

# Victorian Cancer News

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

NUMBER 4, MAY, 1960

## COUNTRY CHAIRMEN'S CONFERENCE ISSUE

### II. PUBLIC EDUCATION ON CANCER

#### PROBLEMS OF PUBLIC EDUCATION

The Chairman of the Anti-Cancer Council's Public Education Committee, Mr. W. A. Dick, opened the afternoon session of conference with a review of the problems involved in the education of the public on cancer.

He stressed that cancer was a social as well as a medical problem in that the prospect for cure in a particular case of cancer depended largely on the person concerned seeking early medical attention. Delay in seeking treatment could usually be attributed to either fear or to ignorance, and public education was designed to overcome these two obstacles.

#### OBJECTIVES

In the first place, the Council wished to publicise as widely as possible the early warning signs of cancer. Since cancer is often silent in its early stages, producing only very minor symptoms, a patient could dismiss these as harmless unless made aware of their possible significance, and the importance of consulting a doctor about them without delay.

Secondly, the programme was designed to create a more balanced attitude in the community towards cancer — to teach people to be alert, but not alarmed.

The reward of alertness was that early diagnosis and treatment enhanced the prospects of cure in every case.

#### ORGANISATION

Mr. Dick then described the organisation of the Council's educational programme. This was directed by a Public Education Committee, comprising doctors, surgeons and business men, which formulated policy and supervised the various types of material used. Mr. A. J. Brown, the Public Education Officer, was responsible for carrying out the programme.

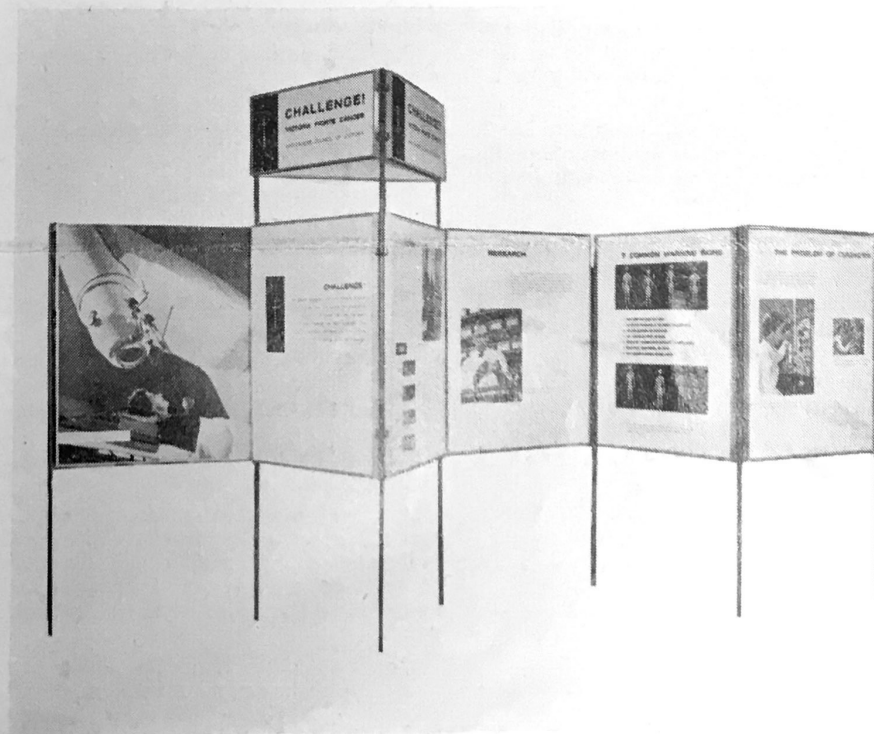
In country areas it was preferable that the scope and extent of the programme should be decided by people with local knowledge. Each of the 11 Regional areas had its own particular problems and the Regional Committee was the logical body to plan a programme for its Region and to co-ordinate the work of the various sub-committees.

The sub-committee's function was to carry out the plan — to arrange meetings, distribute leaflets and so on. All the necessary material would be supplied from the Anti-Cancer Council through the Regional Committee. But it was essential to work out a plan for the Region and to work within it.

#### CANCERPHOBIA

Mr. Dick concluded with a reference to cancerphobia. He had been asked whether this had been found to be a grave problem, but said that there was no evidence to suggest that cancer education as carried out by the Council had created a fear of cancer.

Mr. Dick pointed out that of the ten people who died from cancer in Victoria every day it was estimated that at least two might have been saved by early treatment. Public education was surely worthwhile if it contributed to the saving of these lives in the future.



"VICTORIA FIGHTS CANCER"

*This portable display is now available for exhibition in country centres.*

# CANCER EDUCATION PLANS FOR 1960

The Council's Public Education Officer, Mr. A. J. Brown, outlined the Education Committee's plans for expanding the education programme in country areas. The main proposal put forward by the Committee was that each of the 11 Regional Committees should undertake an annual Cancer Education Week within its Region.

In view of its limited staff and material resources, the Committee considered that a State-wide Education Week was not feasible, and accordingly a "staggered" system was recommended.

This meant that each Regional Committee would be able to select the Week it felt to be most suitable for local conditions, and would allow the Education Committee to develop a co-ordinated programme covering the whole State.

To assist Regional Committees in planning an Education Week programme a summary of possible activities had been prepared under the title, "Ideas for a Programme." This summary had been circulated to all delegates.

The list of ideas was not exhaustive (Mr. Brown stressed), nor was it suggested that it should be adopted as a whole. His Committee hoped that each Regional Committee would select only those activities which it felt could be undertaken successfully at one time.

## IDEAS FOR A PROGRAMME

### A. GROUP MEETINGS, PUBLIC MEETINGS AND FILMS

1. Form a small panel of medical speakers to give talks during "Cancer Week."

2. Approach organised groups in each area to devote their meetings during the week to the subject of cancer, with a speaker and films, if possible.

3. Encourage women's groups to hold a joint meeting at which the film, "Breast Self-examination," may be shown (with a doctor in attendance).

4. Sponsor (perhaps in association with one of the local service clubs — Rotary, Apex or Lions) — a general public meeting, featuring one or more speakers, a balanced film programme and an adequate question period.

5. Arrange if possible for a local picture theatre to include a 35 mm. education film in its usual programme, e.g., "Man Alive," "The Other City," "Lease of Life."

6. Distribute literature at all meetings.

**N.B.**—Wherever possible Head Office will assist with the provision of speakers and films. The State Film Centre has offered to provide a 16 mm. projector and an operator for public film shows, when practicable. Funds are available to hire commercial operators and equipment if necessary. The District Health Officer in each region is prepared to make a contribution to this aspect of the programme.

### B. GENERAL DISTRIBUTION OF LITERATURE, POSTERS

1. Distribute literature throughout the region by most advantageous methods, e.g., house to house delivery by Boy Scouts, newspaper boys, enclosure with chemists' or other business accounts or in pay envelopes, etc. There will be numerous other ways of doing this.

2. Display educational posters wherever the public gathers, e.g., in stores, businesses, factories, public transport, municipal offices, shop windows, etc.

**N.B.**—Bulk supplies of leaflets and posters are available from Head Office. Regional Committees should estimate their probable requirements for the whole region when placing orders.

### C. EXHIBITS AND DISPLAYS

1. Arrange for the public display of an Anti-Cancer Council exhibit at a central point, e.g., at a town hall, public library, leading store, etc.

2. Provide window displays of posters and photographs at other centres in the region.

3. If "Cancer Week" coincides with a local show or exhibition, arrange to display anti-cancer material (e.g., posters, photographs, literature), perhaps in association with Red Cross, C.W.A. or similar organisation.

**N.B.**—Photographs of anti-cancer work in Victoria have been taken and a travelling display is now available. Photographic panels and posters will also be available from Head Office.

### D. INDUSTRIAL PROGRAMME

1. Promote the idea of cancer education in industrial and business organisations.

2. Distribute leaflets in pay envelopes, through Personnel Offices, or any other effective channel.

3. Place posters on bulletin boards or elsewhere.

4. Arrange, if possible, to screen a film or films for employees of the larger organisations.

### E. PUBLICITY MEDIA

1. Arrange with the local press and/or radio station to feature news of "Cancer Week" activities.

2. Provide a feature article (for local newspapers) on the subject of cancer or about the work of the Anti-Cancer Council.

3. Inquire whether free advertising space may be obtained (either from the publishers or advertisers) for short educational advertisements.

4. Arrange for the presentation of a special cancer programme on the local radio station, e.g., a short talk or series of talks by a doctor or a question and answer programme with a medical panel.

**N.B.**—If required, Head Office will provide the necessary source material, articles, etc. Radio talks by medical authorities in Melbourne have been recorded for use by country stations if local practitioners are not available.

After briefly discussing the activities mentioned, Mr. Brown stated that he was at the disposal of each of the country committees, and would be pleased to attend any meetings held to discuss education plans. He would also gladly arrange for committee members to preview a selection of the available films.

### PLANNING AN EDUCATION WEEK

He then discussed some of the problems to be considered when planning activities for a Cancer Education Week. The first was the actual selection of projects for the Week, which would largely depend upon local conditions and existing facilities in each area.

The second was to decide upon the area to be covered thoroughly from regional headquarters. In his own view, since each region covered a very wide-spread area, it might be wise to concentrate in the first year on the headquarters city or town, and extend outwards in the following years, covering the districts of the various sub-committees in turn.

However, if a particular sub-committee should wish to undertake a project independently of the Regional Committee, the latter should assist wherever possible. Thus several of the suggested activities, such as the distribution of literature, could be carried out effectively by a sub-committee, the Region's function here being one of co-ordination and supply of material.

In order to simplify liaison between a Regional Committee and its sub-committees, the former might consider calling an annual conference of sub-committee representatives to discuss plans for the following year.

### COMMUNITY SUPPORT

Some committees might also wish to enlist the support of other community organisations in their education work. The service clubs (Rotary, Apex, etc.), Red Cross and the C.W.A. had readily co-operated when called upon in the past. Delegates were in the best position to know and to obtain help from the appropriate organisations in their own localities.

Concluding, Mr. Brown stated that the activities he had mentioned as part of an Education Week programme need not necessarily be confined to that week. Any one of them could be undertaken independently at any time during the year, although the films available from head office might be limited due to commitments elsewhere.

As an example, he mentioned the formation of great speakers' panels at both the Regional and sub-committee levels. If such a panel could be formed, a programme of talks and films to local groups might be arranged. Even if no speakers were available, a film or films from the Council's film library might be shown to such groups. Recorded talks on 33 $\frac{1}{3}$  and 45 r.p.m. discs were also available if required, including a talk on the symptoms and treatment of cancer in women by a Melbourne specialist.

# “THE MEDICAL IMPORTANCE OF PUBLIC EDUCATION”

Mr. Victor Stone, F.R.C.S., Melbourne

Doctors have been reluctant in the past to talk about cancer, and the public have been equally unwilling to listen.

This state of affairs was perhaps understandable and even excusable when one was dealing with a disease about which doctors knew little, and of which the public experience was limited to some personal contact with distressing and advanced cases.

But the position has been radically altered. Large numbers of patients have been cured of cancer by modern methods of treatment. As a result, there is a demand for information and a growing eagerness by the lay press to publish useful educational matter. The fear of the word “cancer” in speech or print is waning. Unfortunately, there is still much prejudice and misconception to be overcome.

It is an accepted medical principle that the sooner any disease is treated the better it will be for the patient, and cancer is certainly no exception to this rule.

Any action that results in dispelling ignorance and overcoming the consequent unwillingness to seek medical attention should certainly, in view of our improved knowledge and techniques, pay good dividends.

## TO SAVE LIVES

If public education results in early treatment, then **lives will be saved**. Often the necessary treatment will then be simpler and easier to perform and the time required for treatment may be shortened appreciably. Even if a cure cannot be obtained, as unfortunately happens in some cases, great palliative relief can still be given and the patient’s survival time increased. There is, therefore, nothing to lose and everything to be gained by prompt attention, and public education, by placing known facts before the people, should help to bring about earlier diagnosis.

Cancer is, of course, not a new disease. You may ask then the reason for the present world-wide concern about it.

The explanation is not hard to find. The incidence rate of many types of cancer increases with age. Combined

with this there is the accepted fact that the age-expectancy and hence the average age of the population is steadily increasing. The diminishing number of deaths from malnutrition, infectious diseases, tuberculosis and other diseases due to modern methods of health control has resulted in a larger number of people living on into the age-group where cancer is more common.

## INCREASING PREVALENCE OF CANCER

A brief look at the facts confirms this point. In 1900 cancer was in eighth position as a cause of death. In 1954 it had moved up to second position both in Australia and most other civilised communities.

So we have the situation arising that although cancer is not a new disease, the **increasing prevalence** of cancer is a new development in modern civilisation and demands our serious attention.

Having accepted then the seriousness of the position, the natural corollary is to enquire if anything can be done about it. Fortunately the answer is definitely in the affirmative.

Public education can and should play a big part in cancer control. Where causative factors are known, education can indicate methods of prevention.

A good example of this is the occupational cancer known as “Chimney-sweeps’ cancer”. As the name implies, it occurs in chimney-sweeps, and it is due to the irritant action of soot in the clothing. It can be prevented by simple hygienic methods.

As causative factors for other cancers become known, education can be directed towards prevention, and it is possible that preventive measures may be the next important advance in cancer control.

As yet, the causative factors for many cancers are still unknown, and for these no prophylactic measures can be advised. We can, however, help the situation greatly by an active endeavour to obtain the benefits that follow early diagnosis and prompt treatment.

## 50% CURES POSSIBLE

It is not, of course, claimed that all deaths from cancer can be prevented, but I make the claim, based on a close association with cancer over many years,

that if all cases were recognised early and treated promptly and efficiently by the best modern methods, nearly half of all patients would be saved from dying of cancer.

Some figures recently published by the Canadian Cancer Society tell the story very clearly:

Five Year Survival Rate	Treated	
	Early	Late
Cancer of Skin	95%	30%
Cancer of Breast	75%	20%
Cancer of Cervix of Womb	75%	10%
Cancer of Mouth (cheek)	80%	20%
Cancer of Lip	94%	10%
Cancer of Rectum	50%	Nil

Although the figures vary in different countries, the same general pattern is found.

It follows, then, that one of the most important problems is how to achieve early diagnosis, and this problem has many facets. Two of these are Cancer Education in the Medical Schools and Medical Post-graduate Cancer Education, but these do not lie within our province and are being effectively covered elsewhere. However, the third facet, Cancer Education for the public, is equally important and is the one that concerns this conference.

We should be quite clear in our objective.

## OBJECTIVES OF PUBLIC EDUCATION

Simply stated, the objective of Cancer Education of the Public is **not** to teach the public how to diagnose cancer, but to provide authentic information concerning the disease; to advise on any known preventive measures; to urge everyone to seek diagnosis and treatment when any warning signs that may indicate cancer make their appearance; and to teach, in simple clear language, what symptoms should be regarded as “Warning signs” that require investigation by the doctor.

The task that confronts us and its medical importance can be summarised very simply.

We must endeavour by public education to replace **ignorance and fear** by **knowledge and optimism**.

By this means earlier diagnosis will be made, earlier treatment can be given and many lives will be saved.

## DISCUSSION

**Mr. Blackburne, Berwick:** I would like to comment on the "Victorian Cancer News," which I think is particularly good. Would it be possible to have a couple of paragraphs in the Newsletter giving questions and answers on such matters as smoking, the use of certain foods, working conditions and other possible causes? I think it would be helpful if answers to these questions were included.

**Mr. Dick:** We are proposing to bring out next year a booklet of questions and answers which I think will answer these questions.

**(No name given):** Could "Victorian Cancer News" include paragraphs that we could use in the local press? This would be helpful and would serve to maintain good public relations.

**Mr. Dick:** From time to time press releases will be sent out to regional and district committees, but we will also include certain information in the "Cancer News" which you can pass on.

**Mr. Oliver, Bendigo:** The suggestion has been made in our committee that something like the "Doctor's Diary" be developed on syndicated lines for newspapers. I believe the local newspapers would be prepared to co-operate and I would like to know whether you would consider some education work along those lines.

**Mr. Dick:** That is a very good idea and I will put the suggestion before the Public Education Committee.

**Mr. Sweeney, Bacchus Marsh:** I would like the view of Mr. Stone on cancer detection centres.

**Mr. Stone:** This is a very difficult question. I will endeavour to answer it but what I have to say must be accepted as my own personal view and not the official view of the Anti-Cancer Council.

We in Victoria are rather fortunate. We have a very high standard of medical education, and my first point is that every general practitioner's office should be a detection centre. I could leave you with that thought, but I do not think that would be quite fair as it doesn't answer the question.

We all know or have read about cancer detection centres in various parts of the world and we find a great difference of opinion.

In America, for example, they are wholeheartedly in favour of them. On the contrary, in England the view is that if people are taught the symptoms then they will report for treatment at an early stage. My own view is that the truth lies somewhere between the two.

Then, too, we have to be practical. It would be economically impossible to set up centres for a complete annual examination for the detection of cancer and run them effectively. We must fall back on the family doctors as our first line of defence against cancer, that is, for the early detection of cancer which is so important.

However, there is a factor that has come under my notice repeatedly, and that is that the majority of cancers lie in accessible regions of the body. Thus cancers of the breast, uterus and skin

account for considerably more than half of all cancers in women. In men, skin cancer, lip, tongue, and rectal bowel cancer cover about half of all cases. Thus by concentrating examination on those particular regions, you cover certainly more than half the total number of cancers. We have the experience of America on the one hand — detection centres operated at enormous cost; and on the other hand, we have the knowledge that six accessible cancers form more than 50% of all cases.

**Senator Sheehan, Castlemaine:** Regarding organisation, are the present regional committees somewhat akin to those set up for the fund-raising campaign?

**Mr. Dick:** The Regional organisation for handling welfare and education does differ from that set up for the cancer campaign. Each regional committee covers the same area as the regional base hospital. As I see it, most regions will recognise that they have a double problem. Firstly, they have a big area close to their base hospital for which they have to institute a programme of their own, and, secondly, they have to plan for the whole region. In the latter case it will be the district sub-committees which actually carry out the programme.

**Senator Sheehan:** I think there should be more direct contact between Melbourne and the district sub-committees. I think it is too great a task for a regional committee located some distance away from other important centres.

**Mr. Dick:** I might mention that the idea of planning ahead is that a sub-committee will agree with its region to undertake certain activities during the year. On a given date it will require films, during Cancer Week it will want brochures, and so on. But it doesn't keep referring to the regional committee all the time. It goes ahead with its own programme, and if problems arise, I would think that the Education Officer would be consulted. If the sub-committee doesn't advise the region of its plans, Mr. Brown would.

**Mr. Hamilton-Smith, Wodonga:** It appears to me that for the thorough working of the whole scheme, a very close liaison must be maintained between the regional committee and the sub-committees.

**Mr. Bell, Maryborough:** It is essential to have a central committee in each region to do the bulk of the planning. I feel that it should meet three or four times a year at least, and include one representative from each of the sub-committees.

**Dr. Keogh:** I think that this question of organisation is one of the most important things that has come up at this conference. I would suggest that each regional chairman should discuss the best organisation for his region with some of the sub-committee chairmen.

**Mr. Dick:** I would like to close the meeting at this point and to thank you all very much for your attendance. It has been tremendously encouraging to all of us connected with the Anti-Cancer Council to see so many delegates here today. It has been a very worthwhile day.

## AROUND THE REGIONS

### BENDIGO "WEEK"

Bendigo became the first Regional Cancer Committee in the State's history to stage a Cancer Education Week. The Committee joined with the Rotary Clubs of Bendigo and Bendigo South in booking the City Hall for Tuesday, Wednesday and Thursday, 8th-10th March. Thrice-daily film sessions were held, at which local doctors and Melbourne speakers commented on the films shown, and answered questions from members of the audience.

An intensive publicity drive was conducted beforehand through the local press and radio stations, which both co-operated fully with the Committee. The result was described by the Bendigo "Advertiser" as a "phenomenal success" and "a tribute to the good sense of citizens."

Packed audiences attended all sessions and the total attendance was estimated at more than 3,600, or 11% of the total population of Bendigo. At two of the women's sessions the doors had to be closed after 750 women had packed the hall, which seated only 600.

Volunteers from Rotary and the women's organisations, particularly Red Cross, were present at all sessions to distribute educational booklets to the audience.

Because of its value to other Regional Committees who may wish to plan similar activities, the complete programme is printed below.

The Bendigo Committee and its chairman, Mr. N. J. Oliver, must be congratulated on their enterprise in pioneering such a "Week" in Victoria. Thanks are also due to the Bendigo medical profession, and to Rotary, Red Cross, the Business and Professional Women's Club and other community organisations whose joint efforts ensured its success.

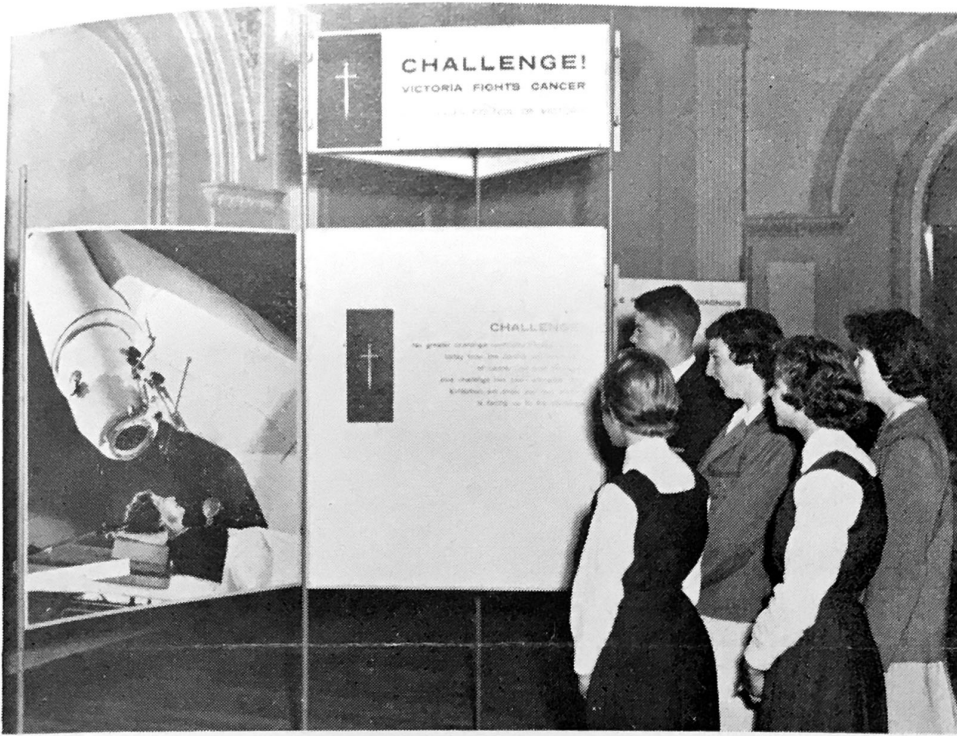
In addition to the programme in the City Hall, "Cancer Facts" folders were delivered to householders by the Boy Scouts.

### WANGARATTA "WEEK"

Wangaratta is following Bendigo's example, and public films sessions are to be held in a central hall on 31st May, 1st and 2nd June. Local doctors have agreed to take part.

A pre-view of the available films was held at the Base Hospital for the information of the Committee and of the participating doctors. Representatives of secondary schools' staff were also present, to approve films proposed for screening at special School sessions. The films concerned — "From One Cell," "Horizons of Hope," and "Ease of Life" — were endorsed by every doctor and teacher present.

The Committee is also organising a door-to-door delivery of educational folders. The Boy Scouts have been asked to undertake the distribution in return for a modest donation to the Troop funds.



Secondary school children look with interest at the display in the Bendigo City Hall during Education Week. Photo by courtesy (Bendigo Advertiser)

**BENDIGO CANCER EDUCATION WEEK**  
**(TUESDAY, 8th MARCH, TO THURSDAY, 10th MARCH)**  
**CITY HALL, BENDIGO**  
**PROGRAMME:**

**TUESDAY, 8th MARCH, 1960:**  
 a.m.- 9.45-10.45 .....

**CHILDREN'S SESSION.**  
 Medical Speaker.  
 Films: "From one Cell," "Man Alive," "Horizons of Hope."

p.m.- 2.30- 4.15 .....

**GENERAL SESSION — Official Opening by Mayor.**  
 Dr. E. V. Keogh, Speaker.  
 Films: "Other City," "Horizons of Hope," "Lease of Life."

p.m.- 7.30- 9.00 .....

**GENERAL SESSION.**  
 Medical Speaker.  
 Films: "Doctor Speaks His Mind," "Man Alive," "Warning Shadow."

**WEDNESDAY, 9th MARCH, 1960:**  
 a.m.-10.30-11.30 .....

**WOMEN'S SESSION.**  
 Dr. D. Sutherland, Speaker.  
 Films: "Other City," "Breast Self-examination."

p.m.-12.30- 1.30 .....

**BUSINESS AND PROFESSIONAL WOMEN'S SESSION.**  
 Dr. D. Sutherland, Speaker.  
 Films: "Other City," "Breast Self-examination."

p.m.- 7.30- 9.00 .....

**GENERAL SESSION.**  
 Dr. W. J. Stevenson, Speaker.  
 Films: "Horizons of Hope," "Man Alive," "Warning Shadow."

**THURSDAY, 10th MARCH, 1960:**  
 a.m.- 9.45-10.45 .....

**CHILDREN'S SESSION — Films.**  
 Medical Speaker.  
 Films: "From One Cell," "Man Alive," "Horizons of Hope."

p.m.- 2.30- 4.15 .....

**WOMEN'S SESSION.**  
 Medical Speaker.  
 Films: "Quiet Crisis," "Breast Self-examination," "Skin Deep."

p.m.- 7.30- 9.00 .....

**GENERAL SESSION.**  
 Medical Speaker.  
 Films: "Doctor Speaks His Mind," "Other City," "Cancer in the Carton."

Other Committees now actively planning "Education Weeks" include GEE-LONG, HAMILTON, HORSHAM, MIL-DURA and SALE, while BALLARAT, SHEPPARTON, WARRAGUL and WARRNAMBOOL are proposing to hold "Weeks" later in the year.

**REGIONAL CONFERENCES AT SALE AND WARRAGUL**

The Sale and Warragul Committees have both organised Regional Conferences, attended by delegates from the sub-committees within the respective Regions. Both conferences were held to brief delegates on the decisions of the Chairmen's Conference, to establish liaison between the Regional Committee and the sub-committees, and to discuss plans for future activities.

The Council's Almoner and Public Education Officer were present at each conference and reported on the welfare and education programmes.

**LECTURE PROGRAMME EXTENDED**

The programme of lectures to organised groups such as Church Guilds, C.W.A., Red Cross, etc., previously restricted to the metropolitan area, has now been extended to cover the whole State.

The State Health Department is co-operating closely with the Council, and its District Health Officers have been authorised to give educational talks in their districts when their official duties allow this. Medical members of some country committees, for example HORSHAM, have also volunteered their services.

In April and May alone more than 20 talks have been given in country centres, ranging from Bendoc in East Gippsland, to Bright and Mt. Beauty in the North-East, and to Natimuk and Nhill in the Wimmera. A single talk at Stawell attracted 240 women.

Several sub-committees have arranged picture-nights at which cancer films, borrowed either from the State Film Centre or the Council's head office, have been screened to local residents.

**MATERIAL NOW AVAILABLE**

The Council continues to expand its range of educational materials.

**FILMS:** The film library has been enlarged, and now includes more than 30 titles, held jointly by the Council and the State Film Centre. Descriptions of these additional films will be included in our next issue.

**LITERATURE:** A 32-page booklet, "What you should know about Cancer," was issued in December, 1959. It is distributed at all meetings arranged by the Council. A specialised booklet on "Cancer of the Breast" has been prepared by medical members of the Public Education Committee and should be available by August. A companion booklet on "Cancer of the Womb" is now in course of preparation.

**POSTERS:** An imaginative set of seven posters, one for each of the "Warning Signs" has been commissioned from a leading agency, and it is hoped to have these available for distribution within three months.

**RECORDS:** A number of talks suitable for radio broadcasts have been recorded and are available in a set of four double-sided 45 r.p.m. discs. They include a talk on the symptoms and treatment of cancer in women by a Melbourne specialist (15 mins.); an interview with one of the Council's research workers (5 mins.); a talk by a cancer patient (5 mins.); and three general talks (each of 5 mins.). Each Regional Committee will be provided with one set for use within its Region.

**PORTABLE DISPLAY:** The travelling display pictured in this issue can be borrowed for exhibition by a country committee in conjunction with its cancer education work.

### FUTURE PLANNING

Our experience to date with Education Weeks in the Regions suggests that it is not practicable for a Regional Committee to attempt to cover the whole regional area at one time.

The alternative method of staging the "Week" in a different city or populous town in the region each year has been preferred by most Committees. Thus in the first year the "Week" is centred on the regional headquarters city, in the second year on one or two of the sub-committee centres, and so on. This method enables a concentrated attack with all available resources to be made on the selected area each year.

### MELBOURNE EXHIBITION

In association with the Victorian Cancer Congress (22nd-25th August), the Public Education Committee is staging a Public Exhibition in the Melbourne Town Hall from 15th-18th August.

The Minister of Health, the Hon. E. P. Cameron, has accepted an invitation to open the Exhibition, which will have as its theme, "Victoria's Fight Against Cancer."

Staffed exhibits are being prepared by the Cancer Institute Board, the Austin Hospital and the Department of Surgery at the Alfred Hospital. Working models of radiotherapy machines, including the linear accelerator, will also be on display.

Photographs depicting research projects and various aspects of cancer diagnosis and treatment will be included, together with a selection of anti-cancer posters from many overseas countries.

Nurses from several of the public hospitals will be on duty at the Exhibition to staff the literature and information counter.

Concurrently, special programmes of cancer films will be screened at the Assembly Hall and Nicholas Hall. These screenings will include two special sessions for women only at the Assembly Hall, with women doctors in attendance.

Members of country committees who may be in Melbourne at this time are cordially invited to attend the Exhibition.

## CHAIRMEN OF COUNTRY CANCER COMMITTEES

### MALLEE REGION —

#### MILDURA:

Regional Chairman: Mr. H. C. McKenzie, Lochside Avenue, Mildura.  
(Secretary: Mr. P. Saunders, Box 105, Mildura.)

#### Ouyen:

Cr. J. W. Jardine, Shire President, Walpeup, Shire Office, Ouyen.

#### Murrayville:

Mr. John Richter, Chemist, Murrayville.

### GLENELG REGION —

#### HAMILTON:

Regional Chairman: Mr. M. M. Walter, Bochara Park, P. Bag 66, Hamilton.  
(Secretary: Mr. E. J. Forrest, Gray Street, Hamilton.)

#### Portland:

Cr. M. E. Hedditch, Town Hall, Portland.

#### Penshurst:

Cr. Peter J. Fry, Box 29, Penshurst.

#### Heywood:

Cr. A. C. Dufty, Private Bag 35, Branxholme.

#### Casterton:

Mr. J. M. Hughes, Henty Street, Casterton.

#### Edenhope:

Cr. J. B. Forster, Shire Office, Edenhope.

#### Coleraine:

Cr. W. J. Templeton, "Cragnor," Coleraine.

### CORANGAMITE REGION —

#### WARRNAMBOOL:

Regional Chairman: Mr. H. W. Shilton, 119 Liebig Street, Warrnambool.

(Secretary: Mr. W. G. Sinclair, Nat. Mutual Bldg., Liebig Street, Warrnambool.)

#### Port Fairy:

Cr. J. S. Brophy, J.P., P.O. Box 17, Port Fairy.

#### Camperdown:

Cr. F. A. Robertson, Council Chambers, Camperdown.

#### Mortlake:

Cr. R. Jamieson, Shire Hall, Mortlake.

#### Koroit:

Mr. R. B. Billings, Koroit.

### LODDON REGION —

#### BENDIGO:

Regional Chairman: Mr. N. J. Oliver, Hargreaves Street, Bendigo.

(Secretary: Mr. R. L. Chisholm, Commercial Bank of Aust. Ltd., Box 58, Bendigo.)

#### Echuca:

Mr. G. Stewart, Box 17, Echuca.

#### Swan Hill:

Mr. G. E. Kurrle, Wilson Street, Swan Hill.

#### Kyneton:

Cr. M. Tressider, Shire Hall, Mollison Street, Kyneton.

#### Castlemaine:

Senator J. M. Sheehan, Town Hall, Castlemaine.

#### Maldon:

Cr. A. E. Wood, Harcourt.

#### Marong:

Cr. J. H. Collins, 17 Brazier Street, Eaglehawk.

#### Huntly:

Cr. L. E. Oberin, Goornong.

#### Eaglehawk:

Cr. G. A. Johnston, Town Hall, Eaglehawk.

#### Heathcote:

Mr. E. A. Kemp, "Homeleigh," Heathcote.

#### Cohuna:

Mr. T. E. Bond, King Edward Street, Cohuna.

#### Rochester:

Mr. H. F. Dick, Bridge Road, Rochester.

#### Serpentine:

Cr. C. L. J. Murphy, Shire Pres. of E. Loddon, Shire Office, Serpentine.

#### Charlton:

Cr. W. Wood, Shire Hall, Charlton.

#### Kerang:

Cr. A. W. Findlay, Shire Office, Kerang.

#### Romsey:

Cr. L. J. Cook, Rochford Hall, Romsey.

#### Wycheproof:

Cr. W. H. T. Bath, Culgoa.

#### Birchip:

Cr. J. A. Kelly, Watchupga.

#### Woodend:

Miss R. McKenzie, Shire Office, Woodend.

#### Pyramid Hill:

Cr. C. T. M. Young, Pyramid Hill.

#### Inglewood:

Cr. S. R. Catto, "Tyrie," Private Bag, Inglewood.

#### Gisborne:

Cr. U. L. Daly, Shire Office, Gisborne.

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(Secretary: Mr. J. F. N. Williams, 46 Humffray Street North, Ballarat.)

#### Ararat:

Mr. M. A. Cavanaugh, Box 36, Ararat.

#### Beaufort:

Mr. W. H. Fleay, Neill Street, Beaufort.

#### Creswick:

Mr. R. D. Peters, Albert Street, Creswick.

#### Buninyong:

Cr. John Chatham, Mount Clear, via Ballarat.

#### Ballan:

Cr. S. F. Conroy, Shire Office, Ballan.

#### Donald:

Cr. A. W. G. Pearse, Shire Office, Donald.

#### St. Arnaud:

Cr. G. A. Husk, J.P., Town Hall, St. Arnaud.

#### Avoca:

Mr. J. A. Farise, Warrenmang, via Avoca.

#### Maryborough:

Cr. G. E. Bell, Park Road, Maryborough.

#### Daylesford:

Mr. W. Ogden, Trewella Avenue, Daylesford.

#### Rokewood:

Cr. M. O. Gallagher, Rokewood.

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(Secretary: Mr. R. McMillan, Box 84, Geelong.)

**Colac:**

Mr. R. D. Bilson, Queen Avenue, Colac.

**Winchelsea:**

Cr. C. F. Worland, J.P., Shire Hall, Winchelsea.

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Mr. J. Simmons, Beech Forest.

**WEST AND SOUTH GIPPSLAND REGION —****WARRAGUL:**

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(Secretary: Mr. R. Charlton, Manager, A. & N.Z. Bank, Warragul.)

**Yallourn:**

Cr. T. B. Jensen, Ass. Gen. Superintendent, S.E.C., Yallourn.

**Moe:**

Cr. A. McHardy, J.P., High Street, Moe.

**Berwick:**

Mr. Gordon Blackburne, Berwick.

**Leongatha:**

Cr. A. C. Ashenden, J.P., "Ashdale," Stoney Creek.

**Mirboo North:**

Cr. C. Stoney, Shire Hall, Mirboo North.

**Korumburra:**

Cr. A. Bryson, Poowong.

**Drouin:**

Mr. R. A. Barnes, Young Street, Drouin.

**Trafalgar:**

Mr. H. Bayley, Princes Highway, Yarragon.

**Wonthaggi:**

Cr. C. Berry, Government Road, Wonthaggi.

**Dalyston:**

Cr. F. H. Durling, Shire President, Dalyston.

**EAST GIPPSLAND REGION —****SALE:**

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(Secretary: Mr. N. W. Thomas, C/o A. & N.Z. Bank Ltd., Sale.)

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**Maffra:**

Mr. D. R. Manson, 27 McClean Street, Maffra.

**Bairnsdale:**

Mr. A. B. Macarthur, "Delvine Park," Bairnsdale.

**Lindenow:**

Mr. B. Evans, Walpa.

**Stratford:**

Cr. W. F. Mynard, J.P., Private Bag 5, Sale.

**Lakes Entrance:**

Cr. J. Palmer, Shire President, Lakes Entrance.

**Yarram:**

Cr. H. G. Price, Shire Office, Yarram.

**Foster:**

Cr. A. E. Linton, Coopers Road, Foster.

**Traralgon:**

Cr. R. C. Esler, Peterkin Street, Traralgon.

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Cr. A. M. Pearson, Omeo.

**Bruthen:**

Cr. R. E. Rawling, Bruthen.

**Orbost:**

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Cr. L. R. Rodda, 246 Scott Street, Warracknabeal.

**Nhill:**

Cr. M. J. Meek, 9 Rockley Street, Nhill.

**Rupanyup:**

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**Dimboola:**

Cr. E. W. Heinrich, Box 25, Rainbow.

**Stawell:**

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**Kaniva:**

Cr. O. Webb, Kaniva.

**Natimuk:**

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**Hopetoun:**

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**Corryong:**

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**Mansfield:**

Mr. K. S. Andrews, Mansfield.

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**Yackandandah:**

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**Chiltern:**

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**Beechworth:**

Mr. R. Logan, Ford Street, Beechworth.

**Wodonga:**

Mr. J. Hamilton-Smith, 33 Church Street, Wodonga.

**Myrtleford:**

Cr. A. C. McLaughlin, Box 62, Myrtleford.

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Mr. R. H. Robinson, Numurkah.

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Cr. R. J. Eastman, Shire President, Shire Hall, Nathalia.

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Mr. D. E. Wood, Shire Office, Tongala.

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**Nagambie:**

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**Melton South:**

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## FEATURE ARTICLE

### THE NURSE AND CANCER

#### Her Role and Education at the Peter MacCallum Clinic

by

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(Aust.), H.V., F.C.N.A., Tutor Sister,  
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At the Peter MacCallum Clinic, Melbourne's central institute for the treatment by radiotherapy of cancer and allied conditions, the trained nurse may be found in most departments. She may work in the Out-patients clinics, in the wards, in the Radiotherapy or diagnostic X-ray departments, or she may be attached to the Physics or Dietetic departments. She may be one of the Clinic's visiting nurses, who daily visit cancer patients in their homes.

Because of the emotional conditions frequently associated with cancer, the professional cancer nurse must be a mature woman, able to recognise and understand the effects of this type of illness, not only on patients and their families but also on hospital staff. She must try to meet their individual emotional needs, and help to create in hospital or home the type of environment best suited to the efficient care of the patient with cancer.

Apart from providing the basic bedside care essential for the mental, physical and spiritual well-being of all sick people, she must be able to provide specialised nursing care for patients suffering from what might be, to a general trained nurse, one of the many bewildering varieties of cancer.

She must, too, be a skilled technician, able to prepare and participate in the use of many new procedures foreign to the non-specialist graduate nurse. She must appreciate the effects of these specialised treatments on her patients, together with the radiation hazards associated with the use of radio-active substances in certain of these procedures, and must understand how, why and when protective measures should be taken.

Armed with her specialised knowledge she must, if she is to fulfil her function, be able to observe with understanding and record with intelligence the signs of mental or physical change in each individual patient, deal with them in emergency, and if necessary know when to summon outside help from radio-therapist, dietitian, almoner, or minister of religion. She must give moral support to patients who often fear not only their illness but the treatment involved, and give specialised advice and encouragement to patients so that they may help care for themselves whenever possible.

The nurse who is a member of the well-established visiting Nursing Service will have the privilege of entering the patient's home. In this environment, her obligations to the cancer patient and his family include helping them to adjust to cancer as an illness, obtaining any special equipment necessary for the patient's comfort, and giving meticulous nursing care based on sound knowledge of the disease.

She will, of course, work closely with the general practitioner, interpreting the doctor's orders, and explaining, demonstrating and teaching such procedures as the patient and family can carry out for themselves. Finally, she must know of, and call upon if necessary, outside social and medical resources to alleviate economic or physical distress on the part of patient or family.

A wide knowledge of the social aspects of illness and of the various social welfare agencies is essential if she is to carry out these duties efficiently.

If she is attached to the Physics Department, the nurse should be able to help in the preparation of the special equipment associated with the use of radio-active isotopes in treatment. She will be expected to give advice regarding nursing points involved in physics procedure, and to help in solving nursing problems associated with the use of radio-active substances.

Thus it will be seen that a number of essential areas of study, involving knowledge and skills beyond those covered in basic nursing training, are required for the nurse who chooses to work in the field of cancer and radio-therapy.

To enable the nurse to function as an efficient professional member of the team caring for and treating cancer patients at the Peter MacCallum Clinic, a specialised post-graduate course in radio-therapeutic nursing is conducted every year at the Clinic. The course, recognised for registration by the statutory authority, is the only one of its kind in Australia.

The subjects covered in the teaching are: The nature of cancer (including pathology, terminology, haematology, applied anatomy and physiology, and prognosis); the specialised nursing skills associated with radiation treatment, elementary physics and protection from radiation hazards; emotional and physical reactions to the disease and to its specialised treatment by radiation, hormones or chemicals; home-nursing and social implications of illness; and materia medica.

These specialised subjects cannot be covered adequately in the basic general training curriculum of nurses, which is already recognised to be overloaded in some respects. Nor can adequate detailed experience be gained in most general hospitals.

Added to this, as more funds become available for research and for the expansion of medical and nursing services for cancer patients, additional preparation is needed for nurses working in this increasingly complex field.

Women choose to nurse in order to help prevent illness and to care for the sick and incapacitated. They should gain a deep and lasting satisfaction from the exercise of their profession — a satisfaction felt to the full by those who nurse the patient with cancer.



*Nurses receive instruction in the problems of nursing cancer patients at the Peter MacCallum Clinic.*