

Victorian Cancer News

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

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70 NATIONS JOIN FIGHT AGAINST CANCER MOSCOW CONGRESS THE LARGEST EVER

The Eighth International Cancer Congress opened in the Palace of Congresses in the Moscow Kremlin on 22nd July. Attended by 5,000 doctors and scientists from 70 countries, the Congress was the largest yet held, and in the opinion of Australian delegates was very well organised and in general "an outstanding success".

On 23rd July and throughout the week the delegates discussed all the main aspects of the cancer problem at meetings at Moscow University. Some 800 papers were read on such important subjects as the biology of the cancer cell, cancer causation, epidemiology and geographical pathology, new methods of cancer treatment in the fields of surgery, radiotherapy and chemotherapy, tumour-host relationships, and cancer control.

To cope with the large number of papers presented, seven concurrent sessions covering the various special subdivisions in the cancer field were held on each day. Simultaneous translations of the proceedings were available in English, French and Russian.

AUSTRALIA'S ROLE RECOGNISED

The leader of the Australian delegation of 21 members, Cr. W. J. Kilpatrick, President of the Australian Cancer Society and a Committee Chairman of the Anti-Cancer Council of Victoria, said on his return to Melbourne: "The Congress showed that with all nations working together in the fight against cancer, science is leading the way in demonstrating the benefits of international co-operation."

During the Congress Cr. Kilpatrick was appointed Chairman of the World Finance Council of the International Union against Cancer. He said that his

own appointment and that of another Australian, Dr. B. S. Hanson, of Adelaide, to the Union's Executive Committee indicated international recognition of the increasingly important role Australia was playing in cancer research and treatment.

His first task as Finance Chairman would be to organise the setting up of a committee of businessmen and finance experts from member countries to prepare for a £350,000 sterling world-wide fund-raising campaign in 1963. It was hoped that Australia would contribute about £12,500 of this amount.

He also revealed that Australia would probably be host nation for a Regional Cancer Congress to be held in 1968, dealing with problems of research and cancer control in the Asian-Australian area. About 1,000 delegates were expected to attend.



*Cr. W. J. KILPATRICK, C.B.E.
Photographed aboard the "Iberia" on his return from Moscow.*

RUSSIAN RESEARCH

"The mice were kept in bottles, the marble pillars and glass chandeliers in the old mansion contrasted oddly with the up-to-date equipment, most of the cancer research workers had never been inside the great laboratories of America and England where the major discoveries of recent years have been made, but the problems were the same." These were the outstanding impressions brought back from Moscow by Dr. Peter Hughes, the Anti-Cancer Council's W. J. Kilpatrick Research Fellow.

Like their colleagues the world over the Russian biochemists at the Institute of Experimental and Chemical Oncology in Moscow were asking the same basic questions concerning the cancer cell: What chemical factors are involved in the growth of such a cell? How and why do these factors operate?

Both Dr. Hughes and the Council's Carden Research Fellow, Dr. Donald Metcalf, who also attended the Congress, were able to visit research laboratories and institutes during their stay in Moscow. Their impression was that cancer research in Russia was now much on a par with that in Australia, although no outstanding Russian experimental work was reported in the Congress sessions.

The Soviet Government, which previously had concentrated on controlling infectious diseases, was now greatly expanding its support of cancer research and treatment. In the fields of immunology, virus research, cancer causation in general, and in the basic field of enquiry into how cancer cells develop and function, Russian scientists were now using some of the most up-to-date techniques developed in the Western world.

RADIOACTIVE RATS

Dr. Hughes' own work in the investigation of liver tumours in rats and the study of pre-cancerous conditions was of interest to both Russian and American colleagues attending the Congress.

Dr. Y. M. Vasilyev, Assistant Director of the Institute of Experimental and Chemical Oncology in Moscow, who had spent some time at the Chester Beattie Research Institute in England, was doing work of a similar nature on rat thyroid tumours, Dr. Hughes found, while a member of his Unit, Dr. V. I. Gelstein, was making a special study of the distribution of dividing cells in rat livers.

Two distinguished American biochemists, Dr. John Weisberger and his wife Elizabeth, of the National Cancer Institute at Bethesda, Maryland, were keenly interested in Dr. Hughes' account of his investigation of liver tumours induced by feeding rats a radioactive cancer-producing substance. The resulting emission of radiation enables the presence of the substance to be localised in the rat's body by means of a special photographic process.

What happens to the cancer-producing substance when it enters the body of the rat? A number of interesting observations have been made. It has been found that the carcinogen (i.e., cancer-causing agent) combines with protein in the cells of the liver, and that within 24 hours of feeding a change seems to take place in the cell structure.

The vital question Dr. Hughes is trying to answer is whether the change which occurs somehow involves the genetic mechanism of the cell, and, if so, in what way the protein could influence the genes to produce an excessive rate of cell division. So far, although the changes have been closely studied, there is no evidence of the precise mechanism by which they are brought about.

The core problem facing biochemists, the mystery of what it is that disrupts the normal balance of cells — and which, if unchecked, will eventually destroy the body itself — remains unsolved.

INDUSTRIAL HAZARDS

Although there is good work being done by Russian biochemists in basic research into the fundamental chemical mechanisms involved in cancer, Dr. Hughes found that the orientation was more towards such aspects as the search for chemicals for cancer chemotherapy and a rigid testing of substances that might be carcinogenic.

Intermediates in chemical processes were being closely investigated in order to minimise the risk of industrial hazards contributing to cancer in human beings. Dr. Hughes learned that Soviet scientists had developed a procedure for removing carcinogens from oil produced in the shale deposits of Estonia. They were interested to know whether Australian biochemists were faced with similar problems.

In the field of chemotherapy, a number of anti-cancer drugs had been developed for treatment purposes. Several research teams were actively engaged in the search for new and more effective chemicals which could be used to combat malignant tumours.

NEW LEADS ON LEUKAEMIA

Current interest in the growing problem of leukaemia brought a big audience along to hear Dr. Metcalf's paper on his studies into the nature of mouse leukaemia, which closely resembles one variety of the human disease.

He described an important research project in which leukaemia had been produced in members of his mouse colony at Melbourne's Walter and Eliza Hall Research Institute by injecting them with antigens, i.e., substances stimulating the production of antibodies.

Conclusions reached in his paper, which was very well received, provided the answer to a question he posed for himself some time ago. It had been observed that when immunised with antigens the lymph nodes of the mice produced cells which divided more rapidly than normal. This being so, Dr. Metcalf asked himself, was it possible to produce rapidly-dividing cancer cells by the same method?

The answer which he was able to report to Congress was a qualified "Yes — sometimes."



THE EQUIPMENT USED TO MEASURE RADIOACTIVITY IN RAT LIVER TISSUE following administration of a radioactive substance, is demonstrated by Dr. Hughes to a student reporter. The tissue is placed in the lead "castle" (centre) which shields background radiation from the specimen, while the Geiger counter (right) records the amount of radioactivity present.

MOUSE VIRUSES

Mice played an important part also in Congress discussions on the role of viruses in the development of cancer, reported Dr. Metcalf. In the past few years a "staggering number" of tumour-inducing viruses had been isolated, chiefly from poultry, rats and mice.

Many scientists were now engaged in a direct search in human tumours, particularly the leukaemias, for similar viruses. No one had yet found a human virus but possibly one would be discovered in the near future. The Russians, too, were interested in this particular field of research.

AFRICAN "EPIDEMIC"

New light had been thrown on the problem of leukaemia and its related diseases, said Dr. Metcalf, following recent accounts of an "epidemic" in Central Africa of a particular type of malignant lymphoma which characteristically affected the jaws. This last disease had been studied at the Makerere Medical College in Kampala, Uganda, and it was suspected that an insect-borne infective agent might be responsible for the outbreak in the district.

Teams of English and American cancer research scientists were now working in the area in order to assess possible causes. Not only the question of infection but also such factors as the influence of altitude and geographical situation on the occurrence of the disease were under consideration.

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TO THE VIIIth INTERNATIONAL CANCER CONGRESS

"On behalf of the Government of the Union of Soviet Socialist Republics, I greet the participants in the VIIIth International Cancer Congress.

The VIIIth International Cancer Congress, at which scientists in the majority of the countries of the world are represented, is called upon to discuss one of the most important and, perhaps, most difficult problems of modern medicine.

Especially important for its solution are joint efforts and international constructive co-operation among scientists, and not among medical men alone, but also among a wide range of representatives of other branches of science.

The Soviet Government is giving much attention to the development of scientific research in the U.S.S.R. on the problem of cancer and to the practical utilisation of all the achievements of science in the field of prevention and treatment of this grave human affliction.

Attaching special significance to international co-operation, the Soviet Government has taken the initiative by proposing the institution of international prizes on behalf of the United Nations for major scientific research work in the fight against cancer. The supreme reward for any scientist or team of scientists who achieve outstanding results in solving the problem of cancer will be the great gratitude of all humanity.

A decisive condition for success in this most humane and noble cause in the name of and for the benefit of man is peaceful constructive work by scientists, the use of the great discoveries of science and technology and of tremendous material resources for peaceful purposes.

* * * * *

Men of science, as no one else, realise the irreparable calamities that a new world war and the use of modern means of destruction — nuclear weapons — can bring upon mankind.

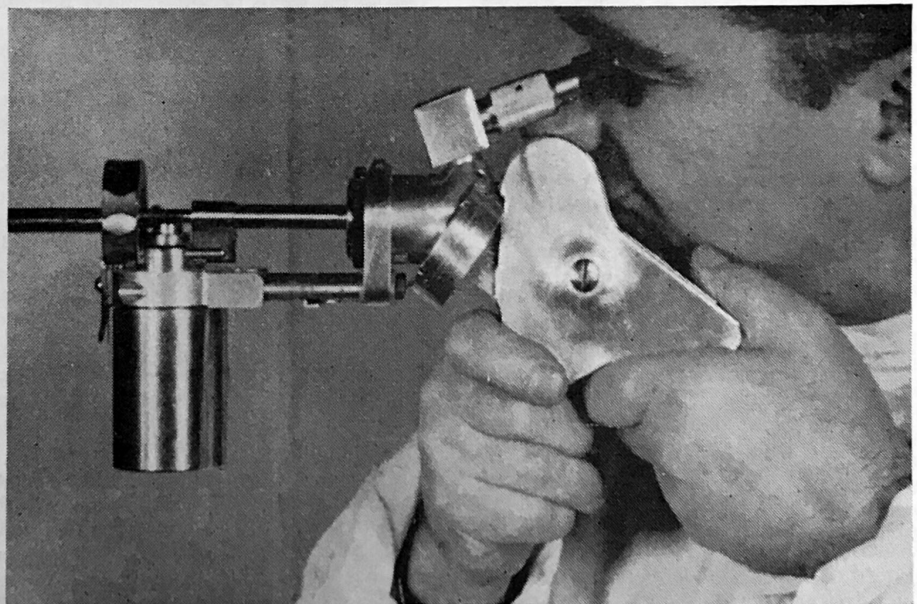
The Soviet Government and the entire Soviet people are doing and will continue to do their utmost to strengthen peace and develop all-round co-operation among the peoples, including international co-operation in medicine.

I hope the VIIIth International Cancer Congress, this great scientific world forum, will represent a major stage in the unification of creative efforts by scientists to develop effective measures against cancer.

I wholeheartedly wish you success in your noble work for the good of mankind."

N. KHRUSHCHOV.

22nd July, 1962.



THIS LIGHTWEIGHT ENDOSCOPIC MOVIE CAMERA (weighing less than 2 lbs.) has been developed by cancer research workers at the Alfred Hospital under a grant from the Anti-Cancer Council. Attached to a diagnostic instrument such as a bronchoscope, the camera enables doctors to record on 16 mm. film the functioning of accessible organs of the body (e.g., lungs and stomach). The camera itself is fashioned as a hollow handle housing the camera gate mechanism and shutter. The heavy parts, comprising a magazine and electro-magnetic clutch, are mounted on a separate stand. From here the film is led through a flexible film transport mechanism covered by a rubber tube to the handle.

ANTI-CANCER CAMPAIGN IN VICTORIA IS BRINGING RESULTS

(The Report of the Executive Committee for 1961/62)

TENFOLD INCREASE

The highly successful Cancer Appeal was held in 1958. Since then this Council has spent approximately £500,000 on the support of cancer research, £98,000 on aid to cancer sufferers, £54,000 on public education on cancer, and £39,000 on education of the medical profession in early diagnosis and treatment of the disease. In 1956, the Anti-Cancer Council spent £22,000 for these purposes whereas, in the past year, the expenditure was £220,000, a tenfold increase.

The Executive Committee is satisfied that expenditure on this expanding scale is producing commensurate results. Research workers supported by the Council are responsible for substantial advances in our knowledge of the causation, diagnosis and treatment of cancer. Their work has a high reputation in Europe and North America. During the past year several have been invited to contribute to scientific meetings overseas concerned with cancer research. As a result of our educational campaign, the Victorian public is showing an increasing awareness of the desirability of early diagnosis and treatment of cancer. Facilities for early diagnosis have been improved, notably by the establishment of cytology services in most of the major hospitals, with the Council's support. Increased provision has been made for the care of cancer patients and in particular for the alleviation of suffering in those who have not responded to treatment.

Plans for further expansion of our activities in the forthcoming year are well advanced, particularly in the field of public education, where the Council will use the mass communication techniques of television and films.

EARLY DIAGNOSIS

Over recent years, increasing importance has been attached to the examination of cells present in body fluids and secretions as a means of early detection of cancer, particularly in women. This procedure is known technically as cytological diagnosis of cancer. During the past three years, the Council has encouraged the development of such services at several hospitals, by provision of funds for purchase of equipment and by training pathologists and technicians in the techniques. The hospital services are available to their own patients, and doctors treating private patients can forward specimens to them for examination.

The Council last year engaged in joint conversations with the Council of the Australian Medical Association and the Board of Management of the Royal Women's Hospital with a view to the establishment of a Cancer Detection Centre for women available to all classes of the community. As a result, a pilot scheme is now in operation at the Royal Women's Hospital, which is, however, restricted by the means test which is ap-

plied to patients attending public hospitals in Victoria. The Executive Committee, though gratified by the progress made in the last three years, is not yet satisfied that the facilities for cytological diagnosis are as freely utilised or as generally available in Victoria as is desirable. Further efforts will be made in this direction in the forthcoming year.

TREATMENT OF CANCER

The installation of a second linear accelerator for high voltage radiotherapy at the Peter MacCallum Clinic is a notable addition to facilities for treatment of cancer in Victoria. Funds for this purpose were provided to the Cancer Institute Board by the Government. The Anti-Cancer Council assisted the project by a loan to the Cancer Institute Board of £150,000 at a low rate of interest to cover expenses incidental to building reconstruction prior to installation of the apparatus.

Great advances have been made in recent years in the care of patients suffering from cancer in which the disease is too advanced for radical treatment. With proper medical care, such patients can usually be kept free of pain, and in good or reasonably good health, for months or years even though the cancer has not been entirely eradicated.

Methods for control of pain have been developed at the Austin Hospital which, it is fair to say, are in advance of current practice abroad. The Council has made a grant to the Austin Hospital to enable this work to be continued and expanded.

CARE OF CANCER PATIENTS

The Council has paid particular attention to the needs of those cancer patients in the terminal stages of the disease who are no longer able to care for themselves and who need hospital attention. Where public hospital beds are not available, accommodation is provided either in private hospitals or at "Caritas Christi" Hospice, where 25 beds are available. Expenditure on relief of these patients amounted to £17,000 last year, and in addition a grant of £50,000 was made to "Caritas Christi" as a contribution to the cost of the construction of a modern hospital block for cancer patients.

The Council also supports financially the Melbourne District Nursing Service, and the District Nursing Societies of Geelong and Ballarat, which provide nursing aid in the home for cancer patients.

The Council's aim is to ensure that no patient suffering from cancer should be deprived of medical and nursing care for economic reasons. We believe that aim has been achieved. In this work, and in all aspects of relief of economic hardship in cancer patients, the Council's Almoner, Mrs. Esson, has the assistance of the Almoners of the large Melbourne Hospitals and the Peter MacCallum Clinic. This assistance is gratefully acknowledged.

COMMUNITY EDUCATION

In spite of advances in cancer research, and new developments in diagnosis and treatment, early recognition and prompt treatment remain fundamental requirements if cure is to be achieved. The Council has therefore continued and increased its efforts to promote public knowledge of the warning signs, and to encourage people to seek early medical attention when a suspicious symptom is noticed.

The policy of providing speakers for community organisations has been continued, and in the year under review 92 talks were given to a wide variety of groups such as Church Women's Guilds, C.W.A. and Red Cross Branches, Men's Fellowships and Rotary Clubs.

During the year educational campaigns were organised by the Country Cancer Committees at Benalla, Bright, Colac, Dimboola, Euroa, Mansfield, Mount Beauty, Myrtleford, Rainbow, Swan Hill and Warragul. A further 34 lectures were given in the course of these local programmes.

A major feature of 1961 was the Public Education Committee's sponsorship of "Health Week" in Victoria, in association with the Victorian Health Education Committee. The theme of "Health Week" was the importance of early diagnosis and treatment of cancer. The majority of municipalities in the State co-operated in the "Health Week" programme, and with their assistance a quarter of a million pieces of literature were distributed.

Another notable activity was the production of the Council's first educational film for public screening. Entitled "You Are Not Alone", it covers the case history of a patient with breast cancer, from her first discovery of the growth to her eventual cure. It is anticipated this film will be shown first in commercial theatres and then used in the Council's general educational programme.

CAMPAIGN AGAINST SMOKING

The publication of the report of the Royal College of Physicians on Smoking and Lung Cancer stimulated a demand for information on this topic to be presented to young people in secondary and technical schools. Copies of a filmstrip kit, "To Smoke or Not to Smoke", obtained from the American Cancer Society, have been widely used in metropolitan and country schools, and 200,000 copies of a folder, "Shall I Smoke?" prepared by the Public Education Committee were supplied to the State Health Department for distribution to school-children.

The Council has approached the Health Commission on the question of Governmental action in respect of cigarette smoking in relation to lung cancer. The Health Commission has endorsed the Council's recommendations and further negotiations are in progress.

PUBLICATIONS

Two new publications were issued during the year, a 16-page booklet, "Cancer: Your Questions Answered" and "A Handbook for the Guidance of Country Cancer Committees." Copies of the former were circulated to all medical practitioners in the State for distribution to their patients, and proved very popular, the first printing of 50,000 copies being exhausted within six months.

The Council is appreciative of the generous offer of the Royal Automobile Club of Victoria to distribute 100,000 copies of publicity material to its members.

COUNTRY CONFERENCE

In March, the Council welcomed country delegates to the second Conference of Country Chairmen. The President of the Council, the Right Honorable the Lord Mayor of Melbourne, introduced the Premier of Victoria, the Honorable H. E. Bolte, and the Minister of Health, the Honorable R. W. Mack, M.L.C., who addressed the conference luncheon.

A notable feature of the conference programme was a paper presented by Dr. Joan Curtis concerning a cancer detection project in a country centre.

MOBILE INFORMATION UNIT

The latest extension to the public education programme is a Mobile Information Unit, which went into service in May. The unit consists of a motor vehicle, designed to carry display panels, film projection equipment, and a prefabricated information stall. Its principal function is to expand the educational campaign in country areas, but it will also be used in support of a special educational programme for business and industrial concerns which is now being developed.

The Council acknowledges the generous publicity given to its affairs by the metropolitan and country press and by radio and television stations. In particular the education campaigns in country centres have received extensive coverage in the local press and radio.

THE CENTRAL CANCER REGISTRY

The Central Cancer Registry, which is wholly maintained by the Council, keeps under review the records of all cancer patients who have been admitted to the main hospitals in Melbourne over the last twenty years. The records of over 40,000 such patients are maintained, and information is available to interested doctors and scientific research workers. This year, in addition to meeting Australian requests for such information, reports have been prepared for international enquiries into the incidence of leukaemia and on the results of treatment of cancer of the uterus.

It has been decided to issue quarterly reviews of various aspects of cancer in Victoria, using the information in the Registry's records. Dr. Robert Fowler, the founder and first Honorary Registrar of the Central Cancer Registry, has consented to edit these reviews, of which the first issue has appeared.

INTERNATIONAL RELATIONS

Cr. W. J. Kilpatrick has accepted the appointment of Chairman of the Finance Committee of the International Union Against Cancer. The Executive Committee is gratified that one of its members should have been chosen for this important post.

The VIIIth International Cancer Congress was held in Moscow in July, 1962. Cr. Kilpatrick was invited to address the Congress on the subject of community effort in the field of cancer.

Several members of the Council's Committees and research workers attended this important meeting and contributed to the discussions, including: Dr. J. H. Colebatch, of the Royal Children's Hospital; Mr. K. R. Cox, of the Department of Surgery, University of Melbourne; Dr. P. E. Hughes, the W. J. Kilpatrick Cancer Research Fellow; Dr. D. Metcalf, the Council's Carden Research Fellow; and Dr. M. Whisson, of the Department of Pharmacology, University of Melbourne. The attendance of Dr. Hughes was made possible by a travel grant provided by the International Union Against Cancer.

The Council's film, "You Are Not Alone", was included in the programme.

AUSTRALIAN CANCER SOCIETY

Reference was made in last year's report to the formation of a National Society, consisting of representatives of the Cancer Councils of all the States of the Commonwealth. The purpose of this Society is to act in regard to cancer on a national and international level. Cr. W. J. Kilpatrick is the first President of the Society, and Mr. W. A. Dick is Chairman of its Education Committee.

OFFICES OF THE COUNCIL

The offices which were being erected for the Central Cancer Registry, Cancer Welfare and Education Services, and administration, at 412 Albert Street, East Melbourne, were occupied on 1st October. The Executive Committee thanks Mr. C. R. Darvall for his continued interest in the design and erection of the offices, and the architects, Messrs. Winston Hall Associates, for their valued professional services.

RESIGNATIONS & APPOINTMENTS

Sir Peter MacCallum has asked to be relieved of the duties of Chairmanship of the Executive Committee. The Council records its appreciation of his services in this capacity during the past 16 years.

It is with great regret that the Council accepts the resignation of Dr. Robert Fowler, a foundation member of the Council who has given valuable service on its Executive Committee since 1945.

Due to effluxion of time, Dr. J. S. Mills, Mr. Balcombe Quick, Mr. Henry Searby and Mr. C. A. Marshal Renou have all retired from the Council.

The Council welcomes, as new members, Mr. H. F. Stokes, Chairman of the Cancer Institute Board; Dr. John Dawkins, representing the Australian Dental Association; Mr. Alwynne Rowlands, of the Alfred Hospital; Dr. Stanley Williams, as the representative of the Australian Medical Association; and Mr. E. E. Dunlop, representing the Royal Australasian College of Surgeons.

The Medical and Scientific Committee has been increased by the co-option, in terms of the amended Act, of Mr. D. J. Stevens, Director of the Commonwealth X-ray and Radium Laboratory; Dr. H. G. Judkins has accepted appointment to the Council's Education Committee.



THE MOBILE INFORMATION UNIT
Seen here leaving the Council's premises in East Melbourne.

CHILDREN AND SMOKING

NEW ZEALAND SURVEY ON SMOKING HABITS

Nearly 90% of New Zealand school-boys aged 11 and over have smoked, and approximately half of them are regular smokers, according to a survey of more than 4,000 schoolchildren recently completed by the New Zealand Department of Health. The percentages are lower for girls but over 60% of those questioned had tried cigarette smoking.

The findings were obtained through questionnaires at nine selected secondary schools. Teachers left the classrooms while the questionnaires were being completed, and the children were assured that their answers would not be made known either to the school or to their parents. As a result they were prepared to discuss their smoking habits freely, and members of the four teams engaged on the survey were in no doubt regarding the reliability of the answers given.

PURPOSE OF THE SURVEY

The study was planned to investigate the smoking habits of schoolchildren in the belief that the information gained would help parents, teachers, health workers and others in their efforts to guide children away from the habit of smoking.

The report stresses the need to educate schoolchildren about the dangers of smoking in the light of the steadily accumulating evidence connecting it with ill health, in particular with lung cancer and other chest diseases. In view of the early age at which it appears many children start to experiment with smoking, the recommendation is made that education against smoking should start in the primary schools and continue into the secondary schools.

In a "Foreword" the New Zealand Director-General of Health, Dr. H. B. Turbott, writes: "The survey confirms that a disturbing proportion of young children experimenting with cigarette smoking become habitual smokers in the matter of a few years. Habitual smoking is dangerous and far more so than was realised even a few years ago. Children then must understand that tobacco smoking is habit forming, and that once acquired the habit is very hard to break. Some of this understanding can be given in the schools but much will depend on parents".

AGE AT WHICH SMOKING STARTS

Boys, it was found, tended to start smoking earlier than girls, and the majority had their first cigarette by the age of 11. More than 12% had first tried to smoke before they were eight years old. Of the 48% who were regular smokers at the time of the enquiry, most had started to smoke one or more cigarettes a week regularly at ages 12 and 13.

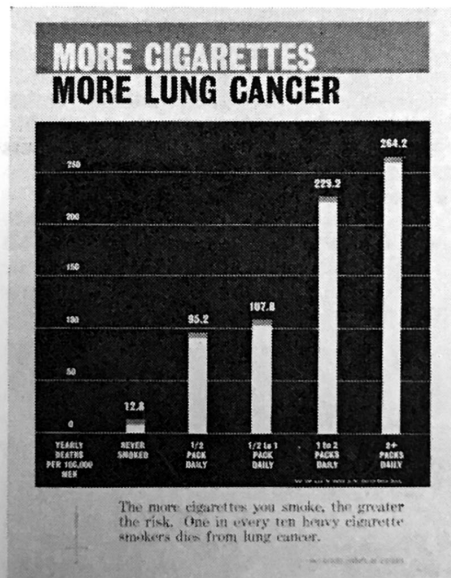
On the average girls who were smokers had their first cigarette at 12 and tended to start smoking regularly at ages 13 and 14. About one-third of the girls interviewed said they were regular smokers.

The average length of time elapsing between the first cigarette and the commencement of regular smoking was 2.8 years for boys and 2.0 years for girls.

QUANTITIES SMOKED

A startling feature of the report was the comparatively large number of boys (255, or 12% of the total) who appeared to be fairly constant smokers, with a consumption of 20 or more cigarettes a week. In the 14-16 age group, 23% of the boys who smoked were smoking more than 40 cigarettes weekly.

On a rough average, of those children who had smoked during the four weeks preceding the survey, boys were smoking 12 cigarettes a week and girls half this number.



ANTI-SMOKING POSTER
For display in Victorian schools.

COMPARISON WITH ENGLISH SURVEY

Comparing the results with a similar investigation conducted by the London School of Hygiene and Tropical Medicine, it appears that New Zealand children have a higher proportion of smokers than English children.

New Zealand girls appear to be more regular smokers than their English counterparts, and while English secondary schoolboys appear to include a higher proportion of regular smokers than New Zealand boys, those among the latter who have become regular smokers are generally heavier smokers than English boys at the same age.

HEALTH COMMISSION ACTION SOUGHT ON SMOKING

The New Zealand report summarised on this page shows that the problem of smoking among children is more serious than many people believe. Almost half of the boys interviewed at the survey schools said they were regular smokers, and of these many smoked 40 or more cigarettes a week. Although no such investigation has been made in Victoria, many teachers believe that a similar situation exists in our schools.

Smoking by the under-14's no doubt reflects in the main the child's normal spirit of adventure, but in view of the evidence that many of these youngsters become habitual smokers in the matter of a few years — often before they leave school — the situation gives cause for concern to both health and educational authorities. Anti-smoking campaigns have already been commenced in several countries to warn children of the health risks associated with tobacco smoking.

Since last year the Anti-Cancer Council has arranged for illustrated lectures on the subject in Victorian schools, with the approval of the Education Department. It has now directed the attention of the Commission of Public Health to the desirability of taking positive action to curb smoking by children.

In a letter to the Commission's Chairman, Dr. Kevin Brennan, the Council points out that under existing legislation it is illegal for any person to sell, or give, tobacco to a child under 16 years of age. It also queries the legality of cigarette vending machines, since any child can obtain cigarettes from this source, and asks the Commission to examine both this question and the need for strict enforcement of existing restrictions on the sale of tobacco to children.

On receipt of the Council's letter the Commission decided to ask the Minister of Health, Mr. Mack, to call a conference of medical experts, including representatives of the Anti-Cancer Council, the A.M.A. and the medical Colleges, to discuss the problem of lung cancer prevention.

It was also decided to send a copy of the Council's letter to all municipalities, and to ask the Government to examine whether unattended cigarette vending machines meet the law's requirements.

HOME HELP SERVICE IN VICTORIA

by Beryl G. Yeoman, S.R.N., Adviser, Community Welfare Services, Department of Health

The Home Help Service has been operating in Victoria since 1944, and since 1946 has been subsidised by the Victorian Government through the Department of Health.

Today there are 118 Services operating throughout the State, 35 in the metropolitan area and 83 in the country.

The aim of the Service is to tide a family over an emergency caused by such circumstances as the illness of the mother or her confinement, or the illness of a member of the family which necessitates the mother giving full attention to nursing; and to help the aged and infirm when they are no longer able to attend to all their household needs.

The provision of home help at such times can preserve the happiness and security of family life and help the aged to continue living in their own homes. In addition the service relieves the pressure on hospital beds by enabling some people to be nursed at home, and others to come out of hospital sooner than would be possible without home help.

The duties of the "home help" include such tasks as the care of the children and the day-to-day household cooking, cleaning, washing, ironing and shopping. A "home help" when assisting young families is not expected to do any spring-cleaning, arrears in washing or work due to the entertainment of guests. However, when assisting the aged, certain tasks such as the washing of curtains, cleaning of cupboards, etc., may be carried out. At no time is the "home help" permitted to carry out any nursing duties.

The Home Help Service is available on a full time basis for a period of up to three weeks. However, in exceptional circumstances it can be extended for a few weeks beyond this period, or in very extreme cases, and with the Health Department's approval, for even longer. Hourly assistance to the aged and infirm may be given for an indefinite period providing sufficient assistance is available to meet more urgent cases, and that the case is reviewed at regular intervals to assess the amount of help required.

Each householder receiving the service is required to contribute towards the salary of the "home help" an amount assessed according to his or her income. Thus some will pay the full amount whilst others will pay only a nominal charge.

An important factor of the scheme is that the amount paid by the householder is treated as strictly confidential. The matter of payments is arranged by the Home Help Supervisor; the "home help", who receives her salary directly from the Municipal Council, has no idea how much the householder contributes.

All applications for the service should be accompanied by a certificate from a doctor, an infant welfare centre sister or a district nurse. When insufficient home help is available to meet all re-

quests for the service, the help is given to the household with the greatest need irrespective of the amount contributed to the service. Should there be a doubt regarding priority, the matter is referred to the Medical Officer of Health for his decision.

The Home Help Services are set up by Municipal Councils who make application for a subsidy towards the cost of administering and maintaining the service. The subsidy available is four-fifths of the nett cost of maintaining the service, plus £50 per annum towards the administration costs. The only limit regarding the subsidy is on the ceiling rates for "home helps" which are £12 for full time, pro rata rates for part-time and 7/3d. per hour for hourly home help. The higher rate for hourly workers includes a loading in lieu of sick or annual leave entitlements.

Each Council must conduct its Home Help Service in accordance with the conditions of subsidy, but beyond these conditions may adapt the service to meet local needs.

During a recent quarter over 3,000 householders received home help assistance; of this number 27% were elderly persons, many of whom received hourly assistance over a long period.

There are, however, many cases whose need cannot be fully met by the existing service — cases such as chronic illnesses where the mother is permanently incapacitated. However, to know that some help is available, help which is provided long enough for other arrangements to be made for the continuing care of the family, will bring peace of mind to many.

MOBILE UNIT AIDS EDUCATION CAMPAIGN



Employees of a Fitzroy factory are handed educational leaflets by the Council's Education Officer, Mr. A. J. Brown.

A Mobile Information Unit is the latest extension to the Anti-Cancer Council's state-wide programme of public education, which has been under way since the 1958 Cancer Campaign.

The new Mobile Unit, the first of its type in Australia, will be used particularly to help expand the educational campaign in country areas. It is designed to carry display panels, film projection equipment, literature and other educational material, and a prefabricated information stall which will be erected at Country Shows in Victoria. On country trips it will be manned by a two-man team comprising a driver-projectionist and a lecturer.

At other times the unit will be used in support of a special educational programme for business and industrial concerns which is now being developed. It is hoped that visits will be made to offices, stores and factories to distribute leaflets, give talks and, where convenient, show films to groups of workers.

By bringing information about cancer to people throughout Victoria, the unit may be the means of saving some of the many hundreds of Victorians who die needlessly of curable forms of cancer every year — those people who, through fear or ignorance, put off seeking a doctor's advice until it is too late to hope for a cure.

COMMUNITY PARTICIPATION IN THE FIGHT AGAINST CANCER*

by Cr. W. J. Kilpatrick, C.B.E., President of the Australian Cancer Society

Throughout the world, cancer remains an enemy still to be conquered.

The spearheads of the attack are the National Cancer Societies, affiliated in the International Union Against Cancer. No Cancer Society can do its job properly without plenty of money, and no Cancer Society can obtain plenty of money unless it succeeds in enlisting the active interest of all members of the community. The purpose of this paper is to describe the methods used in the State of Victoria, Australia, to obtain this community support for our cause in a fund-raising Cancer Campaign in 1958.

No one relishes the task of fund-raising and some even find it distasteful. No doubt it would simplify matters if the necessary funds for our work were provided from governmental sources. But it is my firm conviction that a fund-raising campaign provides a magnificent opportunity for enlisting the active sympathy of the individual citizen, and for educating him about his defence against cancer.

A fund-raising campaign is also a necessary stimulus to a Cancer Society because it forces the Society first to define its objectives, and then to convince the community of its ability and determination to carry out its programme. Between campaigns, the Cancer Society is obliged to press forward with its programme, for if it does not the supply of funds will slacken or cease.

In 1958 when I was asked to direct the Cancer Campaign in Victoria, I knew as much about cancer as the average citizen, and that was practically nothing. I had to be convinced of the merits of the cause — to assess how much money was needed for the programme and whether it would be possible to raise that sum.

To satisfy myself, I had discussions with the medical and scientific members of the Anti-Cancer Council. Until I was convinced on these points, I could not convince the hundreds of laymen whose active co-operation was essential.

As a result of these discussions, we decided to go ahead. We decided that a minimum sum of £500,000 was necessary for a 5-year programme. It was agreed that funds raised should be allotted in these proportions: 75% to cancer research, 12.5% to cancer education, and 12.5% to help cancer patients.

A Master Plan was then made to achieve the first objective, the raising of the necessary funds. I discussed this plan in detail with leaders of the American Cancer Society and the Canadian Cancer Society, who have had long experience in this field. A copy of this Master Plan is available at this Congress. It may be readily adapted to the needs of most countries and further detailed information will be supplied through the U.I.C.C. at Geneva for those who want it.

The population of Victoria is approximately 2.75 millions. It is a prosperous State, whose citizens enjoy a high standard of living. Some 160 committees were set up to deal with every section of the community, such as industry and commerce, door-to-door canvass, women's groups, special gifts, sporting bodies and the rural population. Particular care was given to the choice of the Chairman of each Committee, each of whom was chosen for his known ability to handle one particular aspect of the campaign.

Through these Committees, it was our aim to reach every citizen, to seek his support personally, to explain our programme, and to advise him how he might best protect himself and his family. To reach the individual, no effort was spared and every medium was used — the press, radio, television, meetings and distribution of leaflets. After some months of intensive education and preparation on these lines, almost every home in the State was visited on the same day by one of some 100,000 voluntary workers, seeking a subscription and giving to the householder a booklet dealing with the warning signs of cancer.

The total response exceeded the most optimistic hopes. About £1,400,000 was subscribed, almost three times the original target. This represented ten shillings per head for every man, woman and child in the community. Of this amount about 60% came as small donations from hundreds of thousands of individuals. The cost of the campaign was only 1.4% of the amount of money subscribed.

This response was doubly gratifying, because we had succeeded in transforming a fund-raising drive into an educational campaign. During and following the Cancer Campaign, a substantial increase was noted in admissions of cancer

patients to the main hospitals. Since the mortality from cancer is not increasing in Victoria, this shows that many cancer sufferers are now seeking medical advice sooner, and indeed we know of many individual cases where this has happened.

As a result of this appeal, the Anti-Cancer Council has been able to increase its annual expenditure almost tenfold. All promises made to the public during the campaign have been fulfilled, and indeed exceeded.

These are some of the methods by which the actual or potential cancer sufferer is helped. Facilities for early cancer detection have been provided. Pathologists and technicians have been trained in the cytological diagnosis of cancer. Financial assistance is given to the family when the wage earner is incapacitated by cancer.

The cancer sufferer who has failed to respond to treatment, and is in the terminal stages of the disease, is a special problem. Free hospital beds have been provided for these patients by contribution to hospital building funds. If no free beds are available, the expenses are met of the patient's care in a private hospital.

An almoner service has been provided to advise the individual patient under competent advice on diagnosis, treatment, and his financial problems.

Nursing aid in the home is given where necessary, as is home help — both of which are subsidised from our funds.

Some 120 voluntary Country Committees operating throughout Victoria give this help to cancer patients even in remote areas and combine with this activity community education on cancer.

The interest of the community in cancer has been maintained, so that we look forward with confidence to the next appeal for funds, which will be made about four years from now.

It is my firm conviction that the average citizen has some fear of cancer for himself and his family, and feels intense compassion for its victims. He wants to learn more about cancer, and he wants to help those who are fighting cancer.

If the Cancer Society, through contact with individual people, can harness these feelings, the day when we conquer cancer will be brought appreciably nearer.

*Paper presented at the VIIIth International Cancer Congress, Moscow, 1962.