude towards the fight against the scourges of society.

The new generation of doctors tends to admit the right of the patient to know the truth, but feels that he must be told in a suitable way. The patient must be made to understand that he is dealing with someone who wants to put up a fight, not with a judge who is sentencing him to treatment or to an operation as punishment.

This is the view of Professor Jean Bernard, who writes: "The most valuable, indeed the only, help is that given by those who try to understand, share, and bear the burden of their patient's sufferings. The truth should sometimes be kept secret for a long time, sometimes disclosed at once, and sometimes — perhaps without anything being said in so many words — slowly communicated in the course of conversation."

In the United States, the word "cancer" does not have the same overtones that it has in Europe. We had an opportunity to visit the Anderson Hospital in Houston, Texas, which bears the name "Cancer Hospital" on the front. There we found a relaxed atmosphere and patients who had confidence in the doctors, who discussed frankly the possibilities of cure.

In Great Britain, doctors in Manchester have for the past two years been studying the reactions of cancer patients who have been told the nature of their illness: of the patients interrogated, only 7% (and these, astonishingly, women) disapproved of patients being told the whole truth. In this enquiry it was shown that many patients were afraid of the term "cancer" because they did not realise that early detection would make cure possible.

This British investigation is interesting because it shows that the public is ready to co-operate with the medical profession as long as the aims and possibilities of energetic action against cancer are explained by an information programme directed and organised by the medical profession itself. At the conclusion of their enquiry the Manchester doctors decided that there were greater reserves of courage and resolution in the human mind than they had realised.

By making an effort to educate the public and patients about cancer, we can little by little eliminate some of the taboos attached to certain terms, such as happened in the past with syphilis and tuberculosis, and thus bring about better co-operation between patient and doctor with a view to early diagnosis and treatment.

Yet the truth should only be told to those who are capable of facing it, either because their faith or philosophy of life enables them to do so, or because their knowledge of medical progress puts them on a par, for example, with the American patient.

TREATMENT AVAILABLE TODAY

The treatment now available for different forms of cancer includes surgery, X-rays, the cobalt bomb, and various chemical substances, and considerable, sometimes definite, results can be obtained in a whole range of cancers diagnosed early, even sometimes at a late stage.

In the last ten years or so numerous cancer-destroying methods have been tried, but doctors have often been held up by the excessively toxic effects of the substances used or by the danger of X-rays. Two new possibilities in the cancer campaign present themselves.

The first consists of greater selectiveness through remote control, the idea being to achieve carriage of anti-cancerous substances directly to the malignant cells alone, without harming healthy cells, using a carrier that might be an antibody, hormone or antibiotic.

The bone marrow grafting done on the Yugoslav scientists is another pointer to progress. As is known, radiotherapy is of limited use in certain forms of cancer because of the danger of destroying the bone marrow centres by excessive doses of X-rays. Research workers removed the marrow before radiotherapy, froze it and replaced it after treatment with X-rays. The results obtained give rise to the hope that in this way X-ray treatment can be pressed further.

These trials, and the results obtained so far, have altered the defeatist attitude that was still characteristic of the doctor as recently as ten years ago. We must think beyond the patient of today to the patient of tomorrow. The encouraging results hitherto achieved fully justify the world-wide enthusiasm for the cancer campaign.

As has been said by the late Dr. Cornelius P. Rhoads, Director of the Sloan-Kettering Institute, New York, the question is no longer *whether* cancer will be conquered but *when* it will be conquered.

"THE QUESTION IS NO LONGER WHETHER CANCER WILL BE CONQUERED, BUT WHEN IT WILL BE CONQUERED."

by Dr. Pierre Rentchnik, University Medical Clinic, Geneva, Switzerland.

Reprinted in slightly condensed form from "World Health", (journal of the World Health Organisation), Vol. XIII, No. 1, 1960.

Among the great scourges that have periodically decimated the human race there are few that have not been forced to yield to the attack of medical science. Leprosy, syphilis, tuberculosis, malaria and most other infectious diseases are all becoming less common; some of them will possibly disappear.

However, cancer continues to be a major preoccupation of medical science and the world in general, for this disease raises a number of problems that are difficult to solve as long as the causative agent is unknown. In the absence of specific treatment, that is to say, treatment which directly attacks the cause in the same way that an antibiotic blocks the growth and spread of the causative organism of an infectious disease, the cancer campaign must be vigorously waged on several fronts; by statistical and epidemiological investigations, by propagating the idea of early detection, and by keeping the public fully informed of the current situation.

Has cancer increased in frequency? Some forms are certainly commoner, partly because medical science has learned to diagnose them, and also because the mean expectation of life has been extended by advances in public health and clinical medicine.

As we know, the cells of the human body, under the influence of a regulating mechanism probably sited in the stem of the brain, are born, live, and die at a rate that varies according to the kind of tissue involved, the organ, certain exceptional circumstances such as accidents, burns, etc., and finally, the age of the individual.

When, as a result of deterioration of this regulating mechanism, the cell division rhythm is upset because of mechanical, physical, chemical or other reasons in association with a factor X (which some people think may be virus), cell division may occur more rapidly and daughter cells arise which begin to form a tumour and live like parasites at the expense of healthy neighbouring cells.

Some tumours will remain benign, in other words are strictly localised at the site where they arise, while others may become malignant by erupting into the blood stream, which carries the cancer cells to different organs, mainly the lungs and bones. This spread of cancer cells takes place according to laws as yet not elucidated.

THE IMPORTANCE OF EARLY DETECTION

What is the point of spreading knowledge about cancer more widely than in the past? The purpose is to attract the public's attention to the fact that early diagnosis enables many lives to be saved. Nowadays, with a larger number of methods at our disposal, early diagnosis of a malignant tumour is possible if the patient is examined in time.

This early diagnosis is of supreme importance, because the time between the beginning of the tumour's growth and the dissemination of daughter cells (metastases) in the blood stream is, in most cases, relatively long, extending over several months and even years.

During this period minor signs and symptoms may be of the greatest importance and should oblige the patient to go to a doctor. They include injuries which show no tendency to heal, lumps and slight thickenings in the breast, unaccustomed loss of blood from any of the body orifices, constant digestive upsets or difficulties in swallowing, alternate bouts of constipation and diarrhoea with slight traces of blood in the stool, persistent cough or hoarseness, prostatic enlargement and repeated attacks of bronchitis.

The doctor, by a blood test, examination of the stool, or X-rays, can study and watch the development of any one of these symptoms, perhaps detect a cancer at its very beginning, and, depending on the site, propose that it be treated by X-rays, cobalt bomb or surgery.

These assertions, far from being imaginative, are solidly backed by statistics. The campaigns for early detection in the United States, the compulsory check-ups in the U.S.S.R., the organised examinations in certain other countries have saved many patients' lives through early diagnosis.

The following statistics, published in the United States, show how the chances of cure depend on the early establishment of a diagnosis.

Comparison of Cure Rates with early and late diagnosis.

	Early:	Late:
Cancer of the breast	78%	36%
Cancer of the uterus	70%	35%
Cancer of the lips	90%	15%
Cancer of the skin	95%	40%
Cancer of the rectum	40%	3%
Cancer of the bladder	55%	5%

People familiar with such statistics, published and commented upon by official medical institutions, are less frightened by the thought of cancer and are conscious of the need to undergo periodical check-ups.

By laying the bogy of cancer through educating the public, the campaign for early detection and treatment can be more successful. **It will never be known how many thousands of deaths have been caused by false modesty, shyness, the fallacies of popular medicine, or even fear, in people who went to the doctor too late.**

A campaign conducted on a national scale should obviously be well organised so that the public will not be frightened by words or descriptions which overstep the bounds of reality and unnecessarily create a "cancerphobia."

Health education should therefore be continuous so that little by little scientific and technical terms become familiar and do not create panic.

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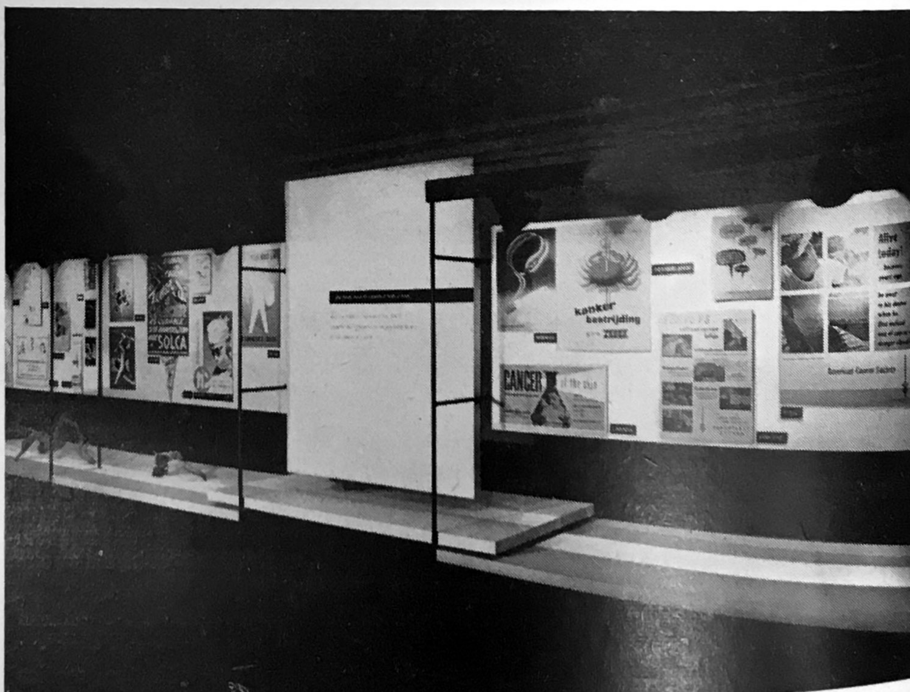

International Posters on display at the Melbourne Town Hall Exhibition.