

DR JOHN COLEBATCH (1909-2005)

John Colebatch was an unlikely rebel. He conformed to the mould in many ways. His was an age when doctors wore three-piece suits, worked at public hospitals for nothing, treated a wide range of diseases and earned their income by treating private patients. Politically and socially, he was mostly conservative. But in medicine, he was a rebel.

As a young paediatrician, he grew up in a world in which the medical profession in general saw cancer as the enemy you couldn't fight: treatment was useless, because the cancer always won. The doctor's role was to give the patient morphine to soften an inevitable death. This view was almost universal; the profession justified it on humane grounds, as sparing cancer patients even more pain.

Yet that attitude also ruled out any possibility of us ever curing cancer. Had it prevailed, doctors today would not attempt to treat cancer patients, but direct them straight to palliative care. Fortunately, the rebels won that war.

To challenge conventional wisdom that had such a grip on medical thinking required doctors with unusual courage, and new technology. In 1948 a doctor in Boston emerged with both. Acting on a hunch, Sidney Farber, chief pathologist at the Boston Children's Hospital, fed aminopterin, a new antifolate drug, to a small number of terminally ill leukemia patients. Most of them went into temporary remission, for days, weeks, even months – although all eventually died.

It was an inauspicious start, but Farber had launched the chemotherapy revolution – and what a revolution it became! Today in Australia, more than 80 per cent of children with cancers are cured. But it took years of slow progress, of trial and error by those brave enough to stare down severe disapproval from their peers, before the first battles were won, let alone the war.

In 1948, on the other side of the world, at the Children's Hospital in Melbourne, John Colebatch read Farber's report in the *New England Journal of Medicine*. He was 39, one of the twelve "honoraries" who formed the hospital's senior medical staff; he had a keen interest in haematology. He had come back from five years at war ready for the challenges of making the world a better place. He decided to test aminopterin in a controlled trial.

Colebatch became one of a handful of pioneers around the world to offer cancer patients and their parents an alternative: treatment with drugs that could deliver at least a temporary remission. There was still no cure for these cancers on the horizon, but, he and his fellow pioneers explained, only through learning by doing could a cure be found.

It was not an easy battle. Colebatch met intense opposition from his peer group, the senior specialists at the hospital. They argued that curing cancer was a fantasy; his patients would still die, and the treatment he offered would only prolong their suffering. They vetoed his proposal to set up a hematology clinic. Most refused to refer cancer patients to him – then, and for many years to come.

Fortunately, Colebatch also had powerful supporters: Vernon Collins, the hospital's visionary medical director; Lady Ella Latham, its president; her vice-president and successor, Dame Elisabeth Murdoch; and Peter MacCallum, then Professor of Pathology at the University of Melbourne (and chairman of the Anti-Cancer Council, which was to play a big part in supporting Colebatch and his work). Collins and the board of management gave him the green light to carry out a controlled trial, and MacCallum gave him a small research grant to get the work started.

Above all, the parents of the patients supported him. Colebatch warned each of them that their child was unlikely to be cured, but the medical team could buy them time, and ultimately, some children would be cured. Parents, having to cope with the shock of knowing that their child was going to die, were grateful for each day that their child's death was postponed. And as more and more of his patients lived longer and longer, his work won more support, enabling him to recruit a band of highly talented, committed colleagues.

Henry Ekert, who succeeded Colebatch as the hospital's director of haematology in 1974, recalled that in those early years "[John] was on the outer and had a very tough time combining his clinical work with research into the treatment of childhood leukemia. If not for his obsessive drive, I don't believe that the prospects for children, which were regarded as hopeless, would have improved as far and as fast as they did".

And from 1959, the Anti-Cancer Council (now Cancer Council Victoria) intervened decisively by funding Colebatch's clinical research work. By then, many of his patients survived for two years or more, whereas those left untreated died within weeks. And in 1960, his team began treating its first patients who would emerge completely cured.

Pioneers like Colebatch and his team, and their counterparts overseas and interstate, carried out the slow, rigorous groundwork that formed the foundations of medical knowledge that now allow most children with cancers to be cured. But it took many years of relentless toil, of meticulous treatment, of trial and error with many casualties – and the courage to continue in the face of disapproval from his colleagues - to produce this revolution in outcomes.

"I had the good fortune to be an appropriately qualified person in the right place at the right time to take full advantage of Farber's discovery", Colebatch told an American audience years later. That is certainly true, but it was also true that he had the boldness, determination and commitment to excellence required for the role.

The Cancer Council now honours his achievements with a five-year Colebatch Fellowship, worth up to \$1.55 million, to help a young researcher carry on the war on cancer. Since it was founded in 2007, all three holders of the fellowship have come from the Peter MacCallum Cancer Centre: Professor Kelly-Anne Phillips, then Professor Sherene Loi, both specialising in breast cancer – and the new Colebatch Fellow, Associate Professor Shankar Siva, who uses advanced radiotherapy to fight lung and urological cancers.

Whoso beset him round

With dismal stories

Do but themselves confound

His strength the more is.

John Bunyan, "To Be a Pilgrim":
one of John Colebatch's favourite hymns.

Colebatch's strength came from within. He was bright, he was obstinate, at times inconsiderate, a man of independent mind. He drove himself hard, and drove those around him hard. He was

ambitious for results, and impatient with anything that got in the way of achieving them. When he retired from the Royal Women's Hospital in 1959 to focus on his cancer work, the nurses presented him with a banner: "A paediatrician is a man with little patients". He hung it in his study.

At his 90th birthday celebration, one of his team, Peter Campbell, summed up what made him stand out: "persistence, persistence, persistence: he just never let go . . . He has shown an unswerving pursuit of excellence all his life".

Some of that came from his background. His father, Walter Colebatch, was director of South Australia's agricultural college at Roseworthy, 50 km north of Adelaide. Walter too drove himself hard, and as an old-style paternalist, he set high expectations for his children. John, the eldest of three boys and a girl, did his best to meet them.

He was born in Melbourne, on 6 June 1909, but he grew up in the South Australian countryside, and always identified as a South Australian. It was a privileged yet austere upbringing: their family home came complete with a maid and a nanny, but their primary school was three kilometres from the college, and each day the boys had to walk there and back. In later years, John recalled his elation when their father finally allowed them to take a horse and trap to school.

Their secondary schooling was at Adelaide's elite Anglican school, St Peter's College. While they were there, their mother Hazel was diagnosed with cancer of the uterus; Walter quit Roseworthy to become a senior public servant, and the family moved to Adelaide. John was still in his teens when Hazel died in 1929.

He graduated in medicine from the University of Adelaide in 1933, did apprenticeships at Royal Adelaide and Royal Perth, then moved to Melbourne; at 26, he had chosen paediatrics as his specialty, and the Children's Hospital had a vacancy. The next two years were full of activity: residencies at the Children's, Fairfield Infectious Diseases and the Royal Melbourne hospitals; studying for an MD from the University of Melbourne; honorary work there as demonstrator in pathology under Peter MacCallum; and locums whenever possible to earn money.

John and his surgeon friends Benny (later Sir Benjamin) Rank and Weary (Sir Edward) Dunlop then headed to London; in the 1930s, the only way to be recognised to be a specialist physician or surgeon in Australia was to be admitted as a member of the relevant British college. He arranged to go as an assistant ship's surgeon – but before that, he made a fateful week-long visit to Tasmania to hand his car to his brother Gordon, an engineer with the Hydro-Electricity Commission.

The night John arrived, Gordon was usher at a friend's wedding, but he arranged for John to have dinner with another friend: Betty Hillier, a top-level secretary with two degrees from Melbourne University. There must have been chemistry in the Hobart air that week. At the end of it, about to board the ship for Melbourne, John rang Betty and proposed. They had known each other only a week, but their marriage was a happy one that lasted 52 years and produced four children.

London was a turning point in Colebatch's career. His friend Benny Rank discovered the new specialty of plastic surgery there, and went on to be the founder of plastic surgery in Australia. John Colebatch discovered haematology; and while it took a long time to get his peers to accept that as a specialty, he became the founder of cancer chemotherapy in Australian paediatrics.

He gained his college membership soon after arriving in London, and began working as a paediatric registrar, ending up at the Hospital for Sick Children in Great Ormond Street. On the way he spent six weeks at Hammersmith Hospital doing a course in haematology under the legendary Dame Janet

Vaughan, co-founder of Britain's Blood Transfusion Service, its wartime equivalent of the Blood Bank. She taught him not only the accepted skills, but new techniques such as how to aspirate bone marrow.

He lapped up everything he could, and studied, studied, studied. In a warm-hearted job reference for him, Janet Vaughan noted with amusement that for months afterwards he kept returning to her laboratory to test blood samples from cases he was working on at another hospital, as well as her own. In what spare time he had, he topped the exams for a Diploma of Child Health at Imperial College.

By the time he left London in mid-1939, Colebatch had refined his ambition: he was to be not just a paediatrician, but a paediatric haematologist. His first solo publication, "Chronic Lymphatic Leukemia" appeared in the proceedings of the Royal Society of Medicine in June 1939: in the same month he married Betty (who had resigned her job and followed him to London), had a quick honeymoon in Paris, did a locum in Scotland, and then sailed for home – again, as an assistant ship's surgeon, while Betty travelled on a cruise liner.

He arrived back in Australia the day war was declared. He had a stack of qualifications, but no money or job. For the next 18 months, he worked as a locum for South Yarra GP Syd Crawcour, who had gone to war, while gaining experience as an honorary assistant at the Royal Melbourne and Children's hospitals, and as a demonstrator in pathology at the university. Then in mid-1941 Dr Crawcour returned, and Colebatch went to war.

By and large, his war was a frustrating time. It began with a posting to a near-empty convalescent hospital in colonial Ceylon (now Sri Lanka). A stimulating year treating malaria cases in Sydney was followed by a year of idleness in the Atherton Tablelands, after General Macarthur decided to leave Australian troops out of his war. Colebatch saw action only in the last weeks of the war, at Balikpapan in Indonesia.

When he returned to Australia in 1946, he had spent five years treating convalescent soldiers; he had to undertake a two-month training course in Sydney to prepare him to return to paediatrics. Fortunately, the Children's was opening the door for a new generation of specialists. Vernon Collins, a far-sighted and skilful reformer, took over as medical director, and the older honoraries retired to make way for a cohort of returned Army medicos in their 30s. Colebatch was among them.

In his early postwar years, he was a typical example of how the old system worked. By 1947, to pursue his career, he held honorary appointments at the Children's and Royal Melbourne hospitals; the Presbyterian Babies' Home, and the university's Pathology Department. To get some income, he also did sessional work at the Heidelberg Repatriation Hospital, and assisted in the private practice of his Children's Hospital mentor, J.W. (Jock) Grieve. All this while being the father of three small children, with a fourth soon to follow.

This system made no sense to Vernon Collins. Honoraries were expected to be unpaid jacks of all trades, able to treat anything from burns to rare blood diseases. They earned their living outside the hospital, often in areas that had nothing to do with paediatrics. Their hospital patients were expected to be exclusively from the poorer half of society, while those sufficiently well-off to pay used the private hospitals. Collins could see the future, and knew it did not look like that.

Collins set out to transform the hospital into something like its present form. Paediatricians would develop and pursue their own specialties, work only in paediatrics, be paid for the work they did, and the hospital would serve children from all socio-economic backgrounds. Senior staff were pressured to give up their jobs in adult medicine. Colebatch complied, resigning from the Royal

Melbourne and Heidelberg, and instead taking up a remunerative sideline as paediatrician at the Royal Women's Hospital.

But Collins met resistance to some of his reforms: while specialist clinics gradually mushroomed, the senior medical staff twice vetoed proposals to set up a haematology clinic with Colebatch as director. "This refusal was a reflection of intramural politics plus antipathy to my leukemia program", Colebatch wrote later.

It was an indication of how difficult it was in 1948 for Colebatch to get his cancer trial off the ground. He was not alone in that, as he noted in a paper in 1985 for *The American Journal of Pediatric Hematology/Oncology*:

Later it was my privilege to know (Sidney) Farber as a friend. He told me once that when he presented that first report in May 1948, most of his colleagues were so sceptical and frankly incredulous that they were not even prepared to discuss it with him, believing that he must have had a mental lapse and gone around the bend.

Colebatch met a similar reaction in Melbourne. His controlled trial eventually got under way after a compromise under which doctors who supported his goals could refer cancer patients to him, while those who opposed his work could go on using morphine to treat their dying patients. Almost all took the second option.

As a result, the world's first controlled trial of antifolate drugs as a treatment for leukemia had just 26 patients: 18 whose parents chose to try aminopterin, 8 whose parents opted for palliative care only. Almost all the patients taking aminopterin went into remission, which proved temporary: their average survival time was 21 weeks, compared to the hospital's long-term average of 7 weeks.

The results were published on 16 December 1950, by Colebatch and hospital pathologist Alan Williams in the *Medical Journal of Australia*. To anticipate the backlash, the article was tentatively (and at the editor's insistence, archaically) headed "Should We Treat Leuchaemia in Childhood?" While emphasising that the investigation was still incomplete, it concluded:

That aminopterin has a deterrent effect on the multiplication of leuchaemic cells cannot be doubted . . . [but] It cannot be too strongly emphasised that the folic acid antagonists are exceedingly toxic and their use should be restricted to institutions in which experienced observers and the fullest haematological facilities are available.

However, there are already glimmers of other and perhaps better therapeutic agents on the horizon. In view of this, we submit that it is best to put the facts to the parents and leave to them the decision regarding treatment."

This sensible advice was ignored at the hospital. As Colebatch recounted in his American article:

Almost all my paediatric colleagues remained firmly opposed to the chemotherapy of acute leukemia, in some cases for more than a decade, because they considered it unjustifiable or even unethical.

Even Arthur Clark, later to be one of Colebatch's closest collaborators, recalled his distress as a student in his clinic in 1950 "at seeing a young boy with acute leukemia suffering from severe ulceration of his mouth induced by aminopterin". Too many doctors assumed that such suffering was the end of the story. It wasn't; 1950 was early days, Colebatch was learning by doing, and he learnt to reduce the dosage.

His critics, led by the hospital's research director, Howard Williams, assumed that no cure could come out of his work – and failed to consider the possibility that they might be wrong. “There were lots of people in the hospital who wished John would go away, including Howard, who was very critical of John's approach”, Clark told a “Witness to the History of Australian Medicine” seminar on the hospital in 2003. This did not stop the pursuit of a cure for cancer, but it worked to slow it down.

His eventual successor Henry Ekert believes Colebatch's cause was not helped at times by his obsessive interest in detail, and insistence on putting scientific research before patients' wellbeing. The two men often differed on whether treatment protocols should be continued when it was clear that they could not save the child's life. Ekert would argue for letting the child die peacefully, but to Colebatch, it was crucial to follow the scientific protocol, whatever pain it caused.

“He had an obsessive-compulsive nature”, Ekert says. “But it takes a certain personality to stand up to the pressure he was under. He was always very kind to patients, and very understanding to nursing staff. He was a very, very good clinician.”

Another younger member of John's team, Michael Rice, who went on to lead the chemotherapy revolution at the Adelaide Children's Hospital, said in a recent interview that given the suffering he witnessed in his patients, he was able to continue his work only because “the outcomes kept getting better . . . I couldn't have survived if we hadn't seen progress”. One suspects that was true for all the pioneers of chemotherapy, including Colebatch.

After 1950 Colebatch did not write another article on leukemia for a decade, instead writing on other medical interests. But he still had allies. When the senior medical staff again vetoed Collins' proposal to establish a haematology clinic in 1953, the resourceful director sidestepped them by establishing a haematology research unit, which did not require their approval.

Colebatch's work also caught the interest of the formidable “grey eminence” of Melbourne medicine, Dr E.V. (Bill) Keogh. Keogh saw the urgent need for a more aggressive approach to cancer, and set about making it happen. In 1955 Keogh offered himself as “medical advisor” to the Anti-Cancer Council – in effect, becoming its full-time director. With his support, in 1956 John Colebatch won a four-month Rockefeller Fellowship, two months of which were spent at the Boston Children's Hospital with Farber and the head of haematology, Louis Diamond.

He already had a good story to tell: by then his average patient survived for a year; better medicines were arriving as he had forecast, and patient care was becoming more and more meticulous. The hope of an eventual cure was rising closer to the horizon, and his time in the USA and Europe showed that the now Royal Children's was among the world leaders in his field.

As his children, we had little sense of the drama he was living out. But sometimes in the small hours of the morning, we were awakened by the phone ringing: a patient had taken a turn for the worse. Soon I would hear my father's footsteps down the corridor, the back door opening and the car starting in the garage. We lived at least half an hour from the hospital, but to him nothing was more important than saving a patient's life.

Our dining room was sometimes used for dining, but was primarily Dad's study. The large dining table gave him lots of room to spread out his piles of material. There would be slides and blood specimens that he would examine after dinner through his microscope. Behind the glass frames of the bookcases, instead of novels or travel books, there were medical journals and textbooks. One

long shelf was filled with issues of *Blood*, the journal of the American Society of Hematology. It never worried him that they might be out of place in a family dining room.

My oldest brother, Tony, may have exaggerated when he recalled that he mostly saw our father on Sunday afternoons, but none of us, including our mother, had any illusion about where we stood in his priorities. He was a workaholic's workaholic.

Perhaps that was inevitable. Today medical research is a huge industry engaging thousands of people. In the 1950s, by contrast, it was the age of amateurs. There was little money for research: Melbourne had only one full-time cancer researcher, the young Don Metcalf, at the Walter and Eliza Hall Institute, finding his way towards what became a discovery of global importance: the role of colony-stimulating factors. Most medical researchers were clinicians like Colebatch, squeezing in time somehow in their busy schedule to marginally extend the frontiers of knowledge.

One recurring event that used to push Dad's papers off the dining room table was the monthly meeting of the Blood Club: an informal group of doctors from different Melbourne hospitals with a common interest in haematology. There would be his old friend John Bolton, Tom Hurley from the Royal Melbourne, Carl de Gruchy from St Vincent's, John McLean from the Alfred and a few others. It was a bit like today's book clubs, except that they would gather to hear one of them read a paper on some interesting discovery, and the others would discuss it. That was medical research in those pioneering days.

Bill Keogh led the way in changing that. He had attracted Metcalf to Melbourne, but his stroke of genius was to recruit businessman Bill (later Sir William) Kilpatrick to chair a fundraising appeal for the Anti-Cancer Council. Kilpatrick succeeded beyond anyone's dreams. Aiming to raise £50,000, Kilpatrick ran an ambitious and far-reaching appeal that raised £1,350,000.

The campaign's success could be explained not only by the public's passionate hopes for a cure, but also by its brilliant slogan – "One More River to Cross" – combined with remarkable organisation that knocked on the front door of every Victorian home. That £1.35 million was big money for a medical research body in 1959 – as a share of GDP, it is equivalent to \$187 million today.

The council's budget quintupled in five years - and 75 per cent of it went into research. John Colebatch and his war on leukemia were prime beneficiaries. From 1959 the Council began funding his research, enabling him to expand his team – and importantly, forcing the senior specialists at the Royal Children's Hospital to abandon their resistance.

Peter Campbell, who joined the Children's around that time, recalled it as "a very exciting place to be. Everybody was young, ambitious, enthusiastic, and wanting to learn as much as they could. Gifted individuals like John built up around them teams of experienced and enthusiastic people. We all worked terribly hard; hours didn't matter."

Geoff Tauro, later director of the hospital's haematology laboratory, recalls that: "We almost didn't know where we were going, because nobody had been there. John was at the forefront of that, and some people felt he was too adventurous . . . He was very business-like, generous, friendly, but there were times [with him] when you had to know your place."

In 1962 the Anti-Cancer Council awarded Colebatch the Robert Fowler Travelling Fellowship, allowing him to spend almost four months overseas, half of it in the USA, to visit the leading centres of research in chemotherapy for cancers in children.

Boston again had pride of place, although Colebatch was surprised to learn that Melbourne had now overtaken it (and many other centres he visited) in average survival times. It is a measure of the global respect he had won that Farber asked him to give two speeches to hospital staff in the fortnight he had there.

More important was his discovery that:

A few children in overseas clinics are now alive and well without maintenance therapy 8–10 years after diagnosis, prompting one to question whether leukemia is invariably a fatal disease.

It was a question he asked himself repeatedly over the next decade. Little did he know in 1962 that he was already treating two small girls who would become the first Australian children to be cured of leukemia: Rhonda Hemphill (later to become a doctor herself) and Sandra Nicolaou.

Hemphill's memories remind us that, for all the progress, life inside the cancer ward was still grim for the young patients. "I hated being in an enclosed space all day. People were very kind to me, but all the children were aware that they were sick, yet the parents always acted happy." She came to dread the morning and afternoon sleeps. "That was when they took out the bodies of those who had died. The kids all knew not to say anything."

But the goal of the chemotherapy pioneers was now in sight. In his report to the Anti-Cancer Council recounting his trip, Colebatch attributed the steady improvement in outcomes to more efficient use of the old drugs (6-MP, methotrexate and prednisolone), and the advent of new drugs such as endoxan (cyclophosphamide) and vincristine. It is striking that, almost 60 years later, these four drugs, and those his team added in the late 60s such as asparaginase, daunorubicin and cytarabine, are still among the most commonly used drugs in cancer chemotherapy. The members of the Royal Children's Hospital team were pioneers in using and reporting results on all of them.

The success of vincristine in particular caught his interest in the USA, but so did other developments. A number of hospitals were creating cancer centres that brought surgeons, radiologists and physicians together to form a single team. Some centres were rotating three or four drugs in their treatment, so that the cancer was constantly under attack from all sides, and ultimately, at all stages of cancer cell multiplication. And the sheer scale of research activity in the US was an inspiration.

Colebatch returned to Australia fired up to make changes on two major fronts. He found ready support from his colleagues for bringing all the cancer specialists together in one team. By now the Royal Children's had left its cluttered old site in Carlton for a bright new 10-storey hospital in Royal Park. Colebatch was assigned Ward 6E, and it became the de facto cancer ward where surgeons, physicians and radiologists formed a combined therapy unit.

In 1961, the state-based cancer councils had federated to form the Australian Cancer Society (now Cancer Council Australia). Two years later, under its auspices, Colebatch persuaded doctors from twelve of Australia's paediatric teaching hospitals to join in an unprecedented nationwide randomised controlled trial of regimes for cancer treatment.

The enterprise itself was pathbreaking: "no such trial had been attempted previously in *any* field of medicine in this region", Colebatch wrote later. But its results, reported in February 1968 in a leading article in *The Lancet*, also made waves in cancer treatment globally.

First, and most controversially, it found that rotating the administration of drugs used in cancer treatment made no difference to patient outcomes; the second phase of the study would moderate

that finding, without displacing it. Second, it found that vincristine was successful in long-term cancer treatment, overturning the advice of the influential National Cancer Institute in Washington.

Partly due to vincristine, long-term cancer treatment was becoming more and more common. By 1967, the Cancer Council's annual report noted that his team now had 19 patients who had survived for three years, compared with just one five years earlier. By 1970 they had their first 10-year survivors. By 1972, he was able to report that one in eight children with acute leukemia had survived for five years, and a number had experienced "uninterrupted remission".

The war on childhood cancer had reached a turning point. Its victims gradually diminished; its survivors gradually grew. To pronounce a patient "cured" remained taboo, for good reason, but John had great pleasure in attending the weddings of those he had once cared for.

In 1967, Colebatch gave up his position as a senior honorary physician to become salaried director of the hospital's haematology clinic. The Anti-Cancer Council provided much of the funding for this, naming him its Kilpatrick Research Fellow.

Cancer was his main focus, but not his only one; two other areas of haematology held his interest. He wrote several papers with Margaret Horan highlighting the frequency of severe infections after splenectomy, implicitly questioning the value of the procedure. And because of Melbourne's large Greek-born population, thalassaemia became a major preoccupation: with Ram Seshadri, Ekert and others, he pioneered treatments to reduce potentially fatal iron overload in patients dependent on transfusions.

Eventually he cleared the way for Henry Ekert to succeed him, and retired from the Children's in mid-1974 on reaching 65, the hospital's compulsory retiring age. He did however find it hard to let go, straining relations with his successor for some time.

The Anti-Cancer Council had not finished with him. He moved to its head office on a part-time basis, pursuing a number of activities. He played a key role in setting up what is now the Victorian Clinical Oncology Group and became its executive secretary, initially focusing on coordinating the development of chemotherapy, although his attempts to organise a trial of its potential use as an adjunct to treatment of breast cancer proved years premature.

He became involved in the new Clinical Oncology Society of Australia (COSA), and chaired the working group that led to the formation of what is now the Medical Oncology Group of Australia (MOGA). He edited a book for COSA, *Guidelines for Clinical Trials in Cancer*, and contributed several chapters to a book on tumours in childhood edited by his old colleagues Peter Jones and Peter Campbell. At the office, he became the help desk for patients, family and friends who phoned the Council with concerns about cancer.

He was not into medical politics, but there were few professional institutions he did not give precious time to at some point in his career: those he served as president, secretary, treasurer or committee member included COSA, the Royal Australian College of Physicians, the Haematological Society of Australia, the Paediatric Society of Victoria, the Australian Paediatric Association and the International Society of Haematology. He chaired the Asian-Pacific Haematology Congress in Melbourne in 1971.

He retired from the Council in 1982, and poured his energy into a range of other activities: among them, writing medical history, chairing his local resident group in Studley Park, Kew, and joining his old friend "Weary" Dunlop – himself, successively chairman and president of the Anti-Cancer Council – in running the Victorian branch of the Australian-Asian Association (AAA).

This last deserves highlighting. Colebatch was conservative in most of his political and social views – as Arthur Clark put it, “he was in many ways a man of his time” – but he was ahead of his time in the importance he put on Asia, and in some other ways. As Victorian chairman of the AAA he convened a full-day conference on China in 1981, and organised Melbourne families to “host” Asian students in the city by including them in family functions. He became close to his own students, three siblings from a Malaysian Chinese family who became regulars at our family lunches and dinners.

Whenever he went overseas, he arranged to spend a week or so in a hospital in developing Asia, to pass on any lessons they might find useful. When the Menzies government allowed some exemptions to the White Australia policy, our home hosted visits from Indonesian scouts and an Anglican priest from Singapore among others. Our Singaporean guest stayed for some months, and Mum undertook a Chinese cooking course so that she could make him the food he knew back home. As an Aussie 12-year-old, I resented having to learn to eat with chopsticks, but that was part of my father’s forward-looking attitude.

In an age when women doctors often struggled to gain recognition in hospitals, the haematology ward of the Children’s was full of them. Rae Matthews, Margaret Horan and Tessa Spatt were leading collaborators in the team for years. “To him, gender mattered less than what the person was able to do”, Henry Ekert says, adding that gender equality became widespread at the Children’s long before it did at some other hospitals.

Ekert himself saw another side of this openness. As a Jewish boy in Nazi-occupied Poland, he had experienced a deeply traumatic childhood, surviving the Holocaust only by his parents giving him up to live with a Catholic woman who pretended he was her son. He and his parents were the only ones in their wider family to survive. They emigrated to Australia in 1949. He remembers with gratitude that “John took great interest in my being a Holocaust survivor, which in those days was very unusual among non-Jewish people”.

In retirement, John’s personality mellowed as the pressures of the hospital ward receded. Sadly, it was too late for him to enjoy retirement with Betty, who had developed early onset Alzheimer’s disease, followed by a series of strokes. She had to go into a nursing home, but John visited her every day, doing what he could to keep her fire alight. Her welfare became his last crusade.

Colebatch’s conviction that medicine could cure cancer had been proved right. By the 1970s, almost half the children diagnosed with cancer at the Royal Children’s Hospital were cured. By the 1980s, almost two-thirds survived. That progress has continued over recent decades, so that now 80 per cent of children with acute lymphatic leukemias are cured.

The outstanding achievements he and his team had performed won recognition that has continued since. In 1971, the Australian Medical Association awarded him its triennial Gold Medal for his leadership in the fight against cancer. In 1983 he was made an Officer of the Order of Australia, and in 1985 he received the gold medal of the Australian Cancer Society.

On the 70th anniversary of his 1948 cancer trial, Australia’s Chief Scientist Alan Finkel gave a speech singling out the boldness of Colebatch’s initiative, the subsequent success of Australian cancer research and treatment, and summed up its lessons as “Excellence in research. Equity in access. Empathy in care.”

John Colebatch died in his sleep in Melbourne on 20 November 2005, aged 96. In an obituary for the University of Melbourne medical school’s magazine *Chiron*, his old colleague Arthur Clark recalled his

achievements - and some of his irritating habits, such as his “perpetual lateness for clinics and meetings, and an apparent unawareness of the effect of this on others” – but summed up:

Overall, one must conclude that it was his obsessive attention to detail, his single-minded commitment to the treatment of children’s cancer, and sheer hard work that enabled him to achieve what he did in a difficult field that was eventually to see the cure rate for children’s cancer go from almost nil to 80 per cent. Who could ask for a better legacy?

Tim Colebatch

Tim Colebatch was a longtime journalist, columnist, and economics editor of The Age, and more recently, a correspondent for Inside Story. He is the youngest son of John Colebatch.