Victorian Cancer News

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EDITORIAL: "FEAR MORE DANGEROUS THAN DISEASE"

by

JOHN

WAKEFIELD,

Chairman, Committee on Public Education, International Union against Cancer.

"Fear more dangerous than disease" ran one of the headlines in an article in "World Health" on the recent report of the WHO Expert Committee on Cancer Control.

This phrase neatly sums up the problem of delay. There are nowadays treatments that will cure a high proportion of early accessible cancers. But doctors cannot use them until patients come to them, and far too many people put this off as long as possible. Public opinion surveys in several countries have shown that delay usually stems from fear — probably because for centuries cancer was incurable and is still widely believed to be so.

This fatalistic attitude is the most perilous of all the many erroneous beliefs about cancer. What is the point of seeing a doctor if you think he can do nothing to help? The warning signs of ill-health are recognized easily enough without special knowledge. Yet, every year, hundreds of thousands of people all over the world forfeit their best chances of cure because they do not see a doctor quickly enough.

It is easy to be misled by what people say are the reasons for delay. The "reasons" given to some research workers have included economic worries, fear of losing a job or of leaving a family. They seem both plausible and potent, though almost certainly they are no more than rationalisations of a deeper, inexpressible fear of what is thought to be an inevitably fatal disease. To discover what is the basis of this fear is no mere academic exercise; for it is pointless to direct public education at the alleviation of ostensible fears when the more primitive fear beneath is left untouched.

Since fear of cancer is responsible for so much delay, it follows that educationalists must shun the deliberate use of fear as a weapon of propaganda. A certain degree of fear is a normal defence mechanism, but undue anxiety can inhibit all rational action. Moreover, as was discovered some years ago in the U.S.S.R., there are concealed pitfalls in placing undue emphasis on mortality figures, of harping on the dangers of delay, and of focusing attention exclusively on symptoms that are not necessarily specific for cancer. Hope and reassurance should be the mainstay of any educational effort, and the aim should be to instil the conviction that going promptly to the doctor really does help.

The melancholy side of cancer is familiar to everyone. What is not so well known is the increasingly optimistic outlook for the accessible cancers and the potent safeguards against the disease offered by some of the newer screening procedures, notably the cytodiagnostic test for pre-invasive cancer of the neck of the womb. These are the things we should stress if we are to generate a new confidence in the value of prompt treatment and so reduce some at least of the delay that costs so many valuable lives.

(reprinted from "U.I.C.C. Bulletin", October, 1964.)

POINTING THE WAY AHEAD

THE WORK OF THE AUSTRALIAN CANCER SOCIETY

by Carlotta Kellaway.

Although it has been in existence for only three years, the Australian Cancer Society has already shown the great advantages of a co-ordinating body for anti-cancer organizations in this country.

Its sponsorship of an Australia-wide clinical trial to investigate methods of treating acute leukaemia in children — the first clinical trial of any sort attempted on a national basis in Australia — has already yielded much valuable information to the doctors taking part.

The Society is now preparing other similar studies at the national level. "We are starting a trial in advanced lung and breast cancers and are hoping to get established the collection of cases of retinoblastoma.* In this way we hope to clear up some of our unresolved problems", said Mr. Kenneth R. Cox, F.R.C.S., the Society's Medical Adviser, in a recent interview.

The benefit to cancer sufferers throughout the Commonwealth of such large-scale studies in current treatments will obviously be far-reaching.

To the general public it is another sign of the energetic way the Society is carrying the fight against cancer into the national sphere, setting a pattern for co-ordination of activities in a number of States, and thus keeping the pledges made at its foundation in 1961.

Victorians should feel gratified that the first steps to consider the formation of a national cancer organization were taken during the 1960 Victorian Cancer Congress. The following year a Constitution was drawn up and later, in October, the Society held its inaugural meeting. First President was Mr. W. J. Kilpatrick, C.B.E., of Victoria.

Counting the Cures

Achievements to date in leading and co-ordinating the fight against cancer in Australia were reviewed at the Society's Council meeting held in Hobart earlier this year.

Ways in which the treatment of cancer could be further improved received urgent consideration at the conference.

"In analysing whether a particular treatment is better than another, it is essential that doctors adopt the *same criteria* in describing their cases", said Mr. Cox. "If a standard description is made we are then able to add individual results together in measuring the whole."

The "clinical staging" classification recommended by the International Union Against Cancer (with which the Australian Society is affiliated) was discussed at Hobart. Members agreed that Australian doctors should be urged to use the TNM method (the T stands for local *Tumour*, the N stands for regional lymph *Nodes* which may be involved, and the M for any distant *Metastases* found).

Mr. Kenneth Cox, F.R.C.S.

By bringing Australian usage into line with international practice, said Mr. Cox, it was considered that not only would results of different treatment methods be comparable, thus enabling doctors to decide which treatments were most valuable to the patient, but Australian methods could be measured against those used in leading overseas centres.

Another classification problem discussed was: how to get a complete picture of the frequency of the various types of cancer?

With high cure rates reported nowadays for several forms of cancer, such as cancers of the skin, breast and uterus, the mere collection of mortality figures no longer gives a complete picture of cancer incidence in Australia. It is most important to ascertain morbidity rates (i.e., the number of persons suffering from all forms of the disease per 100,000 of the population) as well.

Such data have been collected by the Central Cancer Registry in Victoria for many years, while a series of separate registers are kept in other States — a melanoma register in Queensland, a leukaemia register in Western Australia and registers of lung cancer and gynaecological cancer in New South Wales.

Society members are at present working out the form of minimum data which should be recorded if uniform cancer morbidity registration is to be applied throughout the country.

A Research Register

Publication of a source book of information about research facilities and projects in Australia as a reference tool for research workers was another important achievement reviewed at the Hobart meeting. Members examined the proofs of the first Cancer Research Register which will be revised annually.

To keep all workers in the field informed about cancer research throughout the Commonwealth, the Register includes descriptions of all current projects, as well as giving information regarding what post-graduate courses for research workers are available, and where special supplies, such as a particular strain of laboratory animals or tumour, may be obtained.

Concurrently with the Council meeting a seminar of public education officers from all States was held in Tasmania, "mainly to show each other their wares and argue the merits of different approaches".

Without a national body such a meeting of State education officers would hardly have been possible, Mr. Cox pointed out. The friendly atmosphere in which members exchanged ideas, reported on work in progress and discussed problems was another contribution to national progress in cancer control.

Main conviction carried away from the Hobart meetings was that the prospects for the future of the anti-cancer movement in Australia look very promising.

The individual States have demonstrated the will to work in friendly co-operation, and the national body is responding vigorously to its dual tasks of co-ordination and active leadership.

* *A form of cancer affecting the eye.*

AUSTRALIA

1. UNDERSTANDING THE THYMUS

It is now known that the thymus gland has an important function in the body's system of defence against disease. The exact nature of this function is not clear, but workers at the Walter and Eliza Hall Institute of Medical Research in Melbourne have made important contributions to an understanding of the gland's activity.

The Anti-Cancer Council's Carden Research Fellow, Dr. Donald Metcalf, recently shared the Syme Research Prize for his work on the function of the thymus in relation to the occurrence of leukaemia in mice. The following summary, describing clinical applications of these research findings, is reprinted from the Annual Report of the Institute for 1963-64.

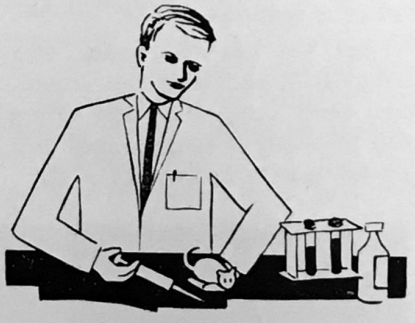
Once again the thymus appears as the first item of interest for the Institute's research activities. It is becoming progressively clearer that the thymus gland is at its peak of activity soon after birth. In the human infant, it is a large gland lying over the heart and extending into the neck, and it is filled with rapidly multiplying cells from which most, or all, of the "defence cells" of the body will eventually arise.

Work in various parts of the world, including much by Dr. Metcalf in the Institute, is gradually elucidating what someone has called the traffic in defence cells through the thymus. One of the most interesting problems is that far more new cells arise in the thymus than can subsequently be accounted for. Many cells must die as soon as they are born, and we are beginning to fit this into the developing concept that, in addition to producing defence cells, the thymus has two other important roles — (1) of selecting which of the cells that arise in or enter it are to be liberated and which destroyed, and (2) of controlling the behaviour of those liberated by a soluble substance (a hormone) produced by the structural cells of the thymus.

It is a complex mechanism and sometimes it goes wrong. During the last year, we have been consultants in pathology for three cases of severe thymic disease in infants. In one, there was a failure of the thymus to develop — and, in the absence of the thymus, the whole defence function of the body collapses. So far, all such cases have been fatal. The other two babies suffered from very severe blood destruction, due to what could be called a mistaken attack by the defence cells of the body on the red cells of the blood.

When the standard methods of treatment proved futile, the thymus was removed surgically, in both cases, with a strikingly successful result. When last heard of, both infants were well — a West Indian baby in London, a little Greek boy in Athens. The thymus removed in Athens was sent to us to examine. It contained many large active cells that almost certainly were responsible for the mistaken activity that was destroying the blood.

Perhaps one should stress that cases like these two are exceedingly rare, but this does not diminish their importance in helping us to understand the thymus or the gratification of a life saved.



2. CLUES FROM BIRDS' EGGS

New methods of cure or the actual prevention of cancer, perhaps by inoculation, may be discovered before the cause of the disease is known, the New South Wales State Cancer Council says in its Annual Report. "There is no room for pessimism, but rather considerable hope for important advances in treatment", the report adds.

One piece of research lending support to this hope is the work of Professor F. O. Stephens, Department of Surgery, University of Sydney, whose investigations involve the search for a physiological substance to inhibit tumour growth.

A concept that malignant disease may be due to a deficiency of an unknown physiological agent responsible for the control of cell multiplication or for promoting maturation of cells is not inconsistent with the known facts regarding the origin of cancer. If such a substance exists, it might be expected to be in abundance during the most rapid phase of animal growth, i.e., at the stage of embryonic development and growth. A logical place to search for such a controlling agent would thus seem to be in the fertilised, incubated avian egg, which is an autonomous embryonic structure, containing all biological substances necessary for all stages of animal development.

Two further pieces of evidence support this concept. Firstly, spontaneous tumour formation in the rapidly multiplying cells of human and animal embryos is remarkably uncommon. Secondly, although the fertilised egg appears to offer ideal conditions for cultivation of bacteria and viruses, attempts to use eggs as a culture medium for malignant cells have met with surprisingly limited success.

Professor Stephens' experiments have shown that mice and hamsters implanted with malignant cells during a course of daily injections of egg albumen developed tumours at a slower rate than control animals which were not given albumen injections. The albumen injections affected the rate of growth of all tumours used including carcinoma, sarcoma and melanoma.

Microscopic examination indicated that for some types of cancer the tumours taken from mice receiving albumen injections appeared to be less characteristically "malignant" than the tumours taken from untreated control mice. Injections of other extracts from both fertilised incubated or non-fertilised eggs appeared to have no significant effect on tumour growth. It has been found possible to prolong the life expectancy of tumour-bearing animals by injections of egg albumen.

Tumour growth rate in animals treated with a course of albumen injections *before* the implant of malignant cells did not appear to be affected, suggesting that the effect of the injections is not due to an increased anti-body reaction.

The proteins in egg albumen are complex and present experiments are directed towards further fractionation of the proteins to isolate and identify the active ingredient.

HELPING THE CANCER PATIENT

by Marjorie Esson, B.A., Dip.Soc.Stud.,
Social Worker, Anti-Cancer Council of Victoria.

One section of the work of the Anti-Cancer Council is perhaps less known than others, since few people become aware of it unless they or their friends or relatives are actual cancer sufferers. This is the Council's patient aid programme, which embraces a whole area of service to patients and their families.

In entering the field of patient welfare, the Anti-Cancer Council has become a part of the community's pattern of social service. The Council's specific role is to direct patients to services in the community which meet their needs, and if the community does not have an appropriate service, or if the existing services for one reason or another are inadequate, then it will try to bridge the gap between what exists and what is needed.

Helping the Council in this work are the Medical Social Workers of the Public Hospitals and of the Peter MacCallum Clinic, who between them have contact with a large number of cancer patients. The Hospital Social Work Departments have been given grants by the Council to assist necessitous cancer patients. The Clinic derives funds for these purposes from Government sources, but again the Anti-Cancer Council meets any needs not covered by Government funds.

Any cancer sufferer, therefore, who is a patient at a public hospital or the Clinic has access, through the Social Workers, to aid from Anti-Cancer Council funds, and can apply to the appropriate hospital for help. Private patients may obtain similar help directly from the Council.

Also working with the Council in the interests of cancer patients are members of its Regional and District Cancer Committees in country areas, who bring local cases of need to its notice. Funds have been lodged with eleven of these Committees for distribution to patients within a broad regional area. Close liaison between the Country Committees and the Council ensures that assistance is available to country patients with a minimum of delay.

TERMINAL CARE

Many people, when faced with a diagnosis of cancer, will not need assistance from outside sources. They and their families will manage, whatever the problem. However, there are some for whom the illness brings crises of various kinds.

One such is the problem of care in the final stages of the illness. Home nursing is encouraged, and is made possible in many homes by the assistance of the Government-sponsored Peter MacCallum Nursing Service; the Melbourne, Ballarat and Geelong District Nursing Services, which all receive grants from the Anti-Cancer Council; and the Municipal Home Help schemes.

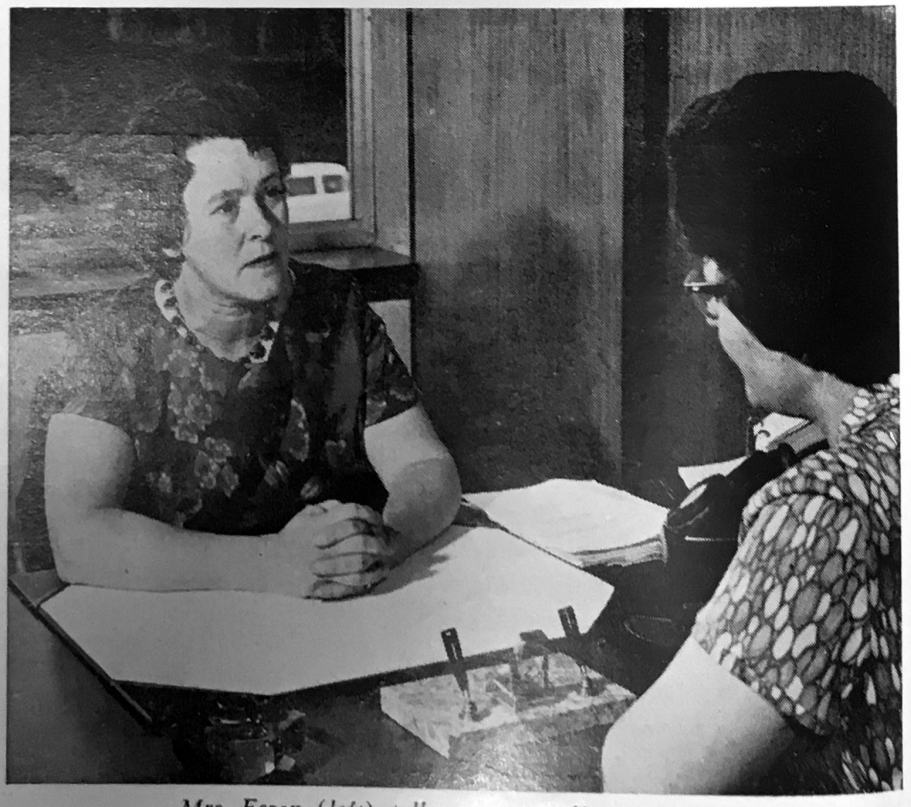
For some, this arrangement is not practicable, and hospital care becomes necessary. At this stage, some patients, unable to obtain accommodation in a public hospital, enter small private hospitals or nursing homes, and here the problem of fees can be a real one.

Over the last five years, many hundreds of people in this situation have been assisted by the Council with payment of hospital fees in the last few weeks or months of life.

Realizing the need to increase the number of beds available for this type of patient, the Council some years ago made a grant of £50,000 towards the cost of a new wing which the Sisters of Charity were adding to their hospital in Kew. Twenty-five beds are now kept for terminal cancer patients, and the Sisters, in an ideal setting, nurse and support their patients, with great devotion, through the last stages of the illness.

HELPING THE FAMILY

Although the help given by the Anti-Cancer Council ranges from hospital care for the aged to the payment of fares for parents enabling them to make daily visits to their children in the Royal Children's Hospital, there are some patients whose social problems tend to be greater than others — for example, the parent of a young family who develops cancer. If the mother falls ill, care of the children and maintenance of the household often involves quite heavy expenditure, and the Council's assistance may be sought in cases of this kind.



Mrs. Esson (left) talks over a welfare problem.

When the father is the patient, the problems are somewhat different. Let us look for a moment at such a family. The patient, an ex-serviceman, is 45 years of age, his wife is 43. They have three children, a boy aged 15 and two girls, aged 14 and 12. The two eldest are at High School, the youngest at Primary School. The income is normally about £22 per week. They have a house which is being paid off at the rate of £4.10.0 per week.

What happens to these five people when the father is found to have cancer? The question implies that something happens to each one, and this is in fact the case, because life is no longer quite the same for any of them. The extent to which the family is affected will depend on several factors, including the severity of the illness, and the economic and personal resources of the family.

It may be that the illness will prove a short one, that the disease has been diagnosed in its early stages, and that with early treatment and a period of convalescence the father will soon return to work in good health. In this case a cancer illness need be no different, and the strain on the family no greater, than for any serious illness affecting the breadwinner.

Most people now know that they are entitled to Sickness Benefit whenever they suffer loss of income through illness, and it is seldom that a public patient does not receive the social services to which he is entitled. Private patients are not always fully aware of their entitlements, but can be referred by doctors, nurses or friends to the Anti-Cancer Council for advice.

EMOTIONAL PROBLEMS

However, if the condition is inoperable when diagnosed, or is at an advanced stage when treatment is undertaken, so that the patient has a comparatively short life expectancy, strain and stress on the family increase.

There will be less money, to which all must adjust. For the children, there may be doubts about the possibility of pursuing a chosen career. There will be personal emotional problems for each member of the family.

The mother often bears a heavy load. She finds herself with a very sick husband, who may not have been told that he is suffering from cancer. This does not mean that he does not know. Possibly he is unable or unwilling to bring his knowledge into the open. He may have times of deep depression and irritability. The fact that he can no longer support his family may cause him much distress.

In these circumstances, his wife will not be able to discuss her worries with him, and she will try to keep from him her financial difficulties, and any behaviour problems shown by the children. These may not be particularly serious, but are the way some children react to this sort of situation. Sometimes tension mounts because of the inability of husband and wife to share anxieties.

The way the mother handles the situation will depend on the sort of person she is — she will deal with this crisis in the same way her particular personality has handled other crises in the past. Some women can so marshal their own and the family's resources that they will manage extraordinarily well, with little or no outside help.

Others, although managing reasonably well, will welcome some help, while other families, who find it difficult to meet any crisis, will need a great deal of aid. If a mother is at all inadequate, if she was previously very dependent upon her husband, and now has to assume the role of head of the family with her husband dependent upon her, or if their relationship was never good, then the situation is further complicated.

The problems which arise when a member of a family is suffering from cancer are therefore complex. In providing help for cancer patients, the Anti-Cancer Council, and indeed all those who share in this work, keep in mind the fact that people are different, family situations differ, and ways of handling problems differ. Each patient and each family has to be considered individually, and helped in the way that seems most appropriate.

If the illness is leading to financial hardship, then the means are available, through the Council's funds, to alleviate such hardship — for example, by subsidizing a continuing essential expenditure such as high rent, or by direct grants for specific items.

Families may be directed to social services not generally known to them. For example, the family already mentioned will be told of Education Department allowances, and directed to ex-servicemen's organizations, such as Legacy, which may be able to assist them.

MEETING THE NEED

In sponsoring and financing the patient aid scheme, the Anti-Cancer Council has recognized the various needs of cancer patients. The funds which have been available since the 1958 Appeal have eased the financial burden of a large number of people, thus enabling the families concerned to concentrate their energies on the patient's care and to deal more effectively with the other problems which illness brings.

Social workers have known many families who have been able to look after patients at home for longer periods than seemed possible, thanks to the knowledge that, when they could no longer do so, there were people to whom they could turn for help, and Anti-Cancer Council funds to call upon.

Important as are the specific problems which arise with illness, there are other less easily defined things that cause people worry and stress. They need someone outside the family to whom they can unburden themselves, and from whom they can derive support.

This help is given by many people — nurses, social workers, doctors, ministers and friends. Though it can never be measured it is an essential part of any programme for helping cancer patients and their families.

CYTOLOGY EDUCATION CAMPAIGN PLANNED FOR 1965

An intensive campaign urging Victorian women to have a "cell test" for cancer of the uterus, or womb, is to be the Anti-Cancer Council's main educational project during 1965.

The test makes it possible to detect unsuspected cancer of the cervix (neck of the womb) many months and perhaps years before symptoms would appear, and before any sign of cancer can be seen by the doctor. Found at this very early stage practically all cases of cervical cancer can be cured.

By screening all adult women by this method at regular intervals, medical authorities believe that the risk of death from this form of cancer can be completely eliminated. Cytological diagnosis, first developed by Dr. George Papanicolaou in the United States some twenty years ago, thus ranks as one of the most important scientific advances ever made in the fight to control cancer.

Dr. Michael Drake, Director of the Victorian Cytology Service.

Growth of Cytology Services

In 1959 the Anti-Cancer Council provided the funds to set up the first cytology service in Victoria at the Royal Women's Hospital, to serve the patients of that hospital, and to train doctors and technicians from other hospitals. In the following years further grants were made to help establish similar services in other large city and country hospitals.

The Hospitals and Charities Commission recognized the value of these developments in diagnosis, and in 1963 set up a training centre for cytology technicians at Prince Henry's Hospital, under the direction of Dr. Michael Drake. Dr. Drake had trained as a cytologist in the United States, assisted by a grant from the Council.

Through the establishment of these centres, cell "smears" from about 30,000 women have been examined each year. However, to eliminate all deaths from uterine cancer, this diagnostic service must be made available to all women in the State. It is estimated that a cell test at least once every four years in adult life is necessary to rule out the risk of cancer, so that ultimately facilities must be provided for the annual examination of some 250,000 "smears" — almost ten times the present number.

Free Examination of "Smears"

For such a task, a service similar to the Mass X-ray Surveys is needed, with the important difference that in this case a woman will attend her own doctor who will take the sample and arrange for its examination.

The Victorian Government has acted to meet this need by setting up a State Cytology Service providing for the cytological examination of cervical "smears" free of charge to patient or doctor. The newly-formed unit, located at Prince Henry's Hospital in Melbourne, and headed by Dr. Drake, will accept slides from general practitioners and hospitals throughout the State.

To meet the costs of establishing and maintaining the centre, the Anti-Cancer Council has agreed to contribute an amount of £25,000 over the next three years.

Education to Save Lives

In recent years cancer death rates in women have shown an encouraging downward trend. More than half the patients with cancer of the uterus are now being cured. This progress can be further accelerated by the widespread application of the cell test.

To help ensure that all women know these hopeful facts, and to encourage them to act on this knowledge, the Council is launching a vigorous educational programme in co-operation with the Country Women's Association of Victoria. Two nursing sisters are being appointed as education officers to visit all parts of the State to explain the new cyto-diagnostic facilities by means of lectures and special films. Medical officers of the Health Department and private practitioners will also assist in the campaign.

Many C.W.A. Branches have already invited speakers to lecture on the new facilities for cancer detection, and it is hoped that other women's organizations will also take part in the educational campaign.

Their support is essential if the Council's long-term aim is to be achieved — the complete control of cancer of the uterus, thus ending one of the great threats to women's

U.S. WOMEN WELCOME THE CELL TEST

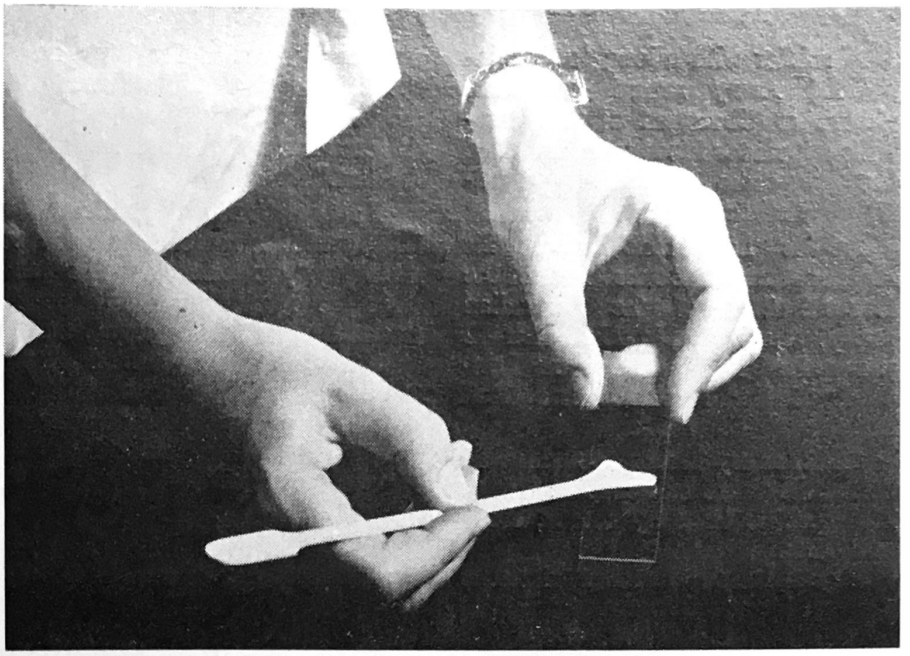
According to recent Gallup Organization surveys, the cell or "smear" test for cancer of the cervix (neck of the womb) is well on the way to becoming a permanent health habit among American women.

The test, developed by the late Dr. George N. Papanicolaou at Cornell University in New York, aided by grants totalling nearly $1 million from the American Cancer Society, makes possible the detection of early curable cancer, or even pre-cancerous conditions, of the uterus.

The Gallup surveys of representative samples of women show encouraging evidence of progress in the Society's campaign to bring under control this common form of cancer.

In 1961, 30 out of every hundred women reported that they had had the test at least once. In 1963, the figure had risen to 48 out of every hundred, a substantial increase.

When did these women last have the test? In 1963, 22 out of 100 had the test. In 1960, only 13 out of 100 had it.



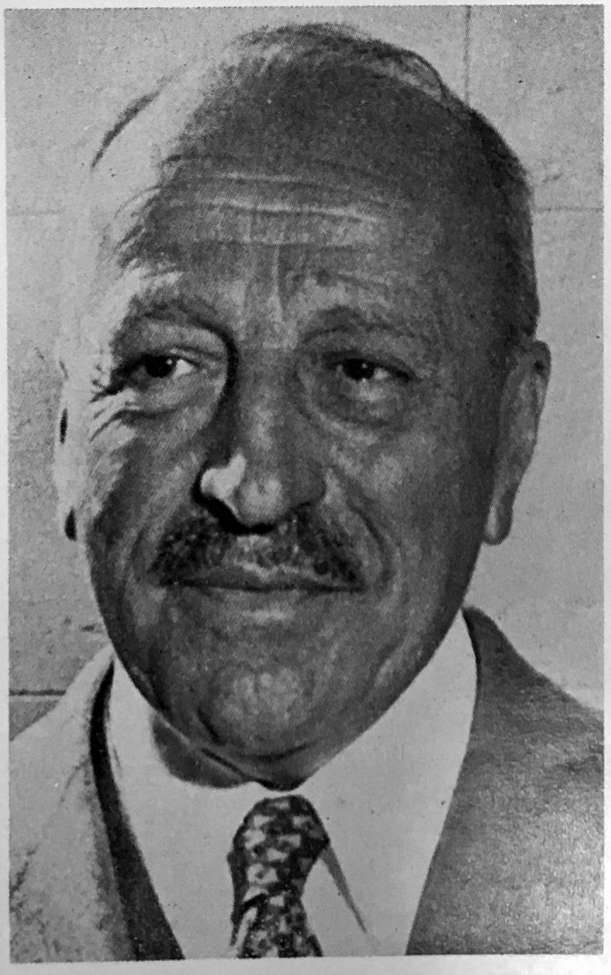
Preparing a cell sample for microscopic examination.

How many women knew about the test? In 1963, 77 out of every 100 women reported they had heard of the test. In 1961, this figure was 59 out of 100.

Relating these figures to the 58 million women in the United States, it is estimated that some 44 million have heard of the cell test, and nearly 28 million have had the test. In 1963 alone nearly 12 million had it, not quite double the number who had it three years before.

Since 1937, when cancer of the uterus was the leading cause of death from cancer among American women, the death rate from this disease has dropped 50 per cent. The decline can be attributed, at least in part, to the Society's broad programme of public education based on the warning signs, which encouraged more and more women to seek earlier diagnosis and treatment.

With the widespread acceptance in the last decade of the cell test as a regular health habit, the Society's medical advisers confidently expect a further dramatic reduction in deaths from uterine cancer.



DR. GEORGE N. PAPANICOLAOU,

originator of the cytologic examination technique for the early detection of cancer of the uterus. More than half of his life was spent in the research laboratories, devoting his efforts to perfecting the technique and seeking its extension to other sites in the body.

(American Cancer Society)

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COUNCIL LAUNCHES NEW APPEAL FOR FUNDS

£500,000 NEEDED TO CARRY ON RESEARCH

A soldier with a long and distinguished Army record has been chosen as Chairman of the State-wide appeal for funds to be launched shortly by the Anti-Cancer Council of Victoria.

He is Lieutenant-General Sir Ragnar Garrett, former Chief of the General Staff of the Australian Army, who retired in 1960 after 42 years of soldiering to become Principal of the Administrative Staff College at Mt. Eliza.

His military career took him all round the world and enabled him to meet people of every colour, creed and class.

Sir Ragnar is confident of public support for the Cancer Appeal with its target of £500,000.

Everyone's Concern

The fight against cancer, he says, is "something of vital concern to everybody. It is vital not only to ourselves but to our children and grandchildren. I believe it is something which affects *all* sections of the community".

Pointing out that it will be seven years since the Council's last appeal for funds, Sir Ragnar speaks of the notable achievements to date.

"In the field of cancer research, which accounts for a major part of our expenditure", he points out, "significant results have been attained which have already received world-wide recognition."

If the Council is to carry on its excellent work not only in research but equally in the fields of cancer detection, treatment, welfare and public education, it must have additional funds.

The Breath of Life

Because meeting people is "the breath of life" to this young 65-year-old, Sir Ragnar is particularly looking forward to his tour of country centres early in the new year.

Country people will find him not only a relaxed and friendly person but a man who shares many of their own interests. He is a keen gardener and carpenter, for he likes doing things with his hands. Off duty he enjoys a game of tennis or golf but over the next year expects to find little time for such relaxation.

Sir Ragnar hopes that after he's got to know the many voluntary cancer workers in the State he will be able to give them as much help as he can. "For without their valuable assistance", he confesses, "we'd be lost."

He is disarmingly modest about his own contribution. "As a soldier", he says, "you learn how to organize things . . . at least I hope I've learned that. In any case", he concludes with quiet confidence, "we've all got to work hard until the day comes, as we hope it eventually will, when cancer will cease to be a menace to mankind."

for the Highett and Moorabbin Elderly Citizens' Club. In his spare time he water-skis with his wife, is interested in speed-boating, golf and squash. Until recently he played Australian Rules Football.

Plan of Campaign

Because he believes that "an appeal of this nature is of paramount importance to every section and strata of society", the most diverse groups throughout the State are being invited to participate in the campaign.

Sir Ragnar Garrett discusses with Mr. Stuart-Jones (right) his tour of Victorian country centres.

Appeal Director

The Director of the Appeal is a well-known Moorabbin Councillor who made news when at 32 he became Victoria's youngest mayor. He is Cr. Bryan Stuart-Jones, now 34, a former teacher of Matriculation subjects at Hampton High School.

A district chairman during the 1958 Cancer Appeal, he believes that his knowledge of young people, particularly teenagers, and his administrative experience as a councillor of a very large city ("which is the section of government closest to the people") will help him in the successful carrying-out of his responsible new task.

Community Interests

"I feel I owe a debt for the health and strength I've been lucky enough to receive", explains the councillor. This health and strength he has given to many different community activities.

Currently he is (to name a few of his interests): a J.P., a trustee of the North Cheltenham Kindergarten, and Council Representative

The recently-formed Executive Committee represents a most interesting cross-section of Victorian life.

Members include Mr. C. R. Darvall, General Manager of the A. & N.Z. Bank, the Deputy Chairman; Mrs. James Buchanan, who is organizing a Women's Committee; Mr. John Larritt, General Manager of the Union Fidelity Insurance Company; Mr. Andrew Peacock, Vice-President of the Liberal Party of Victoria; Mr. M. C. Jordan, Secretary of the Trades Hall Council, representing the Trade Union Movement; and Mr. Nino Randazzo, Editor of "Il Globo", representing the new settlers from other countries.

A formidable list of suggested activities has already been drawn up and the Director says he's constantly on the look out for new and original ideas.

Cr. Stuart-Jones feels confident that if by the end of the year, the target of £½ million is reached, the Council will have the financial security to plan its work for years ahead. "In fact", he smiles, "I don't say if, I say when . . ."