

Anti-Cancer Council of Victoria



April 9 1986

40-042/6

Mr. G. S. Bolitho
Manager and Secretary
The Cancer Institute
481 Little Lonsdale Street
Melbourne 3000

PETER
MAC
ARCHIVE

Dear George,

You wrote a note, signed by Fedora on your behalf, suggesting that we should pick up our discussions about the possible establishment of a coordinating committee.

I spoke to Tom Hurley about this (as Chairman) and we both thought it might be a good idea to wait and see what the government's response to the Lovell Committee report is.

I don't have strong feelings on the matter but I imagine that they will respond relatively soon and it would be helpful to know what their attitudes are to the suggestions about inter-hospital liaison.

Please give me a ring if you disagree - otherwise we could be in contact as soon as possible after we hear the government's response.

Yours sincerely

Nigel Gray
Director

cc: TH, AJH

Little Lonsdale Street,
Melbourne, Victoria 3000, Australia

Telephone: 602 1333
Telex: CANI AA 34567

In reply please quote
.....

4th March, 1986.

Dr. Nigel Gray,
Director,
Anti-Cancer Council of Victoria,
1 Rathdowne Street,
CARLTON SOUTH VIC., 3053.

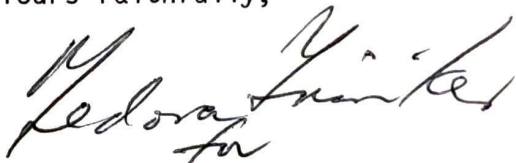
Dear Nigel,

Further to Mr. Guest's letter of 22nd April, 1985, responding to yours of 28th March, 1985, following up our discussions for the establishment of a co-ordinating committee, I would like to suggest a meeting of the group in April.

Now that the responses to the Lovell Committee Report have gone in to Dr. Pat Wilkinson, we thought that it would be opportune for us to pick-up on the idea for a first meeting at which our nominees would be the Chairman (Mr. J. S. Guest), Deputy Chairman (Mr. J. A. Hepworth) and myself. We would be pleased if you and your colleagues would care to join us at the Institute for a luncheon and suggest the mid to late April as a suitable time (I am on leave now till 4th April).

Would you give some thought to a suitable date and let my Secretary (Mrs. S. McInnes) know so that she can confirm a mutual time and date.

Yours faithfully,



G. S. Bolitho,
Manager and Secretary.

The Cancer Institute
PETER MacCALLUM HOSPITAL

Patrons: His Excellency Rear-Admiral Sir Brian Murray, K.C.M.G., A.O., K.St.J.,
Governor of Victoria, and Lady Murray, C.St.J.

481 Little Lonsdale Street,
Melbourne, Victoria 3000, Australia

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In reply please quote
.....

April 22, 1985

Dr. Nigel Gray,
Director,
Anti-Cancer Council of Victoria,
1 Rathdowne Street,
CARLTON SOUTH, 3053

Dear Nigel,

Thank you for your letter of March 28, 1985, about the establishment of a co-ordinating committee. I agree that we should discuss the issue of how the committee would work and for that purpose would nominate myself as Chairman, our Deputy Chairman (John Hepworth) and Chief Executive Officer (George Bolitho).

Possibly our first meeting for this purpose could be held, say a week, after the Lovell Committee Report is issued and I would leave the actual arrangements to yourself and George Bolitho to arrange.

Yours sincerely,



James Guest,
Chairman,
Cancer Institute Board

*Adm - his
not necessary
John*

10 MAY 1985

Anti-Cancer Council of Victoria



March 28, 1985

40-X-99/8

Mr. James S. Guest, AM, OBE, VRD
Chairman
The Cancer Institute
481 Little Lonsdale Street
Melbourne 3000

Dear Jim,

I write to follow up discussions we had last year with relation to the establishment of a coordinating committee to discuss matters of common interest between the Cancer Institute Board and the Anti-Cancer Council of Victoria.

We have discussed this formally with our Executive Committee and there is general agreement that we should try to achieve the best possible coordination and that a worthwhile way to attempt this would be to establish such a committee and see how it worked. The Committee discussion really reaffirmed our existing view, which I think you understand, of our broad responsibilities under the Act and of the activities we have evolved over the past 5 years. You may recall that Allan Dick described us as "a confederation of cancer interests" during our last meeting and the Committee agreed that this was a good description of our present situation and noted the amount of coordinating activity we have undertaken through the VCOG, the Patient Welfare Program, the Research Program and the Public Education Program.

All of which is good reason to make sure that our coordination with yourselves is effective. Obviously the formation of the proposed committee could in no way exclude other organisations with interest in cancer (universities, specialist research institutes and general hospitals) from having their say in cancer policy.

Would you like to think about how you would like the committee to work? Our nominees would be our President, Chairman of our Executive Committee and myself. We would like to discuss the issue again whenever you're ready.

Best wishes.

Yours sincerely

Nigel Gray
Director

cc: A.Dick, T.Hurley

ANTI-CANCER COUNCIL OF VICTORIA

Memo

To: Nigel Gray

From: David Hill

Date: March 15, 1985

Last week Sue Noy organized a luncheon with four members of the Cancer Institute's patient education committee, Mrs. Merle Howard, Mr. Tony Cole, Mr. Arthur Wills and Ms. Jan Dunbar.

The objective was information exchange and coordination.

Mrs. Howard said she is currently doing a survey of the patient education that occurs at Peter MacCallum, but it is not yet complete.

I was surprised to learn, though, that the Cancer Institute has not decided whether or not to use Anti-Cancer Council public education materials because, to quote Mrs. Howard, they promote the Anti-Cancer Council and solicit donations (they don't).



25-MS-164

DH:kt

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ember 25, 1983

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MEMORANDUM TO: Nigel Gray

FROM: Adrienne Holzer

Re: The New Board of the Cancer Institute

I had a chat with Mavis Jackson yesterday and she has told me the names of the new Cancer Institute Board. They are as follows:

Jim Guest, likely President,

Bob Nunne, an ex football umpire who supposedly has the ear of Tom Roper.

John Hepworth, who possibly will take over the committee on financial management of the Institute,

J.M. Pfeiffer, a solicitor,

Barbara Faulkes,

David Pennington,

Lindsay Fox,

Mark Beeson,

Nell Cooper, who is an ex-treasurer of the Lyceum Club and, according to Mavis, pretty dull,

Bill Hare,

somebody by the name of Kellock, who is in telegraph and communications,

and Mrs. V. Smorgan.

A handwritten signature or set of initials, possibly 'A.H.', written in dark ink. It consists of a large, stylized letter 'A' with a loop, followed by a smaller 'H' and a horizontal line underneath.

W.A. Dick
President: Mr. W. A. Dick, B.Com., F.C.A.
Vice President: Mr. J. E. W. ...
Chairman:
Executive Committee: Dr. T. H. Hurley, OBE, M.D., FRACR
Finance Committee: Mr. D. B. Hurley, B.A.
Medical & Scientific Committee: Professor B. W. Holloway, D.S., F.R.C.S.
Appeals Committee: Mr. J. T. Ralph, F.A.S.A.
Public Education Committee: Mr. W. A. Dick, B.Com., F.C.A.
Patients' Welfare Committee: Sir Edward Dunlop, CMG, OBE, MS, FRCS, FRACS, FACS, D.S., F.R.C.S. (Hon.)

Anti-Cancer Council of Victoria



KEOUGH HOUSE
90 JOLIMONT STREET
EAST MELBOURNE
AUSTRALIA, 3002
TELEPHONE: 654 2411
Cables: ACCOVIC MELBOURNE
Telex: VCCG AA 34158
Director: Dr. Nigel Gray A.M.
MB, BS, FRACP, FRACMA.

27th October, 1983

Mr. G. S. Bolitho
Manager & Secretary
The Cancer Institute
481 Little Lonsdale Street
MELBOURNE 3000

Dear George,

RE: CONJOINT COMMITTEE MEETING

I am writing to confirm a lunchtime meeting of the Conjoint Committee on THURSDAY, 17th NOVEMBER, 1983 at 12.30 p.m.

The Council will be represented by Mr. W. A. Dick, Dr. T. H. Hurley, Dr. Gray and myself. Unfortunately Professor Holloway will be in Canberra and apologies for his absence.

We would be interested in a general discussion on palliative care.

Looking forward to seeing you all,

Best wishes,

Yours sincerely,

c.c. Mr. W. A. Dick
Dr. T. H. Hurley
Dr. Nigel Gray ✓

Adrienne J. Holzer (Miss)
Secretary to the Council:

December 2, 1982

31-63

Memorandum to: Adrienne Holzer

From: Nigel Gray

re: Conjoint Committee Meeting 7/12/82

I see that the Cancer Institute are bringing 5 people to the meeting. Should we have someone to replace Bruce?

in

MEMO TO: Mr. W. A. Dick
Professor B. W. Holloway
Dr. T. H. Hurley

Copy: Dr. Nigel Gray ✓

MEMO FROM: Miss Adrienne Holzer, Secretary to the Council

RE: CONJOINT COMMITTEE MEETING

At the last meeting of the Conjoint Committee in June this year the date for the second meeting was set at Tuesday, 7th December. This has now been confirmed by George Bolitho.

The meeting will take place in the Boardroom, 11th Floor, 455 Lonsdale Street, at 12.30 p.m.

It is anticipated that those in attendance from the Institute will be John Daley, Tom Lowe, James Guest, Fedora Trinker and George Bolitho.

The topic chosen by the Institute for discussion is the general subject of statistics and the progress of the Cancer Registry. We have requested that the proposed "Freedom of Information" Act should also be discussed.

Parking is available in the basement of 456 Lonsdale Street - entrance is at rear of building, down Lonsdale Lane.

(Adrienne J. Holzer)

17th November, 1982

Patron-in-Chief: His Excellency Rear-Admiral Sir Brian Murray, KCMG, AG, Governor of Victoria.
President: Sir Edward Dunlop, CMG, OBE, MS, FRCS, FRACS, FACS, D.Sc. (Hon.)
Vice-President: Mr. W. A. Dick, B.Com., FCA.

Chairman:

Executive Committee: Dr. T. H. Hurley, OBE, MD, FRACP.

Finance Committee: Mr. D. H. Harne, B.Com.

Medical & Scientific Committee: Professor R. W. Holloway, D.Sc., F.R.S.

Appeals Committee: Mr. J. T. Ralph, F.A.S.A.

Public Education Committee: Mr. W. A. Dick, B.Com., FCA.

Patients' Welfare Committee: Sir Edward Dunlop, CMG, OBE, MS, FRCS, FRACS, FACS, D.Sc. (Hon.)

Anti-Cancer Council of Victoria



KEOGH HOUSE
90 JOLIMONT STREET
EAST MELBOURNE
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TELEPHONE: 654 2411
Cables: ACCOVIC MELBOURNE

Telex: VCCG AA 34158

Director: Dr. Nigel Gray A.M.
MB, BS, FRACP, FRACMA.

MEMO TO: Mr. W. A. Dick
Dr. Nigel Gray
Dr. T. H. Hurley

MEMO FROM: Miss Adrienne Holzer, Secretary to the Council

SUBJECT: Meeting Date:

This memo is to confirm the date of the next meeting of the Conjoint Committee of Cancer Institute and Anti-Cancer Council of Victoria.

The meeting will be held in the Boardroom at the Anti-Cancer Council on TUESDAY, 1st JUNE, 1982 at 12.30 p.m. Luncheon will be served.

At the request of the Cancer Institute, the topics for discussion will be:

1. Hospice Type Care
2. Officer House

(Adrienne J. Holzer)

17th May, 1982

March 19, 1982

19-A-04/2

Items for discussion with Dr. Trevaks -

1. We are concerned about the idea that a Cancer Research Trust should be set up with income provided by the Peter MacCallum CAT Scanner. We understand this Trust might give money both to the PMH and the ACCV.

We don't really think another Trust disbursing cancer research funds is good for coordination. Nor do we think the PMH CAT Scanner should be owned by anyone but the PMH - the public of Victoria did not give that money to a private cancer research Trust, they gave it to the PMH for a clear purpose.

2. The PMH have had their appeal for a CAT Scanner. They have indicated that they need new high energy radiotherapy equipment in the near future and that, if the government doesn't come to the party, they will need to go to the public again. We would have to oppose this, as a second appeal so soon would be in very direct competition with us.

3. When the PMH was set up we had an agreement, which lasted until a couple of years ago, that they would not compete with us in the charitable sector. Times have changed and we no longer can insist on this agreement being maintained. Nevertheless the government should be aware that we were set up by Act of Parliament to subsidise and coordinate cancer research and other cancer activities in Victoria. If government funded bodies are going to compete with us it's unlikely that we can do our job as well.

→ subsidising

Patron-in-Chief: His Excellency the Governor of Victoria, The Hon. Sir Henry Winneke, KCMG, KCVO, OBE, K.S.I.J., QC.
~~President~~: Sir Edward Dunlop, CMG, OBE, MS, FRCS, FRACS, FACS, D.Sc. Punjab (Hon.)
Vice-President: Mr. W. A. Dick, B.Com., FCA.
Chairmen:
Executive Committee: Dr. T. H. Hurley, OBE, MD, FRACP.
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CANCER INSTITUTE
(CONJOINT COMMITTEE)
CAT SCANNER APPEAL

90 JOLIMONT STREET,
EAST MELBOURNE,
AUSTRALIA, 3002.
TELEPHONE: 654 2411
Cables: ACCOVIC MELBOURNE
Telex: VCCG AA 34158.
Director: Dr. Nigel Gray, A.M.,
MB, BS, FRACP, FRACMA.

Anti-Cancer Council of Victoria



September 3, 1981

12-A-06

Memorandum to: Bruce Holloway
From: Nigel Gray

Following our discussion about the forthcoming appeal for the Cancer Institute's CAT scanner I accepted your suggestion to ring Ken Fraser. The substance of the discussion, which was thoroughly amicable was:

1. Lindsay Fox has successfully mounted a fundraising dinner at 10,000 a head for 50 people. There will be a public appeal launched by the 'Age' and 3AW in support of the CAT scanner
2. Lindsay Fox and Mr. Besen (of Sussan) heard about the CAT scanner on the grapevine and approached the Cancer Institute. They proposed the above dinner and were apparently integral in obtaining the support of the 'Age' at a dinner a couple of weeks ago.
3. If there still remains a shortfall after the appeal Fox/Besen have proposed the establishment of a charitable trust which will bear the shortfall in capital costs staffing costs until the CAT scanner becomes self-supporting. This money will be borrowed from banks with the personal guarantee of Fox/Besen. The trust will employ a radiologist who will receive the money made by the CAT scanner, which will be used to repay interest on capital borrowed.

In the future it is anticipated that there will be a surplus. It was proposed by Fox/Besen that half be ploughed back into the Cancer Institute for research and that half be given to other parts of Victoria for cancer research. A member of Peter McCallum Board (Ken Fraser was not present at that meeting and doesn't know which member) suggested that this half should be given to the ACCV and this was acceptable to Fox/Besen.
4. Ken Fraser assured me there would be no attempt to raise money from the public for cancer research.
5. I took an appropriate opportunity during this conversation to make a crystal clear and fairly tough statement to the effect that the Anti-Cancer Council has kept away from the Government and had encouraged the Government to

put money into cancer research at the Cancer Institute. Our quid pro quo had been the agreement that the Cancer Institute would not go to the public. This agreement has been re-negotiated but Ken Fraser is absolutely clear that they have undertaken **not** to go to the public in the name of cancer research and I noted that John Daley said the same thing at the Con-joint Committee meeting. I made it clear that any appeal for cancer research by the Cancer Institute would naturally force us to consider whether or not we should invite the Government to give any funds it has available for cancer research to the Anti-Cancer Council. I said all this in my nicest fashion and believe that Ken Fraser both understood and appreciated it.

It was a satisfactory discussion. I also undertook to ask Sir Edward to write a letter to the 'Age' and to write one myself in support of the CAT scanner. In addition I said I would investigate the possibility of doing something similar in Cancer News.



NJG

Director of Victoria, The Hon. Sir Henry Winneke, KCMG, KCVO, OBE, K.St.J., QC.
F.R.C.S., FRACS, FACS, D.Sc. Punjabi (Hon.)
FCA.
H. Hurley, OBE, MD, FRACP.
H. Hume, B.Com.
Committee: Professor B. W. Holloway, D.Sc., F.A.A.
Mr. J. T. Ralph, F.A.S.A.
Committee: Mr. W. A. Dick, B.Com., FCA.
Committee: Sir Edward Dunlop, CMG, OBE, M.F. FRCS, FRACS, FACS, D.Sc. Punjabi (Hon.)

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Director: Dr. Nigel Gray, A.M.
MB, BS, FRACP, FRACMA.

Anti-Cancer Council of Victoria



September 7, 1981

4981

Mr. Ken Fraser
Gair & Brahe
23rd floor
Commonwealth Bank Building
367 Collins Street
MELBOURNE 3000

Der Ken,

I managed to catch Weary just before he left the country and have accordingly sent the attached letter to Pam Howard of "The Age" for use in the forthcoming appeal.

Weary and Tom Hurley were very happy to sign it. I am also drafting a short article to go into Victorian Cancer News which will be sent to 190,000 households in Victoria during September. I will send you a copy when it's finished.

I was pleased to have your reassurance that there will be no public appeal for research funds - clarity is always of value.

I hope the appeal's successful and that you get your full target straight away.

Yours sincerely,

Nigel Gray
Director

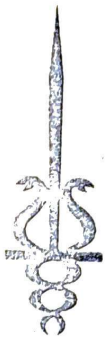
Encl:

...on of Victoria, The Hon. Sir Henry Winneke, KCMG, KCVO, OBE, K.St.J., QC.
...MS, FRCS, FRACS, FACS, D.Sc. Punjabi (Hon.)
...FCA.
...H. Hurley, OBE, MD, FRACP.
...H. Hume, B.Com.
...Committee: Professor B. W. Holloway, D.Sc., F.A.A.
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MB, BS, FRACP, FRACMA.

Anti-Cancer Council of Victoria

September 7, 1981



4981

Ms. Pam Howard
"The Age"
250 Spencer Street
MELBOURNE 3000

Dear Ms. Howard,

I have been talking to Ken Fraser, who is a member of the Executive Committee of the Peter MacCallum Hospital, about their forthcoming appeal. The Anti-Cancer Council is all in favour of this and hopes that it will be successful.

I am enclosing a letter which you may be able to persuade your editor to publish on a suitable date. I hope it's of assistance.

Best wishes.

Yours sincerely,

Nigel Gray
Director

Encl.

cc: Mr. K. Fraser

Governor of Victoria, The Hon. Sir Henry Winneke, KCMG, KCVO, OBE, K.St.J., QC.
MS, FRCS, FRACS, FACS, D.Sc. Punjabi (Hon.)
FCA
T. H. Hurley, OBE, MD, FRACP
D. H. Hume, B.Com.
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Anti-Cancer Council of Victoria

September 10, 1981



90 JOLIMONT STREET,
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Telex: VCCG AA 34158.
Director: Dr. Nigel Gray, A.M.
MB, BS, FRACP, FRACMA.

12-A-06

The Editor
The 'Age'
250 Spencer Street
MELBOURNE 3000

Dear Sir

The 'Age' is supporting an appeal by the Peter MacCallum Hospital for funds to buy a CAT scanner for the better management of cancer patients in that hospital. The Peter MacCallum Hospital has a long and distinguished record in cancer treatment and is suffering from the financial squeeze which is affecting all hospitals' capital expenditure at present.

The Peter MacCallum Hospital was established by the Victorian Government at the request of the Anti-Cancer Council of Victoria, in order to provide better facilities for the treatment of cancer patients. As most members of the public know the Anti-Cancer Council itself is 95% supported from voluntary donation by the public in order to do its work in the fields of cancer research, public education and patient welfare. On this occasion we would invite the public of Victoria to find a little extra and to give a special donation to the Peter MacCallum Hospital's CAT scanner.

Yours sincerely

E. E. Dunlop
President

T. H. Hurley
Chairman,
Executive Committee

Nigel Gray
Director

P.L. M. S. 11.11.81
Cancer Trust

Member of Victoria, The Hon. Sir Henry Winneke, KCMG, KCVO, OBE, K.St.J., QC.
MS, FRCS, FRACS, FACS, D.Sc. Punjabi (Hon.)
Hurley, OBE, MD, FRACP.
Home, B.Com.
Professor B. W. Holloway, D.Sc., F.A.A.
Ralph, F.A.S.A.
Mr. W. A. Dick, B.Com., FCA.
Sir Edward Dunlop, CMG, OBE, MS, FRCS, FRACS, FACS, D.Sc. Punjabi (Hon.)

Cancer Council of Victoria

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Yours sincerely

E. E. Dunlop
President

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Executive Committee

Nigel Gray
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*THE ANTI-CANCER COUNCIL OF VICTORIA
INCORPORATED IN AUSTRALIA
1961 (1962) (1963) (1964) (1965) (1966) (1967) (1968) (1969) (1970) (1971) (1972) (1973) (1974) (1975) (1976) (1977) (1978) (1979) (1980) (1981) (1982) (1983) (1984) (1985) (1986) (1987) (1988) (1989) (1990) (1991) (1992) (1993) (1994) (1995) (1996) (1997) (1998) (1999) (2000) (2001) (2002) (2003) (2004) (2005) (2006) (2007) (2008) (2009) (2010) (2011) (2012) (2013) (2014) (2015) (2016) (2017) (2018) (2019) (2020) (2021) (2022) (2023) (2024) (2025)*
Cancer Council of Victoria

September 10, 1981



12-A-06

The Editor
The 'Age'
250 Spencer Street
MELBOURNE 3000

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Yours sincerely

E. E. Dunlop

E. E. Dunlop
President

T. H. Hurley

T. H. Hurley
Chairman,
Executive Committee

Nigel Gray

Nigel Gray
Director



Monash University

CLAYTON VICTORIA AUSTRALIA 3168
TELEPHONE: 03 541 0811 TELEGRAMS: Monashuni Melbourne
TELEX: Monash AA32691

CONFIDENTIAL

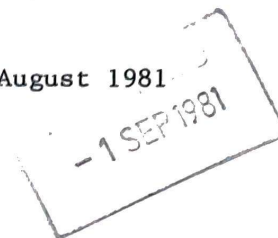
DEPARTMENT OF GENETICS

Chairman: Professor B.W. Holloway

Your Ref:

In Reply please Quote: BWH:JAE

28th August 1981



Dr N. J. Gray,
Director,
Anti-Cancer Council of Victoria,
90 Jolimont Street,
EAST MELBOURNE 3002

Dear Nigel,

I now know more about the involvement of "The Age" in Peter MacCallum's fund raising efforts. On 14th August there was a meeting between Lindsay Fox and Ranald McDonald of "The Age" and it was agreed that on 14th September "The Age" and 3AW would initiate a public appeal to last 3 weeks to make up the balance between the approximately \$500,000 that Fox plans to raise at his dinner on 12th September for the purchase of a CAT scanner for the Peter MacCallum. It's anticipated that the sum sought will be of the order of \$500,000. The George Patterson Advertising Agency is going to take part and they are going to use a mailing list obtained from Georges for the direct mailing aspect of this appeal which is expected will cover 34,000 people. The fact that it is a Georges mailing list will mean that it is being directed at the more affluent sector of society. The State Bank is going to assist in the financial aspects and from what I hear there was a 2 minute conference between Ranald McDonald and Aylett and Hamilton of the VFL and the VFL is going to help as well. There will be a daily list of donors published in "The Age" and there will be daily interviews on 3AW of individuals involved in the appeal which almost certainly will involve some of the people at the Cancer Institute and the Peter MacCallum.

The other aspect which I find of interest is that the Health Commission is now objecting to the establishment of a charitable trust which was the proposal by Fox and Besen by which they would raise this money for the Institute. We have an interest in this in that as you know the continued income from the trust plus the income derived from the CAT scanner will be divided equally between maintaining the scanner and to be used by the Anti-Cancer Council for research. It is not quite clear why the Health Commission is objecting to this and indeed it is possible that they can offer no objection but as I see it, and I think this view is shared by members of the Cancer Institute Board, it does represent an additional income for the Cancer Institute which would take the place of some money from the Health Commission. There is going to be a series of meetings with Fox's

lawyers, the Institute's lawyers and members of the Health Commission within the next few weeks to sort this out but it certainly will have to be organized before the appeal starts.

I can elaborate on these details next Wednesday but I thought you would like to know. What I can't tell you is whether or not this is still confidential and I get the impression it still is so may be the time to go down to "The Age" is after 14th September. If I find out any more in the meantime I will let you know.

I hope you had a good trip to Japan and I'll see you on Wednesday.

Sincerely,

A handwritten signature in cursive script that reads "Bruce". The letter 'B' is large and loops around the start of the name.

Bruce Holloway

1. I started with Enforce letter to the corp
2. Since could suggest if there to PMH board earlier
3. could we do very to
 - a) appeal for them.
 - b) State the differences between the two.
 - c) put us in a position to complain if they breach our agreement.



CONFIDENTIAL

MINISTER OF HEALTH
VICTORIA

PLEASE ADDRESS
CORRESPONDENCE TO
BOX 4057
MELBOURNE, VICTORIA
AUSTRALIA. 3001

555 COLLINS STREET
MELBOURNE
TELEPHONE 616 7777
(AREA CODE 03)

MB1/2549

24th July, 1981.

Mr. J. E. Daley,
Chairman,
Cancer Institute Board,
481 Little Lonsdale Street,
MELBOURNE. Vic. 3000.

Dear Mr. Daley,

Thank you for your letter of the 8th May. I was very pleased to hear that the Board had been approached with a proposal whereby the Institute could acquire a CAT Scanner service without resorting to government capital funds.

I commend the initiative and energy of Mr. Fox and Mr. Besen in developing the idea and your Board for giving it serious consideration. However, whilst I acknowledge the value of the Trust to appeal for donations for the machine, I cannot see the true value in the Trust's supplying the service and supporting its running costs from the fees paid to its radiologist (the Trust itself not being eligible to receive medical benefits) by private patients and the Institute itself. It would seem to me that the Institute itself could operate the scanner using its present staff and cover its costs from fees collected by itself in the name of its own staff radiologist. I would appreciate your comments on this matter.

Apart from the reservations expressed above and in the absence of a detailed costing I feel that the proposal is a splendid one. However, before giving approval to proceed with it, I request that in addition to your comments, a detailed costing of the proposal be provided. Once these are assessed I will consider assisting the appeal bearing in mind the shortage of capital funds.

Yours faithfully,

W.A. BORTHWICK
MINISTER OF HEALTH

29th July, 1981

The Hon. W. A. Borthwick, M.P.,
Minister of Health,
Health Commission of Victoria,
555 Collins Street,
Melbourne, 3000

Dear Mr. Borthwick,

Thank you for your letter of 24th July, 1981, concerning the proposal for a CAT Scanner Service at the Cancer Institute.

The suggestion which you made about the Trust and the extent of involvement once the facility is established is one which I shall raise with Mr. Fox and Mr. Jensen when next we discuss the arrangements for the Trust. You will appreciate that the basis of the proposal related to two aspects - the need to finance the shortfall in initial donations for the equipment, and the desire to assist in the funding of cancer research within the State.

With respect to the detailed costing, I am attaching a copy of a letter sent to the Secretary of the Hospitals Division, Health Commission of Victoria, by the Manager and Secretary on 13th May, 1981.

On behalf of the Board I would like to express our appreciation of your interest in this proposal for the provision of what is now routine equipment for organizations such as the Cancer Institute and for your consideration of possible assistance towards the appeal.

Yours sincerely,



John E. Daley,
Chairman,
Cancer Institute Board

cc. Mr. J. E. Daley
Dr. T. E. Lowe
Mr. K. W. Fraser



The Cancer Institute
PETER MacCALLUM HOSPITAL
481 Little Lonsdale Street, Melbourne 3000. Phone 602 1333
extension 551

In reply please quote

TC/MM

Your ref: 11-A-25

c.c. Ms. B. Donnelly, A.C.C.
file (A.C.C.)
Mrs. J. Garimort-W/W.

27 August, 1981

Dear Dr. Gray,

Re: CANCER DIRECTORY

31 AUG 1981

Thank you for your letter dated 19 August, concerning the above matter.

As you know, compilation of this resources Directory has involved a number of Agencies over a lengthy period of time. It must therefore be particularly disappointing to Barbara that for her many considerable efforts, the project remains incomplete.

I have discussed the matter with Barbara and have assured her that this Department will co-operate as fully as possible in the production of the Directory. Hopefully, not too much time will be entailed, now that I understand the framework has been completed!?

When Barbara returns from her leave, I have suggested she arrange a mutually convenient time to visit us so that we can assess what remains to be done. My colleague, Mrs. Jane Garimort, Welfare Worker, has particular knowledge and responsibilities in the area of community resources and so will assume delegated liaison functions for expediting this project.

Yours sincerely,

Tony Cole

(TONY COLE)
Head Social Worker

Dr. Nigel Gray,
Director,
Anti-Cancer Council of Victoria,
90 Jolimont Street,
EAST MELBOURNE, 3002

~~John~~
John

His Excellency the Governor of Victoria, The Hon. Sir Henry Winneke, KCMG, KCVG, OBE, K.St.J., QC.
Sir Edward Dunlop, CMG, OBE, MS, FRCS, FRACS, FACS, D.Sc. Punjab (Hon.)
Hon. Mr. W. A. Dick, B.Com., FCA.

Executive Committee: Dr. T. H. Hurley, OBE, MD, FRACP.
Finance Committee: Mr. D. H. Huine, B.Com.
Medical & Scientific Committee: Professor B. W. Holloway, D.Sc., F.A.A.
Appeals Committee: Mr. J. T. Ralph, F.A.S.A.
Public Education Committee: Mr. W. A. Dick, B.Com., FCA.
Patients' Welfare Committee: Sir Edward Dunlop, CMG, OBE, MS, FRCS, FRACS, FACS, D.Sc. Punjab (Hon.)

Anti-Cancer Council of Victoria



90 JOLIMONT STREET,
EAST MELBOURNE,
AUSTRALIA, 3002.

TELEPHONE: 654 2411
Cables: ACCOVIC MELBOURNE

Telex: VCCG AA 34158.

Director: Dr. Nigel Gray, A.M.
MB, BS, FRACP, FRACMA.

PMH

August 19, 1981

11-A-25

Mr. A. Cole
Senior Social Worker
Peter MacCallum Hospital
481 Lt. Lonsdale Street
MELBOURNE, 3000

Dear Mr. Cole,

Our Patient Welfare Committee met yesterday and discussed the need to compile a comprehensive document providing information about resources available to cancer patients and their families.

Barbara Donnelly has been working towards such a document for quite a while and yesterday we all agreed that it ought to have a high priority.

Barb is somewhat isolated in her position here and I understand that she needs a moderate amount of input from your Department in order to produce her comprehensive document. The Committee asked me to tell you that we would very much appreciate your helping Barb with this matter and that we would be very pleased if the project could be completed soon.

Best wishes.

Yours sincerely,

Nigel Gray
Director

*P.J. M.C. Illman
Cancer Institute*

Peter MacCallum

Attachment

His Excellency the Governor of Victoria, The Hon. Sir Henry Winneke, KCMG, KCVO, OBE, & S.I.F. QC.
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PM 4

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Nigel Gray
Director

P.L. M.C. 11.11.81
Cancer Institute

July 14, 1981

10-A-06

Private

Memorandum to: David Hill
John Nankervis
John Ralph
Allan Dick
Adrienne Holzer
Mavis Jackson
Bruce Holloway

From: Nigel Gray

An item of consequence emerged from our recent biannual Conjoint Committee meeting with the Cancer Institute Board.

They have formally moved into public fund raising; have permission from the Government to do this; have appointed a full-time professional fund raiser; and have appointed an intelligent lawyer named Ken Fraser as the member of their Executive Committee to spearhead this operation.

Ken Fraser is likeable and has emphasised (as at the Conjoint Committee meeting) raising funds for specific equipment and is doing so in the name of the "Peter MacCallum hospital".

The above is not particularly threatening. However, it was apparent from some of the discussion and one or two chance comments that they are considering going into direct mail fund raising, that they are autonomous, and there is nothing we can do to prevent their using any means they choose.

At the moment we have a valuable but semi-formal agreement that they are not going to raise funds from the public for "cancer research". I stated at the meeting that, if they did change their policy on this, then it would be logical for us to approach the Government for cancer research funds.

In summary it seems they are moving into fund raising in a stepwise fashion, but they clearly intend to **compete** in the long term. We will need to negotiate with them from time to time on this. Such negotiations may be easier when the Cancer Institute's Executive Committee has new chairman.



NJG

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NJG

Memo - NJG

re: Ken Fraser

Bruce Holloway rang. He's in charge of the fundraising activities at the Cancer Institute. He is aware of the possibilities of conflicting appeals and is apparently anxious to make sure there is no overlap.

Bruce has pointed out that areas where we could reasonably have priority in access to the public would be: research; cancer education; and patient welfare. As a corollary the Cancer Institute Board could well seek money for equipment for special units within the hospital, etc.

We need to decide who ^{will} appeal to what public.

3/4/81

file - Cancer Institute 22nd July, 1980

Staff to be represented on Advisory Group

As a preliminary to the change in the structure of the Cancer Institute Board, which will come into operation after December 7, the Board is to appoint an advisory group to represent the "Institute Community" - patients, staff and allied organisations.

The members of the Advisory Group are to comprise two patients, one representative from each of the six staff associations (Senior Medical Staff Association, Nurses Staff Association, Paramedical Staff Association, Scientific Staff Association, Administrative Officers Staff Association and H.E.F./P.M.H. Liaison Committee) and the five members of the existing Advisory Panel (the four Divisional Heads - Mr. Bolitho, Dr. Trinker, Dr. Hodgson and Miss Jennings - and the Chief of Clinical Sciences, Dr. Madigan). Staff associations have already been requested to nominate their representatives and the Patient Care (Non-Medical) Committee have been asked to nominate the patients' representatives.

The main purpose of the proposed Advisory Group will be to provide a direct channel of communication to the Board. To facilitate this, a Board member is to be "Advocate for the Institute Community". Dame Joyce Daws has agreed to be the first Advocate and in this capacity will present the Advisory Group's views to the Board.

Individuals will be able to write direct to the Advocate or to the Advisory Group. As soon as the Advisory Group is established there will be a trial period of operation.

Fund Raising

The Cancer Institute Board has been advised by the Health Commission that the Institute may in future become involved in direct fund-raising.

The Executive Committee has therefore asked the Manager and Secretary and the Public Relations Officer to prepare a report on fund-raising procedures to be adopted by the Institute.

Previously, the Institute was not permitted to engage in fund-raising, although it could accept donations, and manage such funds as the Kevin Heinze Cancer Research Fund and the Peter Crimmins Cancer Research Fund, initiated by other individuals and organizations.

Conference Preview

On Monday, August 4, Institute staff will be able to have a preview of a paper which is to be delivered by Sister Jill Jones, Assistant Director of Nursing (Education), at the 2nd International Cancer Nursing Conference to be held in London in September.

Sister Jones is to be the featured speaker at the Peter MacCallum Hospital's Clinical and Scientific Meeting, beginning at 4.45 p.m. in the Lecture Theatre on the 9th floor of the Sun Alliance Building. Her talk, "Cancer Education Programmes for Nurses", will be based on the paper she has prepared for the Conference and will be followed by a question-and-answer session chaired by the Director of Nursing Services, Miss Jennings. All interested staff members are invited to attend.

"Talking about Cancer"

Miss Jean Milne, head of the Radiological Treatment Service, and Sister Laurie Greany, Supervisory Sister (V.N.S.), featured on yesterday's ABC "Frontline" programme, broadcast on 3LO. Other Institute staff who will be on the concluding programmes in the series are Clinical Officer, Dr. W. Moon, (August 4), and Dr. Tom Sandeman, Consultant Radiotherapist, and Mr. John Paver, Chaplain Supervisor, (August 11).

November 12, 1980

Professor B. W. Holloway
Department of Genetics
Monash University
CLAYTON 3168

Dear Bruce,

Thanks very much for sending me privately a copy of the Cancer Institute's memorandum on fundraising.

It is a well reasoned document and there is very little in it with which we could argue for the simple reason that they are only talking about doing the sort of thing that other hospitals do, and which the Queen Victoria Hospital is doing this week.

I do however have one overall point of concern and that is the one of IDENTITY.

The ACCV has received so little government funding over the years, and the Cancer Institute so much, that we have left ourselves out on a limb (to some degree) for getting government funds even if we wanted to.

The Institute has substantial resources and I am interested to see they are appointing a second public relations officer to the staff - this gives them a larger staff for this purpose than we have.

I am very pleased that you made comments suggesting that the interests of the ACCV should be safeguarded. Although I do not feel seriously threatened by what is proposed in the document, it would only need a small change of emphasis for us to find ourselves in competition with them for research funds.

Perhaps the best approach we can take is to work a bit harder on raising our own funds!

Yours sincerely,

Nigel Gray
Director

CONFIDENTIAL

RECEIVED
OCT 1980

With the Compliments of

From

Bruce W. Holloway
PROFESSOR OF GENETICS

RE

lations Officer

DEPARTMENT OF GENETICS,
MONASH UNIVERSITY,
WELLINGTON ROAD,
CLAYTON, VICTORIA, 3168, AUSTRALIA

sing

Following the request of the Executive Committee on 17th July, 1980, that we prepare a report on fund-raising procedures to be adopted by the Institute, we would like to advise that we have had several discussions both within and without the Institute and report as follows:

1. Background

Up until recently the view has been held that the Cancer Institute Board had no authority to invite contributions and donations although specific approval was given to the Board to accept gifts, bequests and endowments. At the same time a "gentlemen's agreement" was in force whereby the Board chose not to enter into competition with the Anti-Cancer Council of Victoria for funds.

This did not preclude the Board from receiving substantial sums of money and over the past three financial years, the sums received by the Special Reserve and Research Investigational Funds have totalled:

1977/78	-	\$236,000
1978/79	-	\$366,000
1979/80	-	\$674,000

It is recognized that the bulk of these funds have come from deceased estates; however, many of the smaller amounts were given in thanks from patients or relatives and include donations for specific purposes, such as the purchase of an item of equipment.

The only significant effort at fund-raising has been the Peter Crimmins Appeal, conducted by The Sun and the Hawthorn Football Club, which raised \$1/3 million. An ongoing effort is exemplified by Kevin Heinze, where this fund has raised \$153,000 over five years.

This type of fund availability has allowed the Board to make a number of expenditures, for example:

Renovations (Minor Works)

Clinical Immunology and Immunogenetics	\$120,000
Celltrifuge and Medical Photography	\$190,000
Ward 1	\$210,000

Research Projects

Peter Crimmins Fellow	\$ 60,000
Heinze Fund	\$100,000

(iii) Renovations to Ward 2: This is a proposal to update the existing Ward 2 to a standard level of accommodation. Based on the Ward 1 work, cost is estimated at \$250,000, all of which might require funding by the Board.

(iv) Minor Works: Many needs arise for minor works alterations, particularly in the older buildings, such as the updating of Private Practice, a new office for the Volunteer Co-ordinator or the installation of new equipment. Many of these are funded by the Government Grant but others ranging in cost from \$2,000 to \$20,000, may require funding by the Board.

b) Capital Equipment

(i) Major items: Items such as a CAT Scanner, estimated cost \$1.25 million, a replacement Linear Accelerator at \$1/2 million, through to a variety of laboratory equipment all in excess of \$50,000, require concurrence by the Health Commission (for rationalization) although all the funds may not be available from Government Grants.

(ii) Minor items: Largely these are provided through Government Grants although often it can happen that a sudden need may arise (e.g. if a piece of equipment breaks down) for which no Government funds are available.

c) Special Projects

(i) Research: Whilst some of the approved clinical and laboratory research projects will be funded from Government Grants (including National Health and Medical Research Council) there will be occasions when our own funds will be required for individual projects or a range of projects (such as those funded by the Peter Crimmins Cancer Research Fund). A mix of salary costs, equipment purchases, laboratory materials and drugs will be involved ranging from \$100 to \$100,000.

(ii) Patient Activities: Examples of assistance where Government Grants may not be initially available (particularly during the period of assessment of the value of the activity) is the funding of the Volunteer Service and in the Occupational Therapy area. Assistance can be needed in establishing the physical requirements of these units, in covering running expenses and for salaries.

(iii) Staff Activities: Often there are insufficient Government funds available to support all the perceived needs in respect to:

Staff travelling costs (e.g. Nurses' Education Trust Fund),
Pastoral Care studentships,
Patient Christmas hampers,
Staff amenities.

3. Sources

We recognize that there are four prime sources of funds:

- a) Philanthropic Trusts.
- b) Bequests from deceased Estates.
- c) Major donors, both private individuals and organizations.
- d) Donations from the public.

Methods

We see that each source of funds requires its own method of approach.

a) Specific appeal to selected targets. It is thought that, whilst the most productive result will come from specific appeals to either philanthropic trusts or to major donors, there will again be a separation of approach. In one instance, the appeal will be made from the Board probably through the Chairman, whilst on another occasion the appeal will be a personal one made by an individual (who may or may not be a member of the Board) acting in the interests of the Board.

In all these cases it will be necessary to provide a well established proposal for a specific need and to ensure follow-up to advise the results.

b) Major Public Appeal. In order to attract a major input of donations from the public in a short time, a major public appeal would be necessary. This would be subject to permission from the Health Commission of Victoria and ought only to be undertaken where specific appeals fail to achieve the required target. A major disadvantage can be the cost of the Appeal (including the professional fund-raiser) offsetting the funds raised.

It would be feasible to join with the Anti-Cancer Council of Victoria in such a public appeal, particularly where the project is of joint benefit, though there could be organizational problems.

c) Continuous fund-raising efforts. In a small way this is already in force. Some efforts are made by staff (e.g. the Nurses' Education Trust Fund) whilst others are organized from outside (e.g. Kevin Heinze and the Miss Chinese Community Quest). The funds raised in this manner are relatively small although over time the totals are significant. The problems here are primarily co-ordination (e.g. to ensure that staff are not too pressured for raffles) and public relations to maintain the interest of people supporting our work.

d) Advertising. Specific examples are advertisements placed in the Death Notices (e.g. Anti-Cancer Council of Victoria) and the Law Institute Journal. It is difficult to assess the results of this expenditure. Probably the best advertisement is the standard of care provided so that a public relations effort to demonstrate what we do, how we do it and what our needs are will continue our present significant level of support.

5. Reporting of Results

We believe that it is important to relate back to the donors to account for the funds which have been given to us and to encourage a feeling of continuing support.

6. Recommendations

We recommend that the current level of fund-raising by the Board be increased requiring that:

- a) the needs of the Institute be consolidated in one document,
- b) these needs be reviewed for priority on ^{our} annual basis when the availability of Government Grants is known,

- c) the continuous fund-raising efforts be expanded requiring the appointment of an additional part time Public Relations Officer, with fund-raising experience, at an estimated cost of \$12,000 per annum on current costs,
- d) one project be selected each year for a specific appeal to selected targets,
- e) a member of the Board be appointed to co-ordinate these specific appeals,
- f) no major public appeals (including joint appeals) be undertaken for a period of five years unless a request from outside the Institute is made,
- g) advertising take the form of an expanded public relations programme rather than the placement of paid advertisements.
- h) *the present safeguard interests of ACC.*

M. Howard

G. S. Bolitho

G. S. Bolitho

M. Howard

Cancer Institute

Personal

August 29, 1980

Mr. Allan Dick
C. E. Heath & Co (Aust) Pty Ltd.
33rd floor BHD House
140 William Street
MELBOURNE 3000

Dear Allan,

You told me after the Executive Committee Meeting in June that Tom Lowe had stated that the Cancer Institute Board had been advised that it couldn't raise funds from the public.

David's ~~just~~ provided me with a press release put out by the Institute Board which indicates that that situation no longer applies.

I know we have discussed this matter at the conjoint committee with some care but I thought you should have a copy of the press release as I confess to some apprehension.

Cheers -

Nigel Gray
Director

Enc.

22nd July, 1980

Staff to be represented on Advisory Group

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Thanks to Staff

Ann Basics, of Medical Records, would like to thank all the Peter MacCallum Hospital staff who sponsored her for World Vision's 40 hour famine last month. Ann collected \$402.80.

Epilepsy Month

August 1980 is to be Epilepsy Month and the Epilepsy Foundation of Victoria is planning a series of activities to encourage greater community awareness and understanding of epilepsy.

These will include a public forum, to be held at the Assembly Hall, Collins Street, on Tuesday, August 26, at 8.00 p.m. There will also be an Open Day at the Nintore Epilepsy Centre, 818 Burke Road, Camberwell, on Sunday, August 24, between 11.00 a.m. and 4.00 p.m.

More thoughts of Sister Ryan

Another gem from the notice-board in the office of Deputy Director of Nursing Services, Sister Ruth Ryan:

"The man who can smile when things go wrong has thought of someone to blame."

Student from Indonesia

A new face in the Pastoral Care Unit is Miss Lien Suniyatiningsih of Indonesia who has begun a nine months' course in Clinical Pastoral Education at the Cancer Institute, under the supervision of the Chaplain Supervisor, John Pever.

She has a Bachelor of Theology Degree and is presently working towards her Master of Divinity, majoring in Sociology of Religion.

National Wage Increase

Personnel report that the 4.2% increase in award rates for adults, with proportionate increases for juniors, will be paid to all staff with effect from July 14, 1980.

Up-dating of Staff Records

Supplies of forms have been issued to all Unit Heads to enable staff to provide Personnel with current addresses and the name of the person to contact in an emergency. Please ensure that you complete a form and return it to Personnel.

Comings and Goings

Welcome to: Ralph Anania, internal auditor, who is a student from MIT and Sue Perrie, who is working in Biological Research as relieving animal attendant. Sue was previously with the Department of Agriculture.

Farewell to: Mrs. Eline Melia, who is leaving at the end of the month after 14 years with Catering;

Mrs. Susan McKenzie, who also leaves later this month. Susan, who is a Technical Officer with the Clinical Immunology and Immunogenetics Unit, joined the staff in 1974;

Mrs. Lesley Kempa, also came to the Institute in 1974. A book-keeper in Accounts, she leaves on August 1;

Mrs. Jean McKeown, a receptionist with Social Work, and, Mrs. Phyllis Morris, physiotherapist, also leave on August 1 after five and nine year's service respectively;

Sister Penny Seager, of Theatre, who left this month after nine years with the Institute.

small ads small ads small ads small ads small ads

For Sale - Dimplex Electric Oil Heater. As new condition. \$60.00 o.n.o.
Contact Judy on ext. 281.



TELEPHONE: 654 4155
EXT.

16.6.80
Read
file CRB



*Cancer Institute
file*

LEGISLATIVE ASSEMBLY
PARLIAMENT HOUSE
MELBOURNE, VIC. 3002

April 1, 1980.

Dr. Nigel Gray,
Anti-Cancer Council of Victoria,
90 Jolimont Street,
EAST MELBOURNE, 3002.

RECEIVED
- 2 APR 1980
To _____
From _____

Dear Dr. Gray,

Today, a Bill was introduced into the Legislative Assembly by the Health Minister concerning the Cancer Act 1958. I enclose a copy of the Bill together with the Minister's Second Reading notes and would appreciate any comments you may have on it.

I look forward to hearing from you.

Yours sincerely,

TOM ROPER, M.P.
Shadow Minister for Health.

Encl.

LEGISLATIVE ASSEMBLY

read 1^o

(Brought in by

A BILL

To amend the *Cancer Act* 1958.

BE IT ENACTED by the Queen's Most Excellent Majesty by and with the advice and consent of the Legislative Council and the Legislative Assembly of Victoria in this present Parliament assembled and by the authority of the same as follows (that is to say):

1. (1) This Act may be cited as the *Cancer (Amendment) Act* 1980. Short title.

(2) In this Act the *Cancer Act* 1958 is called the Principal Act. Principal Act. No. 6213. Reprinted to No. 9023.

(3) This Act shall come into operation on the day on which it receives the Royal Assent. Commencement.

2. In the Principal Act—

(a) after section 34 (2) there shall be inserted the following sub-section:

Amendment of No. 6213. Transfer of s. 33 (3) to s. 34 (3).

“(3) The Board may in its own discretion make agreements or arrangements with medical practitioners employed by the Board for the provision of accommodation and facilities for the treatment of private patients at the Institute or at any special clinic

where the Board is satisfied that such agreements or arrangements would be conducive to any of the objects for which the Institute is established.”;

(b) in section 33, sub-section (3) is repealed.

3. After section 34 of the Principal Act there shall be inserted the following section: 5

No. 6213.
New s. 34A.

Borrowing powers of the Board.

“34A. (1) The Board may with the approval of the Treasurer and subject to such terms, conditions and limits as the Treasurer imposes—

(a) borrow moneys from any bank by way of overdraft; and 10

(b) obtain temporary financial accommodation secured or arranged in such manner and for such period as the Treasurer in each particular case approves.

(2) The Board may borrow money from any institution person or body approved by the Treasurer on such terms and conditions as are approved by the Treasurer from time to time and give to any such institution person or body security for money so borrowed in such form as the Treasurer approves in each particular case. 15

(3) The Treasurer with the approval of the Governor in Council may execute in favour of any institution person or body lending money to the Board a guarantee for the repayment thereof and may in addition guarantee the payment of any interest charges and expenses chargeable by the creditor against the Board and the expenses of enforcing or obtaining or endeavouring to enforce or obtain payment of the debt guaranteed and those interest charges and expenses. 25

(4) Any sums required by the Treasurer of Victoria in fulfilling any guarantee given by this Act shall be paid out of the Consolidated Fund (which is hereby to the necessary extent appropriated accordingly) and any sums received or recovered by the said Treasurer from the Board or otherwise in respect of any sums so paid by the Treasurer shall be paid into the Consolidated Fund. 30

(5) Before a guarantee is given by the Treasurer under this section the Board shall give to the Treasurer such securities as the Treasurer requires and shall execute all such instruments as are necessary for that purpose. 35

(6) The Board shall apply and use all moneys borrowed under the power conferred by this section for the purposes of carrying this Act into effect.”.

4. In section 43 (2) of the Principal Act for the words "not less than four members" there shall be substituted the expression "not less than three members or not less than half the membership of the committee at that time (whichever is greater)".

Amendment of
No. 6213,
s. 43 (2).
Alteration of
quorum for
meetings of
the executive
committee.

CANCER (AMENDMENT) BILL

SECOND READING NOTES

CANCER (AMENDMENT) BILL

SECOND READING NOTES

I move that this Bill be now read a second time.

Among other things, the Cancer Act 1958 constitutes the Cancer Institute and provides that "for the purposes of carrying out the objects for which the Institute is established there shall be a Board known as the Cancer Institute Board".

The three amendments proposed to the Principal Act by this Bill pertain to the Cancer Institute Board but otherwise do not have a common theme.

Accordingly, I believe that it ^{will} be of assistance to Honorable Members in explaining the objectives of this Bill if I related my remarks specifically to each of the proposed amendments.

Clause 1 is the usual citation clause and provides for the Act to come into operation on the day it receives the Royal Assent.

Clause 2 corrects a drafting error in the Principal Act.

The Cancer Act was amended by the Cancer (Facilities) Act in 1962 which, among other things, inserted a new Section 33(3) into the Act to give the Cancer Institute Board a power to enter into agreements with medical practitioners employed by the Board for the treatment of private patients.

However, the earlier Sub-sections make no reference to the Board and, clearly, the new Sub-section was inserted in the wrong place.

The opportunity of this Bill is being taken to transfer, in effect, the existing Sub-section to its correct position as Section 34(3).

Clause 3 will authorize the Board to borrow moneys with the approval of the Treasurer and subject to such terms, conditions and limits as he imposes. The Treasurer is to be empowered to guarantee the repayment of capital and interest.

I might mention to the House that the Board administers the Peter MacCallum Hospital and there are occasions when the Board does have liquidity problems in conjunction with the day to day running of the Institute.

The new Section 34A, which will be inserted by this clause, will give the Board a capacity to borrow funds for bridging and other purposes.

Clause 4 amends Section 43(2) of the Principal Act which deals with quorums for meetings of the Executive Committee of the Cancer Institute Board.

This amendment has become necessary as a consequence of changes made to Section 41 of the Act by the Health Commission Act 1977. These provided that the Executive Committee, formerly of seven members, is to consist of such members as the Board determines.

The amendment will fix a quorum of three, or not less than half the membership of the Committee (whichever is the greater), in lieu of the present quorum of four to take account of the amendment made by the Health Commission Act.

The amendments proposed in this Bill will assist the Cancer Institute Board in carrying out its important work in the fields of cancer research and treatment.

I commend the Bill to the House.

February 8, 1980

Dr. Brian Hillcoat
Cancer Institute
482 Little Lonsdale Street
MELBOURNE 3000

Dear Brian,

Apropos the staging of breast cancer patients at the PMH and our brief discussion at the end of last year.

The story is a little complex but I ought to start it by saying that the registry hasn't had a request from you to produce a specific answer to a specific question and as a result I suspect there is some confusion. What we did have was a phone request from Jenny Turnbull at the PMH records department for a list of the PMH stage 1 and stage 2 cases. That list was, for well established reasons, quite small. The other PMH cases were largely unstaged as you were aware. Perhaps to clarify things I should lay it out as follows:-

The majority of PMH breast cancer patients have been 'previously treated' elsewhere. Because staging in 1971-1975 (as against 1977 onwards) was a pre-surgical event we have a policy that previously treated cases are not staged. This means that, for example at the RMH, 80% of the cases are staged because they are clearly stageable and only 20% are previously treated and we do not normally stage them. This is not to say that they could not be staged. If you had asked us to stage them we could easily have sent our abstractors out with a specific request to do this.

In general most of the patients who attend PMH with breast cancer are listed in the registry and ARE staged. We were only asked for those who were primary PMH patients (as against RMH patients referred to the PMH as second hospital). Most of the PMH patients are in fact referred from public hospitals and are therefore shown as patients belonging to those hospitals, with staging information placed in the registry from those hospitals.

.../2

Dr. Brian Hillcoat

-2-

February 8, 1980

All this adds up to the fact that most of the patients in the registry are staged and that we can arrange, as a special study, that previously treated patients are reviewed for staging. Probably the best way to inform you on this subject is to suggest you walk around the registry with Alison Dodds next time you are coming to our building. Things are in a state of flux as we have almost completed the conversion from punch cards to computer. Within the next six months we ought to be able to answer most of the questions you might wish to ask fairly quickly and if we aren't able to answer the question immediately we can usually go and get the data from the material already available.

We should talk a bit further.

Cheers -

Yours sincerely,

Nigel Gray
Director

Peter MacCallum

Attachment "A"

For the information of committee members - the informal agreement between the two organisations referred to in para. 3, existed long before I came to the Council and I am uncertain whether it was ever written. Certainly John Larritt had been involved in its establishment and I have not had time to hunt the historical minutes to see if it was ever enshrined therein. As I recall Bill Keogh's comments the implications were that we were a voluntary body and would not expect to seek major funds from government, and as a corollary the PMH would not be seeking major funds from the public. The situation is, however, a bit vague.

Nigel Gray

23/8/79



The Cancer Institute

PETER MacCALLUM HOSPITAL

481 Little Lonsdale Street, Melbourne 3000. Phone 602 1333

In reply please quote

17th August, 1979

The Secretary,
Anti-Cancer Council of Victoria,
90 Jolimont Street,
EAST MELBOURNE, 3002

Dear Miss Holzer,

Re: Fund Raising

I wish to inform you that the Executive Committee has given approval for a fund raising activity in connection with our Nurses' Education Trust Fund.

This Fund was recently established to provide financial assistance to nurses employed at the Cancer Institute as a consequence of their attendance at interstate or overseas conferences, observation or study programmes. As a part of the fund raising activities for this Fund, a request has been made by the Assistant Matron, Visiting Nursing Service, to organise a Walkathon and approval has been given, subject to the usual approvals by the authorities.

The Executive Committee, in view of the informal agreement between our two organisations concerning fund raising and support for research activities, asked that the above information be passed to the Council. However, it was felt that thought might now be given to a re-consideration of this agreement in the light of the changes in the Act relating to the Institute and in particular, to the changes in funding procedures now being followed.

Should the Council feel that this is appropriate, then the Executive Committee would be represented by Mr. J. E. Daley, Dr. T. E. Lowe, Dr. F. R. Trinker and myself.

I look forward to your comments.

Yours faithfully,

G. S. Bottho,
Manager and Secretary

4.

Cases in the Intermediate and private block may still be attended by their own doctor acting in consultation with members of the Institute staff. Patients in the public block shall be under sole control of the Institute staff".

Mr. MacCallum explained that at the request of the Executive Committee, Dr. Scott had set up this report on resolutions which had been forwarded to it from the Medical and Scientific Committee.

Mr. MacCallum stated that this report had been received at the last meeting of the Medical and Scientific Committee.

Resolution of Professor P. MacCallum seconded by Dr. R. Kaye Scott

Resolved

301

That this report which had been forwarded to the Medical and Scientific Committee be received, and the amendments to the scheme for the Cancer Institute set out in this report be adopted.

Reports of Interviews of the Sub-Committee with the Alfred and St. Vincent's Hospitals.

Resolved

That these reports be received.

Interviews and correspondence with Mr. C. L. McVilly.

Following were circulated:

Copy of a letter from Mr. C. L. McVilly dated 13th November, 1944, in which he requested the Anti-Cancer Council to appoint a small committee of from three to five members to confer with him concerning matters associated with the functions of the Cancer Institute.

Copy of a memorandum containing suggestions in regard to the Management of the proposed Cancer Institute. This was forwarded to Mr. McVilly as a basis for discussion with members of the Sub-Committee at a meeting held on 28th November, 1944.

Report of this discussion.

Letter from Mr. McVilly dated 4th December, 1944, as follows:

"With reference to your letter dated 25th November and my interview with Professor MacCallum, Mr. C. B. Hearn and Dr. Kaye Scott, I now have had conversation with the Minister and he would be prepared to consider a proposal that the Anti-Cancer Council should assume complete responsibility including financial responsibility, for the conduct of the Cancer Institute to be set up at Central Hospital.

The discussion with the Minister was on the basis that Central Hospital should -

- (a) Provide buildings under rental;
 - (b) Render certain services on the basis of reimbursement of cost;
- and that the Cancer Institute should -
- (c) Receive a subsidy from Hospitals and Charities Fund at a rate to be determined.

Regarding (c) the subsidy would in the first place take account of the cost of setting up the organisation and thereafter conform to the general principles of subsidy for services rendered to indigent patients.

If your Sub-Committee now wishes to resume conversations with me I should be glad to see them at these offices at a convenient time, which could be arranged by communication through the telephone numbers set out at the head of this letter."

Resolved

302

Discussion took place concerning the letter from Mr. McVilly dated
 1st October, 1944.

The Chairman stated that (a) and (b) might be in accordance with the wishes of the Council, but (c) might not meet with its approval. The Council might very well take the responsibility and disperse the money given to it by the Government with the safeguard of a strong representation on the committee of Management of the Institute so that the money would continue to be used according to the wishes of the Council. He thought they should consider whether the functions of the Anti-Cancer Council might possibly be swamped by the management of an Institute of the Cancer Institute. Further the Committee should consider how practical it was to administer the funds from the Government or from the public if the Council was to be under Mr. McVilly's direction in regard to dispersal.

C. B. Hoarn stated that the scheme was prepared on the basis that the Anti-Cancer Council would go ahead, and conduct the Institute in terms of the Anti-Cancer Council's Act of Incorporation. In this case the Charities Board would then be required. The Sub-Committee had based this memorandum on the impression that the Government had already earmarked £200,000 for capital expenditure and £40,000 for maintenance in the first year. Mr. McVilly stated that no allocation had been made by the Government.

Professor MacCallum stated that the Sub-Committee interviewed Mr. Dunstan and showed him the proposal which incorporated this idea. Mr. Dunstan had put the proposals before the Cabinet and had informed the Sub-Committee that he had done so and that it had been published in the daily press.

The Chairman suggested that the Council should accept the Government's proposal in regard to finance (see Mr. McVilly's letter of 4/12/44) on the condition that it should establish a provisional executive composed of suitable personnel which would have complete control of the scientific set-up. The funds would then be allocated through the Charities Board and this money would then be spent under the direction of the provisional Executive Committee.

Maintenance.

Mr. Kaye Scott stated that the maintenance subsidy visualised referred to a scale for indigent patients. In its conception the Council had allowed for visiting, transport, salaried medical services. Such a scale here set out would be completely adequate, in view of the tremendous overhead of specialised treatment services.

Mr. Kington suggested that the Council should go to the Government and state that the subsidy based on services rendered to indigent patients did not suit the purposes of the Council. In regard to the finance of the Institute the Council should be dealt with as a body incorporated by Act of Parliament to do such things as were proposed and not as a body under the jurisdiction of the Charities Board.

The Chairman stated that money was required from the Government for maintenance only and would be spent under the control of the Anti-Cancer Council through a provisional committee which the Council would appoint. The owners (the Government) should fit out the building.

Mr. Hoarn stated that he would like someone to see Mr. McVilly and ascertain what budgeting meant. He stated that the Royal Melbourne Hospital received extra rates for interest additional to allowances made on the indigent patient basis. He asked whether the Committee did not feel that it would be advantageous to get the money for maintenance from the Charities Board, because getting money from the Board would offer many advantages.

Professor MacCallum stated that the Minister was inclined to think that the Institute should not be a Government Department. He thought that the Institute should not be in such a position, but should have some sort of freedom as the other Hospitals. The Royal Melbourne Hospital and other Hospitals had all sorts of income which at the time, the Institute had not. Later on it might have a greater appeal than other Hospitals. He thought that the original idea was that the competition among Hospitals was sufficiently keen and the Government was likely to look upon the Cancer Institute as not in the same field.

Mr. Scott stated that Mr. McVilly made the point that he did not want the Institute to appeal for funds from the public.

MacCallum stated that if the Government, in accordance with Mr. McVilly's asking the Anti-Cancer Council to take responsibility quite definitely making it a Government Department.

The Chairman stated that he assumed the money which the Council received for maintenance would be managed by the Anti-Cancer Council, and the Institute would not become a Government department.

It was suggested that a letter be written to Mr. McVilly stating that the scheme he suggested could be operated only while the Institute was at the Central Hospital.

Mr. Hearn stated that at this stage the Council did not know where the maintenance was to come from. In regard to the money for maintenance he thought (a) that this money should be spent under the control of the scientific provisional committee appointed by the Anti-Cancer Council for the purpose and (b) that the money obtained for maintenance in the way proposed by Mr. McVilly would only hold in regard to the temporary Institute. In regard to the spending of this maintenance money there would have to be a provisional committee which would be responsible for the set up of the temporary Institute and for the proper spending of the maintenance money. The personnel of this Committee would have to be carefully chosen.

Professor MacCallum stated that the Anti-Cancer Council would be responsible to the Government for the spending of that money so that no money would be wasted. The Anti-Cancer Council was so constituted that it should know how best to spend the money on scientific matters. Therefore, its representation on the provisional committee would have to be carefully considered.

It was agreed that representation on the provisional Executive should be of scientific and business interests.

Professor MacCallum further stated:

That the Sub-Committee of the Executive Committee had at various times felt that it had not received from the Government any very direct advice to go ahead. Mr. McVilly's letter advising the Council to go ahead with its plans was the first letter which had been received. The Sub-Committee had undertaken interviews with the Hospitals concerning the Institute, but when it came to finance, the Sub-Committee was unable to go ahead with definite proposals. In an endeavour to get these things defined the Sub-Committee had interviewed Mr. McVilly as Manager of the Central Hospital.

That Mr. McVilly was, as it were, the Departmental representative of the Minister of Health and he had appointed as Manager of the Central Hospital, Mr. A. F. Tweedie. The negotiations with the Government had now to be put through the channels of Mr. McVilly, and all the representations being made to the Government were made by Mr. McVilly. Until the Sub-Committee could get something very definite from the Government about authority to go ahead and about finance, it could not go very far.

Mr. Hearn stated that in connection with the maintenance only of the temporary Institute it would be entirely independent of Mr. McVilly and it would be Mr. McVilly's responsibility to put the buildings in order for occupation by the Institute.

Professor MacCallum stated that the Council would have to nominate, in the long run, a big Committee of Management, but in the meantime, the Executive Committee would nominate a smaller provisional Executive as the body which would be responsible for the immediate needs of the temporary Institute.

Mr. Kimpton stated that he thought as the Charities Board was the owner of the Central Hospital it would have to make the necessary alterations. The Charities Board should alter the buildings to suit the tenant, and the arrangement would be that the Council would pay the Government for rental. He further stated that as the Charities Board had the funds flowing in it could rehabilitate the buildings to suit the Council.

It was agreed that the discussion showed that:-

The Charities Board as landlord should have the responsibility for setting the buildings in order for the purposes of the Cancer Institute.

That the Institute should be installed as tenant and pay for rent and other services received.



The Cancer Institute

PETER MacCALLUM HOSPITAL

481 Little Lonsdale Street, Melbourne 3000. Phone 602 1333

In reply please quote

4th April, 1979

RECEIVED

- 6 APR 1979

To _____
From _____

Dr. N. Gray,
The Director,
Anti-Cancer Council of Victoria,
90 Jolimont Street,
EAST MELBOURNE, Vic. 3002

Dear Dr. Gray,

A buffet luncheon will be held at the Cancer Institute on Wednesday, 18th April, 1979, and I would like to extend an invitation to you to attend.

The purpose of the gathering is to bring together persons who have a relationship with the Board and in so doing, enable new members of the Board to meet others and to see over the Institute.

Invitations are being issued to all members of the Board, to all members of Board committees and to senior personnel of the Anti-Cancer Council of Victoria.

The luncheon will be held in the Board Room, 11th floor, 456 Lonsdale Street, Melbourne, at 12.45 p.m. and those who so wish can join an inspection tour of the Institute between 2.00 p.m. and 3.00 p.m.

I do hope that you will be able to join us on this occasion and look forward to your response.

Yours sincerely,

John E. Daley
Chairman,
Cancer Institute Board

R.S.V.P. 16/4/'79
602 1333, ext. 332

NEWS SCAN



Published for the staff of
The Cancer Institute
PETER MacCALLUM HOSPITAL
SEPTEMBER 1978
VOL. - 5 NO. - 2

CHEMOTHERAPY UNIT FOR THE INSTITUTE

An important new clinical unit, a Solid Tumour Chemotherapy Unit, is to be set up at the Cancer Institute.

The establishment of the unit had been approved by the Minister of Health, Mr. Vasey Houghton, and an Australian cancer specialist, Dr. Brian Hillcoat, at present with the National Cancer Institute in Washington, is to return to Australia to head the unit.

Dr. Leon Giltsenan, Administrative Medical Officer, said that the new unit would give an added dimension to the clinical expertise already available within the Peter MacCallum Hospital.

"The Cancer Institute — Peter MacCallum Hospital is the only institution in Victoria offering total cancer care, with specialist radiotherapy, surgery, chemotherapy, immunology and, of course, a wide range of supportive services," Dr. Giltsenan said.

"In the past 20 years drug treatment, or chemotherapy, has played an increasingly important role in the care of the cancer patient. The cancer patient today sees not only a surgeon and a radiotherapist but also a cancer chemotherapist and consequently there is a need for greater clinical education in this method and access to a significant number of patients for statistical results and evaluation.

"The Cancer Institute is a most appropriate place for this work. It is in a unique position because, being a specialist oncology centre, it is able to assess chemotherapy in relation to other methods of treatment and the Laboratory Research Division provides an excellent back-up to its clinical research."

The Solid Tumour Chemotherapy Unit will, as its name implies, concentrate on the treatment of solid tumours.

"Already within the Institute chemotherapy is used extensively for leukaemias and lymphomas and the Solid Tumour Chemotherapy Unit will increase expertise in the solid tumour areas," Dr. Giltsenan said.

The establishment of the new Unit will proceed in stages as finance becomes available. The first stage is the appointment of Dr. Hillcoat; the next stage is the appointment of three additional staff, comprising an assistant chemotherapist, a senior staff officer and a secretary. This will be followed by the recruitment of additional staff, including a chemotherapy registrar and a chemotherapy nurse.

Dr. Hillcoat, who is 45, is a medical graduate from Queensland University and has a PhD in biochemistry. He obtained his MD in 1962 and from 1965 to 1967 he was Post Doctoral Fellow in Pharmacology at Yale University. Since 1967 he has held a number of professional appointments in the United States and Canada, involving both clinical and research responsibilities.

He is expected to join the Institute staff in October.

Board Farewell

The former Medical Director, Dr P. L. T. Ilbery, was officially farewelled at the Board meeting held on June 28.

The Board adopted a minute of appreciation in acknowledgement of the contribution made by Dr. Ilbery during his three years with the Institute.

In the minute, the Chairman, Mr. John Daley, made particular note of Dr. Ilbery's valuable efforts in establishing the Clinical Immunology and Immunogenetics Unit, the Solid Tumour Chemotherapy Unit and procedures for clinical trials.



Photograph courtesy of The Australian.

A comprehensive induction programme has been arranged for the new Director of Medical Services, Dr Fedora Trinker.

Dr. Trinker, (above) has already met many senior staff and taken a familiarization tour of the Institute.



Photograph by the Chadstone Progress.

Charity Appeal

A special fund raising effort by the City of Oakleigh in conjunction with three local golf clubs, Spring Valley, Huntingdale and Metropolitan, raised \$13,687 for the Cancer Institute — Peter MacCallum Hospital recently.

The Mayor of Oakleigh, Cr. John Perryman, is shown (above) presenting the cheque to the Manager and Secretary, Mr. George Bolitho, at a reception held at the Council Chambers. Of the total raised \$2,000 was designated for Haematology research and the remaining \$11,687 paid into the Kevin Heinze Project Fund.

There were a number of events during the fund drive, including a subscription dinner at which Mr. Jack Galbally, M.L.C., was guest speaker.

The other major event was a charity golf day held at Spring Valley Golf Club. This was the second occasion that Spring Valley Golf Club and its Chairman, Mr. Jack Smale, (below) have been involved in raising money for the Institute.

In 1976 the Oakleigh Lions club held a golf tournament at Spring Valley and raised \$20,693 for the Peter Crimmins Fund.



Hostel Plans

The Board has set up a sub-committee to consider the future of Officer House, the Institute's hostel for country patients.

The hostel currently accommodates up to 12 people and the sub-committee will be preparing short and long-term plans for its development.

Situated in Upper Heidelberg Road, Heidelberg, the hostel was given to the Board by the Anti-Cancer Council of Victoria in 1957.

Off the boil

It was goodbye to an old friend recently when the hospital's original boiler was sold to the Mental Health Authority.

The Clayton steam generator plant was installed in 1953 to replace two old coke boilers in the hospital when it was taken over from the Queen Victoria Hospital.

The coke boiler had required boiler attendants to carry coke in bags up the back lane and then shovel it into the furnace.

The new steam generators however needed little or no attendance resulting in savings in money and staff.

As Chief Engineer, Jack Hodgson says: "We ran the Clayton generator successfully for 25 years with no one on duty and the saving in salaries over the years was quite significant, amounting to more than three quarters of a million dollars".

Because of the satisfaction which this plant gave, when the new hospital was being planned it was decided that its generator should be similar and the generator in the Douglas Wright Wing, although computerised, runs on the same principles. According to Jack, the Peter MacCallum Hospital is possibly the only major Victorian hospital which does not require a member of the engineering staff on duty during the night hours.

For the statistically minded, Jack says that during its 25 years service the old generator produced an estimated 657,000,000 lbs of steam and consumed 10,266,000 gallons of distillate fuel.

Safety Objectives

Since the appointment of a full time Safety and Training Officer to the Cancer Institute, many staff have inquired what does this position entail?

Vic Hope was appointed to the position in July, and as Safety Officer, he sees his responsibility to be the development of an effective accident prevention programme at the Institute.

"This is achieved by the analysis of accident records, the survey of past accident potential hazard situations and, most importantly, the investigation of dangerous situations detected and reported by staff," Vic said.

"From this information the Safety Officer can advise Management and Unit Heads in the appropriate corrective measures to minimize accidents.

"Other activities include the implementation of fire and emergency procedures, and the liaison with specialist officers responsible for safety procedures in specialised technical areas. Staff will shortly be issued with a comprehensive emergency procedures booklet."

To assist him in his work, Vic hopes that if any staff member detects what they consider to be an unsafe situation, they will bring it to his attention or the attention of their supervisor.

In the role of Training Officer, Vic says his responsibilities include the development of orientation training programmes for all staff, liaison with outside training organisations to provide standard personal development courses and the distribution throughout the Hospital of the latest information on staff development training.

Books for Patients

The Nancie Kinsella Patients' Library is gaining increasing support from patients, but the librarian, Mrs. Nanette Baquie, is concerned that some patients still do not know about it.

"We have a very wide range of books and a good response from patients," Mrs. Baquie said.

"However I am anxious that all patients know that this service is available to them."

Mrs. Baquie visits all wards with the book trolley on Tuesdays and Thursdays, and the library is open, for both patients and staff, on Mondays between 9 a.m. and 4 p.m. and on Tuesdays and Fridays, between 12 p.m. and 2 p.m. After hours, charge sisters are available to borrow books for patients (the library kept available through Nursing Administration).

The library now has a total of more than 2000 books. Staff, patients and friends have all assisted in raising funds for the purchase of books. Recently a patient noticed that there was only one book on rose gardens raffled a fern and raised \$40 so that additional books could be bought.

Blood Bank Record

Red Cross Blood Bank officers report that they are extremely pleased at the number of Institute staff giving blood at the Donormobile.

When the Donormobile was here in June, 71 people gave blood — the highest number in a single day to that date.

The Cancer Tasmania and conducting

The link with the Cancer Institute formed the Victorian reached a stage view to reach two states for

In December the Institute was of a radiotherapy were, however qualified radi Medical Director Board that available on that the Institute part-time bas Director, Dr. weeks every "junior senior intervening si

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THE INSTITUTE IN TASMANIA

- 26 years of service

The Cancer Institute Board is responsible for radiotherapy services throughout Tasmania and has Peter MacCallum Clinics at Hobart and Launceston, as well as conducting regular clinics at Burnie, Ulverstone and Devonport.

The link with Tasmania goes back to the foundation of the Institute. Just a year after the Cancer Institute Act in 1949, the Manager and Secretary, Mr. Archie Cameron, informed the Victorian Minister of Health that "the development of the Institute has reached a stage which warrants consultation with the Government of Tasmania with a view to reaching agreement as to the extent of the co-operation envisaged between the two states for the treatment of cancer by radiation therapy".

In December of that year it was agreed that the Institute would make available the services of a radiotherapist for duty in Tasmania. There were, however, problems in obtaining a suitably qualified radiotherapist. In July, 1951, the Medical Director, Dr. Kaye Scott, reported to the Board that there was no senior person available on a full-time basis, but suggested that the Institute would service Tasmania on a part-time basis, with the Assistant Medical Director, Dr. William Holman, spending two weeks every two months in Tasmania and a "junior senior" visiting for one week during the intervening six weeks.

The official government agreement between Victoria and Tasmania was signed by the two state governors in January, 1952. Under this agreement the Board was required to "make available to residents of Tasmania the facilities of the Institute" and Peter MacCallum Clinics were set up at the Royal Hobart Hospital and the Launceston General Hospital.

All equipment, medical and technical staff employed in the care and treatment by radiation in Tasmania's public hospitals became the responsibility of the Institute, with supporting staff employed by the Tasmanian Health Department.

Staffing continued to be a problem in these early days and for several years there was neither a qualified radiotherapist nor a trainee living in Tasmania. It was not until the end of 1956 that Dr. Holman, who had become the new Medical Director following the resignation of Dr. Kaye Scott in 1954, was able to report: "These anxieties have ended with the arrival of Dr. H. Holden from the United Kingdom and the recent appointment of Dr. Thelma Johnson as a radiotherapist-in-training."

The present Chief of Clinical Services, Dr. Jim Madigan, had been seconded to the Tasmanian service for three months in 1953 and on his return made a comprehensive report. The report summarised the problems at both the Hobart and Launceston clinics, as being primarily lack of space and lack of essential equipment and fittings (at Launceston, he recorded, patients had to lie on the floor for treatment).

Dr. Madigan's report prompted a thorough review of the whole Tasmanian service and was followed by a major upgrading of facilities. A specially designed annexe at the Royal Hobart Hospital was opened in November 1953, which meant that now both Tasmanian clinics could provide superficial and deep therapy treatment. In 1957 a substantial new building was completed at the Launceston General Hospital and in the following year the installation of a Cobalt unit meant that supervoltage treatment was available and patients who would previously have been forced to travel to Melbourne for treatment could now be treated in their own state.

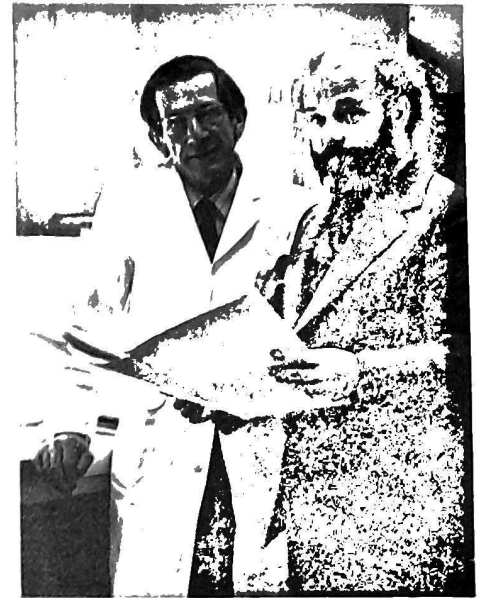
In 1962, the appointment of Dr. Jim Matar to the Tasmanian service meant that for the first time there was a radiotherapist specialist at both Hobart and Launceston.

By 1964, regular clinics were being held on the northwest coast of Tasmania, at Burnie, Ulverstone and Devonport. Five years later the new wing at the Royal Hobart Hospital was completed and a linear accelerator — the first in Tasmania — was installed. Last year Launceston took delivery of its linear accelerator which replaced the cobalt machine.

A major change in administration occurred in 1973, following the retirement of Dr. Holden, who had been Radiotherapist-in-Charge of the Tasmanian service since 1955. It was decided that the two clinics be independent of each other, each with their own Radiotherapist-in-Charge.

Today the Institute's staff strength in Tasmania totals 43 and the Radiotherapist-in-Charge of Hobart, Dr. Ken McMillan, and his counterpart at Launceston, Dr. Bert Sundstrup, are backed by teams of trained and experienced medical, nursing, therapy radiography, physics and technical staff.

However, the growth of the Tasmanian service in the 26 years since the agreement between the two state governments was signed is probably best illustrated by statistics. In the first year, attendances at the Peter MacCallum Clinics in Tasmania totalled 751 and 4207 therapy treatments were provided; today attendances have reached 10,000 a year and treatments are approximately 17,000.



**HOBART CLINIC via . . .
CANADA . . .
GLASGOW . . .
QUEENSLAND . . .
OXFORD . . .**

The Radiotherapist-in-Charge of the Hobart Clinic, Dr. Ken McMillan, is photographed (above) with sessional specialist physician, Dr. Allan Foster.

Dr. McMillan came to Hobart in 1976 from Edmonton, Canada, where he was a radiotherapist at the W. W. Cross Cancer Institute.

A graduate of Glasgow University, Dr. McMillan had previously been with the Queensland Radium Institute and the Churchill Hospital in Oxford. His wife Janine, a Queenslander, is a therapy radiographer and they live at Magra, 25 miles from Hobart, on a 65 acre farm where, in his spare time, Dr. McMillan is building a log cabin.

Dr. McMillan says that because the Peter MacCallum Clinic in Hobart is a relatively small unit, staff have a particularly good relationship with each other and with patients.

"The patients see us as friends and they frequently express their appreciation with small gifts such as chocolates or crayfish," he said.

The Clinic naturally depends on the services of the Royal Hobart Hospital and Dr. McMillan says that staff are extremely grateful for the co-operation they receive.

"At times we do feel cut off from Melbourne and we would like closer ties, particularly in regard to an exchange of knowledge," he said.

"However we receive marvellous support from the Hobart Hospital, and its special services, such as pathology, pharmacy, social work, dentistry and the convalescent home, are all available to our patients."

Dr. Foster, who has been with the Peter MacCallum since 1976, was a state member of Parliament for five years from 1969 and, before illness prompted his resignation in 1974, had been Minister of Health, Road Safety and Social Welfare for two years.

Previously he had been in private practice, and he had also been Tasmania's deputy Director General of Health.

He has a particular interest in geriatric medicine and he was foundation director of Geriatric Services in Tasmania, a post he held for five years.

Like Dr. McMillan, Dr. Foster has a small farm outside Hobart where he breeds horses and cattle.

The Hobart Clinic

There are two Peter MacCallum Clinics in Tasmania — one in Hobart and the other in Launceston.

Now in JAN this month traces the history of the Tasmanian service and features photographs of the Hobart Clinic. In the next issue we will report on the Launceston Clinic.

The Peter MacCallum Clinic at Hobart is in the Royal Hobart Hospital building in the heart of the city, just a short distance from the Con- stitution Dock and the Town Hall.

The Royal Hobart Hospital, which is 158 years old, began on the same site in 1820 and comprised a modest two storey brick building plus a "skilling" and two small cabins.

There were 48 patients under the care of Colonial Surgeon James Scott and his staff of 14, which included a convict Dispenser and Dresser and a number of convicts who worked as ward assistants and clerks.

Today the Royal Hobart Hospital is a large, modern, multi-storey complex with a staff of 1,800 who care for an average of 437 inpatients each day; outpatient attendances total almost a quarter of a million annually.

The Peter MacCallum Clinic began operating in several old army huts set in the hospital grounds; today it is located in a new wing built in 1969. It is a bright, cheerful unit, its spacious rooms decorated with a selection of modern prints lent by the State Library.

The centre of the Clinic is the linear accelerator, which is housed in what is believed to be the largest treatment room in the world. Head therapy radiographer Ian Lynch is shown (top left) in the linear accelerator room with his deputy, Xania Harrex.

Ian trained at the Royal Adelaide Hospital, but spent the second year of his course at the Peter MacCallum in Melbourne. He worked in Adelaide until 1970, then joined the World Health Organisation and served for five years in Bagdad at the Institute of Radiology and Nuclear Medicine.

Xania Harrex first joined the Peter MacCallum in 1955 as a trainee therapy radiographer. Like all Tasmanian trainees she spent the second year of her course in Melbourne. She came back to Hobart in 1962 for training in nuclear medicine and, on her return, she set up the Royal Hobart Hospital's first department of nuclear medicine.

Xania has a special link with the history of radiography in Tasmania. Her grandfather, Dr. McGowan, was medical superintendent at the Royal Hobart Hospital when X-rays were discovered and in 1900 he bought and installed a diagnostic machine at the hospital.

Ian and Xania are backed by a staff of six qualified therapy radiographers and three trainees.

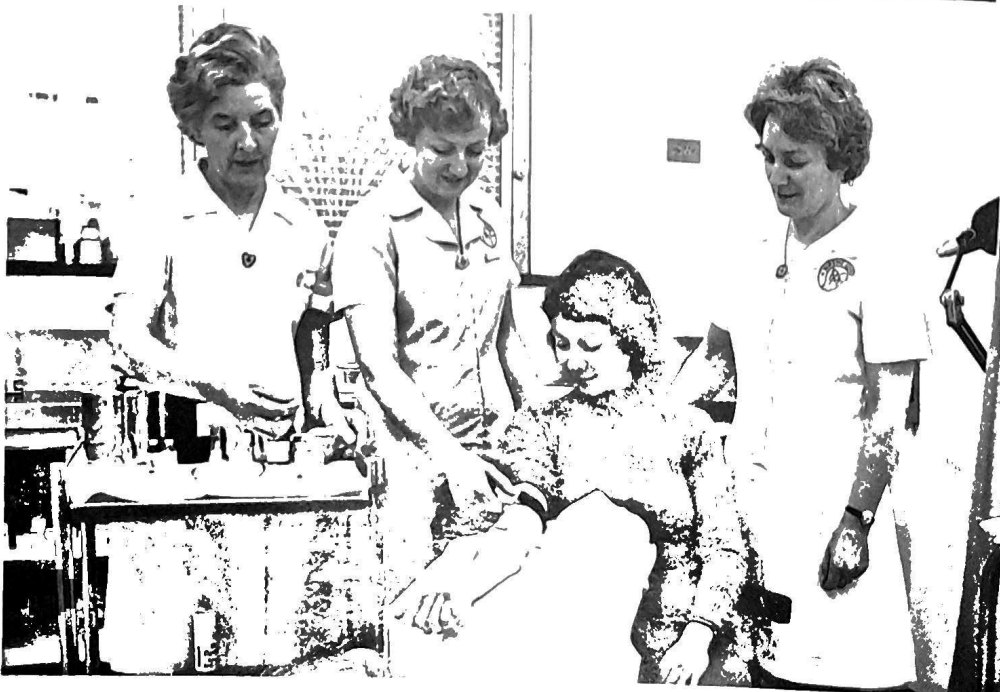
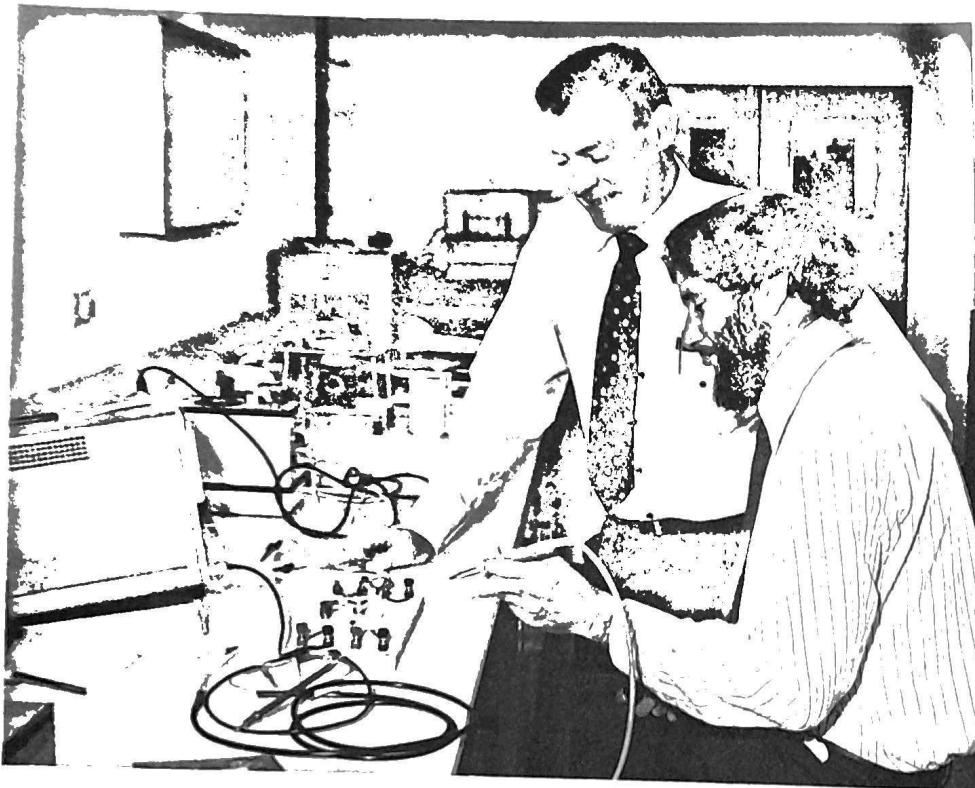
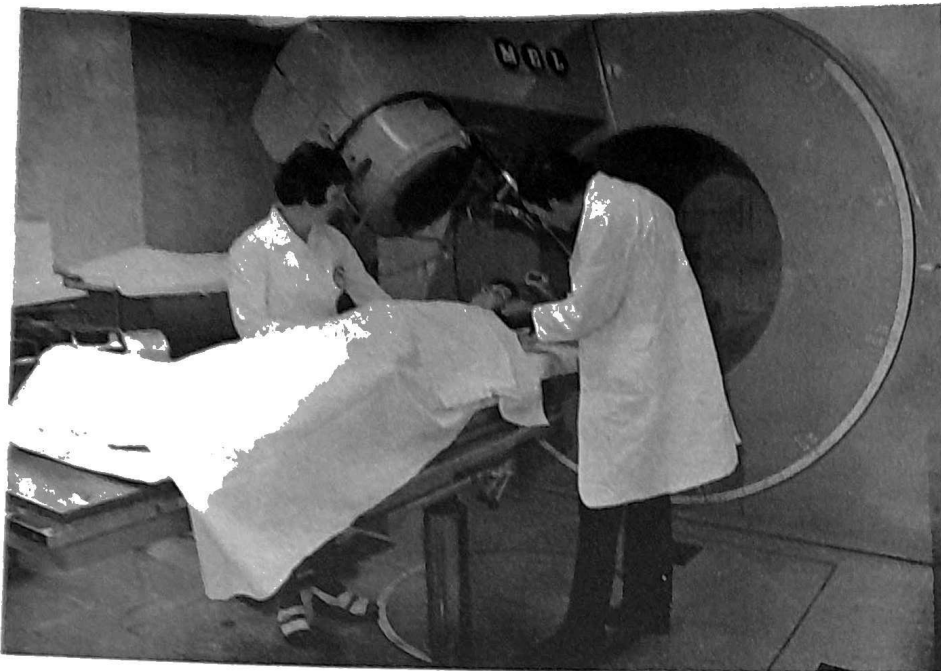
The Clinic has an electronic engineer and a physicist on the staff. They are Des Rosenberg and Bob Chappell, who are pictured (centre left) in the physics and electronic workshop.

Des (left) has been with the Clinic since 1976 and previously was in the Royal Australian Navy for 20 years.

Bob obtained an honours degree in science at Melbourne University and joined the Institute's Physics Unit in 1969. He transferred to Hobart in 1970.

The nursing staff, Sister-in-Charge, Sr. Doreen Williams, auxiliary nurse Christine McGrath, and Sr. Sylvia Burton, are shown (below, left to right) on duty in the dressing room.

According to Dr. McMillan, the nurses at the Hobart Clinic are particularly important, acting not only as nurses but also as social workers. In this they are ably supported by the medical secretaries, Mrs. Peggy Price, Miss Joyce Lazenby and Mrs. Beverley Cubitt.





Patients join Committee

The Patient Care (Non-Medical) Committee now has two patient representatives among its members.

The newly appointed committee members are Mr. Lancelot McKeown, representing public patients, and Mrs. Geva MacMillan, representing private patients.

Mr. McKeown, (pictured below) of Glen Waverley, who has been a patient of the Peter MacCallum Hospital since last November, said he was absolutely delighted to have been asked to join the committee.

"I feel the idea of the committee is a wonderful one which could well be adopted in all hospitals, especially those in the general field", he said.



"Here at the Peter MacCallum there appears to be no discrimination between private and public patients. Everyone is treated in a kindly and courteous manner not only by the medical staff, but also by the non-medical staff."

"From my observations and personal experience, patient care is 100%."

Mr. McKeown, a keen gardener, is retired and was formerly with General Motors.

Mrs. Geva MacMillan, of Hawthorn, has been a patient for six years, said she was pleased to have been asked to join the committee.

"This type of Committee is a good thing. It can make suggestions for improvement and as a private patient I can give my point of view and say how I see it when I'm waiting around," she said.

Mrs. MacMillan works part-time as a nurse at the Royal Children's Hospital. Her interests include gardening and children's literature. She has written several stories for children and is currently president of the Victorian Branch of the Australian Children's Book Council.

Mrs. MacMillan was one of those who established the Victorian Mastectomy Association in 1974 along the lines of the association in South Australia and she served on its first Executive Committee.

Mrs. MacMillan's husband is a school teacher and they have four children, 3 girls and a boy. Her eldest daughter is completing the final year of a Diploma of Education at Melbourne University and another is studying Arts at the University.

Mrs. MacMillan is pictured (above left) with the Rev. John Paver.

Nurses at London Conference

Nine members of the Institute's nursing staff went to London earlier this month for the first International Conference and Exhibition on Cancer Nursing.

Senior Nurse Teacher, Jill Jones, and Charge Sister, Beverly Southward were the Institute's official representatives at the Conference.

The Conference was sponsored by the Institute and Sr. Southward by the nursing staff, who

organised a fund raising effort to provide the necessary finance.

The other seven members of the nursing contingent led by Deputy Director of Nursing Services, Sr. Ruth Ryan, paid their own fares, attending during their annual leave.

The Conference, held at London's Festival Hall, was the first of its kind, and the five day programme covered all aspects of cancer nursing.



An afternoon tea was recently held in the Boardroom in recognition of the Rev. Howard Kettle's 10 years of service at the Peter MacCallum Hospital.

Reverend Kettle, a Uniting Church Chaplain, was presented with a 10 year badge by Mr

Bolitho to mark his decade of ministry at the hospital.

The Rev. Howard and Mrs. Kettle are photographed (above) at the presentation ceremony.

Reverend Kettle is one of 11 chaplains who voluntarily give their services to the hospital.



AN ATLAS WITH A DIFFERENCE

The Peter MacCallum Hospital's Superintendent Radiographer, Mrs. Judith Williams, is preparing a most unusual atlas — an atlas of the skull. It will be a tomographic and anatomical atlas, showing the construction of the skull in consecutive planes from three view points.

A special diagnostic procedure, tomography, produces sharp images of a preselected plane, with structures on either side of that plane being blurred out. To illustrate the anatomy shown in the tomograms of a skull it was necessary to cut a skull into thin slices but this was impossible because its fine bone structure crumbled as it was cut.

Mrs. Williams' first idea was to "set" a skull in gelatine and freeze it, but there were difficulties, the main ones being that when the bandsaw began cutting the skull the blade overheated and cut the slices unevenly. Then, when the gelatine melted, many of the fine bone fragments broke away.

It was at this stage that she sought the advice of Alex Manson at our technical services workshop.

Alex came up with the suggestion that the skull should be set in clear plastic.

After talks with manufacturers he selected a polyester resin, first taking the precaution of testing the idea by trying it out with a small piece of bone and an eggshell. When this was successful he began work with the skull.

The slicing was carried out by Len Pile, who

was an instrument maker with Technical Services before he retired recently. A special bandsaw was borrowed from a Department of Transport workshop and the skull was successfully sliced into 32 sections, each approximately half a centimetre thick. Len is shown (above) preparing to slice a middle section of the skull.

The result, says Mrs. Williams is a "perfect series" because even in the thinnest sections there was no crumbling or disintegration.

Two other skulls have been set in resin and sliced in the same way but from different aspects. Radiographs of each slice were taken and are now in the process of being labelled and prepared as an atlas for publication.

With the matching tomograms this atlas should prove invaluable as a teaching and diagnostic aid.

New Language Course

Ten Therapy Radiographers recently completed a foreign language course at the Institute as part of an experiment being held in conjunction with the University of Melbourne Language Centre.

The aim of the course was to improve communications between Institute staff and patients. Greek was the first language studied in the project which was designed and based on the Institute's needs by Dr. Terry Quinn of the University's Language Centre, as part of his research to teach professional people including doctors, nurses, social workers and policemen, the basic words, phrases and sentences needed to communicate with migrants.

The course consisted of 20 one-hour classes during which therapy radiography staff were taught how to give basic information, instructions, and reassurances to patients receiving radiotherapy.

The Institute's Foreign Languages Subcommittee comprising Suzy Altman, Francesca Bass, Jean Milne and Sister Ruth Ryan, are conducting an evaluation of the course and have asked the Therapy Radiographers to document their expectations, suggestions and conclusions before, during and after the course. It is hoped that from this a standard course can be designed for other staff and other languages.

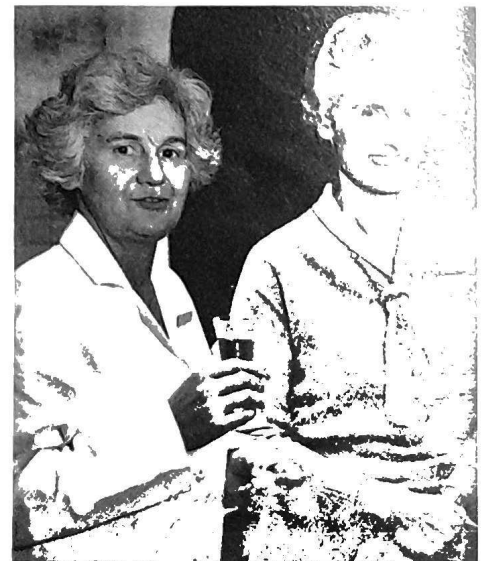
Dr. Quinn said that the results were "quite amazing".

"The radiographers learned with astonishing speed, and all reported success with their Greek patients," he said.

"With perhaps one or two exceptions, they reached a point where they could carry out all their professional duties in Greek and could take a Greek-speaking patient through the whole treatment procedure with no breakdown in communication.

"That this should occur after a 40-hour course is both amazing and encouraging."

Dietitian Farewelled



Miss Joan Topping, a dietitian with the outpatient clinic of the dietary unit, was recently farewelled from the Institute after 14 years.

Miss Topping is pictured above with deputy chief pharmacist, Mary Favaloro, at her farewelled in the Board Room. She has planned a long holiday in the country with friends.

Long Service Awards

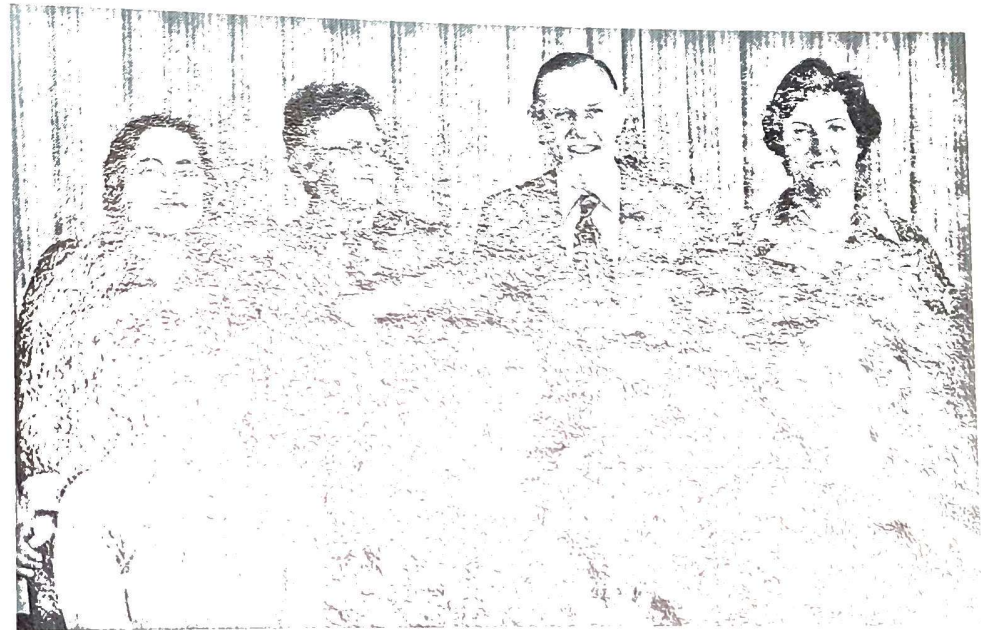
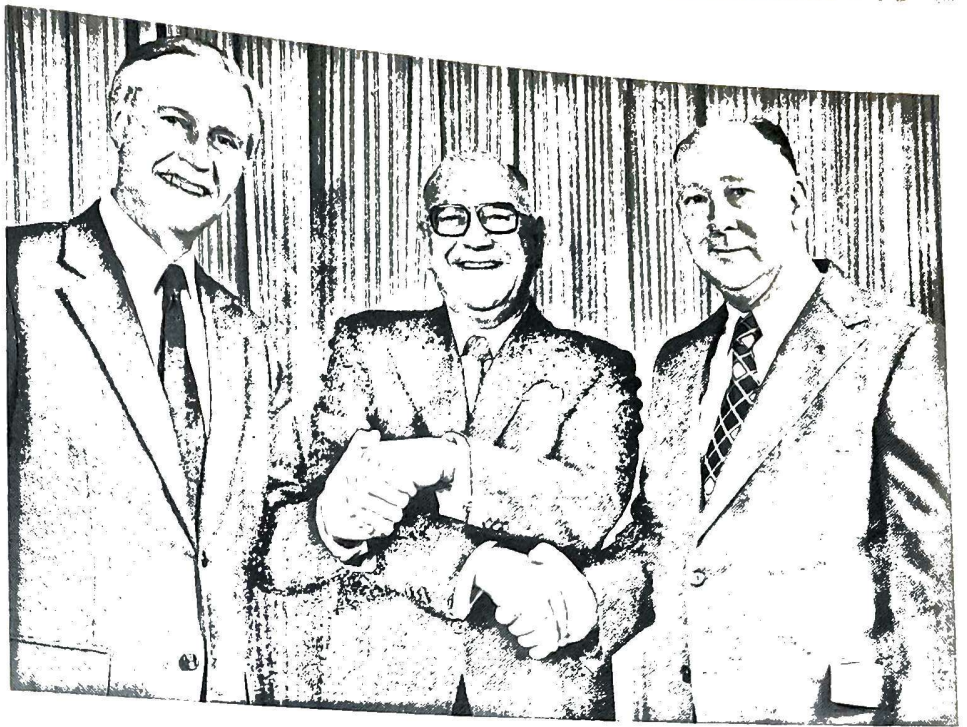
Length of Service Awards were presented by the Chairman, Mr. J. Daley, on July 20.

(Above) Ten year awards were received by: Mrs. K. Bailey, Miss M. Fleet, Mrs. T. York, Mrs. J. Smylie, Mrs. C. Rankin, Mrs. P. Brownlee (Radiotherapy); Miss R. Dolan (Haematology); Mrs. E. Morley (Nursing Administration); Mrs. J. Henderson, Mrs. B. Jolliffe (Medical Records); Dr. B. Sundstrup (Launceston); Mr. A. Camenzuli, Mrs. S. Doyle, Mr. E. Epifaniou, Mr. P. Skevis, Mr. L. Michalopoulos (Housekeeping); Mr. A. Oblak (General Services); Ms. T. Aalders (Catering); Mrs. E. Kennedy (Communications); Mrs. M. Frizell (Medical Photography); Mrs. X. Harrex (Hobart); Dr. H. McLennan (Medical Services).

Dr. Ian Cooper (Haematology), Dr. P. Ironside and Dan Cornell (Pathology), Mrs. R. Graham (Radiotherapy) and Mr. P. Williams (Engineering) were not able to attend.

(Right) Mr. Daley with Dr. Reg Motteram (Pathology) and Alan Parry (Diagnostic Radiations), who received 25 year awards.

(Below) 20 year awards were received by: (top) Ruth Moore (Biological Research), Sister Helmore (Nursing Administration), Ray De Groot (Physical Sciences unit), Betty Ayres (Radiotherapy) and (below) Miss Isobel Sly (Medical Directorate), Sister Dorothy Kearney (Wards) and Miss Joyce Lazenby (Hobart).



Credit Co-op for Staff

A branch of the Metropolitan Hospitals' Staff Credit Co-operative is to be set up in the Institute.

Following a recent meeting at which the Managing Director of the Co-operative, Mr. Lloyd Brown, addressed staff, a steering committee has been set up to organise an Institute branch and it is expected that operations will begin within the next few months.

Mr. Brown told the meeting that there were five main advantages for credit co-operative members.

With a savings account the interest rate is 5% at call, which is considerably higher than bank interest rates on savings.

On an investment account, with a minimum deposit of \$500.00, the interest rate is 9 1/2% for a minimum of 90 days and withdrawals require only 28 days notice.

Loans of up to \$5,000.00 are available through the Co-operative and interest is only 1.25% a month on the outstanding balance.

In addition, because the Institute management has approved payroll deductions, both savings and loan repayments are automatic.

When the Co-operative is established, all members of staff will be eligible to join on payment of a \$2.00 joining fee and purchase of five \$2.00 shares (share purchase money is returnable when a member leaves the Co-operative).





There have been a number of changes in the Personnel Unit following several resignations.

John Major has been appointed Personnel Manager following the resignation of Diana White.

Philip Manser and Denise Lotherington have been appointed Assistant Personnel Officers to replace Euthy Sephton and John Loschiavo.

Philip had previously worked in the personnel consultancy field, and Denise had been working in the personnel unit of the Alfred Hospital for nearly two years.

Euthy, pictured above at her farewell with Mrs. White, resigned to travel overseas with her husband, Dr. Bob Sephton, of the Physical Sciences unit. Bob was granted study leave by the Board earlier this year to present papers to conferences in Los Angeles, in June, and in Washington, in September.

Euthy and Bob will spend four months overseas visiting the United States, Europe and England, and will holiday for four weeks in the Greek Islands.



The Peter MacCallum Social Club has a new committee which has planned a wide variety of activities.

Members of the committee, from left to right, are vice president Dave Cooper, of Stores (standing), Bob Burian, of Radiotherapy, assistant secretary Diana White, of Personnel, president Glen Fidler of Pathology, Grace Connell, of the Manager's Office, Elias Polydorou of

Radiotherapy, secretary Jenny Kyle, of the Engineer's Office, and Mike Hanily, of Stores.

Absent: Treasurer Bev Schofflen, of Country Clinics, Dr. Leon Gilsenan, Administrative Medical Officer, and Anne White, of Ward 5.

Among the functions being organized by the committee are theatre nights and the children's Christmas party which is to be held at Luna Park.

Staff Changes

Tasmanian News . . .

Mrs. Beryl Hewitt has been appointed Medical Records Administrator — a new position for the Hobart and Launceston clinics. The position has been created because the Tasmanian service has grown so much in recent years that records in both clinics need to be standardised. Mrs. Hewitt lives in Devonport and will work alternate weeks between the clinics.

Dianne Jago from Radiotherapy, has transferred to the Hobart Peter MacCallum Clinic as a qualified therapy radiographer.

Arrivals . . .

Sister Anne Marie Smith has taken over as Supervisory Sister-in-Charge of Officer House — the Peter MacCallum Hospital's hostel for country patients in Heidelberg.

Departures . . .

Those who have recently left the Institute after five or more years service are:

Sister Phyllis Farrow, who was the Supervisory Sister-in-Charge of Officer House, retired in March. Sr. Farrow was with the Institute for 20 years.

Mr. Len Pile, electrical instrument maker, Technical Services has retired after seven years at the Institute. Mr. Pile now intends spending more time at his Rosebud house.

Mr. Bill Meuleman, admitting office porter, General Services, has left after nearly 15 years on the staff.

Mrs. K. Krawiec, Catering, has left on the staff of the Institute for eight and a half years.

Research Appointment

Janey Stone has been appointed Medical Records Research Officer with the Australian Minims Cancer Research Fund. She will be working with epidemiological studies.

In this new position she will be working with Dr. Sandeman, a survey into the incidence of testicular cancer throughout Australia from 1950 to 1975. She will also assist in a comparative study into Peter MacCallum Hospital patients with this type of cancer.

Mrs. Stone is a scientist employed at the University of Melbourne and was previously a research assistant in the surgery department of the University of New South Wales and was at Prince Henry Hospital, where she was involved in a National Health and Medical Research Council funded project conducting research into liver function and drug excretion.

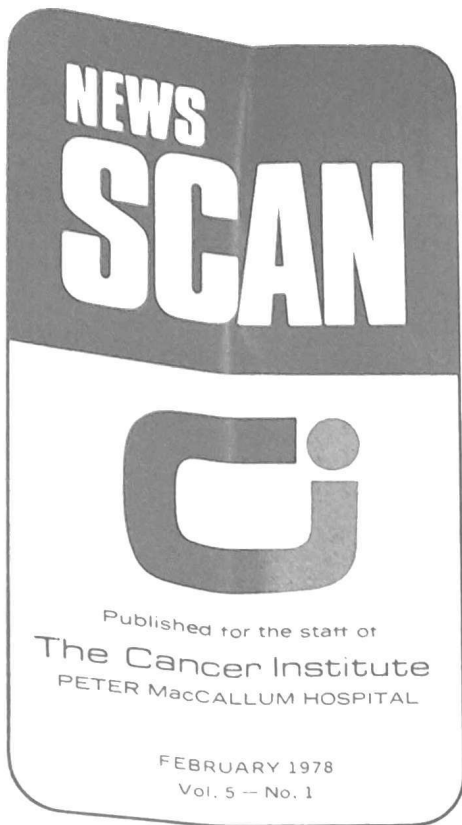
Prior to this she had worked overseas for several years. She was with the United States Institute in London in 1969 and from 1971 to 1974 she was with the Veterans' Administration Hospital in San Francisco. She has also worked at the Alfred Hospital in clinical and laboratory research into immunotherapy for leukemia.

Wedding Bells

Jill Russell, Secretary to the Manager and Secretary Mr. Bolitho and Peter Davison, Diagnostic Radiographer, were recently married at St Mark's Anglican Church, North Hobart, Peter, who was with the Institute for five years, is now at the Box Hill Hospital.

Bridesmaids for the wedding were Debbie Koren of the Manager's Office and Jane Smith, Wendy, who has been a Therapy Radiographer with the Institute for six years.

Jill and Peter toured South Australia during their honeymoon visiting the Barossa Valley, Mount Gambier and Adelaide.



Communicating with our Patients

"Cancer is a word — not a sentence."

Over the past few years many organisations and individuals have worked hard to show the community the truth of this slogan. But old beliefs die hard, as a recent study of patients shows.

The study, conducted over a four month period by therapy radiographer Penny Saphin, was timely, because the Executive Committee has been concerned for some time to improve communications with our patients.

A number of patient information booklets explaining the various treatment methods and the supportive services available, have been under consideration, and Penny's study, while not as comprehensive as the recent survey conducted by the Patient Care (Non Medical) Committee, brings up a number of important points.

Penny, who was with the Institute for five years (she resigned recently to go overseas) said she began her study because she was concerned at the "frightening" misconceptions patients have about the Peter MacCallum Hospital and, in particular, radiotherapy.

From her talks with a wide variety of patients, Penny found that a general

fear was that few cancer patients survived.

There were many equally erroneous beliefs about the results of radiotherapy treatment. A number of patients believed that they would be radioactive after treatment and some feared that their treatment would be extremely painful.

Fears and worries

Jean Milne, head of the Radiotherapy Service, said that Penny's study, like the Patient Care (Non Medical) Committee's survey, confirmed that while patients have many fears and worries, they are often rather reticent about voicing them.

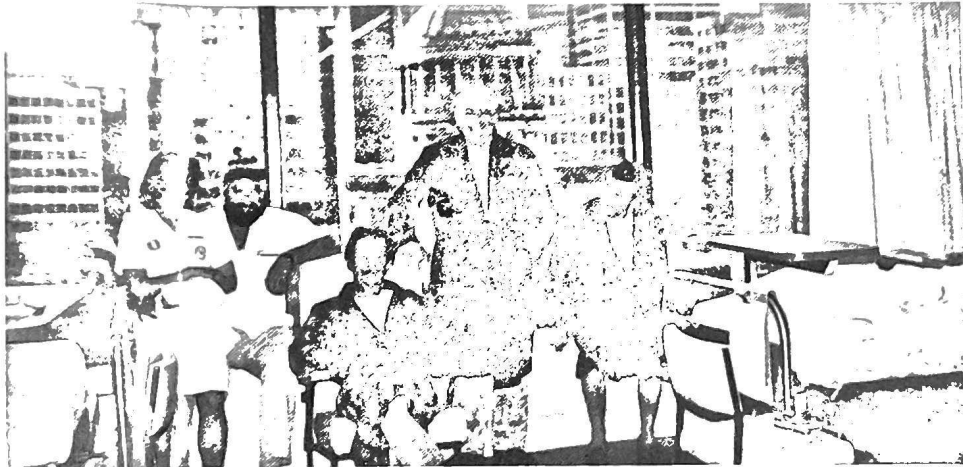
"We need to be aware of these fears so that we can allay them," she said.

"And, ideally, we should aim to anticipate them, because often it is only when the patients are alone, at home, that they have time to sit and think, and that's when the worrying can begin.

"I know all staff try to prevent patients worrying unduly by answering their questions and explaining the various treatment procedures. But it seems that we should do even more.

"I think that the idea of simple, explanatory booklets, which can be read by the patients at their leisure, is excellent.

"And I think that we must also continue to remind our patients that during treatment they should feel free at any time to seek our advice on anything which troubles them."



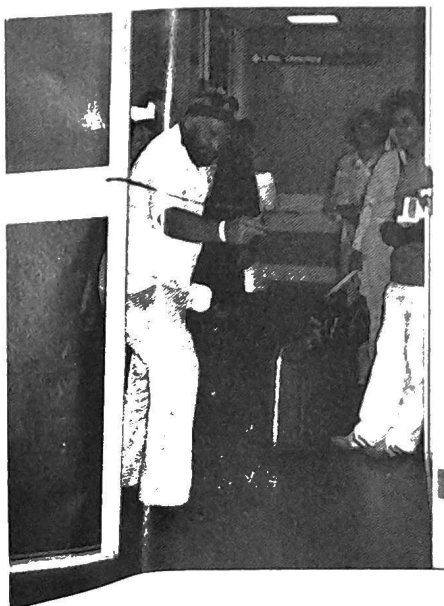
The Premier, Mr. Hamer, officially opened the Douglas Wright Wing last year, but on January 5 the Peter MacCallum Hospital's inpatients had an opening ceremony of their own.

This was to celebrate the occupation of the inpatient wards.

Patient Peter Cooke (left) cut the ribbon to mark the opening of the wards. Peter, like most of the patients had been looking forward to the move, and he was up at 5.30 a.m. making the tea for Ward 1 to ensure an early start. Once the shift was complete he relaxed with other patients and Sr. Grace Sui in his new room (above).

Sisters Merle Bradshaw and Margaret Cullen (right) are shown helping to transfer supplies to the operating rooms.

For a further report and picture, see page 2.



People . . . People . . . People . . . People



Eighteen therapy radiography trainees and two diagnostic radiography trainees successfully completed their training last year. Photographed at the graduation were (left to right); back row: — Helen Bult, Cheryl Jones, Sharyn Howells, Wendy Hill, Paul Foulstone, Helen Wittwer, Tracey Hall and Peter Stawyskyj; centre: — Dianne Jago, Kathryn Millin, Margaret Tarrant, Geoffrey Hope, Sandra Hutchinson (Tasmania), Rowena Irvine (Tasmania); front: — Linda Baker (Diagnostic), Peter Davies (Diagnostic), Sharon Godber and Sue Macaulay.



Assistant Manager, Mr. Simon Dickins, is photographed with (left to right) Mrs. Helen Shepherd, Miss Jill Russell and Mrs. Leanne Koren in the Administration Office prior to his farewell, in December.

Following his resignation, and the retirement of Mr. R. K. Churches, the Project Officer, there have been changes in the general administration functions in the Manager's Office. The Manager and Secretary, Mr. Bolitho, has taken the responsibility for planning, policy and control with the Project Office, the chaplains, the Public Relations Office and the Internal Audi-

tor reporting to him. Mr. Arthur Rowley has been appointed Finance Manager with responsibility for Accounts, Personnel and Supply. Mr. John Turner has been appointed Services Manager in charge of Housekeeping, General Services, Communications and Enquiries. While Mr. Turner is furthering his studies at the University of N. S. W., Mr. Tom Cahir will provide liaison with General Services, Housekeeping and Communications.

A Safety Officer, Mr. Malcolm Nelson, has been appointed with responsibility for General Maintenance, Technical Services and Transport.

Staff Changes

Recent new appointments include; **Dr. Robert Whitehead, Ph. D.**, joined the Clinical Immunology and Immunogenetics Unit in early December. Dr. Whitehead has had extensive experience as head of a tumor immunology laboratory in Cardiff, Wales.

Mrs. Meredith Plain, research assistant has also been appointed to the Clinical Immunology and Immunogenetics Units.

Mrs. B. Giullieri has been appointed pay mistress with the Personnel Unit.

Departures....

Dr. David Wigg, Consultant Radiotherapist, left the Institute last month after 10 years service. Dr Wigg has accepted a position at the Flinders Medical Centre in his home state, South Australia.

Mrs. Joyce Stokes, private secretary to Dr Sandeman, Consultant Radiotherapist, has left the Institute after five years.

Mrs. Elaine Logan, stenographer with Nursing Education, who had also been here for five years, has left to spend more time with her family.



Transported

Stan Nathan, a storeman with Technical Services, has retired after 23 years service with the Institute. He is photographed, above, at the staff farewell held in the Board Room last month.

Stan started in the Supply Unit when he came to the Institute in 1954 but he transferred to Technical Services in 1959 when George Neale was appointed to head this department.

Stan said that he viewed Mr Neale's appointment with suspicion as he believed that George (with his R. A. N. background) would not tolerate his penchant for "stirring" and joking.

"But he proved to be a splendid sort of a boss and was always very helpful to me," he said.

George had the last laugh however. At the farewell to mark Stan's retirement he handed Stan his transportation orders back to England!

Stan was also presented with an automatic wrist watch.

NEWS SCAN



is opened for the staff of
The Cancer Institute
PETER MACCALLUM HOSPITAL

WEDNESDAY
17.4.75

Institute must continue to build, says Premier

The Cancer Institute was one of the world's few comprehensive, specialist cancer centres, the Premier, Mr. Hamer, said when he opened Phase 1 on September 19, but he warned that to retain its position the Institute would have to continue to build for the future.

The Phase 1 building was named the Douglas Wright Wing in honour of Professor Emeritus Roy Douglas Wright, the former Medical Director, and the opening ceremony was attended by representatives of the State Government, the Melbourne City Council, and associated hospitals and institutions.

Guests in the official party included Mr. and Mrs. Hamer, the Minister of Health, Mr. Vasey Houghton, and Mrs. Houghton, Professor and Mrs. Wright, State Opposition Leader, Mr. Frank Wilkes, the leader of the National Party in Victoria, Mr. Peter Ross-Edwards, the State Shadow Minister of Health, Mr. Tom Roper, Cr. Wellington Lee,

representing the Lord Mayor, and Miss Monica MacCallum, the daughter of Sir Peter MacCallum.

In his speech Mr. Hamer said: "The Institute now provides the full range of in-patient and out-patient care for all types of cancer and allied diseases plus a range of supportive services, not only here but through clinics in 12 Melbourne Hospitals and institutes, six country hospitals, and five centres in Tasmania."

In research, he said, the Institute planned to develop units for pharmacology, cytogenetics, biophysics, theoretical biology and chemotherapy, in addition to the research units already established.

Significant Advances

The Institute's teaching, he continued, was now widespread, providing both undergraduate and postgraduate medical and nursing teaching, as well as training for therapy radiographers, isotope technicians and medical technologists. He added: "So far so good but, if the Institute is to retain its place as one of the world's leading cancer treatment and research centres and to maintain the reputation it has gained by pioneering many significant advances in diagnosis and treatment, it must build — physically — for the future and plans are now in hand to cope with demands likely to be made upon the Institute up to the turn of the century."

Announcing the naming of the building, Mr. Hamer said that Professor Wright had been a member of the original committee which considered the establishment of the Institute, a foundation member of the Institute board and Chairman of the Executive Committee from 1949 to 1971.

"He was then Medical Director from 1971 to 1975, and is now an advisor in research at the Howard Florey Institute. This building, and the one to adjoin it, are to be named after him, and may I say that it is an honour richly deserved," he said.



At the conclusion of the official opening ceremony, the Institute's Chairman, Mr. John Daley, escorted the Premier on a tour of the new building. Mr. Hamer is photographed, above, with Mr. Daley in Radiotherapy. Other areas inspected included the new wards, M 6 and Diagnostic Radiations.

The tour was conducted by the Project Officer, Mr. Ron Churches, and the Orientation Officer, Suzy Altman, and others in the tour group were Mrs. Hamer, Mrs. Daley, Mr. and Mrs. Houghton, Professor and Mrs. Wright, and the Chairman of the Executive Committee, Dr. Lowe, and Mrs. Lowe. Later, the group joined other guests at the

reception on Level 8.

As a memento of the occasion, Mrs. Hamer, Mrs. Houghton, Mrs. Daley, Mrs. Wright, Mrs. Lowe and Mrs. Churches were each presented with a small hand-painted china plate. The plates were painted and inscribed by Mrs. Jean Gillespie, ward clerk in Ward 2.



LEFT - The Premier, Mr. Hamer delivering his opening speech to the guests at the official opening of the Phase 1 building. At the conclusion of his speech Mr. Hamer declared the building open and unveiled the name plaque.



CENTRE - The Chairman of the Board, Mr. John Daley, at the conclusion of the opening programme. Behind can be seen the name plaque which reads: "The Douglas Wright Wing of the Peter MacCallum Hospital was opened by the Premier of Victoria, The Hon. R. J. Hamer, E.D., M.P., on the 19th of September, 1977. The Douglas Wright Wing was named after Professor Emeritus Roy Douglas Wright, Foundation member of the Cancer Institute Board, Chairman of the Executive Committee (1949-1971) and Medical Director (1971-1975)."

LOWER LEFT - Mr. Daley and the Minister of Health, Mr. Vasey Houghton inspecting the M 6 radiotherapy area during their tour of the new building.



BELOW - Professor Emeritus Roy Douglas Wright, after whom the building was named. In a note to the Board, Professor Wright said he was greatly honoured by the Board's proposal "which allows my name to be associated with that of my respected and loved friend and colleague, Peter MacCallum." "There is more than gratitude in my acceptance: there are all sorts of memories, hopes achieved, hopes deferred and even hopes laid aside for the time being. There are memories of the days of development with the whole staff of the Institute as near to being a real college as any I have seen in Australia, indeed anywhere. And our reputation for service to the patients and the community reflects the spirit and competence of such a college."



"The Radiant Years"

The inaugural Peter MacCallum Lecture, by Dr. Rutherford Kaye Scott, was titled "The Radiant Years" and was a comprehensive and racy account of radiotherapy in Victoria over the past 50 years.

The text of the lecture is to be printed in the Journal of the Australasian College of Radiologists; below are just some of the points made by Dr. Kaye Scott.



Governor attends Lecture

The inaugural Peter MacCallum Lecture, held at the Institute on September 21, was delivered by Dr. Rutherford Kaye Scott, who was the first Medical Director of the Peter MacCallum Clinic.

Dr. Kaye Scott is pictured, above, at the conclusion of the Lecture, with the Manager and Secretary, Mr. George Bolitho.

The Lecture, in the presence of the Governor, Sir Henry Winneke, and Lady Winneke, was attended by 300 members of staff and representatives from other medical and scientific organisations.

Introducing Dr. Kaye Scott, the Chairman, Mr. Daley said: "It is fitting, I think, that the first Peter MacCallum Lecture should be held at this time when we are celebrating the opening of our new building, the Douglas Wright Wing, and it is fitting that the lecture should be delivered by Dr. Rutherford Kaye Scott."

"Because without Sir Peter MacCallum and Dr. Rutherford Kaye Scott there may have been no Cancer Institute and no Peter MacCallum Hospital; it was to a large degree due to their efforts that Victoria gained a centralized hospital for cancer treatment, research and education."

Mr. Daley said that Dr. Kaye Scott and Sir Peter, as members of the Executive Committee of the Anti-Cancer Council of Victoria, in 1937 drew up a plan to put the radiotherapy treatment of cancer in Victoria on a sound rational basis.

In a speech of thanks to Dr. Kaye Scott, the present Medical Director, Dr. Peter Ilbery, said that the first Medical Director's small radiotherapy department had become "one of the largest institutes in the world", and he praised those who had planned the initial services for cancer patients.

He added: "I have the assurance of the pioneer doctors, nurses, scientists and technicians that the central energetic figure of Dr. Kaye Scott provided the core of knowledge, belief and spirit essential to the venture."

At the conclusion of the Lecture programme the Governor unveiled a plaque honoring Dr. Kaye Scott for his service to the hospital. This will be the first plaque for the new Roll of Honor.

Sir Peter MacCallum: "Professor Peter MacCallum came to Melbourne in 1925, and joined the Pathology School at the end of the first term. It was the time we were doing Pathology and our year had not been happy with the lecturer during the first term. So Professor MacCallum came to us like a breath of fresh air. He was a fluent speaker and he knew his subject. His influence reached out and quickly involved all of us."

"He had come with a good sporting as well as a fine academic record — he had played rugby in both New Zealand and Scotland where he had gone for post graduate training from Christchurch. On some Wednesdays he was want to come to lecture dressed in plus fours with a red garter tab showing below his knee. This always earned him a cheer from the boys.

"I well remember that he invited anyone who wanted help before the examinations to come and see him, and he spent a most gracious hour with two of us which I have never forgotten.

"Not much was seen of him in the following few years till we went to the Pathology School regularly for Master of Surgery tutorials. Then again in the subsequent years I was most impressed with his energy on the Anti-Cancer Council. He always had time for the extra activities, and always knew the right people to approach when something more was needed. Over the years he built up in the Executive of the Anti-Cancer Council a concept of a Central Radiotherapy Clinic which he gradually brought into being."

Early radiotherapy services: "The Commonwealth in 1927 purchased £100,000 worth of radium for distribution among the States with the object of setting up Radiotherapy centres for the treatment of cancer. Dr. Cumpston was then Director-General of Health and agreements were entered into with one general hospital in each State. In Victoria, the Royal Melbourne Hospital was chosen and the document provided for a ward to be made available with theatre facilities and an out-patient department. The Department was to be run by an honorary member of the Staff who was to have a full-time Registrar."

"The Therapy Department boasted the possession of two Waits & Bartless deep X-ray therapy machines. Each was mechanically rectified working at 4 mA and 200 kV. Open glass X-ray tubes were enclosed in a lead-rubber lined wooden box fed from above by non-shockproof overhead cables. They were installed about 1926 and worked till about 1936. Only wide field therapy could be done, the smallest field was 10 centimetres square. A superficial X-ray plant was located in the out-patients department, but was the property of

the dermatological departments and was never used by Radiotherapy, but it was our job to run it for the skin people and to test each week a Sabourard pastille to see that the time for an erythema dose was correctly known. This unit also had overhead feeds, an open glass tube mounted in a leaded box. No shockproof units were available in those days.

"Having finished one year as Resident Medical Officer, I found myself appointed to the Registrar's job in the Radiotherapy Department. I was not aware that anybody in authority at the Hospital in 1928 knew that my father purchased his first radium in 1910. He accumulated quite a lot of Australian radium from Radium Hill, and he had other radium from abroad, with certificates signed by Eva Curie which are now in the care of the Australian Radiation Laboratory. I had grown up with radium, my father loved to show his to parties of his friends, one of his favourite tricks was to show gamma rays shining through a pile of 30 pennies."

Therapy Radiography training: "The Royal Melbourne Hospital with the aid of the Anti-Cancer Council gave teaching to technicians and we had a number of these in training during and after the war. McRobertson Girls' School, for the cost of books, would keep a girl for a year on scholarship and it was arranged that she do the first year of the Radiotherapy course during her matriculation year. She was not required to sit for matriculation examinations. This cost the Anti-Cancer Council £2 per year and in this way Miss Opie, and the following year, Miss Milne came. Both proved treasures. Miss Milne is now in charge of technicians, Miss Opie, who married, is back doing part-time work after having had her family."

The present hospital: "The stage has now been reached where half a new building has been provided by the State Government. The old Forster Block, which originally took five years to renovate, is to be demolished and the new building will be completed. Meantime, Professor MacCallum's stated aim for the clinic — 'waiting machines and not waiting patients', was attained only for a few months at the beginning and never since. Enough machines are not available in any one class even though no other clinic in the world can claim to have 6 megavoltage machines. Dr. John O'Sullivan can be thanked for his foresight in having the first of these installed.

"The Peter MacCallum Clinic has made a very good public image over the years, this is in no small measure due to the excellence of its nursing services and the training given to its technicians, and the care given to patients by senior medical staff.

"But there is still plenty left to do."



Sister Aileen Johnson, Head of the Visiting Nursing Service, has retired after 27 years with the Institute. She is photographed, above, at the official farewell held in the Board Room last month.

Sr. Johnson joined the staff of the Institute as Supervisory Sister of the VNS in 1950, two years before the opening of the outpatients and radiotherapy departments, and four years before the first inpatient ward was opened.

She had trained at the Royal Melbourne Hospital and had worked in Dr. Kaye Scott's wards there, but she had had little previous experience in cancer nursing and therefore before the Institute's service began she was sent out to the Austin Hospital for six weeks to work in the cancer wards there. She recalls that when the service began she had no preconceived ideas of what was needed.

"We quickly realised that some of the first requirements were to establish a linen service and to buy equipment, such as hospital size beds and wheelchairs, to make life at home more comfortable for the cancer patient," she said.

"More importantly, we quickly realised how necessary the service was and what a need it filled."

This need has continued, she said, and the VNS has now made its mark on the community.

"Judging by the letters and donations we get, the service is held in very high esteem," she said.

"As a result we have a very low staff turnover."

Now that she has retired, Sr. Johnson plans to devote more time to her favourite hobby, racegoing, and hopes to get to some of the country meetings. She also intends taking up golf again, and, in addition, she is making plans for an extensive overseas tour next year.

Graduation

All the nurses who undertook this year's Post Basic Oncological Nursing Course have successfully completed their training.

They are: Mrs. Dianne Brown, Miss Marie Dillon, Miss Marion Holt, Mrs. Helen Kean, Miss Rosemary Little, Miss Cairn Patton, Miss Margaret Sinnott, Miss Grace Sui, Mrs. Sylvie Wenzell, Mrs. Pat Stapleton and Miss Margaret Yap.

The Gertrude Stoll Memorial Prize for 1977 was won by Grace Sui.

Farewell to Mr. Churches

The Project Officer and former Manager, Mr. Ron Churches, retired this month after 23 years with the Institute. He is photographed (below) at the staff farewell.

Mr. Churches began his hospital career at the Alfred Hospital in 1946, following war service with the 8th Division 2/9 Field Ambulance (he was a prisoner of war in Malaya for three and half years).

He came to the Institute in 1954 as deputy Manager and became acting Manager in 1957 until August, 1958, when he was appointed Manager.

Ill health forced him to relinquish this post in 1973, but he remained with the Institute, on a part-time basis, as Project Officer, to continue the planning of the redevelopment programme.

In a Minute of Appreciation adopted by the Board at that time, the members paid tribute to his significant contribution to health care, not only to the Institute, but also, through his membership of such bodies as the Nurses' Wages Board and the Metropolitan Hospitals' Association.

This week the Manager, Mr. Bolitho, said that Mr. Churches would be greatly missed at the Institute.

"We have all benefited from the very special qualities which he brought to the Institute," he said.

"Perhaps the greatest of these is his feeling for people, particularly for patients and staff."

"In his Christmas message to staff in 1969 he wrote: 'In a hospital such as ours, each of us has a special contribution to make. We

have something to contribute to the scale of values within our own departments, and within the Institute as a whole. In the same way, each of us is contributing to the character of the Institute and its value within the community.'

"Mr. Churches' own contribution, both to the Institute and to the community, has been invaluable, and he leaves a gap which will be hard to fill."

Staff farewells

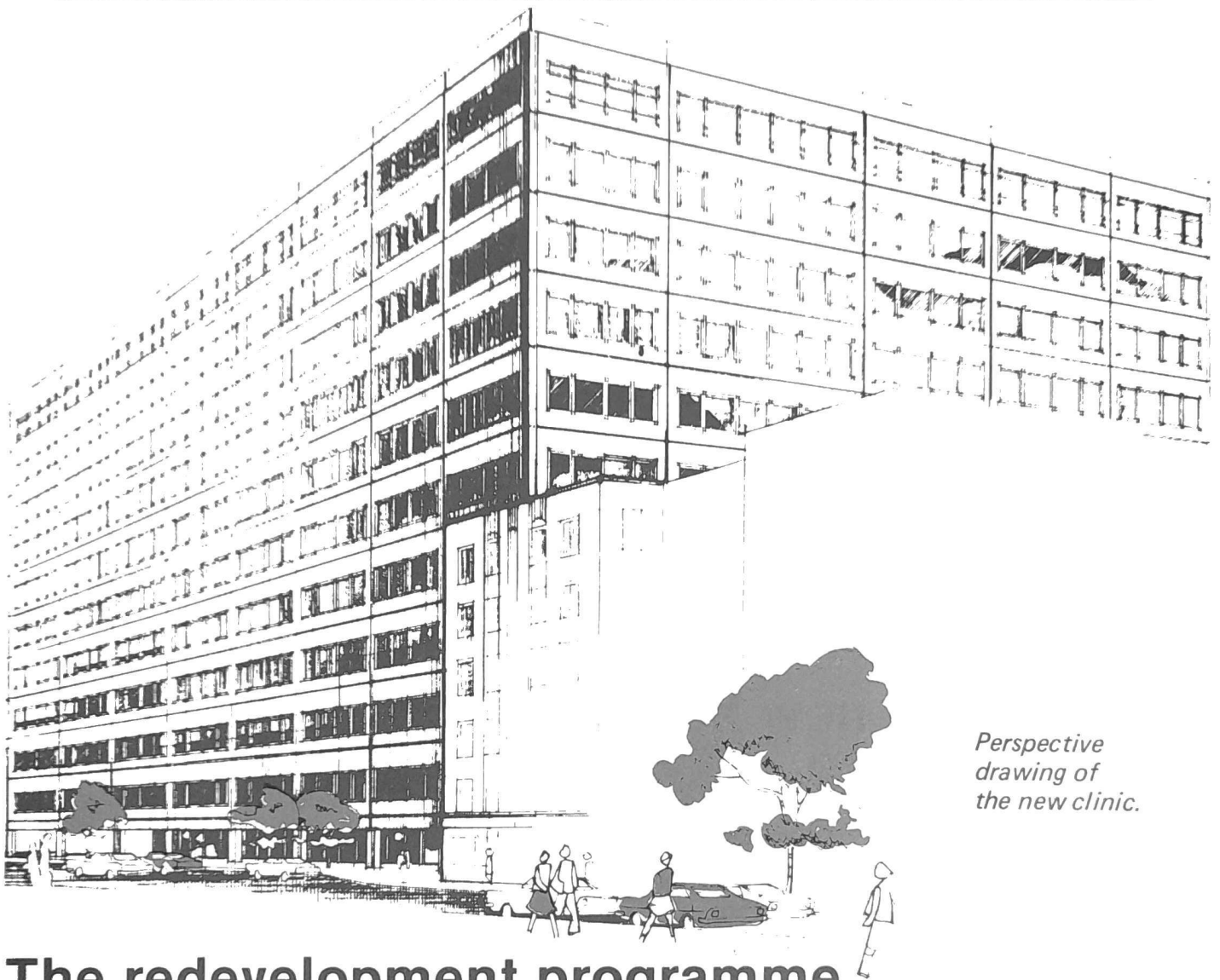
Two formal functions were held in the Boardroom to mark his retirement. The staff farewell was held on November 9, and, on behalf of his colleagues, Mr. Bolitho presented him with a selection of books, a cheque and a commemorative engraving showing the new hospital building.

The Board farewelled Mr. Churches at a lunch on November 23, and presented him with a clock and an FM/AM radio.

A keen gardener, Mr. Churches plans to spend more time following this interest now that he has retired. He is also looking forward to resuming another of his favourite past-times — painting.



BUILDING FOR THE YEARS AHEAD



Perspective drawing of the new clinic.

The redevelopment programme

The Cancer Institute's redevelopment programme has been designed to cope with pressing current needs and expected future demands. The Institute, with its treatment section, the Peter MacCallum Clinic, is Australia's only comprehensive, specialist centre for treatment, research and education in cancer and allied diseases, and one of the few centres of this kind in the world.

The Institute provides a full range of patient services, including in-patient and out-patient care, backed by supportive services such as social services, physiotherapy and the Visiting Nursing Service. In addition it operates clinics in 12 Melbourne public hospitals and institutes and six country hospitals, and it is responsible

for radiotherapy services in Tasmania.

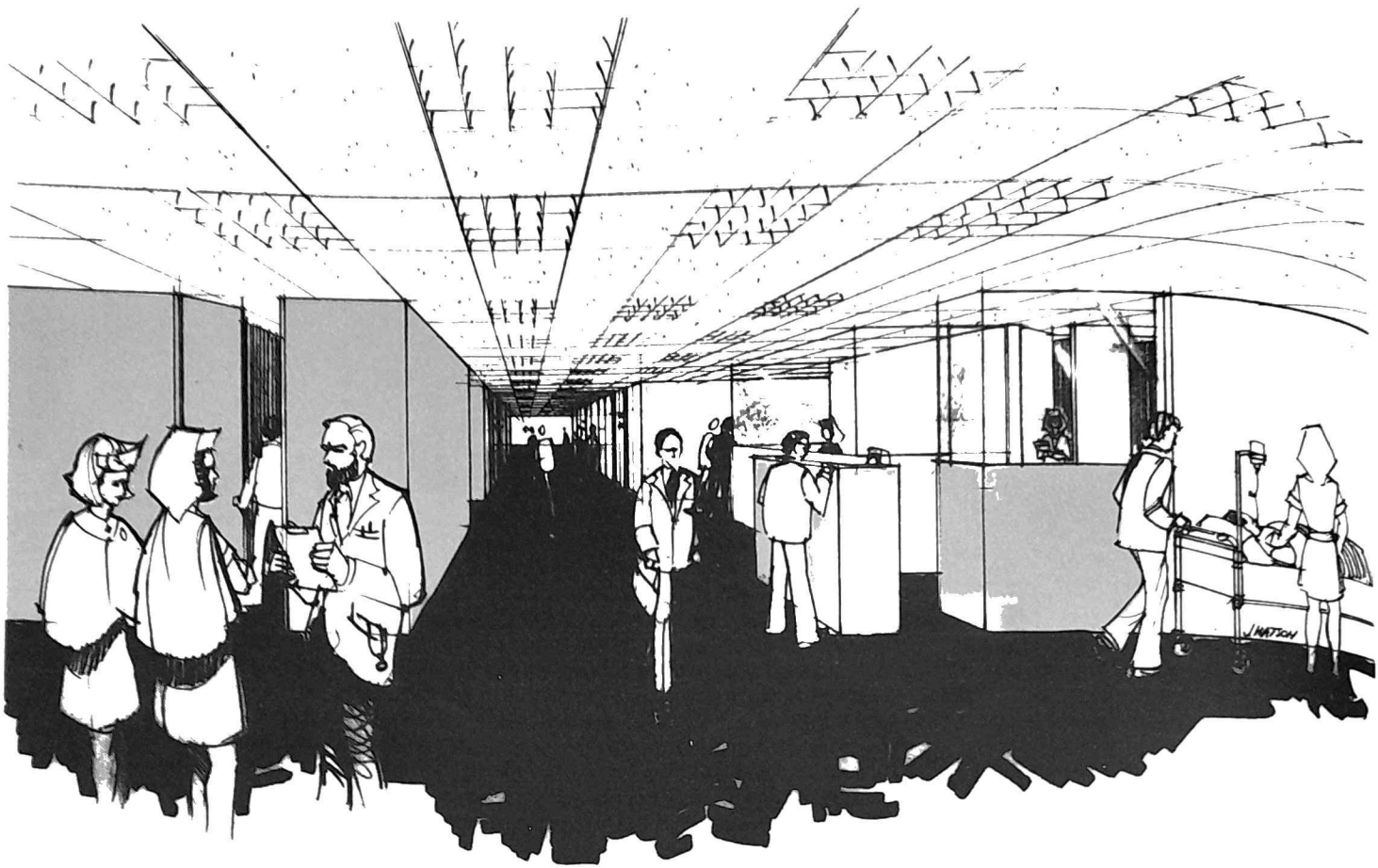
Research is a primary responsibility. There are four major research units — Biological Research, Endocrine Research, Haematology Research and Clinical Immunology and Immunogenetics. The wide-ranging research programmes comprise both clinical trials and laboratory research.

The education responsibilities of the Institute cover medical, paramedical and technical areas. The Peter MacCallum Clinic is a teaching hospital for the Melbourne and Monash Universities, providing for both undergraduate and postgraduate education. Other education facilities include postgraduate education for higher degrees in the science faculties

in association with the University of Melbourne and training courses for therapy radiographers, isotope technicians and medical technologists. In addition the Institute runs the only postgraduate school in radiotherapeutic nursing in Australia.

The redevelopment programme will extend and improve all these essential services as well as providing important new facilities.

Building is being undertaken in two stages. The first stage will increase in-patient beds to 300, with adequate out-patient and supportive services, and the second stage will provide an additional 300 beds.



A ward nursing station

Building the new hospital.

The building of the new hospital has presented a unique challenge because the existing buildings of the Institute occupy over three quarters of the available site. All the buildings house services essential to the continued operation of the hospital, and it was impossible for them to be relocated or shut down during rebuilding.

Sequential transfer

The architects, Yuncken Freeman Architects Pty. Ltd., in conjunction with Institute personnel, therefore devised a form and a sequence of building construction which allowed existing departments to operate without interruption until their new space was ready, and to arrange sequential transfer from old to new space as construction proceeds.

The planning follows many years of research into the needs of a growing population and into the exacting requirements of a modern oncological centre.

An increasing population in Victoria

will mean continuing increased pressure on the Peter MacCallum Clinic's services. The Government has undertaken to provide additional land, and the current building programme has been designed to be flexible enough to provide, when required, further expansions and changes of layout without major alterations to existing buildings and with a minimum of disruption and expense.

It is envisaged that, in the long term, there should be a minimum of 480 beds in operation on the main site, as well as further development of other Institute services in the state.

Satellite centres

Consideration will be given to such problems as decentralisation and satellite centres, and a Rehabilitation Centre will be established at the Peter MacCallum Clinic to provide a comprehensive service with physiotherapy, occupational therapy, speech therapy, vocational re-training and psychological counselling.

Institute statistics for the year 1974-5 show just why the rebuilding programme is needed.

Out-patients	
Melbourne attendances	40,106
Country clinics	5,420
Tasmanian Clinics	9,347
Total of new out-patients	5,656
Total therapy treatments	131,762
In-patients	
Ward admissions	3,937
Visiting Nursing Service	
Total new patients	930
Total visits	38,286
Diagnostic X-ray	
Number of patients	8,780
Pathology	
Services performed	104,586
Radioisotopes	
Diagnostic tests	1,163
Total patient attendances	1,438
Pharmacy	
Prescriptions dispensed	55,314
Physiotherapy	
Total treatments	10,044
Transport	
Number of trips	57,120

Planning the environment.

The revolutionary design of the new hospital will be on open-plan lines to dispel the forbidding, hospitalised atmosphere. The total design concept is aimed towards preventing the visual restlessness of most hospital interiors and to provide instead, an environment which is not only the most efficient but also psychologically sympathetic.

Instead of long corridors and large wards there will be smaller patient units grouped around general purpose concourses and patient activity areas. To assist in recuperation, ambulant patients will be encouraged to return to normal activities and will have their meals in two centrally situated dining rooms. There will be rooms for quiet activities (reading, cards, etc.) as well as a television lounge.

For patients requiring more comprehensive care, monitoring equipment will allow nursing staff to provide continuous supervision.

A large number of wards have been

planned on the basis of single, motel-style units with shower and toilet. There will also be six and four bed units, all with adjacent shower and toilet facilities.

In the outpatients section, situated over two floors, there will be 12 small waiting lobbies instead of the more usual large, impersonal waiting rooms. These sections too have been designed along open-plan lines, with indoor landscaping used to separate the areas.

Throughout the Clinic the plans provide for maximum control of heat, light and noise. The building will be air-conditioned and corridors carpeted. Windows will be double-glazed with reflective glass to reduce noise, glare and heat. To further minimise noise, staff service areas will be separated from patient areas by buffer zones.

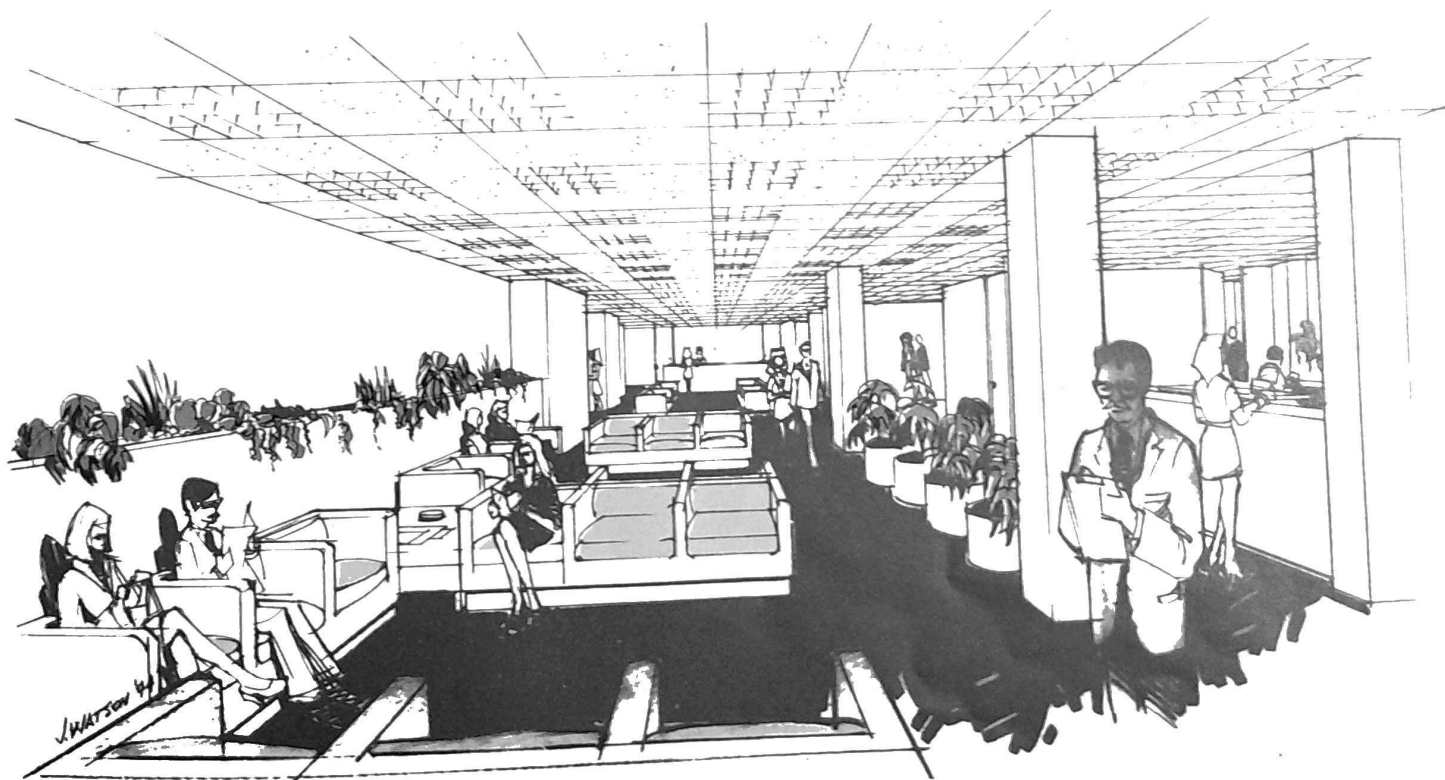
The building will be of reinforced concrete columns and walls, with a precast concrete facade designed for minimum maintenance.

Converting bricks and mortar into a hospital.

The first section of the new hospital is to be completed by mid-1977. Then comes the task of converting the bricks and mortar into a functioning, caring hospital.

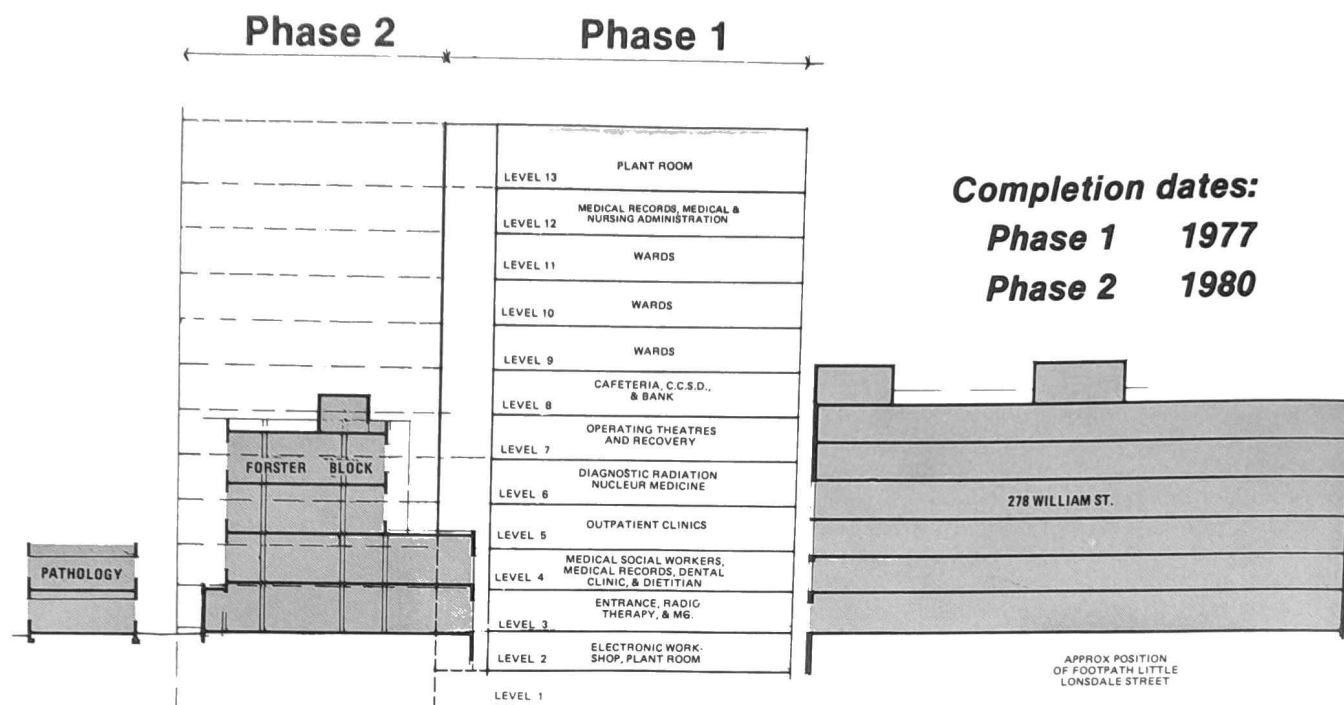
This is the task of the commissioning teams, each chosen for their special skills but working together to produce a pleasant but practical environment with design and function harmonising.

Basically, the commissioning programme has three main functions — equipping, staffing and evaluating the new hospital building. The processes of equipping and staffing began almost as soon as planning was initiated. Of course the task of evaluation must wait until the first phase of the building is completed and in operation. But it is a vital part of the commissioning programme to ensure that problems will be recognised and corrected early, and ensuring that they will not be repeated in later phases of the building. The new hospital will be a hospital planned by people and operated by people for people.



An out-patient waiting area

The redevelopment programme



Phase 1

The completion of phase 1 of the redevelopment programme of the Cancer Institute will provide additional facilities for:

- In-patients. Total in-patient accommodation will be 180 beds
- Outpatient clinics
- Diagnostic radiography and nuclear medicine
- Radiotherapy
- Medical social work
- Operating theatres
- Medical records
- Central sterile supplies
- Pharmacy
- Dental clinic
- Medical and nursing administration

The target date for the completion of building and the commissioning of this phase is August, 1977.

Phase 2

In phase 2 the existing Forster Block, built originally in 1925 as part of the old Queen Victoria hospital, will be demolished and replaced by a 13 storey extension to the phase 1 block.

This will increase the accommodation for:

- In-patients. At the end of this stage of the rebuilding programme there will be a total of 300 in-patient beds
- Out-patient clinics
- Radiotherapy
- Nuclear medicine
- Physics
- Medical library
- General administration
- Education

It is expected that this second phase of the major first stage of rebuilding will be completed in 1980.

The next stage

Planning is already underway to ensure that the full services of the Cancer Institute and its treatment section, the Peter MacCallum Clinic, will continue to expand to meet the needs of the people in Victoria.

In the proposed building plans in the second stage of the Institute's redevelopment programme there will be two new major buildings.

A new clinic block would provide:

- An additional 354 in-patient beds
- Four additional megavoltage treatment units, making a total of 12
- Relocation of the Pathology department
- Expansion of all supportive facilities to service the increased accommodation

A new service block would provide urgently needed staff accommodation and patient, visitors and staff car parking.

13/7/78
 AUSTRALIAN

SUN 13/7/78

Dr carries on with the treatment

Medical research does not stop at the laboratory door, says hospital administrator Dr **FEDORA TRINKER**.

Information on how patients feel about their stay in hospital or the way staff are coping with their tasks is just as valuable as research into new technological advances, she says.

Dr Trinker was yesterday appointed director of medical services at the Cancer Institute's Peter MacCallum Hospital in Melbourne.

She said she had not had time to get to know her hospital. "Every specialist hospital has specialist problems to be taken care of but the general administrative problems are much the same," she said. Cutting costs and rating priorities were two of the most prevalent.

Dr Trinker worked in pharmacological research from 1965 until 1973 when she joined Royal Melbourne Hospital as assistant medical administrator.

Last year she studied hospital planning and health care systems in Britain, the U.S. and Canada.

At the Peter MacCallum she will supervise nearly 1100 staff members, more than 4500 in-patients and a staggering 132,000 outpatients for cancer therapy.

Dr Trinker, 37, is married with two sons. She is expected to take up her new position in late September or early October.

Don't give up: cancer plea

By **STEPHEN MEESE**

TOO many people saw cancer as the end, Dr Fedora Trinker said yesterday.

She said the No. 1 killer — heart disease — which was a bigger problem, did not get the same emotional response.

There was a need to boost a cancer patient's confidence the hospital's research committee.

"With modern techniques, the life-span and quality of life of a cancer patient can be equal to a lot of other diseases," she said.

Dr Trinker, 37, has been appointed the director of medical services at the Cancer Institute's Peter MacCallum Hospital.

She is the first person in this administrative position, which was created in line with the hospital's redevelopment program begun last September.

Dr Trinker, now assistant medical administrator at Royal Melbourne Hospital, will be responsible for the direction of medical services for hospital patients and those referred for private treatment.

She is married with two children — Paul, 13, and Marcus, 11 — and has been at RMH for five years.

Before that she was involved in medical research for eight years at Melbourne University and the Baker Institute of Medical Research.

In 1977, Dr Trinker spent some time overseas studying hospital planning and health-care services in Britain, the U.S. and Canada.

While at the MacCallum clinic she will not leave her research work behind as she will be on



Dr Trinker

the hospital's research committee.

She said her main concern was to provide high quality of services to all patients.

Dr Trinker will probably start in her new position in September or October.

The Peter MacCallum redevelopment program is being undertaken in two stages. The first will increase in-patient beds to 300, and the second will provide an extra 300 beds.

President: The Rt. Hon. the Lord Mayor of Melbourne.

Vice-President: Sir Edward Dunlop, CMG, OBE, MS, FRCS, FRACS, FACS, D.Sc.(Hon) PUNJABI.

Chairmen: Executive Committee: Thomas E. Lowe, CBE, DSC, FRCP, FRACP, MD. Finance Committee: John Larritt, FCA.

Medical & Scientific Committee: D. B. Pearce, MB, BS, BSc, DTRE, FCRA. Appeals Committee: Sir William Kilpatrick, KBE.

Public Education Committee: W. A. Dick, B.COM, FCA. Cancer Service Committee: Sir William Kilpatrick, KBE.

Anti-Cancer Council of Victoria



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

Director: Dr. Nigel Gray.

Recently, the Victorian Anti-Cancer Council and the Health Education Centre sent out questionnaires to a representative sample of all branches of the Australian medical profession to obtain information on past and present smoking habits of Australian doctors. This information is vital to researchers engaged in the study of smoking and health.

To ensure that all replies are strictly confidential, we engaged an independent market research organization, Australian Sales Research Bureau Pty. Ltd., to process the replies to the questionnaires.

It appears that they have as yet not received a returned questionnaire from you and for this reason, I am writing again to ask for your help.

The individual reply from each doctor in the sample is important; a high percentage of non-responses would cast doubt on the final results. Therefore, a copy of the questionnaire is enclosed in case you did not receive the original.

I know very well that it is difficult for doctors to find time to answer questionnaires, but the time required to fill in this one is minimal and the answers are essential for research.

I should be grateful if you would give this request your prompt attention and return the questionnaire in the prepaid envelope provided. Should you have already returned a questionnaire, please ignore this additional request.

Thank you for your help. If you have any queries, please contact me direct.

Yours sincerely,

NIGEL GRAY, FRACP,
Director.

P.S. A copy of the aggregate results from this survey will be sent to you for your interest.

NJG:SG

13th December, 1977.

Mr. G. S. Bolitho,
Manager and Secretary,
The Cancer Institute,
481 Little Lonsdale Street,
MELBOURNE. 3000.

Dear George,

Re: Exchange of Information

Adrienne Holzer has passed on to me your letter of 7th November which I unfortunately covered up with other projects and am late in responding.

The matter of coordination of research has exercised us over the years and, obviously, we have a proven vested interest in the matter.

Careful reading of the Cancer Act led to a discussion between the Commissioners of the Syme/Townsend Commission and myself, which left me relatively satisfied with the view that our Medical and Scientific Committee has the prime responsibility for ensuring that coordination is adequate. I quote the phrase in our half of the Act: "

"to co-ordinate in Victoria all activities in relation to research and investigations with respect to cancer and allied conditions and with respect to the causation ~~pre~~vention and treatment thereof"

You will be aware that your half of the Cancer Act also tells you to co-ordinate your various activities which include research but that this is not to embrace the State as a whole.

What coordination happens?

1. We do not have any representatives on the National Health and Medical Research Council but we do have some common members so are privy to what is going on at that level.

2. The Cancer Institute has one representative on our Medical and Scientific Committee, and since George Hodgson is most meticulous in his scrutiny of our research grant applications and is one of our most valuable members I have always felt happy that our grant activities are known to the Cancer Institute. The reverse is not the case, but I must say that it has never entered my mind to request details of what is going on at the Cancer Institute as I felt that George's careful scrutiny would take care of any potential overlaps and, certainly, when discussions have arisen he has presented any relevant information. Thus my personal feeling is that things have been pretty good but they could be improved a little if our Medical and Scientific Committee could have access to your grant applications. You already have access to ours through George, but I certainly would be happy to provide as many copies of our application book as you need.
3. In the past the Cancer Institute has confined itself to spending money within its own walls and, hence, there has not been any problem with people who are applying to us also applying to the Cancer Institute. I was a bit surprised this year to discover that Margaret Garson, who is supported by us, had also received funds from the Cancer Institute as we were not aware of this at the time of making her grant and George did not seem to have the details of what she had received clearly in his memory. We would certainly need to put some more thought into a coordinating mechanism if it were to become routine for the Cancer Institute to receive grant applications from people outside of its walls; I understand that with regard to Margaret Garson it was more a case of research as part of the Peter Crimmins' expenditure, and this does not seem to pose any problems.
4. There is a minor problem in that Melbourne University does have internal funds to disburse for cancer research and we are not given any official access to the grant applications but we do have common members with their committee so, again, information flows satisfactorily. I have written to Melbourne University to suggest that they provide us with this information as we ran into a minor problem this year with an applicant who had put in slightly differing applications which, in fact, were intended to achieve the same level of support.

I understand from Nick Sloan, via Allen Christophers, that a letter has been sent to the Minister suggesting a Coordinating Committee - I have spoken to Nick on this subject and, for the moment, would stick to my view that coordination in general is extremely good and that the common committee membership system works very well. I would thus be somewhat opposed to the idea of yet another committee which has to meet and consider these complex matters.

I would certainly be willing to talk about this further. As you know, Tom Lowe is also on our Scientific Committee, although not formally representing the Cancer Institute, and that committee has been functioning more and more effectively over recent years. as its breadth is satisfactory in terms of multiple disciplines, the members are attentive to their job and almost all of them try to come to meetings.

Yours sincerely,

(Nigel Gray)
Director.



The Cancer Institute

PETER MacCALLUM HOSPITAL

481 Little Lonsdale Street, Melbourne 3000. Phone 602 1333

In reply please quote

gsb:hm

RECEIVED

3 NOV 1977

7th November, 1977

To _____
From _____

Miss A. Holzer,
The Secretary,
Anti-Cancer Council,
90 Jolimont Street,
EAST MELBOURNE, 3002

Dear Miss Holzer,

Re: Exchange of Information

At recent meetings at the Institute, the suggestion was made that our respective organizations should exchange information on current research projects in order that we can both be informed and so can take appropriate steps to co-ordinate where overlapping of effort might occur.

The sort of information would relate to the title of the project and the officers or investigators concerned.

Possibly you might give some thought to this and we could then discuss the idea later.

Best wishes,

G. S. Bolitho,
Manager and Secretary

NJG:SG

29th December, 1977.

Dr. A. Christophers,
Chief Industrial Hygiene Officer,
Department of Health,
5 Parliament Place,
MELBOURNE. 3002.

Dear Allen,

Thanks for the copy of the letter from the Cancer Institute. It seems to me that with Maurice Ewing in the chair, and you and George Hodgson there, that the project ought to be safely steered.

Cheers,

(Nigel Gray)
Director.

Cancer Institute

ER MacCALLUM HOSPITAL
1 Little Lonsdale Street, Melbourne 3000. Phone 602 1333

In reply please quote

GSB:JR

21st November, 1977

Dr. A. Christophers,
Chief Industrial Hygiene Officer,
Department of Health,
555 Collins Street,
MELBOURNE, Vic. 3000

Dear Dr. Christophers,

Re: Study of Testicular Tumours

Recently the Board approved a pilot study for a period of six months into the possible roles of environmental chemicals and tissue-specific activity enzymes in the aetiology of testicular tumours.

This study is to be undertaken by Dr. T. F. Sandeman, a Consultant Radiotherapist at the Institute, and Dr. D. G. MacPhee, Senior Lecturer in the Department of Genetics and Human Variation, La Trobe University.

Following discussion last Friday with Dr. W. N. Sloan, the Executive Committee decided that, in view of the nature of this pilot study, an invitation should be extended to you, as an Officer of the Department of Health, to join Dr. Sandeman and Dr. MacPhee in this work.

The Institute is naturally concerned that this epidemiology pilot study should proceed without problems and is aware of the delicate nature of the subject. To this end, your advice would be appreciated and, if you are agreeable, I will arrange for a luncheon at the Institute for those involved to meet and to discuss the study.

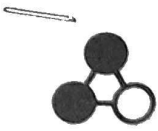
Those invited would be Professor M. R. Ewing, Chairman of the Research Committee, Dr. T. F. Sandeman, Dr. D. C. MacPhee, Dr. G. S. Hodgson, Dr. W. N. Sloan and yourself.

I would be grateful for your advice as to whether or not you would be prepared to accept this invitation.

Yours faithfully,



D. A. Balling,
Manager and Secretary



**Peter
MacCallum
Cancer
Institute**



481 Little Lonsdale Street
Melbourne 3000
Telephone (03) 641 5324

Incorporating the
Peter MacCallum Clinics in
metropolitan and country hospitals

19th March, 1992

315

Dr N J Gray
112 Robinson Rd
HAWTHORN 3122

Hello there,

I'm Kevin Heinze and you probably know me more for my work with gardens and flowers rather than for writing letters like this. But because cancer has touched my family, I have a most personal interest in the Peter Mac and its work.

As a supporter of the Peter Mac, you must have a personal interest too. I hope so, because I'm inviting you and your family to join me and thousands of others next Sunday, March 29. It will be a day of fun but a day with a serious message.

With this letter, there is a personalised response slip, map and description of the Events. I hope you and your family will join me in the March, even if it's just for a short distance. I also hope you will bring friends and family to the new site in East Melbourne, to picnic in the nearby park, to participate or just to watch the fun - will you do that?

The fundraising will come from sales of the "blue" top hats, from small entry fees paid by those participating in the Decorated Hat Competitions, and from donations collected on the day, or sent through the mail.

Your involvement is invited in any way you choose. But as you're also a generous supporter, we've enclosed a special name tag - to allow us to recognise you on the day, and to give you free entry into the Decorated Hat competitions.

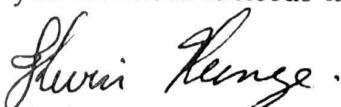
And...would it be a Mad Hatter's Day without tea and scones?

Please participate if you can, but if you're unable to come, will you help financially by sending a gift using the slip and envelope enclosed.

Wouldn't it be wonderful if we could control cancer as easily as I can control the thrip on my roses? In time we might of course but until we can, the Peter MacCallum Cancer Institute will continue its efforts in cancer treatment, research and education.

I take comfort from my gardens but I also know that comfort must sometimes take second place to the greater needs of others. The Peter MacCallum Cancer Institute deserves my support as well as yours. Yes, money will make a difference, it gives the Peter Mac a fighting chance.

From my gardens and from my heart, will you help us? The enclosed response slip tells you how...all it needs is your action. Thank you.


Kevin Heinze

P.S. Hats are available from Commonwealth and State Banks, MacEwans, Coles Fosseys, Liquorland, K Mart and most major Shopping Centres or in The Gardens on the day.

Dr N J Gray
112 Robinson Rd
HAWTHORN 3122

315

LD

To the Appeal Organisers

My/our gift of

\$30, \$50, \$35, \$40 or \$....

is enclosed/to be charged to my/our
VISA/BANK/MASTERCARD.

A/C No.

Signed:

Expiry Date:/...../19

Gifts are tax deductible. A receipt will
be sent promptly. If any name or
address details are incorrect - please let
us know.

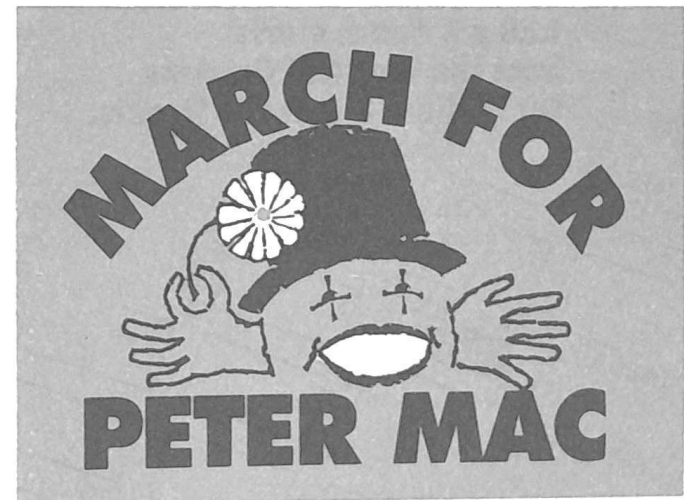
8713

This is your personal invitation to show your support
for the Peter Mac and to have fun too.

The Mad Hatter's March symbolises the purpose of
the Peter Mac Appeal – the move from the old hospital
in Lt. Lonsdale Street to the new site in East Melbourne.

Assembly point will be in the Flagstaff Gardens.

Whether or not you are able to join the March or
come to the Tea Party – you can show your support for
Peter Mac by buying a Mad Hatter Blue Plastic Hat for
just \$2 and by making a generous donation using the
slip above.



SUNDAY MARCH 29

ALMOST ONE IN THREE AUSTRALIANS WILL DEVELOP CANCER

This extraordinary fact is not a statistic for the remote future. Unfortunately these are the figures for Australians today. Research and medical skills are gradually improving the chances of recovery, but the need is urgent.

That's why the Peter MacCallum Cancer Institute is conducting this major Appeal.

The Peter MacCallum Cancer Institute is Australia's largest cancer centre, treating over 6,500 new cancer patients each year.

There are also 170,000 outpatient attendances and more than 30,000 home nursing visits per year. This home nursing service is unique in Australia, and possibly the world.

Victorians can be proud of Peter Mac.

The Institute is the pre-eminent centre for cancer research in Australia and has achieved a worldwide

reputation in this field and in education.

However the old buildings of Peter Mac are no longer able to adequately house the extensive services being provided by the Institute.

For many years a dedicated and caring staff have had to tolerate extremely difficult working conditions.

In 1990 the Institute purchased the former St Andrew's Hospital in East Melbourne and its gradual move to its new home will start in 1992, to be completed by 1994.

With your support and generosity there will be better facilities and more hope for the future in the unending fight against cancer.

All this takes money. So the "Mad Hatter's March for Peter Mac" concept has been created, in which all Victorians can participate and have fun for a very affordable price, or a truly worthwhile major donation.

**1.30 pm March starts
from the Flagstaff Gardens
Cnr William & LaTrobe Streets.**



FLAGSTAFF
GARDENS

LATROBE ST.

LT. LONSDALE ST.

LONSDALE ST.

LT. BOURKE ST.

WILLIAM ST.

Peter MacCallum
Cancer Institute

QUEEN ST.

ELIZABETH ST.

SWANSTON ST.

RUSSELL ST.

BOURKE ST.

EXHIBITION ST.

SPRING ST.

MACARTHUR ST.

New
PMCI site

TREASURY
GARDENS

**REFRESHMENTS ☆ FUN ☆
ENTERTAINMENT FOR THE WHOLE FAMILY**

**BANDS ☆ BUSKERS ☆ CLOWNS
DANCERS ☆ DRESS UPS
☆ MADDEST HAT COMPETITION**

**2.30 pm
Mad Hatters Tea Party
in the Treasury Gardens**





YOUR STAMP
ADDS TO
YOUR GIFT

Mrs Rhonda McCann
Peter MacCallum Cancer Institute
481 Little Lonsdale Street
Melbourne 3000.