

# Victorian Cancer News

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## **EDITORIAL:**

## **PROGRESS AND POSSIBILITIES IN CANCER CONTROL**

by  
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A few weeks ago I received by the same mail two important papers on cancer control, one from Britain and the other from the United States. These reports illustrate the new atmosphere of optimism in informed opinion in this field.

The American contribution appeared in the Statistical Bulletin of the Metropolitan Life Insurance Company, New York. This Bulletin, which has a deservedly high reputation for its objective assessment of trends in mortality, reviews all causes of death in the U.S.A., both among policy holders in the insurance company and in the whole population.

From the article, entitled "Progress in Cancer Control Among Women", I quote these paragraphs:

"The mortality from cancer (malignant neoplasms) of some sites has been decreasing among women in the United States. For white females in the aggregate, the age-adjusted death rate from all forms of the disease combined fell quite steadily from 119.4 per 100,000 in 1950 to 107.4 in 1962, a reduction of about 10 per cent. The reduction in non-white females was down 5 per cent—from 131.0 to 124.6 per 100,000."

"The cancer death toll can be reduced by early diagnosis and treatment. A recent follow-up study of cases diagnosed in 1950-54 showed that among patients with breast cancer whose disease was detected while still at a localised stage, the five-year survival rate was 82 per cent, compared with 57 per cent for all breast cancer cases, including those with malignancies no longer localised. For cancer of the cervix, the respective five-year survival rates were 76 and 58 per cent, and for stomach cancer 39 and 12 per cent."

The article from Britain, entitled "Cancer: The Possibilities", appeared in the "British Medical Journal". It is by Dr. Richard Doll, of the Statistical Research Unit of the Medical Research Council, who is famous as one of the co-discoverers of the association between smoking and lung cancer.

*(continued on next page)*

This is the opening paragraph of Dr. Doll's paper:

"Not so long ago cancer was regarded as an inevitable accompaniment of ageing. If it was diagnosed early enough it might perhaps be treated, but few people entertained the idea that it could be avoided or that measures for cancer prevention would ever come to be an important part of public health. Now the position has altered dramatically. There is still room for a cautious optimism about the possibilities for treatment—particularly perhaps in the fields of chemotherapy and immunology—but the brightest prospects are undoubtedly for prevention."

### **Bright Prospects for Prevention**

Dr. Doll attributes this change from a pessimistic to an optimistic outlook to four developments. First he draws attention to the fact that the common cancers vary in incidence in different countries and even in different areas in the same country.

Cancer of the stomach, for example, is only half as common in Britain as in the U.S.A., or Australia. The reason for this is not yet known, but if it were identified, we should be able to remove at least one of the causes of stomach cancer, perhaps the major cause.

The incidence of lung cancer in Scotland is six times as high as in Norway. The reason for the higher incidence in Scotland is related to different smoking habits in the two countries. Appropriate action therefore could enormously reduce the amount of lung cancer in Scotland, or for that matter in Australia.

Secondly, Dr. Doll mentions that we now have means of diagnosing some cancers in such early stages that they are readily cured. The most striking example is cancer of the uterine cervix. Further developments along these lines are possible. Even if it may not be practicable to remove an early potential focus of cancer, say in the lung, development of the focus might be preventable. As Dr. Doll says, it is one thing to tell a man that if he smokes cigarettes he has a strong chance of developing lung cancer, but it would be much more convincing if we could detect the earliest change by a sputum test, and tell all those with positive tests that unless they gave up smoking they were certain to develop lung cancer within a few years.

The third possibility mentioned by Dr. Doll is that of discovering tests to determine those individuals who may be prone to a particular kind of cancer. We know now, for example, that persons with fair hair, blue

eyes and fair skin are especially liable to skin cancers. These can be advised not to expose themselves to sunlight unnecessarily. There are distinct possibilities of devising tests for picking out individuals particularly susceptible to some other cancer hazards.

Finally, Dr. Doll draws attention to the growing belief that some, perhaps many, human cancers may be due to the action of a virus or viruses. If such a virus could be isolated, new ways of combating cancer by preventing transmission or inducing immunity could be explored.

These two experts look at the problem from different angles. One shows what has been achieved already in reducing cancer mortality, while the other places more emphasis on future possibilities. Both are convinced that mortality from cancer will continue to decrease, and that the rate of decrease is likely to accelerate.

# LUNG CANCER DEATHS UP AGAIN

**DEATHS** from lung cancer in England and Wales (20,758 men, 3,677 women) rose again last year by 656 over those in the previous year. "Unless smoking habits change, this increase will continue," says the Chief Medical Officer, Ministry of Health, in his annual report.

**BRONCHITIS AND HEART DISEASE**

The report also gave emphasis to the effect of cigarette smoking in increasing the incidence of bronchitis and to the probability of a similar effect on coronary thrombosis.

During the year The and Young 1963, made increased sales of under for



The report goes on to say that women who smoke fewer cigarettes than men now show a similar increasing trend. The exact number of deaths in the last decade attributable to smoking of cancer, whether from diseases cannot be related. But it is able that 6,500 (the age of 35 as a result of cigarettes a though not number of habits con ber may we deaths of and incree older men to the san adult who with chil cents has a sibility to encourage whatever a cigarettes h into needles parents awar could do such their children. "An intellige cannot fall ult reject this dam so that the ad one day bec necessary as the The longer th is delayed th will be need short." The Report and Health polin the United St as an union. but it that more

A poster issued by the British Ministry of Health in its campaign against smoking.

# COMPLACENCY A PROBLEM IN CANCER EDUCATION

## MANY UNAWARE OF DANGERS OF DELAY

Public complacency about the effects of delay in seeking treatment remains a major problem in the cancer education campaign, according to recent Melbourne public opinion surveys.

"About a quarter of Melbourne adults are prepared to say that one month's delay does not hinder cure", reported interviewers from the Department of Psychology at Melbourne University, while a Marketing Research firm testing viewers' reactions to anti-cancer television advertising commented that the messages "You can take positive action" and "many early cancers can be cured" were very poorly recalled.

Both surveys wanted to discover people's knowledge of cancer, its symptoms and treatment. Special attention was also given by the University team to **changes** in smoking habits and the effect of world-wide publicity on the connection between smoking and health.

### *Women Worry More About Cancer*

"Women are more likely than men to mention cancer and to worry about it", according to the Psychology Department interviewers.

Carrying out a similar study to ones the Department made in 1963 and previous years, 288 people from the suburbs of Kew and Carlton were interviewed in their homes for up to 30 minutes by Social Psychology students.

The sample was divided (with interesting results) into groups related to age (under 40, 40 and over), educational level (Intermediate standard or below, beyond Intermediate) and socio-economic status.

It was discovered that:

- Women are more likely than men to consider cancer the most alarming disease.
- Before 1963 women knew more about cancer signs, but since 1963 men have known as much as women. The fact that men have caught up may indicate that the publicity over smoking has alerted men to information about cancer.
- Differences in level of education affect opinions. For example, **four out of ten adults** who have not gone beyond the Intermediate level believe cancer is curable, whereas of those with higher education (i.e., occupational course, Leaving, Matriculation, Diploma or Degree), **six out of ten** expressed this belief.
- **One in five** of the Melbourne adults interviewed cannot recall correctly a single sign of cancer.

### *TV Film Test*

Satisfactory recall of the seven warning signs, however, was reported by Marketing Research survey interviewers who spoke to one hundred men and women

after they had been exposed to the Anti-Cancer Council's 60-second T.V. 'commercial'.

Most were able to recall some of the seven warning signs together with the message to "see your doctor", reported survey workers.

However, the message "many early cancers can be cured" was recalled by only 11% of respondents, and there was even poorer recall of the message "you can take positive action".

A general study of people's knowledge, attitudes and behaviour on the subject of cancer carried out by the same team showed:

- the great majority (83%) had personal experience of cancer through relatives or friends
- most had heard and/or read about modern treatments for cancer, and
- there was high awareness of the anti-cancer campaign B U T
- there was evidence of reluctance about going to doctors for (a) fear of ridicule, (b) fear of 'being told the worst', and (c) fear of painful treatments.

### *Smoking and Ill-health linked*

Current or past smokers were also asked questions about **changes** in smoking habits by the Psychology Department students.

**Eighty-five per cent said they believed in the connection between smoking and ill-health.** In the 1963 survey only 66% said they believed this.

When current smokers were questioned it was found that a higher proportion of men than women smoked cigarettes, and men also tended to smoke more heavily.

It was mainly the older men, the over-forties, who were giving up cigarettes. Those giving it up tended to be men of a higher educational level.

**Twenty-five per cent of cigarette smokers thought their smoking had been affected by expert medical claims that smoking was bad for health, and eleven per cent gave up cigarettes for that reason.**

Main reasons for "past smokers" giving up the habit included

- medical advice from a doctor or other source of health education
- experience of physical discomfort like coughs, headaches, nausea
- social pressure within the family.

When asked whether in the light of current medical opinions some measure of control over cigarette advertising seemed desirable, current smokers were evenly divided on the issue, but 78% of past smokers (possibly hoping to escape temptation) favoured some restriction.

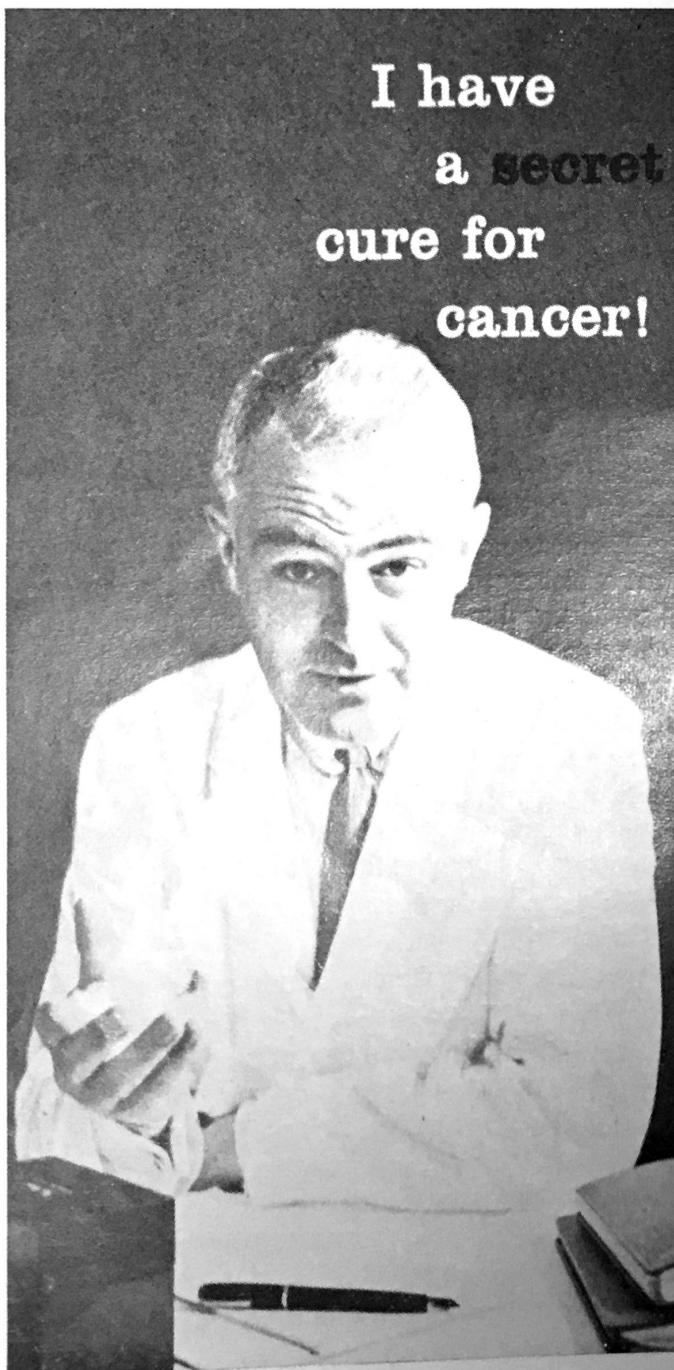
## THE MENACE OF THE CANCER QUACK

Today at least one out of every three cancer patients can hope for cure by one of the recognised methods of treatment — surgery, x-rays and radium — provided medical advice is sought **in time**.

But when cancer or the fear of cancer strikes, people sometimes do foolish, even dangerous things. Instead of placing themselves in the hands of a qualified doctor, they turn to the man who promises “a cure” by his own secret method.

There is no secret cure for cancer. Anyone who claims to have such a cure is a charlatan — a quack. The patients who go to him hoping for a miracle are wasting precious time and money — they are gambling with their own lives.

This indictment of the cancer quack is written by William Olson, and reprinted by permission from “The Australian”, 16th March, 1965.



A good deal of ignorance and superstition surrounds cancer.

One manifestation of this is the cancer quack, the charlatan who claims to be able to cure these dreadful growths with herbs, gum leaves, secret rays, crushed frog legs, devilled bat wings, medicated bandages, incantations . . . you name it, the quack has it.

Because of the nature of the disease from which he suffers, because of the way it often affects the mind, the cancer victim is peculiarly susceptible to the phony claims of the quack.

This faker, this cheat, this stirrer of the cauldron is the most evil of men.

In those who are about to die he raises hope where there can be none. He pokes a fractured straw the way of the drowning man and puts a price on it.

In New South Wales recently one of these dangerous people, Richard John Williams, a hillbilly farmer, was convicted and fined for having carried on an unregistered medical practice. This quack “treats” cancer with a mixture drawn off leaves plucked from various plants.

Predictably, there have been plenty of people to back Williams in print by telling of miraculous cures he has affected.

These statements do nothing to enhance Williams’ claims. They only draw attention to the pathetic gullibility of the stricken people who can get little help even in this enlightened and scientific age of ours.

I once had personal experience of a quack even grander in manner and bolder in claims than Williams. This man, John Braund, fooled a big daily newspaper, a senior Cabinet Minister, various philanthropists, businessmen, commentators as well as thousands of ordinary citizens.

Like Williams, there were dozens of people who claimed that they were cured by Braund after doctors had pronounced them hopeless cases.

It was 1947 when the Braund hysteria began to catch Sydney. I was a young reporter on an afternoon daily grinding my way through the dozens of mundane

jobs which came the way of junior newspapermen and dreaming of the big break which might lie just around the corner.

Stories about Braund and his miraculous cure for cancer began to appear in the rival paper. They told how this unqualified man, living in one of the western suburbs, injected a secret solution into cancerous growths. The solution was said to kill the carcinoma so that Braund could then remove it from the victim.

Each day the reports told of victims cured, of interest growing in Braund's "secret" formula. Prominent public figures solemnly discussed the quack's claims. Sir Edward Hallstrom offered to donate £20,000 towards a clinic if Braund would reveal his secret and substantiate his claims.

The rival paper moved a senior journalist into Braund's house to write on-the-spot reports. There were photographs of grisly looking objects in bottles which were said to be dead cancerous growths.

The medical profession warned that there could be nothing in Braund's claim for a cure for cancer, but still the campaign mounted, growing a little more hysterical each day until there were headlines saying "Please Release Your Secret Mr. Braund".

The forerunner of today's hordes of radio reporters pleaded with Braund to give up his secret for the sake of mankind.

There was talk of little else on the trams, buses, trains, ferries. A great city was gripped with this horrible nonsense. Even the doubters conceded that "he must have SOMETHING".

Which brings me to the day when the news editor, a lanky, kindly looking soul, who believed nothing unless he saw it with his own eyes and then only if there were three witnesses present, called me over and asked, "How's your shorthand?"

I said it was all right, so he told me to accompany one of our senior reporters, Frank Kane, who was going out to see Braund.

"You won't be writing anything. Just go along and listen to everything that's said and keep your eyes open. We might want you as a witness", he said, killing my hopes of the great break.

Up to that time I had been an admirer of Kane from afar. Junior reporters in those days were apt to be cut right down to size if they attempted to get on first name terms with senior men.

Kane (he died recently) was the antithesis of the Ben Hecht, Front Page type of reporter portrayed by Hollywood. He was short, running to fat even then, quietly spoken, as stubborn as a mule and could tell you anything, ranging from why the ergot on paspalum caused abortion in cows to the exact height of the arch of the Sydney Harbor Bridge.

He was, in a phrase, the complete journalist.

When we arrived at Braund's house the miracle man was about to work on a patient. A Cabinet Minister, several back bench politicians, officials from this and that society crowded into a small, white-painted room. There were several pairs of rusty pliers on the walls, screw drivers, a hacksaw, a tatty looking cabinet, some lengths of rubber tubing and an old hurricane lamp. I felt a curious sensation which I can only liken to one

I experienced when I stood in the gruesome surgeon's cabin in the cockpit of Nelson's flagship, H.M.S. Victory, with all its knives, choppers, saws and hammers.

"This man has cancer of the leg and I am now going to drive it out", said Braund, shoving the victim's leg into a pail of hot water.

He took a grubby cloth, dipped it in the water, wrung it out, then pulled it down from the knee to the foot, muttering some words as he did so.

"I am now driving out the cancer", he said. There were murmurs of wonder from the watchers. Kane said nothing.

This over, Braund produced a man he had "cured" of cancer and showed the scar where he had extracted the growth. He held up a bottle with a whiskery slough of flesh in it. "Here is the evil thing", he said.

More murmurs. The Cabinet Minister nodded. "Most impressive", he said.

Kane said nothing.

The man from the rival paper, the radio reporter, the social workers were crowded around Braund.

Kane drew me to one side. "This b — 's a nut and I'm going to write it", he said.

So we returned to the office, Kane saw the editor, he wrote the story and it went into print.

The next morning we returned to the Braund household. Clearly, the scene had been set for the execution, for the slaughter of the man who had dared to question the voice of the mob. The rival reporter was peeping from behind a blind in Braund's house, the radio man was talking furiously into his mike, a big crowd lined the street.

Only the muffled beat of drums was lacking as we walked up to the front door. Frankly I was scared. Kane just grinned.

Then the door flew open and there was Braund in his funny old cap and braces, his moustache bristling, his words washing over us. My pencil flew to record him. Kane wrote carefully in his precise shorthand outlines, unhurriedly.

Braund paused for breath.

"But you are a quack, aren't you?" prodded Kane and the tirade renewed.

"Good story", said Kane as we left. "We've got him now".

Our paper put up £5,000 to go to any charity Braund cared to name if he could prove his case. Kane called him a quack again.

It was the end of Braund.

There was an inquiry conducted by the State Government and it was proved that the old faker had been injecting alum into his victims so that the flesh sloughed away and he could pull it off with a pair of his rusty pliers. The hideous things in the bottles were just lumps of rotten flesh.

Then his "miraculous" cures began to die. The people who had idolised him rushed in to damn him and he fled the State.

There was no knighthood for Frank Kane or even an O.B.E. for services to the people and the sovereign. He didn't even have a by-line on his stories.

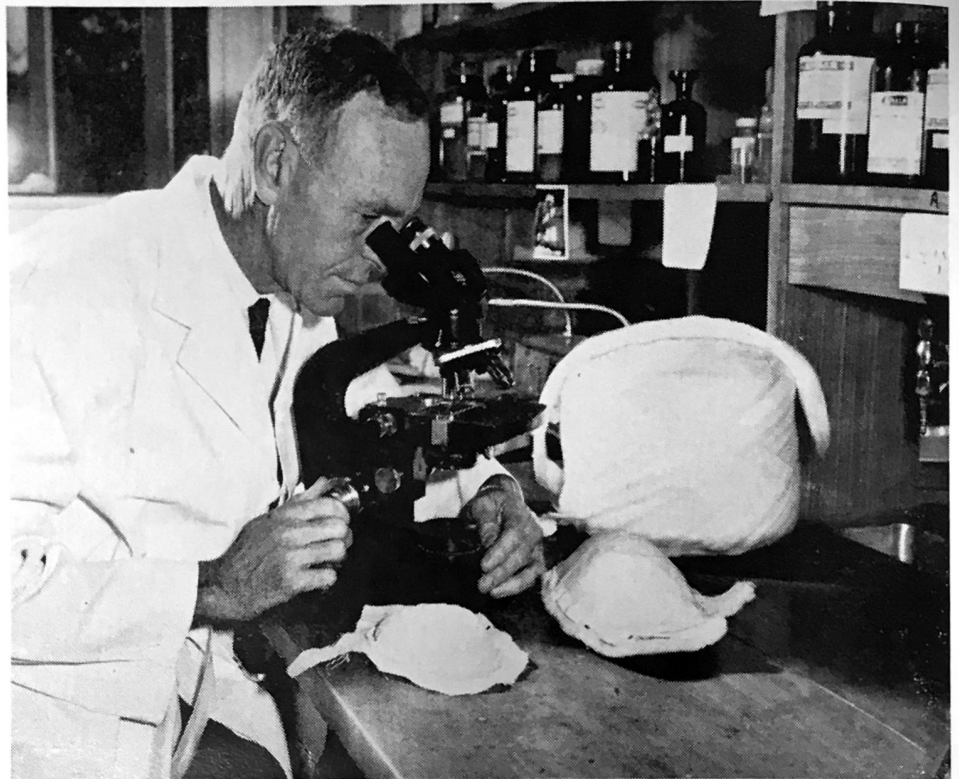
But what a victory!

# TEAMWORK PRODUCES AN AID FOR WOMEN

by Miss ANGELA GALE, Senior Physiotherapist,  
Peter MacCallum Clinic, Melbourne

*A remarkable example of teamwork in Melbourne has produced a new and improved medical aid which will be of great practical and psychological importance to hundreds of women who have undergone successful treatment for breast cancer. The Australian Wool Board, two divisions of C.S.I.R.O. (Protein Chemistry and Building Research), a suburban corset salon, the Peter MacCallum Clinic and the Department of Surgery at Melbourne University, all contributed their skills to the project.*

(Reprinted from AHEAD—Australian Health Education Advisory Digest — vol. 2, no. 3, 1965.)



*Dr. T. A. Pressley (C.S.I.R.O.) examines wool padding for the prosthesis.*

More than three women in every hundred develop some form of breast cancer at some time in their lives. Fortunately, many cases are completely cured. However, the treatment usually involves removal of the breast and so a really comfortable and convincing artificial breast, or "mammary prosthesis", is of very real value.

Most of the actual work on the improved mammary prosthesis which we have developed has been done by myself and Dr. T. A. Pressley, principal research scientist with the C.S.I.R.O. Protein Chemistry Division, Parkville.

My concern has been in re-designing, testing and fitting the prosthesis. It is an adaptation from an original model, which was "along the right lines", but not entirely satisfactory. Successful results have been achieved after a great deal of experimentation which, for practical testing, has involved the co-operation of 115 patients of the Peter MacCallum Clinic in conjunction with the manufacturers.

I worked in close association with Dr. Pressley, who tested and processed many different types of material to fulfil the specific requirements of the new design, which were that the prostheses should look and feel as natural as possible, should be comfortable to wear and should meet the vital need of being washable.

It was first required that a layered construction be used containing a resilient material to conform to the shape of the chest wall, and which would readily transpire water vapour. Outside this it was necessary to provide weighting material, with a distribution of weight which resembled that of the human breast.

Finally, there had to be a resilient outer layer which moulded to the shape of the bra.

Wool top, as used in the manufacture of worsteds, was found to be ideal for providing padding for the prosthesis. It was rendered washable and shrink-proof, and combined resilience with water vapour transpiration.

The question of weighting was quite a problem. It

was necessary that it be distributed evenly over its container and that it be of some inexpensive but effectively pliable material.

A bag divided into segments was found to be the right type of container for evenly-distributed weighting . . . but it was then a question of what type of weighting to use.

The Division of Building Research came up with the solution; the use of coarse sand of a rounded type, lacking the sharp edges which might penetrate the weighting bag.

A sironised fabric (Belmerino, flat-set, shrink-proof fine wool) was used for the outer covering, with chrome tanned sheepskin as an outer backing. The sheepskin not only provided the softness and comfort which was desirable in being worn next to the skin, but also had direct medical advantages.

One final problem was left—the vital one of how to design a padded and weighted prosthesis which was readily washable.

This was overcome through constructing it like a purse, into which the padding and weighting could be inserted, held in place by press studs, and then easily extracted for washing.

This improved mammary prosthesis is now regarded as being in its completed, perfected state, although its durability is still being tested by patients wearing it over a period of some months.

I have no doubts that it will satisfactorily survive all such tests and that it will prove equally wearable and comfortable in summer and winter.

The prosthesis is cool to wear on hot days and warm during cold weather.

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## DOCTORS HEAR OF PROGRESS AGAINST CANCER

Leading doctors and scientists presented their findings and their views of the advances being made in cancer research, diagnosis and treatment at a recent Melbourne symposium sponsored by the Anti-Cancer Council of Victoria.

The reports ranged from statements of the possible significance of tumour viruses in man to the use of radiotherapy under high oxygen pressure, and from accounts of the complex problem of chemical carcinogenesis to views of an exciting development which may lead to immunological control of cancer.

Describing work now in progress at Monash University, Professor R. C. Nairn said that although cancers are part of the body in which they are growing, they have been shown on several occasions to differ biochemically from normal tissues. Demonstrated differences have included a lack of normal cell constituents and a gain of new constituents.

In the latter case, the new materials, foreign to the body, can provoke an immune response which may well play an important part in natural inhibition of tumour growth. This response could be of practical value in the control of cancer and there is experimental evidence that it can be promoted by the use of cancer vaccines.

Anti-cancer sera prepared in animals might similarly be employed to supplement a patient's own defences. Such antisera, if not themselves capable of destroying tumours, could be coupled to cancer-destroying chemical or radioactive agents and enable these to home like 'guided missiles' on the cancer target with an altogether new degree of precision.

The first prototype 'missile' or serum should be ready for testing within a year, Professor Nairn said.

Destruction of cancer cells by x-rays is greatly enhanced by the presence of oxygen during irradiation. Reporting on over 2,000 'pressure' treatments given at the Peter MacCallum Clinic since 1961, Dr. H. A. S. van den Brenk said that the technique has proved completely safe, and dramatic responses of tumours have often resulted.

He pointed out that the Clinic had acquired greater experience in this new form of therapy than any overseas centre, and as a result had attracted visitors to Melbourne from the U.S.A., Canada and Europe to study the methods used. Cases were being referred for treatment from interstate and even South East Asia.

guard yourself  
against uterine cancer



see your doctor  
about the cell-test