Fighting Cancer

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Anti-Cancer Council of Victoria,
1936 to 1996

W Allan Dick AO

The Cancer Council Victoria

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Foreword by Professor Robert Burton

Fighting Cancer is a unique personal insight into the workings and success of the Anti-Cancer Council of Victoria, a 65-year-old volunteer-based charity which has been a major force in cancer control in Australia. Mr Allan Dick *AO*, its longest serving volunteer, has reviewed the Anti-Cancer Council's archives to give an account of its birth in 1936 and formative years to 1951 when he became Secretary to the Council. Since he then worked for a number of years with most of its founders, this account has the same ring of personal experience that enlivens and informs the succeeding 47 years during which he selflessly and expertly served the Anti-Cancer Council. This is very much a living and lived history. Great Melbourne and Australian leaders in medicine, science, business, politics and the law played key roles on this battlefield and great institutions were involved and were created; their identities await the reader!

For almost half a century a prime mover in the Anti-Cancer Council of Victoria's mission to reduce the burden of cancer for all Victorians was and still is Allan Dick. I will not upstage him here by revealing the range and diversity of the roles he has played in cancer control in Victoria and nationally and the innovations, people and institutions he has championed. He brought to the Anti-Cancer Council a keen intelligence, forceful leadership and optimism, integrity of the highest order and special skills in organisational management. With others he nurtured an infant and, almost half a century later, left a proud Victorian institution and also an Australian Cancer Society which have indeed reduced the burden of cancer in this country; Australia is one of a very few countries where total cancer mortality has been falling since 1990, and more than half of all Australians now diagnosed with a serious cancer will be cured.

For one who has contributed so much, and who naturally leads by action and example, Allan Dick is a surprisingly modest man. His leadership has always been for the common good, and the altruistic goals of the Anti-Cancer Council. His personal commitment graces almost every page of this history. I know how hard he has striven to be objective, fair and detached in reading through our archives and reconciling those writings with his memories. That he has succeeded everywhere, except in detach-

ment, is the great strength of this history. The reader is there with Allan, in the midst of the action, the arguments, the anxieties, the plans that bore fruit, the failures and the successes; this is a lively and engrossing tale.

Following his retirement from the Anti-Cancer Council of Victoria, Mr Allan Dick received the highest award of the Australian Cancer Society which he had helped to found. Its gold medal is awarded only occasionally, and this was the first time it had been awarded to a volunteer who was not its President or to a medical or scientific cancer expert.

1 The Anti-Cancer Council's early years, 1936 to 1945

At the beginning of the twentieth century, the diagnosis of a serious cancer was virtually a death sentence. With the exception of a few cancers known to be caused by occupational exposure to certain chemicals, no causes were known. Cancer detection was usually late and the only treatment was surgery. Prevention was therefore impossible and cure rates were low. Cancer was a little understood disease, dreaded by the community and seldom discussed except in confidence.

Since the 1920s, and especially in the second half of the century, much has changed. Progress against this longstanding killer disease has been impressive with dramatic developments both in medical research and treatment and in methods of prevention. Much of the account that follows of the first 60 years of the Anti-Cancer Council of Victoria is linked with these advances in medical and basic science and treatment.

It is also noteworthy that the Anti-Cancer Council has been and is a community venture. This volunteer endeavour over many decades has brought many benefits to the people of Victoria by means of the promotion of research into the cause and cure of cancer, its early detection and, in recent years, prevention.

Community involvement in the fight against cancer emerged in Europe in the 1920s. Of particular significance to Australia was the founding in Britain in 1923 of the British Empire Cancer Campaign, primarily to raise money to promote cancer research. Undoubtedly this British non-government institution was the model for the formation eventually of the Anti-Cancer Council of Victoria and of organisations in other States.

Setting up the Anti-Cancer Council

Following a national cancer conference in 1930 called by the Commonwealth Minister of Health, cancer organisations met annually to discuss action taken in the fight against cancer. At that first conference, during discussion of the progress made in the cancer campaign in the

various States, this comment formed part of the record of proceedings, 'in the State of Victoria, strictly speaking, we have not got a coordinated cancer campaign. The efforts to grapple with the problem have been more or less sporadic'. There already were cancer organisations formed in New South Wales, Queensland, South Australia and Tasmania.

Despite the criticism, cancer research was being undertaken in Victoria at the Hall and Baker Institutes, the University of Melbourne and at the Austin Hospital for Cancer and Chronic Diseases. Following renewed pressure on Victoria at the fifth National Cancer Conference in 1934, the Premier of Victoria, Sir Stanley Argyle, convened a meeting to discuss the desirability of forming a public cancer organisation. In 1936, arising from this conference, an unincorporated Anti-Cancer Council of Victoria was constituted. The Anti-Cancer Council became an incorporated body by Act of Parliament in December 1936.

This was seven years after the lapse of the first Bill in Victoria directed at any aspect of cancer, in that instance at the coordination, promotion and subsidisation of cancer research. The criticism of Victoria by successive national cancer conferences was surely justified. It was no doubt attributable to the conservatism of the medical profession in Victoria at that time and arguably a manifestation of a similar attitude in the people at large. Finally Victoria did get round to an underground railway and a bridge!

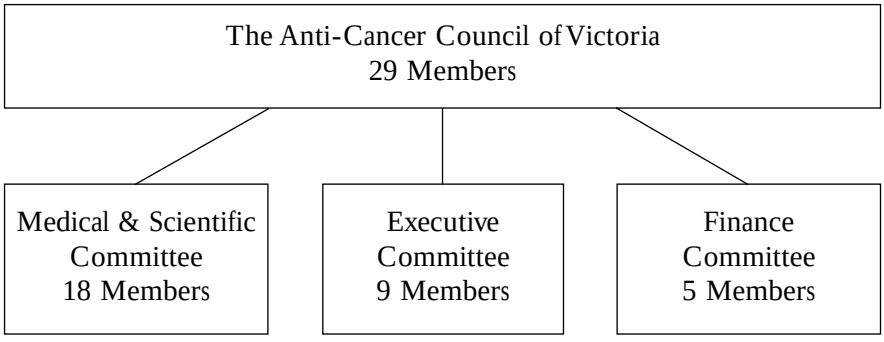
Yet from this slow start grew an organisation which made the first attempt in the mid-fifties to form a national cancer body and a second in 1960 to establish the Australian Cancer Society in which it has continued to play a leading role to this day. Furthermore the Anti-Cancer Council of Victoria eventually established itself as an organisation of international standing. The pioneering efforts were not without problems but the founders set in place an organisation which, in reviewing progress at the end of 1941 when Australia moved with urgency onto a war footing, made a modest claim to have carried out 'useful work' in these formative years.

Laying firm foundations

No records are extant on the first two meetings of the Anti-Cancer Council of Victoria held in 1936 prior to incorporation, but there is of the third meeting under the original constitution held on 24 June 1936, in the Melbourne Town Hall with the Lord Mayor in the chair. At this meeting the first Executive Committee was formed under the provisions of the Constitution with four members appointed by Council, three by the Medical and Scientific Committee and two to be co-opted. The third major committee, Finance, was composed of four members nominated by Council

and one member nominated by the State Treasurer. The Vice President was elected in the person of Ivy Brookes, daughter of Alfred Deakin and wife of Herbert Brookes. She was well known in Melbourne and remained in this position until retirement in 1966 when Sir Edward Dunlop was elected as her successor.

The 1937 Structure of the Council



The fourth Council meeting was held in September 1936, still before incorporation in December of that year, to receive reports from the previously mentioned committees. The enabling Bill enacted forms the basis of the current Act of Parliament governing the Anti-Cancer Council with no major subsequent amendments.

Formulation of policy and direction of the affairs of the Council thereafter became the province of the Executive Committee. It held its first meeting, after incorporation, in the Melbourne Town Hall on 1 April 1937. Sir Hugh Devine, a leading surgeon prominent in the affairs of the Royal Australasian College of Surgeons, was elected Chairman. Professor Peter MacCallum, Chairman of the Medical and Scientific Committee, was one of its representatives, as was Dr C H Kellaway, the then head of the Walter and Eliza Hall Institute. Dr R Kaye Scott, a radiologist at the Royal Melbourne Hospital, was one of the two co-opted members. The Vice President, Ivy Brookes, was a Council appointee, as were C B Hearn, Managing Director of the Colonial Mutual Insurance Company, Russell Grimwade, a well-known company director and Dr R A Willis, a research worker in cancer. Four of the members of this committee remained when I became Secretary to the Council in February 1951. Professor MacCallum had succeeded Sir Hugh Devine as Chairman in 1947 following the latter's retirement due to ill-health; Dr Kaye Scott had been appointed the first Medical Director of the newly formed Cancer Institute and its Peter MacCallum Clinic; Ivy Brookes and C B Hearn were still members.

Controversy arose immediately in 1937 in regard to the respective responsibilities and authority of the Executive and Finance Committees under the provisions of the Act, so that the matter was referred for consideration by the Council. The Finance Committee, chaired by H A Pitt, the State Treasurer's nominee under the terms of the Act and the State Director of Finance, had asked the Council to authorise the Finance Committee to dispose of and allocate funds and to delegate to the Finance Committee such other powers as the Finance Committee wished. The Executive Committee put to Council that such authorisation involved abrogation or partition of powers belonging to the Executive Committee under the Act and that any such delegation would be *ultra vires*.

At the Council meeting, H A Pitt proposed that something more definite than the authority conferred on the Finance Committee by the Act was desired. He explained that his committee's resolution had arisen from the complete lack of guidance for the Finance Committee in the Act itself, causing confusion and uncertainty between the Finance and Executive Committees. He then drew Council's attention to the fact that the object of creating a Finance Committee was to afford the public some assurance of protection against 'untoward happenings' such as had occurred with anti-cancer funds elsewhere. No names, no pack drill—but there had been a very large defalcation in New South Wales.

The outcome of the issue was to limit the Finance Committee's responsibilities to management of the investments of the Council with the Executive Committee retaining the power to manage matters such as financial policy and expenditure. There was a backhander in 1944 in the Finance Committee's Annual Report to Council, undoubtedly authored by its Chairman, H A Pitt, commenting that 'the Finance Committee has carefully performed its duties within the limited powers delegated to it'.

The crux of the problem was in the drafting of the Act or in its conception, which provided for both committees to report directly to Council. The issue was not remedied until the Council meeting in April 1997 when by resolution the Finance Committee was placed in an advisory role to the Executive Committee on all matters concerning financial policy and management, whilst still reporting annually direct to Council. I believe H A Pitt would have been satisfied if this had been the outcome in 1937.

The objects defined in the 1936 Act reflect the discussions preceding incorporation and included in the original constitution. The use of the word 'inmates' and the spelling of 'subsidise' reflect the times:

5.1 (a) 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, prevention and treatment thereof;

(b) to promote and subsidize such research and investigations;

(c) to provide maintenance and travelling expenses to persons in need who are suffering from cancer to enable them to become inmates or to attend a public general hospital or special cancer clinic for treatment;

(d) to investigate the advisability of the establishment of special cancer clinics and, if thought advisable, to establish such clinics; and

(e) to facilitate the improvement of the treatment of persons suffering from cancer.

Policies and problems in 1937

The Executive Committee had two paramount problems—what should be done about implementing the objects defined in the Act and what resources it might have to do so. The 1936-7 appeal was expected to raise £100,000 ($4 m)—the final sum turned out to be £66,000 ($2.64 m). On the subject of what action to take, the committee awaited a recommendation from the Medical and Scientific Committee, which included in its membership many highly regarded medicos and some scientists. The action the latter committee took was to appoint a subcommittee comprising the Chairman, Professor MacCallum, and Dr R Kaye Scott to prepare two plans, one based on the full amount becoming available to finance the organisation and a modified plan in the event that this target would not be reached. The degree to which it might fall short did not seem to be considered so that the fall-back approach was rather open-ended.

As 1937 progressed it became clear that the expectations would not be realised. The plan which the subcommittee eventually put to the Medical and Scientific Committee was approved. It addressed the need for:

- increased facilities for diagnosis and treatment
- installation of records of cancer treatment and follow up to provide reliable information on treatment outcomes
- development of hospice and almoner services for cancer patients
- research into the cause and treatment of cancer

- appointment of liaison medical officers in each main hospital to coordinate the various facets of diagnosis, treatment and convalescence of cancer patients.

The recommendations were passed to the Executive Committee.

Already, discussions in the Executive Committee disclosed differing views on the policy to be adopted with the appeal funds, which at that stage amounted to about £60,000 ($2.4 m). One view favoured investment of the whole sum with activities to be financed by earnings from the capital. Another view was that half should become permanent capital and the other half expended over five years on control programs.

There appears to have been a third view held by Professor MacCallum and Dr Kaye Scott, the architects of the Medical and Scientific Committee's recommended plan, that the total sum should be employed, say, over five years. They believed that as the work of the Anti-Cancer Council proceeded additional funds would become available from the community and the Government.

The control plan was received by the Executive Committee contemporaneously with these considerations. The Chairman, Sir Hugh Devine, expressed the opinion that the scheme was too ambitious for the funds available. Russell Grimwade spoke strongly in favour of investing the total appeal moneys and living off the earnings. Professor MacCallum asked what was likely to be the earnings annually from this quantum of investment. A figure of £2,000 ($80,000) was suggested. MacCallum declared that the urgent work that the Anti-Cancer Council should be doing could not be performed with an expenditure of that level and that the public expected the Anti-Cancer Council to be working on a larger scale. He put forward the strong view that before deciding on financial policy the plan should first be costed.

It was decided to adopt the middle course, to invest half as permanent capital and to finance activities with earnings from this sum together with progressive allocation of the other half over an expected period of five years.

The course of initial planning for what the Anti-Cancer Council would do to improve cancer control in Victoria was bounded by this policy. The appeal was not a failure. In retrospect, considering the Australian economy still had not recovered from the Great Depression, the public had been generous in donating the equivalent of $2.64 m in today's money for the fight against cancer.

The MacCallum–Kaye Scott plan was commendable in that it addressed urgent problems rather than attempting to prescribe for the long term.

In terms of comprehensiveness the plan is notable for the absence of any mention of public education to promote early diagnosis of cancer, despite successive national cancer congresses in the 1930s stressing the need for continuing education programs.

By the end of 1938 the Anti-Cancer Council was a going concern with its founders unaware that the then deteriorating international political situation was soon to bring their commendable efforts virtually to a halt. Nevertheless for the next two years before Japan entered the war with the bombing of Pearl Harbour and Darwin and the immediate threat to Australia, there was a window of opportunity. An outline of the action being taken by the Executive Committee warrants noting.

Early progress in cancer control

Given the policy adopted to capitalise half of the appeal moneys, the Executive Committee was aware that it would have to achieve results mainly through influencing Government, treatment institutions and the medical profession, rather than necessarily by direct expenditure. Administrative costs were minimal with the Secretary of the Royal Australasian College of Surgeons, H G Wheeler, acting in the same capacity for the Anti-Cancer Council. Meetings of committees were held at the College in Spring Street at no cost to the Anti-Cancer Council. At that stage it was entirely a volunteer body with no staff.

There were two aspects of the MacCallum-Kaye Scott plan which were given priority: facilities for diagnosis and treatment, and installation of records of treatment and follow-up. In respect of treatment the focus was on radiotherapy and undoubtedly Kaye Scott was a key influence.

Grants to improve radiotherapy treatment

Back in 1928 the Commonwealth Government imported 10 grams of radium and sought the advice of a cancer advisory committee. The radium was to be loaned to practitioners qualified to use it for treatment purposes. Ten years later the Executive Committee of the Anti-Cancer Council of Victoria approved a grant of £6,500 ($260,000) to the University of Melbourne for the erection of an X-Ray and Radium Laboratory within the Commonwealth Department of Health. Dr Kaye Scott became the representative on the advisory committee to the Department. An additional sum received as a bequest, £1,984 ($79,360) was provided for the purchase of equipment for the laboratory. The grants were targeted at the upgrading of radiotherapy services.

In October 1939 Professor MacCallum and Dr Kaye Scott produced a report which made recommendations for controlling the use of radium and radon owned by the Commonwealth which embraced:

- qualifications which should be required to entitle medical practitioners to use radium and radon
- availability of radium for hire
- control of radon
- education.

An agreement was reached with the Commonwealth for the supply of radium and radon to institutions and medical practitioners, the Anti-Cancer Council agreeing to make an annual grant to the Department of Health for providing this service. In 1940, the Anti-Cancer Council was given the responsibility of advising the Department on applications from members of the medical profession to receive radon from the laboratory. This agreement was renewed in 1941 for a further three years.

Having taken action on meeting the need for reliable and available supplies of radium, the Executive Committee turned its attention to the need for modern radiotherapy equipment in the main metropolitan hospitals. In 1939 grants were made to the Alfred (£2,500) ($100,000), the Austin (£2,500), and St Vincent's (£2,127) and allocations made for equipment on order at the Royal Melbourne (£2,500) and the Royal Women's (£2,500)—the latter two were paid in the 1940 and 1943 financial years respectively. Added to the funds granted for the building of the X-Ray and Radium Laboratory, these grants for radiotherapy equipment at the hospitals accounted for two-thirds of the total sum available for spending under the terms of the declared financial policy.

Establishing the Central Cancer Registry

One of the objectives of the MacCallum-Kaye Scott plan was the installation and maintenance of treatment and follow-up records requiring the collection and collation by the treatment institution of clinical information on cancer cases. The end aim was the ascertainment of the results of treatment. Cancer was then not a notifiable disease, negating at that stage the means of statistically assessing cancer incidence and mortality. Nevertheless, implementation would represent a significant step forward if reliable information for clinical analysis could be obtained, even though this might entail follow-up over many years.

The original plan for the main hospitals to appoint liaison medical officers to coordinate all aspects of the diagnosis, treatment and convalescence of cancer patients was regarded by the hospitals as prohibitively expensive and had to be discarded. These appointments had been intended to embrace supervision of clinical records on cancer cases.

At Professor MacCallum's instigation the Executive Committee approved the draft of a letter to be sent to the Boards of Management of the Royal Melbourne, Alfred, St Vincent's, Women's, Prince Henry's and the Austin hospitals seeking their goodwill and cooperation in helping improve the treatment and service to cancer sufferers. One aspect of this involved each hospital providing details of costs of an approved system of record keeping and follow-up services which would meet the needs of their surgical, medical, radiotherapeutic and pathological clinics. There were many other issues canvassed in these letters.

Registrars were appointed in six hospitals. The Anti-Cancer Council appointed an executive medical officer to assist with the setting up of the registries. Dr Fowler's recommendations on the Registry were accepted in September 1938 and he assumed the position of Honorary Chief Registrar. Dr Robert Fowler OBE was a leading cancer surgeon, member of the Medical and Scientific Committee and the driving force behind the foundation of the Anti-Cancer Council's cancer registry which exists today. In 1939 he organised the form of the database, obtained the contribution of the British Tabulating Machine Co which provided Hollerith punched card equipment and services and prevailed on the Government Statist to provide the part-time services of a statistician. The Registry was located in the College of Surgeons' building so that operating costs did not represent any major outgoing from the Anti-Cancer Council's tight budget. The pioneering work by Dr Fowler came to an abrupt halt in 1942 when as a Colonel he left on active service. It remained in suspension until he returned in 1945.

Cancer patient welfare

One of the objects defined in the *Cancer Act* provided for maintenance and travelling expenses to persons in need who are suffering from cancer to enable them to obtain treatment. There were two aspects to this which concerned the Executive Committee in these early years. The first related to the availability of beds and treatment facilities. The second concerned making it economically and physically possible for patients to access treatment.

In 1938, the equivalent of £50 ($2,000) was granted to the Country Women's Association to assist country patients to travel to country base hos-

pitals for treatment. Discussions were held with the Victorian Institute of Hospital Almoners and a grant made for fostering the training of almoners to look after the interests of country patients and to minimise the impact of a shortage of hospital beds and treatment facilities in the metropolitan area.

In 1940, Dr Charles V Mackay, the Anti-Cancer Council's Executive Medical Officer, visited country base hospitals to evaluate facilities for cancer treatment. He arranged publicity in country newspapers on the work and activities of the Anti-Cancer Council, with particular emphasis on welfare assistance for cancer patients.

Representation was made by Professor MacCallum and Dr Kaye Scott to the Inspector General of Charities to make 80 extra beds available for cancer patients at the Cheltenham House for the Aged and Infirm. No action resulted, leaving improvement of hospice and convalescent accommodation for a later era.

The first grant of Samaritan funds for cancer patients requiring financial help was made to the Almoner of the Royal Melbourne Hospital in 1940, to the Almoners of the Royal Melbourne and Women's in 1941, and to the Royal Melbourne, St Vincent's and the Alfred in 1942. This kind of assistance has been provided by the Anti-Cancer Council ever since.

An Executive Medical Officer is appointed

Reference has already been made to the appointment of Dr Charles V Mackay in December 1938 as Executive Medical Officer, becoming the first full-time employee of the Anti-Cancer Council with an office located in the Royal Melbourne Hospital. As mentioned, the justification for his appointment was to work with the six hospitals in setting up registration of cases for input to the new central registry established by the Anti-Cancer Council. The Anti-Cancer Council also made grants of £100 ($4,000) each to defray administrative costs associated with case records.

On his own initiative Mackay produced a booklet titled *What Every Adult Should Know About Cancer* which was distributed with the cooperation of friendly societies, trade unions, municipal health officers, clergy, and charitable organisations. This was the first venture by the Anti-Cancer Council into public education in response to the recommendations made repeatedly in successive national cancer congresses to State cancer organisations. The 1939 Annual Report of the Executive Committee to Council had this to say: 'All who suspect that they may be suffering from cancer should immediately consult their medical adviser. There is hope if diagnosed early but when dealing with cancer, delay is dangerous.'

One other initiative taken by Mackay in 1940 was to establish a cancer information bureau at the College of Surgeons.

In 1942 the Department of the Army requested the Anti-Cancer Council to release Mackay to become a member of the staff of the Medical Equipment Control Committee. As with the Central Cancer Registry these new developments ended abruptly.

The Anti-Cancer Council on a war footing

Life in Australia after August 1939 when war broke out in Europe proceeded much as normal. On 8 December 1941, the Japanese bombed Pearl Harbour, the Pacific war erupted and Australia was faced with the direct threat of invasion. The departure of Dr Fowler and Dr Mackay was followed by that of the Secretary, H G Wheeler, who was given leave of absence to join the Army Medical Corps.

The Anti-Cancer Council and its committees continued to function but mainly in a review role. Action taken in 1938 to gain affiliation with the British Empire Cancer Campaign proved of benefit in keeping the Executive Committee in touch with overseas developments in cancer research and treatment.

In 1943 consideration was being given in Sydney to the establishment of a central cancer institute. Drs Ralston and Edith Paterson of the Christie Hospital and Holt Radium Institute in Manchester had been invited to Sydney to have discussions with the Sydney committee formed to investigate the proposal. Although nothing came of that proposal, much arose from the Anti-Cancer Council's initiative in taking advantage of the Patersons' presence in Sydney by inviting them to Melbourne for discussion. A combined meeting of the Executive and Medical and Scientific Committees of the Anti-Cancer Council of Victoria was called in December 1943 to hear their views.

The original MacCallum-Kaye Scott plan regarding the improvement of diagnostic and treatment facilities undoubtedly envisaged a central institute for radiation treatment of cancer. By 1943 these ideas had reached the stage of planning so that the presence of two world authorities on radiation treatment of cancer presented an ideal opportunity of bringing matters to a head.

The Patersons' report and recommendations were presented to the State Government through the Anti-Cancer Council, to which they presented a memorandum on the structure of a suitable central radiotherapy institute. The Patersons' and the Anti-Cancer Council's thinking coincided.

In 1944, MacCallum–Kaye Scott drew up a plan for an intended institute and the Executive Committee entered into discussion with relevant institutes and medical people likely to be involved in or affected by the plan. The essential features were to create a central institute in which all radiation treatment would be carried out, embracing public and private patients and to be staffed mainly by full-time radiotherapists. It was proposed that it would collaborate with hospitals and be temporarily housed pending the erection of permanent new buildings. In 1944, the Dunstan Government accepted the recommendations, set aside £50,000 ($1.4m) in the Estimates in order to fund the establishment of the Institute, and proposed to provide temporary housing in the Lonsdale Street section of the old Royal Melbourne Hospital consequent on that hospital's move to new buildings in Parkville.

A change of government ensued but with confirmation of the decisions of its predecessor. During 1945, the Executive Committee arranged meetings to attempt to gain the cooperation of major hospitals and private radiotherapy clinics. Although considerable progress was reported, there were controversial issues which included a perceived threat to vested interests, the employment of salaried medical staff which was then an anathema to the medical profession, and an instinctive fear that the proposal would ultimately embrace a central cancer hospital, not a specialised radiotherapy clinic.

These discussions aimed at gaining agreement to the proposals were taking place as the Pacific war was coming to an end. With peace negotiations concluding in September 1945, Australia returned to something like normality, as did the Anti-Cancer Council. Dr Fowler returned to civilian life, was asked to join the Executive Committee and set about rebuilding the operations of the Central Cancer Registry virtually from scratch. In October 1945, Dr Charles Mackay returned to his position as Executive Medical Officer following release by the Defence Department but with doubts emerging within the Executive Committee whether there was the need for such an appointment.

There is no doubt that the intervention of the war had dealt a severe blow to the momentum developing in the early years after incorporation.

2 *Postwar recovery, 1946 to 1950*

Setting up the Central Radiotherapy Institute

It is not surprising that for the next five years the attempt to establish a Central Radiotherapy Institute would dominate the deliberations and activities of the Executive Committee. In May 1946 a Professional and Scientific Committee was appointed by the Government on the Anti-Cancer Council's nomination with the objective of fulfilling the role of a board of management of the Institute to advise and assist the administration of the Central Hospital (Royal Melbourne) in establishing the proposed Radiotherapy Institute at the now vacant Swanston Street site. This committee, comprising representatives of the Anti-Cancer Council, the University of Melbourne, hospitals, the Commonwealth X-Ray and Radium Laboratory and the Minister of Health, assumed responsibility to establish the proposed Radiotherapy Institute at that location. The Government then 'threw a spanner into the works' by announcing that the Board of Management of the Queen Victoria Hospital would be moved and would take over and administer the Swanston Street hospital, leaving the proposed Radiotherapy Institute without its intended temporary premises. As a consequence of the Government's decision the Queen Victoria Hospital's existing buildings became vacant. The Committee inspected the buildings and advised the Minister for Health in late October 1946 that the premises could readily be adapted to meet all the requirements of the Radiotherapy Institute. Presumably this meant suitability as a temporary location.

Encouraged by the Minister's assurance that the Government was committed to provide suitable premises, the Executive Committee entered into negotiations to share the costs of purchasing three deep therapy X-Ray machines to ensure that the new institute would have adequate equipment. The Cain Government and the Anti-Cancer Council shared equally the cost of £9,723 ($250,000).

In April 1947, it was announced that part of the Queen Victoria Hospital was to be used temporarily for the treatment of tuberculosis patients, prompting further representations by the Anti-Cancer Council to the Minister of Health. The Executive Committee's Annual Report to Council

in 1947 demonstrated the serious situation by evidencing: 'The pathetic plight of cancer patients through inadequate provision for treatment by radiotherapy and realising the seriousness of the problem the Executive Committee has repeatedly made the very strongest representations, both in writing and verbally, to the Minister for Health and the Secretary of the Victorian Department of Health.'

The position became further complicated by another change of Government and the former Premier, associated with the original negotiations, Sir Albert Dunstan, became Minister for Health.

An interim committee took over from the Professional and Scientific Committee with Professor MacCallum as Chairman; J T Campbell, who was Managing Director of the National Mutual Insurance Company and later Chairman of the Anti-Cancer Council's Finance Committee; Dr Kaye Scott; Dr C E Eddy, Director of the X-Ray and Radium Laboratory; A F Cameron, Manager and Secretary of the Austin Hospital, later to accede to a similar position in the institute. Dr C V McKay, formerly Executive Medical Officer of the Anti-Cancer Council of Victoria, was appointed Secretary to the Committee.

The Anti-Cancer Council was concerned that the three deep therapy machines were now in storage awaiting a home whilst the previously mentioned acute lack of radiotherapy machines for treatment still existed. The Executive Committee set about offering the machines on loan to treatment institutions, resulting in the Royal Melbourne Hospital accepting offer of the loan of two machines. The Executive Committee's 1948 report to Council noted with gratification that the number of patients awaiting this type of radiotherapy treatment had been greatly reduced.

The critical direct involvement of the Anti-Cancer Council in achieving the establishment of the institute drew to a close in December 1948 when the Bill incorporating the Cancer Institute was passed. On the other hand the problems yet to be faced by the Cancer Institute could not be ignored by the Executive Committee when circumstances resulted in three years elapsing before the first outpatients were treated and another three years before the admission of inpatients.

In December 1946, Sir Hugh Devine resigned as Chairman of the Executive Committee of the Anti-Cancer Council owing to ill-health. Professor MacCallum who had been a member of the Executive Committee and Chairman of the Medical and Scientific Committee from 1936 was elected to the chair, immediately vacating that of the Medical and Scientific Committee. In 1948 Professor MacCallum had been appointed to the chair of the Interim Committee formed to establish the institute and,

after incorporation at the end of that year, became a member of the Cancer Institute Board as one of three representatives of the Anti-Cancer Council as provided for in the *Cancer Act*.

In 1950, the Cancer Institute's treatment centre became the Peter MacCallum Clinic and in later years the institute became the Peter MacCallum Cancer Institute. Professor MacCallum was knighted in 1953. This appropriate recognition in the naming of the institute has tended to identify Sir Peter solely with the founding of the institute, not with his association with the Anti-Cancer Council over many preceding years in which he was responsible for many successful initiatives in improving cancer control in Victoria.

Sir Peter remained in the chair of the Executive Committee of the Anti-Cancer Council until he retired due to ill-health in 1962. He remained a member of the Cancer Institute Board until 1964.

Reviving the Central Cancer Registry

With Dr Fowler's appointment to the Executive Committee the status of the Central Cancer Registry was raised. Procedures suspended in 1941 were reinstated. The British Tabulating Machine Co and the Government Statist resumed the assistance they had provided until the onset of war. The 1947 Annual Report of the Medical and Scientific Committee to Council commented that: 'It had watched with interest the work of the Central Cancer Registry. From a census conducted by the Registry, information was obtained which warrants an expression of opinion from the Committee that although at present there is still delay in the treatment of patients, the number awaiting treatment at the time of the survey was less than anticipated.'

In 1949, Cynthia McCall was appointed to the position of Statistician with a clerical assistant added in that year. In effect they represented the first two permanent staff in the Anti-Cancer Council. The office of the Registry remained in the College of Surgeons' building.

The first bequest for cancer research

In 1947, the late G F Carden bequeathed to the Anti-Cancer Council a capital sum, the income from which was to be employed specifically for research into the cause and cure of cancer. The Executive Committee made enquiries in Australia, the UK and the US on the prospects of finding a suitable research worker. It had recourse to Dr R A Willis, one of the original two co-opted members of the Executive Committee but by then doing research at the Royal Cancer Hospital in London. He submitted a plan of

requirements which would be necessary to undertake work of the nature the testator envisaged.

It was immediately clear to the Executive Committee that the income from the Carden Fund would be insufficient to support this level of research but they regarded it as possible that other funds might be sought to supplement the Carden income. The other major problem was to find a suitable research worker and an appropriate institution where that person might be located. The new Cancer Institute presented itself as a real possibility. This is not surprising when it is realised that MacCallum was Chairman of the Council's Executive Committee and a member of the Cancer Institute Board, and that Kaye Scott had been appointed the first Medical Director of the institute as well as being a member of the Executive Committee of the Anti-Cancer Council.

The Executive Medical Officer retires

As we have seen, arrangements were made at the end of October 1945 for Dr Charles Mackay to resume his duties as Executive Medical Officer, defined by the Executive Committee as public education, rendering services as required by the Anti-Cancer Council in connection with the setting up of the Central Radiotherapy Institute and generally helping to further the objectives of the Anti-Cancer Council as defined in the Act. This statement of responsibilities was inadequate in itself from an organisation viewpoint and was certainly unsatisfactory for a medical man of Mackay's experience.

In July 1946, both Mackay and the Secretary, H G Wheeler, were asked for their views 'on the future possibilities of an appointment to the position of Executive Medical Officer', Mackay having foreshadowed his resignation. As their views differed, each chose to render his own report to the Committee.

In a one-page report, Wheeler suggested that there needed to be no change in the functions already in place. Mackay chose to present a long form report covering the work he had done for the Anti-Cancer Council prewar, gave credit to the Anti-Cancer Council for steps already taken in improving cancer control, and went on to say that 'I have the uncomfortable feeling that much more could have been done with both money and power to further the objects set out in the Act'.

He criticised the Anti-Cancer Council for standing apart from the general body of the medical profession, his feeling being that most medical practitioners regarded it as an academic body. He expressed the opinion that the Anti-Cancer Council should 'take control of the whole cancer problem in

Victoria and provide a cancer treatment scheme with a central organisation for the whole State'.

The Executive Committee's response was that it considered the recommendations impracticable since it had no power to 'control' but merely to advise and recommend. It affirmed strongly that the Anti-Cancer Council's function was that of coordination, advice and recommendation, as distinct from that of control. The outcome was a decision not to vary policy in response to the criticism and with the establishment of the Cancer Institute still in train, to allow the post of Executive Medical Officer to remain unoccupied pending clarification of the future course of events. Dr Mackay resigned at the end of 1946. The position was never filled and became defunct.

The two reports mentioned bear evidence of conflict between Mackay with his office at the Royal Melbourne Hospital and Wheeler located in the College of Surgeons. Mackay's report was tinged with bitterness in regard to the way he had been treated by the Executive Committee, actually as a consequence of action taken by the Secretary in having him attend the College of Surgeons building when meetings of the Executive Committee were being held in case the Committee might wish to refer to him, something which never occurred. It is clear that members of the Committee were unaware of this procedure and the Chairman, Sir Hugh Devine, personally expressed to Mackay the Committee's regrets for the discourtesy he had experienced. We will catch up with him a few years hence as Executive Medical Officer of the Cancer Institute.

These two reports reflect a narrow view of the role of public education in the control of cancer and the magnitude of the task. Dr Mackay claimed that his own efforts had become 'so widely channelled' and 'so many points of contact established' that the education work in future years would be 'extremely light'. Wheeler stated his opinion that an intensive publicity campaign reaches saturation point within a year and thereafter loses its effectiveness. Neither view was later proven to have any substance.

New members join the Anti-Cancer Council

Mention has been made, under the Act, that the Medical and Scientific Committee appointed three members to the Executive Committee. In mid-1950 the State Health Department appointed Dr E V Keogh as its representative on the former committee and in August he was nominated along with Professor MacCallum and Balcombe Quick as a member of the Executive Committee. Bill Keogh was a highly regarded research patholo-

gist who in 1950 had taken over direction of the anti-tuberculosis campaign being undertaken by the State Health Department.

In the last quarter of 1950 the Royal Australasian College of Surgeons informed the Anti-Cancer Council that it no longer wished its Secretary to serve the Anti-Cancer Council in this capacity but offered continued gratuitous use of its premises for meetings and for the Registry. The auditors were asked whether they would be willing to provide a member of staff to assume administrative responsibilities but declined because they had no one available who would be suitable—an odd reason to offer in the light of the need for auditors to be independent of the keeping of the books. Yet this did occur in practice sometimes in these early postwar years when thinking on ethical issues was in its infancy.

The auditors referred Professor MacCallum to another firm of chartered accountants, Fuller King & Co. In this case there was no conflict of interest but there was a problem in deputing a partner to accept appointment. The writer volunteered to do so. Professor MacCallum was offered the firm's services at a fee level reduced on account of the charitable nature of the Anti-Cancer Council's activities. Early in 1951 the Executive Committee resolved to appoint me as Secretary to the Anti-Cancer Council with the offices moved from the College of Surgeons to Fuller King & Co at 83 William Street, Melbourne.

In 1951 Dr Keogh, initially as a member of the Executive Committee, and the writer, first as Secretary, commenced a working relationship which was to last uninterrupted until Keogh's retirement in 1968 when Dr Nigel Gray became the first director of the Anti-Cancer Council.

From now on the vantage point of this story changes. Archival sources will now be supplemented by my recollections as a participant in the discussions and decisions. It so happens that there is no other member of the Executive Committee available to tell that tale.

3 *The 1950s*

Early in 1956, the Executive Committee made the decision to go to Victorians for the second time to augment the financial resources of the Anti-Cancer Council. The trigger was a deficit in the 1955 financial year of £3,882 ($70,000) but the underlying inadequacy of the income level had been well understood for several years. The Hospitals and Charities Commission immediately approved the conduct of a public appeal in mid-1958. From that time until it closed in August 1958 the organisation and running of the appeal dominated the attention of the Executive and Finance Committees, as it obviously did for the newly constituted Appeals Committee.

Despite this preoccupation with fundraising during the years from 1951 when I became Secretary, until the 1958 appeal, important developments occurred in the organisation and activities of the Anti-Cancer Council. Although coordination and support for cancer research had been the prime objective in the establishment of the Anti-Cancer Council, and prominently featured in the Act, virtually no effective action had taken place until the early 1950s. Furthermore, education activities which had been dormant since Dr Mackay resigned in 1946 were revived to the point where by 1958 they had become a major part of the Anti-Cancer Council's programs.

Changes took place during this period which had ramifications for the administration of affairs during the 1960s and beyond. It seems warranted first to discuss these moves which concerned people who would continue to play key roles in the Anti-Cancer Council's future activities and then review other developments and events leading up to the appeal.

Changing roles in administration

Change in the Secretary's position in early 1951 was accomplished smoothly so that the committees of the Anti-Cancer Council continued to function in the manner to which they were accustomed. The office of the Anti-Cancer Council moved to 83 William Street, as did the books and records. My private secretary, Ruth Hair (Mrs G Tumman), attended all committee meetings as minute secretary, and the accounting and clerical work was

delegated to a senior clerk in Fuller King & Co, Nancy Ewart. In years to come each of them became members of the staff of the Anti-Cancer Council.

The Chairman of the Executive Committee, Professor MacCallum, was in full control of policy matters and the functioning of the organisation, such as it was. He was a man to be greatly admired: steadfast, perspicacious, objective, fair and without the slightest trace of arrogance or power domination. He gave me every support from the chair and undoubtedly influenced me in what became a lifetime commitment to the Anti-Cancer Council's affairs.

By 1955, the Executive Committee was aware that professional pressures were going to force me reluctantly to resign. In June 1955 Dr Keogh wrote to the Chairman suggesting that he would be in a position to devote time to the Anti-Cancer Council, should his services be required. MacCallum recommended to the Executive Committee that the matter should be dealt with first by a subcommittee consisting of himself, the Secretary and Dr Fowler, to which Dr Keogh was added. The ensuing recommendation approved by the full committee was that Keogh should be appointed Medical Adviser and Secretary, that Fuller King & Co should be appointed Assistant Secretaries, and that Keogh would be involved two days per week. Ruth Hair would continue as minute secretary as a member of the staff of Fuller King, with the books and records remaining with that firm.

I formally resigned as Secretary on 15 September 1955 and was immediately co-opted as a member of the Executive Committee. At the same meeting I was asked to accept the chair of the Public Relations Committee (later Education).

These arrangements continued until early 1958 when it was agreed that Keogh's role should be restricted to that of Medical Adviser so as to enable him to give more attention to his research work. It might be said here that Bill Keogh did not enjoy administrative responsibilities and, in this case, Ruth Hair had already been handling that load for the Anti-Cancer Council. This was recognised by appointing her titular secretary. At a combined meeting of the Executive and Finance Committees Dr Keogh was requested to continue to exercise temporary control over medical matters until a permanent appointment of a medical person as chief executive officer could be made. Temporary proved to be ten years until Dr Nigel Gray was appointed the first Director of the Anti-Cancer Council in May 1968.

A small subcommittee to which I was nominated was appointed to confer with Dr Keogh about administrative affairs. The recommendation made by the subcommittee was to appoint Ruth Hair full time Secretary and for the office of the Anti-Cancer Council to be moved to the leased premises at

410 Albert Street, East Melbourne. Ruth Hair continued to act as Secretary of the Anti-Cancer Council until retiring to be married in 1976.

At the end of 1958, the staff comprised the Medical Adviser, Secretary, Education Officer, and Public Relations Officer (Appeals Director); Statistician, Medical Registrar, senior clerk and two staff in the Central Cancer Registry; Medical Social Worker (part-time); three general office staff; and finally the Carden Research Fellow.

At last the Anti-Cancer Council had acquired an organisation.

Research support commences

The first State Government legislation to address cancer issues was in 1929 when a change of government aborted a Bill to establish a council to coordinate activities in relation to cancer research and investigations and their promotion and subsidy. The 1936 Act incorporating the Anti-Cancer Council retains the same wording with respect to research as in the 1929 Bill.

During 1939, the Executive Committee appointed a subcommittee to review the first research proposals. None of the three applications considered were approved. World War II intervened with no subsequent proposals emerging until 1951. Three grants were made in that year, the first of many to be made from the general funds of the Anti-Cancer Council. These involved investigations into the use of radioactive substances and nitrogen mustard provided by the Commonwealth X-Ray and Radium Laboratories for clinical trials.

Dr Kaye Scott received one of these grants, leading a team investigating the use of radioactive substances, principally iodine, for the diagnosis and treatment of thyroid cancer. Another trial was in the use of radioactive phosphorus in the treatment of certain blood conditions and the third in treating certain glandular conditions and lung cancer with nitrogen mustard.

Another grant was made in 1951 to enable Dr Reg Motteram, a pathologist at the Austin Hospital, to study experimental cancer research in the UK and the US. Dr Keogh was the instigator and influence behind this grant, having a high opinion of Motteram's ability. On his return Motteram addressed a joint meeting of the Executive and Medical and Scientific Committees and gave a thoughtful and informative review of cancer research in the two countries he visited. He later joined the Peter MacCallum Clinic as pathologist.

Lastly, in 1951 a grant was made to Professor Trikojus in the Biochemistry Department at the University of Melbourne for study into the uptake of

iodine in transplantable thyroid tumours in rats to gain knowledge of factors initiating and maintaining the growths.

Most of the research grants thereafter in the 1950s were directed to departments of the medical school at the University of Melbourne. One of these in 1954 to the Pathology Department under Professor E S J King was for the study of primary tumours of the liver from the clinical, pathological and statistical points of view. The research worker was Dr W B Fleming, who much later became the Chairman of the Executive Committee. Subsequently King reported that Fleming had completed only six months of his work before leaving for Korea so that half the grant would be refunded. In passing, it might be noted that Professor Edgar King who had succeeded Professor Peter MacCallum as head of the Pathology Department also followed him in 1962 as Chairman of the Executive Committee of the Anti-Cancer Council. Edgar King and Brian Fleming were thus about 30 years apart in occupying the chair of the Executive Committee.

The saga of the Carden Bequest

George Frederick Carden in 1947 bequeathed to the Anti-Cancer Council a capital sum, the income from which was to be devoted to finding the cause and cure of cancer. It was to be seven years later when the first Carden Fellow commenced his research, during which period the income accumulated in the Anti-Cancer Council's trust funds.

In 1948, the Executive Committee referred to the Medical and Scientific Committee details of the Carden Bequest and sought a recommendation on how the bequest might best be employed. The views of Professor MacCallum and Professor F Macfarlane Burnet were presented, the Medical and Scientific Committee recommending that two alternatives should be considered:

1. Appointment of an Australian worker to carry out research in England, America or another overseas centre of cancer research.
2. Support for an Australian centre where active and competent research is being carried out on biological and medical subjects.

It was recommended that enquiries be made by members of the Medical and Scientific Committee, and that a suitable advertisement publicising the availability of funds for research purposes should be published in the journal *Nature.*

Professor MacCallum followed up this recommendation, with the approval of the Executive Committee, by writing to Dr R A Willis, the Australian pathologist in England who had been a member of the Executive

Committee between 1936 and 1945. Willis asked for more information concerning the type of research to be undertaken, the availability of funds, control of the work and funds, and the type of department in which the work would be carried out. Willis replied both to the Chairman's correspondence as well as the advertisement previously mentioned. He expressed interest and gave his views on the functions and scope of any proposed research institute. He envisaged an annual expenditure ranging from £8,500 ($136,000) to £11,000 ($176,000) in the fifth year after foundation, the expenditure being of a recurrent rather than capital nature.

The Chairman pointed out to the Executive Committee that the old Queen Victoria Hospital buildings, where the proposed Radiotherapy Institute looked as though it would be finally located, would be suitable for housing a cancer research institute. The possibility of establishing a research professorship at the University of Melbourne was contemplated. Subsequently the Chairman informed the Executive Committee that he had hoped the establishment of the Radiotherapy Institute would have been sufficiently advanced to enable a definite proposition to be put to Dr Willis but regretted that it was not possible at that stage. In its 1948 Annual Report to Council the Executive Committee stated that the Carden income would be insufficient to meet the minimum requirements of Dr Willis's plan but hoped to obtain funds from other sources and employ the Anti-Cancer Council's general funds for the purpose. The Cancer Institute Board entered into negotiations directly with Willis but these never came to fruition. He finally accepted a position in England with more definite prospects than those offered by an organisation still in its infancy.

Complete fixation with using the Carden Bequest in the setting up of a cancer research institute within the Radiotherapy Institute was undoubtedly evidence of Peter MacCallum's command of the considerations at that time. This is borne out by the recommendation of the Medical and Scientific Committee in 1950 after the Willis negotiations proved fruitless, that: 'Until the proposed Radiotherapy Institute is established no opportunity for research work presents itself and therefore, it be recommended that the Carden funds be used to train a pathologist in research methods with a view to his appointment as Pathologist to the proposed Radiotherapy Institute so that he will be in a position to continue and initiate research in connection with his appointment.' A rider was added extending the scope beyond training a pathologist to physicians, surgeons and statisticians.

When it came to entering into discussions with the University on the matter of status for a Carden research worker, once again the Cancer Institute was introduced into the intended negotiations.

In the first instance in March 1951, the Cancer Institute Board nominated representatives to the joint committee suggested by the Executive Committee of the Anti-Cancer Council. Two weeks later it changed tack, inviting the Council to join with the University and itself in forming a body to be called 'The Advisory Committee on Cancer Research'. To say that this widening of scope appeared presumptuous to some members of the Executive Committee, clearly believing that the Council was the body legislated to coordinate 'all activities in relation to research', would be understating the position. Nevertheless the Executive Committee agreed, nominating the Chairmen of the Executive and Medical and Scientific Committees, and Dr T E Lowe, another member of the latter committee and Director of the Baker Research Institute.

At the February 1952 meeting of the Executive Committee, a discussion took place on the outcome of the first meeting of the Joint Advisory Committee (the Anti-Cancer Council's proposal). The Executive Committee expressed the opinion that the Anti-Cancer Council must remain the final authority on expenditure of its moneys. It stressed that the Carden funds might be spent in research institutions or hospitals in Victoria other than the Peter MacCallum Clinic if facilities were available.

Dr Fowler followed up this discussion with a motion to the next committee meeting 'that a formal approach be made to the University of Melbourne with a view to securing joint action with the Anti-Cancer Council in attaining the objects of the Carden Bequest'. The motion was carried with addenda proposed by Dr Keogh relating to status and facilities which the University might offer. Professor King wrote as head of the Pathology Department suggesting dissolution of the Cancer Institute's inspired Advisory Committee on Cancer Research.

The University agreed with the Council's proposal; a Standing Committee was formed to progress an appointment under the Carden will, and an advertisement framed with advice from the Medical and Scientific Committee. Five applications were received after widespread advertising, with the Standing Committee determining that none of the applicants was suitable for senior appointment. Members agreed that one applicant, a young Australian doctor by the name of Donald Metcalf who had completed one year's cancer research, should be encouraged to continue as a cancer research worker. As I understand it, Metcalf had been persuaded by Keogh to apply.

The Joint Standing Committee with the University recommended that the Council should offer Metcalf a research position to enable him to work under Sir Macfarlane Burnet for two years, with a possible extension, his salary to be financed out of the accumulated income of the Carden Bequest.

On 26 August 1953, as Secretary, I wrote to Dr Metcalf offering him the position and he replied accepting the offer. In February 1954 he commenced at the Walter and Eliza Hall Research Institute and two years later as Carden Fellow moved to the Children's Cancer Research Foundation in Boston where he remained until August 1958. On his return, the Medical Adviser, Bill Keogh, sought a direction from the Executive Committee as to which committee the Carden Fellow should be responsible. The decision was deferred pending a review of the terms of Carden's will. I know of no formal discussion on this but to this day Dr Metcalf's responsibility has been to the Executive Committee where he has received great support and encouragement throughout his long and outstanding tenure as Carden Fellow.

Patient welfare issues in the early 1950s

Hospital almoners continued to apply to the Anti-Cancer Council for Samaritan Funds to assist indigent cancer patients and regular grants were made during the 1950s. Payment of nursing home fees was not looked on favourably, Dr Keogh expressing the opinion the expenditure would be better employed in financing district nursing. The Executive Committee in 1951 asked the Chairman and the Vice President, Mrs Brookes, to review the Anti-Cancer Council's spending on patient welfare and to make recommendations on future policy.

The outcome was agreement that the provisions of the Act revolved around the question of need and that there was no intention in the Act for the Anti-Cancer Council to take over or replace existing agencies already performing certain functions for the indigent or for those in need for other causes than poverty. Expenditure in question included the hire of taxis or ambulances, and nursing home accommodation. The Committee noted that lack of hospital beds for cancer patients considerably increased the pressure on transport for outpatient treatment. This applied particularly in rural and provincial Victoria, since in the metropolitan area the district nursing service provided by the Cancer Institute Board had much improved the plight of cancer patients, both in their own and nursing homes. Furthermore the waiting time for admission to the Austin Hospital had been reduced (the Cancer Institute itself did not admit patients for another three years after these considerations by the Executive Committee in 1951).

The Committee resolved not to pay nursing home fees, regarding this disposition of cancer patients by public hospitals as a direct charge on the cost of operating the particular hospital. In regard to transport costs Dr Fowler stressed that the Act was directed at providing transport for country patients and in no way was intended to apply to taxi fares for patients living in the metropolitan area. It was noted that whether or not ambulances

were available and should be used was a responsibility of the Hospitals and Charities Commission with the costs a matter for public rather than private funding. From these discussions a policy was formulated and sent to all hospitals, accompanied by a memorandum to almoners defining what expenses the Anti-Cancer Council would and would not consider for reimbursement. To this day the Anti-Cancer Council has never ceased to provide support for hospital almoners and social workers, later on by an imprest system whereby the amount initially advanced was replenished, and more recently by straight lump sum grants.

In 1948, the Anti-Cancer Council received the Eila Aubrey Officer Bequest amounting to £5,000 ($100,000) to use as it thought fit but with the hope that the sum might be directed towards the establishment of a hostel in Melbourne where patients undergoing treatment might be accommodated. It was not until 1954 that positive steps were taken to fulfil the wishes of the testator, the late Henry A Officer. After protracted negotiations a property in Upper Heidelberg Road, Heidelberg, near the Austin Hospital was purchased from that institution. Arrangements were made for the Cancer Institute to be responsible for management, with the Austin Hospital responsible for domestic services and maintenance. The Matron of the Peter MacCallum Clinic organised redecoration in a most attractive manner. The hostel was made available to other appropriate hospitals as well as the Peter MacCallum Clinic for those undergoing outpatient treatment for cancer, particularly from rural areas. The Eila Aubrey Officer Memorial Hostel was officially opened by the Lord Mayor, Sir Frank Selleck, as President of the Anti-Cancer Council, on 2 November 1955.

Further expenditure on the property proved necessary, giving rise to concern at the drain on the Anti-Cancer Council's limited funds. Although the hostel had been successful from a patient viewpoint, several problems had arisen from the tripartite nature of an organisation involving the Anti-Cancer Council, the Cancer Institute and the Austin Hospital. The Executive Committee decided that it would be best to gift the hostel to the Cancer Institute conditional on retaining the name and the intended purposes of the bequest. The vested interest was transferred in late 1956.

The Central Cancer Registry develops

Throughout its early years, the Registry was located in the Spring Street offices of the Royal Australasian College of Surgeons. Case records outgrew the space available, which in any case was never ideal for the staff. In 1956, a property at 410 Albert Street, East Melbourne, was leased specifically to provide adequate space and offices for the Registry.

In August 1955 Dr Keogh succeeded Dr Fowler as Honorary Chief Registrar. Earlier in the same year Dr D W Rankin was loaned by the Health Department and he gave valuable assistance in the Registry. His interest persuaded the Executive Committee to approve a recommendation from Dr Keogh to make a grant towards his postgraduate study overseas, directed particularly at supporting a course in public health as well as statistical training with a recognised authority. Not only did he return to give the Registry the benefit of this experience, still as an officer of the Health Department, but he gave long and unstinting service to the Anti-Cancer Council as a volunteer speaker in the Public Education Committee's country campaign.

Several years before this, Cynthia McCall had been given the opportunity to obtain overseas experience. In a six-month visit to the US and the UK she worked for two to three months in the Division of Biometry and Medical Statistics at the Mayo Clinic. On her return she reported that the Anti-Cancer Council's registration scheme compared favourably with overseas practice. Nevertheless, Dr Fowler and the Executive Committee believed that much more was required.

The need for case registration in Australia had become generally recognised. With no national statistics for cancer available other than those relating to mortality, the incidence of cancer in the population and the effectiveness of treatment were unknown. The 1955 *Annual Report* to Council commented: 'Before the frequency of disease in a given population can be determined, effective arrangements must be made for notification and registration of every case as soon as recognised. These arrangements are almost universal for communicable diseases but not for cancer.'

The focus of the work of the Central Cancer Registry at the time was the collection and analysis of quantitative data on the incidence of cancer, the clinical attributes of the disease in Melbourne hospitals (then nine) and the results of treatment. Reliance on hospitals for adequate case histories was self-evident.

Until 1957 abstracts of medical histories of cancer patients in contributing Melbourne hospitals were prepared for the Registry by resident doctors. In that year the Anti-Cancer Council was able to secure the services of Dr Frank Kerr, formerly senior Commonwealth Health Officer in Victoria, with the objective of the Registry taking over the responsibility of abstract preparation. This achieved a reduction in the demands on busy resident doctors as well as ensuring uniformity and increased reliability of the data base. The change took place to the satisfaction of all concerned.

Throughout the 1950s the Registry continued to provide an important service to cancer researchers and others throughout Australia, being the only cancer registry in the Commonwealth.

Reviving cancer education

Two surgeon members of the Medical and Scientific Committee, Thomas Ackland and Victor Stone, persuaded that Committee in December 1951 to appoint them as an 'editorial committee'. The aim was to improve the treatment of cancer by bringing home to Victorians the danger in delaying the seeking of treatment. I attended this meeting as Secretary, informing the two members that I had been in contact with Dr Charles Mackay to learn of the work he had already done for the Anti-Cancer Council in cancer education. Mackay and I had been meeting regularly for lunch in the canteen of the Cancer Institute where he was then Executive Medical Officer. The subcommittee met on an informal basis in my firm's offices over the next three years. It designed and arranged for the production, with advice from Clemenger Advertising, and distribution of three education pamphlets, two on cancer facts for men and women and one on seven common warning signs. The latter was based on material I had obtained from the American Cancer Society. The material was distributed to medical practitioners, hospitals, the Red Cross and public bodies. The messages stressed early diagnosis.

I kept the Executive Committee informed of the action being taken as well as suggesting that it was inappropriate for this subcommittee to be under the direction of the Medical and Scientific Committee whose sole responsibility under the Act was to make recommendations to the Executive Committee. The latter took over direction of education activities in September 1955 when I was appointed chairman of this three man subcommittee. Dr Keogh was added shortly afterwards as well as A N Mathieson, an officer of the State Health Department and a member of the Cancer Institute Board. Tom Ackland and Victor Stone continued to be active members of the Public Education Committee whose membership was progressively widened. The subcommittee under my chairmanship directed the education programs of the Anti-Cancer Council until disbanded in 1983 with responsibility transferred to the Director, Dr Nigel Gray, with delegation to Dr David Hill as Director of Education.

In 1957, Derek Warren, a senior account executive with Clemenger Advertising, joined the Committee and helped it play an important role in preparing education material for the 1958 appeal. The first education officer, A F Brown was appointed in September 1958. Charles Mackay died in 1953. In drafting the 1953 Executive Committee annual report I included acknowledgment of the part he had played in cancer education.

A National Cancer Society

The issue of whether a national cancer organisation was desirable or not had been aired during the 1930s series of annual national cancer congresses. My early initiation to cancer affairs in Victoria had convinced me that no State organisation was in a position to influence the Commonwealth to take action in critical aspects of cancer, not the least being the financial one where the power of the purse was at Federal level. My contact with the American Cancer Society had provided me with information on its constitution, organisation and federal-states interface.

In early 1954 I received a visit from Dr Turnbull, Tasmanian Minister of Health, who had heard of my interest, which he shared. He followed up this meeting with a letter to me as Secretary of the Anti-Cancer Council, which I placed in May before the Executive Committee, requesting support for the formation of a national society. The Committee's decision was a disappointment to me—in essence, I was asked to reply to Dr Turnbull that it was felt wiser because of legal and other difficulties to achieve coordination by revival of annual cancer congresses than by formation of a national society. In this letter he was asked whether he would support an approach to the Federal Minister of Health to revive annual congresses. In the first instance he agreed but later resiled because he saw that this would leave matters in medical hands and he wanted a 'popular' body.

In March 1955 the Commonwealth duly convened the proposed conference along the lines of the earlier annual congresses but with the definite objective of discussing whether a formal national body should be established to effectively link and foster the activities of the State cancer organisations. The composition of the attendance was almost totally medical. Victorian representatives were asked to draw up a proposed constitution, other working committees being appointed to deal with several relevant problems seen to require national coordination. Although I was not present at the conference, the Executive Committee appointed me to the subcommittee as convenor. The outcome of these deliberations was a recommended constitution for a national cancer society along the lines that Dr Turnbull and I had discussed earlier. Despite its earlier preference for revival of annual cancer conferences, the Executive Committee supported the proposal, appointing Sir Peter MacCallum, Dr W P Holman, and myself, with Dr Keogh as Medical Adviser, to attend a follow-up conference called by the Commonwealth Minister of Health, Sir Earle Page. Sir Peter chaired the conference held at University House at the newly established Australian National University in Canberra in the spring of 1956.

Opposition to the Victorian proposal was led by representatives of the New South Wales Cancer Council which was under the control of the State Labor Government, one of their representatives being R Downing, the Attorney General. Victoria was a lone voice in desiring to form a national society with the majority voting for perpetuation of annual cancer conferences as the means of achieving coordination, just as the Executive Committee had concluded in its first deliberations.

In August 1957, the Executive Committee asked the Chairman, who was about to visit Brisbane and Sydney, to explore with Dr Cooper, Director of the Queensland Radium Institute and Queensland Minister of Health, and Professor Roberts, the Vice Chancellor of the University of Sydney, the possibility of reopening negotiations for a national body. Nothing eventuated from these discussions but the Anti-Cancer Council again took the initiative when planning in 1959 for an international cancer congress to be held in Melbourne in 1960, using this as an opportunity to bring the States together for another attempt. At the conclusion of the Congress delegates from all States met, agreed in principle to proceed and formed an interim Council with W J Kilpatrick as President and Dr B S Hansom of Adelaide as Vice President. The Victorian delegation was entrusted with the task of preparing a draft constitution which it did with the assistance of the Council's Honorary Solicitor, A J Moir, of the firm of Gillott, Moir & Ahern (now Minter Ellison). The draft was accepted with minor amendments. The Council's *Annual Report* commented: 'The formation of this national body should stimulate and help anti-cancer activities in Australia. Each State will retain autonomy and absolute control over its own funds, but all States will combine through the national body for action on national or international levels. The national organisation will be financed by the subscriptions from the State anti-cancer councils, the amounts of the subscriptions being assessed according to population.'

The Australian Cancer Society was inaugurated in Canberra in October 1961. Victoria's three representatives were W J Kilpatrick and W A Dick, and Dr Holman. Bill Kilpatrick was elected President and myself Chairman of the Education Committee. Kenneth Cox, a surgeon who had been conducting chemotherapy research in Melbourne under a Council grant to the Department of Surgery, became part-time medical adviser. The office of the Society was established free of charge in the Anti-Cancer Council of Victoria's premises. These arrangements continued through the 1960s with Ruth Hair and Dr Keogh contributing much to the development of the Australian Cancer Society as an independent entity.

Progress was slow in gearing the national body into an effective organisation, with State representatives very protective of their separate interests.

It was to take many years beyond the 1960s for a national mindset to grow beside more parochial attitudes.

Planning and conducting the 1958 appeal

The Executive Committee gave priority in 1957 to reconstituting the Appeals Committee, finding a Chairman and appointing an executive officer. With the help of the Lord Mayor, Sir Frank Selleck, W J Kilpatrick, previously deputy chairman of Operation Gratitude and a former Melbourne city councillor, was persuaded to become Chairman. Ray Upson, who had sound previous experience in fundraising, was appointed to the position of executive officer. Shortly after assuming the chair, Kilpatrick visited North America where he met the Carden Fellow, Dr Metcalf, and with him visited cancer research institutions, studied fundraising methods, and enquired into the organisation of anti-cancer bodies. On his return, he was invited to attend all meetings of the Executive Committee, after the appeal becoming a member and remaining so for about 20 years.

At his first meeting in July 1957, Bill Kilpatrick outlined his proposed plan for the appeal which was in fact implemented. He proposed that it would be directed by a 'Committee of 100' composed of leading citizens. Subcommittees were to be formed to cater for the individual characteristics of the city and country. The former was planned to be delegated to committees of special gifts, industry, house-to-house canvas on a regional basis (Door Knock) and functions. Committees were proposed for separate country districts comprising a medical person, three leading businessmen, a bank manager, one woman and the local president of the Returned Servicemen's League. A separate publicity committee comprising representatives of press and radio would be formed.

Kilpatrick himself developed the theme of the appeal: '*One more river to cross*', a play on the fact that the medical profession had conquered the major diseases which plagued mankind, all except cancer. The Executive of the Committee of 100 comprised 21 people of which I was one. Kilpatrick discussed with me as Chairman of the Education Committee how educational material might be used to support the fundraising approach to be made to the community. In the 1957 *Annual Report* it was mentioned that the conduct of the appeal provided an unequalled opportunity for informing the public of the necessity for early diagnosis of cancer. An additional benefit actually occurred in that the community learnt of the educational work being performed by the Anti-Cancer Council. The appeal and the education messages lifted the visibility of the Anti-Cancer Council which for too long had remained little known to the people.

I had taken steps when drafting the 1955 *Annual Report* to revamp the presentation with photographs and narrative to tell more of what the Anti-Cancer Council had done and was doing to control cancer. I engaged Clemenger Advertising to assist with design and production. The Executive Committee approved the presentation which was sent to solicitors throughout Victoria with the object of promoting future bequests. This 1955 report was reprinted for widespread use during the appeal. Unfortunately the Executive Committee decided not to perpetuate the brighter presentation because it was considered too costly. It was not until 1980 that the Anti-Cancer Council came round to producing a more readable and brighter annual report.

At the Executive Meeting held on 17 October 1957, the first item on the agenda was a matter arising from the two preceding meetings, Smoking and Lung Cancer. At this October meeting, copy of a statement by the Medical Research Council in England, published in *The British Medical Journal* and *The Lancet* was tabled along with copy of a letter issued by the Ministry of Health to local health authorities in Great Britain. Dr Keogh informed the meeting that the Public Education Committee had been asked to prepare a statement on the subject. This was the commencement of the Anti-Cancer Council's long fight against tobacco and cigarette smoking and its confrontation with the tobacco interests. It is relevant in this instance because Bill Kilpatrick immediately informed the Committee that he had already made arrangements to see the chairman of the British Australasian Tobacco Co in the hope of inducing them to support the appeal unconditionally. He undertook to report back to the Committee. This outcome was a letter from the Company indicating that it was prepared to endow research into lung cancer to the extent of £10,000 ($180,000). The Medical Adviser was asked to confer with the Chairman of the Appeals Committee concerning a reply. The final result was reported to the Executive Committee in April 1958 that the British Australasian Tobacco Co had donated £3,000 ($54,000) in each of two years to support the program of research in the Pathology Department of the University of Melbourne. I believe that this might have been the first and only donation the Anti-Cancer Council ever accepted from companies in the tobacco industry. Acceptance, however, did give support to the Chairman of the Appeals Committee.

The Industry and Commerce section of the appeal realised about £270,000 ($5 m). Pay deductions and similar contributory schemes were wholeheartedly supported by unions, societies and social clubs. Twelve major groups organised their respective segments of industry covering private enterprise and government departments. The liquor industry, supported by a sportsmen's committee under the chairmanship of Walter Lindrum, raised money

through its own registered charity 'Patronage', and contributed in excess of £100,000 ($1.8 m). In June 1958, the Executive Committee resolved to transfer this to the Carden Endowment Fund as a supplement to the Carden Bequest.

The Door Knock Campaign which initiated this form of fundraising in Australia was organised into 136 postal districts each directed by a District Chairman. It was structured with 1,250 captains, 5,640 lieutenants and over 40,000 cancer callers. The response by Melbourne citizens was extraordinary. Sampling indicated that 97 out of every 100 homes were visited and only five out of 100 did not contribute. More than £300,000 ($5.4 m) was raised under the effective chairmanship of Donald Chipp, former Liberal Minister and later founder leader of the Australian Democrats.

The total amount raised officially amounted to £1,350,000 (about $24 m) but after closure of the appeal in August 1958 money continued to be received. This amounted to another £60,000 (about $1 m) but was never attributed to the appeal.

Ray Upson left the employ of the Anti-Cancer Council to take up a position with the Royal Women's Hospital to be executive officer of its planned appeal. Bill Kilpatrick received the award of Commander of the British Empire from the Queen. Later he was knighted. His organisation and leadership of the 1958 appeal were outstanding and the Anti-Cancer Council was greatly indebted to him for rescuing it from the trough of inadequate funding to a crest of resources which set it on a path of accomplishment to which this record will refer. The 1958 appeal was truly a watershed in the history of the Anti-Cancer Council.

4 The 1960s

Burgeoning support for cancer research

Cancer research, with its potential for important answers in the complex puzzle presented by cancer, was of paramount influence in achieving the level of support experienced in the 1958 appeal, much as superb organisation played its part. The Anti-Cancer Council would back the commitment made to the community that 75 per cent of the money raised would be spent on cancer research rather than enriching the coffers of the Anti-Cancer Council.

The Executive Committee set out from 1959 to honour these obligations. Research policy was formulated by the Executive Committee with advice from the Medical and Scientific Committee. It defined three categories of support: grants-in-aid, fellowships, and travel grants. Grants-in-aid were required to be under the auspices and direction of the head of a university department or institution. Preference was to be given to full-time workers. The nature of the financial assistance was specified. A standing subcommittee on research was established by the Medical and Scientific Committee comprising its Chairman, Dr T E Lowe, Professor E S J King and T H Ackland, with the Medical Adviser, Dr Keogh, as executive.

Expenditure on cancer research came from two financial sources, the major one being the general funds of the Anti-Cancer Council and the other being special trust funds such as the Carden Bequest. How quickly the Executive Committee moved to boost support for cancer research after the appeal is evidenced by the eightfold increase for the 1960 financial year over 1957 to a level of $1.25 m in 1995 dollars.

During the six years from 1960 to 1965 inclusive the total expenditure for cancer research from general funds was £608,713 ($8 m). In addition special funds provided £132,849 ($1.5 m). Thus, just in those six years, almost $10 m (in 1995 dollars) had been granted or expended on cancer research, not in any way squandered because of the strict review process exerted on applications.

Expenditure at this rate resulted in hefty deficits in every year from 1960 so that the level of general funds at 30 June 1960 of just over £1 m ($12 m) was reduced to a little more than £400,000 ($4.5 m) by 30 June 1965. By 1963, the Finance Committee was concerned with the trend and warned the Executive Committee that early thought and action needed to be taken to secure replenishment of the funds of the Anti-Cancer Council through another public appeal. It should be said that this was no lightweight Finance Committee. It included C R Darvall, Deputy General Manager of the then Bank of Australasia (later Sir Roger and later the ANZ Bank's Chief Executive Officer); P J V Ramsden, leading chartered accountant; John Larritt, General Manager of the Union Fidelity Trustee Company, member of the Executive Committee and later Chairman of the Finance Committee.

In 1964, the Finance Committee noted that concerted action was being taken to promote another public appeal but wanted to draw attention to the real state of general funds. It did so by showing that given repetition of the 1964 deficit in the 1965 year, general funds available for financing current activities would be reduced to $3 m ($1995), clearly an unsafe level.

The public appeal of 1965-6 raised $600,000 ($3.3 m), the amount no longer expressed in pounds following decimalisation of the currency in early 1966. The Executive Committee commented in its annual report for the 1966 year that 'the amount subscribed enables the Council to proceed with its program of support for cancer research, cancer education and help to cancer patients'. It went on to mention that the amount to be provided for cancer research in the next few years would have to be reduced. As the Anti-Cancer Council was the largest private supporter of cancer research in Victoria, it regretted the action then being taken but pointed out that the Commonwealth, through the National Health and Medical Research Council, had increased available research funds from $400,000 to $500,000, the increase of $100,000 to be devoted to assistance for cancer research.

Also referred to in this statement of regret was that additional funds were being provided by the Australian Research Grants Committee, particularly for scientific equipment used in medical research. This was a substantial item in the grants the Anti-Cancer Council had been giving for research work being undertaken in the universities, and it acted as another buffer to reduction in the Anti-Cancer Council's support. The extent of grants to departments of the University of Melbourne had been substantial during the period 1961 to 1965 amounting to a five year total of nearly $4 m ($1995), of which a quarter went to the Pathology Department.

It is interesting to recall that Professor King, head of the Pathology Department, was a member of the Standing Subcommittee on Research and a member of the Executive Committee throughout these five years and in the chair of the latter from 1962 to1966. Total expenditure of general funds for research grants was reduced to $2.7 m for the five years 1965 to 1969 from a level of $8 m for the years 1960 to 1965 ($1995). Nevertheless, throughout the 1960s support for Dr Metcalf, the Carden Fellow, was maintained from the original Carden Endowment and the Carden Supplementary Fund, arising from transfer of the Liquor Industry Appeal moneys, and was undiminished.

Likewise, two other research fellowships were unaffected: The A A Thomas and the W J Kilpatrick, the latter set up by the Anti-Cancer Council to honour the contribution made by Sir William Kilpatrick in the 1958 appeal. In 1967 Dr John Colebatch accepted the Anti-Cancer Council's offer to become the W J Kilpatrick Fellow succeeding Dr Peter Hughes, the original incumbent who had been awarded an Eleanor Roosevelt Fellowship.

It is a reasonable question to pose today whether this 'feast and famine' cycle should have occurred. As a member of the Executive Committee throughout this period I was involved as much as other members in the desire to fulfil the commitments made during the appeal, firstly to spend on cancer control (wisely as was our intention) rather than building reserves and, secondly to boost cancer research in Melbourne. When the reality of a diminished replenishment from the 1966 appeal hit, it became a question not of expenditure but returning to basics and managing the organisation more effectively.

The reader might recall that earlier I had commented that the Executive Committee in 1958 flagged the need for a medical person as chief executive, asking Dr Keogh to continue to direct medical matters on a temporary basis until an appointment could be made. In fact, the Anti-Cancer Council continued until the end of the 1960s without a chief executive. The organisation as a whole was unmanaged—not poorly managed. Dr Keogh was a part-time medical adviser and acted in that capacity except for a more direct involvement as Honorary Chief Registrar of the Cancer Registry. Ruth Hair efficiently performed the role of Council Secretary and handled the strict administrative functions. Marjorie Esson, part-time social worker, reported to the Cancer Service Subcommittee under Sir William Kilpatrick's chairmanship, and the Education Officer reported to the Public Education Committee. These three major activities ran independently—the Registry, Welfare and Education—whilst Dr Keogh pursued his interest in epidemiological research and was an important, in fact critical, influence on the expansion of research support.

No one took responsibility for financial management per se, so that this was left to overseeing by the Finance Committee. In fact, the Anti-Cancer Council continued to be directed by Committees, despite the growth in personnel.

The unsatisfactory result of this fragmentation was thrust home by the financial situation in 1966 whereby cut-backs were necessary in expenditure so that the ability of the Anti-Cancer Council to continue to do effective work in the future would not be endangered. The need for a full-time chief executive officer was as clear to Dr Keogh as it was to the Finance Committee, and to Kilpatrick, Larritt and myself on the Executive Committee. The appointment of Dr Nigel Gray to that position in May 1968 was the outcome of these convictions. It did not take long for the benefits of better and integrated management as well as of leadership to become apparent after 1968.

In the same *Annual Report* of the Council in 1966 when the necessary reduction in research funding was announced, the Medical and Scientific Committee summarised the importance of the support being given for cancer research. Firstly it was noted that the Anti-Cancer Council was fully maintaining three research fellows and the units which they were directing. In 1965-6, it gave financial support to 19 cancer research projects in hospitals and universities. The Anti-Cancer Council staffed and maintained the Central Cancer Registry. With the Cancer Institute it established and shared the cost of the Central Cancer Library. Finally it subsidised postgraduate medical education in the field of cancer.

The report went on to say that during recent years Melbourne had become an important centre of leukaemia research. The basic research of Dr Metcalf at the Walter and Eliza Hall Institute and Dr T R Bradley in the Physiology Department at the University was acknowledged and this was later to prove of outstanding importance from a clinical viewpoint as well as of basic research. Reference was made to Dr John Colebatch's therapeutic trials at the Royal Children's Hospital which soon was extended into national trials under Colebatch's leadership. Mention was made also of chromosome studies by Drs Baikie and Spiers at St Vincent's Hospital under grant to the University's Department of Medicine. In the 1967 report Dr Margaret Garson was coupled with Baikie in this research and her progress in subsequent years was regularly reported by the Medical and Scientific Committee in what was an important study in adult leukaemia.

Impressive progress in cancer education

Prior to the Education Officer, Dr A F Brown taking up his appointment in September 1958, I suggested to the Education Subcommittee that it would be advantageous to him if the Committee clearly defined its objectives. In a memorandum adopted by the Committee I had outlined three major objectives:

1. To minimise fear and help the community develop a positive approach to fighting cancer.
2. To provide specific education on particular types of cancer and especially those where earlier diagnosis might offer possibility of cure or prolongation of life.
3. To try to prevent cancer where the cause could be removed, for example, smoking by teenagers.

The target groups were defined as the general public and specific segments such as teachers, women's groups, factory workers and public servants. The memorandum suggested that every available channel should be considered, including doctors and dentists, chemists, health week, mass X-ray surveys, the Royal Automobile Club of Victoria, the Postmaster General's organisation and the Melbourne and Metropolitan Board of Works. The media then available were outlined: prepared literature; films through the State Film Centre and cinemas; speakers; radio talks, display stands for stores, exhibitions and window displays; press articles; advertisements; and posters. This was the framework which helped to guide Tony Brown in planning and implementing programs during the subsequent few years but with new ideas being adopted progressively during the 1960s.

Contact was made in 1959 with the Department of Psychology at the University of Melbourne. The head of the department, Professor Oeser, was invited to attend a meeting of the Education subcommittee to discuss attitude surveys and psychological research into behaviour. The subcommittee's interest stemmed from a desire to evaluate the effectiveness of its education programs. It followed up this initial meeting with a recommendation to the Executive Committee for a travel grant for Professor Oeser to study methods and evaluation of results of public education in cancer in the US and UK. In the same year a grant was made to the Department of Psychology for study under Dr Godfrey Gardner in public attitudes towards cancer and the effect of public education. On his return from overseas Professor Oeser prepared a report for the Committee and attended a meeting to discuss it. Afterwards a resolution was passed that research into the general field of motivation should be pursued. From these early beginnings, progressively

enhanced by continued collaboration with Dr Godfrey Gardner of the Department of Psychology, developed the Anti-Cancer Council's Centre for Behavioural Research in Cancer, which was established in 1986.

Use of film as a medium occupied the interest and attention of the Education Committee from 1961. The first film produced was entitled *You are not Alone,* the story of a patient with breast cancer, from her first discovery of the growth to her eventual cure. The film was shown in commercial cinemas and used by the speakers' panel throughout Victoria.

In 1962, the first television spot of 60 seconds was produced dealing with the seven common warning signs of cancer. This was shown at frequent intervals on national and commercial channels, the latter showing the film as a service to the public, for which generous contribution acknowledgment was made. Channel 9 announced that this TV short had won a sectional award at an international film competition in Hollywood out of 1,562 entries and the only non-American film to win an award. In 1965 a survey by the Anti-Cancer Council at the Queen Victoria Hospital showed that of the patients interviewed about half were influenced to seek medical advice as a result of the TV short. In 1964, a second feature film was produced, *Another Day,* bringing a message of hope, in which 11 people who had had cancer and fully recovered told their story in their own words. The State Film Centre included this and *You are not Alone* in the films which it loaned for showing throughout Victoria.

A new TV spot on the seven common warning signs was produced in 1964 and again widely screened nationally and commercially at no cost to the Anti-Cancer Council. This one received an Australian Film Institute Award. The Education Committee then moved from the use of film for general education to specific sites such as uterus, breast and lung. In 1966 a 60-second TV spot was produced to encourage women to have a cell test (Pap smear) and in 1967 a short film on breast self-examination was made and shown on commercial television. In this film two women discuss the value of BSE, with concluding interviews with four prominent medical specialists.

These were followed by a new 12-minute anti-smoking film directed at teenagers entitled *Leave it to the Chimneys;* anti-smoking TV spots; and a 14-minute film (16 mm and super 8) *The Life in Your Hands* dealing with the precautions women could take against cancer involving BSE and the cell test. This was produced primarily for use in the lecture program.

With these efforts the Education Committee pioneered the use of mass media for cancer education. Conventional wisdom at the time maintained that face-to-face contact with people was the only effective way to promote action to cope with cancer and its threat. We were not convinced and

decided to explore the use of film as a medium. It was a trail-blazing effort in the 1960s which was recognised nationally and internationally for the way in which TV spots in particular were used to reach and motivate people. Successive surveys supported the effectiveness of this use of mass media.

TV spots and film represented only one segment of the wide-ranging programs in existence during the 1960s. Another innovation which has been progressively enhanced to this day was the introduction of a newsletter as an educational medium. Available free of charge to people interested it was published every two months. By 1967 it had 15,000 readers and was frequently quoted in the press and other media. The availability of copies through pharmacies helped to widen the circulation.

Reference was made in Chapter 3 to Executive Committee discussion in 1957 on British statements and action relating to lung cancer and the fact that the Education Committee had been asked to prepare a statement thereon. The American Surgeon-General's report gave added weight. From that time the issue of smoking and lung cancer occupied prime attention by the Education Committee. In its 1963 annual report to Council, the Executive Committee noted the increased public interest in the relationship between smoking and lung cancer since the publication of the report of the Royal College of Physicians. It mentioned that the Education Committee had been active in producing posters for exhibiting in trams and for wider distribution, as well as a pamphlet *Smoking and Your Health* of which 80,000 copies had already been distributed, a substantial proportion by medical practitioners. With the cooperation of the State Education Department an active campaign was being conducted in Victorian schools. Effort right across the board continued from then.

The Anti-Cancer Council was pressing for enforcement of legislation forbidding the sale of cigarettes to children under 16, and for control of vending machines. With support from the Commission of Public Health the matter had reached the Minister of Health for consideration. Dr Keogh was responsible for the action taken by the Anti-Cancer Council. It represented the initial political action which the Anti-Cancer Council took in the war to reduce lung cancer, with much subsequent effort of note after the 1960s.

The first pamphlet directed at helping smokers give up was produced in 1967. In another action to reduce the deleterious effect of smoking the Anti-Cancer Council highlighted the harmful substances in cigarette tar, advising smokers to choose a low tar brand. At the same time, the Anti-Cancer Council pressed the Commonwealth Government for compulsory labelling of tar content. In the meantime the Anti-Cancer Council had arranged for tar testing of cigarettes at Monash University with publication

of the results. Subsequently the National Health and Medical Research Council recommended to the Government similar action to that suggested by the Anti-Cancer Council. Once again Dr Keogh was responsible for the moves made by the Anti-Cancer Council on tar testing and labelling. The tobacco industry reacted to the pressure by marketing cigarettes with a lower tar content, the average tar content showing a marked reduction over the next few years.

In 1965 the Education Committee sponsored an attitude study by the Department of Psychology at the University of Melbourne. Valuable information was obtained which influenced the future course of education programs. The survey disclosed that 81 per cent of current smokers believed in the connection between smoking and ill-health; 60 per cent of those surveyed favoured control of cigarette advertising and surprisingly so did 53 per cent of cigarette smokers. In the same year the Anti-Cancer Council lambasted both the Federal and the State Government for failing to take appropriate action to stem the tide wherein there were twice as many deaths from lung cancer in 1965 as in 1955. The Anti-Cancer Council was leading the fight against tobacco in those early days and continued to do so for the remainder of the twentieth century.

In 1966-7, the Education Committee, through a newly appointed education officer to whom I will refer later, sponsored a teaching aid for schools in the form of a 'smoking machine' which collected tar from the cigarette it smoked. To assist with the use of the machine, a schools teaching kit was prepared under the joint sponsorship of the Department of Health and the Anti-Cancer Council. Four smoking machines were in continuous use in schools by 1968.

A part-time assistant to the Education Officer was appointed in 1962, in the person of David Hill, who had been doing some volunteer work for the Anti-Cancer Council whilst completing an arts degree at the University of Melbourne. When Tony Brown resigned in 1966 David Hill was appointed Education Officer, later rising to become Director of Education, Deputy Director, and in 1986 foundation director of the Centre for Behavioural Research in Cancer.

By 1968 when Dr Keogh retired, education had become a major activity of the Anti-Cancer Council. If support for cancer research was the professional face of the Anti-Cancer Council, education had become its public face. Not only had education brought the Anti-Cancer Council into prominence with the Victorian community, it was already playing a critical role in promoting early detection and diagnosis and the prevention of cancer.

Cancer education embraces motivation to promote personal action. Conversion of the pilot project at the Women's Hospital for using the Pap test to detect cervical cancer or pre-cancerous lesions into wider-scale screening of healthy women depended on the Anti-Cancer Council's ability to inform and motivate women to act in their own interests. In 1962 a Cancer Detection Centre was established at the Royal Women's Hospital as a pilot project for outpatients attending public hospitals in Victoria, free for patients satisfying a means test. This was followed by the Anti-Cancer Council making grants to enable development of cytological services in large city and country hospitals. The Hospitals and Charities Commission was persuaded to establish a training centre for cytologist technicians at Prince Henry's Hospital under Dr Michael Drake who, assisted by a grant from the Anti-Cancer Council, had been trained as a cytologist in the US. Discussions with the State Minister for Health resulted in the Government deciding to set up a centre for cytological examination of cervical smears free of charge for patients and their doctor. The Anti-Cancer Council agreed in 1965 to contribute £25,000 ($270,000) per year for the next three years to capital and maintenance costs of the cytology centre. The Education Committee then planned a campaign to persuade all women of the desirability of taking advantage of the facilities. The three objectives were to inform of the risks of cervical cancer, of the desirability of a regular check, and of the free facilities which were available.

The 1968 annual report of the Executive Committee to Council recorded that the Cytology Centre was examining smears at the rate of 80,000 per year which on a population basis appeared to be the best initial response in the world to a screening program. The Education Program aimed at reducing deaths from cervical cancer has continued through the next three decades as the Anti-Cancer Council has targeted harder to reach segments of the female population. Removal in later years of cervical cancer from the list of major causes of deaths from cancer is remarkable evidence of the success of the program. As a result the mass program for mammographic screening, which many years later was organised with advice from the Anti-Cancer Council, embodied education as an integral part.

The history of cytology in Victoria is another demonstration of how the Anti-Cancer Council has influenced the improvement in cancer control in Victoria by producing ideas, influencing action, providing initial or seeding funding, and then spinning off developments under the aegis of other organisations.

At the end of the 1960s my colleagues on the Education Committee were the two founder surgeons Tom Ackland and Victor Stone; Dr Henry Judkins, a Box Hill general practitioner who had joined the Committee in

1961 when he was Victorian President of the British Medical Association; Mavis Jackson, a member of the Executive Committee; J P Beveridge, Managing Director of McLaren Industries, the printing firm which had served the Anti-Cancer Council continuously from the 1958 Appeal; David Swift, head of the State Film Centre; and Dr Keogh. The Anti-Cancer Council is greatly indebted to them for their longstanding efforts in cancer education.

Organising for patient welfare services

During 1958 the Executive Committee surveyed the needs of cancer patients for whom existing treatment had proved ineffective and for whom insufficient hospital accommodation was available. The survey was conducted with the cooperation of the Medical Superintendent and Almoners of the Royal Melbourne Hospital. A subcommittee was appointed under the chairmanship of W J Kilpatrick to study the report and make recommendations. The Executive Committee approved the subcommittee's recommendation that £50,000 ($600,000) should be provided towards the cost of new extensions at the Caritas Christi Hospice for the Dying, with 25 beds to be permanently available for cancer patients.

Marjorie Esson had joined the staff of the Anti-Cancer Council in 1959 and thereafter provided much needed coordination of the Anti-Cancer Council's grants for patient aid. She acted as executive officer for a permanently constituted Cancer Service subcommittee with Bill Kilpatrick as chairman (as well as of the Appeals Committee); Dr W P Holman, Medical Director of the Peter MacCallum Clinic and a member of the Executive Committee; Dr John Lindell, Chairman of the Hospitals; and Charities Commission and Beryl Thomas, Head Almoner of the Alfred Hospital.

The 1964 Annual Report of the Royal Melbourne Hospital made these comments about the assistance given by the Anti-Cancer Council:

> It is now 7 years since the Anti-Cancer Council made a grant to our Department for a pilot study to explore the need of patients in terminal stages of their illness who required hospital care but for whom a bed in an acute teaching hospital could not be assured. From this small beginning has snowballed a comprehensive patient care project that has been extended to all metropolitan hospitals. In many cases the actual expenditure from the Funds has been relatively small. However, the climate of financial security and the relief of the tension that has been given to patients and families by the knowledge that the Fund is prepared to underwrite or subsidise hospital expenses—particularly those where the length of stay cannot be accurately estimated—just cannot be overstated. Later the Council set

aside additional monies for cancer patients whose treatment needs or domestic crisis were causing financial hardship. In the last 7 years we have spent approximately £19,668 ($235,000) on behalf of 433 patients and the Fund has proved to be an invaluable aid to Social Workers helping patients and their families meet the problems precipitated by the diagnosis and treatment of cancer.

The membership of the Cancer Service Committee remained unchanged until 1969 when Dr Keogh became a member after retiring in 1968 as Medical Adviser. During Marjorie Esson's absence overseas in 1966, Beryl Thomas served as Acting Medical Social Worker as well as organising a survey of cancer patients' needs on behalf of the Australian Cancer Society. Marjorie Esson continued in the position for several more years.

Changes impacting on the Anti-Cancer Council

Expansion across this broad front after the 1958 appeal necessitated the provision of suitable offices. In 1959 the Anti-Cancer Council had purchased a site at 412 Albert Street, East Melbourne, next to the premises it had previously leased. The architectural firm, Winston Hall & Associates, was commissioned to design a building on what was a narrow frontage but a reasonably deep site. The new premises were designed with car parking at ground level, access to Albert Street and a lane at the rear, and offices on one floor above, with a Council room of reasonable size at the rear. The sword logo of cancer was prominently displayed on the facade. Activities expanded so fast that new premises had to be sought and in 1975 the Anti-Cancer Council moved to property purchased at 90 Jolimont Street, East Melbourne.

The Executive Committee asked the Government to amend the Cancer Act in 1961 to provide the power for the Anti-Cancer Council to join a national or international body. At the same time enlargement of the Executive and Medical and Scientific Committees was achieved. The latter amendment provided for statutory appointment of two members of the Finance Committee to the Executive Committee, as well as a member of the Appeals Committee and an extra member of the Medical and Scientific Committee. This enabled Bill Kilpatrick to become a member of the Executive. Undoubtedly the Finance Committee appointments to the Executive Committee proved of great benefit in the years to come.

In 1961, on the advice of the Medical and Scientific Committee, the Executive Committee established an annual travelling fellowship to stimulate postgraduate study of diagnosis and treatment in the clinical field. The fellowship named after Dr Robert Fowler was valued at £1,000 ($12,000) and was open to members of the honorary or salaried staff of hospitals and

clinical departments of medical schools in Victoria. The first award made by a selection committee was to T H Ackland, a surgeon member of the Medical and Scientific Committee and its Standing Research Subcommittee, and of the Education Subcommittee. The award in the following year went to Dr John Colebatch engaged in study of leukaemia at the Royal Children's Hospital supported by grants from the Anti-Cancer Council. The fellowship was awarded every year in the 1960s enabling outstanding medical people to gain assistance for overseas study. In 1967 the Fowler Fellowship was awarded to Dr T H Hurley, who later became Chairman of the Executive Committee, and in 1969 to Dr W B Fleming, who was Chairman of the Executive Committee. In addition to this travelling fellowship many travel grants were awarded each year on the recommendation of the Medical and Scientific Committee.

Shortly after the close of the 1958 appeal a second linear accelerator was needed by the Peter MacCallum Clinic for high voltage treatment of cancer. The Cancer Institute Board, which was maintained by State Government funding in the same manner as hospitals, had funds available for the purchase of the machine but no space available in its premises without substantial alterations. Suitable space existed in a property for sale almost opposite in William Street, the Australian National Airways building. With insufficient funds available for purchase, the Cancer Institute Board sought financial assistance from the Anti-Cancer Council. Recognising the urgency of the need to expand this type of radiotherapy treatment, the Anti-Cancer Council agreed to lend £150,000 ($1.9 m) for a period of five years on mortgage at a low rate of interest. The loan was repaid before the elapse of the five-year term.

The Anti-Cancer Council continued to be represented by three members on the Cancer Institute Board. When Sir Peter MacCallum retired as Chairman of the Anti-Cancer Council's Executive Committee in 1962 and soon after retired from membership, I replaced him as an Anti-Cancer Council representative on the Cancer Institute Board, joining Dr Lowe and Mr Campbell, Chairman of the Anti-Cancer Council's Finance Committee.

During the 1960s the Central Cancer Registry continued to function in its established role of registering all cancer patients admitted to the main hospitals in Melbourne, accounting for more than 40 per cent of all Victorian cancer patients. By 1966 the Registry had records of over 70,000 cancer patients with continuous records of the result of treatment. Every year reports were being prepared for research workers and others engaged in particular aspects of cancer control.

I have mentioned that in 1958 the Executive Committee had accepted the need for a medical person as chief executive. At that time Dr Keogh as

part-time medical adviser was 63 years of age, committed to advancing the Anti-Cancer Council's efforts to support promising research into cancer, the development of the work of the Central Cancer Registry, and the encouragement of those engaged in serving the Anti-Cancer Council. Eight years later, in 1966, new pressures emerged for the appointment of a CEO. By this time Dr Keogh was 71 years of age, appropriate for a medical adviser but not a chief executive. His position undoubtedly was personally satisfying to him in those later years. He was a figure respected by all connected with the Anti-Cancer Council. Yet in retrospect perpetuation of the medical advisory role rather than appointment of a chief executive was allowed to continue too long, an outcome of the deference all committees had to Dr Keogh.

Always of independent nature, he went about identifying a person suitable to assume the CEO's role which would encompass his role as medical adviser. It could hardly be called 'head-hunting' because the person he thought of was a nephew of a well-known medico, Dr Stanley Williams, with whom Keogh had had almost lifelong association. Having decided that he had the right person in his sights, he set about engineering the appointment, which meant getting the Executive Committee to accept his recommendation. Bill Keogh knew that its Chairman, Dr Lowe, was strongly in favour of appropriate advertising of the position and then appointment through the advice of a selection panel, which was customary in medical and scientific circles. Keogh treated this with selective inattention and lobbied some of the members of the Committee about the merits of the person he had identified.

Dr Keogh's letter of resignation was received at the Executive Committee meeting on 7 March 1968, effective from that date. At the previous meeting in December 1967 Keogh had stated his intention to resign, the Chairman being asked to make preliminary arrangements to seek a replacement. He called a meeting of Chairmen of Committees in January 1968 at which the duties of this new position were outlined and the terms and conditions of appointment established. A further meeting was called on 7 February—attended by the Chairmen of the Executive, Finance, Medical and Scientific, and Education Committees—to interview Dr Nigel Gray, Deputy Medical Director of the Royal Children's Hospital. Reports from this meeting and a subsequent interview with Dr Gray by Dr Lowe and John Larritt were tabled at this full Executive Committee meeting on 7 March 1968. The decision was made to offer the appointment to Dr Gray, to appoint Dr Keogh Acting Medical Adviser until the incumbent took office, and to ask Dr Keogh to join the Public Education and Appeals Committees.

After the meeting the Chairman expressed his opinion that the position should have been advertised and processed in the time-honoured way. Bill

Keogh had achieved his objective and Nigel Gray took office in May 1968. Keogh had chosen well. Keogh subsequently took up the offered committee positions. He died in September 1970.

An honour roll

I cannot conclude this account of the growth of the Anti-Cancer Council in the 1960s without acknowledging the numerous people who committed time, capacity and interest to the Anti-Cancer Council's fight against cancer. While it is not possible to mention all by name, certain figures stand out as having had a significant impact on the growth and strengthening of the Anti-Cancer Council. I knew and worked with these people and I wish to record something of the debt which the Anti-Cancer Council owes to them.

The outstanding contribution which I believe was quite superior to any other was made by **Sir Peter MacCallum**. His intellect, judgment, commonsense, selflessness, persistence and leadership brought achievement of which I hope this short history has rendered some account. The Peter MacCallum Cancer Institute paid tribute to him in a brochure entitled *Sir Peter MacCallum, 1885-1974—The Story behind the Man*.

A major contribution of the highest order came from **Dr E V Keogh** as Medical Adviser. He was a person of quite different mould from Sir Peter, very independent, rather a loner, not a leader in the acknowledged way but a man who had great influence on all those who were fortunate to be associated with him. He shared with Sir Peter the decoration of a Military Medal from World War I, served in the Gallipoli campaign, and also was awarded the Distinguished Conduct Medal. His biography, commissioned by the Anti-Cancer Council, was written by Lyndsay Gardiner and published in 1990, *E V Keogh Soldier, Scientist and Administrator.* He achieved much for the Anti-Cancer Council through his network of able and influential people in the medical and scientific world. He knew where to go to get the personal support needed to achieve his aims and had great perspicacity in the kind of influence he brought to bear on people. He was revered by everyone on the Council, committee members, staff and volunteers.

There are four other people who played key roles in the development of the Anti-Cancer Council to the end of the 1960s and I will mention them in a chronological sequence. **Dr R Kaye Scott** was a leading radiologist in the early days of its development and contributed to the founding of the Anti-Cancer Council in 1936, became a member then of the Medical and Scientific Committee, and the Executive Committee as a nominee of the latter. His thinking was crucial to the original plan formulated in 1938, to the drawn out efforts to get the Central Radiotherapy Institute established,

and to initiation of clinical research in radiological therapy in the early 1950s. He was an important member of the Executive Committee until his retirement in 1955 and remained on the Council uninterrupted until the 1980s. He was a man of independent thought, expressed his ideas quickly, sometimes a little abrasively, and was not particularly sociable, but was a great contributor and a loyal friend to the Anti-Cancer Council throughout his long service.

Dr Robert Fowler was an achiever, as the story of the Cancer Registry bears evidence. He contributed significantly as a member of the Executive Committee to the formulation of policy and to Committee decisions. He spoke the way he thought, incisively, took positions on issues contrary to general discussion if he felt strongly, and made a difference in the running of the Anti-Cancer Council. It was fitting that a valuable travelling fellowship was named after him.

Sir William Kilpatrick hit the Anti-Cancer Council like a tornado. Having agreed to head the 1958 appeal he set about bringing influence to bear all around even though his presence at Executive Committee meetings was by invitation. Kilpatrick was particularly single-minded, suited admirably to organising a big appeal, able to confront heads of corporations with his idea of what their company should be contributing financially to the appeal, and in the milieu of raising money he possessed leadership ability. He had achieved success in developing a relatively small business selling German Mercedes book-keeping machines. He served as a Melbourne city councillor, headed the Churchill Scholarship Appeal and, as I have related, became the first President of the Australian Cancer Society to which he was one of the three representatives of the Anti-Cancer Council. Having achieved such an important result for the Anti-Cancer Council in the 1958 appeal, he became a member of the Executive Committee and Chairman of the Cancer Service Committee, serving in these capacities until he retired in 1977. His significant contribution to the Anti-Cancer Council was as Chairman of the Appeals Committee, for which he found his successor in Sir Laurence Muir. No one else associated with the Anti-Cancer Council in the years of this history could have done the latter job nearly as well as Sir William did.

The fourth person to make a major contribution to the success of the Anti-Cancer Council over these years was **Dr T E Lowe**, Director of the Baker Research Institute, Chairman of the Medical and Scientific Committee of the Anti-Cancer Council from 1955 until 1966, member of the Executive Committee from 1954 until the later 1970s and its Chairman from 1966 until 1974. His experience in medical research proved invaluable in formulating research policy and ensuring that it was applied in an objective way.

As a Council representative on the Cancer Institute Board during the 1960s he became a member of the latter's Executive, and in the early 1970s its acting Chairman, while occupying the Chair of the Anti-Cancer Council's Executive Committee. He saw no possibility of any conflict of interest in these dual positions—I for one did, but this clearly was no problem after his retirement as Chairman of the Executive Committee of the Anti-Cancer Council in 1974. He served the Anti-Cancer Council very effectively and with honour in the key positions he held. He was not a charismatic chairman, stiff of manner and not fluent of speech. All who worked with him in Council affairs recognised that he led through his experience and ability.

These six people are honoured by this historical summary as having made outstanding personal contributions to the position the Anti-Cancer Council held in Victoria at the end of the 1960s, which provided the launching pad for the journey the organisation would take in the next three decades.

5 The 1970s

Dr Nigel Gray, the first Director

The organisation inherited by the new director Dr Nigel Gray had a well-established reputation as the major private source of support for cancer research, maintaining the sole Cancer Registry in Australia, taking responsibility for cancer education in Victoria with programs much in advance of other Australian States, and a significant source of support for cancer patients and their families. Experienced and effective people headed education, operation of the cancer registry, and welfare services. Administrative affairs were managed by the Secretary, Ruth Hair. Until his retirement, Dr Keogh had directed activities related to cancer research but there had been no prior general management of Council affairs until Dr Gray became Director. The Education Director had reported to the Education Committee under my chairmanship, the social worker to the Cancer Service Committee chaired by Sir William Kilpatrick and, with no qualified accountant or finance manager, the Secretary reported on financial affairs to the Finance Committee chaired by John Larritt. The Medical and Scientific and Executive Committees were active in cancer research matters. There was no appeals officer and the Appeals Committee worked through the Secretary. It was indeed a loosely knit organisation bound together by a total commitment to achieving progress in cancer control and in serving the community. There was goodwill on all sides and it worked, but there was scope for strengthening organisation and management, in fact it was essential to do so if the opportunities were to be realised and challenges met in the years ahead.

Dr Gray retired in December 1995 after 27 years as Director. In terms of equivalent 1995 dollars, income and expenditure grew seven times during his term of office. The Anti-Cancer Council was transformed from the highly respected medical charity which he inherited in 1968 into a cancer control enterprise affecting most Victorians and with a high reputation both nationally and internationally.

The following chapters trace progress over these three decades, touch on major problems which had to be overcome, and outline the achievements

from which, not only Dr Gray as Director, but all of the people concerned with the Anti-Cancer Council can take satisfaction.

It is not unusual in corporate affairs for an incoming Chief Executive to make sweeping changes or deliberately establish an individual mark on the organisation to signify his new command. Nigel Gray chose to adapt to the job and to gain an understanding of the people and the activities for which he now had responsibility, and the Anti-Cancer Council's committees with which he now had to work, particularly the Executive Committee to whom he was directly responsible. Bill Keogh was around for the first two years, never interfering, but nevertheless present so that major changes may not have been appropriate or timely anyway.

Two major areas immediately took priority—firstly, assuming the responsibility for support for cancer research which had been Keogh's prime interest—and secondly influencing governments to take action on controlling cigarette advertising and promotion. In 1970, Gray organised a Smoking and Health Review which included an analysis of the scientific, economic and health issues involved, and the practical situation. It defined what the Anti-Cancer Council sought to achieve, an achievement that took many years and much effort but was realised. Thus, the issue where Gray finally had the greatest influence on cancer prevention occupied his attention very soon after taking over as Director of the Anti-Cancer Council.

The traditional activities of the Anti-Cancer Council continued between 1969 and 1974 much as they had been. In 1969, the first year of Gray's office, total expenditure in 1995 equivalent dollars, was $2.07 m, in 1970 it was $2.24 m, and in 1974 $2.92 m. The 1974 figure included a subsidy of $0.23 m from the Commonwealth Government as part of a National Warning Against Smoking. There was thus a relatively modest movement in expenditure over the years 1970 to 1974.

Financial limitations and rising inflation

The limiting factor to any substantial extension of activities in these early years was the Anti-Cancer Council's level of income. Dr Gray inherited an organisation which had expended the sizeable funds arising from the 1958 public appeal primarily on supporting cancer research in Victoria. The 1966 public appeal had modest success, creating the need to reduce research expenditures to ensure that the Anti-Cancer Council could continue to deliver the basic programs of cancer education, registration and patient welfare. In constant dollars, research grants in 1966 were halved from the amount of the previous year and remained virtually unchanged for the next five years, 1967-1971, years which included the commencement of

Dr Gray's term of office. Yet there were encouraging signs on the fundraising front.

The Appeals Committee was re-formed in 1968 under the Chairmanship of the late H S Rusden, a senior partner in a large insurance broking firm. In an effort to develop a more permanent basis for charitable funding the Appeals Committee set about recruiting a panel of regular donors. The Secretary, Ruth Hair, organised volunteers to send out letters based on random mailings from the telephone directory. The letters were under the signature of Sir Edward Dunlop, recently elected Vice President of the Anti-Cancer Council. In the first year 12,000 people responded—which was encouraging—but the Committee was well aware that success of the project would depend on what proportion of those contributing could be persuaded to become regular donors. In 1974, when Rusden retired from the chair owing to ill health, succeeded by Sir William Kilpatrick, there were 60,000 regular donors. This had required a substantial input by volunteers and the Anti-Cancer Council undoubtedly prospered from the regard Victorians had for 'Weary' Dunlop who continued to be the signatory on letters.

For 1969, the first year of Gray's term of office, the Anti-Cancer Council's total income (in 1995 dollars) was just on $2 m. By 1972, this had grown to almost $3 m. Charitable income had doubled in this time, boosted in 1972 by a considerable increase in bequests.

During the 1960s, the average rate of inflation measured by movements in the Consumer Price Index (CPI) for Melbourne was approximately 2.5 per cent per year. The average annual rate between 1970 and 1974 was 7.5 per cent, three times higher than the 1960s. There was much worse to come but at this time there was inadequate understanding of the potential consequences. It was appreciated that with rising inflation income would have to increase at the same rate if programs were to be maintained at existing levels. It was not understood that future replacement of fixed assets would cost more for the equivalent assets—put another way, inflation was eroding the value of fixed assets recorded at historical cost in the books. To give an example of the magnitude of this situation, by the end of the 1974 financial year the total net assets (net equity or capital) had decreased to $7.6 m from $10.5 m at 30 June 1969, both expressed in 1995 dollars. It was to be 10 years before the real value of net assets returned to the 1969 level. It is arguable what level of capital would be required to ensure long-term viability of the Anti-Cancer Council and its programs. The reality was that this issue was never considered at that time in the 1970s and whatever the right answer might have been, it would have modified the steep decline which occurred.

A new Chairman, Sir Edward Dunlop

The chair of the Executive Committee at the time of Nigel Gray's recruitment and eventual appointment was occupied by Dr T E Lowe, then Director of the Baker Institute of Medical and Research. He had been Chairman of the Anti-Cancer Council's Medical and Scientific Committee and one of its representatives on the Executive Committee from 1954 until 1966. Following the sudden death of the Chairman of the Executive Committee, Professor Edgar King, early in that year, Dr Lowe was elected as his successor and retired from the chair of the Medical and Scientific Committee. In 1968 the Council appointed Dr Lowe as a member of the Executive Committee and the latter re-elected him to the chair, a process which recurred in the next three year cycle in 1971. Dr Lowe's long service to the Cancer Institute Board as one of three Anti-Cancer Council representatives saw him appointed a member of the Cancer Institute Board's Executive Committee and in the early 1970s its acting chairman. This saw him serving in the same roles for the two cancer organisations. I acted as an Anti-Cancer Council representative on the Cancer Institute Board from 1965 until 1971 and therefore had an understanding of the dual responsibilities he was undertaking.

A major problem confronted the Anti-Cancer Council in that there was confusion in the public's mind about the two organisations. Were they part of the same institution? Did the Cancer Institute or its Peter MacCallum Clinic run the Anti-Cancer Council or was it vice versa? If the Victorian Government financed the Peter MacCallum Clinic as a hospital (which it did) was the Anti-Cancer Council financed by the Government? (It was not!) Despite being financed by the State Government, the Cancer Institute, via its highly visible Peter MacCallum Clinic, raised funds like other hospitals, so both cancer organisations competed for donations.

Nigel Gray and I shared the view that Tom Lowe's dual roles involved a potential conflict of interest which, not surprisingly, he did not accept. The first Executive Committee meeting after the three-year re-election by Council was to occur in October 1974. Dr Lowe had been in the chair since 1966, a lengthy period although not when compared with the precedent involved in the case of Sir Peter MacCallum. With Sir Edward Dunlop already a member of the Executive Committee, there was an obvious successor who would warrant being elected to the chair.

Dr Gray and I discussed the possibility of shifting the ground from the potential conflict of interest to the issue of the Committee establishing a policy on how many three-year terms might be appropriate. The Director canvassed other members of the Committee. A view emerged to restrict the

term of office to one re-election, that is two terms of three years. As a consequence, Sir Edward Dunlop was elected Chairman and served for six years, as did the next two Chairmen.

Dr Lowe remained a member of the Executive Committee of the Anti-Cancer Council whilst continuing as acting Chairman of the Executive Committee of the Cancer Institute. He did not seek re-appointment to the Executive Committee of the Anti-Cancer Council in 1980 but remained on the Cancer Institute until 1982. He gave long and distinguished service to both organisations but in this instance one is acknowledging the debt owed to him by the Anti-Cancer Council of Victoria.

On his appointment in May 1968 Nigel Gray found himself responsible to an Executive Committee Chairman, Dr Lowe, with long experience in cancer affairs compared with his own limited background in that direction. As a member of the Executive Committee, I had the feeling that the Chairman needed to be convinced that Nigel Gray was the right person for the job and that his performance needed to be monitored. I do not believe the Director flourished in these first years of the 1970s, although his performance was commendable. Later, under Dunlop's chairmanship, he enjoyed a freer hand as Director and a level of personal support and rapport which was not present before 1974. This beneficial relationship existed with his Executive Committee Chairmen until he retired as Director in 1995.

The financial position improves

Reaching a level of 60,000 donors for the 1974 year had already had an impact on the Anti-Cancer Council's level of income and by 1979 donors had grown to 160,000. For the second five years of the decade total income doubled from $12.6 m for the first to $25.5 m (1995 currency). The level of donations had grown from 42 per cent of total income to 62 per cent.

Again, comparing totals for the first and second five years, the increased financial resources were employed to boost research grants from $6.0 m to $8.8 m as well as to recruit key staff and enhance the education programs, with expenditure increasing from $2.2 m to $3.7 m. Spending on welfare of cancer patients and their families benefited proportionately.

Inflation continued to threaten with average annual inflation of 14 per cent during 1975-8, decreasing to a still serious level of 8 per cent for 1978-9. Measured by historical costs, reserves were replenished during the second half of the 1970s with a surplus resulting in every year. This could be set against the inflation-reduced real value of net assets, which bottomed in 1979 and was rebuilt in the 1980s. The financial base for the Anti-Cancer Council's work had indeed been strengthened.

The Anti-Cancer Council moves to Jolimont

Growth in the activities of the Anti-Cancer Council, particularly in regard to the new donor program staffed by a large number of volunteers, necessitated additional office space which was leased next door in Albert Street during the early 1970s. This soon proved inadequate and, after discussions with the architects who designed the existing property, it was decided that extensions would be uneconomical.

In 1975, a property at 86-94 Jolimont Street, East Melbourne, was purchased for $672,000 ($2.5 m). Part of the building was already under lease but would within a short time be taken over by the Anti-Cancer Council. Although the objective of the move was to acquire additional space, further rapid growth necessitated another similar relocation in 1984.

The Albert Street property was sold in 1976 for $277,000 ($0.9 m) resulting in a capital profit being recorded in the books. This was an illusion because the Consumer Price Index was at a level of 14.2 in 1961-2 when the premises were first occupied compared with 30.1 when sold (the base year of 100 is 1989-90). The practical effect can be judged by the difference between $0.9 m received for Albert Street against the $2.5 m required for the purchase of the Jolimont property. It was necessary to liquidate income-earning investments to finance the purchase. The Finance Committee in 1978 (now under David Hume as chairman) had this to say in its annual report to Council, 'The Council has been concerned at the depletion of liquid reserves over the past three to four years as a result of continued inflation. Accordingly a policy has been adopted which is aimed at re-establishing reserves to a level which will ensure at least six months expenditure in advance.'

The real culprit was accounting convention, which failed to address the distortions created by treating historical costs as constant during a period of serious inflation. Thus, no provision was ever made for higher replacement costs arising from inflation. In commerce and industry, many organisations found themselves in financial difficulties from the problems similar to those faced by the Anti-Cancer Council in coping with the impact of inflation.

Major initiatives reviewed

Not only had the resources of the Anti-Cancer Council expanded in the 1970s but the organisation by the end of the decade was responding to the leadership of Nigel Gray. Morale was high with a talented staff and by then the volunteer group had been enlarged to represent a precious resource. Since his appointment Gray had developed a good relationship with his committees and their chairmen. By the end of the decade he enjoyed their complete confidence.

With the Anti-Cancer Council's programs enhanced in research, education and patient welfare, it is worthwhile considering whether the decade was distinguished by any major initiatives. There are four which come to mind: action to prevent lung cancer with the Anti-Cancer Council taking a leadership role in the fight against tobacco; progress in preventing cancer of the cervix; founding of the Victorian Cooperative Chemotherapy Group; and the Appeals Committee's success in promoting the establishment of the Lions' sponsored Cancer Research Unit.

Lung cancer and tobacco smoking

The Education Committee had been active in educating adults and children about the potential health consequences of smoking and the desirability of refraining from or giving up smoking. Publicity was directed in the mid-1960s to the high tar content in Australian cigarettes and pressure was brought to bear on the Commonwealth Government to legislate for the compulsory labelling of tar content on cigarette packets.

Pressure was exerted on the tobacco companies by arranging at Monash University for tar testing of brands of cigarettes and the Anti-Cancer Council published the results regularly. The consequence was a steady decrease in tar content and the appearance of low tar brands. As well as directing public attention to the deleterious effect of tar in cigarettes the Anti-Cancer Council pressured for legislation to be enforced forbidding the sale of cigarettes to children under sixteen, and to be framed for control of sales through vending machines.

The new Director wasted no time in his first year acquainting himself on action already taken and in hand and immediately addressed the need for political action at Federal and State levels. In the 1969 annual report of the Executive Committee to Council, it was noted that, according to press reports, Ministers of Health had agreed to require a health warning on cigarette packets, labelling of tar content, increase in anti-smoking education in schools and a review and strengthening of an existing voluntary code on television advertising of cigarettes. Through the Education Committee the Anti-Cancer Council had already been well involved in the first three areas; it was the last one where Nigel Gray directed major effort.

In 1971, the Anti-Cancer Council itself decided to develop TV spots as part of an anti-advertising campaign to undermine the glamourisation of cigarette smoking, which formed the subject of massive TV advertising by cigarette companies. It was well-appreciated that this was a David and Goliath situation when it came to spending power. The Anti-Cancer Council had been the grateful beneficiary of gratuitous help from TV channels with the

showing of previous TV spots and films but in this instance prime time viewing was essential and advertising would have to be on a commercial basis. The Education Committee was convinced that fear and horror would serve little purpose as a subject for TV and would be counter-productive in combating the 'tough, grown-up or sophisticated' image projected in advertisements for cigarettes. The Committee was keen on a 'send-up' approach. With help and advice from the film industry the idea gained momentum. The Executive Committee decided to allocate a budget of $50,000 ($310,000).

Three well-known actors volunteered to help. Two were well-known English actors from popular TV series, Warren Mitchell as Alf Garnett and Miriam Karlin from *The Rag Trade.* Fred Parslow was popular in Australian theatre and TV. The Alf Garnett TV spot proved a winner—humorous but biting in portraying addiction in a hardly salubrious setting. One of the other TV spots was framed at deglamourising smoking in a romantic setting. Karlin and Parslow were about to kiss when in turn they started to cough, each with cigarettes dangling sophisticatedly from their fingers. The very last frame, which was not deleted, caught them about to split their sides laughing.

Fred Parslow did a wonderful send-up of the Marlboro Man but the channels refused to show it, ostensibly because it publicly attacked a well-known brand, but practically because they were the recipients of large advertising revenues from the cigarette manufacturers. The Australian Broadcasting Control Board rejected the Anti-Cancer Council's appeal against the censoring. This was followed by a further refusal, with the Board's approval, of a short film which the Anti-Cancer Council produced in which Sir Macfarlane Burnet sought a ban on television advertising of cigarettes as a critical factor in the high level of teen-age smoking.

These setbacks were balanced by the exposure gained for what eventually became a ban on TV advertising of cigarettes and by the public support given to the Anti-Cancer Council for its stance and action. A health warning on cigarette packets was made compulsory in Victoria from the beginning of 1973. Although the Anti-Cancer Council moved to have the warning required in television and radio advertisements of cigarettes, it became unnecessary when the Commonwealth Government banned altogether TV and radio advertising of cigarettes.

The tobacco industry turned then to sports sponsorship, which became a leading issue in the 1980s. Also, Benson & Hedges developed a series of advertisements promoting their corporation, whose only product, conveniently, was cigarettes. The advertisements were accepted by the then Australian Broadcasting Control Board as legal and acceptable. With the 1977 centenary cricket test match between Australia and England impending, the Anti-Cancer

Council produced an advertisement highly critical of the association of the healthy sport of cricket with the sponsor of the test match, Benson & Hedges, a clear association of cigarettes with sport.

The TV channel rejected the advertisement on the grounds that it was contrary to industry precedents and broadcasting standards. The Executive Committee annual report to Council in 1977 under Sir Edward Dunlop's signature commented: 'The Council is vigorously opposed to the use of sport for promotion of cigarette smoking. Those sporting administrators who have contributed to this widespread practice have sold their sports for relatively small amounts of money and should carry some specific responsibility for the high smoking rates of our younger generation.' And as well: 'In last year's report we recorded that the Victorian Government had taken no steps to control the promotion of cigarettes. The situation is unchanged; it is now two years since Health Ministers agreed to draft a legislation which would "merely provide a health warning in all forms of cigarette advertising"—nothing has happened.'

By the end of the 1970s the Anti-Cancer Council was able to draw attention to a fall in tobacco consumption, a decline in male adult smoking rates with a substantial increase in the number of adult male ex-smokers (by then 25 per cent of the total male population) and a substantial decrease in the tar content of Australian cigarettes. In 1977 for the first time, total lung cancer deaths ceased to increase, a change more marked in adult males over 55 years of age. The Anti-Cancer Council's efforts had contributed much to these results, Governments regrettably little.

Cancer of the cervix

A decrease in the death rate from cancer of the cervix manifested itself by the mid-1970s. This was about a decade after the establishment, as a result of the Anti-Cancer Council's efforts, of the Victorian Cytology Service and after the commencement of the Anti-Cancer Council's education program to encourage women to have a regular cell test (Pap test). The education program has continued to the present day, representing a second aspect of the Anti-Cancer Council's developing focus on cancer prevention.

The Victorian Cooperative Chemotherapy Group

This group was established under the auspices of the Anti-Cancer Council in March 1976 with the initial objective of coordinating and simplifying drug treatment regimes used in Melbourne hospitals. The long-term objective was the development of more scientifically controlled clinical trials. In

the latter respect the VCCG had already embarked on two such trials in the field of breast cancer, one of which involved international participation. The Anti-Cancer Council was to give financial support to this new activity which eventually became the Victorian Cooperative Oncology Group (VCOG). A central secretariat was established as a part of the Anti-Cancer Council's organisation and in 1978 Dr John Colebatch took over its direction. VCOG was to become a significant aspect of clinical research under the Anti-Cancer Council's aegis.

Lions sponsors a Cancer Research Unit

In 1976, the Lions Club of Victoria undertook to establish a capital fund of up to $400,000 ($1.5 m), the interest from which would support the work of a centre to be set up within the Walter and Eliza Hall Institute. They achieved this during the next five years, a fine effort, and a demonstration of the level of support the Anti-Cancer Council had gained during the 1970s.

Changes at policy level

John Larritt, General Manager of the Union Fidelity Trustee Company, had become a member of the Finance Committee in the early 1950s, a member of the Executive Committee in 1962, Chairman of the Finance Committee in 1972, and Vice President in 1974, succeeding Sir Edward Dunlop. He died suddenly in July 1977 leaving the chair vacant.

Since the remaining four members of the Finance Committee did not regard themselves as candidates, David Hume was prevailed upon to become a member of the Finance Committee. At his first meeting he was elected to the chair despite his protestations that he knew absolutely nothing about the Anti-Cancer Council or its financial affairs. He provided distinguished service for almost 20 years.

I was elected Vice President of the Anti-Cancer Council to succeed John Larritt and, by resolution of the Executive Committee, appointed ex-officio a member of all committees. I immediately became a member of the Finance Committee and continued so until 1998.

By the end of the 1970s, the Anti-Cancer Council was in good shape. Dr Gray had cemented his position both within the Anti-Cancer Council and the Australian Cancer Society. He was respected at both Federal and State Government levels, and was recognised as a threat by the tobacco industry. He was already involved at international level on the smoking and

lung cancer issue, and most importantly had gained the confidence of the community. The Committee structure and composition was a resource and a positive influence, with many able people willing to devote themselves to helping the Anti-Cancer Council. Capping these strengths was the growing force of volunteers throughout Victoria.

6 The Anti-Cancer Council comes of age: the 1980s

The Anti-Cancer Council came of age during the eighties both literally and figuratively. It celebrated its Golden Jubilee in 1986, testimony of longevity stemming from sound roots put down in the 1930s, nurtured by initiative and well-thought-out policies through those 50 years of existence. Figuratively, it matured as an organisation during the 1980s under Nigel Gray's leadership. By 1986, there were 65 people on the staff, some part-time, providing a high level of competence in each of the areas where the Anti-Cancer Council was active. By then, there were a thousand volunteers working for the Anti-Cancer Council in one form or another. Backed by strong committees, the organisation grew in confidence and influence. Always available to the media, Dr Gray became the authoritative voice on cancer control in Victoria, as well as nationally, since he was taking a leading role in the affairs of the Australian Cancer Society.

Funding and finance in the 1980s

Income for the 1979 financial year (in 1995 equivalent money) totalled $5.1 m, for 1984 $9.4 m, and for 1989 $13.8 m. For the five years ended 1984, total income was almost 50 per cent higher than for the previous five years, followed by an increase of 80 per cent over the 1984 period for 1985-9. This acceleration in the second five years arose from growth in external funding for projects such as Quit and its predecessor, the Victorian Smoking and Health Program. These were enhanced in 1988 and 1989 by large project grants from VicHealth funded from Tobacco Franchise fees.

The last five years of the 1980s marked a significant change in the sources of funding for the Anti-Cancer Council's activities with 15 per cent being contributed by external grants, compared with a negligible proportion formerly. In contrast, income from donors, appeals and bequests in this period 1985-9 constituted 69 per cent of total income compared with 90 per cent a decade earlier in the five years 1975-9. A significant proportion of income (16 per cent) was contributed during 1985-9 as consequence of

high returns on investments when high interest rates accompanied rates of inflation which continued to pose a serious challenge to financial management. In 1979 the consumer price index was (40.8), in 1984 (64.9) and in 1989 (92.3), an increase of about 130 per cent for the decade.

Net assets (in 1995 currency) grew from $6.1 m in 1979 to $11.0 m in 1984 and $12.0 m in 1989, thus rebuilding their real value above the $10 m existing in 1969. Prudent financial policies by the Finance Committee under John Larritt's and David Hume's chairmanship had resulted in surpluses in every one of the 10 years. Even converted to real rather than historical dollars, this left every year in net surplus.

Expenditure matched the increased income previously mentioned. For example, outlays for research doubled for 1985-9 over the previous five years, as did total expenditure. Education expenditure grew to $22 m from $5 m during 1980-4, reflecting the Quit and SunSmart external project grants.

By the end of the 1980s the financial affairs of the Anti-Cancer Council were in sound condition. Relocation from Jolimont to Rathdowne Street had been effectively financed in 1984 and a new building erected in Victoria Street in 1986-7 to provide for likely growth in the 1990s.

Organisation and management

The original constitution of the Anti-Cancer Council subsequently incorporated in the legislation in December 1936 provided for the Lord Mayor of Melbourne to be ex-officio a member of Council. He was elected chairman of the Council meetings during 1936 and at the first Council meeting after incorporation elected President. Annually thereafter the Lord Mayor was formally elected President. The only part the President played in Council affairs was to chair its Annual General Meeting. As Secretary of the Council during 1951-5 the agenda and organisation of the meetings were my responsibility. I had to brief the President just in advance of the meeting before moving into the Portico Room of the Town Hall, with refreshments to follow—a big attraction. I revisited this process after election as Vice President in 1977, concluding that the Anti-Cancer Council needed someone in the presidential role who was knowledgeable about the Anti-Cancer Council and could play a part in its overall direction. In 1980 Sir Edward Dunlop was to complete his second three-year term as Chairman of the Executive Committee, offering an ideal opportunity to change the 40-year-old practice with, hopefully, the full support of the Lord Mayor. Both Sir Edward and the Lord Mayor were agreeable and the role of the President became a year of active office rather than merely the chairing of the Annual General Meeting.

Dr Tom Hurley was elected to the chair of the Executive Committee at its first meeting after the October 1980 Council meeting. Dr Hurley, son of Sir Victor Hurley who had been involved in the founding of the Anti-Cancer Council and an early member of the Executive Committee, had become a member of the Executive Committee in 1977. He had served on the Medical and Scientific Committee as the Royal Melbourne Hospital's nominee since 1966 and continued to serve both committees until he retired altogether in 1986. Dr Max Whiteside succeeded Dr Hurley as Chairman of the Executive Committee, serving with distinction for the following six years.

The Appeals Committee was under the chairmanship of John Ralph throughout the 1980s, succeeding Sir Laurence Muir who had taken over from Sir William Kilpatrick in 1976. Professor Bruce Holloway, a Monash University scientist, became Chairman of the Medical and Scientific committee in 1977 succeeding Dr Douglas Pearce, a radiologist, who had served in that role for 11 years. In 1985, Professor Gordon Clunie took over from Professor Holloway. The effective leadership of the Anti-Cancer Council's major Committees during the 1980s played a distinct part in the great progress made during this decade.

In 1982, Sir Edward Dunlop decided that he would not stand for re-election as President but agreed to become Patron. At the 1982 Annual General Meeting of Council I was elected President and re-elected annually until I retired from Council in 1998.

Management was strengthened considerably during the 1980s by the appointment of four key executives. Dr Graham Giles was appointed in 1983 to take responsibility for the Victorian Cancer Registry and became Director of the Cancer Epidemiology Centre. In 1985, Dorothy Reading was recruited to manage the Victorian Smoking and Health Project, soon to gain the Quit title. She became Director of Education in 1988. Susanne Baxandall joined the staff in 1984 as Coordinator of Social Service Policy. Dr John Colebatch who had served as Executive Secretary of VCOG for over five years retired in 1982 and was succeeded by Professor R R H Lovell who became a key adviser to Nigel Gray throughout the latter's remaining term of office. There were other important additions to the staff during the decade but I have chosen to highlight only very senior appointments, which from their commencement proved an important resource.

As we have seen, education activities had been developed from 1955 under the direction of a subcommittee of the Executive Committee. By the 1980s, education staff had grown significantly under the management of Dr David Hill and the overall direction of Nigel Gray. As long-time Chairman I sensed

that the Education Committee was tending to become a superfluous link or level in the chain of management, useful as it could be in an advisory role. In 1984, the Executive Committee agreed that it was appropriate to vest authority for education in the Director with overall control becoming the responsibility of the Executive Committee.

A consultative panel was formed to provide David Hill with the advice he might seek from time to time. The Executive Committee asked me as one of its members to monitor education affairs. Continued progress and success of education programs thereafter fully justified the change without in any way detracting from the key part the Education Committee had performed over more than 25 years.

Major achievements in the 1980s

The 1980s saw the Anti-Cancer Council remain abreast of the rapid rate of change occurring in cancer research and control, with many developments in all aspects associated with progress and activities. While this account cannot review them all, there are three achievements which represented outstanding advances in the Anti-Cancer Council's contribution to the fight against cancer.

Two of these were in the area of cancer prevention: the establishment in 1986 of the Anti-Cancer Council's research centres in Behavioural Science and Epidemiology, and the passing of the Tobacco Bill in 1987 resulting in the setting up of the Victorian Health Promotion Foundation. The third was the crowning of 30 years of research by the Carden Fellow, Professor Donald Metcalf, with the discovery and development of substances controlling blood cell growth which were to have important implications for treatment and recovery of patients undergoing chemotherapy.

Two new research centres

The new developments in cancer prevention were an outgrowth of existing research being carried out by David Hill as Director of Education and Graham Giles as Director of the Cancer Registry.

Research into public attitudes to cancer had commenced in the early 1960s as a result of collaboration with the Department of Psychology at the University of Melbourne. During this period David Hill gained his masters degree and doctorate under the supervision of Dr Godfrey Gardner, reader in the Department of Psychology.

In 1972, Dr Hill as Director of Education conducted a survey among Melbourne general practitioners to assess their evaluation of the Anti-

Cancer Council's education programs and comments on how they might be improved. In 1975 he organised a survey of smoking habits of the general population, repeated in 1980-1, and in the latter year a study into youth peer leadership, as a prelude to the design of an education program in schools in an attempt to reduce the level of teenage smoking. In 1983 he organised a survey in several shopping centres to assess public reaction to the skin cancer campaign.

Nigel Gray and I regarded David Hill as a born researcher. The setting up of the new research centre in behavioural research into cancer offered great opportunity for Dr Hill and for the Anti-Cancer Council.

Dr Graham Giles came to head the Victorian Cancer Registry in 1983 with a background in epidemiology as well as medical statistics. His interest in research and his creative energy soon involved his unit in several projects with the overall objective of transforming the Registry from passive data collection to one of actively participating in cancer control.

The opportunity existed in 1986 to plan for two research centres, one in behavioural science and the other in epidemiology. The big question was whether the Anti-Cancer Council could fund the establishment and long-term development of two units that undoubtedly would grow. Although Graham Giles would be able to continue to direct the Registry, it would be necessary to recruit a director of education to succeed David Hill, an immediate increased financial requirement.

The proposals were received enthusiastically by the Executive and Finance Committees with unanimity that, come what may, the Anti-Cancer Council would raise whatever extra funding was necessary. In the early years it did not prove quite so easy but 1986 saw the establishment of the two centres which have gone on to make a name for themselves and the Anti-Cancer Council, not just here in Victoria, but nationally and internationally. The development of the Centre for Behavioural Research in Cancer (CBRC) and the Cancer Epidemiology Centre (CEC) is a subject for separate review in Chapter 7.

The passing of the Victorian Tobacco Bill

The very real progress made in the 1970s by the Federal Government banning TV advertising of cigarettes was handicapped by the tobacco companies turning to the use of sports sponsorship to promote their products. Big dollars were involved and despite protestations to the contrary by the tobacco industry the companies were well aware of the appeal sport had for younger people, let alone the continuing interest of the older generations brought up in a life of sports watching.

In his Director's Review in the 1987 *Annual Report* Nigel Gray summarised the Anti-Cancer Council's objectives and action: 'At the time of writing it is difficult to forecast the Victorian Government's response to the Council's submissions this year. In summary, we have requested: a substantial increase in tobacco franchise fees; allocation of a significant portion of such revenue towards reclaiming sponsorship of sport from the tobacco industry as part of a program of health promotion; abolition of all forms of tobacco promotion; and reinforcement of activities aimed at restricting sales of cigarettes to children'.

The term 'submission' hardly connotes the political lobbying exerted on parliamentarians and government ministers by Dr Gray, by supportive organisations, by the Anti-Cancer Council's donors and volunteers with the strong backing of the Executive Committee. The unique aspect to the passing of the Tobacco Act was its parliamentary unanimity, reflecting the strategy adopted to render the issue bipartisan. In order to answer matters which were of concern to the Cain Cabinet, the Anti-Cancer Council commissioned an opinion poll the results of which were persuasive.

The Victorian Health Promotion Foundation, funded by a levy of 11 cents a packet of cigarettes, was an independent foundation to implement the objectives of the Act. The original intention was that the funds were to be employed to buy out the tobacco industry from sport but the eventual Bill was more enlightened by legislating for expending 30 per cent on sport, 30 per cent on health promotion programs, and 40 per cent on prevention and early detection of disease. An amount of $23 m (1987 currency) was available for the Foundation.

It is of great credit to the Anti-Cancer Council that it was able to provide the leadership that overcame the strongest lobbying possible by the tobacco industry. This lobbying included the organisation of cigarette companies' staff to pressure parliamentarians by telephone calls, personal visits and letters.

In his review in the 1988 *Annual Report*, after writing about the course taken by this whole issue, Nigel Gray made these comments: 'The battle to eradicate lung cancer and other tobacco associated diseases is not over, but its form has changed completely. Instead of having political arguments, we are looking at creative ways to help people give up smoking, to encourage them to do so and to persuade children not to start. We have a better opportunity to do this now than at any time in modern history. It is fair to say that we have been given the weapons to control the tobacco epidemic in Victoria'.

Dr Gray was speaking about Victoria. He had really become by 1988 the leader of the fight against tobacco in Australia and already was directing the

International Union Against Cancer's project to develop and enhance anti-smoking programs around the world. Recognition of his contribution led to his becoming President of the International Union (UICC) in 1990.

The success of the Carden Research Fellow and Laboratory

The 1980 annual report of the Executive Committee to Council made this reference to Professor Metcalf's work as Carden Research Fellow: 'Dr Donald Metcalf for more than two decades has been head of the major cancer research unit supported by the Council—the Carden Laboratory in the Walter and Eliza Hall Institute. He and his highly skilled research team have continued their systematic and meticulous investigations of the nature and activities of CSF—the Colony Stimulating Factors of chemical nature that regulate the proliferation and maturation of primitive blood cells'.

His research to this date had been relevant to the understanding of behaviour of white blood cells in leukaemia and in its treatment. This was now assuming importance as a step to increasing the number of cells available for clinical use in bone marrow transplantation, raising hopes that marrow transplantation could offer more chance of success in the treatment of some cancer patients. In his 1983 annual report to the Anti-Cancer Council which he had rendered every year since his appointment Don Metcalf said:

> Because of the great potential importance of the CSFs (Colony Stimulating Factors) in the treatment of myeloid leukaemia our work on gene cloning is facing formidable competition with commercial companies in the US and Japan about which no public information is available. However we know that we are the only laboratory possessing all four CSFs in pure form and therefore are likely to be maintaining our lead in this race.
>
> The Anti-Cancer Council of Victoria can take justifiable pride in having so generously supported from the beginning this work on the CSF hormones that is acknowledged to be one of the major Australian contributions to world medicine.

The last reference was not in the nature of any self praise because the acknowledgment came from international recognition, manifested in 1986 by the award to Professor Metcalf of the Wellcome Medal by the Royal Society in England.

By the mid-1980s, the Carden Laboratory turned attention to the use of genetic engineering to attempt to isolate the genes' coding and to mass-produce CSFs for clinical application. Until this was achieved there could be no clinical application because of the immensely slow task of producing

even minute amounts of CSF from mouse lungs. Success was reported in 1984 with acknowledgment of collaboration with the Ludwig Institute for Cancer Research under the leadership of Dr Tony Burgess. The way was now open to mass-produce GM-CSF in bacteria or yeast under the commercial aegis of an Australian biotechnology company.

In 1987, Metcalf was awarded the Bristol-Myers Award for distinguished achievement in cancer research. The same year the University of Melbourne established a personal chair for the Anti-Cancer Council's Carden Fellow as Research Professor of Cancer Biology in the Department of Medical Biology. Professor Metcalf was subsequently awarded jointly the Alfred D Sloan Jr Memorial Prize for 1989 of the General Motors Cancer Research Foundation, another international recognition of his work.

Clinical trials were underway in Australia and overseas by the end of the 1980s, with evidence of CSFs being greatly beneficial in counteracting side effects from chemotherapy treatment, as well as in some leukaemias.

As Metcalf said, the Anti-Cancer Council of Victoria has taken great pride in having recognised the quality of his work in its formative years and in the years when progress seemed to be slow, and in playing a part in the success which crowned his efforts during the decade of the 1980s.

7

Into the 1990s

Maintaining into the nineties the momentum built up during the eighties proved to be a challenge, if only because of persistent economic recession affecting Australia as a whole. Basic, clinical and epidemiological research continued to advance knowledge about cancer prevention, early detection and treatment, impacting on the activities of the Anti-Cancer Council and creating new demands. Thus at the very time that difficulties were being encountered in financing existing operations, the Anti-Cancer Council was confronted with opportunities and the need to enhance its efforts to improve cancer prevention and early detection, as well as to further promote cancer research in Victoria. This final section of the account of Dr Gray's years of office as Director touches upon some of the major problems which had to be overcome during these years. The fact that Dr Gray was due to retire in September 1993 on reaching 65 years of age presented a looming problem for the Executive Committee faced with issues of succession and transition.

The financial situation

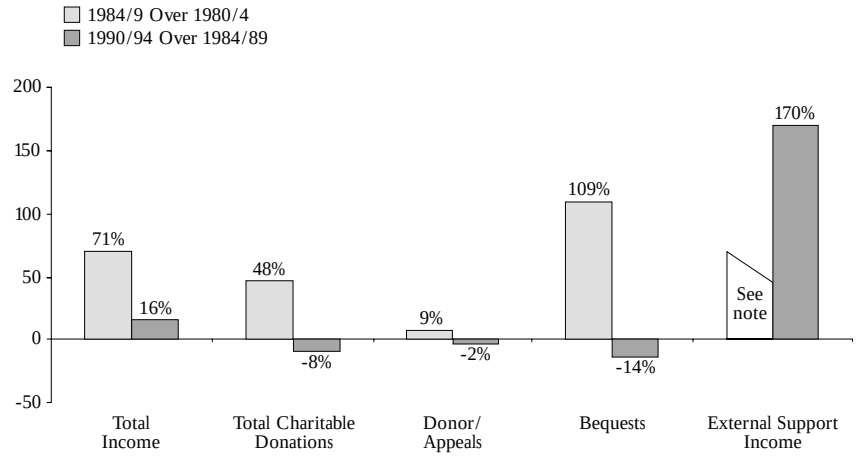
It is pertinent to examine the financial nature of these pressures and to contrast experience with that of the two previous decades.

In contrast with the 1980s when expenditure was well covered by income enabling the weakened capital base at the start of the decade to be rebuilt, the period 1990-4 saw income insufficient to meet outlays, thereby eroding capital.

By 1995, the capital base had decreased from $12 m in 1989 to $8 m, expressed in constant 1995 currency. Annual expenditure had increased from an average of $12 m in the five years 1985-9 to $16 m between 1990 and 1995, presenting a major funding problem. By any standards the Anti-Cancer Council was now a large enterprise faced with financial risks. In the 1993 *Annual Report* of the Council I commented: 'Although this deficit of around $1 million has been historically unique, it is quite clear that the ACCV's reserves cannot withstand a further fall of this magnitude. The alternatives are apparent—raise more money or cut programs'.

The changed pattern of the financial situation of the Anti-Cancer Council between the two five-year periods 1985-9 and 1990-4 is shown in the following chart:

Growth Rates by Five Year Period



Note: External support income in 1980-4 was $0.5 m rising to $8.7 m in 1985-9 (in 1995 currency). The comparative total for years 1990-4 was $23.4 m. Percentage growth rate comparison is meaningless in this case.

There were several key factors which compounded matters:

1. The impact of the recession on consumer spending as a result of unemployment and general pessimism affecting confidence. This reduced the capacity of the community to donate to charities.

2. Competition for community support from a growing number of charities. The position was exacerbated by the Victorian Government refusing to provide public funds for the building of a new research institute at the Peter MacCallum, forcing the Institute to seek community support for cancer research in direct competition with the Anti-Cancer Council. The public was being asked to donate to two cancer organisations.

3. The Anti-Cancer Council's dependence on bequests: historically between 30 per cent and 50 per cent of total charitable income, but these became increasingly important in the period 1985-9 when they rose to 47 per cent. Bequests then dropped to 44 per cent in 1990-4 and 42 per cent in 1995. A decrease of five per cent between the first mentioned period and 1995 represented $2.25 m constant dollars. An additional major problem with bequests was their unpredictability and timing, whereas outlays required a continuous flow of available cash. This posed a major management problem in the 1990s.

4. The increasing dependence on external support income which amounted to 15 per cent of total income in 1984-9 and rose to 34.5 per cent in 1990-4. Most of this was accounted for by VicHealth grants towards Quit and SunSmart programs but included grants from government bodies for projects being carried out by the Centre for Behavioural Research in Cancer. External support was not open-ended but for defined projects and periods, thereby having an influence on future financial commitments for staffing and project management.

Continued pressure to widen programs

The rate of change in the knowledge of the cause of several types of cancer and its prevention and early diagnosis accelerated during the 1980s. Inevitably this created new opportunities in education and opened up new avenues for research for the two in-house research centres for behavioural research and epidemiology. Furthermore it increased the demand for cancer information services.

In 1985-9, a total of $60 m was expended by the Anti-Cancer Council, rising to $82 m for 1990-4, both figures expressed in 1995 dollars—an increase of almost 37 per cent. It should be noted that in the earlier period there was a surplus of $7 m over expenditure whereas in the 1990-4 period this was converted into a $4 m deficit.

The pattern of the Anti-Cancer Council's expenditure on programs showed a marked change in 1990-4 compared with the previous five years. Whereas in 1985-9 some 43 per cent of total expenditure was outlayed on research and 37 per cent on education, the relativities were reversed in 1990-4 to 34 per cent on research and 44 per cent on education. This reflected the importance of external support in this period of recession for education projects such as Quit and SunSmart. Spending on research depended on the level of charitable income, as did the Anti-Cancer Council's other education programs not supported by project grants. It is interesting to note the comparison of the two final five-year periods of the three decades with earlier experience:

Percentage of Research and Education Expenditure to Total Outlays

	Research	Education
1960	50	14
1970-4	46	17
1975-9	37	15
1980-4	39	16
1985-9	43	37
1990-4	36	44
1995-6	37	37

In reviewing ratios it is pertinent to note the size of these outlays which represented a total for research and education of $48 m in 1985-9 and $64 m for 1990-4, both expressed in 1995 dollars. For the period from 1970 to 1995 approximately $86 m had been spent on research, again in constant dollars. Consider that in the 1969 year, research was supported to the level of $1 m.

Although the financial pressures faced during the recession over these first six years of the 1990s required some judicious paring of plans, the Anti-Cancer Council's cancer control programs continued to be delivered and developed, albeit with some rescheduling and temporary deferrals. Project planning for Quit and SunSmart depended on success in gaining approval for applications submitted to VicHealth, leaving the ultimate level of financial resources uncertain and creating management problems in personnel planning and scheduling.

Management acts to overcome problems

Onset of the changed financial environment convinced me as President that reappraisal was desirable in what the Anti-Cancer Council could and should do with its limited resources. Dr Gray and I had several discussions on the role that strategic planning might play in helping to develop viable plans for the Anti-Cancer Council's future activities. We agreed that to be effective strategic planning needed the active involvement of himself and his Unit Heads rather than being delegated to a staff specialist or financial management. We concluded that a highly formalised approach was not warranted.

In October 1992, I prepared a discussion paper on 'Developing Strategic Planning in the ACCV' and led a discussion with Unit Heads and the Director. Under the leadership of Dr David Hill a corporate planning exercise was scheduled and the first draft completed in May 1994 for presentation to the Executive Committee. It included a carefully thought through mission statement: 'The Anti-Cancer Council is an independent charity whose mission is to lead and co-ordinate efforts to minimise the human cost of cancer for all Victorians', and five key objectives to be achieved in pursuit of this mission.

An integral part of the corporate strategy formulated was this: 'To be effective with only limited spending power the ACCV must be able to develop and retain knowledge and skills needed to make informed judgements about optimal policies and programs for cancer control and to influence the public agenda on cancer accordingly. Notwithstanding resource limitation the ACCV will conduct programs in areas of need where it has distinctive competence ie public programs to promote prevention and early detection,

cancer patient welfare policy, cancer research funding, professional development in oncology, cancer-related epidemiological and behavioural research'.

Corporate goals were defined for the next three years from a 1994 base, unit plans drawn up to underpin budgets and a financial strategy formulated.

As volunteer consultant for the project working closely with David Hill, I was very pleased with the progress which this initial approach to planning had achieved. It left management in a more effective position to cope with the changing environment and better able to direct limited resources to chosen ends rather than simply reacting to needs.

An outcome of the planning was the conclusion that changing the balance date from mid-year to a calendar year would bring the peak time for receipt of bequests viz May-June to the middle of the planning year. This would provide an opportunity to adjust programs and outlays in the second half of the calendar year, whereas with the 30 June year-end any shortfall in the forecast level of bequests for the year would perpetuate the recent dangers of large deficits. After a year's legislative delay, the change was implemented for the 1996 year, subsequent to Dr Gray's retirement.

The problem of the limited timeframe of external support income was overcome by limiting permanent staff establishment and resorting to limited term employment, mainly on a part-time basis. Thereby, there would be a matching of expenditure with income, eliminating the risk of over-commitment and of building fixed expenditures to an unsupportable level.

By the time of Dr Gray's retirement in December 1995 management was functioning more effectively than it had ever done, with a confidence that the Anti-Cancer Council was on top of its problems and a realisation that the economy was recovering from the severe recession.

The need to preserve independence

Until the second half of the 1980s all but one per cent of total income comprised funds raised by the Anti-Cancer Council itself. That single percentage was provided by the State Government as a contribution towards the cost of maintaining the Cancer Registry.

The Anti-Cancer Council's long-held policy was to function as a charity independent of Government whereby it could be entirely non-political in promoting the best interests of the people of Victoria and be free to criticise Government where it considered this necessary. Thus the almost infinitesimal external support from the Government was fully compatible with Council policy.

The advent of tobacco tax money

The tobacco/cigarette/lung cancer issue erupted in the second half of the 1980s with Dr Gray becoming active in bipartisan lobbying which resulted in the tobacco legislation and the creation of VicHealth. Both the Labor Government and the Coalition Opposition expected the Anti-Cancer Council to be one of the principal bodies which would receive financial grants for health projects which fulfilled the objectives of the Tobacco Act. VicHealth was established as a body independent of Government to determine not only what grants would be dispensed for health projects but also what proportion of available funds should be expended on health, the arts and sport.

Whilst there were now prospects of augmenting available funding for Quit and SunSmart, particularly for spending on media which the Anti-Cancer Council could never afford out of its own resources, the policy of independence from Government was not under threat because of the way VicHealth had been constituted. It was necessary for the Anti-Cancer Council to compete for grants administered by an independent body.

Nevertheless, the Anti-Cancer Council was left dependent on an outside body for what became in the late 1980s a substantial part of its total income. A less obvious consequence was a question of whose projects might these be, the Anti-Cancer Council's or VicHealth's.

Growth in other external support income

External support during the 1990s began to be influenced by a pronounced trend by the Victorian and Commonwealth Governments towards privatisation and contracting out of activities previously managed and resourced by government departments. In the latter respect this offered the opportunity to Government of employing the best skilled people for particular purposes. In the cancer control field there was no organisation in Australia with the experience and skills of the Anti-Cancer Council of Victoria and therefore of some significance to Government in implementing some of its objectives. These opportunities were noted by the Director and his Unit Heads and, as a result of negotiations with both State and Federal Governments, several projects by the Centre for Behavioural Research in Cancer and the Cancer Education Unit have been financed by the public sector.

How compatible are these developments with the policy of maintaining independence from Government? Certainly it is no longer a clear-cut

situation. It is plain that in the interests of the community the expertise of the Anti-Cancer Council needs to be put to productive purposes. Yet the dependence on the continuity of finance from Government sources to support the Anti-Cancer Council's resource base creates a level of uncertainty which must impact on forward planning. Furthermore the whim and the will of Governments can be fickle and sound advice is often rejected or pigeon-holed.

The Achilles' heel of cancer legislation

In maintaining independence from the State Government, the Anti-Cancer Council has been faced with the fact that it was constituted from the very beginning under an Act of Parliament. Although the Anti-Cancer Council had always acted independently of Government, some people assumed that it was an arm of Government and subsidised by public funding. As a counter to this, every effort was made to promote the nature of the Anti-Cancer Council as a volunteer-based cancer society.

In 1989 the State Department of Labour expressed the opinion that the Anti-Cancer Council was a 'Government body' *because* it was constituted under an Act of Parliament. The State Public Service Federation sought to represent Anti-Cancer Council staff and pursued the matter in the Industrial Relations Commission. The Executive Committee took a serious view of the development. As well, a Court determination that the Anti-Cancer Council was a Government body could have repercussions from a fundraising viewpoint.

Through its solicitors the Anti-Cancer Council sought the advice of a leading QC and was similarly represented at the hearing. The Commission found that the Anti-Cancer Council was a Government body and came within the ambit of the State Public Service Federation. The Anti-Cancer Council appealed to the Supreme Court against the decision and was successful in defending its status as a private charity independent of Government.

The union movement apparently regarded this as a serious setback for reasons unexplained and sought leave to appeal to the High Court, which was granted. Again the Anti-Cancer Council was appropriately represented in what was a no win/no loss result, the High Court finding that the Anti-Cancer Council was a *public corporation* but not a *state instrumentality.* Because of the former ruling it was subject to union coverage under industrial relations legislation. The downside of the decision was the need to embark on delicate and lengthy negotiations with the State Public Service Federation officers. The upside was vindication of the Anti-Cancer Council's contention that it was not a Government body.

Nevertheless constitution under an Act of Parliament continued to present problems to the Executive Committee. The Financial Management Act 1994 was deemed to apply to the Anti-Cancer Council, overriding the Cancer Act because it was a statutory corporation within the terms of the first-mentioned legislation. This brought the audit of the Anti-Cancer Council directly under the responsibility of the Auditor-General, although contracted out to a chartered accounting firm under tender. The audit since 1936 had been performed by the same firm of chartered accountants, although through progressive mergers—Young & Outhwaite, Irish Young & Outhwaite, and Deloitte's—the latter finally deciding that they would not seek to become a contractor to the Auditor-General. The 1994 annual accounts were the last to be audited by Deloitte's.

The considerable efforts of the Director and the Executive Committee successfully preserved the Anti-Cancer Council's independence from Government, and this remains a key element in strategy. The matters involved were complex and demanding and entirely unrelated to the primary activities of the Anti-Cancer Council.

In-house research centres revitalise the Anti-Cancer Council

The decision by the Executive Committee in 1986 to establish and underwrite the Centre for Behavioural Research in Cancer (CBRC) and the Cancer Epidemiology Centre (CEC) was a far-sighted one. Not only did this create opportunities for embarking on new avenues for research but helped to revitalise the whole organisation, producing new enthusiasm in education, new resources to enhance screening programs for breast and cervical cancer, and particularly boosting cancer prevention programs under the Anti-Cancer Council's aegis.

By 1995, CBRC was engaged in wide-ranging studies directed at attitudes to behaviour which impact on cancer risk factors—issues such as smoking, exposure to sunlight, early detection, and knowledge about cancer. These studies produced new knowledge on how education programs could be designed or varied, with monitoring studies by CBRC to measure results. Thus, the Anti-Cancer Council's education programs became increasingly evidence-based, to coin current cancer medicine phraseology.

The subject of diet was broached in education programs during the 1980s, highlighted by Gabriel Gaté's *Family Food* book and its sequel *Smart Food*, and education booklets dealing with prudent diet. In 1989, CEC reviewed the feasibility of a long-term population study into the relationship between diet and cancer. A pilot project was designed to investigate the much lower rates of cancer and heart disease experienced in southern Europe compared with people

born in Australia, as disclosed by statistics, and to endeavour to determine the influence of diet. Nine hundred volunteers were recruited comprising, in equal proportions, Greek and Italian migrants and native-born Australians in what was titled 'the Southern European Migrant Study'. Volunteers were required to complete a questionnaire, weigh and record information on food intake and attend a clinic in 1989 for physical examination and blood sampling.

Based on experience with this pilot study in 1988 and 1989 consideration was given to expanding this into a long-term cohort study, the establishment cost to be sought from VicHealth. The Executive Committee was faced with a decision whether to underwrite a 20-year financial commitment. This was more ambitious than the Southern European Migrant Study with the objectives of investigating the relationship between diet and cancers of the lung, breast, bowel and prostate, with complementary study of the effect on heart disease, stroke, diabetes, and all-cause mortality. It was planned to be conducted by a coalition of researchers. The plans were extensively vetted by international experts.

VicHealth approved a grant of $1.4 m to be outlayed over the years 1989-93 and the Executive Committee accepted the risk of financing the project to its completion, no mean commitment. The project became known as Health 2000 and proved an inspiring influence on the Anti-Cancer Council organisation. It offered the opportunity to provide progressive knowledge for education programs, clinical research through the Victorian Cooperative Oncology Group and research for CBRC. By the end of 1994 approximately 40,000 Melbourne volunteers had been clinically examined and were participating. The first round of follow-up commenced at that time.

The integration which the in-house research centres brought to the development of the Anti-Cancer Council was admirably outlined by Dr Gray in his review in the 1991 *Annual Report*:

> We have a Cancer Epidemiology Centre, which studies the patterns and causes of cancer in Victoria and a Centre for Behavioural Research into Cancer which studies the reasons why people do not behave in the most cancer protective way. Information derived by these two practical research units becomes the content of our Public Education Programs which deliver information to Victorians. On the basis of behavioural research, messages about tobacco, diet, Pap smears and other cancer-related behaviour are channelled to the people who need the information and have been discovered not to have received it ... Behavioural science discovers for us those who are uninformed and those who have correct or incorrect reasons for not taking protective measures. Reasons are complex and range from fear, through ignorance, to lack of information because of language difficulties.

This comprehensive approach to cancer control developed by the Anti-Cancer Council in Victoria gained international attention.

The Anti-Cancer Council achieves international recognition

Since the early 1960s the Anti-Cancer Council itself had been a member of the International Union Against Cancer (Union Internationale Contre le Cancer, UICC) in addition to being, with the New South Wales Cancer Council and the Queensland Cancer Fund, major contributors to the Australian Cancer Society's membership subscription to the International Union. In 1962, Sir William Kilpatrick became Chairman of the UICC's Finance Committee, filling this position for 14 years. In 1974, Professor Donald Metcalf was appointed to the Chair of the UICC Program on Cancer Research, serving in this role for the next eight years.

Dr Gray became involved in the Union's anti-smoking project in 1975, becoming chairman of the program in 1982. In the mid-seventies at the instigation of Dr David Hill, the UICC undertook a program on Doctor Involvement in Health Education along the lines of the approach he had developed in Victoria. Dr Hill later became chairman of the international project. During the 1980s Nigel Gray and David Hill became leaders and initiators within the UICC, addressed and chaired many international congresses and workshops, and extended their influence well beyond Victoria and Australia, with Gray in 1982 being elected to the chair of IARC (International Agency for Cancer Research) funded through the World Health Organization by 13 countries. In 1987, Dr Gray became a member of the UICC's Executive Committee and Dr Hill of the UICC Program Committee to strengthen Campaign Organisation and Public Education (COPE) within member organisations.

The Anti-Cancer Council's internationally unique link between behavioural research and education programs was gaining recognition in Canada and the United States resulting in Dr Hill being invited in 1992 to lead and chair a UICC project to maximise the effectiveness of cancer prevention programs by the development and transfer of knowledge and methods of behavioural science.

In 1993, Dr Gray was voted President-elect of the UICC, taking office in 1994 for four years, the first two years being his final period as Director of the Anti-Cancer Council of Victoria. This was a truly fitting reward for his outstanding service to both organisations and justification, if it was ever needed, of the international standing the Anti-Cancer Council of Victoria had achieved from the efforts of Nigel Gray and David Hill. Between them they organised the UICC's first World Conference for Cancer Organisations

to bring together volunteers and staff in member countries. This was held most successfully in Melbourne in March 1996 soon after Gray's retirement and given enhanced standing by his arranging, as President, for the UICC Executive Committee to meet in Melbourne at that time. The Anti-Cancer Council received much commendation at this conference for its initiatives and the comprehensiveness of its cancer control programs.

The Dunlop Fellowship

The Anti-Cancer Council has a long history of providing research grants to a range of institutions, and supporting basic and clinical research in a substantial way. The Medical and Scientific Committee through its Standing Research Subcommittee has exercised careful review of grant applications to attempt to sustain quality research rather than allowing Council to become an easy target for making up institutional research budgets.

In juxtaposition to the series of research grants approved each year was the long-standing support given to one researcher, Professor Metcalf, through the original Carden Fund but greatly augmented each year from the Anti-Cancer Council's general funds. The security and tenure given to him might be regarded as a key factor in the outstanding results finally achieved. With this contrast of experience over 30 or so years the Standing Research Subcommittee canvassed with the full Medical and Scientific Committee the relative merit of allocating more of the research budget to possibly five-year research fellowships for younger cancer research workers. This would give them tenure to advance their projects on a more secure basis.

The Medical and Scientific Committee in 1993 recommended to the Executive Committee that the Anti-Cancer Council should adopt a policy of establishing such a series of five-year research fellowships. The Executive accepted the recommendation, deciding to conduct an appeal to establish the first in honour of Sir Edward Dunlop with the objective of selecting an outstanding young researcher and offering the most substantial cancer research fellowship in Australia. The position would be open to post-doctoral graduates in medicine or science who had the support of a major sponsoring institution, good mentors, and early evidence of what might be termed a good track record.

A sum of $100,000 per annum for five years was indicated, of which a special appeal raised $332,000, the balance to be made up from general funds. The fellowship was awarded to Dr David Vaux, a researcher based at the Walter and Eliza Hall Institute, and made by the Premier in April 1994 at a gala luncheon at the Hyatt Hotel hosted by the Committee of Melbourne.

Developing the Cancer Information Service

The first formal information service was introduced in 1984, and enquiries increased progressively over the next three years to 120 per day. This justified expansion and more definite organisation with a manager, Doreen Akkerman, appointed in 1990. A three-year trial program was designed by the Social Service Policy and Education Units, approved by the Executive Committee, and a generous grant obtained from the William Buckland Foundation to help in the funding of the pilot project.

The new service to give assistance to cancer patients and their families was staffed by nurses and nurse counsellors, backed by an advisory panel comprising volunteer oncologists and surgeons and a database providing details of services and agencies. The need fulfilled by this initiative is evidenced by the 30,000 calls made in the 1991 year. In 1992, the Helen M Schutt Trust granted $250,000 as a permanent capital endowment to support the establishment of a fellowship to which Doreen Akkerman was appointed, and to augment the continuing development of the project. The Executive Committee approved the permanent establishment of the service in 1994 for which Can-Help was adopted as the user-friendly name, coined from the phrase Cancer Helpline.

Doreen Akkerman moved to market the computer database, A Computerised Consultation & Counselling Information System (ACCCIS), to information services in other States, all State cancer councils agreeing in 1995 to adopt it as a national standard. Further financial support for the promotion of the service was gained in 1995 from Esso Australia, evidence of the impressive part the unit was playing in cancer control in Australia.

Success and succession

Dr Gray was due to retire at 65 years of age in September 1993. Although the Executive Committee was aware of this, it was also cognisant of the difficulties to be confronted in finding a successor to lead an organisation playing such a leading part in Victorian public health matters, not to mention at national and international levels. In 1992, as it had become obvious that insufficient time remained to seek a successor, discussions were held with Dr Gray to ascertain whether he would be willing to extend his term of office for another two years to the second half of 1995. His agreement was followed in 1993 by his appointment as President-elect of the UICC. The two-year extension provided adequate time to address the complex issues surrounding succession with the Chairmen of the Executive and Finance Committees and myself as President taking responsibility for finding a new Director. By 1995

the worst of the impact of economic recession appeared to be over and there was good news of a very significant bequest which was to be received by the Anti-Cancer Council soon after Dr Gray's retirement. I believe it was satisfying to him that he was finally able to retire leaving finances in better shape for his successor than would have been possible in 1993.

Unlike his own appointment in 1968 when Dr Keogh acted as his sponsor, Dr Gray remained free from influencing the Search Committee other than to cooperate fully in defining the role and responsibilities of the Director. The Search Committee came to the early conclusion that it would be unproductive to seek a carbon copy or clone of Nigel Gray but better to focus on defining the job, promulgating the opportunity through available channels and advertising the position nationally and overseas. Head hunting proved unencouraging, leaving the search fully dependent on response to advertisement.

The situation the Anti-Cancer Council faced in 1994 was of much concern to me as President with the retirement of Dr Gray impending in the following year and doubt about the prospects of finding a new Director capable of successfully leading such a skilled organisation engaged in so many aspects of cancer control. Was there a risk of the Anti-Cancer Council losing the drive that had been the real engine of growth? Was there anyone out there who could hold the organisation together, let alone continue its development? There was another aspect of the situation which was immediate and that was to ensure that momentum would not suffer in the interim period through 1994-5 with a successor being sought, given also that Dr Gray had taken over the UICC presidency with its overseas responsibilities and was actively involved in major aspects of the Australian Cancer Society.

Applications for the Director's position were not numerous and had limited promise, so that shortlisting for interview was clearcut. It was propitious that one of these was Professor Robert Burton whose attention had been drawn to the advertisement on his return to Australia after a period working overseas. His last minute application boosted hopes that we might have a suitable successor. Professor Burton succeeded Dr Gray in early December 1995 in a smooth transfer of top management responsibilities. The continued success of the Anti-Cancer Council depended then on Burton's ability to direct an organisation much larger and more diverse than the one Gray inherited in 1968 and requiring different talents. In order to avoid the co-incident retirement of the President with that of the Director which would render the new chief executive's task more difficult, I chose to remain on the Council longer than I had intended. Dr Ruth Redpath, previously the Vice President, succeeded me in April 1998.

During these two years following Robert Burton's appointment it became clear to me that we had been very fortunate in our choice. His grasp of the changing opportunities in cancer prevention and control as well as his initiative and leadership style soon imprinted their mark on the operations of the Anti-Cancer Council. Annual reports since the close of this historical outline in 1995-96 bear witness to the progress made under his direction.