

# Victorian Cancer News

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

**No. 11 • JANUARY-MARCH, 1962**

## THE OLD PEOPLE COUNTED THE DAYS

### NEW WING AT KEW HOSPICE

*by Carlotta Kellaway*

Ninety-four-year-old patient, Mr. John Dale, who can still delight fellow patients and nurses with his spirited singing of an Irish love song, is typical of the old people who eagerly counted the days to the opening early in January of the splendid new £200,000 wing at the Caritas Christi Hospice conducted by the Sisters of Charity at Kew.

The new wing is a model of what a hospital for the very sick and particularly the aged sick should be, with spacious attractively furnished wards, wide airy corridors, long verandahs where patients may enjoy the sunshine, and an ultra-modern kitchen capable of handling patients' individual requirements as well as providing an a la carte menu for nurses and staff.

#### ANTI-CANCER COUNCIL GIFT

Following an Anti-Cancer Council grant of £50,000 towards the cost of erection, furnishings and equipment, 25 of the 37 beds available in the new wing are permanently reserved for cancer patients.

Mr. Dale, and a number of other elderly patients already at the Hospice, who had followed building operations with keen interest, were very excited when the Mother Rectress, Mother M. Leo Jones, told them that they would be among the first twenty-five selected to move into the new building.

#### THE SETTING

Full use has been made of an attractive natural setting looking out on refreshing views of gardens, parklands, stretches of the Kew Golf Links and, in the distance, the hills.

Modern in design, the single-storey cream brick building stands on a rise with its service block basement at one end conforming with the fall of the land. Careful planning enables glimpses of green paddocks to be seen not only from the wards and the long verandahs but also from the windows of the nurses' and domestic staff's dining rooms.

To patients confined to bed for a great deal of time, such glimpses of open fields, trees and sky will be a spiritual tonic.

#### THE WARDS

There are 12 wards in the new wing, including eight 4-bed wards, one 2-bed and three single-bed wards.

All the rooms are light and airy with long windows opening on to sunny verandahs. They are attractively painted in pastel colours, with carefully chosen matching bed covers and furnishings. Indirect lighting completes the soft, restful effect.

For privacy each bed can be partitioned off with its own set of matching curtains arranged on plastic runners. Beside each bed is a neatly designed small cabinet where the patient may keep his personal belongings. There are also individual night lights and electric hand bells for the use of patients requiring attention during the night.



*The new wards at Caritas Christi are bright and spacious.*

## SPECIAL NEEDS OF THE OLD

The special needs of old people are a basic consideration.

Even on the hottest days the wards are cool. The spacious corridors in conjunction with the long windows provide a through draught whenever it is required.

The new wing is well equipped too with facilities to give the old people extra comfort and warmth during the winter months. A highly-efficient oil-heating system has been installed along the skirting boards throughout the building, blanket warmers are available to all patients, and careful placing of windows lets in the maximum of winter sunshine.

## HOME-LIKE ATMOSPHERE

During a walk through the wards one is struck by the cheerful, home-like atmosphere.

Mother Leo, energetic and enthusiastic, has plenty to say about her cancer patients and how much these new surroundings mean to them.

Speaking of some of the older patients at the Hospice, many of whom are in their nineties, Mother Leo says that "their brightness and cheerfulness is a lesson to us all." She admires their spirit and feels that nothing is too good for them.

Very few of the old people, she says, have private means, and in most cases it would be impossible for their families to provide comparable accommodation, designed specifically for their needs and comfort.

It means a lot to them to have some place where they can live their last days peacefully, in pleasant surroundings where they are confident that every care will be taken of them.

To them the new wing is not only a hospital but a home.

## FOOTBALL FAN

Talking to a few of these old people gives you some idea of what Mother Leo means.

Among the old ladies who have moved in are two old friends, Mrs. Harry Comben, 89, a keen football fan and follower of politics, and 99-year-old Mrs. Minnie Fry, who spent Christmas in hospital to keep Mrs. Comben company.

"I think our new home is just lovely, dear," says Mrs. Comben sitting up straight in bed, anxious not to miss anything. Like the other patients transferred she feels a tremendous personal pride in the completion of the new building.

## YOUNGER PATIENTS

Cancer patients in the younger 40-50 age group who have been given beds in the new wing also benefit.

In the old building lack of space made it impossible to distinguish between age groups. In the new wards, however, it is possible to put younger patients with common interests and outlook together.



*The well-appointed kitchen in the new wing.*

## MODEL KITCHEN

The wing is also splendidly equipped with an ultra-modern kitchen.

Many original ideas for conserving space and labour have been incorporated in its design. The catering officer, Mr. D. R. Barker, a Londoner who was formerly a chef in nightclubs and hotels in the West End and more recently turned to hospital catering in Australia, describes it as unique in his experience — a model hospital kitchen.

It certainly looks most attractive and marvellously clean and bright with its gleaming chrome equipment and well-spaced-out bays (for meat, fish, pastry, saucepans, trolleys and so on) partitioned off by low pastel-tiled walls.

## FOURTEEN GALLONS OF MILK

Storage problems, including the large daily milk order of 14 gallons, are overcome by the four freezing rooms and two storage rooms which adjoin the kitchen. In these capacious simply-designed rooms all bulk food can be safely and hygienically stored, whether it is milk, meat, vegetables or groceries, and yet is easily accessible when required. A storage system of this sort is invaluable in the buying and handling of the large quantities of food essential to hospital catering.

Other up-to-the-minute features in the kitchen include the air cooler installed over the giant stove and the specially constructed floors which may be hosed down for scrupulous cleanliness.

## HOTEL MENU

Six assistants aid Mr. Barker in preparing a wide variety of meals for both patients and staff, ranging from light invalid foods to a list of dishes that reads like a high-class hotel menu.

Patients' meals are carefully planned in consultation with nurses and doctors, but the kitchen staff prides itself on providing as much variety as possible and serving the food attractively and piping hot.

Meals for the staff are supplied through two low serveries which open from the kitchen into the nurses' dining-room, with its gay watermelon feature wall, and the staff dining-room decorated in grey and yellow.

Staff can relax in these tastefully arranged rooms with their restaurant-style tables and chairs, bright curtains and charming views of green stretches of parkland and the Kew Golf Links.

## WAITING LIST

It is not surprising that there is a waiting list for beds in this new building, a list that is growing as patients, their friends and relations learn about the splendid facilities available and the careful consideration given to the special needs of the aged sick.

Mother Leo, whose every concern is for her patients, feels sad that any person needing a bed should be turned away, and already she is planning new additions to the Hospice.

She is proud that Caritas Christi is leading the way in the provision of specialised nursing care and accommodation for these patients.

## PLASTIC CAMOUFLAGE IN SURGERY MELBOURNE EXPERT STUDIES NEW TECHNIQUES

Cancers involving the exposed parts of the body often present the surgeon with a dual problem. His primary aim in excising the growth is to ensure that all the cancer tissue is removed, but he is also concerned to repair any defect resulting from his operation so that the patient may not be embarrassed by a visible scar.

In recent years a number of soft, durable flesh-like plastics have been developed for use as camouflage material following surgery or when otherwise medically necessary. Frequently moulds made from these plastics cover the site of an operation so skilfully that its presence is not at all apparent to the casual observer. The resulting benefit to the patient's morale is often incalculable.

The Prosthetist in charge of the Laboratory attached to the Royal Melbourne Hospital's Plastic Surgery and Facio-Maxillary Unit, Mr. Clifford Wellington, recently visited overseas centres to examine the most up-to-date developments and techniques in this field. The expenses of his visit were defrayed by the Royal Melbourne Hospital, the Hospitals and Charities Commission, and the Anti-Cancer Council of Victoria. The following impressions of his trip, summarised from the report presented to the Council on his return, are printed here for their general interest.

### SHARING DISCOVERIES

Mr. Wellington was encouraged to find that the work of his laboratory in the cancer field was technically equal to procedures in the United States, the United Kingdom and Western European countries. The lighter prosthesis, with its greater cosmetic realism, which has been developed in Melbourne, considerably impressed overseas experts with the life-like effects achieved in facial restorations.

A satisfying feature of his tour was the willingness of workers in the governmental and institutional centres visited to share every new discovery for the benefit of patients who rely so greatly on these restoration techniques and appliances. He was assured that any help required to further his investigations and to develop the many new ideas, techniques and materials studied would be readily available.

### CAMOUFLAGE HANDS

One of Mr. Wellington's special interests was the study of current techniques for handling large-scale restorations. He found the most advanced methods of constructing cosmetic hands,

limbs, etc., in use in the United States at the Walter Reed Veterans' Administration Hospital at Washington and the New York Veterans' Prosthetic Laboratory. The reproductions at these two centres were wonderfully realistic.

Since the demand for camouflage hands is continually increasing in Australia, he hopes that consideration will be given to providing a service similar to the American one in this country. He emphasises that this will not overlap the splendid work of the Repatriation Limb Factory, as many patients are more concerned with appearance than with functional efficiency.

The availability of the new flesh-like materials and simple methods of processing makes the establishment of a special unit for this purpose a matter of urgency, he believes.

### FACIAL RESTORATIONS

In the particular field of facio-maxillary reconstruction, Mr. Wellington was able to compare his own restoration techniques using soft plastic with other methods in use overseas. Much useful information was gained from visits to leading American and British centres, but in some respects the methods developed in Melbourne appear to be in advance of those used elsewhere.

This is especially the case in the design of very light plastic restorations coloured on the inner surface and not requiring adhesives for extra fixation. Here Australian techniques appear to be well ahead of those developed in the United Kingdom.

### CHEMICAL PROBLEMS

Another important object of his tour was to discuss materials used in camouflage restorations with representatives of leading chemical companies, with par-

ticular reference to problems of toxicity, durability, and the various allergies arising from the use of certain plastics.

Overseas experts were able to give valuable up-to-the-minute advice on new materials and also to suggest improvements in the formula of Polyvinyl Chloride (P.V.C.), a substance widely used in the Melbourne laboratory for ear restoration. It is hoped that as a result this already very satisfactory medium will be further improved.

Everywhere great interest was shown in the possibilities and uses to which these new plastic materials are being put in Melbourne.

### LIFE-LIKE MODELS

Plastics can also play an important part in medical education, believes Mr. Wellington. At the Mayo Clinic in Rochester, Minn., he was particularly impressed by a collection of wax and plastic models of pathological specimens, anatomical structures, etc., practically indistinguishable from the original specimens. In his view there is increasing scope for the use of these three-dimensional illustrations as a method of visual instruction in medicine and allied fields in Australian teaching hospitals.

Reviewing the tour as a whole, he feels that technically a great deal has been learnt about new materials and methods of processing, particularly in the field of facial restoration. His first-hand acquaintance with overseas methods and materials has made it possible to assess the standard achieved in Melbourne in its true perspective. It also suggests that, if this high standard is to be maintained and carried to greater perfection, more younger personnel must be trained.



Before and after fitting of a camouflage prosthesis. This young patient had had an eye removed many years previously because of cancer.

# COMMUNITY EDUCATION ON CANCER

## ANNUAL REPORT OF THE PUBLIC EDUCATION COMMITTEE, 1961

### INTRODUCTION

It is now generally recognised that the cancer patient as well as his doctor has a responsibility regarding the early diagnosis of his condition; namely, the onus is upon him to seek medical advice whenever there is a departure from normal health lasting for more than a few weeks. As the signs and symptoms that may mean cancer are generally insidious and may easily be overlooked by the layman, it is logical to endeavour to inform the whole community of these warning signs in order to encourage as many people as possible to take the appropriate action without delay.

This has been and remains the primary objective of the Anti-Cancer Council in its public education programme. In addition, however, the campaign has sought to increase public confidence in treatment, to overcome some of the common fears and misconceptions about the disease that may inhibit prompt action on the part of some patients, and — not unimportant in an organisation wholly dependent upon public subscriptions — to maintain community support for the Council's work.

### LECTURES

Since the public education programme commenced on a full-time basis in September, 1958, our major activity has been the provision of lectures and/or film screenings at meetings sponsored by community organisations. During the past year 108 lectures attended by some 4,900 people were presented for local audiences, 69 of them in the metropolitan area and 39 in country centres.

This represents a considerable decline compared with the previous year, in which 248 meetings were addressed, but it is believed that after the wide initial publicity stimulated requests for anti-cancer talks, the demand for speakers is now becoming stabilised and should remain near the present level.

The Public Education Committee has again received valuable support from the State Health Department, whose District Health Officers have given numerous talks in country centres. It is a pleasure to thank Dr. Kevin Brennan, the Chief Health Officer, and the District Officers who took part in the programme for their willing assistance.

### THE COUNTRY CAMPAIGN

In 1961, as in 1960, many of the Council's Country Committees took an active part in the public education programme. The Regional Committees at Warrnambool, Ballarat and Warragul sponsored "Cancer Education Weeks" in their respective districts in co-operation with District Sub-Committees. The campaign in the Warrnambool Region was particularly comprehensive, embracing not only Warrnambool itself but

Camperdown, Koroit, Mortlake, Port Fairy and Terang. Meetings at Creswick and Daylesford were associated with the Ballarat campaign, and at Drouin with that at Warragul. The Cancer Committees at Euroa, Sale, Swan Hill, Dimboola, Rainbow, Benalla and Mansfield organised independent programmes. Altogether 48 meetings were held attended by 4,800 people.

The activities carried out varied from one Committee to another, but as a rule public meetings and film screenings, press publicity, and the distribution of literature were featured. The public exhibition "Victoria Fights Cancer" was displayed at Warrnambool and Ballarat in the course of the "Weeks" in these two cities.

Regional Conferences were held during the year at Horsham, Shepparton, and Wangaratta. Each was well attended, and provided the stimulus for an extension of the education programme in the Region concerned. The willing participation of Country Chairmen in these Conferences provided further evidence of the continuing interest and enthusiasm of country people in the campaign against cancer.

### EXHIBITIONS AND DISPLAYS

As mentioned above, the "Weeks" at Warrnambool and Ballarat featured the display of the exhibition "Victoria Fights Cancer." This was viewed by some 2,500 people at Warrnambool, and by 750 at Ballarat. A portion of the exhibition was re-assembled in the Lower Melbourne Town Hall during Health Week, where it was viewed by the 11,400 people who attended the mass chest X-ray unit.

For the second year in succession the Public Education Committee sponsored an exhibit at the Melbourne Homes Exhibition in September. Films, slides and a press-button "question-and-

answer" panel were featured, and in the ten days of the Exhibition more than 8,000 pieces of literature were distributed.

The Committee at Sale arranged for the inclusion of the Council's new portable display unit in the Sale Trade Fair; it was staffed by volunteers from local women's organisations who distributed literature to adults attending the Fair. A literature stall was erected at the Swan Hill Show under the auspices of the Swan Hill Cancer Committee and with the co-operation of the local District Hospital and Rotary Club; here, too, considerable quantities of literature were handed out.

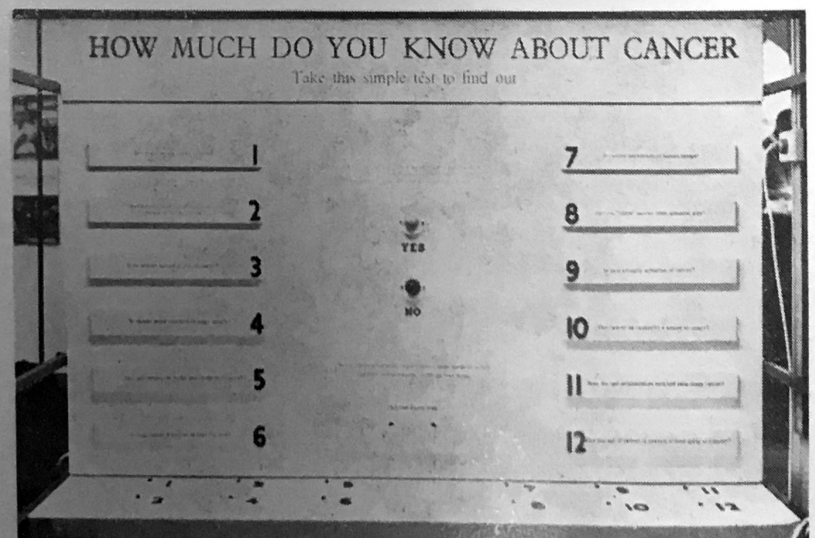
### "HEALTH WEEK"

A major feature of 1961 was the Committee's sponsorship of Health Week in Victoria in association with the Victorian Health Education Committee. The theme selected was the early detection of cancer under the slogan "Early Detection is Your Protection."

The opening ceremony in the Lower Melbourne Town Hall was attended by 80 guests, and was reported in the daily press and on radio and television. The Council's exhibit attracted considerable attention, and several thousand pieces of literature were handed to people attending the X-ray units during the Week.

The 15-minute radio programme "Cast Out Fear" specially produced for Health Week was accepted for broadcasting by 18 metropolitan and country radio stations, while the ABC network featured two anti-cancer talks. On television, both HSV 7 and ABV 2 allocated time for Health Week features.

Five public meetings in the city for women only featuring screenings of the films "Breast Self-Examination" and "Time and Two Women," attracted a total attendance of 625 ladies. The number of questions asked at each meet-



*This press-button unit attracted much public attention at the Homes Exhibition.*

ing indicated the keen interest of the audiences and their desire to know more about cancer.

The majority of municipalities in the State co-operated whole-heartedly in the Health Week programme, distributing approximately a quarter of a million pieces of literature, including 120,000 copies of the leaflet "Shall I Smoke?" and 80,000 copies of "Cancer Facts for You." Circulation of the former in State secondary and technical schools inaugurated a campaign by the Health Education Committee to warn senior schoolchildren of the possible dangers of smoking.

#### LITERATURE

Two new booklets "Cancer of the Womb" and "Cancer — Your Questions Answered" were published by the Public Education Committee in 1961. The former, a companion booklet to "Cancer of the Breast," is handed to all women attending education meetings. The latter, which answers 50 of the questions most commonly asked by the lay public, is intended mainly for distribution by doctors and dentists to interested patients.

In addition, the Committee prepared the leaflet "Shall I Smoke?" for the Victorian Health Education Committee. To date 120,000 copies have been issued, and the leaflet has attracted wide attention in the press and in the Federal and State Parliaments.

Approximately 100,000 copies of the leaflet "Cancer Facts for You" were distributed during the year, some 20,000 of them at exhibitions and during country education campaigns, and the remainder during Health Week with the assistance of Victorian municipalities.

The set of posters "The Seven Warning Signs of Cancer" remained on display in Melbourne trams throughout the year. Sets were also widely distributed during Health Week, together with 4,000 copies of a special Health Week poster.

Four issues of "Victorian Cancer News" were published in 1961, and the circulation of this quarterly newsletter now exceeds 2,000 copies per issue.

#### PRESS AND PUBLICITY

The Council again benefited greatly from the generous publicity given to its affairs during the year by the metropolitan, suburban and country press. The assistance received has ensured that the public has been kept informed and interested in our educational and research programmes.

Many newspapers reprinted in full leading articles from "Victorian Cancer News," and almost invariably the education campaigns in country centres were reported at length by the local press. Undoubtedly this regular reporting of anti-cancer activities will play an important part in gradually eroding the public's fears and prejudices concerning cancer.

Radio and television stations have been equally helpful in promoting knowledge of the Council's work. Mention has already been made of the

generous co-operation accorded to the Victorian Health Education Committee during Health Week, and I would like to express our sincere thanks to the managements of the stations concerned for providing this opportunity of reaching a wide audience.

#### FILMS

The year was notable for the production of the Council's first educational film for public distribution. Entitled "You Are Not Alone," the film covers the case history of a patient with breast cancer, from her first discovery of the growth to eventual cure, illustrating the diagnostic and treatment facilities available in Melbourne and emphasising the importance of early detection. It is hoped to secure wide commercial distribution for the film, which was produced by Zanthus Films (Mr. and Mrs. Adrian Boddington), and runs for 18 minutes.

The library of 16 mm. films jointly maintained by the Council and the State Film Centre has been further expanded, and now includes some 40 titles. A catalogue of the films available from both organisations was produced during the year. The Centre has continued to include anti-cancer films in its general film programmes, as well as lending them to registered borrowers upon request; it reports that in 1961 there were 271 screenings, with a total viewing audience of 21,680 persons.

Films from the Council's library were screened at 85 per cent of all education meetings held during the year. In addition selected films were lent to the anti-cancer organisations in South Australia, Tasmania and Western Australia, and arrangements are being made to assist the Queensland Cancer Fund during its 1962 Appeal.

#### RESEARCH

The Department of Psychology at the University of Melbourne continued its research into public attitudes relevant to cancer education. Students of the Social Psychology Class, after suitable training, interviewed 293 subjects, with a view to ascertaining the level of knowledge, confidence in treatment, and complacency of the general public regarding cancer. Some minor changes in public attitudes have been revealed by a year-by-year comparison of results, but as yet these appear to be of only limited significance.

#### PROJECTS FOR 1962

Lectures and films will continue to be provided for community organisations upon request. However, the decreasing demand for talks in the metropolitan area will allow more attention to be paid to the extension of the education campaign in the country, and to the development of a special programme for business and industrial concerns.

It is proposed to convene a Conference of Country Chairmen early in 1962 to discuss plans for extending the educational and welfare activities of the Country Committees. All Regional Committees and many District

Committees have now sponsored education campaigns, but a considerable number of smaller country centres remain to be visited. It is hoped that the Conference will encourage both Regional and District Committees to initiate programmes for these outlying areas.

A programme for Business and Industry is also being drawn up, in order to bring information about cancer to more people more effectively — and particularly to the large proportion of the population who do not belong to neighbourhood clubs and organisations and thus have been beyond the reach of our activities to date.

Efforts are in progress to obtain commercial distribution for the film "You Are Not Alone." The Committee is also investigating the production of a series of short films of a cartoon or documentary nature, which would be suitable for screening on television or at commercial movie theatres.

#### CONCLUSION

The genuine desire of lay men and women to obtain factual information about cancer has been amply demonstrated by the public response to the Council's education programme over the past three years. Our justification for further intensifying our campaign in the future is to be found in these words of Dr. Warren H. Cole, President of the American Cancer Society, at the Society's Annual Meeting last year:

"It is clear that our public and professional education goal of earlier diagnosis is a sound one. In fact I think we can say that much greater effect in saving lives can be accomplished immediately in public and professional education through an expenditure of time, money and imagination than in any other aspect of our programme. More can be done against cancer through education than against any other disease."

December, 1961. A. J. BROWN,  
Public Education Officer.

#### APPENDIX

##### COUNTRY PROGRAMME — 1961

1. Meetings sponsored by community organisations were held at Ballarat, The Basin, Briagolong, Bridgewater, Casterton, Cobden, Coleraine, Cororoake, Dandenong, Edi Upper, Geelong, Hansonville, Heywood, Kaniva, Korumburra, Lake Boga, Lara, Lavers Hill, Learmonth, Longford, Macalister, Maffra, Moe, Montrose, Morwell, Neerim East, Rubicon, Rupanyup, Sale, Sea Lake, Tallarook, Traralgon, Warragul, Woomelang.

2. Meetings organised by Country Committees were held at Ballarat (including Creswick and Daylesford), Benalla, Dimboola, Euroa, Mansfield, Rainbow, Swan Hill, Warragul (including Drouin), Warrnambool (including Camperdown, Koroit, Mortlake, Port Fairy, and Terang).

## PUBLIC EDUCATION OVERSEAS SURVEY BY MELBOURNE SURGEON

"I hold the firm opinion that public education on cancer is very necessary. It is based on sure foundations and will save many lives if given in such a manner as to be readily acceptable to the public."

This was stated by Mr. Victor Stone, F.R.C.S., Honorary Surgeon to the Austin Hospital and a member of the Anti-Cancer Council's Public Education Committee, reporting on his investigations into overseas public education techniques during his recent world tour, at the Second Conference of Chairmen of Country Cancer Committees held in Melbourne on 26th March.

Mr. Stone said that it is now generally accepted that cancer education results in more cancers being found at an early stage, and consequently programmes of public education can lower the grim total of cancer deaths.

### THE AMERICAN CANCER SOCIETY

Discussing the educational work of overseas organisations, he said that the U.S.A. is by far the leading country in the field of cancer education, although many other countries are actively engaged in this work.

The American Cancer Society, which is responsible for most of the public education on cancer in America, is a voluntary organisation which receives strong support from the medical profession. The Society also concerns itself with postgraduate medical teaching, research, and service for cancer patients. Its balance sheet for 1960/1 exceeded 50 million dollars.

An important feature of the Society's education programme is that every new piece of material, such as literature, films, etc., is submitted before it is used to the medical profession—firstly to the American Medical Association at the national level, next to the state medical body, and then to the local medical society. Any criticisms or suggestions are noted and usually acted upon. By this means the medical profession is always in close co-operation with the American Cancer Society.

### GREAT BRITAIN

There is not the same uniformity of organisation in Great Britain since the National Health Service has not as yet entered very actively into the field of public education on cancer.

The Marie Curie Memorial Foundation is actively interested in cancer education of the public, and has produced a series of 12 excellent leaflets, although their distribution is limited. More recently the London County Council has entered this field and some of its leaflets have had a wide circulation.

The best cancer education service in Great Britain, in Mr. Stone's view, is provided by the Manchester Committee on Cancer, which has developed

many original ideas including the use of a Mobile Unit to carry its message into adjacent areas of Cheshire and Lancashire. The cost of the Unit was met by the local Rotary Clubs.

### AIMS OF CANCER EDUCATION

"Most authorities," continued Mr. Stone, "agree that public education on cancer should present honest information, stressing the fact that cure may be obtained by prompt treatment. The accepted aim is to advise the public on many facts concerning cancer and to encourage any person with symptoms to seek medical attention without delay. The use of fear and alarming statements is strongly condemned, since it may have a reverse effect to the one desired.

"Education is also playing an important role in spreading knowledge of pre-cancerous conditions and information on preventive measures against some forms of cancer. The value of this education in encouraging people to go along earlier to their doctor when the occasion warrants is no longer doubted."

### MEDIA

Successful publicity media used overseas include:

1. **Booklets, pamphlets and leaflets:** These are used selectively and preferably in association with some personal contact, as at meetings. The medical and dental professions can obtain copies for distribution to their patients.
2. **Press and Periodical Articles:** These cover a very wide field and when presented in an interesting manner often have a considerable impact.
3. **Radio and Television:** These media have the advantage that carefully prepared talks can be presented and reach a very large audience.
4. **Audio-visual aids, films, etc.** These are thought to be most effective when presented to small group meetings with a doctor present to answer questions.

5. **Exhibits, displays and posters:** These are regarded as very useful and some novel methods were observed. One important development is the tendency to incorporate these displays in a general health exhibition, rather than using cancer as the sole topic. Thus the prejudice against displaying material on cancer can be overcome and people learn to regard cancer as one of many diseases that they should know something about.

### RECENT DEVELOPMENTS

In the course of his American tour Mr. Stone found that increasing attention was being paid to the development of specialised education programmes, firstly for Schools and Colleges, and secondly for Business and Industry.

In the former, the emphasis was placed on prevention, with particular reference to smoking and lung cancer. The Warning Signs were publicised as signs of ill-health that required medical attention.

The latter required the co-operation of management and labour. Generally it was found more satisfactory to incorporate cancer education as one item in a social or educational evening rather than devote a whole meeting to it.

### BASIC PRINCIPLES

In conclusion, Mr. Stone emphasised that four basic principles should be adhered to in cancer education.

1. Many cancers are curable.
2. Knowledge can save lives.
3. Don't create a fear complex.
4. Teach cancer prevention.

This could be summed up as an effort to replace ignorance and fear of cancer with knowledge and optimism.

Properly given, cancer education has been shown to save many lives. What greater reward could one ask of any field of public endeavour?



Mr. M. J. Segall, Executive Secretary of the Cancer Prevention Center of Chicago, shows Mr. Stone the extensive slide files maintained at the Center. Mr. Stone visited several cancer detection centres in the United States during his tour.

## VICTORIAN NEWS

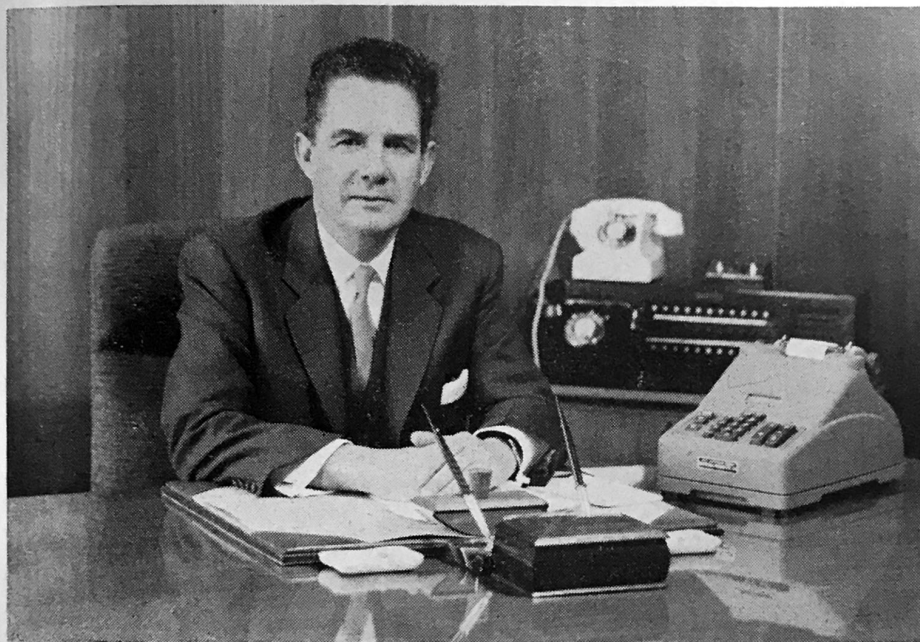
### VICTORIAN APPOINTED PRESIDENT OF NATIONAL SOCIETY

At the inaugural meeting of the Australian Cancer Society held recently at Canberra, Cr. W. J. Kilpatrick, C.B.E., Chairman of the Anti-Cancer Council's Appeals and Service Committees, was appointed first President of the Society.

Mr. Allan Dick, Chairman of our Education Committee, will chair the national committee on public education.

One of the first moves of the new society was to apply for membership of the International Union against Cancer.

Councillor Kilpatrick has just returned from a meeting of the International Union's Finance Advisory Committee, of which he is Chairman, at Geneva. En route he visited cancer organisations in Iran, Israel and Pakistan.



*Councillor W. J. Kilpatrick, C.B.E., President of the Australian Cancer Society.*

### DOCTORATE FOR LEUKAEMIA STUDY

A thesis outlining the results of eight years' research into factors responsible for the development of leukaemia in mice has earned a young Melbourne research worker the degree of Doctor of Medicine from Sydney University.

The scientist is the Anti-Cancer Council's Carden Research Fellow, Dr. Donald Metcalf. Since 1953 he has been conducting research into leukaemia at the Walter and Eliza Hall Research Institute attached to the Royal Melbourne Hospital, and recently spent two years studying under Dr. Jacob Furth, a world authority on the disease, in the United States.

Dr. Metcalf's work has established that removal of the thymus gland in the chest prevents the development of leukaemia in strains of mice susceptible to the disease. The discovery of the vital part played by this gland in leukaemia is recognised as a major advance and has gained him an international reputation.

He is now working on the theory that the thymus may also be a significant factor in human leukaemia.

### CANCER DETECTION CLINIC FOR WOMEN

The Royal Women's Hospital has established a Cancer Detection Clinic for women eligible under the means test prescribed by the Hospitals and Charities Commission.

This service will extend to symptomless women the clinical and laboratory facilities already available to those who have symptoms or signs of cancer.

The examination will consist of urine analysis, examination of the breasts and abdomen, a pelvic examination and cytological investigation of the genital canal. An outpatient fee for this service will be charged according to the family income, ranging from no fee for those who cannot afford any fee to the usual public hospital maximum fee.

Patients presenting, whose income is beyond the limit acceptable to a public hospital, will be referred, without examination, to their own private doctor.

### CANCER CLINIC FOR WANGARATTA

A Peter MacCallum Clinic opened at the Wangaratta Base Hospital on 20th February. It is the twentieth Country Clinic established by the Cancer Institute Board.

Arrangements have been made for a specialist from the Peter MacCallum Clinic in Melbourne to visit Wangaratta each month to examine patients referred to the Clinic by local medical practitioners. Patients may be referred either for consultation or treatment, but in either case they must first consult their own doctor who will make the necessary appointment with the specialist at Wangaratta.

Certain forms of treatment will be given locally, and others, such as deep X-ray, are available in Melbourne. Patients requiring treatment in Melbourne but who do not need hospitalisation can be accommodated at the Clinic's Hostel at Heidelberg, which has been specially purchased for the benefit of country patients with funds provided by the Anti-Cancer Council.

In addition to initiating a specialist consultative service for doctors and patients in the Wangaratta district, the new Clinic will also provide facilities for "follow-up" examinations of patients who have already undergone a successful course of treatment.

In cancer it is of vital importance that these examinations should be carried out at regular intervals over a period of years, to guard against any recurrence of the disease, and it is a great boon to country patients if they can be examined at a centre close to home.

*"VICTORIAN CANCER NEWS" is published quarterly by the Anti-Cancer Council of Victoria, Public Education Committee. Editor: A. J. Brown. Printed by McLaren & Co. Pty. Ltd., Fitzroy. It will be sent free of charge to interested persons and organisations, who should apply to the Public Education Officer, Anti-Cancer Council of Victoria, 412 Albert Street, East Melbourne.*

*Individual articles and illustrations published in "Victorian Cancer News" may be reproduced with acknowledgments, except in the case of reprints from other publications or when copyright is otherwise reserved. Newspapers and periodicals may obtain prints of photographs from the Public Education Officer at the above address.*

# SECOND LINEAR ACCELERATOR FOR MELBOURNE

## TREATMENT CAPACITY DOUBLED

Twice as many cancer patients in Victoria will receive the benefits of megavoltage radiotherapy treatment this year following the installation of a second Linear Accelerator at the Peter MacCallum Clinic in Melbourne. **This makes the Clinic the only radiotherapy centre in the English-speaking world with two accelerators operating simultaneously.**

A total of 130 patients per day, it is estimated, will receive this treatment in 1962—double the number treated daily last year.

The new machine, costing £75,000, was provided by the State Government as part of its policy to centralise this type of highly complex and expensive radiotherapy equipment at the Clinic. Demolition of an existing Administration Block to make way for the Accelerator was hastened by an Anti-Cancer Council loan of £150,000, which enabled the Board of Management to obtain alternative office accommodation for the administrative staff.

Cancer patients in all parts of Victoria will benefit from the extended facilities at the Peter MacCallum Clinic, since megavoltage treatment is available not only to patients of the Clinic, but also to patients attending other metropolitan and country hospitals.

## FOUR MILLION VOLTS

The Linear Accelerator is designed to produce X-rays of very high energy and deep penetration, enabling an effective dosage to be delivered to deep-seated tumours. Until a few years ago the X-ray equipment available for radiotherapy usually operated at a maximum of 250,000 volts, and the most penetrating X-ray beam became reduced to half the initial intensity in passing through only about three inches of tissue. Since healthy skin can tolerate only a certain amount of X-radiation this lack of penetration frequently made it difficult to deliver a sufficiently high dose to destroy internal cancers.

Both Accelerators at the Clinic operate at an energy of 4 million electron volts and the resulting X-ray beam penetrates about six inches of tissue before becoming reduced to half its initial intensity. Furthermore the dose rate from the Accelerators is several times that of the 250,000 volt units, making it possible to shorten considerably the time required for treatment.

## THE MEN BEHIND THE MACHINES

The men — and women — behind the megavoltage machines at the Peter MacCallum Clinic are all highly trained in this specialised form of treatment. Doctors, physicists and technicians work together as a team, sharing duties and responsibilities to achieve maximum efficiency.

Much thought has been put into the planning and organisation of megavoltage treatment, and the results are seen in the smoothness of routine and the meticulous attention to the needs of individual patients.

The supervision of treatment is a task calling for the combined skills of doctor and physicist. The clinical and Physics Department staffs at the Clinic recognise the necessity for the closest possible relationship between the doctor who prescribes and the physicist who is responsible for planning the treatment according to the prescription, and for monitoring the stringent safety measures required in the use of high-energy X-rays.

## THE BUILDING

Because of the high radio-activity, megavoltage equipment requires specially designed buildings for adequate protection for both patients and staff.

Like the first machine the new Linear Accelerator is housed in a building with concrete walls varying from two feet to five feet in thickness. The building is regularly monitored for any possible leaks.

The electronic equipment associated with the Accelerator is very complex and is housed mainly in a separate room adjoining the treatment room. The acceleration part of the unit is mounted in the treatment room on a large gantry which can be rotated through an arc of 230 degrees so that the X-ray beam can be adjusted to the required angle for treatment. The hydraulically-operated floor enables the head of the machine to go below floor level if necessary.

The treatment itself lasts only a few minutes but a considerably longer time may be required to prepare the patient

for treatment. Therefore special dressing cubicles and waiting rooms are provided where the preliminary preparation of the patient can be carried out on a treatment couch, and the couch and patient are then wheeled into the treatment room.

## NOT ALONE

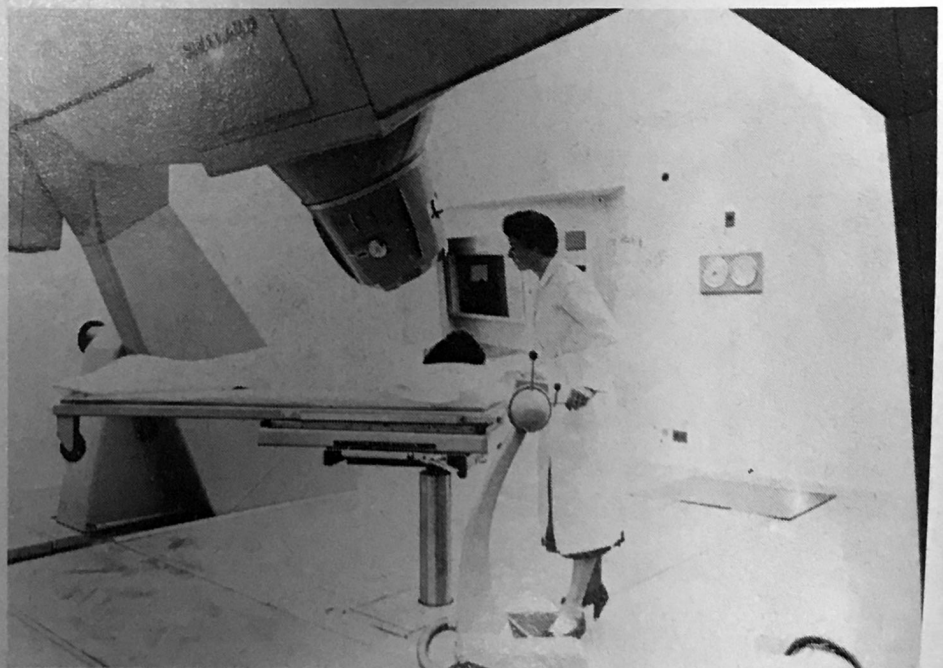
Colours and materials used throughout the Accelerator building aim at producing a pleasant, cheerful atmosphere in which the patient can feel relaxed and confident.

Even more important, at no stage, not even during the few minutes of treatment time, is the patient allowed to gain the impression that he is isolated and alone. A two-way intercommunication system is provided from his couch to the control room so that he feels throughout his treatment that he is in continuous contact with the people directly concerned with helping him to return to good health.

In addition the technicians operating the machine can see into the treatment room through a water window three feet thick so that he is under direct observation the whole time.

The introduction into the war against cancer of machines such as the Linear Accelerator, with its impressive record of efficiency and reliability, has provided medical science with a powerful new weapon against the disease.

Affording as it does much more effective treatment in certain types of cancer, the Accelerator marks another step forward in man's continuing progress toward a better and fuller life, in which the menace of cancer will have been finally overcome.



*A typical installation of the Mullard 4 MeV Linear Accelerator, showing the operator setting up the patient for treatment. Adjustment of the gantry position and couch height is effected from the control pedestal in the foreground. The dials on the far wall indicate the couch and gantry angles.*