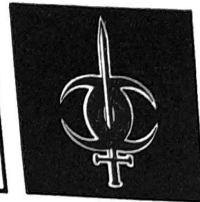


THE UNIVERSITY OF ADELAIDE ANTI-CANCER FOUNDATION

POSTAL ADDRESS: BOX 498D, G.P.O. ■ ADELAIDE ■ SOUTH AUSTRALIA 5001 ■ TELEPHONE: 234333

PRESIDENT: THE CHANCELLOR ■ CHAIRMAN: THE HON. MR. JUSTICE CHAMBERLAIN ■ ALL COMMUNICATIONS TO BE ADDRESSED TO THE SECRETARY



July 16, 1970.

Dear Miss Hair,

Our Public Education Committee wishes to increase the number of films we have on smoking and lung cancer. We now have three:

- "Smoking and You"
- "Too Tough to Care"
- "Leave it to the Chimneys"

On Tuesday, August 11th we are going to screen "Leave it to the Chimneys" and we would like you to send us two more of your best smoking films which will also be shown to our Committee for evaluation.

Following this meeting to which others will be invited we shall order copies of new films or duplicate some of those already in our library.

It will interest you to know that our copy of "Smoking and you" is now at Ernabella Mission Alice Springs. It is being narrated in the aboriginal tongue.

Please send the films in good time for our meeting and let us know your selection so that we can publicise in advance.

Kind regards,

Yours sincerely,

T.R. OSBORN,
Secretary,
Anti-Cancer Foundation.

Miss R. Hair,
Secretary,
Anti-Cancer Council of Victoria,
412 Albert St.,
EAST MELBOURNE, Vic .. 3002

RECEIVED

20 JUL 1970

To Mr Hair
From AOB

THE UNIVERSITY OF ADELAIDE ANTI-CANCER FOUNDATION

AL ADDRESS: BOX 498D, G.P.O. ■ ADELAIDE ■ SOUTH AUSTRALIA 5001 ■ TELEPHONE: 234333
CHANCELLOR ■ CHAIRMAN: THE HON. MR. JUSTICE CHAMBERLAIN ■ ALL COMMUNICATIONS TO BE ADDRESSED TO THE SECRETARY



File under SA.

June 29, 1970.

Dear Mr. Hill,

I enclose a copy of the reply received from the Modern Talking Picture Service, Inc. informing us that the film "The Mark Waters Story" is not available for purchase.

We have decided to write to the American Cancer Society to find out if they can help us.

Kind regards,

Yours sincerely,

T.R. OSBORN,
Secretary,
Anti-Cancer Foundation.

Mr. David Hill,
Public Education Officer,
Anti-Cancer Council of Victoria,
412 Albert Street,
EAST MELBOURNE, Vic .. 3002

RECEIVED

JUL 1970

See
Ch. H.

property and are not available for

ERN

PICTURE SERVICE, INC. • 2323 NEW HYDE PARK ROAD • NEW HYDE PARK, N. Y. 11040

518 427-6300

June 17, 1970

J. Osborn, Secretary
Cancer Foundation
UNIVERSITY OF ADELAIDE
Adelaide, South Australia 5001

Dear Madam/or Sir:

We have your recent letter requesting information about

"The Mark Waters Story."

We sincerely regret to advise you that at the present time the distri-

bution of the films placed in our service is confined to the fifty

United States, although in the case of some titles, we also provide

Canadian distribution through our offices in Montreal and Toronto.

For this reason, we are unable to arrange a booking for you.

Prints of these films are not our property and are not available for
purchase through our company. Thank you for your interest in our service.

Sincerely yours,

Geraldine Edgerton
Circulation Department

THE UNIVERSITY OF ADELAIDE ANTI-CANCER FOUNDATION

POSTAL ADDRESS: BOX 498D, G.P.O. ■ ADELAIDE ■ SOUTH AUSTRALIA 5001 ■ TELEPHONE: 234333

PRESIDENT: THE CHANCELLOR ■ CHAIRMAN: THE HON. MR. JUSTICE CHAMBERLAIN ■ ALL COMMUNICATIONS TO BE ADDRESSED TO THE SECRETARY



June 5, 1970.

Dear Miss Hair,

Thank you for sending the Victorian Cancer Registrations for 1968. Would you please send two more copies of both male and female listings?

Yours sincerely,

T.R. OSBORN,
Secretary,
Anti-Cancer Foundation.

RECEIVED

10 JUN 1970

To MISS SMITH MR HILL
From

Miss R. Hair,
Secretary,
Anti-Cancer Council of Victoria,
412 Albert St.,
EAST MELBOURNE,
Vic .. 3002

11th May, 1970.

Mr. P. A. V. Roff,
Headmaster,
Notch College,
Carruth Road,
Witcham. 5062.
South Australia.

Dear Mr. Roff,

Thank you for your recent letter inquiring about the film "Leave it to the Chimneys".

We would be quite happy to lend you our copy of the film but you may find it more convenient to borrow a copy from the Anti-Cancer Foundation of The University of Adelaide, North Terrace, Adelaide.

The foundation have recently purchased their own copy and I would imagine they would be glad to help you. If not please contact me again.

Yours sincerely,

DAVID HILL,
(Public Education Officer.)

Scotch College
Carruth Road, Mitcham
South Australia 5062

29th April, 1970.

Anti-Cancer Council,
11 Albert Street,
MELBOURNE, Vic. 3002

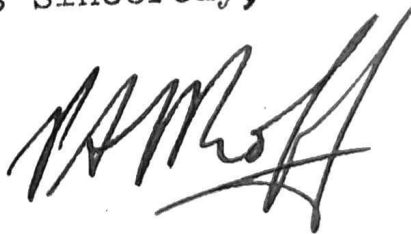
- 1 MAY 1970

To MR HILL
From REIT

Dear Sir,

I read with interest in the recent issue of the Victorian
News of the release of the film, "Leave it to the Chimneys".
You are about to launch a continuing campaign of anti-smoking
propaganda at this school and I would be very interested in obtaining
a loan of the film to assist us in this. Could you please arrange
a loan for me? I will be willing, of course, to pay the postage
if necessary on the film.

Yours sincerely,



P. A. V. Roff
Headmaster.

6th April, 1970.

Mr. T. R. Osborne,
Anti-Cancer Foundation,
Adelaide University,
P.O. Box 498 D,
S.P.O. ADELAIDE.

Dear Mr. Osborne,

Please find enclosed a photo copy of a letter recently received from Mr. C. Ind, the secretary of one of your committees in Port Pirie.

I am not sure whether he has got our two organizations mixed up and to what extent he believes we can help him. Naturally we want to assist South Australia as much as we can, and I have forwarded a set of all our posters to him.

However it would seem preferable to work through your head office in Adelaide rather than us dealing with requests from South Australian local committees without your knowledge. May I suggest that you write to Mr. Ind, and ask that he direct future requests for our materials through you? In that way we can be sure (a) that you are informed and (b) we are not meeting requests that could be better filled with your own local materials.

I hope your campaign is going well.

Yours sincerely,

DAVID HILL,
(Public Education Officer.)

Victims' Foundation
Melbourne, Vic.

Box 591,
Port Pirie, 5540.
South Aust.

RECEIVED April 1970.

- 6 APR 1970

To Mr. Hill
From R.H.

Dear Sir I wish to advise
that a committee for the
Cancer Foundation has
formed in Port Pirie, South
Australia of which Mr. H.B. Welch,
(of Port Pirie) is chairman.
The members
understand that your committee
is able to supply copies of charts
for publicity campaigns.

Would you be
enough to supply these,
if possible please. Port Pirie has
its own medium of television

Yours Faithfully

C.W.W. Ind.
SECRETARY.
CHRISTOPHER W.W. IND.

27th, February, 1970.

Mr. T. R. Osborn,
Anti-Cancer Foundation,
Adelaide University,
P.O. Box, 498D,
S.A.C. ADELAIDE.

Dear Mr. Osborn,

Please find enclosed **six** copies of our breast self-examination pamphlet as requested by you in your letter dated 25th, February, 1970.

I would be very grateful if you could forward me a copy of your new publication "Advice to Women" when it is completed.

Yours sincerely,

DAVID HILL,
(Public Education Officer.)

THE UNIVERSITY OF ADELAIDE ANTI-CANCER FOUNDATION

POSTAL ADDRESS: BOX 498D, G.P.O. ■ ADELAIDE ■ SOUTH AUSTRALIA 5001 ■ TELEPHONE: 234322

CHAIRMAN: THE HON. MR. JUSTICE CHAMBERLAIN ■ ALL COMMUNICATIONS TO BE ADDRESSED TO THE SECRETARY

RECEIVED

February 25, 1970.

27 FEB 1970

To Mr. Hill
From R.H.

Dear Mr. Hill,

We are up-dating our pamphlet on cancer of the cervix. In fact we are combining it with the breast self-examination pamphlet for a new publication "Advice to Women".

Would you please send six copies of your breast self-examination pamphlet (green colour) and may we photo copy the illustrations?

Kind regards,

Yours sincerely,



T.R. OSBORN,
Secretary,
Anti-Cancer Foundation.

Mr. David Hill,
Public Education Officer,
Anti-Cancer Council of Victoria,
412 Albert Street,
EAST MELBOURNE,
Vic .. 3002



A.C.T. 1969-72.

21st June 1972.

Studies.

of Advanced Education,

7601.

is willing to borrow a copy of "Love It or Leave It" for teaching purposes, and I will try to refer to the other films we make on time goes on. We are proud of one we recently made on self-expression of art, and on the great test for artists which is to be shown on Melbourne television. We are also advertising as part of a campaign to increase the use of techniques. In addition we have, of course, the advertising which were made last year and are in mind. There are also in the Staff Report of our Annual Report, which is available for your

This material is available on loan, and we would like to have you have a print of it for your own use. We can do this for you free of charge, and the cost of a copy is only a few dollars.

TELETYPE NO 100
WQDEN 2608

U.S. Nr. D. Hill

21st June 1972.

Mrs. Dale Dowse,
School of Liberal Studies,
Queens College of Advanced Education,
P.O. Box 381,
QUEENSBURY CITY. A.C.T. 2601.

Dear Mrs. Dowse,

You are certainly welcome to borrow a copy of "Leave It to the Chimneys" for teaching purposes, and I will try to remember to send you any other films we make as time goes on. We are rather proud of one we recently made on self-examination of the breast, and on the smear test for uterine cancer as well. This one is to be shown on Melbourne television some time in the next six months as part of a campaign to increase the use of this technique. In addition we have, of course, the 25 anti-smoking advertisements which were made last year with quite unusual purposes in mind. These are discussed in the Smoking Supplement of our Annual Report which is enclosed for your interest.

All of this material is available on loan, and we would be quite happy to have you dupe off a print if you have got a friendly film laboratory who can do this for you cheaply. In general, it is not particularly cheap, and the cost of a new print of "Leave It to the Chimneys" is \$125.00. Unfortunately, the film is in heavy use and we do not have any old ones to spare. We would be happy to let you have a new print at the above price, please let me know your reactions.

Again, let me say I would like to help in any way possible.

With best wishes,

Yours sincerely,

(Nigel Gray)
Director.

Encl.



CANBERRA COLLEGE OF ADVANCED EDUCATION

P.O. BOX 381 CANBERRA CITY A.C.T. 2601

TELEGRAMS: COLLADVED

BRUCE A.C.T. TELEPHONE 52 2111

16 June 1972

Nigel Gray
Director
Victorian Anti-Cancer
Council
12 Albert Street
ST. MELBOURNE
Vic.

RECEIVED

19 JUN 1972

To
From

Dear Dr. Gray,

I am currently preparing a lecture/seminar course at the College on film and television techniques. One aspect of the course will be the role of the teaching film, with particular reference to ecological documentaries.

The film I would like to use as a teaching aid is a film produced by you entitled "Leave it to the Chimneys". I would be most grateful if a print could be made available to the College for reviewing and discussion. Ideally we would like to be able to have our own copy for permanent reference. If it would be possible to dupe off a print, I'd be grateful if you could advise me on ways and means, as I feel this little film would be of great educational value in our course.

am

Yours sincerely,

Dale Dowse

(Mrs.) Dale Dowse

TELEPHONE: 81 8411
TELEGRAMS: 'HEALTH, CANBERRA'

P.O. BOX NO. 100
WODEN 2606.

IN REPLY PLEASE QUOTE 72/1060

COMMONWEALTH OF AUSTRALIA

RECEIVED

30 MAR 1972

To Mr Hill
From Refsauge

29 MAR 1972

Mr Hill,
Executive Director,
Municipal Council of Victoria,
100 Albert Street,
MELBOURNE. VIC. 3002

Mr Hill,

The film "The Life in Your Hands" has been examined and its
medical content is approved.

Yours sincerely,

W.D. Refshauge
(W.D. Refshauge)
Director-General of Health
am

16th February, 1972.

Commonwealth Director General of Health,
Department of Health,
CANBERRA. A.C.T.

Sir,

I enclose a copy of the scenario of a film - 'The Life
of Our Hands' - which a commercial T.V. station in Melbourne
has agreed to screen subject to your approval of the medical
content.

Should you wish to view the film itself, it could be
forwarded to Canberra.

Yours sincerely,

DAVID HILL
EDUCATION DIRECTOR

PO BOX NO 100
Woden, A.C.T. 2606

23rd March, 1972.

Dr. R. Mendelsohn,
14 Arts Street,
S. HILL. A.C.T. 2603

Dear Dr. Mendelsohn,

Our records show that our composite reel of anti-cigarette advertisements is still out on loan to you.

Because of the demand for this film, we need another copy on our shelves and would appreciate return of the reel you are holding.

If you need a copy for permanent use, I could order one for you at a cost of about \$70.

Yours sincerely,

DAVID HILL
EDUCATION DIRECTOR

COMMONWEALTH OF AUSTRALIA

TO: 100
JOURNAL OF THE
Woden, A.C.T. 2606
IN REPLY PLEASE QUOTE 72/1060

RECEIVED

2 - MAR 1972

To Dr Hill
From W.D. Refshauge

Mr David Hill,
Education Director,
Cancer Council of Victoria,
100 Albert Street,
MELBOURNE. VIC. 3002

Mr Hill,

I acknowledge receipt of your letter dated 16 February 1972,
enclosing the copy of a scenario of a film "The Life in your Hands" and
I should be grateful if the film could be made available for viewing in
Canberra.

Yours sincerely,

W.D. Refshauge

(W.D. Refshauge)
Director-General of Health

ad

30th September, 1969.

Dr. K. Edmonson,
Department of Health,
WISCONSIN. A.C.T.

Dear Dr. Edmonson,

We have had another overseas request for the N.H.& M.R.C.
Report on adolescent smoking.

Would you mind sending a copy to Miss R. Wiley, National
Cancer Institute of Canada, Administration, 25 Adelaide
Street East, Toronto 1, Ontario, Canada.

Once again many thanks.

Yours sincerely,

(David Hill)
Public Education Officer

The Clerk of the Senate,
Parliament House,
Canberra. A.C.T. 2600.

7th September, 1970.

Dear Sir,

As we have a number of senators on the mailing list for our publication "Victorian Cancer News", we would appreciate it if you could forward an up-to-date list of names and addresses of senators.

Yours sincerely,

DAVID HILL,
(Public Education Officer)

20 August 1970.

Public Education Officer,
Cancer Council of Victoria,
100 Albert Street,
MELBOURNE 3002

RECEIVED

24 AUG 1970

To Mrs. Hill Mrs. Hill
From D.H.

Dear Sir,

We have received through the post copies of
Victorian Cancer News

addressed to Members of the House of Representatives. It has been noticed that a number of the copies received have been addressed to persons who are no longer Members of the House. These copies have been re-addressed to the former Members concerned.

I am enclosing a printed list of the names and addresses of the Members of the current Parliament which you may wish to use to amend your mailing list. Arrangements can be made for you to receive a copy of each future issue of the List if you would like this to be done.

It would probably be helpful for most Members if you were to send your publication to them at their State address where they maintain their permanent office.

Yours faithfully,

A. G. Turner

(A.G. TURNER) &
The Clerk of the House

MRS SHINN

Can I talk to you about this?

D.H.



NATIONAL HEALTH
AND
MEDICAL RESEARCH COUNCIL

RECEIVED
- 1 JAN 1954
To D. G. ...
From ...

RECEIVED
CAMBRIDGE ...

[Faint handwritten notes on the left margin]

Submission of ...

[Faint, mostly illegible typed text in the main body of the letter]

A. Field



NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL.

RECEIVED

- 4 JUN 1969

To D. H. Gray
From Bill

BOX 93 P.O.
CANBERRA, A.C.T. 2600

[Handwritten initials]

Secretary,
Cancer Council of Victoria,
100 Albert Street,
MELBOURNE. VIC. 3001

4 JUN 1969

See Hill for information pl.

On 21 March 1969, Senator F. F. Fitzgerald directed
me to inquire to the Minister representing the Minister for
Health regarding the following question:

Will the Minister representing the Minister
for Health be drawn to the excellent series of articles
published to detect cancer, directed principally to women, which
appeared in the Sydney Daily Press? If not, will
the Minister be able to see them and have them examined and analysed
by the Department of Health with a view to the
production of the articles in a booklet which can be made
available to the public in a further attempt to defeat the
disease of cancer which is dreaded by everyone?

The Minister's reply to Senator Fitzgerald contained the
following information:

"You are no doubt aware, health education is a State
responsibility. A considerable number of pamphlets and booklets
on the prevention and early detection of cancer, which embody
the essence of the material used in these articles, have been
prepared by all the State and Councils at the various States.
Additional material is already available free of charge to
medical practitioners."

It is therefore, not necessary to refer to the
articles in the Sydney Daily Press. However, if
you are interested in the matter, you may wish to
contact the Department of Health, Canberra, for further
information."

The enclosed articles are being forwarded as requested
to the Department of Health, Canberra, for their use
in the production of a booklet. It is hoped that this
booklet will be available to the public in the near future.
Yours faithfully,

J. H. Field



THE PARLIAMENT OF THE COMMONWEALTH
 DEPARTMENT OF THE PARLIAMENTARY LIBRARY
 PARLIAMENT HOUSE, CANBERRA, A.C.T.

RECEIVED

4 FEB 1969

To *Mr Bell*
 From *Mr Bell*

3rd February, 1969.

Anti-Cancer Council of Victoria,
 12 Albert Street,
 EAST MELBOURNE, VIC. 3002

Dear Sir,

During 1967 your organisation published a survey on Australian cigarettes. We were wondering if it is still available. If so, we would be grateful if a copy could be forwarded to us.

Our mailing address is :-

Acquisition Section,
 Commonwealth Parliamentary Library,
 Parliament House,
 CANBERRA, A.C.T. 2600

Yours faithfully,

B. Burn

(Mrs. B. Burn) *B*
 Preparation and Liaison

4/2/69



NATIONAL HEALTH
AND
MEDICAL RESEARCH COUNCIL.

BOX 93 P.O.
CANBERRA, A.C.T. 2600

5 March 1969

68/3642

Mr. D. Hill,
Public Relations Officer,
Anti-Cancer Council of Victoria,
412 Albert Street,
EAST MELBOURNE. VIC. 3002.

RECEIVED

- 7 MAR 1969

To Mr Hill
From KEJ

Dear Mr. Hill,

I refer to your letter of 12th February, 1969,
requesting a copy of the results of the National Health and
Medical Research Council's survey about school-children's smoking
habits.

Council has to give approval to the release of these
results as a public document, and the next meeting of Council does
not take place until the middle of May. A copy of the survey
report will most certainly be forwarded to you when it becomes
available.

Yours sincerely,

K. W. Edmondson

(K. W. Edmondson) *gm*

Chairman
Smoking Survey Sub-Committee

12th February, 1969.

R. Edmondson,
Chairman of the Research Committee,
New South Wales Directorate of Health,
A.C.T.

R. Edmondson,

I am anxious to obtain a copy of the results of the National Health and Medical Research Council's survey which was carried out into children's smoking habits last year, in all States.

I wonder if you would mind sending a copy to me if and when it becomes available?

Yours sincerely,

DAVID HILL
Public Relations Officer:

CORRESPONDENCE

1970-72.

the Lord Mayor of Melbourne
Chairman: Thomas E. Lowe, CBE, DSC, FRCP, FRACP, MD. Chairman
Chairman: D. B. Pearce, MB, BS, BSC., DTRE, PCRA. Chairman
Chairman: W. A. Dick, B.COM, FCA. Chairman
Chairman: Sir William Kilpatrick, KBE. Chairman

Anti-Cancer Council of Victoria



412 ALBERT STREET
EAST MELBOURNE 3002
TELEPHONE 662 2822

the Lord Mayor of Melbourne.
Chairman: Thomas E. Lowe, CBE, DSC, FRCP, FRACP, MD. Finance Committee: John Larritt, FCA.
Chairman: D. B. Pearce, MB, BS, BSC., DTRE, PCRA. Appeals Committee: H. S. Rusden, FASA, FAII.
Chairman: W. A. Dick, B.COM, FCA. Cancer Service Committee: Sir William Kilpatrick, KBE.

Anti-Cancer Council of Victoria



412 ALBERT STREET,
EAST MELBOURNE,
AUSTRALIA, 3002.
TELEPHONE: 662-2822
Director: Dr. Nigel Gray.

for Australian Cancer Society Education Committee, October, 1972.

Lecture programme

The Council's lecture programme for womens groups, schools, youth and service groups has continued as on past lines. Previous reports to the A.C.S. describe the rationale for the programme, the methods and the typical results.

Publications

The Council's own publications on various aspects of cancer education have been supplemented by supplies of "Why Don't Elephants Smoke" and "Is it Worth the Risk?" from the Commonwealth Department of Health. A set of swap cards featuring Australian Olympic athletes who provided non-smoking endorsements has been produced for younger children.

School project material

Development of project material on smoking and health for use in primary schools is quite well advanced and will go into trial stage in December. There will be a basic reference book, teachers notes, a set of 'projects' to be worked on by small groups of children, a smoking and health game in which decision points about the choice of the smoking habit have important influences on the result. Ultimately, there should also be a supporting film. Drama will be prominent in many of the projects in which children will first research aspects of a smoking-related problem (eg. influence of cigarette advertising; how hard it is to give up smoking) then stage an appropriate 'play' based on the findings.

Tar Extractors (tabled).
A simple plastic device for demonstrating cigarette tar extraction has been developed. It should have wide application in schools programmes as far more children could become involved in the actual tar experiments than is possible with the large smoking machines already in use. Although simple, the tar extractors can quite reliably show tar content differences between cigarettes.

Royal Melbourne Show
Movie films were screened in a theatre at the Royal Melbourne Show (September) and various items were distributed to the public. These included the new Commonwealth booklets, Anti-Cancer Council literature. In addition, anti-smoking badges were sold at 5 cents each and Tar Extractors at 30 cents each (less than cost price). Nearly 1000 Tar Extractors were sold.

Research
A small study on the value to smokers of The Smoker's Self-Test has been carried out and the results will be published in the next issue of Victorian Cancer News. The project to evaluate a T.V. campaign on Breast Self-Examination (mentioned in an earlier report) commences on October 9th and over 400 doctors are participating. It is also planned to evaluate the use of drama as an instrument of smoking education for primary school children, and a professional theatre group in Melbourne is interested in assisting in this area.

4th October, 1972.



on Activities of Public Education Sub-Committee April-October, 1971.

Lecture Programme

Service is offered to all interested groups in the community whereby material and films are made available. As in the past, requests come from women's organizations but a significant number is from groups and schools. Women medical graduates visit the women's centres. As these doctors have progressively gained experience with lectures they have swung away from didactic methods to a less formal approach, permitting more participation. In every way, this is considered desirable although the benefit of group methods on large numbers is limited. The need for the new film for women, "Life in Your Hands", was defined by the experience of our workers in the field and they were closely consulted when planning the scenario.

It would be misleading to claim that the lecture programme reached large numbers or even a representative population, but the limited biased cover afforded by such a programme does not negate its value as an effective tool for attitude change among the susceptible population.

Films

"Life in Your Hands" is described in the issue of "Victorian Cancer News" appended. Production was completed in June and prints in both 16mm and 8mm, colour, optical sound are available. Our speakers report that the film is very well-received by women and that the shortened treatment of the technique of breast self-examination provides quite adequate instruction.

Television

Between June and September the Council conducted an anti-cigarette campaign on Melbourne television. Time, to the value of nearly \$40,000, was purchased on commercial channels and the A.B.C. provided free time. The campaign had political, tactical, public relations as

as "educational" objectives. These are discussed in some detail in the attached document appended, as are some of the results of the design. It is too early to say just what the effects of the design have been because the consequences, in terms of public opinion leading on to government action, have still to work themselves out.

Television has also been used in quite another context during the period under review. The provincial T.V. channel in Ballarat (BTV6) is being reviewed, in collaboration with the Anti-Cancer Council of Victoria, in a three-part documentary series entitled 'Cancer and You'. The channel is well placed enough with its work to screen the series at peak viewing times in areas of Victoria where they have a commercial monopoly with the A.B.C. The project proved two points -

- a) provincial T.V. can produce material of passable technical quality.
- b) cancer research, education and welfare can be made interesting and to rate scheduling in peak viewing times - providing segments of not more than 5 minutes.

Melbourne Show.

Queensland Health Education Council's lead in distributing anti-cancer 'gimmick' badges is acknowledged as the inspiration for a part of this year's Royal Show exhibit. Six versions of the badges were available to the public at 5 cents each and the badges were a virtual sell out. Inside the theatrette which was run in conjunction with a 'badge and booklet' booth, anti-cancer films were screened. This year, particular emphasis was given to the newly-released "Mark Waters Story". As compared with previous years, the viewing spaces were considerably enlarged by the use of three T.V. monitors which simultaneously transmitted the film on show inside the theatrette and to the outside passing traffic.

Research

Articles relevant to public education have been published recently on attitudes and behaviour towards cervical cytology (Medical Journal of Australia, Vol. 2, 1971) and the other on peer group conformity in adolescent smoking (Australian Journal of Psychology, Vol. 2, 1971). Reprints are appended.

...tion, a small survey among general practitioners has been carried
... assess attitudes towards public education on cancer and the
... demand for public education materials if made available to
... The results are being analysed at present.

Four
...cation Director visited U.S.S.R., Norway, Denmark, France,
... Canada and the U.S.A. during a study tour including the
... World Conference on Smoking and Health in London. Details of
... trip are to be reported elsewhere.

Plans
... plans of the Committee include the production of two films for
... smoking education programme - one for primary school children and
... for adults trying to give up smoking.
... advertising campaign using the theme "Smoking is a Dying Habit"
... also projected, and will be launched with a series of posters using
... slogan.

October, 1971.

Mr. Nuu

MINISTER FOR HEALTH
Parliament House,
CANBERRA. A.C.T. 2600

2 December 1972

received from ACS.
Information
101

Dear Dr. Craig,

I refer again to your letter of 19 October and your letter to the Director-General of Health of 18 October 1972, concerning the National Warning Against Smoking Campaign.

As a result of the Health Ministers' Conference on Smoking held in Sydney in May 1972, it was decided to set up an Advisory Committee for Smoking Education. When consideration was given to the constitution of the Committee, there was only one national organisation, the Australian Council on Smoking and Health, whose sole aim was to warn on the hazards of smoking.

The decision to recognise the Australian Council on Smoking and Health in no way detracts from the importance of the many bodies, such as the Australian Cancer Society, who have participated in alerting the community to hazards associated with smoking. In recognition of the value of such organisations to the community, the Commonwealth has seen fit to make a grant of \$100,000 to your Society.

Since your Society has expertise available in its State Councils, the Smoking Advisory Committee, which mainly comprises State representatives, considers that the Campaign would benefit most from your active support at the State level. Furthermore, the Smoking Advisory Committee has agreed that each State's representative on the Committee should be the co-ordinator of that State's activities within the framework of the joint Commonwealth/State Campaign.

I look forward to the assistance of your Society in the National Warning Against Smoking Campaign.

Yours sincerely,

(KENNETH ANDERSON)

Dr. C. Craig, C.M.G.,
President,
Australian Cancer Society,
Box 4383 G.P.O.,
SYDNEY, N.S.W. 2001

14th December, 1972.

Mrs. Gerrand,
Horseshoe,
MCKILL. VIC. 3124

Mrs. Gerrand,

Thank you for your recent letter inquiring about Dr. Hopcroft's
smoking drug.

We have no information on this medication but the address
for Dr. Hopcroft is "Amembo Park", Holland Road,
Meyers, N.S.W. 2154.

I hope this is helpful.

Yours sincerely,

DAVID HILL
EDUCATION DIRECTOR

30 Broadway,

Canberra, 3124

5th December, 1972

12.12.72

09/27
LIA

RECEIVED

- 6 DEC 1972

To Mr Hill

From REY

Dear Sir,

State Council of Victoria,
100 Sturt Street,
Melbourne.

I am writing to ask whether
any further information on the likely availability
of a smoking drug publicized in "The Age" several
weeks ago. In that article it was stated that the drug,
developed by a Dr D.C. Hopcroft, may be
commercially in the future.

If you have any further information, would
please let me know?

Yours faithfully,

(Ms) Valerie Gerrand.
GERRAND

File A 25
AUSTRALIAN CANCER SOCIETY

RECEIVED

Professor Kenneth Cox,
St George Hospital, Kogarah,
N S W 2217, AUSTRALIA
Telephone 587 7869

12 SEP 1972

To D Gray

From K Cox

The impact of a Commonwealth program directed against cigarette smoking is difficult to predict; but it should be anticipated that a large body of smokers in each State will be seeking advice and support.

I believe that no adequate organization to meet this need exists in any State.

While current cancer education programs have induced broad changes in beliefs about cancer, and widespread changes in attitudes to cancer, only limited gains have been made in changing behaviour to early detection, cancer check-ups and cessation of cigarette smoking.

The smoker attempting to detach himself from the habit needs understanding and support for a prolonged period.

Such understanding and support can be developed within groups coming together for this common purpose. Group discussion and activity can be potent forces in underpinning motivation to change behaviour.

I have sent to the Secretary of each Cancer Council the Stop Smoking Program Guide of the American Cancer Society which sets out a practical and thorough plan for creating and husbanding such supportive groups.

The organization of such a field exercise would come more easily to those Cancer Councils with a strongly developed "grass roots" infrastructure, such as Queensland, and could build a valuable bridge into the community for those Councils with a more centralized style.

I enclose a copy of a letter to the Commonwealth Director-General of Health seeking information on the proposed smoking education campaign.

1.9.72

Kenneth R. Cox

WORLD HEALTH ORGANIZATION OF M.H.O. CONSULTANTS ON LIMITATION OF
SMOKING
(ADOPTED BY W.H.O. ASSEMBLY)

should establish a central committee or other appropriate body,
staffed and equipped, to prepare, co-ordinate and supervise
measures for the control and prevention of cigarette smoking.

to have for planning programs, seeking financial support and,
evaluating the achievement of the programs, studies
to determine the magnitude and nature of the problem
and to assess the smoking behaviour and the attitudes
of the general public and in particular of the health and
other opinion leaders.

should be made to enlist the collaboration of legislators
with information on the health consequences of smoking
of other countries in that respect and in respect
against smoking.

should be taken to curtail the advertising of cigarettes, with a
eventual elimination.

action should be taken:

it mandatory that packets of cigarettes and advertisements
a warning statement about the health hazards of smoking;

that packets of cigarettes and advertisements state the
average tar and nicotine content of each cigarette smoking under
standard conditions;

that every packet of cigarettes contain instructions on
to reduce the hazards of smoking;

adopting a system of differential taxation so as to discourage
the smoking of cigarettes with a high tar or nicotine content;

increasing taxation on cigarettes;

establishing upper limits for various constituents of tobacco
smoke.

workers should recognize the importance of their role in discouraging
and be prepared to assist patients who encounter difficulty in
quitting smoking. They should:

themselves set an example by not smoking and encourage patients and their
families to stop smoking;

discourage young people from starting to smoke;

demonstrate, where feasible, the ill effects of smoking by appropriate
screening procedures;

urge that action against smoking should form part of all medical and
health care programs and actively participate in health education
activities, expressing support for policies and programs for the con-
trol and prevention of cigarette smoking.

and other health professional schools should ensure that students are informed about the health hazards of smoking.

Activities and health organizations should:

discourage smoking in hospitals and other health care institutions; discourage smoking in clinics, outpatient services and doctors' offices and consulting rooms;

establish anti-smoking counselling services in hospitals and outpatient departments;

encourage health workers to refrain from smoking, especially in the presence of patients and young people.

discourage smoking in public places and conveyances;

give the maximum publicity to the health hazards of smoking;

include instruction on the hazards of smoking as an integral part of occupational health programs in factories and other places of employment, in collaboration with departments of labour.

authorities should collaborate with education authorities in preparing curricula and teaching materials on the health hazards of smoking, as an important part of the health education program of schools, teacher training institutions, universities, and other educational establishments. In particular, efforts should be made to improve the capabilities of teachers over the entire field of health education.

authorities should co-operate with other government departments, the armed forces, professional health organizations, voluntary health agencies and other organizations such as religious associations, sports clubs, and men's and women's clubs in stressing the health hazards of smoking.

EDUCATION COMMITTEE

for the meeting to be held at the State Office Block
13th Floor, Phillip Street, Sydney at 10.00 a.m. on
Thursday, October 5th, 1972

Apologies

Minutes

Business arising from Minutes

- a. ANZAAS Conference - D. Hill
- b. Foreign Language Education Material - D. Hill
- c. National Warning Campaign Against Smoking - J. Krister

"Stop Smoking Program Guide" - American Cancer Society Smoking Campaign - K.R. Cox

Reports from Member Organizations

Educational material forwarded from the American Cancer Society

Date of next meeting

Kenneth R. Cox
Medical Adviser

RECEIVED

- 5 OCT 1972

To Mr. Hill
From MR

(Envelope post. marked 4/10/72)

AUSTRALIAN CANCER SOCIETY

Professor Kenneth Cox
St George Hospital, Kogarah
N S W 2217, AUSTRALIA
Telephone 587 7669

16th May, 1972.

RECEIVED

19 MAY 1972

To *D Hill*
From *K Cox*

Mr David Hill,
Reception Officer,
Anti-Cancer Council of Victoria,
111 Albert Street,
EAST MELBOURNE, VIC. 3002.

Dear David,

As soon as you are finished with the clippings from the International Cancer Conference, I should be grateful if you would forward them to Sir William Kilpatrick who has not yet received a copy from them.

Sincerely yours,



(Kenneth R. Cox)

c.c. Sir William Kilpatrick

Indicating various assistance in this matter and would be grateful that these would not be insurmountable. Your reply would be greatly appreciated.

5th May, 1972.


Captain S.J. Ritchie,
General Manager,
Qantas Airways,
Qantas House,
100 Queen Street,
Sydney, N.S.W. 2010.
Dear Captain Ritchie,

At its recent national meeting the Council of the Australian Cancer Society discussed the action of TAA and Ansett in providing non-smoking areas on aircraft. It was noted too, that several international airlines adopted the same practice including Pan American and American Airlines out of Australia.

I would appreciate your advising me what barriers exist to Qantas offering the same service on its aircraft. In requesting this information I hasten to add that the Australian Cancer Society is not anti-smoking per se but is intimately concerned with the incidence of lung cancer in the world today directly arising from the hazards of cigarette smoking. A key requirement for reducing the incidence of lung cancer is to reduce the level of cigarette smoking in the community. Little progress will be made in this direction unless cigarette smoking becomes less socially acceptable. Logically, therefore, a community-wide effort is needed to reduce this and to reinforce the habit of non-smoking. I can assure you that this effort is sound medically and psychologically and is not the product of a bunch of "do-gooders".

I appreciate that there are commercial and operational factors inhibiting Qantas assisting in this matter but I would be hopeful that these would not be insurmountable. Your reply would be greatly appreciated.

Yours sincerely,


W. Allan Dick
Chairman - Education Committee

25th May, 1972.

400 301

Mr. W. A. Dick,
Chairman - Education Committee,
Australian Cancer Society,
AN 4383 G.P.O.,
SYDNEY.....2001.

Dear Mr. Dick,

Thank you for your letter of 5th May
in which you express your interest in the introduction
of non-smoking zones on commercial aircraft.

At the present time, Qantas is conducting a
study into technical and commercial factors involved
in the introduction of such zones on both our 747B
and 707 aircraft.

We will certainly keep you informed of any
development or decision made on this issue.

Yours sincerely,

(R. J. Ritchie)

TRANS-AUSTRALIA AIRLINES

11TH MAY, 1972.

MR. W. A. DICK,
C/- IRISH YOUNG & OUTHWAITE,
35 BOURKE STREET,
MELBOURNE, VIC. 3000.

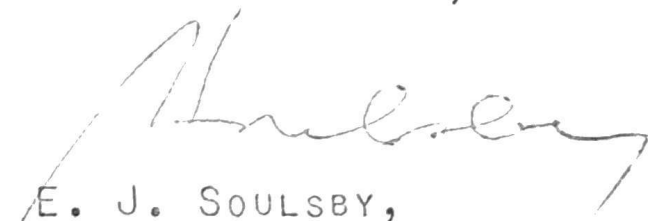
DEAR MR. DICK,

THANK YOU FOR YOUR PASSENGER COMMENT LETTER WHICH CONTAINS
DETAILS OF THE INEFFECTIVE NON-SMOKING AREAS THAT YOU HAVE
EXPERIENCED ON OUR AIRCRAFT.

IT WAS DISTURBING TO LEARN THAT PASSENGERS WERE BEING
SEATED IN THE NON-SMOKING AREA WITHOUT BEING ADVISED OF THE
POSITION THEY WERE SEATED IN ON THE AIRCRAFT AND AS IT IS
OBVIOUS THAT OUR GROUND AND AIR STAFF ARE NOT CARRYING OUT
THEIR DUTIES IN RELATION TO MAINTAINING A NO-SMOKING AREA,
THE MATTER WILL BE IMMEDIATELY TAKEN UP WITH THE STAFF
MEMBERS CONCERNED.

IN THE MEANTIME PLEASE ACCEPT OUR SINCERE APOLOGIES FOR THE
INCONVENIENCE THAT YOU HAVE EXPERIENCED.

YOURS FAITHFULLY,


E. J. SOULSBY,
MANAGER AIRPORT SERVICES.



RECEIVED

15 MAY 1972

LO _____

MINUTES of Cancer Education Committee Meeting
held on Thursday, 20th April 1972 at 10.30 a.m.
in the Board Room, 23rd Floor, A.M.P. Tower,
535 Bourke Street, Melbourne.

PRESENT:

Mr. W.A. Dick (Chairman)
Dr. A.B. Lilley (N.S.W.)
Dr. C. Craig (Tasmania)
Mr. T.R. Osborn. (S.A.) vice Dr. V. Springett
Mr. W.L. Rudder (Qld.)
Mr. D. Hill (Victoria)
Mr. J. Holliday (Qld.)

INVITATION:

Dr. Nigel Gray

APOLOGIES:

Apolo-
gies were received from Dr. V. Springett (S.A.) and Mr. J. Carr,
Dr. L. Baillie and Dr. R. Mendelsohn and Dr. J. Krister.

The Committee was informed of the Secretary's absence due to illness.
The Chairman agreed to write wishing him a speedy recovery.

CONFIRMATION OF MINUTES:

The minutes of the previous meeting, held in Sydney on 14th October 1971
having been circulated to all members were taken as read and confirmed,
subject to the deletion of Dr. Gray's name from the list of members and its
inclusion under In Attendance.

BUSINESS ARISING FROM MINUTES:

(a) Non-smoking areas on aircraft

Moves have been made by both TAA and Ansett to have non-smoking areas
on interstate flights. This has not stemmed from any work done by the
Society. Letters have been sent by Professor Cox to both Ansett and
TAA congratulating them on the work they have done in this area. It
was Resolved that this be endorsed publicly by the A.C.S. in the
national press. It could also be mentioned in the State bodies news-
letters.

(b) Education seminar

The sub-committee appointed at the last meeting consisting of Dr. Krister,
Mr. Rudder and Mr. Hill had corresponded on the possible content of a
seminar as part of the ANZAAS conference in Perth in 1973. Reports were
tabled from the committee outlining suggestions for the seminar.

It was suggested that the seminar should be designed to interest psychologists and sociologists who could study not only the medical side but the human behaviour side in regard to smoking and cancer. It was Moved Dr. Craig, Seconded Mr. Holliday that a submission be made to ANZAAS for the Australian Cancer Society to organise a seminar for the conference in Perth. Mr. Hill and Mr. Rudder agreed to implement the required program.

Second World Conference on Smoking and Health

Mr. Hill tabled a letter from Dr. Fletcher, Chairman of the Organising Committee of the Second World Conference on Smoking and Health and a leading anti-smoking educationalist in Great Britain, advising the text of the resolution sent to Ministers of Health of Member Governments of W.H.O. and to the Director General. Through Mr. Hill he asked that the Australian Government should be urged to act in the spirit of the resolution. Dr. Gray pointed out that the aims of the Australian Cancer Society paralleled the World Conference policies. It was resolved to write to the Minister of Health strongly endorsing the World Conference Resolutions.

A letter from Professor Cox was read outlining possible directions which be followed in involving insurance companies in supporting Australian Society programs. The matter of relative insurance premium rates for and non-smokers was discussed from the point of view of getting lower for non-smokers. The possibilities of getting the insurance companies participate in cancer education campaigns also was discussed. It was agreed this matter should be investigated further if greater resources became available to the Australian Cancer Society. It was decided to include this item on the Agenda for the next meeting.

A letter was received from Dr. Alan Maclaine asking whether the previous invitation to join the Committee a year ago was still open. Dr. Maclaine had not replied to either the Chairman's verbal invitation or the President's written invitation.

The Committee decided not to re-issue the invitation.

CANCER EDUCATION SESSION AT INTERNATIONAL CANCER CONFERENCE:

It was reported that the cancer education session was most successful and that the papers given were of a very high standard. The members of the Education Committee who presented papers were thanked for their efforts and it was agreed that letters should be sent to Professor Eric McKay in Queensland and Mrs. Jose in Western Australia thanking them for their contributions.

After discussion on the U.I.C.C. Conference in Sydney and the organisation of the Education Committee it was Moved Mr. Rudder, Seconded Mr. Holliday that the Australian representatives on the U.I.C.C. suggest that the U.I.C.C. appoint an Australian representative to the education committee from this Council.

ACTIVITIES:

It was agreed in principle with the Chairman's working paper on the future of the Australian Cancer Society's education efforts. It was agreed to Council that the services of a full-time administrator should be assigned to the education committee.

CONFERENCES ORGANISATIONS:

It was tabled and discussed in regard to programs in South Australia, New South Wales and Victoria.

EDUCATION MATERIAL:

It was agreed that it would be desirable to handle this at National level. It was agreed to prepare a position paper for discussion at the next meeting.

RECEIVED

23 DEC 1971

Middlesex House
Ealing Road
Wembley Middlesex HA0 1HH
01-998 2731

1st November, 1971

World Conference on Smoking and Health

Enclosed is the full text of the resolution which was passed at the
Second World Conference on Smoking and Health.
I have sent to Ministers of Health of Member Governments
and to the Director General of the Organisation.

I trust that you would lend your personal support to urge
the Government of your country the necessity to act in the spirit of
the resolution.

Yours sincerely,

Charles Fletcher

Charles Fletcher, C. B., M. B., F.R.C.P.
President, British Medical Association

RECEIVED

2ND WORLD CONFERENCE ON SMOKING AND HEALTH
Imperial College of Science and Technology
Imperial Institute Road, London S.W. 7.
20th - 24th September, 1971

ORGANISED BY
THE HEALTH EDUCATION COUNCIL

At the final session of the Conference IT WAS RESOLVED

The delegates of the Second World Conference on Smoking and
urge all governments to consider, without delay, the Recommendation
World Health Assembly on the Health Consequences of Smoking.

They call on the World Health Organisation to consider the
establishment of a depository of information on educational materials and
national activities in relation to smoking and health, and to consider
appropriate arrangements for further International Conferences on Smoking
and Health."

TASMANIAN CANCER COMMITTEE
Constituted by Act of Parliament of Tasmania

79 PATERSON STREET,
LAUNCESTON,
Tasmania

RECEIVED

~~5~~ MAY 1972

2nd May 1972,

TO David Hill
FROM Alan Abbott

David Hill,
Public Officer,
Cancer Council of Victoria,
Albert Street,
MELBOURNE.....3002.

Mr. Hill,

Replying to your letter of 26th April we have not so far used any
language material.

Kind regards,

Alan Abbott

A.T. ABBOTT
HONORARY SECRETARY.

dl/hea

stations

**HEALTH EDUCATION COUNCIL
OF WESTERN AUSTRALIA**

16 Kings Park Road,
West Perth, W.A. 6005,
Phone No. 22 4277-8-9



POST OFFICE BOX 42 WEST PERTH, WESTERN AUSTRALIA, 6005

3rd May, 1972.

Eab

Mr. David Hill,
Education Director,
Anti-Cancer Council of Victoria,
412 Albert St,
EAST MELBOURNE, 3002.

RECEIVED

~~4~~ MAY 1972

To David Hill
From Perth

Dear Mr. Hill,

We have received your letter of 28th April. Mr. Carr is away in Sydney this week, and I will hand your letter on when he returns.

Yours sincerely,

E. A. Burke.
Secretary to J. T. Carr.

...and Mayor of Melbourne.
...FRACS, FACS, D.SC. (HON) PUNJABI. Finance Committee: John Larritt, FCA.
...MB, BS, BSC., DTR, FCRA. Appeals Committee: H. S. Rusden, FASA, FAH.
...Cancer Service Committee: Sir William Kilpatrick, KBE.

Anti-Cancer Council of Victoria



412 ALBERT STREET
EAST MELBOURNE,
AUSTRALIA, 3002.
TELEPHONE: 662-2822

Director: Dr. Nigel Gray.

Report for Australian Cancer Society Education Committee, April, 1972.

Lecture Programme.

A lecture service is provided to community groups such as women's organizations, men's service clubs, youth groups and also to schools. The demand for lectures to community groups has been fairly static but last year's television campaign on smoking resulted in an unusually high demand from schools. The Council took part in a series of public lectures on avoidable diseases and sponsored an evening devoted to 'Tobacco Diseases - A Modern Epidemic'.

Television.

Channel 9 in Melbourne has agreed to screen the film 'The Life in Your Hands' and to promote intensively breast self-examination over a campaign period of several weeks. The effects of the campaign will be researched using public opinion polls and reports from general practitioners.

Posters.

Three versions of a poster featuring the slogan 'Smoking is a Dying Habit' have been produced. The un-illustrated version is on display on outdoor sites around Melbourne suburban railway stations and inside public transport. The smaller versions have

been popular for notice board display. (Tabled) New non-smoking request signs have also been reproduced from a Canadian design. (Tabled)

Publications.

A leaflet on breast self-examination and cervical cytology has been produced as a companion to the film "The Life in Your Hands" and also bears that name. (Tabled) An Australian version of the Smoker's Self-Testing Kit developed by the National Clearinghouse for Smoking and Health, U.S.A. has been printed and is shortly to go into use. (Tabled)

Tar Testing.

Plans to re-test Australian cigarettes for tar and nicotine content have been made, results should be in hand in August and a new tar table available by September.

Films.

Development of plans for a film for primary school children on smoking and health are progressing in conjunction with the Curriculum and Research Branch of the Victorian Education Department. As well as its obvious application in the Health course, the imminent introduction of a new Social Studies course opens many possibilities.

Research.

A small survey among general practitioners was completed recently. (Tabled) It assesses doctors attitudes, experiences, and requirements in areas related to public education about cancer.

20th April, 1972.

26th April, 1972.

Mr. A. Abbott,
Secretary,
Tasmanian Cancer Committee,
Patterson Street,
HOBART, TAS. 7250

Dear Mr. Abbott,

At the last meeting of the Australian Cancer Society
we agreed to do some work on the needs for foreign language
communication material in Australia.

As a first step, I should like to have in hand a
copy of the foreign language printed material you are currently
distributing and an account of the uses to which it is being
put. Details of foreign language approaches in any other media
would also be appreciated.

Best wishes,

Yours sincerely,

DAVID HILL
EDUCATION DIRECTOR

27th April, 1972.

V. L. Rudder,
Secretary,
New Zealand Cancer Council of the
New Zealand Cancer Fund,
Upper Edward Street,
DUNEDIN.

Dear Bill,

At the last meeting of the Australian Cancer Society
we agreed to do some work on the needs for foreign language
communications material in Australia.

As a first step, I should like to have in hand a copy
of the foreign language printed material you are currently
distributing and an account of the uses to which it is being
put. Details of foreign language approaches in any other media
would also be appreciated.

Best wishes,

Yours sincerely,

DAVID HILL
EDUCATION DIRECTOR

27th April, 1972.

Mr. J. Burke,
South Wales State Cancer Council,
Mills House,
Martin Place,
Sydney, N.S.W. 2000

Dear John,

At the last meeting of the Australian Cancer Society we agreed to do some work on the needs for foreign language communication material in Australia.

As a first step, I should like to have in hand a copy of the foreign language printed material you are currently distributing and an account of the uses to which it is being put. Details of foreign language approaches in any other media would also be appreciated.

Best wishes,

Yours sincerely,

DAVID HILL
EDUCATION DIRECTOR

26th April, 1972.

R. Osborne,
Cancer Council of the
University of Adelaide,
TERRACE. S.A. 5000

At the last meeting of the Australian Cancer Society
I agreed to do some work on the needs for foreign language
education material in Australia.

As a first step, I should like to have in hand a copy
of the foreign language printed material you are currently
contributing and an account of the uses to which it is being
put. Details of foreign language approaches in any other
area would also be appreciated.

Best wishes,

Yours sincerely,

DAVID HILL
EDUCATION DIRECTOR

27th April, 1972.

J. T. Carr,
Health Education Council,
Rheola Street,
ST PERTH. W.A. 6005

Mr Jim,

At the last meeting of the Australian Cancer Society
agreed to do some work on the needs for foreign language
communication material in Australia.

As a first step, I should like to have in hand a copy of the
foreign language printed material you are currently distributing
and an account of the uses to which it is being put. Details
of foreign language approaches in any other media would also be
appreciated.

Best wishes,

Yours sincerely,

DAVID HILL
EDUCATION DIRECTOR

15-11-71

Title. Role of Social Science in the Control of Cancer.

1. Does Society Need Cancer Control? An evaluation of the positive and negative effects of cancer.
2. Epidemiology defines the main targets within the general field of cancer control.
(In Australia, lung, breast, cervix, skin and ? colon)
3. Obstacles
 - a) Medical - limitations on and of screening procedures etc.
 - b) Sociological - high risk groups often the last educable etc.
4. 'Cancer' as part of the psychological universe.
How cancer is perceived.
Behavioural implications of perceptions of cancer.
Learning attitudes to cancer.
Changing attitudes to cancer.
5. Conflict resolutions of threats of cancer.
 - a) 'Approach' solutions - cure through early diagnosis.
 - b) 'Avoidance' solutions - prevention through avoidance of cancer hazards.
6. Psychology of risk-taking.
Tolerance of 'voluntary' and 'involuntary' risks and factors which affect acceptance of risk.

ANNE ANZAAS SEMINAR

WENT TO HILL

29-11-71

Title - Contributions of Social and Behavioural Science to Cancer Control as title.

Perceptions of Cancer - individual determinants of cancer attitudes.

Communication about Cancer - attitude change in fear-arousing topics.

Reaching the Hard to Reach - at-risk and unresponsive groups in society.

Society and the cigarette - a matter of choice.

I think your format contains all of this but might be a little intense for one group meeting. Fewer sessions and more flexibility coupled with carefully chosen speakers would probably present a livelier forum.

PROPOSED ANZAAS SEMINAR

13-12-71

TO HILL

My suggested programme is excellent and on line for a Scientific Conference. I have taken a wider view embracing not only this group but, rather developing a programme that will come through with answers on specific aspects that are going to be helpful to those charged with the task of educating the whole community.

I would suggest that if the Australian Cancer Society is to accept sponsorship, we would need to get some mileage out of the discussions. Will the Symposium include those concerned with cancer education and representatives of service organisations, or is it restricted to ANZAAS personnel?

My knowledge as to how this Symposium will work is very limited and, if I am completely off the track, don't hesitate to let me know.

Suggestions for ANZAAS Symposium

1. Practicability of the present Cancer Education Programme by the various Cancer Societies in Australia.
2. The audience for the Education Programme - The healthy community?
3. Realistic goals for educational programmes.
 - Medical check-ups
 - Awareness of Cancer symptoms
 - Information on specific forms of Cancer-
e.g. Lung, Skin, Breast, Bowel, Cervix.
4. Wider Goals -
 - Awareness and a general constructive attitude to the disease (countering the myth that Cancer is always fatal).
 - Surveys of Epidemiology
5. Methods being used -
 - lectures by Doctors with audience involvement;
 - talks at factories, offices, etc; special publications; films; information on Cancer through public Media.
6. Information -V- Fear
 - How far can we honestly and safely go?
7. Penetration of the unaware sector. (e.g. the Pearn Survey on ignorance and superstition recently conducted at the Royal Brisbane Women's Hospital).

7-2-72

Cancer Symposium

There seem to be two lines of approach—it can be an informative session from the knowers to the non-knowers about the contributions of the social sciences to cancer prevention, or it can present the problems facing those with preventive responsibilities.

The first approach would include determinants of attitudes, perceptions of cancer, at-risk groups, fear as motivator etc, and would be a bit dullish.

I would favour the second approach in which the first speaker gave a synopsis of all the main points that would have been made in the first approach but leading up to the chief stumbling blocks to further progress. As I see it there are two areas which would attract participants.

1) How to influence Governments (Isn't it about time we pooled our knowledge of this? Government resistance or inertia makes nonsense of so many of our welfare efforts and I think we have to come to grips with it instead of shrugging our shoulders with an air of resigned futility).

2) Establishing some priority among the target groups in a primary preventive programme. We all know that vulnerability, accessibility and susceptibility to influence of the potential victims have to be set against the resources we can command but I think it would be rewarding to hear differences of opinion among uninvolved experts and justifications for different programmes from those in the field in regard to the groups which should or do receive priority.

As to format, how about a first speaker to set the stage, followed by a panel of say 3 people discussing a topic on stage (or a theatre-in-the-round performance) with plenty of audience interjection, given a capable chairman.

3) I have assumed that the purpose is weighted towards extracting something of value from the audience rather than filling them up with our 'splendid record of achievement under difficulties'.

4) Perhaps 3 (a) is worthy of a whole symposium at a future ANZAAS but a trial run here might help to incite interest. If it appeals how about bringing along someone from a Uni department of government?

Among the uninvolved experts in 3 (b) perhaps someone from a Uni. Social Work department whose speciality is community action would be an asset e.g. Murray Geddes.

25-1-72

ALL TO RUDDER

Thank you for your suggestions for the ANZAAS conference which, as you say, are very practically oriented. I am very much in favour of us trying to get some useful speakers out of the ANZAAS experts who we might attract to our symposium. However, I feel that we could run the risk of frightening them off if we make the programme appear too specific to "cancer education". As most of those attending will be university academics, I feel that our best hope of getting a first class audience would be to try to structure the programme in terms of issues of current theoretical interest within the various disciplines we feel are relevant.

I think your suggestions are an excellent summary of the sorts of things we might hope to get out of the programme but I wonder if it would look to people attending ANZAAS as if the programme would be rather too specialized to be interesting to them. I think we have to accept that getting an audience will be fairly competitive as I believe the sessions run concurrently.

There is obviously a great deal of overlap between your ideas and mine, and the suggestions John Krister has forwarded. However, the suggestions of his research officer take a rather different line. Personally, I would not be bored by the issues dismissed by him under item 2 as 'a bit dullish', but his opinion on this shows how careful we have to be about selecting topics.

Also, I don't accept the implication that the 'key problems' for those with preventive responsibilities do not include an understanding of the unsolved scientific problems of achieving attitude and behaviour change (i.e. those issues raised under item 2).

My general reaction to the suggestions under (3) are that they would add considerably to the interest of the meeting but would not be enough to justify an entire ANZAAS scientific symposium. My reason for saying this is that in the case of (3a), scientists are probably among the least expert groups at influencing governments and in reference to (3b), the establishing of priorities involves value judgement as well as fact and hence is not peculiarly a scientific or technical area. I think the suggestions of bringing experts from Departments of Government and Social Work to cover these areas is very good.

PROPOSED ANZAAS SEMINAR
BUDDER TO HILL

13-12-71

Your suggested programme is excellent and on line for a Scientific Conference. I have taken a wider view embracing not only this group but, rather developing a programme that will come through with answers on specific aspects that are going to be helpful to those charged with the task of educating the whole community.

I would suggest that if the Australian Cancer Society is to accept sponsorship, we would need to get some mileage out of the discussions. Will the Symposium include those concerned with cancer education and representatives of service organisations, or is it restricted to ANZAAS personnel?

My knowledge as to how this Symposium will work is very limited and, if I am completely off the track, don't hesitate to let me know.

Suggestions for ANZAAS Symposium

1. Practicability of the present Cancer Education Programme by the various Cancer Societies in Australia.
2. The audience for the Education Programme - The healthy community?
3. Realistic goals for educational programmes.
 - Medical check-ups
 - Awareness of Cancer symptoms
 - Information on specific forms of Cancer -
e.g. Lung, Skin, Breast, Bowel, Cervix.
4. Wider Goals -
 - Awareness and a general constructive attitude to the disease (countering the myth that Cancer is always fatal).
 - Surveys of Epidemiology
5. Methods being used -
 - lectures by Doctors with audience involvement;
 - talks at factories, offices, etc; special publications; films; information on Cancer through public Media.
6. Information -V- Fear
 - How far can we honestly and safely go?
7. Penetration of the unaware sector. (e.g. the Pearn Survey on ignorance and superstition recently conducted at the Royal Brisbane Women's Hospital).

RECEIVED

PROPOSED ANZAAS SEMINAR
COMMENTS OF DR. KRISTER'S RESEARCH OFFICER

7-2-72

Cancer Symposium

There seem to be two lines of approach-it can be an informative session from the knowers to the non-knowers about the contributions of the social sciences to cancer prevention, or it can present the key problems facing those with preventive responsibilities.

The first approach would include determinants of attitudes, perceptions of cancer, at-risk groups, fear as motivator etc, and would be a bit dullish.

I would favour the second approach in which the first speaker gave a synopsis of all the main points that would have been made in the first approach but leading up to the chief stumbling blocks to further progress. As I see it there are two areas which would entice participants.

a) How to influence Governments (Isn't it about time we pooled our knowledge of this? Government resistance or inertia makes nonsense of so many of our welfare efforts and I think we have to come to grips with it instead of shrugging our shoulders with an air of resigned futility).

b) Establishing some priority among the target groups in a primary preventive programme. We all know that vulnerability, accessibility and susceptibility to influence of the potential victims have to be set against the resources we can command but I think it would be rewarding to hear differences of opinion among uninvolved experts and justifications for different programmes from those in the field in regard to the groups which should or do receive priority.

4) As to format, how about a first speaker to set the stage, followed by a panel of say 3 people discussing a topic on stage (or a theatre-in-the-round performance) with plenty of audience interjection, given a capable chairman.

5) I have assumed that the purpose is weighted towards extracting something of value from the audience rather than filling them up with our 'splendid record of achievement under difficulties'.

6) Perhaps 3 (a) is worthy of a whole symposium at a future ANZAAS but a trial run here might help to incite interest. If it appeals how about bringing along someone from a Uni department of government?

Among the uninvolved experts in 3 (b) perhaps someone from a Uni. Social Work department whose speciality is community action would be an asset e.g. Murray Geddes.

25-1-72

Thank you for your suggestions for the ANZAAS conference which, as you say, are very practically oriented. I am very much in favour of us trying to get some useful answers out of the ANZAAS experts who we might attract to our symposium. However, I feel that we could run the risk of frightening them off if we make the programme appear too specific to "cancer education". As most of those attending will be university academics, I feel that our best hope of getting a first class audience would be to try to structure the programme in terms of issues of current theoretical interest within the various disciplines we feel are relevant.

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RECEIVED

17 APR 1972

To [Signature]
From [Signature]

AUSTRALIAN CANCER SOCIETY

COUNCIL OF THE AUSTRALIAN CANCER SOCIETY

AGENDA for the meeting of the Council of the Australian
Cancer Society at the Anti-Cancer Council of Victoria,
412 Albert Street, East Melbourne at 9.30 a.m. on Friday,
April 21st, 1972.

1. Apologies
2. Minutes -
Confirmation
Business arising
3. Correspondence
4. Report of Scientific Committee
Scientific conferences
Clinical studies
Cancer control measures
Budget proposals
5. Report of Education Committee
Education conferences
Future activities
Budget proposals
6. Report of Service Committee
Cancer patient benefits
Projects and future activities
Budget proposals
7. Report of Smoking and Health Sub-Committee
8. Report on International Cancer Conference - Sydney, 1972
9. Constitutional Amendment (circulated)
10. Future activities of Australian Cancer Society
11. Finance
Accounts - expenditure from October 1971 to 31.3.1972
Budget 1972/3
12. General Business
13. Date of Next Meeting

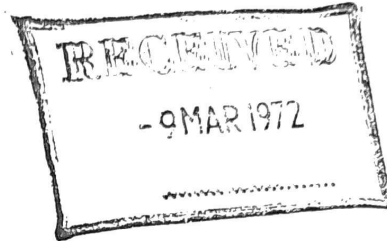
Kenneth R. Cox
Medical Adviser

AIRLINES OF AUSTRALIA

REGISTERED OFFICE 489 SWANSTON STREET, MELBOURNE, VICTORIA, 3001, AUSTRALIA
Telephone 34 0921 - Telegrams and cables 'AIRWAYS' - Telex AA 30085 - P.O. Box 727 - Melbourne, 3001

7th March, 1972

Professor Kenneth R. Cox,
Medical Advisor,
Australian Cancer Society,
St. George Hospital,
KOGONIA ... N.S.W. 2217.

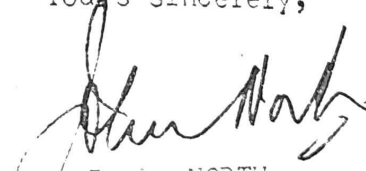


Dear Professor Cox,

It was very nice of you indeed, to write to Sir Reginald on the establishment of a separate area for non-smokers in the aircraft.

We appreciate the problem and we are only too happy to know that our action is meeting with approval.

Yours sincerely,


J. A. NORTH
COMMERCIAL MANAGER.

Sir Reginald Ansett
Director
Ansett Airlines of Australia
Cnr. Swanston & Frankland Streets
MELB. VICT. 3000.

25th February 1972

Dear Sir Reginald,

I wish to congratulate you on your splendid action in separating smokers from non-smokers on your aircraft.

Your action will help passengers avoid that pollution of their air environment which is not only unpleasant, but dangerous to health.

I look forward to the time when dwindling social acceptance of this curious habit will reduce those smoking seats to near zero.

Sincerely yours,

(Kenneth R Cox)
Medical Advisor

21st October, 1971.

Dr. K.H. Taylor,
National Cancer Institute of Canada,
25 Adelaide Street East,
Toronto 1,
ONTARIO, CANADA.

cc - A Dick
N Johnson
Sinton

Dear Bob,

It was reported to the Education Committee of the Australian Cancer Society last week how smokers in aeroplanes were now segregated by Air Canada.

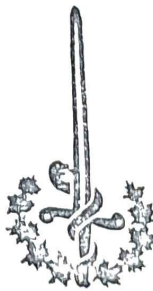
Can you advise me whether this derived from initiatives from your Society, and if so what was the sequence of action which led to this effective outcome?

Best wishes,

Sincerely yours,

Kenneth R. Cox
Medical Advisor

CANCER INSTITUTE OF CANADA
AFFILIATED WITH
CANADIAN CANCER SOCIETY



INSTITUT NATIONAL DU CANCER DU CANADA
AFFILIÉ À
SOCIÉTÉ CANADIENNE DU CANCER

ADMINISTRATIVE OFFICES - ADMINISTRATION
25 ADELAIDE STREET EAST
TORONTO 1, ONTARIO
364-7483

October 28, 1971

CH. B.
AND
M.D., F.R.C.P. (C).

Kenneth R. Cox
Medical Adviser
Australian Cancer Society
St. George Hospital
Sydney, N.S.W. 2217 Australia



Dear Dr. Cox:

Bob Taylor's absence, I am answering yours of October 21 concerning segregated areas in Air Canada planes where no smoking applies.

My Secretary contacted Air Canada and found that this resulted from con- siderable letters of complaint from passengers. I may add that the segregation applies only in the new 747 type aircraft (the Jumbo Jet). But it is one great step in the right direction!

Yours sincerely,

A.J. Phillips
A.J. Phillips, Ph.D.
Assistant Executive
Director (Statistics)

Mr J G Nyland
Director
Trans Australian Airlines
50 Frankland Street
MELBOURNE 3000

25th February 1972

Dear Mr Nyland,

I wish to congratulate you on your splendid action in separating smokers from non-smokers on your aircraft.

Your action will help passengers avoid that pollution of their micro environment which is not only unpleasant, but dangerous to health.

I look forward to the time when dwindling social acceptance of this curious habit will reduce those smoking seats to near zero.

Sincerely yours,

(Kenneth R Cox)
Medical Advisor

25th February 1972

Captain R J Ritchie
Director
Qantas Airways
Canteen House
70 Hunter Street
SYDNEY 2000

Dear Captain Ritchie,

You will be aware that we have designated Qantas Airways Ltd. official carrier for the International Cancer Conference to be held here in Sydney in March 1972.

This conference is held under the auspices of the International Union against Cancer and organized by the Australian Cancer Society.

You will also be aware of the action of Trans Australian Airlines and Ansett in Australia, as well as American Airlines and Pan American in providing for separation of smokers from non-smokers. Qantas is now the only significant Australian airline not assisting passengers avoid that pollution of their micro environment which is not only unpleasant, but dangerous to health.

This lack of action is distressing to my Organization which is attempting to combat what has become the commonest lethal cancer in men.

This lack of action is particularly unfortunate in relation to our sponsorship of Qantas to this International Cancer Conference.

I should be grateful to hear your comment. It is probably not too late to begin action before our delegates begin to arrive on your aircraft.

Sincerely yours.

(Kenneth R Cox)

THE FUTURE OF CANCER EDUCATION
WITHIN THE AUSTRALIAN CANCER SOCIETY

BACKGROUND

At the April 1971 council meeting of the Australian Cancer Society it was agreed that a small working group should be appointed to review the aims, activities and organisation of the Society. The essential objective of the exercise was to determine whether the Australian Cancer Society could be developed into a more effective organisation to improve the control of cancer in Australia. Dr. Metcalf, Dr. Gray, Professor Cox and myself were appointed to the working committee.

Subsequent to the Council meeting the Melbourne members of the Committee discussed possible lines of approach to be adopted. It was decided that basic material should be developed for consideration by the full Committee in the form of separate position papers on research, medical treatment and services and public education.

The purpose of this memorandum is to outline my thoughts on what should be done to increase the effectiveness of the Australian Cancer Society in the field of public education.

EDUCATION AT NATIONAL LEVEL
APPROACH

Since the formation of the Australian Cancer Society no field programs have been conducted at national level. Until recently a senior lecturer at Sydney University was used in a part-time capacity to maintain some form of communication with member organisations who developed and carried out the educational programs. Some information passed from the education officer to State bodies over a period of years but little direct help was provided by his personal contact or presence in State organisations. Information which did pass was of use in the three States where the programs were less developed - South Australia, Western Australia and Tasmania.

Over the first ten years, three one-day conferences were organised for people active in State programs. Twice yearly meetings of the education committee also provided opportunities for information to be communicated between States.

The results of State efforts supplemented by some assistance from the national level have been reflected in the development of active education programs in every State. This is undoubtedly an advance on the position pertaining in 1961. Additionally knowledge of Australian programs is now starting to filter through at an international level. The former national education officer is still a member of the U.I.C.C. education committee but this appointment arose from a personal invitation by the then Chairman of the U.I.C.C. Education Committee, Mr. John Wakefield and not as a result of nomination by the Australian Cancer Society.

EFFICIENCIES IN
THE APPROACH

Given that the Australian Cancer Society has made some contribution to the development of cancer education programs in Australia, progress has been slow and relatively ineffective for the following reasons:

1. The part-time nature of the education officer's appointment has provided neither adequate time or continuity for a comprehensive effort at national level. Dr. Maclaine's main occupation was acting as a university lecturer and his career progress depended on his performance there rather than in serving the Australian Cancer Society. Whilst he was undoubtedly interested in cancer education, to a significant extent he approached the job with the goal of doing enough to justify holding the position and supplementing his University salary.

2. Despite repeated encouragement having been given to the education officer to establish education objectives for the Australian Cancer Society and a well-considered plan, no such thinking ever really got off the ground. As a result the Committee drifted from half yearly meeting to half yearly meeting with no plans, no achievements and little motivation.

3. No consideration has ever been given to a national program as distinct from the programs undertaken at state level. It has been accepted up to date that the state programs form the necessary ingredients for cancer education in Australia. My proposition is that this is not the case, since I contend that there are some programs which can only be carried out effectively at national level. Furthermore there are other programs which could be more effectively organised and run nationally than at the State level.

4. The education officer when in office devoted a substantial part of his available time for the Australian Cancer Society in fulfilling his role as a member of the U.I.C.C. Committee. Since this was a personal rather than a representative appointment, too little benefit accrued to the Australian Cancer Society from international visits and correspondence.

In effect, the national effort in education has suffered from lack of planning and inadequate resources. The aims and objectives of cancer education in Australia need to be re-thought as a first step to determining what the Australian Cancer Society should be doing or planning to do to foster the effectiveness of educational efforts throughout the country.

ENVIRONMENTAL
CHALLENGES
THE FUTURE

The environment in which the Australian Cancer Society is

operating has changed on to contribute to cancer education in Australia differs

from the position ten years ago in some important respects:

There are active programs in each State but these vary in terms of comprehensiveness, approach and resources. Nevertheless a framework has begun to take shape.

Governmental organisations are becoming more involved in cancer education.

The medical profession is becoming more disposed to accept the usefulness of cancer education programs in promoting earlier diagnosis and a better balanced community attitude to cancer.

Television has had a powerful impact on community opinions and attitudes which has changed both the education task and the means at the disposal of bodies like the A.C.S. and its members.

Migration has continued to increase the number of non-English speaking people in Australia creating ethnic groups which are hard to reach in education programs.

More is known today than ten years ago on the factors which help to form and influence people's attitudes and the essential requirements for changing those attitudes.

Australian industry and commerce has grown more national during the last ten years creating a greater number of nationally spread and centrally controlled organisations.

In this environment the need for active and well-developed health education programs will be as important in the future as it has been over the last ten years. Unquestionably most of these health education programs are best undertaken by the member bodies of the A.C.S. There will continue to be an opportunity for the A.C.S. to foster these State programs in a variety of ways:

- # Communicating information.
- # Bringing people engaged in State programs together for exchange of viewpoints and ideas.
- # Organising conferences at national level.
- # Assisting with the organisation of conferences at State level.
- # Fostering of research projects within the States.

But there are requirements for a national program quite distinct from the State activities in the following areas:

1. Dealing with the Commonwealth Government at ministerial, parliamentary, departmental and semi-government levels in matters related to cancer education and allied subjects.
2. Dealing with national bodies associated with or interested in health matters as their activities affect cancer and health education.

3. Using national media in educating the Australian public - national magazines, national television and radio, and national trade press.
4. Dealing with national companies in developing education programs.
5. Developing educational material for State organisations to use in selected community groups which are small and hard to reach, such as ethnic, under-privileged and high risk groups such as with cytology programs. Developing foreign language material centrally would be much more economical than unilateral preparation in the States.
6. Organising and co-ordinating research projects across State boundaries.
7. Helping to educate the educators in State programs.
8. Formal representation of Australia internationally for the benefit of all organisations in Australia engaged in cancer education.

ORGANISATION AND
RESOURCES TO MEET
FUTURE REQUIREMENTS

I feel that there is a strong case for the recruitment of a full-time education officer or alternatively a full-time medical administrator who has the aptitudes for and interest in cancer education to do an effective job. In the latter case he would have responsibilities additional to cancer education. With the appointment of a full-time person it would be possible to develop

... to five year plan to accomplish what I have suggested needs
 ... nationally right now in the field of cancer education.

A strategic plan of this nature would define the problems
 ... opportunities in cancer education in Australia at the national
 ... state levels and in Australia's international associations.

... should:

- # Establish some worthwhile objectives and specify
 a strategy for reaching them.

- # Define the priorities and the programs needed to
 accomplish shorter-term goals and longer range
 objectives.

- # Determine the nature of the co-operation required
 between the A.C.S. and its member bodies to
 accomplish goals and objectives.

- # Specify the resources needed by the A.C.S. to
 carry out its part in the projects.

It will not be easy to find a suitable person to head this
 type of project and it will cost money. The long-range plans will
 need to be costed. This is where thinking has bogged down in the
 past. Council has affirmed that its members either cannot legally
 contribute more to the A.C.S. or do not have the funds to contribute
 more or will not contribute more because they do not think any
 more needs doing beyond State education programs.

In my opinion it is quite useless spending on education
 at these levels. We have frittered away funds on cancer
 education up to date. We have been rather like the half sized
 driver using a half sized driver off a half sized tee calling
 it "two". It would be far better to shut down on cancer education
 at the national level rather than play with it as we have done
 to date. Our first responsibility as a national body is to define
 what needs to be done, not declare our insolvency. If there is
 something important to be done, and I believe there is, then let
 us make some moves to get it rolling. If we cannot get the
 resources, let us influence someone else to do the job - if there
 is no other way, we can ask one of our member bodies to do it.

Submission from Dr. A. B. Lilley upon the
future of the Australian Cancer Society's
Public Education Programme.

(9th March, 1972).

I refer to the paper "The Future of Cancer Education in the Australian Cancer Society". I apologise for not forwarding my reply and comments earlier but I have been ill for the past three months, mostly confined to bed and have this week recommenced moving about a little and feeling able to settle down a little and consider your communication. I am entirely with the views expressed by Mr. Dick on pages 2, 3 & 4 of his memorandum especially in his views.

(i) There are some programs which can only be carried out effectively at national level and there are other programs which could be more effectively organised and run nationally than at State level.

(ii) The national effort in education (in cancer) has suffered from lack of planning and inadequate resources. I comment, there has been no planning and no resources available to make planning possible (not inadequate resources). The effectiveness of the activities of the National Heart Foundation is sufficient evidence of the truth of (i). Similarly the National Heart Foundation met all the weaknesses of (ii) by being organised initially on a national (federal) basis with the central body raised and was responsible for all financing both its own and its State (district) bodies - the dog wagged its own tail - in contradistinction to the Australian Cancer Society where the total finances were at the whim of the State bodies - where six or seven tails wagged the dog - the ACS being simply a federation (and voluntary) of the previously established State societies.

The weaknesses of this organisation alone lie all the fatal weaknesses of the ACS and it would seem to me that there is no real solution until there is a complete reorganisation of the whole cancer set-up in Australia both national and state along the lines of the American Cancer Society where the paramount and all importantly, the finance controlling body is the national body while all State and Territory organisations are districts or divisions of the national body and controlled by it in relation to their programs, finance etc.

It is realised there are difficulties in such a reorganisation because of the differences in present methods, especially of finance in the States; but difficulties are made to be overcome.

I concur fully on the views expressed by Mr. Dick on pages 5, 6 and 7 of his memorandum.

Organisation and Resources to meet future requirements

Firstly I will deal with Mr. Dick's final comment on page 9 first. I agree completely with his view. "It is quite useless spending on education at our past levels. We have frittered away funds on cancer education up to date. (We have had practically no funds available for this purpose).

would be far better to shut down on cancer education at the local level than play with it as we have done to date .

My first responsibility as a national body is to define what my views of a definition of what needs to be done is that "CANCER CONTROL" in Australia requires and needs a complete reorganisation of the present system by - establishment of a national body with full powers of organisation and raising of finances for the whole of Australia - each State or Territory which would be district bodies of the national organisation and dependent on it for the setting of programs and objectives, the strategy for reaching them, priorities and then financing, all funds of the State bodies being to them by the National body.

I believe that until this is done, little if anything can be gained from the appointments presently proposed i.e. either full-time medical administration or a full time education officer. The Australian Cancer Society at present, and I cannot see any real alteration under the present method of operation of State (sovereign) bodies, has no base, no real accommodation, no staff, secretarial or otherwise. Either the above proposed appointments would require all of these at the outset of their activities. They would be essential appointments to any improvement of the existing activities (a lack of them) but would perish early without the concurrent provision of the above primary essentials.

I do not believe that this can be accomplished by the present organisation of a federation only of powerful State bodies, each responsible for its own financing, programs etc. and jealously (but parochially) guarding all its present rights and especially that which enables it to keep at the lowest possible level contributions to the federated body which effectively prevent it from achieving anything of real note or worth.

Lets face it and I feel sure that many of us have felt this for a long time now our present organisation is achieving little, if anything, in any field of endeavour. Our present twice yearly meetings, while pleasant and providing some means (but for all too short a time) of an exchange of ideas, are making negligible contribution to cancer control and in too many instances are altogether too academic and impractical. In my view no improvement can be obtained with the present

and especially the complete lack of power (both
and otherwise) of the national federation.
The defects should be removed by a complete reorganisation
of a National Cancer Council (the members of which
appointed for the accomplishments in a knowledge of the
cancer, finance, organisation etc. and not at all on the
state appointees).

National body to have district bodies in each State or
each being a division of the national body and
to be responsible for finance, aims and objectives, programs of
education etc. Such national body to have the means
of authority etc. to establish an adequate administrative
organizational, educative, research etc. organisation as would ensure
the fulfilling its objectives.

The above are briefly my views and I again apologise for
my late submission, due to my prolonged illness.

I do hope that we go somewhere as a result of the forthcoming
elections and that the frustrations of the past ten years now
begin to disappear. I sympathise very much with Mr. Dick in
his responsibility as Chairman of Education Committee. I can
only wish I were younger and more active to engage more vigorously
in the campaign for sadly needed reform and more national instead
of state thinking.

THURSDAY NOV 29 1966

Mr. Hill

STATEMENT BY THE ANTI-CANCER COUNCIL OF VICTORIA
ABOUT THE AUSTRALIAN CANCER SOCIETY

The Future of the Society:

We believe that the Australian Cancer Society does have a future because:

- (a) it seems its members agree that there is a need, in the international field, to have an Australian Cancer Society;
- (b) a national organisation does help members, even if only in that they meet twice a year;
- (c) there is an urgent need for a politically active body in cancer in Australia.

In considering what sort of an organisation the Federal body should be, we ought to first dispense with some of the present concepts. For example, one hears that it should be like the American Cancer Society - surely this is not necessarily so, as there are few parallels between American and Australian medical care, development, and resources both human and financial. Again, we are told that it should be like the Heart Foundation - we should not accept this view unquestioningly either, because with Heart the Federal body was formed before there were State organisations; in cancer the reverse is the case.

As a starting point, we believe that the following factors are relevant:

1. The larger States have indicated their reluctance to cede autonomy to a Federal organisation - the reasons are manifold.
2. The smaller States may be willing to do so as, among other things, national fund-raising could be helpful to them.
3. A Federal organisation is unlikely to be a success without a Canberra address and a full-time secretariat. (It is difficult to run a Federal organisation with part-time staff because they usually have divided loyalties and because they are not sufficiently "involved" with a part-time activity).

Bearing in mind the problem of 1. and 2. above, we believe that the Society should do those things which make it acceptable to all the members, and which are federally necessary. These might be:

Cancer Research:

There is a great need for a political "lobby" in cancer research in Australia. The Federal Government should be convinced of the necessity to provide major funds for cancer research which should be dispensed through the National Health and Medical Research Council so as not to duplicate fund-granting agencies at the Federal level. This would leave the States free to carry on their own research activities in whatever way they thought best. (For example, in Victoria we may wish to extend our Fellowship programme in cancer research). The method of funding and the objectives of such a Federal programme should be worked out by an ad hoc committee (see later).

International Fellowships:

We suggest that the Australian Cancer Society consider the establishment of an international fellowship programme along the lines of the Eleanor Roosevelt Fellowships administered by the UICC. Such a Fellowship, bearing an appropriate Australian name, would fill a very real need for Australian cancer workers. These fellowships could be tied to a particular need. The State needing such a fellowship could meet half the cost.

Patient Care:

The Society should be urging the Commonwealth Government to make provision for repatriation patients suffering from cancer, and it should ask the Commonwealth Government to consider special benefits for certain classes of cancer patients through the hospital benefits scheme.

Public Education:

The Society should be doing the political work for the States on the cigarette/lung cancer question; it could urge the Commonwealth to institute public education programmes on cancer in the Territories, and it could generate liaison with the Australian Broadcasting Commission and other national media in the preparation and screening of public education material.

The Society could produce films on subjects like the Seven Warning Signs, and Early Diagnosis - matters in which there is general agreement on policy among the member organisations, and it could generate national research on programmes of early detection, such as cytology.

The Society could organise cancer education programmes among national companies.

The Society also has a role to play in educating the educators and could usefully convene an annual meeting of education directors of the member organisations for mutual co-operation and to engender uniformity where this is useful.

The Council:

The Council could be reconstituted to include up to an additional five members "at large" who could be appointed by the Council for their special expertise.

The Council should meet once a year to approve the objectives defined by the Executive Committee.

The Committees:

In place of the existing Committees - there should be appointed by the Council specialist ad hoc Committees to advise the Executive on matters such as:

Cancer Research, Education targets, Early Detection, Clinical Management, Social Problems of Cancer, etc. In addition, the Executive should have the right to appoint an ad hoc Committee to meet an immediate need, such appointments to be ratified by the Council.

It is not anticipated that there will be a need for Standing Committees.

Administration:

Assuming an office in Canberra, the Society could function administratively by the appointment of an executive head, drawn from a Federal Department and thus having administrative training, a knowledge of governmental procedures and the necessary personal contacts. His duties would be:

- a) to organise a "lobby" programme on the Society's behalf for funds for cancer research;

- 1) to arrange the political work for the States on patient care problems and the smoking/lung cancer question;
- 2) to administer the international fellowship programme outlined above;
- 3) to organise the annual meeting of education directors;
- 4) to co-ordinate the public education activities of a Federal nature referred to above.

Such a person as administrator (not boss) would need a great deal of specialist help, which should be available to him -

- 1) from the Medical Adviser, and
- 2) from an Executive Committee of five - say three Council members and two others appointed for their expertise in the field of cancer control, with the Medical Adviser attending. Such a Committee should be nominated by the Council and could meet as frequently as necessary.

Expenditure:

Apart from the funding of the cancer research outlined above, the ~~income~~ and expenditure of the Society might be of this order:

Income:

Members' subscriptions as at present	\$28,750.
Bank Interest	500.
Donations, say	5,000.
Interest on investments (assuming a capital fund of \$100,000)	8,000.
	<hr/>
	\$42,250.
	<hr/> <hr/>

Expenditure:

Salary of Executive Head	\$12-15,000.
Expenses of " "	2,000.
Salaries of office staff	7,000.
Rental and office expenses	5,000.
* Medical Adviser's honorarium	2,000.
UICC subscription	5,000.
Expenses of annual education directors' meeting	1,000.
Annual international fellowship	8,000.
Travel expenses of Council and Committees	3,000.
	<hr/>
	\$45-48,000.
	<hr/> <hr/>

* The Medical Adviser would not need to maintain an office, as he would use the secretarial services of the Canberra office. His administrative load would be removed but his services as a "medical adviser" would be required more frequently.

12th April 1972.

RECEIVED

23 DEC 1971

The Health Education Council

To [Signature]
From [Signature]

Middlesex House
Ealing Road
Wembley · Middlesex · HA0 1HH
01-998 2731

The Council of Victoria,
Albert Street,
Melbourne 3002,
Victoria,
Australia.

1st November, 1971

Dear Mr. Hill,

Second World Conference on Smoking and Health

I enclose the full text of the resolution which was passed at the final session of the Second World Conference on Smoking and Health. Copies of this have been sent to Ministers of Health of Member Governments of WHO and also to the Director General of the Organisation.

I would be grateful if you would lend your personal support to urge on the Government of your country the necessity to act in the spirit of this resolution.

Yours sincerely,

Charles Fletcher

Charles Fletcher, C.B.E., M.D., F.R.C.P.
Chairman, Organising Committee

2ND WORLD CONFERENCE ON SMOKING AND HEALTH
Imperial College of Science and Technology
Imperial Institute Road, London S.W. 7.

20th - 24th September, 1971

ORGANISED BY

THE HEALTH EDUCATION COUNCIL

At the final session of the Conference IT WAS RESOLVED

"The delegates of the Second World Conference on Smoking and Health urge all governments to consider, without delay, the Recommendation of the World Health Assembly on the Health Consequences of Smoking.

They call on the World Health Organisation to consider the establishment of a depository of information on educational materials and recreational activities in relation to smoking and health, and to consider appropriate arrangements for further International Conferences on Smoking and Health."

Mothers-to-be 'superstitious'

SYDNEY. — At least a quarter of women confined as public patients believe it is possible for an unborn baby to be damaged by something its mother sees, hears, or touches during pregnancy.

But about half of the "public hospital" mothers still are not aware that rubella, or German measles, may cause congenital defects in a baby.

The lingering superstitions and ignorance are revealed by the results of a random survey of pregnant women attending the antenatal clinic at Brisbane's Royal Women's Hospital between April 1968 and June 1969.

In Brisbane

The survey was conducted by Dr. J. H. Pearn, senior lecturer in child health, and Miss Helen Pavlin, senior tutor in medical social work in the Child Health Department at Brisbane's Royal Children's Hospital.

Reporting on the survey in the latest issue of the "Medical Journal of Australia," they say it is

apparent from their work with children suffering from congenital malformations that belief in "maternal impression" is widespread.

They define "maternal impression" as the age-old superstition that visual, auditory or tactile contact by the pregnant women with various environmental objects will produce corresponding stigmata in the infant.

Their survey of 509 pregnant women — selected from 4423 attending the antenatal clinic — shows that 72 per cent of pregnant women are told "old wives tales" — such as that birthmarks are caused by the mother touching herself in fright.

More than 10 per cent believed the old wives' tales were true and 26.8 per cent believe they may be true.

Nearly 24 per cent believe that seeing unpleasant

sights, being dishonest, feeling peaceful, or restless, or hating their unborn baby may affect its development.

The authors say the results of their survey, particularly the ignorance about the congenital effects of rubella, show there is a need for more health education among women.

Queensland Cancer Fund, under the distinguished Patronage of
His Excellency the Governor of Queensland, The Hon. Sir Alan Mansfield, K.C.M.G.

THE ANTI-CANCER COUNCIL OF
THE QUEENSLAND CANCER FUND

CITY BUILDING, 350 EDWARD STREET, BRISBANE. 4000

C/-c Mr. W.A. Dick

WLR:VB
9th December, 1971

RECEIVED

13 DEC 1971

To David Hill
From WLR

Mr. D. Hill,
Education Director,
Anti-Cancer Council of Victoria,
412 Albert Street,
EAST MELBOURNE, Vict. 3002

Dear David,

Have returned to duty after a wonderful few days on Fraser Island. If you ever feel the need for a relaxed away-from-it-all holiday with first class accommodation, Orchid Beach would be hard to beat.

I am now catching up with past correspondence and have read with interest your suggestions for the ANZAAS Meeting to be held in Sydney in August, 1972.

Your suggested programme is excellent and on line for a Scientific Conference. I have taken a wider view embracing not only this group but, rather developing a programme that will come through with answers on specific aspects that are going to be helpful to those charged with the task of educating the whole community.

I would suggest that if the Australian Cancer Society is to accept sponsorship, we would need to get some mileage out of the discussions. Will the Symposium include those concerned with Cancer education and representatives of service organisations, or is it restricted to ANZAAS personnel?

My knowledge as to how this Symposium will work is very limited and, if I am completely off the track, don't hesitate to let me know.

My suggestions are enclosed.

Kind personal regards,

Enc.

Sincerely yours,

W. L. RUDDER

SUGGESTIONS FOR "ANZAAS" SYMPOSIUM

1. Practicability of the present Cancer Education Programme by the various Cancer Societies in Australia.
 2. The audience for the Education Programme - The healthy community?
 3. Realistic goals for educational programmes.
 - Medical check-ups
 - Awareness of Cancer symptoms
 - Information on specific forms of Cancer - e.g. Lung, Skin, Breast, Bowel, Cervix.
 4. Wider goals -
 - Awareness and a general constructive attitude to the disease (countering the myth that Cancer is always fatal).
 - Surveys of Epidemiology
 5. Methods being used -
 - lectures by Doctors with audience involvement; talks at factories, offices, etc.; special publications; films; information on Cancer through public Media.
 6. Information -V- Fear
 - How far can we honestly and safely go?
 7. Penetration of the unaware sector. (e.g. the Pearn Survey on ignorance and superstition recently conducted at the Royal Brisbane 'Women's Hospital. - Cutting from the Courier-Mail, Saturday, November 27th enclosed.)
-

25th January, 1972.

W. L. Ridder,
Anti-Cancer Council of
Queensland Cancer Fund,
Box 152,
MANS. 4000

Bill,

I am glad to hear that you have had a fine holiday
at Fraser Island and that you now appear to be very much back
at top gear.

Thank you for your suggestions for the ANZAAS
conference which, as you say, are very practically oriented.
I am very much in favour of us trying to get some useful
answers out of the ANZAAS experts who we might attract to our
symposium. However, I feel that we could run the risk of
frightening them off if we make the programme appear too
specific to "cancer education". As most of those attending
will be university academics, I feel that our best hope of
getting a first class audience would be to try to structure
the programme in terms of issues of current theoretical interest
within the various disciplines we feel are relevant.

I think your suggestions are an excellent summary
of the sorts of things we might hope to get out of the
programme but I wonder if it would look to people attending
ANZAAS as if the programme would be rather too specialized
to be interesting to them. I think we have to accept that
getting an audience will be fairly competitive as I believe
the sessions run concurrently.

There is obviously a great deal of overlap between
your ideas and mine, and the suggestions John Krister has
forwarded (copy enclosed). However, the suggestions of his
research officer (enclosed) take a rather different line.
Personally, I would not be bored by the issues dismissed by
him under item 2 as 'a bit dullish', but his opinion on this

29. 11. 71
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.2.

shows how careful we have to be about selecting topics.

Also, I don't accept the implication that the 'key problems' for those with preventive responsibilities do not include an understanding of the unsolved scientific problems which require achieving attitude and behaviour change (i.e. those issues listed under item 2).

My general reaction to the suggestions under (3) is that they would add considerably to the interest of the meeting but would not be enough to justify an entire ANZAAS scientific symposium. My reason for saying this is that in the case of (3a), scientists are probably among the least expert groups at influencing governments and in reference to (3b), the establishing of priorities involves value judgement as well as fact and hence is not peculiarly a scientific or technical area. I think the suggestions of bringing experts from Departments of Government and Social Work to cover these areas is very good.

As you may know, the programme for the Sydney ANZAAS Congress in August, 1972 is already set so our ideas don't have to be finalized with that date in mind. I suggest we try to have our ideas, as a sub-committee, sufficiently developed by April to be discussed at the A.C.S. meeting.

With best wishes and in the strong hope that your health is still improving.

Yours sincerely,

DAVID HILL
EDUCATION DIRECTOR

c.c. Professor Cox
Dr. Krister
Mr. Dick

Anti
412 Alber
EAST MELBOURNE.

RECEIVED

1-DEC1971

To David
From DEB

Dear David,

I had not done anything about ANZAAS because I expected to be in India. However, difficulties have arisen and although I am still here, my personal and professional life have been disrupted as a result.

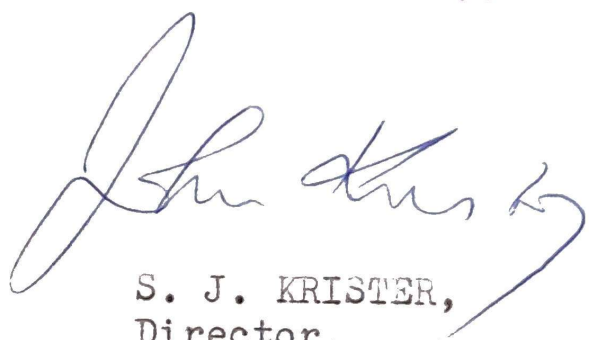
My thoughts on your work are these:

1. Title - Contributions of Social and Behavioural Science to Cancer Control as title.
2. Perceptions of Cancer - individual determinants of cancer attitudes.
3. Communication about Cancer - attitude change in fear-arousing topics.
4. Reaching the Hard to Reach - at-risk and unresponsive groups in society.
5. Society and the cigarette - a matter of choice.

I think your format contains all of this but might be a little intense for one group meeting. Fewer sessions and more flexibility coupled with carefully chosen speakers would probably present a livelier forum.

Let me know what your next stage of thinking is. Best wishes,

Yours sincerely,



S. J. KRISTER,
Director,
Division of Health Education.

Handwritten note: In haste,

There is an information gap about the cancer situation in Australia.
PROPOSED ANZAAS SEMINAR
MEMO TO SUBCOMMITTEE 15-11-71

Suggestions for ANZAAS Symposium.

Role of Social Science in the Control of Cancer.

- Title.
1. Does Society Need Cancer Control? An evaluation of the positive and negative effects of cancer.
 2. Epidemiology defines the main targets within the general field of cancer control.
(In Australia, lung, breast, cervix, skin and ? colon)
 3. Obstacles
 - a) Medical - limitations on and of screening procedures etc.
 - b) Sociological - high risk groups often the least educable etc.
 4. 'Cancer' as part of the psychological universe.
How cancer is perceived.
Behavioural implications of perceptions of cancer.
Learning attitudes to cancer.
Changing attitudes to cancer.
 5. Conflict resolution of threats of cancer.
 - a) 'Approach' solutions - cure through early diagnosis.
 - b) 'Avoidance' solutions - prevention through avoidance of cancer hazards.
 6. Psychology of risk-taking.
Tolerance of 'voluntary' and 'involuntary' risks and factors which affect acceptance of risk.

VID HILL

~~15/11/71.~~

ADMINISTRATIVE Doc KRISTINA

CANCER SYMPOSIUM

There seem to be two lines of approach - it can be an informative session from the knowers to the non-knowers about the contributions of the social sciences to cancer prevention, or it can present the key problems facing those with preventive responsibilities.

The first approach would include determinants of attitudes, perceptions of cancer, at-risk groups, fear as motivator etc, and would be a bit dullish.

I would favour the second approach in which the first speaker gave a synopsis of all the main points that would have been made in the first approach but leading up to the chief stumbling blocks to further progress. As I see it there are two areas which would entice participants.

- a) How to influence Governments (Isn't it about time we pooled our knowledge on this? Government resistance or inertia makes nonsense of so many of our welfare efforts and I think we have to come to grips with it instead of shrugging our shoulders with an air of resigned futility).
- b) Establishing some priority among the target groups in a primary preventive programme. We all know that vulnerability, accessibility and susceptibility to influence of the potential victims have to be set against the resources we can command but I think it would be rewarding to hear differences of opinion among uninvolved experts and justifications for different programmes from those in the field in regard to the groups which should or do receive priority.

As to format, how about a first speaker to set the stage, followed by a panel of say 3 people discussing a topic on stage (or a theatre-in-the-round performance) with plenty of audience interjection, given a capable chairman.

I have assumed that the purpose is weighted towards extracting something of value from the audience rather than filling them up with our 'splendid record of achievement under difficulties.'

Perhaps 3 (a) is worthy of a whole symposium at a future ANZAAS but a trial run here might help to incite interest. If it appeals how about bringing along someone from a Uni. department of government?

Among the uninvolved experts in 3 (b) perhaps someone from a Uni. Social Work department whose speciality is community action would be an asset e.g. Murray Geddes.

24th January, 1972.

J. Krister,
S.W. Dept. of Health,
Box 3944 P.O.
PERTH. N.S.W. 2001

Dear John,

Thank you for your letter (H.E. 403) and for the enclosed comments on the Cancer Symposium by your research officer.

Bill Rudder has also sent me some suggestions and I enclose his letter and my comments in reply. You will note that I have also commented on your research officer's suggestions in writing to Bill.

I doubt if there is any chance of us getting a symposium at this year's ANZAAS Congress as the program has already been announced. However, I'm sure our correspondence has been fruitful and I hope the discussion can be developed much further at the April meetings of the A.C.S. We may then have something concrete with which to approach the ANZAAS Congress organizers.

Yours sincerely,

DAVID HILL
EDUCATION DIRECTOR

c.c. Professor Cox
Mr. Dick

Telephone Address:
STATHEALTH, SYDNEY
Address reply to:
G.P.O. SYDNEY, N.S.W. 2001
NEW 2.504 Ext. 306



DEPARTMENT OF PUBLIC HEALTH

DIVISION OF HEALTH EDUCATION
WINCHCOMBE HOUSE
9-13 YOUNG STREET
SYDNEY, N.S.W.

Mr. David Hill,
Education Director,
Anti-Cancer Council of Victoria,
412 Albert Street,
EAST MELBOURNE. 3002

OUR REFERENCE H.E.403
YOUR REFERENCE _____

RECEIVED

5.1.72

- 7 JAN 1972

To David Hill
From DSH

Dear David,

Just back in the office to find your letter of the 9th December, 1971. You have probably already planned the speaker group from among some of the obvious people like Richardson, Yrahair, Maclaine, Hetzel and others. But you may like to note our new Research Officer's comments on the programme and I enclose a copy of his note.

Best wishes for the New Year,

Yours sincerely,

S. J. KRISTER,
Director,
Division of Health Education.

12th November, 1971.

Professor K. Cox,
Medical Adviser,
Australian Cancer Society,
P.O. Box 4383,
SYDNEY, N.S.W. 2001

Dear Ken,

Thank you for your letter reminding me about all these tasks.

1. I am forwarding 12 copies of my report of overseas experience. More copies are available, or course, if required.

2. The preferred title of the education program at the U.I.C.C. meeting is 'Progress and Problems in Cancer Education for Women and Young People'.

Women. Discussion might deal with the educational implications of the discovery of high risk groups, ignorance and misconceptions which deter women from seeking cervical cytology, administrative methods of encouraging cervical cytology, ways of exploiting motivational levers specific to women (eg maternal responsibility to keep well).

Young people. Discussion about appropriate ages at which cancer education in general and anti-smoking education in particular might commence; analysis of anti-smoking arguments and their likelihood of success with different types of teenager; the effect of broadcast advertising bans on cigarette promotion; effect T.V. anti-ad campaigns; is the 'image' of smoking changing and if not can it be changed?

3. My thoughts on the ANZAAS meeting are developing but haven't yet matured and I haven't yet been in touch with John Krister or Bill Rudder. When and if we get a full program, attended by educators, sociologists and psychologists as well as doctors I imagine it could be

... as follows:

Role of Social Science in the Control of Cancer.

Does Society Need Cancer Control? An evaluation of the
positive and negative effects of cancer.

Epidemiology defines the main targets within the general
of cancer control.
(Australia, lung, breast, cervix, skin,? colon, rectum).

- Obstacles a) Medical - limitations on and of screening
procedures etc.
- b) Sociological - high risk groups often the
least educable etc.

Cancer as part of the psychological universe.
How cancer is perceived.

- Behavioural implications of perceptions of cancer.
- Learning attitudes to cancer.
- Changing attitudes to cancer.

Conflict resolution of cancer threats

- a) 'Approach' solutions - cure through early
diagnosis
- b) 'Avoidance' solutions - prevention through
avoidance of cancer hazards.

Psychology of risk taking.

Tolerance of 'voluntary' and 'involuntary' risks.

Please appreciate that these are incomplete thoughts
and I may add to them. I am also canvassing opinions around
the country. However, it seemed a good idea to get something
down on paper as a starting point for discussion.

Yours sincerely,

DAVID HILL
EDUCATION DIRECTOR

P.S. I enclose the material for Dr. Pockley for you to peruse
and then forward to him.

measured as follows:

Role of Social Science in the Control of Cancer.

1. Does Society Need Cancer Control? An evaluation of the positive and negative effects of cancer.

2. Epidemiology defines the main targets within the general field of cancer control.
(Australia, lung, breast, cervix, skin,? colon, rectum).

3. Metacles
- a) Medical - limitations on and of screening procedures etc.
 - b) Sociological - high risk groups often the least educable etc.

4. 'Cancer' as part of the psychological universe.
How cancer is perceived.

- Behavioural implications of perceptions of cancer.
- Learning attitudes to cancer.
- Changing attitudes to cancer.

5. Conflict resolution of cancer threats

- a) 'Approach' solutions - cure through early diagnosis
- b) 'Avoidance' solutions - prevention through avoidance of cancer hazards.

6. Psychology of risk taking.

Tolerance of 'voluntary' and 'involuntary' risks.

Please appreciate that these are incomplete thoughts and I may add to them. I am also canvassing opinions around Melbourne. However, it seemed a good idea to get something down on paper as a starting point for discussion.

Yours sincerely,

DAVID HILL
EDUCATION DIRECTOR

P.S. I enclose the material for Dr. Pockley for you to peruse and then forward to him.

AUSTRALIAN CANCER SOCIETY

Professor Kenneth Cox,
St. George Hospital, Kogarah,
N.S.W. 2217, AUSTRALIA
Telephone: 587 7669

RECEIVED

29 OCT 1971

27th October, 1971

To Mr Hill
From K.C.

Mr. David Hill,
Education Officer,
Anti-Cancer Council of Victoria,
412 Albert Street,
EAST MELBOURNE. VIC. 3002

Dear David,

I wonder what progress your seminar sub-committee made in discussion after the Australian Cancer Society Meeting as far as the intended educational seminar to be held under the aegis of ANZAAS in August here in Sydney next year.

When you have some idea of the expected layout, I should be grateful to hear it so that we can close the formal arrangement with ANZAAS, and I can place you in direct contact with Dr. Freedman for pursuing the detail of timing and staging.

Sincerely yours,



Kenneth R. Cox
Medical Adviser.

AUSTRALIAN CANCER SOCIETY

Professor Kenneth Cox,
St George Hospital Kogarah
N S W 2217, AUSTRALIA
Telephone 987 1559

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1 - NOV 1971

To David Hill

From R. Cox

27th October, 1971

Mr David Hill,
Education Officer,
Anti-Cancer Council of Victoria,
40 Albert Street,
MELBOURNE, VIC. 3002

Dear David,

We will remember that you were revising your report to the Education Committee on the London Conference on Smoking and Health.

I should be grateful for your copies when they become available, particularly to send to Sir William Refshauge, to Dr. Symes in Port Moresby and to the National Heart Foundation.

I wonder if you have any more detail available yet in relation to your program on "Cancer Education for Youth and Women" for the half-day session at the International Cancer Conference. The final circular is in its last drafting stages, and I should be most grateful to have what information you can provide as quickly as possible.

Sincerely yours,



Kenneth R. Cox
Medical Adviser.

*Mo. da. ...
Wed.*