Victorian Cancer News

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

No. 12 • APRIL-JUNE, 1962

SECOND COUNTRY CHAIRMEN'S CONFERENCE

OUTSTANDING COMMUNITY SERVICE

Fifty Victorian men and women prominent in the fight against cancer in country areas attended the Second Conference of Country Chairmen held in Melbourne on 26th March. Organised by the Anti-Cancer Council, the Conference was officially opened by Councillor W. J. Kilpatrick, C.B.E., Chairman of the Council's Cancer Service Committee and President of the Australian Cancer Society, who commended the Country Committees for the splendid service they were rendering to the community.

Main object of the Conference was to enable the Committee Chairmen to discuss problems of public education and patient welfare with members and officers of the Council and with fellow country delegates.

Distinguished guests at a luncheon for delegates included the Premier, Hon. H. E. Bolte, the Leader of the Opposition, Hon. C. P. Stoneham, the Lord Mayor of Melbourne, Councillor M. A. Nathan, C.B.E., and the Minister of Health, Hon. R. W. Mack.

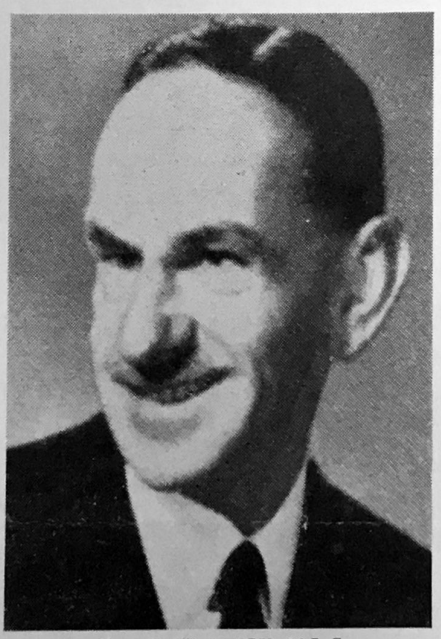
Speaking at the luncheon, Mr. Mack said the greatest contribution the Council could make was in the field of public education. "Cancer is one of those things that people talk about with bated breath. No one wants to take the necessary precautions to see whether they have it or not," he said.

"If people are frightened to face the facts then they may delay seeing a doctor until a stage has been reached when cure is difficult, if not impossible. They must be informed that in its early stages cancer is frequently curable."

Mr. W. A. Dick, Chairman of the Public Education Committee, presided over the morning session, in which problems of public education in country areas were discussed.

PUBLIC EDUCATION SESSION

Following "A Survey of Cancer Education Overseas" by Mr. Victor Stone, F.R.C.S. (reported in our last issue), Mr. Newman Rosenthal, Director of the Department of Audio-Visual Aids at Melbourne University, spoke on "Visual Aids in Cancer Education."



Hon. R. W. MACK, M.L.C.
Minister of Health

VISUAL AIDS

Some people, said Mr. Rosenthal, looked upon visual instruction as a new and distinct form of education, but in fact it could better be regarded as an **aid** to other methods of education.

Many points which the cancer education programme sought to emphasise could be made with considerable effect when illustrated visually. For example, in the film "The Other City" the process of metastasis (the spread of cancer cells through the lymphatics and blood stream) was explained by means of an apt analogy; it was compared to a branch breaking from a tree overhanging a creek, and being carried downstream until finally it becomes caught in a bank and takes root.

His Department had tested several of the films used in the Council's educational programme, and he stressed that none of these appeared to produce any hypochondria or cancerphobia. There seemed no doubt that carefully-constructed films could have a strong impact, particularly if they were in the form of a personal message to a particular type of individual.

TWO TYPES OF APPROACH

Leading the discussion on these papers, Dr. Godfrey Gardner, of the University Department of Psychology, referred to the contrast between the quiet, factual approach and the dramatic appeal in cancer education.

After three years' research carried out by his Department into public attitudes concerning cancer, it was suspected, said Dr. Gardner, that both types of approach were necessary in order to get the message across to different audiences.

He went on to discuss the question of influencing teenage attitudes to cancer. Advertisers had certainly realised the importance of this group long ago, and were slanting much of their material accordingly. Perhaps we could learn something by examining their methods, he suggested. By placing positive and hopeful information about cancer into minds still young enough to accept it unemotionally, a major change in public attitudes might be brought about.

FUTURE DEVELOPMENT

Plans for the development of the education campaign were outlined by the Public Education Officer, Mr. A. J. Brown, in a paper on "Experiences in Country Education."

The past three years, he said, had provided ample confirmation of the genuine desire on the part of many country people to obtain factual information about cancer. There was no sign that the Council's educational activities had produced any noticeable cancerphobia; on the contrary, the success of an education campaign in one area often stimulated requests from adjacent centres.

The Education Committee was anxious to give maximum support to Country Committees in their educational work, continued Mr. Brown, and a considerable expansion of the country programme had been authorised.

A mobile information unit would shortly be available to transport display material, projection and other equipment to any part of the State. A literature and information stall was under construction for use at Country Shows, exhibitions and similar gatherings; additional display units had been designed, and part-time members of staff were now available to assist local volunteers in erecting and staffing displays, etc.

As a result it was hoped that with the help of Country Committees anti-cancer exhibits would become features at Agricultural Shows in many areas of Victoria.

MAKING THE FACTS KNOWN

The problems involved in organising "A Country Cancer Education Week," the means adopted to overcome them, and the success finally achieved, were described by Mr. S. Lindsay, Chairman of the Warrnambool Regional Committee.

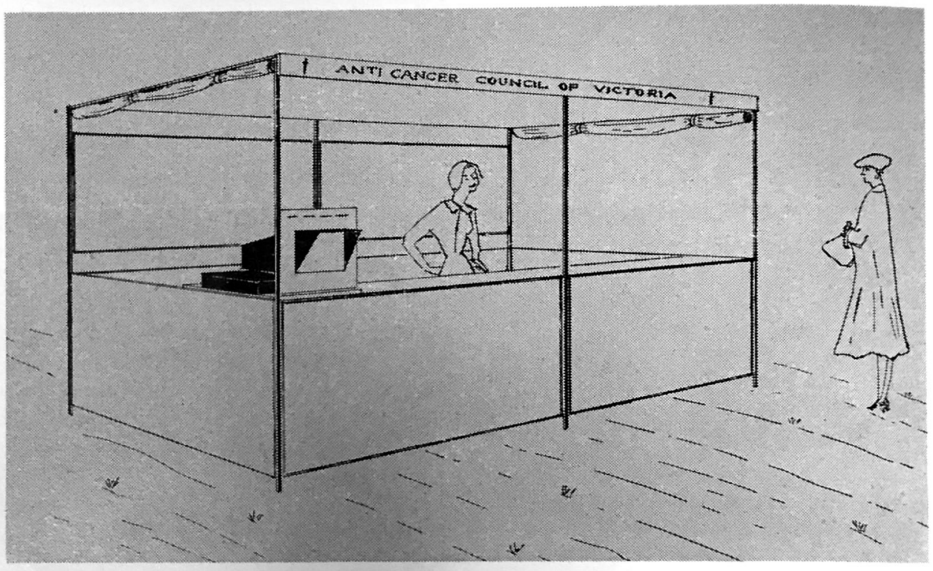
Planned months before, the Warrnambool "Week" was built around the theme "Victoria Fights Cancer." Firstly, the Committee examined the precise objects of cancer education and faced up to the problem of disseminating information about the disease throughout a large populated district. It was then necessary to secure the co-operation of medical practitioners in the district, many of whom, he was pleased to report, took an active part in the campaign.

Media used included the daily press, the radio, and the Churches, who were particularly helpful; mass distribution of literature; posters and street banners; public meetings for men, women and schoolchildren; and a large-scale public exhibition at the Warrnambool Town Hall.

During the "Week" it was estimated some 8,000 items of literature were distributed, 3,000 people attended the various meetings, and a similar number viewed the exhibition. Altogether, concluded Mr. Lindsay, "we felt that we succeeded in our primary aim of dispelling ignorance and replacing fear with knowledge."

The Mildura Chairman, Mr. H. C. McKenzie, led the discussion on the points raised by Mr. Brown and Mr. Lindsay. He welcomed the news that extra material help would be forthcoming from the Council, as he felt that in the past the lack of suitable display units had restricted the promotional activities of many committees.

The education session concluded with a screening of the Council's newly-completed film "You Are Not Alone." Delegates were told that negotiations were under way to secure commercial release for the film, and it was hoped in due course to make copies available to Regional Committees.



SKETCH OF THE PREFABRICATED LITERATURE AND INFORMATION STALL
The Regional Committees at Ballarat, Horsham, Mildura and Shepparton have already booked space for the stall at their respective Agricultural Shows later this year. Any other Committees wishing to sponsor its inclusion in their local Show are asked to advise the Public Education Officer accordingly as soon as possible.

PATIENT WELFARE SESSION

Councillor W. J. Kilpatrick, Chairman of the Cancer Service Committee, chaired the afternoon session on Patient Welfare.

The success of the campaign against cancer in Victoria — in providing treatment equal to that found in any country in the world, in organising and supporting a wide programme of research, and in developing welfare services for patients — was stressed by speakers.

TWO PROBLEMS

The main problems raised during the session were, firstly, how best to publicise this information in Victorian country areas, in order to encourage patients to seek early diagnosis in the knowledge of the excellent facilities now available? And, secondly, what measures could be taken to ensure that cases in need of assistance were brought to the notice of local committees, so that help was forthcoming when and where it was most needed?

AMONG FIRST FIVE

Australia is rated internationally among the first five countries as regards research, education and services for cancer patients, Councillor Kilpatrick told delegates.

Speaking on "International Trends in Cancer Welfare," he said that there was a possibility that the pattern of organisation adopted in Victoria could make an important contribution in the international sphere. He had been invited to speak on Australian cancer services at the World Congress in Moscow in July.

Referring to the recently-formed Australian Cancer Society, Councillor Kilpatrick said that its objects were to foster national and international co-operation and co-ordination of all activities relating to cancer. Most importantly, Australia would now be able to become a member of the International Union against Cancer, which was supported by 54 countries.

EXCITING DISCOVERY

"Recent Developments in Cancer Treatment" were evaluated by Mr. T. H. Ackland, F.R.C.S., Honorary Surgeon at the Peter MacCallum Clinic and the Royal Melbourne Hospital, and a member of the Council's Medical and Scientific, and Public Education Committees.

Happily it was now possible to say that cancer sufferers in Victoria have as good a chance of cure here as anywhere in the world, Mr. Ackland told the Conference. The general standard of surgery compared favourably with that found in major overseas centres. In some forms of radiation treatment Australia was playing a leading part.

Perhaps the most exciting discovery of recent years has to do with drugs capable of destroying cancer cells, he continued. Cytotoxic chemotherapy, as this form of treatment was called, seemed likely to become an increasingly important ancillary weapon against the disease.

Although at present none of these drugs had permanently cured any patient, in many cases they relieved symptoms and prolonged life.

Surgery and radiotherapy, either separately or in combination, remained the most effective treatments, but if cure was to be attained **early diagnosis was a fundamental requirement.**

CANCER DETECTION

A country gynaecologist, Dr. Joan Curtis from Mansfield, described "A Cancer Detection Survey" she had conducted in her practice as a follow-up to a district cancer education campaign last year. Results proved the survey worthwhile — of the 90 women examined, one was found to have cancer, and one quarter were suffering from various non-malignant conditions that required treatment. (*Dr. Curtis' paper is printed on page 8.*)

REGIONAL ORGANISATION

Mr. T. Hackett, Chairman of the East Gippsland Regional Committee, outlined his Committee's role in "The Organisation of a Regional Programme." From the start it had been considered essential to secure the participation of district committees in the regional programme.

Each of the latter was asked to appoint a delegate to the Regional Committee, which was thus representative of all committees within the region. In addition, a liaison officer had been appointed to improve co-ordination of the public education and patient welfare programmes on a regional basis.

AID TO COUNTRY PATIENTS

Discussing "Patient Care in Country Centres," the Anti-Cancer Council's Almoner, Mrs. M. Esson, reviewed the development of the welfare programme since the 1958 Campaign.

"The aim of us all is that no cancer patient should suffer unnecessary social or economic hardship," she said. "The number of families assisted may not be large, but some of them would have received no help at all but for the Country Committees. What we are doing needs to be done and is worth doing."

Several Committees had reported that they had worked in with other voluntary agencies such as Red Cross, Legacy, the R.S.L. and the Country Women's Association. This showed that Committee members were approaching their work in an imaginative way, and were prepared to look at all sides of a problem, not simply at the financial aspect.

Mrs. Esson concluded with a plea to all Country Committees to make their services known as widely as possible, and to keep a look out for cancer patients in need. "It isn't easy for people to ask for help," she said, "but once contact has been made and a relationship established between your Committee and the family then I feel that it will be easier for you to give and for them to receive assistance. In the sort of work that we are doing, I think we need to keep in touch with these families even after the first request for help has been met. The social and economic situation may change in the course of a long illness, and we want people to feel that we are at hand if and when they need help."

HOME HELP

A talk on the "Home Help Service in Victoria," with special reference to the needs of cancer patients, concluded the afternoon session. The speaker was Miss B. Yeoman, Supervisor of Community Welfare Services for the State Health Department.

The main object of the Service, she said, was to keep as many families as possible together in time of sickness. It provided help to mothers of young families when other members of the family were unable to assist, and also gave assistance to the elderly and infirm, enabling them to live in their homes as long as possible.

During the past seven years there had been an increase in the number of cancer patients using the service. The Statewide system of Home Help municipal services had grown from 38 services in 1945 to 116 at the present time, including 76 in country centres. Unfortunately, difficulties were sometimes experienced in the country in recruiting suitable "home helps" and as a result services in some areas were no longer functioning.

Under the Home Help Scheme, Miss Yeoman explained, a person could obtain full-time help for up to three weeks. In exceptional circumstances an extension might be granted, but in general the object was to assist as many families as possible to overcome their difficulties.

Applications for short-term assistance, for example, to enable a mother to attend a hospital for examination or to undergo treatment, or to give her the chance to arrange for friends or relatives to help in the home, were met wherever possible.

Memo: All Country Chairmen.

"A HANDBOOK FOR THE GUIDANCE OF COUNTRY CANCER COMMITTEES"

is now available from:

The Secretary,
Anti-Cancer Council of Victoria,
412 Albert Street,
EAST MELBOURNE.

The Handbook contains basic information on the aims and activities of the Council and of its Regional and District Committees.
We shall be pleased to forward copies for your Committee upon request.

CANCER RESEARCH: A UNIFYING CONCEPT

(We are grateful to the Sloan-Kettering Institute for Cancer Research, New York, for permission to reprint the following extract from its Biennial Report, 1959-1961.)

Medical research, as we know it, began late in the last century; its chief starting point was the methodical observation and classification of microscopic units of life — the cells of bacteria, of fungi, of protozoa, and of the multivaried tissues of higher plants and animals. This study of the physical forms of living things at the microscopic level laid the foundation for recognition of the bacterial etiology of several infectious diseases and the subsequent institution of measures of preventive medicine and public health control.

In studies on cancer, in particular, the physical appearance of the aberrant cells became, and still remains, the chief criterion for diagnosis, prognosis and treatment of the disease, and important research is going forward in this field. Early attempts to demonstrate a bacterial basis for cancer were unsuccessful and soon after the recognition of the existence of the smallest of all infective units — the viruses — it was shown that certain forms of cancer in animals are caused by viruses. These tumors were considered for many years as biologic curiosities and were not thought to be the proper concern either of virology or of cancer research.

With the development of more sophisticated techniques of microscopy and of instruments with ever higher powers of resolution, it became possible to see smaller and smaller objects, which include now the smallest viruses and many ultrafine intracellular structures which are only beginning to be comprehended in terms of their relation to the continuing life of the cell.

Another scientific discipline that had its origin and grew to vigorous maturity during the remarkable century just past is that of genetics. The gene, at first a wholly theoretical concept, came to be associated, through the work of biologists and microscopists, with the chromosomes of the cell. The mathematical orderliness of Mendel's principles was shaken by Darwin's theories — concepts that indeed rocked the foundations of the entire intellectual world. These two great new ideas, genetic heredity and evolution, were reconciled finally by the recognition of mutation as a force by which different forms of life could emerge, some of which possessed, relative to the environment in which they found themselves, certain biologic and survival advantages over their predecessors. The hypothesis that cancer might be simply another instance of mutation soon occurred to investigators of a philosophical bent, but the techniques were not then available for rigorous scientific examination of this possibility.

During this same productive period, biochemistry developed as a third major but separate scientific discipline. That chemical substances might have biological activity was implied from the early work on hormones, although the precise nature of such substances was not clarified for decades. Pasteur's classic work on fermentation was the first scientific proof of the chemical basis of life processes. Ehrlich, almost in our own time, was the first to conceive of stereo-chemical relationships in biological function, and the eventual correlation of details of molecular structure with function represents an even more recent development.

The practical applications of this new knowledge became clear in the 1940s with realisation of the idea that some modification of a chemical required by cells for one of their essential processes could produce a compound that would inhibit a necessary biosynthetic step. Most of the compounds now under trial in cancer chemotherapy investigations are antimetabolites of processes needed by cells. A major objective of analytical work in this field is to define substances required by cancer cells and to a lesser extent or not at all by normal cells so that the growth of cancer cells may be inhibited by chemical analogues of such substances.

During the past few years, there has been a remarkable development and advancement in scientific knowledge. Many currents of research activity — particularly the disciplines of cytology, immunology, virology, genetics and biochemistry — have begun to converge. The formal lines between them are no longer clearly distinguishable, and investigators in these once widely separated fields now attend one anothers' meetings, present papers on associated problems and utilise materials, techniques and instruments that ten years ago they either had no interest in or had not heard of. Most importantly they have come to speak a nearly common language and thus to understand one another more fully than ever before.

The common denominator in this outstanding advance is a complex and fascinating substance known as nucleic acid. It is, as far as anyone can tell, the essential material of the chromosome — in other words, the chemical basis of the gene itself. It appears to be the governor and guide of both cellular activity and cellular heredity — whether of simple one-celled organisms or of the cells that make up the tissues of complex living things. It is clearly the active principle — the infective and hereditary material — of viruses.

Its unique powers are attributable apparently to specific sequences of chemical structures in the very complex molecule; these act as a chemical code, spelling out in permanent record the orders that guide the processes required by living things. The code of the nucleic acid of the chromosomes dictates the code of another form of nucleic acid in the cytoplasm which in turn serves as template for the cell's production of enzymes, hormones, and other proteins. Thus many of the life sciences are being brought together under one unifying conceptual scheme.

This development has large implications for cancer research, because the problems of cancer are now at or near the centre of many of these investigative activities. Cancer would appear, by formal definition, to correspond to a mutation — that is, a permanent hereditary change at the cell level. Mutations now are thought to be the result of changes in the chemical sequences of chromosomal nucleic acid — a typographical error in the biological information code.

Such mistakes can be caused presumably by rare accidents during cellular reproduction, by exposure to X-ray or ultraviolet or by a number of chemical compounds. Mutations may also emerge following the introduction of a new nucleic acid, either chromosomal nucleic acid from other cell types (as was demonstrated some 17 years ago with the pneumococcus in experiments that sowed the seeds of the current revolution in biology) or, as now appears, certain viral nucleic acids. All of these diverse external agents, X-rays, ultraviolet, mutagenic chemicals and special viral nucleic acids, have been demonstrated to induce cancer in animals. These findings lead inevitably to the concept that cancer, no matter what the inducing agent, is ultimately the result of an internal change in chromosomal nucleic acid of the affected cells.

So the various theories regarding the cause of cancer have merged in one unifying concept, at the same time that various scientific disciplines have come so much more closely together. There is now available therefore not only much new knowledge but a new and widely accepted theoretical framework within which to approach in an orderly way, with new tools and talents, the problem of the causes of cancer in man.

CANCER SOCIETY'S WORK "FINE PUBLIC SERVICE"

Reprinted from "HEALTH: Journal of the Commonwealth Dept. of Health," Vol. 11: 4, Dec., 1961

MINISTER OPENS INAUGURAL MEETING

The work undertaken by the Australian Cancer Society was a fine example of disinterested public service which the Commonwealth Government greatly admired and for which the country would be richer.

This tribute was paid by the then Minister for Health, Dr. Cameron, in opening the inaugural meeting of the Society at Canberra on 19th October, last year.

"It seems to me that there are two aspects that concern us with regard to cancer," said Dr. Cameron. "The first is the scientific. This is the investigation of perhaps one of the most fascinating of all the problems of biology — the abnormal behaviour of the living cell; but we may also wonder at its normal behaviour. Let me give you a few instances of what I mean.

Why, when trauma is inflicted on a tissue, do the neighbouring cells divide and multiply to repair the damage? Why do they stop when they have completed the job? How do they know when it is done, if I may use such an expression? Why do some cells of the body continue to divide throughout life without ceasing — those of the hair follicles and nails — and why do the hair follicle cells stop in some individuals when they ought to be going on, and why does this occur so frequently in men, and so seldom in women? Do we really know why cells behave in this way?

SECRET OF MALIGNANT CHANGE

On the other hand, we do know a great deal about the abnormal behaviour of cells. We can identify a broad range of neoplasms and say with certainty in many cases whether the growth is innocent or malignant and whether it will remain so, though in some cases it is not possible to be sure — there is a borderland of uncertainty; yet the full secret of malignant change still escapes us.

We can both produce and transmit cancer in experimental animals, and we may know a great deal about pre-disposing causes in human beings. We may have many theories about the part played by heredity and by environment. We know a good deal about the effect of radiation on the cell, both normal and malignant, and it is interesting to reflect that it can be both carcinogenic and destructive of the malignant cell. We can produce effects on the course of the disease by hormone therapy and by chemotherapy, but we still do not know why the disease arises, apparently spontaneously, in one individual and not in another, and what is the fundamental determining factor in its origin, or even, it seems to me, whether there is a single basic cause.

The foundations of treatment are still early diagnosis, surgery, and radiotherapy, with what help can be added by other means. What, then, can we do about it?

IMPORTANCE OF REASSURANCE

This brings me to the other aspect, which is the sociological one.

Cancer has come to be regarded as one of the great scourges of mankind, and one of man's most dreaded diseases.

This was not always so. In fact, plagues and pestilences have traditionally been his greatest fears and most of the prayers he has uttered have been for deliverance from them. We have, however, made such progress against the infections that they have come to be regarded almost with complacency.

Not so with cancer. It inspires a fear different, I think, from that of any other disease, and yet a great deal can be done and is being done for those who suffer from it.

There is an enormous amount of research going on all over the world, the results of which are available to the medical profession everywhere.

Many people are cured of the disease — of course, depending on the form in which it affects them — but all of us who have experience in practice must be able to recall many cases, even of severe types, cured by timely diagnosis and appropriate treatment.

I thought that Professor McWhirter, who visited us recently, spoke with immense good sense on this subject when he said that 'if people cured of cancer told their friends of the cure, a lot of unnecessary gloom would be dispelled.'

I know he added a lot of qualifications, as, of course, we all would. In addition he warned people against reports of 'break-throughs', and pointed out what a great deal of concern and disappointment such reports could cause; also, I think, he made one very important point that if people would report early and not give way to the fear of being told that they had cancer, the cures would be far more numerous than they are. Reassurance, if it is based on proper premises, has a great deal of value.

FIGURES NOT DISCOURAGING

In 1931 there were 6,589 deaths in a population of 6.5 million. This is a rate of 101.4 per 100,000. In 1941 there were 8,478 in a population of 7 million, or 121.1 per 100,000. In 1951 there were 10,619 in a population of 8.5 million, or 124.9 per 100,000. In 1959 there were 12,148 in a population of 10 million, or 121.5 per 100,000. When these figures are examined and other facts such as the altered age constitution of the population, which has been quite considerable, more accurate and earlier diagnosis, better certification and cancer registeries, more effective treatment and alterations in the classifications of death are taken into account, it does not seem to me that over this period of years there has been a very significant increase in the number of deaths in proportion to the population. Not that I suggest for a moment that they represent a satisfactory position, far from it; but they do, I think, show that we should not take the worst for granted, even if we acknowledge the magnitude of the problem and the terrible nature of the disease.

I think it is particularly gratifying that these activities are being initiated and developed by a group of private citizens and not all left in the hands of Governments. This is a fine example of disinterested public service and the country will be the richer for it, and, I think, the job will be better and more sympathetically carried out.

I would like to express the Government's best wishes to you in your task."

EXPERIMENTAL CHEMOTHERAPY

Living cancer tissue being prepared for implantation in laboratory animals. Chemicals, antibiotics and other materials of natural origin will be tested against these implanted cancers for their cancer-controlling ability.

(Photography courtesy Sloan-Kettering Institute for Cancer Research, New York.)

VICTORIAN NEWS

COUNTRY COMMITTEES ACTIVE IN EDUCATION CAMPAIGN

BEGONIA FESTIVAL DISPLAY

Good use was made of the Council's display units by the BALLARAT Regional Committee during the Ballarat Begonia Festival. With the co-operation of the municipal health authorities and the City Council, two display panels, including the popular press-button "Question and Answer" unit, were prominently exhibited at the Town Hall for the duration of the Festival.

The Committee has also sponsored an anti-smoking campaign in district secondary and technical schools, bringing the health risks involved in heavy smoking to the notice of thousands of schoolchildren. The film strip kit "To Smoke or Not to Smoke" has been widely used, both in the schools and by local youth groups.

COLAC "WEEK"

A highly successful "Cancer Education Week", organised by the COLAC Committee during the second week in May, featured three well-attended public meetings, the door-to-door distribution of literature to every household in the city, and extensive radio and press publicity.

The campaign was notable for the generous co-operation given to the Committee by the Colac "Herald"; radio station 3CS; local women's organisations, who ensured capacity attendances at the two women's meetings; and leading business houses which provided window display space without charge for anti-cancer publicity material.

OVENS VALLEY CAMPAIGN

The newly-established District Committees at Bright, Myrtleford and Mount Beauty joined forces in promoting a three-day programme of meetings in the Ovens Valley area at the end of May. More than 400 people attended the eight meetings, including two Rotary talks, arranged during the period. Two anti-smoking lectures were given to secondary schoolchildren during the same week.

Once again, local women's organisations and businessmen assisted our Committees in distributing leaflets and booklets throughout the district.

YALLOURN CHILDREN WARNED ON SMOKING

Twelve hundred and fifty schoolchildren from the Yallourn High and Technical Schools attended two lectures on smoking and lung cancer arranged by the YALLOURN Cancer Committee on 5th June. The cartoon film "Man Alive" and the filmstrip "To Smoke or Not to Smoke" were presented at each lecture, and prompted numerous questions from the children present.

Two public meetings were also held under the Committee's auspices, the speaker at each being the Gippsland Regional Pathologist, Dr. E. Wilder. In his capacity as Liaison Officer for the SALE Regional Committee, Dr. Wilder has now given some 30 talks in the Gippsland area during the past two years.

PENSIONERS' GENEROSITY

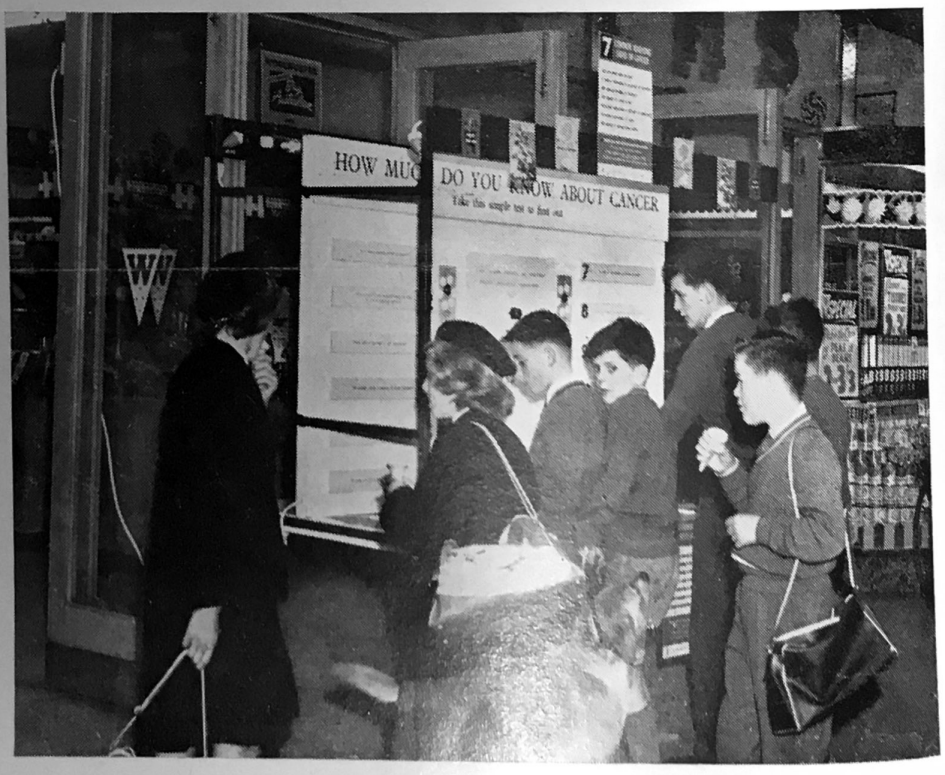
A story of real self-denial and personal sacrifice lies behind many of the gifts which help to sustain "the fight against cancer" in Victoria.

Typical of such generous gifts is the Prahran Old Age and Invalid Pensioners' Association's splendid donation of £58 over the last two years or so. We should like to express our gratitude to these old people, who have continued to support the Anti-Cancer Campaign. Beginning with a gift of £17 in 1960, the Prahran Pensioners' Association gave a total of £30 last year, and this year have already given another £11.

NEW CANCER SERVICE AT GEELONG

The Hospitals and Charities Commission has approved the establishment at Geelong Base Hospital of a cytological diagnostic service. It is expected that the necessary facilities will be provided at the Hospital in the near future.

Cytological examination is becoming increasingly accepted as an important part of many routine gynaecological examinations. Perhaps its greatest advantage lies in the possibility it offers of discovering uterine cancer at a very early stage, when the opportunity for cure is excellent.



The Colac street display attracted the attention of these youngsters.

VICTORIANS TO ATTEND MOSCOW CONGRESS

Dr. Peter Hughes, of the University of Melbourne, is one of four Australians receiving travel grants from the International Union Against Cancer, to enable them to attend the Eighth International Cancer Congress in Moscow during July. Altogether, 86 doctors and scientists from 39 countries have been awarded grants by the International Union for this purpose.

A cancer research worker in the Department of Pathology, Dr. Hughes has specialised in the study of the differential staining of cancerous tissue. For the past five years his work has been supported by the Anti-Cancer Council and early this year he was appointed the Council's W. J. Kilpatrick Research Fellow.

Dr. Hughes recently spent two years in the United States, where he took part in an extensive and intricate project on the characterisation of various metabolic products resulting from the action of azo-dyes on rat liver. His studies in America were carried out under the direction of Professor J. A. Miller, of the University of Wisconsin, who visited Melbourne in 1960.

Other Victorians attending the Congress, under the auspices of the Australian Cancer Society, include the Society's President, Cr. W. J. Kilpatrick, C.B.E., who will present a paper on "Community Participation in the Fight Against Cancer"; the Medical Director of the Peter MacCallum Clinic, Dr. W. P. Holman; Dr. Donald Metcalf, the Anti-Cancer Council's Carden Research Fellow; Dr. John Colebatch, of the Royal Children's Hospital; Dr. Kenneth Cox, of the University Department of Surgery; and Dr. M. E. Whisson, of the Department of Pharmacology.

Ten delegates from other States have also been accredited by the Society.

Two Australian public educational films have been accepted for screening at the Congress. They are "You Are Not Alone," produced for the Anti-Cancer Council by Zanthus Films of Melbourne, and the Tasmanian Government Film Unit's production, "Skin Deep."

CANCER EDUCATION PROGRAMME FOR INDUSTRY

Proposals for extending the public education campaign into business and industrial concerns were discussed at a recent meeting between representatives of the Council's Public Education Committee and committee members of the Section of Industrial Medicine of the Australian Medical Association.

Industrial medical officers who attended included the President of the Section, Dr. M. Whiteside, Chief Medical Officer of Dunlop Rubber Australia Ltd.; the Secretary, Dr. A. J. Christophers, of the State Department of Health; Dr. W. F. Cooper, Medical Director, General Motors-Holden's Limited; Dr. F. N. Laidlaw, Chief Medical Officer, Ford Motor Co. of Australia Pty. Ltd.; Dr. L. R. Menogue, Chief Medical Officer, Australian Paper Manufacturers Ltd., and Dr. R. D. Wilson, Chief Medical Officer, Vacuum Oil Co. Pty. Ltd.

The main aim of the campaign will be to bring information about cancer to men and women where they work, in offices, shops, factories, mills, etc., in the hope that this may help to reduce the loss of life due to delay in finding and treating cancer in an early and potentially curable stage.

This loss, it was pointed out, is now of serious economic consequence to the community. It has been estimated that more than 50,000 working years of life are being lost annually in Australia due to death from cancer in the 15 to 64 year age group. Some 40% of all deaths from the disease occur in people under 65 years of age.

Educational methods suggested for use in the programme included the distribution of literature to employees, the display of posters on staff notice boards, the publication of articles in staff and union journals, and the presentation of films and talks to staff.

The industrial doctors present agreed that employee education on cancer was most desirable and offered their full co-operation in developing a practical programme.

CANCER CLINIC TAKES TO THE AIR

(Photograph courtesy Skyways Australia Pty. Ltd.)

Australia's first flying Cancer Clinic became airborne on 2nd May, when the twin-engined Aero Commander aircraft pictured above took off from Moorabbin Airport. On board were two specialists from the Peter MacCallum Clinic and their assistants, on their way to attend the regular consultative Cancer Clinics at the Warrnambool and Hamilton Base Hospitals.

The 6-seater plane is on charter to the Clinic for seven trips a month — to Ararat and Horsham; Bendigo and Echuca; Mildura; Swan Hill; Traralgon and Bairnsdale; Yallourn and Sale; and Warrnambool and Hamilton. Its use in place of the previous time-consuming travel by road means that many of the Country Clinics can now be visited once a month instead of every six weeks, and also gives the visiting specialists more time for consultations at the various centres.

The same plane is also on charter to the Hospitals and Charities Commission as an air ambulance.

A CANCER DETECTION SURVEY IN A COUNTRY PRACTICE*

By Dr. Joan Curtis, M.B., B.S., M.R.C.O.G.

In November, 1961, I undertook a cancer detection survey at Mansfield. This followed shortly after a "Cancer Education Day" in that town, and arose directly from two points which were raised during discussion of the "Education Day" programme with the Mansfield Cancer Committee.

The first point was this — it seems bad psychology to exhort people to report for examination and then not offer them a definite time and place to attend. Much of their interest and enthusiasm may be dissipated before they get around to making an appointment for themselves, and no doubt some of them will put it off indefinitely.

The second point was — the patient who wishes to know if he has cancer lays himself open to expense, and many whose symptoms are slight may hold back on this account. To achieve maximum diagnostic results, should we not offer the same sort of financial incentive as the mass X-ray units provide in the search for unsuspected tuberculosis?

With these two thoughts in mind I wrote to the director of a Melbourne Pathology Department who kindly agreed to examine vaginal smears at the reduced fee of one guinea. For an inclusive fee of twenty-five shillings it was then possible to offer a diagnostic service for women which included examination of the thyroid, breasts, abdomen and pelvis, and a vaginal cytology report. The facilities which would be available were publicised at the meeting for women held as part of the educational programme.

It required two afternoon and two evening sessions to examine the 90 women who enrolled for the survey. I was the only doctor present, and I had the voluntary assistance of a nursing sister and a lay clerk at each session. Although I am a gynaecologist, I would emphasise that no specialist skill is required in conducting an examination of this kind. The technique of taking a vaginal smear is very simple, and can easily be mastered by any doctor who reads the printed instructions circulated by most centres undertaking cytology.

The results of the survey are set out in the following tables:—

TABLE I

Number of women examined	90
Number of normal cytology results	89
Number of abnormal cytology results	1†

†This patient was admitted for further examination and no cancer was found.

TABLE II

No abnormality detected	55
Breast lump	2
Gynaecological conditions requiring treatment	21
Gynaecological conditions not requiring treatment	16

The two patients with breast lumps were admitted immediately for biopsy. One proved to have a benign condition, the other had a cancer. An operation was performed on this patient, followed by deep X-ray therapy, and she is at present well and back at work.

The outstanding points about the results of the examinations are: firstly, the number of non-cancerous conditions that were brought to light (see Table II). Secondly, that one case of cancer, still in an operable stage, was discovered. And, thirdly, that no case of cancer was found by the cytology method.

Superficially, this last fact may appear surprising, but larger series, running into thousands of patients, have shown a pick-up rate of less than one per hundred of clinically unsuspected uterine carcinoma, so among my ninety women this result was to be expected.

Now I will give my reasons for believing that a survey of this kind is valuable.

(1) The finding of one case of cancer which was treatable. It is interesting to note that this woman and her husband had known for two years that she had a breast lump, but it needed the additional impetus of this survey to bring her to the doctor.

It is worth commenting that when, in talks to the lay public, we lay stress on the importance of **early** treatment, we should also say that **late treatment is better than none at all.** We must at all costs avoid giving the impression to someone who knows she has been neglecting a warning sign for months or years, that either her case is already hopeless or else that her symptom cannot be due to cancer.

(2) Equally important was the reassurance given to the other 89 women that they were not suffering from cancer.

(3) The health educational value of a survey of this nature is considerable. It emphasises the symptoms and signs which we regard as significant and impresses upon the public the need to report these without delay.

(4) The patient gains confidence to seek advice with minimal symptoms, knowing she will not be ridiculed.

(5) Where such a survey is carried out in the patient's home town with her own doctor participating she realises that cancer diagnosis is not something only a specialist can do. **The general practitioner is in fact the keystone of early diagnosis.**

(6) Organising a survey of this kind is a great stimulus to the doctor as well as the patient, since it emphasises the need to be more vigilant and thorough in the search for the warning signs of cancer.

In conclusion, I would like to point out that diagnostic clinics now exist in the capital cities where low-income patients can have a free examination and cytology test. Rather than subsidising the transport of patients to the city, as has been proposed, I would strongly suggest that where a country doctor is prepared to organise a diagnostic survey of the type described, patients should be enabled to obtain examination in their own home town at minimum expense.

*(*A paper presented at the Second Conference of Country Chairmen, 26th March, 1962.)*

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