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JULY 2010

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Our recent strategic planning process highlighted two important points relating to the research strength we have in Sydney Medical School: firstly, the need to focus our research efforts, and secondly, the need to capitalise on the enormous research opportunities within our own University and region. Capitalising on collaborative opportunities within Faculty and the University should enable us to tackle larger and more complex research questions not able to be addressed by the standard team of 12-15 people working in a laboratory, clinical or public health unit. By pooling ideas, resources of samples, tissues or patient data, we will have the power to answer questions that we may have considered beyond our means.

Two examples spring to mind. Professor Simon Finfer’s recent study of blood glucose control in the intensive care unit and Professor Paul Mitchell’s Blue Mountains Eye Study, both published in the New England Journal of Medicine, will change the approach to disease management across the globe. There are many more similar opportunities.

In order to facilitate these interactions, the approach we are taking is to have all members of faculty belonging to at least one of six research theme groups: 1) Cardiovascular disease, obesity and diabetes, 2) Cancer, 3) Infection and immunity, 4) Neuroscience and mental health, 5) Chronic Disease and ageing, 6) Maternal, reproductive and child health. Appointments have now been made for leaders of these themes, all are outstanding researchers. The primary task of theme leaders is to bring clinicians, scientists and health professionals together from all of our clinical schools and disciplines for the purpose of developing new ideas and projects. We will no longer have a large Faculties of Health research meeting but instead a series of smaller events that will bring like-minded questions into sharper focus.

I am also determined to integrate research training into the curriculum of our medical students. We are striving to produce graduates who will be equipped to tackle the research questions that will arise in their practising lives. This necessitates training in basic research methods, ideally learned through the experience of undertaking a research project.

The experience of working as part of a team, the thrill of discovery and the pride of presenting data to others must be part of the Sydney experience. These clinician researchers need to be prepared to become the basic, clinical or public health researchers of the future. We need to help them aspire to lead their own research teams in the future. This University has many fabulous research institutes offering outstanding training opportunities and it is our responsibility to ensure that our students’ clinical training and practice is informed by quality research.

DEANS SCHOLARSHIP FUND

Finally, I was delighted to see in a recent report on the Dean’s Scholarship Fund that donations and bequests had passed the $1 million mark. The fund was established in late 2007, and has already made a great difference for many students in just that short time. It has provided scholarships for students to undertake elective clinical or research projects, both locally and internationally. It has eased the financial pressure for many students who are supporting themselves while they study. It has provided funds to assist Indigenous health workers from around the country participate in study programs in Sydney.

As the endowment grows, more medical, research and public health students will benefit and be able to expand their experience and horizons. The DSF has been supported by many donors and alumni, some with specific scholarships and others contributing to the general fund. I thank those who have contributed to this initiative and look forward to the support of our students by others.
**Lambie Dew Oration 2010: Patrick McGorry**

This year’s Lambie Dew Oration will be delivered by Australian of the Year Professor Patrick McGorry. Professor McGorry, a Sydney alumnus and long term champion of youth mental health, will deliver the address on September 3 in the Great Hall.

The Lambie Dew Oration is hosted by Sydney University Medical Society. It is an annual event held since 1958 in honour of Charles Lambie and Harold Dew, the first Bosch Chairs of Medicine and Surgery respectively. Recent past speakers include Dr Rowan Gilles, Professor Ian Frazer, Professor Chris O’Brien, Professor Peter Doherty and Professor Marie Bashir. SUMS welcomes all students, members of the Sydney Medical School and the general public to be part of the audience.

There is no charge for the event, but attendees are encouraged to register via the link on SMS front page (www.sydney.edu.au/medicine) or by emailing Stuart Napier snap6003@uni.sydney.edu.au.

**Indigenous Graduates**

Graduation ceremonies in May were important for the University of Sydney and Indigenous health, with three Indigenous students among the 2010 medical graduates.

Pictured below with Chancellor Professor Marie Bashir and Dean Bruce Robinson, are Dr Robyn Shields, who completed her medical degree after a previous career as a nurse and Indigenous health advocate. Also Dr Ryan Dashwood, who completed his Bachelor of Science in Biotechnology at University of NSW, worked as a hospital scientist in the field of cytogenetics, before deciding to do medicine. He has also earned a Graduate Certificate in Indigenous Health.

**FROM THE SENATE - Barry Catchlove**

Since the last epistle the Government has agreed to the appointment of three new Fellows of Senate along with the reappointment of Allen Cameron and Alec Brennan. The three new Senate Fellows are: DOROTHY HODDINOTT AO the Principal of Holroyd High School. She has been deeply involved in the education of immigrant and refugee children and was awarded her AO for her commitment to social justice and humanitarian issues; KEVIN MCANN AM former partner and Chairman of Allens Arthur Robinson and has a portfolio of corporate and government Boards; DAVID MORTIMER AO, former CEO of TNT and has held numerous board position. He is currently Chair of Australia Post, Leighton Holdings as well as President of the Sydney University Football Club.

The Senate at its last meeting approved moving ahead with the CDDCD (Centre for obesity, diabetes and cardiovascular disease) project which will require an enormous capital commitment on the part of the University.

I have been surprised at the number of people who have expressed concern at the relegation of the University’s Latin motto in the new branding exercise. I must say I was equally surprised that people even knew what the motto meant. For those that still don’t, the very literal translation is ‘same culture under different skies’. We actually still retain the motto.

I have been elected to chair a new Committee of Senate, the Safety and Risk Management Committee, which will be responsible for not only safety and OH&S but for broader aspects of risk with the University.

Negotiations continue between the University and the Union re the hire of University venues and catering arrangements. Many of us have been concerned over a long period at the high cost of venue hire which has resulted in many union groups taking their dinners to other locations. This is not good when we are trying to strengthen the links between the University and Alumni.

Feed back or comments welcome: Barry Catchlove - barry.padua@yahoo.com.au.

**New Teaching Hospitals**

Sydney Medical School has added several private hospitals to its list of teaching hospitals – Healthscope’s Nepean Private Hospital, and The Hills Private Hospital.

The two new Healthscope hospitals follow earlier teaching links with a number of Ramsay Healthcare hospitals, including North Shore Private and Westmead Private. In 2006 the University of Sydney and Ramsay Healthcare signed a Clinical Placement Agreement which makes it possible for students in medicine and other health disciplines to undertake part of their education in Ramsay Healthcare hospitals.

In November last year, Sydney Medical School approved a new position, Associate dean (Clinical Development) at Sydney Adventist Hospital, as part of a program by the University and the Hospital, to increase clinical placements for medical and other health students.

Pictured above, Michael Peek, Associate Dean and head of Nepean Clinical School with Nepean Private colleagues.
AUSTRALIA FELLOWSHIPS BOOST TO RESEARCH

Two internationally acclaimed medical researchers, Professor Nigel Bunnett and Associate Professor Paul Keall, have been awarded National Health and Medical Research Council Australia Fellowships, and will shortly take up appointments at the University of Sydney.

Australia Fellowships are Australia’s most prestigious award for excellence in medical research. In 2010, there are nine recipients, each receives $4 million in funding towards their nominated research project.

Sydney Medical School Dean, Professor Bruce Robinson, said he was delighted that both Paul Keall and Nigel Bunnett would soon be at the University. “Professor Keall’s appointment significantly increases our expertise in medical physics, and Professor Bunnett in inflammatory diseases and pain, and both appointments provide outstanding opportunities for research students.”

Nigel Bunnet’s research is exploring the mechanisms that switch on and switch off inflammation and pain. Inflammation is a protective process against infection and it must be tightly controlled because poorly controlled or excessive inflammation causes disease and pain. The mechanisms that initiate and terminate inflammation and pain are not well understood, and consequently some of the current medications are not effective for all inflammatory diseases and some of them are associated with detrimental side effects. Professor Bunnett’s work is focused on the role of proteolytic enzymes as “molecular switches” that initiate and terminate signaling by mediators of inflammation and pain. This ongoing research is directed towards the identification of new targets for the development of more specific medications for treating inflammatory diseases.

Paul Keall’s research is focused on developing imaging methods, algorithms and technology to substantially improve the accuracy and effectiveness of radiation therapy for cancer. Current radiation treatments don’t take into account changes that can occur to the location and shape of tumours caused by normal movement caused by breathing and swallowing. The first part of the work will facilitate targeting radiation to moving tumours in real time to reduce normal tissue damage. The second part looks at the physiology of tumours, with the aim of making treatment more effective by targeting the areas of tumours which are more aggressive with additional radiation doses.

Professor Bunnett comes to the University of Sydney from the University of California, San Francisco and his current positions of Professor of Surgery and Physiology, Vice Chair of Surgery and Director of the UCSF Centre for the Neurobiology of Digestive Diseases. Professor Keall, originally from New Zealand, specialised in medical physics at the University of Adelaide as a postgraduate researcher. He is currently with the Radiation Physics Division at Stanford University.

PARALYMPICS MEDAL WINNER: STAGE 1 MED STUDENT MARTY MAYBERRY

He had barely been in class a few weeks when first year Sydney medical student, Marty Mayberry, left to compete in this year’s Winter Paralympics in Canada. On March 18, he claimed a silver medal in the downhill event. Ten days later, he was back at University and Westmead Clinical School, catching up on missed classes and clinical days.

Marty had both legs amputated after contracting meningococcal on a school trip aged 16. He spent two weeks in a coma, waking up to the news that life had changed. Within three years, though, he was not just back on skis but representing Australia in the European Cup Final in 2005. He skis with prostheses, competing in both slalom and downhill events.

“I've always loved skiing, we spent school holidays racing around the mountains. Getting back into it was difficult, one step forward and two back, but I was determined to keep going.”

Although he had been racing well going into the Games, including winning a gold medal in his last World Cup event of the season in Aspen just weeks before, going into races is always unpredictable.

“I'd had a few setbacks. I knew that I could ski well if it came together but I had also not finished a few races. You have to believe you can do it.”

After finishing school, he did an undergraduate degree in health sciences and had been hoping to do medicine

“I’ve met some inspiring doctors in the last years, they have been a major motivation for me in deciding what I wanted to do.”
> LAUNCH OF SYDNEY INSTITUTE OF EMERGING INFECTIOUS DISEASES AND BIOSECURITY

The newly-established Sydney Institute of Emerging Infectious Diseases and Biosecurity (SEIB) was formally launched by Deputy Premier Carmel Tebbutt at the opening of its first conference in May.

“Sydney University is well placed to establish a centre of excellence in infectious diseases,” the Deputy Premier said. “Throughout history, infectious diseases have had a tremendous impact. Now we’re seeing new viruses emerge, causing significant disruption of the health system. In the wake of these developments, I very much welcome the Sydney Institute of Emerging Infectious Diseases and Biosecurity.”

The Institute was approved as a research centre of the University in January. It has been established as a multidisciplinary centre, drawing expertise from across the University, and dedicated to research, advocacy and provision of expert advice on infectious diseases, with a particular focus on the Asia Pacific region. It is the only Australian institution that encompasses sciences and social sciences in a single institute devoted to emerging and re-emerging infectious diseases.

Professor Tania Sorrell, the Director of the Institute, said anticipating and controlling epidemics and emerging infectious diseases was a multidisciplinary problem that crossed both geographic and social boundaries.

“Australia’s position as one of the few developed nations in the Asia-Pacific region provides us with a unique opportunity to lead in interdisciplinary research and capacity building and to collaborate with our neighbours in prevention, containment and eradication of emerging infectious diseases at home and abroad,” she said.

“The recent visit to Indonesia by a large delegation from the University of Sydney and the presence at this conference of senior colleagues from the Indonesian Ministry of Health and University of Indonesia, is testament to this spirit of collaboration and partnership.”

The conference was attended by more than 100 people from across the University, including vet sciences, law and agriculture.

> CAN YOU HELP? CAREERS FORUM – THURSDAY 12th August 4-6.30pm

This year the Careers in Medicine and Public Health Forum will take place in the MacLaurin Hall, University of Sydney. The careers forum was first held three years ago to give medical students access to practitioners (you our alumni who could advise them on careers paths. Alumni are required to be available to speak with students individually in booths.

What is needed are alumni with a thorough knowledge of current career paths in your area of expertise. If you are available please contact Ancella Cheung (ancella. cheung@sydney.edu.au) with details of your specialist area.

Our students really appreciate the opportunity to interact with you on an individual basis. Thank you again to everyone who has generously contributed previously, we would love to see you again.

> Global HOME’S BIRTHING KIT WORKSHOP

Maternal and child health are pressing issues in the developing world. On 27th March, 80 Sydney Medical School students devoted their Saturday to learning about and helping improve post-partum wellbeing for mothers and babies. The event was organised by Global HOME, a group of students interested in Global Health.

Professor Heather Jeffery, an expert in maternal and child health, gave a lecture about the epidemiology of birthing and the barriers to safe labour. Half a million women die in childbirth each year. Maternal health is a priority in international health projects and has been a Millennium Development Goal since 2000. But maternal mortality rates have not improved. In Papua New Guinea, almost 9 women die per 1000 live births, a large rate compared to Australia, where 2-3 women die per 100,000 live births.

New mothers die most commonly from haemorrhage, sepsis, hypertensive disorders and unsafe abortion, 1-2 days after birth. A major contributing factor to the deaths is that most women in developing countries, while giving birth, have only the assistance of a traditional birth attendant or no assistance at all.

Students were later treated to a SCORPIO session with Royal Hospital for Women obstetrician Dr Lisa Hui on assessing and preventing post-partum haemorrhage.

Improving child mortality is another Millennium Development Goal. Students learnt the main causes of infant mortality, including low birthweight from prematurity and malnutrition, infection, asphyxia and trauma. Professor Jeffery gave an interactive lesson on how to resuscitate asphyxiated newborns, explaining that babies need to be kept ‘pink, warm and sweet’.

The students then packed 1000 birthing kits to be sent, via Zonta International, to Tu Du Ob-gyn hospital in Ho Chi Minh, Vietnam. Each kit is designed to facilitate a clean birth, and contains soap, latex gloves, a scalpel blade, three cords to tie the umbilical cord, a plastic sheet for the mother to lie on, and gauze to wipe the baby’s eyes.

Samantha Sundercombe (Med 1).
QUEENS BIRTHDAY HONOURS

Congratulations to staff and alumni, recognised in the Queens Birthday Honours.

Dame Professor Valerie Beral AC (MBBS 1969)
For eminent service to medicine and women’s health through significant advances in cancer research and epidemiology, through seminal contributions to public health policy and as a mentor to young scientists.

Professor Gordon Parker AO (MBBS 1967)
For services to psychiatry and as a clinician, especially as founder of the Black Dog Institute.

Professor Patrick McGorry AO (MBBS 1977)
For services to medicine and particular mental health.

Dr Jill Forrest AO (MBBS 1961)
For service to medicine as an academic, researcher and educator; and to music as a composer and carillon recitalist.

Professor Louise Baur AM (MBBS 1981)
For service to medicine, particularly in the field of paediatric obesity as a researcher and academic, and to the community through support for a range of children’s charities.

Dr Christopher Duncombe AM (MBBS 1976)
For his work in HIV and infectious diseases, in Australia and Asia Pacific

Dr Jean Edwards AM (MBBS 1961)
For supporting victims of sexual assault, and as a contributor to education and training programs

Dr John Gunning AM (MBBS 1963)
For service to medicine as a cardiologist, and through senior roles with a range of professional organisations.

Dr Nic Jools AM (MBBS 1966)
For service to the community through philanthropic donations of Australian art and financial support for a range of educational and medical organisations, as a benefactor to developing artists, and to medicine in the field of gynaecology.

Dr Robert McMahon AM (MBBS 1954)
For his work in the field of paediatric surgery and as a clinician and academic.

Dr Hayden Perndt AM (MBBS 1977)
For his work in anaesthesia and medical education, also for development of training programs for health care practitioners in developing countries.

Dr Peter Sharp AM (MBBS 1984)
For his work in the field of Indigenous health, especially with the Winnunga Nimmityjah Aboriginal Health Service

Dr Ian Bailey OAM
For service to medicine as a cardiologist.

Dr Patrick Giltrap OAM (MBBS 1976)
For his work as a general practitioner and in the community of Gilgandra.

MORE THAN ONE RADIUS?

Radius is posted to all medical and public health alumni for whom we have an address. With a number of “medical dynasties” among the alumni list, there are a number of households which receive more than one copy of Radius (and more than one copy of SAM).

If you are receiving multiple or unwanted copies of Radius, we would appreciate it greatly if you could let us know. A form is available on the Medical Alumni Website sydney.edu.au/medicine/alumni. It would also be greatly appreciated if, at the same time, you could include or update your email address. In future, Radius will also be available in digital version and can be emailed to those who prefer not to receive a printed copy.
CALLING PBL TUTORS AND CAREER ADVISORS

There is very great need of problem based learning (PBL) tutors for Stages 1 and 2. The PBL tutorial system is one of the cornerstones of our medical programme and we would very much like our alumni to be involved. The experience is immensely rewarding and the students appreciate your time and commitment. They are a great group of people that “bubble” with enthusiasm and they love the fact that you are able to share your experiences in medicine with them. They are highly motivated graduates, with a diverse range of backgrounds. We cannot offer payment for tutoring, but we can offer a wonderful and rather inspiring experience. We must stress that you do not need to be a specialist in the field to be a good PBL tutor; facilitation skills are more important. We will be providing tutor training before you start.

The weekly commitment is three hours, PBLs run in blocks of 6-10 weeks.

• Stage 1 PBLs are held on Thursdays from 10.00 am to 1.00 pm or 2.00 to 5.00 pm (a two-hour and a one-hour session back-to-back).
• Stage 2 PBLs are held on Fridays, also from 10.00 am to 1.00 pm or 2.00 to 5.00 pm [again, a two-hour and a one-hour session back-to-back].

We are very happy that our dean, Prof Bruce Robinson has joined us as a new tutor for this year, many of the clinical associate deans are joining us as well.

We look forward greatly to your assistance in this cause. Your contribution will be most valued and will help maintain the quality of our medical programme.

If you are willing and able to tutor, please contact:
Prof Michael Frommer - 9036 7685 or michael.frommer@sydney.edu.au; Prof John Mitrofanis - 9351 2500 or john.mitrofanis@sydney.edu.au or; Rebecca Rock - 9036 7186 or rebecca.rock@sydney.edu.au
Over the past year Sydney Medical School has been involved in a major review and planning exercise. The purpose was to look at what is done well, what is done not so well and how that can be improved, and broadly to develop a plan which would allow the School to both contribute to improving community health, and prosper in an increasingly competitive higher education world.

Many staff were involved in the planning discussions, a large number of strategic goals were recommended and most have been approved by members of faculty. Changes are now being implemented – none are more significant to the future of Sydney Medical School than those which affect its research mission.
Sydney Medical School is the most research intensive faculty in one of the most research-intensive universities in Australia, and is recognised for both the quality and impact of its research efforts.

The recent strategic planning process provided the opportunity for us to review and, for the first time, to define the vision and broad goals that are fundamental to sustaining and developing our research operations. It provided the opportunity, for example, for us to clearly say that the primary goal is to produce research of the highest international quality, which is effective in advancing knowledge and improving health.

The review and planning exercise also resulted in a number of significant changes in our approach to research, and to its organisation and management. The most important of these is the decision to take a more strategic approach to our research mission, including to focus our research around six major thematic areas:

1. cancer;
2. obesity, diabetes and cardiovascular disease;
3. mental health and neuroscience;
4. infectious diseases and immunity;
5. chronic disease and ageing;
6. reproductive, maternal and child health.

The six areas of focus were determined in part because they are already areas in which we have research strength. All themes are also diseases or health conditions of great community relevance. In concentrating our extensive but widely spread efforts around these critical health areas, the aim is to increase our research output and as a result, increase our contribution to better health in this and wider communities.

Cancer was an obvious decision because of the large research effort already underway, from basic science to public health. The Cancer Research Network was established four years ago, specifically to link research projects and researchers from across the University, and has over 400 members.

The recent move to establish the Centre for Obesity, Diabetes, and Cardiovascular Diseases, and the University’s major infrastructure commitment, emphasises the depth and strength of research already existing in medicine and other faculties. Mental health and neuroscience is another area where Sydney Medical School is recognised for its expertise.

In infectious diseases and immunity, we also have significant strength but it has not been as visible. The new initiative to establish the Sydney Institute of Infectious Disease and Biosecurity is already bringing people together across disciplines to increase research output and impact. Reproductive, maternal and child health, and chronic disease and ageing, again, are both health areas of great community importance, and where we have a depth of knowledge and skills.

Research across the themes will be supported and underpinned by a wide number of disciplines in areas including genetics, biostatistics and medical imaging. Expertise in the disciplines is critical across all disease areas.

This does represent a significant shift in approach. In the past, the direction or focus of research was largely left to individuals, disciplines, institutions or precincts, and not generally taken at the faculty or university level. There has always been a general concern about the ability of organisations to pick winners, with clear preference of individual researchers to pursue interests as they see fit rather than be constrained in their choices.

But the reality is that we operate in a competitive international environment and resources are scarce. By linking researchers around themes, directing discretionary funds to areas of national and international importance, we believe we can increase both output and impact of research.

The aim is also not to be directing individual researchers. The task of theme leaders is to bring together the diverse expertise across Sydney Medical School and the wider University, to create opportunities not limits. The discussions were challenging but also energising and widely supported.

Researchers at Sydney Medical School make a great contribution to improving health in this and wider communities. On the following pages of this issue of Radius, stories provide a glimpse of the breadth and impact of this contribution.
When Tony Cunningham left Melbourne in 1981 to take up a postdoctoral fellowship at Stanford University, he was already deeply interested in virology. Having trained as a physician, he had completed his MD in viral arthritis at Melbourne University in 1980 and spent the next year as medical registrar at the now closed Fairfield Infectious Diseases Hospital. Fairfield, home of the Burnet Institute, enjoyed a world-wide reputation for virology research, education and treatment.

But at the end of the 1970s, virology was not seen to be where the real action was. World Health Organisation’s vaccination campaign had resulted in the eradication of smallpox, announced by Australia’s Professor Frank Fenner in 1979, and the view of more than one eminent scientist was that viruses no longer posed the threat they had in the past.

That changed when the first cases of AIDS were reported in 1981, with the HIV virus identified in 1983.

“While I was at Stanford, AIDS emerged in San Francisco. I remember seeing a person with enlarged nodes and saying I don’t know what you have. A week later, I read about AIDS,” Professor Cunningham said.

Virology research took off. Tony Cunningham returned to Australia at the end of 1983 – fortunately Sydney not Melbourne – and in the nearly 30 years since then, working with colleagues in Sydney and Melbourne, has developed and led one of Australia’s major virology research groups. His own research on herpes paved the way for the development of the first herpes simplex vaccine, and work he has done on dendritic cells and HIV has been critically important in understanding the infectious cycle of the virus and how it causes AIDS.

In the process, he has trained and mentored the next generation of medical virologists – at least 10, on last count. Working with Professor Tania Sorrell and others at Westmead, he has significantly contributed to infectious disease as a research strength of Sydney Medical School. And that’s all beside the considerable achievement of leading the development of Westmead Millennium Institute into the largest of Sydney Medical School’s affiliated research institutes, and one of the largest in the country.

Tony Cunningham is Professor of Research Medicine and Sub Dean in the Westmead Clinical School, Director of the Westmead Millennium Institute, and Director of the Centre of Virus Research. He is a member of numerous Commonwealth and state government committees and since 2003 has been Director of the Commonwealth-funded Australian Centre of HIV and Hepatitis Virology Research. In January this year, he was awarded the Order of Australia for his contribution to medicine and medical research.

**INCREASING VIROLOGY RESEARCH**

If HIV/AIDS was the catalyst in the early 1980s for an upswing in interest in virology, the past 30 years have provided plenty of other reasons for research interest to grow. Infectious diseases caused by viruses, including HIV, herpes, hepatitis B & C, avian flu, SARS and swine flu, have had an enormous impact in both developed and developing countries over the period.

“When I came back to Australia in 1984, Australia had no research base in the foundation viruses to which HIV belonged. With (Professor) Ian Gust at the National Centre of Hepatitis and HIV Virology Research, we started from scratch. Programs have grown a lot since then,” Professor Cunningham said.

Research programs have also grown in sophistication. The viral research group uses the latest in modern research tools, including genomics, proteomics and cell imaging, to discover causes and solutions to HIV, herpes and other viruses. AIDS is primarily a disease affecting third world countries, but Professor Cunningham’s group is using very first world science.

“HIV is still a very important disease, the fourth largest killer disease in the world. We still don’t have an HIV vaccine, the disease is still expanding in Asia, Eastern Europe, Africa and closer to home, in PNG. In PNG, most recent surveys say 1.9 per cent of pregnant women have AIDS. Risks to Australia include the spread of HIV throughout Melanesia, and rising numbers of people infected in Torres Strait Islander populations. In Papua New Guinea, the increasing incidence of HIV especially among young women, is a real concern,” he said.

In 2007, the Joint United Nation’s Program estimated 33 million people around the world were living with AIDS, there were 2.7 million new people infected in that year and 2 million people died.

Closer to home, the swine flu pandemic last year also caused a major increase in research, including at Westmead’s Centre for Virus Research. Among funding received by the Centre recently has been for a program to review resistance of the H1N1 virus to antiviral drugs.

Virology research, though, is not limited to identification, prevention and treatment of infectious diseases.

“Viral oncology, or viruses which cause cancer, is an exciting area for research and growing rapidly. It is well known that Human papillomavirus causes most cases of cervical cancer, but there are others – like Epstein Barr...
virus - which is associated with a number of cancers and offer great potential for future study. Using viruses as gene therapy vectors is also enormously exciting and offers great opportunities."

After centuries of evolution, viruses are designed to infect cells and tend to be very efficient at transferring their own DNA into the host cell, which then produces new viral particles. Researchers, including at Westmead, are looking at using viruses to carry "good" genes into damaged cells, as a way of repairing those cells.

**DRIVING WESTMEAD’S GROWTH**

In 1996, when Tony Cunningham was appointed director of the just-established Westmead Millennium Institute, there was no building and no staff. It is a different story today. The Institute, now part of a substantial Westmead Research Hub, is an important bridge between the University of Sydney and both Westmead Hospital and the Children’s Hospital at Westmead.

"Research became my major occupation in 1996 when I had the opportunity to apply to take on the role of director here. It has grown rapidly - in 1999, we had 140 staff, this year it is over 500 with more than 100 students engaged in higher research degrees."

In 2009, WMI attracted more than $21 million in competitive grants, placing it in the top six research institutes in the country.

Westmead’s research focus includes infectious and immune diseases, cancer, liver and metabolic diseases, neurosciences, mental health, and cardio-respiratory diseases. It has two national research centres – Australian Centre for HIV/Hepatitis Virology Research and the Australian Centre for Pancreatic Islet Transplantation, as well as other major infrastructure organisations including the National Breast Cancer Tissue Bank. The emphasis is on translational research, taking scientific discoveries made in laboratories and translating them into better health care.

Examples from the past decade, Professor Cunningham says, include discovery of the mechanism by which HIV enters cells, which is leading to the development of new microbicides which may reduce or prevent HIV transmission. Studies of the mechanisms of immune control herpes simplex have led to the first (partially) successful vaccine for genital and neonatal herpes in 50 years. In another example, work done by Westmead researchers to uncover the mechanisms of liver disease in diabetes and hepatitis, lead to the discovery of Hepatitis C as a cause of diabetes.

"Getting the Institute up and running has been very satisfying but I couldn’t have done it without support and great commitment at all levels. In medical research, there is pressure to show a positive front end and to come up with break-through discoveries, but to do that you need to keep the back end flourishing - the breakthroughs are almost always incremental, a culmination of painstaking detailed work by good scientists, many of whom live a precarious existence.

“My first love is doing research, the great value in taking research management positions like the position I now have, is that you have the opportunity to create the sort of environment that as a young scientist, you would have liked to work in. It is the best argument for having a researcher, especially one who understands translational research, as a person to lead a research institute.”
Why pain persists  
By Janet Keast

Persistent pain is devastating for many people. Associate Professor Janet Keast is NHMRC Senior Research Fellow and Director of Basic Research at the Pain Management Research Institute. Her team are working to understand the nervous system changes which give rise to persistent pain, long after the initial trauma.

I joined the University of Sydney in July 2004 and since that time my research team has been based at the Northern Clinical School, in the Pain Management Research Institute (PMRI), a Division of the Kolling Institute of Medical Research. I’d classify myself as a neuroscientist, although my work also overlaps with endocrinology. I am very fortunate in having recently been awarded renewal of my NHMRC Senior Research Fellowship, with provides me with a 5-year opportunity to continue my research in number of areas, with a great research team.

My primary area of neuroscience research focuses on the spinal and peripheral nerves that control urogenital function. These autonomic nerves are essential for normal bladder control (voiding and continence) and sexual function, so any impairment leads to health problems and a significant decrease in quality of life. Pelvic nerves can be disrupted by surgery, for example prostatectomy, and are affected by ageing, hormonal changes, inflammation and disease, such as diabetic neuropathy. Many of these situations have prolonged, sometimes permanent, effects on bladder control and sexual function, and some also lead to chronic pain conditions, such as interstitial cystitis and endometriosis.

Our current NHMRC-funded work aims to determine the regenerative potential of injured pelvic autonomic (motor) nerves, especially to identify possible strategies to drive their regrowth and restore normal function. This means trying to understand what may make the nerves grow but also how we can direct them to their correct target. This is quite a challenge, but we are getting some very useful clues from studies of neuronal development, where growing axons have to achieve the same goal.

A second aspect of my team’s research relates to pelvic visceral pain. As it happens, there is a lot of overlap and communication between the pelvic autonomic nervous system and the nerve pathways involved in pelvic visceral pain conditions. As such, some of my current research on pelvic pain is a natural convergence of two major research areas – autonomic neuroscience and pain.

Since becoming a member of PMRI, my activity in pain research has grown in parallel with my appreciation of the devastating nature of persistent pain and the limited availability and access to treatments for many people. The “invisibility” of this condition contributes to its under-appreciation – just by looking at someone, we have no idea of the duration or severity of their suffering. In all of our studies on pain, our aim is to understand how the nervous system changes after the initial trauma or challenge, to give rise to persistent pain, long after tissue healing has occurred.

With my collaborator, Dr Peregrine Osborne (PMRI), we are using the fundamental tools of basic neuroscience to probe the cellular mechanisms contributing to these changes – all with the long-term goal of developing better treatments. Our initial focus for these projects is on the neurons that first detect damage (nociceptors) and the circuits in the spinal cord that interface between these nociceptors and the brain. As much as possible, we try to integrate studies on neuronal structure with cell physiology, molecular changes and ultimately, animal behaviour. Our research on pelvic visceral pain is currently funded by the US National Institutes of Health, and an application for renewed funding is currently under review – an exciting but stressful time! Our work has also extended to spinal cord injury, which impairs urogenital function and in many people leads to persistent, severe pain. This was a logical development of some of our ongoing work on spinal and nociceptor nerves, and was supported by a generous grant from the NSW Office of Science and Medical Research.

One of the great things about working at the University of Sydney is the excellence of its research environment. This includes many talented students, early career researchers and senior investigators, and top-class facilities. Our research laboratories are located at the Royal North Shore Hospital, in the fabulous new Kolling Building. This building is home to some great researchers and state-of-the-art equipment – and, in the case of our labs, sweeping views of Sydney. I like to think that the ever-changing scenes of the weather and activity on the harbour promote creative thinking rather than being a distraction!
Sydney Burns Foundation is the brain child of founding Chairman and surgeon, Professor Peter Haertsch and founding Patron, The Hon. John Fahey AC.

“Peter Haertsch is a friend since our school days together, although our paths have crossed infrequently in recent years, we caught up on a plane trip between the Gold Coast and Sydney about two years ago and he told me of his belief that a synthetic material could be developed to emulate a patient’s own skin,” said Mr Fahey.

A synthetic skin, such as the one being developed by Dr Zhe Li at the Skin Laboratory at Concord Hospital, is the holy grail of burns medicine. Dr Li, who was the 2008 recipient of the Winston Churchill Fellowship of Australia for his research into cultured skin and wound healing, is developing a material that emulates the dermis layer of the skin and contains stem cells from the patient own skin. It is hoped that the synthetic skin will work as a three dimensional, full thickness, living skin equivalent.

“Full thickness burns destroy all layers of the skin and the traditional method of repairing this loss is by split thickness skin grafting that leads to defect repair. A thin skin graft only contains a very small portion of the dermis and epidermis and unfortunately these skin grafts have a strong tendency to form contractures which are an ongoing problem for our patients for many months and years. We have several new methods and these constructs have been extensively bench tested and trials have started at the ANZAC Research Institute,” said Deputy Chairman, Professor Peter Maitz.

The ‘3 dimensional living skin equivalent’ relies on the body’s ability to regenerate what was lost. The scientists have created a matrix or scaffold, a sponge like structure made from synthetic elastin, collagen and other material mimicking the architecture of normal human dermis, the deep layer of our skin. This layer gives our skin elasticity and the carries important functions like sensation and vitamin production and also provides the superficial layer with nutrients.

“We seed stem cells from the patient into this matrix and these cells are potent enough to differentiate into several different skin cell types, which arrange themselves in a similar matter to normal skin. This construct can then be transplanted back to the patient filling the wound without contraction and defect,” Professor Maitz said. Currently small animal trials are underway to investigate the long term performance of these constructs.

Peter Maitz has been the Medical Director of the Burns Unit at Concord Hospital since 2000. In 2003 the NSW Department of Health established the NSW Severe Burn Injury Service, consisting of three specialist burn injury units. All three units - at Concord Repatriation General Hospital, Royal North Shore Hospital and the Children’s Hospital at Westmead - were also University of Sydney teaching hospitals. It was on this basis that the Chair of Burn Injury and Reconstructive Surgery was established in 2008, appointing Professor Maitz the inaugural Chair.

If Professor Maitz team’s search for a new living skin equivalent is successful, it will reduce scarring and increase sensation for full thickness burns patients, and inevitably increase their standard of living. It was for this reason that Mr Fahey agreed to join the Council of the Sydney Burns Foundation.

“The Foundation’s support enables the research to be carried out. I am confident that if adequate financial support is forthcoming, crippled and emaciated burns victims will have their pre-accident lives restored. This would be a magnificent outcome through the work of our talented surgeons and scientists that will benefit many in Australia and beyond in the years to come,” said Mr Fahey.
My research looks at performance-related disorders in wind musicians caused by misuse or overuse of the soft palate muscles. In particular my thesis will focus on the prevalence, treatment and management of the soft palate disorder, velopharyngeal insufficiency (VPI), in student woodwind and brass players. VPI is frequently experienced by advanced students pursuing a professional career. Such students often practice intensively, unwittingly stressing their soft palate and thus potentially threatening their career.

VPI is devastating for professional musicians since it becomes progressively worse and in severe cases, threatens their livelihood. I had my own experience with VPI during my undergraduate study in bassoon, fortunately I had a teacher who understood the problem was and he directed me to a Speech Language Pathologist who I spent six months with doing exercises to regain muscular strength and control.

Prolonged exposure to high levels of intraoral pressures that are associated with playing a wind instrument can place undue stress on the soft palate muscles which can lead to VPI. Those that experience VPI are advanced students who have long and demanding practice routines. Other associated factors may be stress and fatigue.

Only 30% of students are aware of or have experienced VPI, but many may not have their concerns adequately addressed. Speech pathology is not a long term solution for VPI. While there are exercises that concentrate on the soft palate that can allow you to strengthen the muscles to a degree, the muscles and how they’re used for speaking and playing are quite different.

I hope my research will help students and teachers understand the function of the soft palate and raise awareness of performance-related disorders, so that they might improve their performance, and hopefully, decrease the amount of injuries and resulting disabilities from occurring.
The CODCD is taking a different approach to health and medical research, with cross disciplinary collaboration and partnerships at the core.

After two years of detailed planning involving a broad range of expert and enthusiastic staff, the vision to create a state-of-the-art facility to enhance the University’s standing in research and education is drawing to a successful conclusion. Construction of the facility - a $385 million research and education building, partially funded by a grant of $95M from the Commonwealth Government’s Higher Education Endowment Fund - is expected to begin late this year.

It will be the focal point of the University's Centre for Obesity, Diabetes and Cardiovascular Disease (CODCD), with the mission to improve human health by the prevention and control of such diseases, through:

- undertaking world-class research
- translating this knowledge into practical solutions for chronic cardio-metabolic diseases,
- partnering within and beyond the Centre,
- undertaking innovative, multi-disciplinary teaching programs, and
- inspiring the next generation of researchers.

Together with the University’s other multidisciplinary activities in the area of health, including the Cancer Research Network and the Brain and Mind Research Network, the CODCD will enable the research and educational agenda of the University to address more than 80% of the conditions that cause death and disability in the Australian community.

“This is an enormous and farsighted commitment by the University,” said Professor David Cook, Deputy Dean in the Sydney Medical School and leader of the committee responsible for establishing a collaborative planning network for the building, and also for developing the academic vision and strategy for the new Centre.

“The academic strategy is to do something different, something that will allow us to answer health and medical questions that no-one else can,” he said. The vision for the CODCD will focus on fostering new and effective collaborations with partnering at its core. This will be achieved by bringing together research groups from enabling sciences (e.g. chemistry, physics, biology); biomedical sciences or theoretical medicine (e.g. molecular biology, cell biology); bioinformatics and computational biology; clinical research, clinical trials and health policy. This approach will enable, for example, biomedical discoveries to lead easily into clinical trials and findings from clinical and population health to lead back to facilitate new biomedical research.

The facility, when complete, will have 50,000 square metres of contemporary teaching and specialised research spaces and will be located next to the Centenary Institute on the western end of the Camperdown campus, close to Royal Prince Alfred Hospital, on what is now part of the St John’s College oval.

From 2014, it will be home to hundreds of researchers, their programs spanning enabling sciences through to translational and clinical research, and population health. The facility will house eight major world class University research facilities supporting cellular imaging, genomics, proteomics and metabolomics, flow cytometry, human and animal imaging, protein production and a clinical research facility.

The building is being designed to transform human work practices by integrating research and teaching spaces, which will be connected to open plan write-up and collaboration spaces throughout the building. This will support the movement and circulation of staff and students.
within the building and maximise the opportunities for translational and collaborative research. The creation of innovative and flexible new work spaces will allow undergraduate teaching and research to intermingle and encourage interactions between students and staff as well as staff and staff. Other principles governing the detailed design process include sustainability, promotion of healthy exercise and access to natural light.

Professor Cook believes the real benefits of the CODCD will be threefold: this new Centre will support and drive research and teaching quality at the University to a new level, its innovative multidisciplinary approach will give the University a competitive edge in an increasingly competitive world by offering education programs that no one else can offer, and it will attract and enthuse the next generation of talented scientists and educators.

The Centre is a key element in the Vice Chancellor, Dr Michael Spence’s, strategy for fostering environments supporting ‘research-enriched’ teaching and ‘teaching – enriched’ research. It will be a prime exemplar of the Vice Chancellor’s strategy, a truly cross-disciplinary facility that will involve established and emerging areas in ODCD research. By facilitating collaboration across disciplines, the CODCD will offer real opportunity to realise translational research “from protein to patient to population and back again” and to attract and retain “the brightest researchers and the most promising students… (to) thrive and realise their full potential”. With the building functional design stage drawing to a conclusion and construction about to begin it is time to focus on defining and developing the Centre as an academic entity within Sydney University. At the core of the planning of the Centre is a determination to engage the academic community across the University, irrespective of discipline and geographic location.

Establishment of the CODCD academic entity is already well under way. In June, Dr Mark Ainsworth was appointed as Chief Operating Officer.

Leveraging our outstanding strengths in research and education in cardiovascular diseases and metabolism (strengths in population health, clinical trials, clinical research, vascular biology, cardiovascular physiology, enabling sciences and social sciences) to develop a critical mass of researchers brought in to the Centre through partnerships and collaborations, will provide the necessary excellence and depth across disciplines and methods to build the platform to deliver the CODCD vision.
The project consisted of two phases, firstly designing and developing the medical education virtual environment and secondly, programming and uploading of problem based learning scenarios (PBLs) accompanied by student testing, feedback and analysis.

The project was funded by a Teaching and Innovations Grant from the University of Sydney.

The first phase was to purchase space within the Second Life world. We consulted with Second Life design technicians to construct a simulated University of Sydney teaching hospital. In general terms, the facility was like a small two-story medical complex. It is a fully equipped, virtual teaching centre replete with trauma bay, emergency room, surgical operating theatre and outpatient clinic. Once construction was completed, we implemented a series of interactive PBLs (actual teaching scenarios used within the Sydney Medical School curriculum) intended to provide students and instructors with opportunities to interact in conjunction with student assessments of ‘patient avatars’. After completing the construction and programming phases, we invited Sydney medical students to enter the virtual environment and to offer feedback.

Virtual world learning is intended to provide students with opportunities to acquire and practice new skills through interacting with ‘surgical diseases’ in safe, confidential, realistic and enticing medical environments. As an example, such simulated learning can provide students with opportunities to assess pre-operative patients before receiving virtual, on-line feedback from instructors.

While this is a valued learning technique within most medical programs, it can be difficult in real-life for students to acquire as much practice as they might like. Simulated opportunities may be used to deliver new teaching techniques and as a corollary, enhance patient safety and care during the learning process.

Our initial evaluation showed students were enthusiastic about virtual world teaching. Our participants found that:

a) The content of the virtual PBL experiences we designed were well suited to this interactive, simulated environment.

b) They felt that their retentive clinical knowledge using the Second Life PBL experience was equal to, if not better than, traditional PBL sessions.

c) Most indicted that they were eager to see this style of teaching incorporated into future curriculums.

Buoyed by these results and feedback, we intend to continue to develop the virtual reality as an additional learning space for students through expansion of the problem based learning scenarios and new, innovative ways to use the virtual hospital. One possibility is to use the hospital to allow patients to rehearse their illness journey prior to embarking on a booked operation. We also plan to submit for publication a detailed documentation with insights regarding future implementation in other areas such as student enrolment, student management, online delivery of courses via tele-attendance, and best practice for education in a virtual world.
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Chronic diseases

By Stephen Leeder

In 2003-4 I lived and worked in New York. I was interested in global health. HIV, TB and malaria dominated the agenda. Now things are different.

Three years before I had met Jeffrey Sachs. Sachs is an articulate advocate for the relief of world poverty, macro economist (no, not a BIG economist but an economist of big issues), former enfant terrible of Harvard where I was his director of the Kennedy School Centre for International Development. Sachs had had a meteoric career. Married to a splendid paediatrician, he had visited Africa and similarly poor nations and had learned that poverty isn’t going anywhere much if you neglect health. His wife helped him understand the importance of child and maternal survival programs, inextricably linked with HIV, tuberculosis and malaria.

Jeff brought his prodigious energies (he was in his late forties – an era I struggle to recall) to bear upon health. He chaired a commission for the World Health Organization that reported in late 2002 on the linkage between economic development and health. He stuck to the available evidence and advocated programs in relation to the devastating infectious diseases. He helped formulate the UN Millennium Development Goals that won universal assent and which aim to halve crippling poverty worldwide by 2015.

Despite these outstanding achievements I felt he had overlooked the significance of the creeping, sinister, rising death and disability toll from chronic diseases in the developing world. Unconvinced but open-minded, he invited me to spend time with him to prove my point.

By 2003 he had moved to Columbia University in Manhattan and so — woe, woe — I had to go there instead of Boston, which is a delightful city but dominated by academics so that it feels like a book shop on coffee and steroids.

Chronic disease is a dinner party conversation-stopper if ever there was. Nothing very exciting about thin, wheezing and dyspnoeic patients. Their stories, while heroic, remind us of our mortality and what may lie ahead for us. Or people limited by cardiac failure. Or by schizophrenia or bipolar upheavals. My mother had schizophrenia for decades when she was not good and I can tell you, t’aint the least bit fun and normal people didn’t want to visit.

So the chronic diseases do not inspire, do not evoke the sympathy that a nasty infection does or starving children with haunting huge eyes and flies on their faces and thin limbs do. Arthritis, in Paul Keating’s aphorism, slightly tampered, is a shiver looking for a spine to run up.

Bill Gates doesn’t like chronic disease, nor does his wife Melinda. Many prominent people regard chronic diseases — including mental illness — as self-inflicted disorders of the morally decrepit, affluent or weak willed. And yet, damn it, chronic diseases have arrived by the tonne. Everywhere. Millions of deaths from heart disease and stroke each year in India and China. Mental illness is the biggest cause of health-related suffering in the world.

In New York I worked with a cardiologist and a development economist to produce a monograph that told the story of cardiovascular disease with special reference to less economically advanced nations.

Because birth rates are tumbling (as happens when you educate women and guarantee child survival — this is not a war won with condoms alone) and many nations have yet to bulge their demography with lots of old people, there is a window of opportunity when dependence of young or old is not a drain on national budgets — to get prevention into play, to prepare for the future health services as life expectancy increases and the diseases of our weird version of urbanisation in which we create traffic jams, eat too much, get rid of places where people can walk, grow apartments on our parks and so forth.

We called the report, sponsored by the Initiative for Cardiovascular Health Research in the Developing Nations based in Delhi, A Race Against Time.1

Let’s look at the facts. Heart attack and stroke and other chronic problems, thought to be quintessential western diseases, are fast becoming major threats in developing countries. They cause two to three times more deaths in mothers — yes, mothers — in developing countries than do childbirth and HIV/AIDS combined. HIV/AIDS accounts for three million deaths a year: stroke and heart attack cause 20 million. Yet international agencies committed to improving global health have overlooked heart disease and stroke and other chronic problems.

In the U.S., there are 116 deaths per 100,000 men aged 35-59 from heart disease and stroke each year; in Russia, there are 600. India and China each have three million deaths a year from these causes. Australia has a similar profile to that of the U.S. Developing economies are witnessing devastation to their work forces that Australia and the U.S. and other western countries experienced 50 years ago but have since escaped.

These rumbles mark the beginning of the storm. As working families, to coin a phrase, move from rural to city living in the biggest migratory wave in the whole of human history they are pressed to eat more food. City food is cheap and high in fats, salt and sugars. The car supplants the bicycle and the foot.

With prosperity comes the unwanted side effect of an epidemic of overweight and obesity, even where under nutrition persists in poorer quarters, presages high levels of diabetes, heart disease and stroke ahead. A tidal wave of globalized commercial greed propels tobacco production and...
consumption into the poorest nations, creating an oil spill of cancer and heart disease.

We recognise the aging of the population in industrially advanced societies as life expectancy increases and birth rates stabilize or decline. A generation of old baby boomers will challenge our social security system and medical care facilities. But now, this dramatic reshaping of the age structure of populations is occurring everywhere.

World Bank projections show that, while people aged 65+ in the world now number about 500,000,000, they will tip one billion by 2020. Heart disease and stroke will be the principal causes of death in older people, and will account for one-third of all disability. If confined to old age we might, somewhat cynically, not worry too much, but one third of the deaths occur among people of working age.

Fortunately, there is good news to counter these dark prophecies. In Australia, New Zealand, the U.S. and parts of Europe, the death toll from heart disease and stroke has tumbled by 60% since 1960.

Better diet, less smoking, better drugs for blood pressure and cholesterol, exercise and improved medical and surgical care have reduced the death toll and transferred these diseases from middle age into the later years. In Australia in 1968, 50% of deaths from heart disease and stroke occurred among people aged 75+. Today the figure is 76%. Deaths among those aged 55-64 have fallen by two-thirds, and among the 64-75 year olds, by one half.

Smokers who quit cut their risk of heart disease and stroke by a half within two years. Treatment of raised blood pressure and blood lipids radically reduces risk in those otherwise in peril.

Governments have cut tobacco consumption by taxes and eliminating advertising. They can plan pro-walking cities and earmark recreational space. They can ensure that all citizens have access to clinics where health personnel measure their risk and offer long-term treatment if needed.

To delay serious action about the epidemic of these two diseases incurs both family and economic tragedy. They are already pushing families into poverty in developing countries as young breadwinners and mothers die.

Many developing countries have yet to create programs to control these diseases. Control measures include long-term changes in macroeconomic policies that dismantle agricultural subsidies and implement the WHO Framework Convention on Tobacco Control, and health policies that provide effective clinical care. Prevention programs must be locally tailored and sustainable.

Countries need the encouragement that strong vocal advocacy for change that agencies such as the World Health Organization and the World Bank can provide. Commitment from the highest levels of government in these countries is essential for comprehensive chronic disease control and prevention. Heart Foundations, Diabetes Associations, mental health co-operatives and national NGOs can lobby for change in social policies to aid prevention and treatment. Corporations, also, can be part of the solution through their investment in preventive programs for their workers. Medical associations and other professional bodies, should be at the table to assist in planning disease control programs.

International aid agencies should open their agendas to work with developing countries to contain these urgent threats to global health, national prosperity and family life.

Chronic illness bears a striking resemblance to climate change in that it derives much of its origin from current patterns of industry, commerce, trade and governance and its effects are felt everywhere. The similarity extends further. The main challenges in achieving prevention and mitigation lie principally in the domains of negotiated and strong agreements for social change that support, and are enabled by, enhanced individual responsibility for the way we conduct our lives as global citizens.

In several of these diseases we need to know much more about their basic biology and the contemporary and future disciplines in the genetic and molecular sciences deserve heavy investment. This is a question of emphasis that is important to discuss, because we also need policy research into the most effective ways of caring for people with these problems now but our armamentarium in relation to prevention may be very limited.

In relation to cardiovascular disease, while basic science may open new pathways to therapy, we know enough about the aetiological pathway to develop programs of prevention and amelioration that address proximate (such as elevated blood pressure) and distal (such as social disadvantage and ignorance) causes.

Next year, in September, the UN is scheduled to discuss, and one might hope endorse, a resolution calling for action on noncommunicable disease. And, I think, my dear friend Jeff Sachs is beginning to believe me! Closer to home, as David Cook discusses in this issue, the University of Sydney is undertaking several major research and education initiatives in the field of chronic disease, including the Centre of Obesity Diabetes and Cardiovascular Disease, the Cancer Research Network, and the Brain and Mind Research Institute.

To succeed, these initiatives must be highly multidisciplinary, applied enterprises, open to people from all points on the academic compass to participate.

About time. Let’s get on with it.
When a massive car bomb exploded outside the Australian Embassy in Jakarta in September 2004, killing nine people, there was no way conventional methods could be used to identify the person responsible. The explosion of the one tonne device literally underneath the suicide bomber meant there was precious little able to be identified. The Embassy attack, the third in Indonesia in two years against Australian targets (Bali in 2002 and then the Marriott Hotel in 2003), though, placed enormous pressure on Indonesian and Australian investigators to quickly track terrorist links.

In the event – and more impressive than any episode of CSI – scientists at Jakarta-based Eijkman Institute of Molecular Biology used DNA analysis to solve the identity question. An investigation of the crime scene revealed the trajectory of the blast and where tissue of the suicide bomber might be found, tissue fragments were collected and mitochondrial DNA tests were carried out. mtDNA testing is different to nuclear DNA testing, in that mtDNA is more stable in the face of extreme temperatures and long term UV exposure and therefore can be used to identify people killed in natural disasters and fires, where standard DNA testing would not provide the answers. Eijkman scientists were able to establish firstly, that the small pieces of tissue they had collected were from the person at the centre of the blast. They were then able to establish the mtDNA sequence profile of the bomber. The DNA matched that of a maternally-related family member of one of the four suspects, and within a month, Indonesian authorities had announced the identity of the bomber.

In April this year, on a visit to the Institute with the University of Sydney Chancellor Professor Marie Bashir and the director of the new Sydney Institute for Emerging Infectious Diseases and Biosecurity, Professor Tania Sorrell, Sydney Medical School’s dean Professor Bruce Robinson and Eijkman director Professor Sangkot Marzuki, signed an MOU between the two institutions.

“This relationship gives me enormous pleasure,” said Professor Bashir. “What the Eijkman is doing here is incredible. We have a young research scientist about to come here as part of an exchange, I hope it will be the first of many exchanges because both sides have so much to learn from one another.”

Sangkot Marzuki, likewise, said he was delighted to be strengthening links with Sydney and that he looked forward to many future successful exchanges and collaborations.

Although the MOU with Sydney Medical School is the Eijkman’s only current formal Australian link, it is by no means Professor Marzuki’s first brush with Australia. He returned to Indonesia in 1992 to re-establish the Eijkman Institute after 26 years at Monash University, initially as a PhD student and then as a researcher and teacher.

“This relationship has enormous potential and will be very valuable for both sides,” said Bruce Robinson. “For a start, the knowledge here in the Eijkman in infectious diseases will be of great relevance to our infectious diseases specialists in Sydney, and some of the work that has been described to us that Eijkman is doing in avian flu and dengue fever, is exceptional. Eijkman’s expertise in using mitochondrial DNA analysis is also of great interest to our Forensic Medicine and Science group, and we’re thrilled that one of the our people in molecular genetics, Dr Bing Yu, is undertaking a placement here under his Endeavour Award.”

**HEALTH CHALLENGES**

Indonesia is the third largest democracy in the world and the fourth most populous country. A bare hour via plane from Darwin, it is a country of enormous importance.
to Australia. From a health and infectious diseases perspective, it is also a country of enormous challenges: it has the highest mortality rate from avian influenza, has one of the fastest growing populations with tuberculosis, has major outbreaks of dengue fever, has millions of people living with HIV-AIDS and has seen a recent outbreak of polio.

In April, a delegation to Jakarta led by the University’s Deputy Vice Chancellor (International) Professor John Hearn and including representatives from faculties across the University of Sydney, is part of a program to foster closer ties in Indonesia.

The visit provided the opportunity to promote a number of Sydney Medical Schools existing projects in Indonesia, and to develop new ones. Existing relationships include with University of Udayana in Bali and University of Mataram in Lombok, with the University of Gadjah Mada, with the University of Eijkman Institute.

Existing projects include evaluation of the impact of Indonesia’s National Strategic Plan to detect and control avian flu in small scale poultry flocks in village communities in Bali and Lombok. The study is being conducted with University of Udayana and Mataram, and WHO, in conjunction with the University of Sydney’s infectious diseases specialist and paediatrician Professor Robert Booy, Hudson Birden and Dr Cynthia Hunter, both from the School of Public Health, and Dr Jenny-Ann Toribio from Faculty of Vet Science.

SYDNEY COLLABORATIONS

For Sydney Medical School, a key part of the April visit was a round table discussion on infectious diseases. The discussion group brought together more than 20 infectious diseases specialists from three Indonesian universities (the University of Indonesia, Gadjah Mada University, Airlangga University), the Eijkman Institute and Sydney. It was attended by Indonesia's Minister of Health, Dr Endang Rahayu Sedyaningsih, a communicable diseases specialist with a PhD from Harvard University.

“The close links we are developing in countries in the region are a critical element of infectious diseases research and surveillance, and also of our plans for the new Institute of Emerging Infectious Diseases and Biosecurity,” said Tania Sorrell.

“Anticipating and controlling epidemics and emerging infectious diseases is a multidisciplinary problem that crosses both geographic and social boundaries. Australia’s position as one of the few developed nations in the Asia-Pacific region provides us with a unique opportunity to lead in interdisciplinary research and capacity building and to collaborate with our neighbours in prevention, containment and eradication of emerging infectious diseases at home and abroad,” she said.

The outcome of the Jakarta roundtable, and supported by Dr Endang, was a commitment to develop working groups around infectious disease categories. Initially, five study groups have been formed, each with a number of subspecialty areas. Each group will bring together those with expertise or interests from the Indonesian universities, the Eijkman and from Sydney. One group covers viruses, including dengue fever, HIV, hepatitis, influenza and viral encephalitis. Another is focused on bacteria, including mycobacteria (tuberculosis, leprosy) and multi-drug resistant organisms (gram positive and gram negative). A third is focused on parasites, including malaria. A fourth group will look at biosafety and security, and a fifth will look at public health, incorporating the social aspects of infectious disease controls.

Over the next 12 months, each working group will prepare and discuss research proposals, and potentially meet in 2011.

“The recent visit to Indonesia by a large delegation from this University, and then the visit to the University of Sydney of senior colleagues from the Indonesian Ministry of Health and University of Indonesia, to attend our infectious diseases conference, is testament to this spirit of collaboration and partnership,” said Tania Sorell.

The Chancellor, Professor Marie Bashir at the infectious diseases roundtable, with Indonesia’s Minister of Health, Dr Endang Rahayu Sedyaningsih, Professor Bruce Robinson, Deputy Vice Chancellor (International) Professor John Hearn; Professor Bashir, Dr Endang, Professor Robinson in Jakarta; Professor Sangkot Marzuki and professor Bruce Robinson sign an MoU at the Eijkman Institute, Jakarta, May 2010.

INDONESIAN PARTNERS

Udayana University (Bali)
Mataram University (Lombok)
• evaluating the impact of avian flu

University of Indonesia &
Dr Cipto Mangunkusumo Hospital
• communication strategies in Indonesian hospitals
• biosafety and security
• infectious diseases

Eijkman Institute
• mitochondrial DNA
• infectious diseases

Gadjah Mada University
• medical student exchange
• infectious diseases

Airlangga University
• infectious diseases
GETTING THROUGH IN A CHANGING ENVIRONMENT

It was twenty four hours after arriving back from New York that I heard our Prime Minister announce his government’s plan to assume the dominant funding responsibility for Australia’s public hospitals. I have seen various examples of inefficiencies and cost shifting between hospital and community based medicine since beginning my clinical training last year and the repetitive blame game between the State and Federal Government over problems in the health system has engendered feelings of frustration and disappointment. Health reform needs to happen, not only to arrest the spiralling costs of health delivery, but also to create a system that encourages cooperation between different levels of government, across regional boundaries and provides more efficient and effective medical care for patients. These reforms are of particular relevance to medical students because they are likely to significantly affect funding for prevocational and specialist training positions and may eventually affect the way internship positions are allocated nationally.

OPPORTUNITIES ABROAD

As postgraduate training positions struggle to keep pace with the number of medical graduates in the coming years, it will become increasingly relevant for students to consider opportunities for training overseas. International students have been the first demographic to feel the effects of increasing medical student numbers on the Australian health system, facing a looming shortage of internship positions, and domestic students are likely to find it harder to get into some specialist training programs later in their careers. Postgraduate training in the United States after medical school is a popular option for many students that has as a requirement the completion of the United States Medical Licensing Examination (USMLE). Plans by the Sydney Medical School to run USMLE sessions to cover material not taught in our Program and make additional resources available will come as welcome news to many students.

The option for international students to complete specialty blocks overseas in years three and four is an example of how the School is adapting to the current environment and seeks to address the unique needs of these students. Other opportunities to gain international experience are available for both domestic and international students during their elective term and the School has various scholarships and agreements with foreign institutions to make these placements more accessible.

SUPPORT FOR STUDENTS

Between the heavy contact hours and personal study requirements there is often little opportunity for paid work as a medical student. From time to time, students will experience significant financial difficulties and it is reassuring to know that there are several bursaries and loans available to medical students to help them through these tough times.

The Dean’s Scholarship Fund and the Medical Alumni Association, offer several financial aid scholarships to Australian citizens and permanent residents of up to $5,000. Students are always in need of financial support and I would strongly encourage any alumni who are considering making a contribution to get in contact with the Medical School.

Interest free loans of up to $2,000 for domestic medical students, or $1,000 for international students, are also available. While most loans must be repaid prior to graduation, domestic medical students have the extra option of repaying specific loans after completion of their degree. Students who choose to complete their elective term overseas can apply for an interest free loan of up to $1,000, repayable by 30 June in the following year.

SOCIETY BUSINESS

The Medical Society itself has been very active these past few months. In mid-May we held our annual Medical Ball, which was a great success, and have a number of exciting activities planned for the rest of the year. In particular, I am very excited to announce that Professor Patrick McGorry, Australian of the Year, will be delivering the 2010 Lambie Dew Oration at the Great Hall on Friday 3 September. Please make sure to mark this in your diaries and keep an eye out for any future announcements.
Medical Deans Australia and New Zealand (MDANZ) is the peak representative body for the Australian and New Zealand medical schools. Medical Deans and several other organisations including AMSA and AMA, are conducting a project officially titled the Medical Schools Outcomes Database (MSOD) and Longitudinal Tracking Project, to establish a national data collection process and database for information on medical students.

At the time you started medical school you were invited to participate in this project, by completing a questionnaire known as the ‘2006 Commencing Medical Students Questionnaire’. As you completed your medical degree, you would have also received the ‘2009 Exit Questionnaire’. Whilst much of our data is collected directly from Medical Schools, The Commencing Medical Students Questionnaire and the Exit Questionnaire were your two main opportunities for having input in this project.

Both AMSA and MDANZ hope you will continue to participate in this important National Project and assist us in collecting reliable and accurate data to make improvements in medical education, health workforce and your future as doctors.

All Medical Students who are completing their first year of Internship in 2010 will receive a PGY1 Questionnaire, before the end of November. Please contact our office should you not receive your questionnaire.

Please visit our Website for further information:
Email: msodadmin@medicaldeans.org.au   Tel: +61 2 9114 1719    Fax: +61 2 9036 3377
I have recently taken over the reigns as President of the Medical Alumni Association from Paul Lancaster. Paul has been a superb President and I will have a huge task in maintaining his enthusiasm and continuing the direction that he and the committee have set to establish the Association as an important part of the Sydney Medical School. I am very pleased to report however, that Paul will continue to edit his informative newsletter (for those who do not receive this email communication, I would encourage you to provide your email address to Diana Lovegrove – Diana.lovegrove@sydney.edu.au), as well as continuing his involvement in alumni affairs on the University’s Alumni Council.

For all of us who attended the Medical School of the University of Sydney so many years ago, and indeed all of those for whom this is a more recent memory, there are many very good reasons to “return to your student roots”. I would encourage everyone to visit the University campus. The area around the old Anderson Stuart building has undergone a revamp as a pedestrian thoroughfare and highlights the architectural style of this heritage building. I would recommend taking the excellent self-guided heritage trail (download from www.medfac.usyd.edu.au/medicine/museum) which visits many places of medical interest across the central campus. This online museum and archive website is well worth a visit, from anywhere in the world. It is a superb electronic resource for those who want any archival material about the Medical School, including lists of graduate students from 1856, past year books, information about the various facilities etc. For those who would like to view today’s facilities try the virtual tour and see what’s new or just to remember old times. The biographies of medical graduates remind one of the extraordinary lives of so many of the Sydney University Medical Alumni.

So much for the past; the future is also looking very promising and that is where alumni can assist in continuing this excellence. The committee would like you to consider becoming involved in the mentoring programme and assisting with hospitality for new students, many of whom are international students, away from their families and traditional support systems. These programs will now be coordinated with the Associate Deans of the Clinical Schools. There are also some excellent scholarships provided to students in need and these always need an injection of cash.

There are also many and varied educational programs across the campus. One such activity is the Victor Coppleson seminars held throughout the year. Suggestions for topics and speakers would be gratefully received. All of these activities are posted on the MAA e-newsletters (again we need your email for circulation) and would encourage you to think about re-engaging with the University through the Medical Alumni Association.
Scholarships

THE DEAN’S SCHOLARSHIP FUND
Since its establishment in late 2007, the Dean’s Scholarship Fund has raised over $1 million to support and encourage students in the Faculty. This includes five new named scholarships and a $500,000 bequest from alumna Daphne Line (MBBS 1950). Nearly half of the scholarships awarded to date have been for students seeking financial assistance, the remainder allocated for elective term placements, for Indigenous programs and research students. In 2010, the Fund has so far committed more than $150,000 to medical, public health, Indigenous and research students.

THE SCHOLARSHIPS IN 2009 AND 2010
In 2009, four financial assistance scholarships at $5,000 each were provided to students in demonstrated financial difficulty. We were pleased to be able to increase this number to five for 2010 and these scholarships will be awarded this month.

Elective term scholarships were established in 2009 to encourage medical students to gain international research and medical experience. Thirteen elective term scholarships of $3,000 each were awarded in 2009. This year, $45,000 in total has been allocated to elective terms and independent learning activities scholarships.

The Dean’s Prizes for Research were established in 2009 to encourage medical students in their research endeavours and are awarded for Honours projects in the areas of basic sciences, clinical sciences and public health. These three prizes valued at $500 each were recently awarded for the first time.

The Fund also provides one-off funding to medical students who are invited to present their research overseas. In 2009 we were able to provide over $7,500 in total to 4 medical students who were invited to speak at conferences in Europe and North America. In addition, five scholarships valued at $5,000 each will be awarded later in the year to students undertaking research projects as part of their degree.

THE NAMED SCHOLARSHIPS
The Babak Shahidi Memorial Scholarship was established in 2009 and each year provides $5,000 for a medical student in financial difficulty. The second scholarship will be awarded this month.

The Orana Scholarship, now in its third year, provides $15,000 per year for the duration of the medical program to an Indigenous student.

The William Inglis Scholarships provide support to students undertaking Indigenous health programs in the Sydney Medical School. Since its establishment in 2008, the scholarships have provided over $56,000 towards textbooks for all students in the Indigenous health programs as well as financial assistance.

RECENTLY AWARDED
Dr Carl Richard Jackson Memorial Scholarship, to undertake an Elective Term in Cambodia.
Martin Kimmings Elective Term Scholarship to undertake an Elective Term at an internationally regarded research centre or institute overseas.

MAA SCHOLARSHIPS FOR STUDENTS IN FINANCIAL NEED
The Medical Alumni Association funds seven scholarships, all funded by living alumni and awarded to students who demonstrate financial need. In 2010 we received over 60 applications for financial assistance.
• The Gaston Bauer Scholarship
• The Gene Tang Wang Scholarship
• The Professor John Beveridge Scholarship
• The Sheila Nicholas Scholarship
• The Doug Baird Scholarship
• The Dorothy Greening Scholarship
• The Nicholas Catchlove Scholarship

Marina Guertin, Stage 2, was awarded a Dean’s Scholarship in 2009 and spent four weeks at the National Paediatrics Hospital, Phnom Penh, Cambodia.

National Paediatrics Hospital is a public children’s hospital with 150 beds where I spent two weeks in medicine and two weeks in surgery. I learned more in four weeks than I thought possible. I learned how different conditions were managed within the context of a publicly funded hospital.

DONATIONS & BEQUESTS
If you would like to donate to the Dean’s Scholarship Fund please contact Todd St Vrain or Ian Larkham on +61 2 9114 1117.
If you would like to donate to an existing scholarship or establish a new one, please contact Diana Lovegrove at the Medical Alumni Association on +61 02 9114 1163 or Todd St Vrain.
in a developing country. I found some things incredibly confronting. In other situations I was amazed at the creativity of some of the clinicians and how they did their work with the available materials. I saw wet and dry beriberi, many thalassaemia cases, and learned how to distinguish marasmus from kwashiorkor. In surgery, I was amazed by the amount of children with talipes and how much was done without anaesthetic. I will never forget seeing the bloodshot eyes of a teenager with aplastic anaemia and having someone tell me that since he had not responded to steroids, and bone marrow transplants are not done in Cambodia, he would be going home to die.

Nicholas Cardillo, Stage 3, did his elective term at the Karolinska Institute in Stockholm supported by the Deans Scholarship Fund and the AM Taylor Scholarship.

Karolinska is one the largest medical universities in Europe, conducting 40% of Sweden’s medical research and is the home of the Nobel Prize in Physiology or Medicine. It is also extremely well resourced, for example boasting three Da Vinci robots and a gamma knife (which was invented there). Over two months I rotated between several surgical specialties and spent night shifts on call for trauma patients. I had fantastic exposure to both research and clinical activities. I was first assistant on many major operations such as carotid endarterectomy and oncologic surgery, and was fortunate to observe complex robotic surgery. My surgical skills improved considerably as did my diagnostic skills.

Rhett Morton, Stage 3, was a recipient of the Medical Alumni Association’s Professor John Beveridge Scholarship.

The course has been exciting and enjoyable from the start but moving from Queensland to Sydney to study, has meant I’ve been working two part time jobs until this year. Receiving the scholarship allowed me to resign from one of the part time jobs and reduce the hours so I can focus on studies and get the most out of my clinical experience. Having grown up in the country, and having gained rural experience through a split rotation between Dubbo and Nepean Hospital, I would consider practising in the country in the future. I am also looking at the possibility of an elective term in Peru at the end of the year. radius

“As our endowment grows, more medical, research and public health students will benefit, and be able to expand their experience and horizons. Thank you to those who have contributed, and I look forward to the support of our students by others.” Professor Bruce Robinson, Dean, Sydney Medical School.
1940s
Francis Harding Burns, OAM
MBBS (Hons) 1948

I retired from hospital and clinical practice about 10 years ago but I have still been involved in a study of biological markers for alcohol consumption with a colleague (a biochemist) which continues the formative work I did in the early sixties. We have presented our findings at meetings in 2006 and 2008 in Edinburgh and Cyprus and were preparing a paper for presentation at Cintra last year. However I am very slow and my colleague Margaret is very busy, so we hope to finish later this year.

My wife Mary and I have a country house at “Yaven” where Mary's great-grandfather settled in 1850. He built our house in 1859. Mary runs the farm with great success. I have planned the park, the orchard and rose hedges. I call the garden “Thebaide”, after a Christian hermitage in ancient Egypt.

In Rose Bay we are members of book groups, a walking group, dining groups; we belong to the Association of Independent Scholars, Australian Reforming Catholics, and many societies. We go to lectures, galleries, exhibitions and museums. We now travel in Australia & New Zealand for holidays. In 2009 we travelled to the Northern Territory, Wilpena Pound & Lake Eyre, just as the waters were receding. I am still hoping to visit Lady Walton's garden “La Mortola” on Ischia.

I started piano lessons in primary school and have continued on and off, becoming more consistent since retirement. Last year Roger Woodward stayed with us to prepare for some recitals in Sydney. Roger told me to read the Bach 48 preludes and Fugues, the 24 Chopin Etudes, and work at the ones I like best. My teacher is very patient with this advice.

I have good health, & am grateful for the care I receive from men and women I met as colleagues, or when I was a clinical teacher. The friendships made at Sydney University Colleges and in Medicine and Architecture have been rewarding and enduring.

1950s
Richard “Dick” Stuart Bull
MBBS 1951

After years in a group GP (Lane Cove) and public health in my final years leading to retirement aged 68, I retired to travel and golf and, aged 77, commenced writing poetry. I have even published a book - “WONDER WITH A STING”- A Book of Poems to Tell a Story. The initial rhyming poems were helped by two years attending The NSW Writers’ Centre and acquiring the ability to write non-rhyming poetry— all in all great fun. The book was dedicated to my wife Margery and three children and all who treasure love and discovery.

Rod Lumer
MBBS 1954

Since graduation, life has been really non-stop. I travelled to England in 1956 and gained my MRCOG in 1959, returning to Sydney and the following year marrying Susi Oppenheimer.

After a year in general practice with George Grunwald in Balgowlah, I joined a nine-man group practice in Brisbane and was a partner there for 15 years, going into solo O & G practice for a further 15 years. During this time I was on the Honorary and Teaching Staff of the Mater Mothers’ Hospital and later the Consultant Staff of the Royal Brisbane Women's Hospital, retiring from practice in 1991.

During all these years I continued my sporting involvement – playing Hockey (I was in the Sydney University Inter-Varsity team in Perth in 1952), Ice Hockey (representing Queensland in the Interstate Championships in Melbourne in 1968), Snow Skiing in Australia, Europe and America, and was in the Ampol Trial in 1970.

I have also pursued a part-time career in the Theatre (mainly amateur but occasionally professional on stage, film and TV) which continues to this day.

From 1978 to 1997 he was the founding editor of Playlab Press, publishing Australian plays for which he was awarded an OAM in 1997.

Currently I am copy editor of the international Drama Australia Journal, records books for the visually impaired with the Queensland Narrating Service and plays a reasonable game of Contract Bridge.

I also drive a 1976 Morgan Sports car, have two married children and three grandchildren and very much enjoy life.

1960s
David Gibb
MBBS 1964

My good friend Bill Bottomley, artist, musician and historian, sent me the accompanying quotation from G K Chesterton which decried the fact that the subject of cheese had been sorely neglected by poets. I therefore determined to correct this omission.

\begin{verbatim}
Shall I confront thee with a Parmesan
Or probe with Liederkranz or Camembert
Rough Stilton shakes the holy bowels of man
Or probe with Liederkranz or Camembert

Shall I confront thee with a Parmesan
Or probe with Liederkranz or Camembert
Roug Stilton shakes the holy bowels of man
Or probe with Liederkranz or Camembert

Roug Stilton shakes the holy bowels of man
Or probe with Liederkranz or Camembert

So choose I Kraft - for me it is the one
And Neufchatel is not for DBG
So Cheddar, Cheshire, Brie and Tilsit shun
And Limburger and Gruyere do the like

Sometimes too hot the Moccarella burns
And Gouda, Edam, Feta, Cottage strike
And Roquefort e’en the stoutest stomach turns
And Gouda, Edam, Feta, Cottage strike

Sometimes too hot the Moccarella burns
And Gouda, Edam, Feta, Cottage strike
And Roquefort e’en the stoutest stomach turns
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Sometimes too hot the Moccarella burns
And Gouda, Edam, Feta, Cottage strike
And Roquefort e’en the stoutest stomach turns
And Gouda, Edam, Feta, Cottage strike

So Cheddar, Cheshire, Brie and Tilsit shun
And Neufchatel is not for DBG
So choose I Kraft - for me it is the one
And claim I cheezy bard - from GKC
\end{verbatim}
1980s
Vince Roche
MB BS 1980

Medically – I am a rural GP in the Southern Highlands of NSW and head a teaching orientated practice with 11 doctors including 4 registrars and also a full time medical student. I am a VMO at the public and private hospitals at Bowral, and am also a GP Obstetrician, delivering about 45-50 babies a year. I also do a small amount of large group lecturing in O & G at the University of Wollongong.

Non-medical: I started competing in Equestrian Events in the late 80’s, getting to compete at an international level over the next 10 years. I gradually became involved in running equestrian Three Day Events and went on to become the Event Manager at the Sydney Olympics – catching the train 2 hours to Sydney each day three days a week to work at SOCOG – often after doing a 5am ward round – and continuing to run my practice part-time and weekends. The Sydney Three Day Event was a great success – especially as Australia was the Team Gold Medalist. I went on to work as an official at the Athens Olympics and then was engaged as a consultant to set up and oversee the running of the Beijing Olympic Three Day Event in Hong Kong in 2008. After about a dozen week long trips to Hong Kong, I was there for a month for the Olympics, and Australia got a Team Silver Medal in the Three Day Event. I am currently visiting Guangzhou in southern China where I am the Technical Delegate for the Asian Games in November this year. In addition I run 3 international events and 2 national events here in Australia each year.

Jeanette E Ward
MBBS 1980

La langue de Molière

While others in my graduating year managed their overseas stints far earlier in their careers, my personal circumstances kept me in Sydney until my daughter started university. Opportunity knocked with the restructuring of the NSW health system in 2005 to relocate to Canada. During the next three years, it was the bilingual character of Ottawa, the capital of Canada, which changed my life. I stayed too long and fell in love with the French Canadian culture and its deep attachments to the performing and visual arts, philosophy, literature and la vie engageée. I committed to learning French through a government-accredited language school and, grâce à ma professeur haitienne (Mme Love Dufresne), I returned to Australia with a convincing level of business and conversational French albeit with a Quebec accent. While it might never again be useful to be able to swear in joul, I’d be up for any debate about the rendement des soins de santé de première ligne or le cortage de connaissance pour favoriser l’élaboration de politiques fondées sur les données probantes.

Upon my return home, I joined the Sydney French Theatre which stages amateur French theatrical performances with particular focus on skill development, collegiality and opportunity. SFT brings together a generous and eclectic mix of Francophiles, young and old, professional and student, from all corners of Sydney and Francophone regions of the world. Génial! In my last play, my character Nicole was a chic Parisienne. A transformative black wig, French Skali jewellery and many hours of patient direction by Cecile Payet and Pierre Le-Clech made mine a passable performance – and far better than my first role as the provincial cook in Huit Femmes which, for anyone who knows the film, was always going to be a stretch both for me and the audience!

Danny Beran
MBBS 1980

I established the Home Visiting Doctor Service in 1983 (www.esms.com.au) and am still involved. This has won four Federal Government Grants. At present I am establishing a GP Co - located in a Hospital After Hours Clinic (www.ahssm.com.au), having received a NSW Health and Fed Govt. grant to deliver this important population outcome. I retrained after Medicine, formally in Finance and Corporate Governance. I have held several Board positions and the role of adjunct lecturer Notre Dame University. I am married with 3 children and 1 dog. I also have qualifications as both a Marriage Celebrant and a Rugby Union Referee. I have just written my 2nd book, “10 Questions You Must Answer Before You Die!” which has a delightful forward by The Hon Malcolm Turnbull MP. See www.10QuestionsYouMustAnswer.com

2010s
Michelle O’Connor
Master International Public Health (MIPH) 2010

During the course I was fortunate to gain a scholarship from the Hoc Mãi Foundation to undertake research in Vietnam. It was a wonderful experience. I was able to carry out focus groups and interviews with HIV positive women who had experience of Prevention of Mother to Child Transmission services. The women were very talkative and enthusiastic to share their stories. I was also fortunate enough to interview a number of people who worked for the Ministry of Health and local and international NGO’s. Since finishing the program I’ve been working as a Research Assistant for the Centre for Values, Ethics and the Law in Medicine at the University of Sydney. Also, having only lived in Sydney for a year, I’m still exploring the city and finding new places to visit. I’m also looking forward to my new role as a council member of the Medical Alumni Association.

Natalie Mann
Masters of International Public Health (MIPH) 2006

After graduating from MIPH in 2006, I worked for the Department of Health and Ageing as Assistant Director of International Strategies, Asia Pacific. In that position I was asked to help develop AusAid’s Asia Pacific HIV Strategy. Missing the School of Public Health, I took up a part-time position as an associate lecturer in the Master of Health Policy at USYD. I had such an enjoyable experience and made such good friends during my MIPH that I came back as tutor in MIPH. I helped to start MIPH student participation in the USYD Hoc Mai program. Recently, I worked as HIV/ AIDS program manager in Thailand through the Australian Youth Ambassador Program. Currently I am working as a Senior Policy Adviser at the National E-Health Transition Authority. In my spare time, I study! I am currently undertaking an EMBA and plan to complete my PhD International Public Health.
In 2008, the 1943 graduates had a very depleted group of five, others were not well or not up to travelling. So in December 2009, at short notice, we contacted those five again, now reduced to four: Marie Delaney (Crowe), (Alice) Jean Palmer, Stefania Siedlecky and Bruce Symonds, and timed it with a visit to Sydney by Marie. We chose a small convenient local café in Kirribilli, to accommodate Jean’s guide-dog. We all agreed getting old is a bit of a nuisance, still much to do, what with families, changing life-styles and new careers, plus diminishing physical capabilities. We send a goodwill, get-well message to all surviving members of our year. Looking back, it is amazing the things members of our year managed to do, and here are just a few notes on those who came to this 66th year celebration.

Things have certainly changed since we graduated. At that time, appointments to teaching hospitals were made on merit but women were limited to 10 places. Jean was appointed to Prince Alfred, and Marie and Stefania were the first two women appointed as RMOs to St Vincent’s Hospital in Sydney. One original appointee to St Vincent’s, Thirza Alexander, who married as soon as the finals were over, was refused. It was wartime and her husband was in the army but they said there was no available accommodation for a married couple. We were not called interns. Marie and Stefania shared a room in the Nurses’ Quarters but could come and go at any hour at night, whereas even senior nurses had to have permission to go out and be home at regulated hours. We did the same work as the male residents and were paid the same.

MARIE DELANEY

Marie Delaney (Crowe) was NSW Junior golf champion at age 14 years; newspaper headlines reported her as the ‘Miss Brown Plaits’ champion. She did a BSc before enrolling in Medicine. After hospital training, she took a Diploma in Child Health and worked in this field including the school medical service. She was particularly interested in childhood obesity. On retirement she took up horse breeding and produced a number of winners. She gave her property at Parklea to the Heritage Foundation when the family moved to Armidale. There she set up the Helping Children and Family Project, which aimed to support mothers who had problems raising children. For some time she has been negotiating to transfer her Tilbuster Homestead in Armidale to a charity organisation which will allow for children and families to take respite holidays there. The Armidale Youth Refuge, now the Pathfinders Association, have agreed to take it on but there are complications regarding finance etc, requiring some government support.

JEAN PALMER

Jean Palmer topped our Second Year. On graduation she was appointed to Royal Prince Alfred Hospital as a Professorial Resident, being the first woman to do so. Professors Lambie and Dew and Professor Mayes’ Deputy were her mentors. Until December 1946 Jean was a Research Fellow in the Department of Medicine, University of Sydney, working with Professor Lambie on measurement of cardiac output. Wishing to learn the new technique of cardiac catherisation (not permitted here at that time) Jean went to London as a Medical Registrar at the Royal Postgraduate Medical School. In 1949 she was awarded the Marion Clare Reddall International Fellowship. This was renewed in 1950 and 1951, following her return to Sydney and the Department of Medicine, where she investigated the congenital cardiac abnormalities following maternal rubella. Later in 1951 she was appointed Senior Research Fellow at the Hallstrom Institute of Cardiology at RPAH involved in the diagnosis of cardiac defects with a view to possible surgery.

Family life and private practice in Macquarie Street plus duties as Honorary Physician at Rachel Forster Hospital for Women and Children occupied the years from 1956 to 1963. She was next appointed Honorary Physician to the University of NSW Teaching Hospitals and Clinical Lecturer. From 1966 there followed five years as Physician to the Diet-Heart Study, then starting the Lipid Clinic and Cardiac Rehabilitation and becoming Head of Preventive Medicine until 1982 when she retired from the hospitals. The next 13 years were spent as Medical Auditor to the Hospital Contributions Fund then Associate Medical Director of the Health Insurance Commission in Canberra and finally Medical Director, Medical Benefits Fund. Private practice continued throughout the years until 1996 when her long-term interest in rural activities led to 10 years on her Armidale property breeding poll Hereford cattle and involvement in community work. Jean now lives in Sydney enjoying family, music and her Guide Dog Stella.

STEFANIA SIEDLECKY

After 4 years working in hospitals Stefania Siedlecky took up general practice for 23 years in Blackheath and Surry Hills, Sydney and from 1960 worked in gynaecology at the Rachel Forster Hospital Redfern, then a hospital for women run by women. She joined the NSW Family Planning Association in 1971 as a training doctor. In 1974 she helped to establish the Leichhardt Women’s Health Centre and the Preterm Foundation. She was appointed Consultant in Family Planning to the Whitlam Government in 1974 for 6 months which was extended to 12 months. She organised the FP doctor education program, a review of the work of the Flying Doctor service.
in supplying information to women in remote areas, and helped organise the national conference Women’s Health in a Changing Society in 1975 and its follow up in 1985. She also organised the Action Centre in Melbourne which was opened after some controversy in 1976. She was appointed Adviser in Family Planning and Women's Health under the Fraser Government in 1977. In 1977-78 she did a MSc degree in Medical Demography at the London School of Hygiene and Tropical Medicine and in 1980 worked with the UN Secretariat organising the Mid Decade Conference for Women in Copenhagen. She represented Australia at meetings of the WHO Human Reproduction Program, and the Mexico Conference on Population in 1984 and the Nairobi Conference at the end of the Decade for Women in 1985. On retirement in 1986 she returned to Sydney, and joined Macquarie University as an Honorary Associate in Demography. She has worked as a part time lecturer and assisted with data analysis and publication of a number of papers. In 1987 she did a consultancy in Zambia for the UNFPA (United Nations Population Fund) and was a member of their advisory committee on Women, Health and Development for 7 years. She was awarded Member of Australia in 1987 for her work in Women’s Health.

BRUCE SYMONDS

Bruce Symonds joined the University Regiment as a student. On graduation he became a resident at Royal North Shore Hospital. He joined the army in 1944 and after being at 102 Aust. General Hospital he went to Advance L.H.Q. at Hollandia (Dutch New Guinea). He also served at Tarakan (Borneo) with the 2/4 Aust. Commando Sqn. After discharge he spent 5 years in England where he worked mostly in surgical wards in various hospitals, and occasionally as a GP Locum. Also in the first year he spent some time with the Australian Military Mission in Germany where he examined people in Displaced Persons Camps who wanted to immigrate to Australia.

On returning to Australia he worked in the gynaecology department at Concord Military Hospital for a year, and then took up general practice in Mosman until his retirement. For 5 years he was also a Clinical Assistant in Surgery at Royal North Shore Hospital and an Assistant Surgeon at Hornsby Hospital until any doctors without a higher degree had to resign. He was involved with Gretel 2 and three times he went overseas as team doctor including the attempt for the American Cup in 1977. After retiring in 1984 he was a ship’s surgeon for five months on a tourist ship. He spent many years with AMA Services (President) and with Jewish Care and the NSW Jewish Board of Deputies. At 75 he also took up painting at the Julian Ashton Art School. radius

Does your graduating year have an important anniversary in 2010-11? Let us help you contact your fellow graduates, issue invitations and promote your event.
Please contact your alumni reunion manager, Diana Lovegrove, on (02) 9114 1163 or by email at diana.lovegrove@sydney.edu.au.
reunion reports

1950
A Reunion lunch to commemorate our 60th year since graduation was held at Concord Golf Club on Monday, March 15. Of the 144 who graduated in January 1950, 73 are still with us and 88 have died, a survival rate of 45%. 37 graduates were present on the day plus 18 spouses and widows, including travellers from Western Australia, Queensland and Victoria. Our members have met at intervals of five years (and once after just a two year gap) and have always relished the opportunities to catch up and enjoy each other’s company. The inevitable question arose this year, in the context of increasing levels of disability and a likely hike in the attrition rate, namely what to do about such future gatherings. In a demonstration of what can only be seen as enviable and indomitable optimism, two decisions were virtually unanimous - that we meet again in two years and at the same venue. Concord Golf Club continues to provide a remarkably good standard of service and good fare and can be highly recommended to anyone.

Brian Pollard

1960
On Saturday 13th March, 2010, the graduating class of 1960 celebrated 50 years. We are not altogether sure how all that time passed so quickly! The planning was initiated by Steve Kovacs, Peter Conrad and Ann Sefton (Jervie), with considerable assistance from the Medical Alumni Association. It was very well attended by over 100 graduates and some spouses. It was by general agreement that the Great Hall was thought to be the appropriate location; there we were welcomed to the University, there we sat innumerable exams, and there we graduated. Overall, the event was an outstanding success and a very good time was had by all as we caught up with colleagues, spouses and friends, sharing experiences.

The current Dean of the Faculty, Professor Bruce Robinson and Ann Sefton welcomed the group. Individuals came from across the world and from various parts of Australia as well as locally. It was a very lively and enjoyable occasion as we celebrated our friendships and shared experiences with colleagues whom we had not seen for some time. Professor Ruthven Blackburn joined us - very appropriately - as we were the first fourth (clinical) year group that he taught after his appointment to the position of Professor of Medicine. One interesting feature was the wine was supplied by one of our colleagues, Professor Trefor Morgan, who now lives in Victoria, including Chaeng Thongthai from Bangkok, Dale [Bryan] Duncan from London and Valerie Brandon from Honolulu. The occasion was commemorated by the publication of a book that included the original graduation Year Book material, along with recent photographs and current brief biographies. The diversity of achievements was spectacular!

Ann Sefton

1980
The class of 1980 had an excellent 30 year reunion on Saturday May 1 in the very beautiful Great Hall at the University of Sydney. There was a great buzz in the air as 140 graduates and many partners assembled in the Quad for drinks on an unusually mild Autumn evening. As usual, the biggest hurdle was the attempt to get people to stop chatting and move to tables allocated by student hospital. Perhaps even more difficult was the gathering on the steps for an official photograph...but the result was well worth it! Anyone organising a reunion needs to know that is no longer the daunting process it once was. The Medical Alumni Association provides endless support with contacting graduates, collecting money, organising (fantastic) catering.

Bob Wines

1990
The 50 year reunion is planned for lunch on Saturday 24th January, 2015 (Australia Day long weekend), hopefully in the Great Hall, Sydney University.

Bob Wines
The 2010 Organising Committee: Karen Arnold, Diana McKay and Anna Alexiadis

ARRANGING FLOWERS, MUSIC, PHOTOGRAPHY AND DOING ALL THE ADMIN DUTIES... MOST IMPORTANTLY THE PROVISION OF NAME TAGS IN LARGE FONT. WITH THE ASSISTANCE OF SUCH NAME TAGS IT WAS EASY TO RECOGNISE OLDER FRIENDS DESPITE THE PASSING YEARS. THE ORGANISING COMMITTEE DID A GREAT JOB IN TRACKING PEOPLE DOWN (AND FORCING THEM TO COME!).

The person who held the show together was Peter Bland, our wonderful MC and comedian for the evening. Pete had cleverly arranged a debate “Should I advise my offspring to do medicine?” pitting our current Dean, Bruce Robinson (the No case) against the formidable Teri Foran (the Yes case) whose riotous stories gained many enthusiasts.

The alumni who attended included a number of very recent graduates, as well as those from the 1960s and 1970s and now at the top of their medical fields in Singapore. For the first time, parents of current students were also asked – they are after all underwriting expensive education programs for their children and it was an opportunity to meet the Dean and talk about the way medicine is taught in Sydney, and discuss difficult issues including the uncertainties over internships for international students.

Sydney Medical School has contact details for 128 alumni based in Singapore, but many email addresses are out of date. To update contact details at any time, contact Diana.lovegrove@sydney.edu.au.

1990/1991 GRADUATES CELEBRATE 19/20 YEAR REUNION

Our year was the final graduating year of the 5-year degree. The graduates were split between a large graduating group in 1990 and a smaller group in 1991. The first student group for the new 6-year degree graduated in 1992, so our two years were very much a single group of 262 graduates.

Having had no previous reunion (now, why did we not do anything at the 9/10-year mark?), we were enthusiastic and optimistic about a 19/20-year reunion this year. We set up a dedicated reunion email account and received over 500 emails from graduates, as everyone pitched in to find others. A few graduates would have made excellent detectives! In the end we were able to track down all but two.

Saturday 27 February saw 162 graduates and partners from around Australia, as well as a few from overseas, gather in the Main Quad. We enjoyed twilight drinks, accompanied by beautiful carillon by Dr Jill Forest, who had tutored many of those at RPAH. We then dined and talked (and talked and talked) in the Great Hall, until we were finally compelled to leave, very late in the night.

A fantastic time was had by all. Although many of us had stayed in touch over the years, most of us had not seen each other for 20 years. The general consensus was that we all looked better for the passage of time. Many contact details were exchanged, as neglected friendships were renewed.

The reunion group clubbed together to raise funds for The Sheila Nicholas Scholarship, which assists medical students who are struggling to meet the basic costs of living. As qualified doctors, it was satisfying to be able to give back to the university and to encourage current students, who will be our future medical colleagues.

The evening was such a success, that as they were leaving the Great Hall, many people asked when the next reunion would be. We will all be looking forward to it with eager anticipation...

The 2010 Organising Committee: Karen Arnold, Diana McKay and Anna Alexiadis

SINGAPORE ALUMNI REUNION

Singapore alumni, including recent and not-so-recent graduates, gathered with parents of many of the current Singapore students of Sydney Medical School, at the Stamford Hotel to trade stories and meet the Dean, Professor Bruce Robinson. It was enjoyable gathering for alumni and parents. The alumni who attended included a number of very recent graduates, as well as those from the 1960s and 1970s and now at the top of their medical fields in Singapore. For the first time, parents of current students were also asked – they are after all underwriting expensive education programs for their children and it was an opportunity to meet the Dean and talk about the way medicine is taught in Sydney, and discuss difficult issues including the uncertainties over internships for international students.

Contact Diana.lovegrove@sydney.edu.au.
Stefan Neszpor discovered his passion for theatre as a medical student and has lived out his theatrical ambitions on stage and in his work as a psychiatrist.

During medical school, things theatrical seemed to be like a magnet with an irresistible attraction, he says. His first role was in a film for the Medical Society which saw him co-opting fellow students into a Monty Python ad for the Ball. He enjoyed it and continued performing in the annual hospital reviews at Sydney Hospital.

“I thought when my hospital days ended, my drama days had ended too.”

He was attracted to psychiatry, despite having been underwhelmed with it at medical school. Life began imitating art when, in 1990, during a training session in psychotherapy in Canada, he took on the role of an auditionee for NIDA. He did an audition performing Mark Anthony’s famous speech from Julius Caesar.

This experience proved inspirational and he decided to really audition for NIDA. “I was probably their oldest ever entrant and probably their only psychiatrist.” He did the Julius Caesar speech again as well as a piece as the psychiatrist from Equius, which seemed second nature. He wasn’t selected for NIDA and, again, thought this was the end of his acting days.

It wasn’t to be the case. Before the beginning of a season of One Flew Over The Cuckoo’s Nest, a friend asked whether he would read a few lines in the play as one of their actors was ill. He went along and ended up selected to play the role of Chief Bromden in the play.

“Much to my surprise I fitted into the role with relative ease and the prior preparation for NIDA kicked in like auto pilot.”

Back in the land of psychotherapy, he says acting has reaffirmed the power of experience as a motivator for helping people make changes in their lives. Working with couples, he now gets them to act out conflicts and then deconstruct the fight, looking for new ways to play out the script. The role play helps shift deadlocks and become more resourceful, drawing on other possible ways of acting with each other.

His experience as an actor has reaffirmed his desire to train others in these methods as a way of helping people find ways of engaging with themselves and their passions.
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Tour leader Dr Milton Osborne is an internationally-recognised expert on the Mekong River basin. He has over five decades of experience working, travelling and writing about the region. He has published numerous books on the Mekong and led several tours there. He is a visiting fellow of the Lowy Institute.