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May 25 CAREERS AND RESEARCH FAIR
Can you help? We are seeking alumni with thorough knowledge of career paths in their area of expertise, willing to attend and discuss options and opportunities with students. Contact Diana.lovegrove@sydney.edu.au
One of the most rewarding aspects of the job of Dean is seeing the breadth of the extraordinary achievements and contribution to health and medicine which are made each year by members of Sydney Medical School.

In an organisation this size, though, many achievements and successes slip by largely unnoticed and unheralded. With so much of all our time taken up with day-to-day urgencies and the usual battles for resources, it is easy to lose sight of the bigger picture, which is that many of our staff, alumni and students are absolutely at the forefront of the field.

In January this year, for example, I learned that Dr Anthony Gill, a clinical senior lecturer and staff specialist pathologist at Royal North Shore Hospital, had been awarded the Benjamin Castleman award by the United States and Canadian Academy of Pathology. I have known Anthony since he was a student – he commenced as a physician before deciding (much to my disappointment) to concentrate on pathology.

The award is a wonderful achievement. It is for a pathologist under 40 years, it is one of the most prestigious in the field and this is the first time it has gone to an Australian in its 30 year history. Anthony was first author on a paper for the American Journal of Surgical Pathology, which was judged to have been the most outstanding paper in the field of human pathology in the English language last year.

But it is just one of many prestigious awards or appointments for members of this faculty each year. The achievements and leadership shown by so many, in contributing to clinical care, research, to the profession, to government bodies and in their communities, is something we should take time to acknowledge, and to feel proud of.

We should not, of course, forget that our students frequently also receive prestigious awards, including in areas a long way from medicine and health care.

GLOBAL HEALTH

In this issue of Radius we showcase the progress we have made in linking Sydney Medical School to the world.

Placing the clinical and research training we provide at SMS in an international context is critical if our graduates are to be equipped to practise or research in other parts of the world, but also important if they are to bring new ideas and approaches to the care and research we provide and perform in Australia. This ‘international’ distinctiveness of our graduates makes them not only more marketable, but also more useful and informed to the communities they will serve. Increasingly our classes are international and multicultural, in medicine, public health and most of our masters courses. Our PhD graduation list reads like the delegates to the United Nations.

Although the number of international students is not a measure that tertiary funding agencies reward, in my opinion it is one of the best measures of the demand for our courses at SMS and the reputation of the researchers, in SMS and our affiliated Institutes. We have therefore made it our business to attract international students and offer our own Australian students international experience during their studies.

The stories in Radius represent a few examples of the benefits of these international ties to staff, students and our research profile. The University of Sydney was ranked fifth in the world recently by Thomson Reuters, for the number of joint publications with China. Most of these are in medicine and the health sciences.

Enjoy these stories and if you think you can contribute to any of these international links or projects, contact the authors to discuss how you might be involved. Many alumni are already participating and contributing, and obtaining great satisfaction. This could become a further phase of your career too!!
Universities are very different places now to when most of us were undergraduates. At least those of us who are the proud owners of Seniors Cards.

We are all aware of the University’s growth, now almost 50,000 students, with the multiple campuses city and regional. The main campus extends into Glebe, Darlington, Redfern and Surry Hills.

The Graduate Medical Program is 14 years old and has recently had a major review (2007) which resulted in enhancing basic medical sciences particularly anatomy. Deans are full time with fixed term contracts, tenure is no longer available and but restrictive laws preventing discrimination against the elderly have come into force.

The real change to this and other Universities has however been the transformation of tertiary education into a global competitive market. In the good old days the University answered to no one except perhaps God and students were fortunate to be allowed to enrol at Australia’s premier University. Progress through the course was a responsibility for the failure rate.

Now competition drives almost everything we do. We are the captives of the numerous surveys which compare research funding, drop out rates, philanthropy levels and first preferences amongst school leavers. Failure is a comment on the University not the student. If we achieve better performance indicators than our arch rivals ANU and Melbourne, we laud the survey; if we are beaten, we question the methodology.

The market is now global. We have become dependant on attracting high quality overseas students whose fees subsidise local students and research. Our relative success in this area has been met with stronger competition, a normal market response. Elite universities are being developed throughout Asia and European Universities are becoming much more aggressive in their recruiting of foreign students. Like most markets, challenges come from different directions. The appreciation of the Australian dollar has made our fees less competitive and the ham fisted Commonwealth and State approaches to foreign students have combined to make us less competitive and attractive. For instance, the Commonwealth requires that students from China to lodge the equivalent of the total charges for the full course (US$250k for Medicine) before commencing. The NSW Government does not allow overseas students access to benefits such as travel concessions. Having said this, we are doing much better than most others. The number of international students enrolling in Medicine has gone up this year.

We pay more attention to what is now called the student experience, the measurement of which is published in surveys mentioned previously. Sydney in fact rated the best student experience of all Universities in Australia (we agree with this methodology).

Universities will this year also have to negotiate funding compacts with the Commonwealth which will tie the University to meeting agreed performance measures. Given Government funds are finite this further level of transparency and accountability will further increase competition.

This new competitive era has contributed to a lot of positive changes and is generally supported; but it has nevertheless created tensions as the University is forced to make hard and at times unpopular decisions - often flying in the face of the traditional model of tenured academic freedom.

The University’s Green and White papers, encompassing a major reorganisation of the University, are an attempt to ensure we think and act like an organisation with a shared vision and an understanding of the new paradigm rather than a collection of autonomous faculties and schools competing with each other as well as the rest of the world.

Sitting on the Senate watching this process unfold is a fascinating experience.

Barry Catchlove, February 2011, Barry.padual@yahoo.com.au

FROM THE SENATE

LET SLEEPING DOGS LIE? LAUNCHED

A book examining the main questions that a man should be asking before deciding to get tested for prostate cancer was launched at the University on 18 November.

Let sleeping dogs lie? What men should know before getting tested for prostate cancer aims to provide a more balanced view to the often ‘one-sided pro-screening’ message for prostate cancer. It is co-authored by Sydney Medical School’s Professor Simon Chapman, Professor Alex Barratt and Associate Professor Martin Stockler.

“We wanted to make men more informed before they take a step that could dramatically and irreversibly change their lives. There are many men who have not been tested, they are not just avoiding it or ‘burying their heads in the sand’. They have decided that the risk to benefit ratio means the risks are too high,” said Professor Simon Chapman.

Let sleeping dogs lie? is available for $25 or free download from the Sydney University Press website, sydney.edu.au/sup/
RARE MEDICAL BOOKS: TREASURES OF FISHER LIBRARY

Fisher Library’s extraordinary collection of rare medical books was on show last year, when the Chancellor, Vice Chancellor and Dean joined a small group at a special viewing of medical treasures. The iconic books on show included the 1638 edition of Harvey’s De Motu Cordis as well as a sixteenth century edition of Vesalius Fabrica. The latter was donated to the library by the late Professor Patrick de Burgh who had been given it by his grandfather Prof JT Wilson, the first Professor of Anatomy at the University.

The group spent an enthralling hour respectfully turning the pages of the works which shaped modern medicine. There were fine illustrations to admire in the herbals and anatomy atlases, handwritten annotations made centuries ago to decipher, and resplendent title pages to impress. The inclusion of books by contemporary critics of the landmark discoveries as well as some famous, but erroneous theories provided a thought provoking counterpoint to this celebration of medical progress.

In his address the Vice Chancellor paid tribute to the foresight and scholarship of successive University Librarians, and the generosity of the many donors who contributed to building this outstanding resource for teaching and research. During 2011 further viewings of books from the collection will be arranged and advertised through the Faculty and Alumni Association. In addition a “Rare Medical Book of the Month” is to be found on the Faculty History website.

If you are interested in joining the ‘Friends of the Library’, please contact Rhonda Myers by email on library.friends@sydney.edu.au.

NEW CLINICAL SCHOOL OPENS AT SAN

The University of Sydney’s first private hospital clinical school, at the Sydney Adventist Hospital, was opened on February 9 by the Chancellor of the University and Governor of NSW, Her Excellency Professor Marie Bashir AC CVO. The launch coincided with the arrival of the new clinical school’s first group of medical students, all of whom are commencing their medical studies this year.

Many of Sydney Medical School’s students already undertake some of their training in private hospitals, including at North Shore Private and Nepean Private, however the Sydney Adventist Hospital Clinical School is the first fully fledged clinical school to be based in a private hospital.

“We are delighted to have a new clinical school,” said Bruce Robinson, Dean of Sydney Medical School. “The SAN is one of the leading hospitals in Sydney.”

“The trend to training in the private sector will increase,” Professor Robinson said. “Public hospitals have been the traditional training ground for medical students and young doctors but with increased numbers of students and fundamental changes to the way medicine is practised, we have to do things differently. We need to be using private hospitals, general practices, community and specialist clinics to a greater degree in preparing young people for careers in medicine and health.”

Dr Leon Clark, chief executive of Sydney Adventist Hospital, said private facilities such as the SAN have been underutilised for training. On average over 76% of medical services and 60% of surgical procedures are provided by private facilities in Australia each year.

“Clinical training opportunities at the Sydney Adventist Hospital Clinical School mean that medical students from the very first stage of their study and other health profession students will benefit from the mix and variety of patients we treat and the expertise of the enthusiastic specialists who work here,” Dr Clark said. “The School is appropriate given the reality that health professionals will often end up working in both public and private facilities.”

The University of Sydney this year has 1150 students over the four years of its medical course. The first group of medical students at the SAN is small, just 12 in 2011, but expected to grow to full clinical school capacity in future. Professor John Watson has been appointed as Associate Dean and head of SAH Clinical School.
Congratulations to members of faculty and alumni in this year’s Australia Day Honours.

OFFICER OF THE ORDER OF AUSTRALIA (AO)
• Professor John Prineas. For distinguished service to medicine in the field of neurology as an academic, researcher and mentor, to improving the lives of people with Multiple Sclerosis, and to medical education.
• Professor Jill White, Dean of Sydney Nursing School. For her service to nursing and midwifery through the design and implementation of academic programs, through contributions to government health committees and taskforces, and to professional organisations.

MEMBER OF THE ORDER OF AUSTRALIA (AM)
• Dr John Collins. For service to medicine in the field of paediatric palliative care as a practitioner, academic and researcher, and to professional organisations.
• Dr Anthony Dapice. For service to medical research, particularly in the fields of nephrology and immunology, through leadership roles in the development of organ transplantation science, and as an academic and author.
• Professor Michael Friedlander. For service to medicine in the field of oncology, as an academic and practitioner, to medical education and research, and through contributions to national and international cancer organisations.
• Dr Ivan Goldberg. For service to medicine, particularly in the field of ophthalmology, through national and international Glaucoma support organisations, and to education
• Ms Margaret McGill. For service to community health in the field of diabetes management and education, particularly in support of children and adolescents, and to the establishment of medical education programs in Australia and overseas.
• Dr Graeme Shirtley. For exceptional performance of duties as a medical officer in the Royal Australian Navy Reserve.
• Professor Ian Olver. For service to medical oncology as a clinician, researcher, administrator and mentor, and to the community through leadership roles with cancer control organisations

MEDAL OF THE ORDER OF AUSTRALIA (OAM)
• Professor Ben Freedman. For service to medicine as a clinician, educator and researcher.
• Dr Millicent Hughes. For service to the community through a range of women’s, service, and sporting organisations.
• Dr Bernard Huxtable. For service to medicine, and to the community of Orange through a range of disability, service and arts organisations.

PUBLIC SERVICE MEDAL (PSM)
• Dr David Johnson. For outstanding public service to Queensland Health, particularly to research into the early detection and management of chronic kidney disease.

JONATHAN MORRIS
HEAD OF NORTHERN CLINICAL SCHOOL
Professor Jonathan Morris has been appointed as Associate Dean and Head of Northern Clinical School, following the retirement last year of Professor Michael Field.

He has been Professor of Obstetrics and Gynaecology at Northern Clinical School since 2003, and at Royal North Shore, originally as Senior Lecturer and director of Maternal Fetal medicine, since 1998.

Jonathan Morris graduated from the University of Edinburgh in 1985 and came to Australia in 1987. He did his postgraduate training at Nepean and Westmead Hospitals, then specialised in high risk obstetrics. In the mid-1990s, he returned to the UK to complete his PhD before returning to Australia in 1998, to take up a conjoint position at Royal North Shore. Achievements in his time at RNSH include the establishment of the Maternal-Fetal Medicine Unit, which provides care for women with high risk pregnancies, and the establishment of Perinatal Research Group in the Kolling Institute.

Among other contributions, he has been Medical Advisor to the Stillbirth Association, and is on the board of Hoc Mai, the Australia Vietnam Medical Foundation. In that capacity, he has made numerous trips to Vietnam, the most recent in November 2010, to speak at Hoc Mai’s second research conference in Hanoi, aimed at developing Vietnamese research skills.
FACULTY NEWS

→ PEOPLE’S HEALTH MEDAL FOR RHONDDA GLASSON
The Executive Officer of Hoc Mai, Ms Rhondda Glasson, has been awarded Vietnam’s highest health honour, the People’s Health Award.

She presented with the Medal for her contribution to improving the protection, care and health of the Vietnamese people through Hoc Mai. It was awarded in Hanoi in October 2010. Professors Bruce Robinson and Kerry Goulston and Ms Maggie Drummond were awarded the People’s Medal in 2008, for their contribution to Hoc Mai and medical education in Vietnam.

“This award is recognition of Rhondda’s efforts. She joined Hoc Mai in 2007 and has made an enormous difference in a short time,” Bruce Robinson said. “Her commitment and the strong relationships she has forged, in Vietnam and Australia, have been an important component of Hoc Mai’s success.”

Accepting the award, Ms Glasson thanked the many healthcare clinicians in Australia and Vietnam who have contributed their time, enthusiasm and knowledge.

→ CLASS OF 2011
The class of 2011 is a large group, with an increased number of both domestic and international students and a shift back to a male student majority.

This year 260 domestic students will commence medicine, along with 67 international students. The average student age is higher at 24.25 years. The gender balance has strengthened towards men with 57% of students male and 43% female. Only two years ago, women were more represented in the student group.

More than half of enrolling students have completed science or medical science degrees. Other common undergraduate degrees were pharmacy, commence and engineering.

→ NEW DIRECTOR APPOINTED TO SYDNEY MEDICAL SCHOOL FOUNDATION
Sydney Medical School Foundation has appointed Mr Geoff Deakin as its new Director.

Originally from Sydney, Geoff joins the Foundation after nine years as Managing Director, KPMG’s Global Grants Program based in San Francisco, USA. At KPMG, Geoff worked with some of the world’s leading philanthropic organisations, including the Bill & Melinda Gates Foundation, David & Lucile Packard Foundation, Ford Foundation and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The President of the Council of Sydney Medical School Foundation, Mr. Roger Corbett AO, said that he and the other Council members were delighted to be welcoming someone of Geoff’s background and experience to the Foundation.

“The Council is looking forward to working with Geoff to increase significantly the funds available for medical research and education,” said Mr. Corbett.

Commenting on his appointment, Geoff said: “I am delighted to take on a lead role at an organisation that has such a long and proud history of supporting high quality medical research, and one that also has such great potential to increase the impact of medical research and education in Australia and in our region.”

“I am looking forward to learning from the broader community of Sydney Medical School and to working with the talented and dedicated members of the Council, the other Sydney Medical School foundations, alumni and other generous donors and friends to build an even stronger base of support for the future.”

Geoff said that a major priority would be to build and maintain trust with donors and friends and to ensure the foundations operated with integrity and effectiveness. He stated that he would also be leveraging the University’s resources to maximise the reach and success of the foundations’ fundraising efforts.

Geoff Deakin, Tel: 02 9351 7315, geoff.deakin@sydney.edu.au

→ AWARD FOR PHILIP BARTER
Professor Philip Barter, Director of The Heart Research Institute, is the recipient of this years Anitschkow Award, which will be presented in Gothenburg, Sweden, in June.

In announcing the award, the European Atherosclerosis Society paid tribute to Professor Barter. “By combining basic and clinical research he is an excellent example of a from-bench-to-bedside researcher. Since the 1970s he and his coworkers have repeatedly made pivotal and pioneering contributions to better understand the metabolism and function of plasma lipoproteins, notably HDL.”

“It is a recognition of the work conducted by my many collaborators, without whom none of this would have been possible,” Professor Barter said.
The Trustees of the Fund are pleased to announce the award of the Prize for 2011 to be shared between:

Dr Eli Pikarsky
Hadassah Medical School, Hebrew University of Jerusalem

A/Prof Sigal Ben-Yehuda
Faculty of Medicine, Hebrew University of Jerusalem

Dr Pikarsky was nominated for insights gained from his work in complex mouse models, into the pathogenesis of human disease. His work has yielded new understanding of the determinants of malignancy in testicular cancer, of the impact of inflammation on the progress of liver cancer and the regulation of liver regeneration, important in all conditions which damage liver function.

A/Prof Ben-Yehuda was nominated for her contributions to our understanding of the biology of bacteria. Her discoveries, which include the demonstration of a previously unknown ‘nanotube’ form of communication between cells, are also fundamental for understanding the mechanisms of bacterial resistance to antibiotics. This gives her work great importance for the treatment of infections caused by the growing number of resistant bacteria.
Regardless of whether our medical graduates eventually choose to practise at home or abroad, an understanding of global health issues is essential. With an increasing flow of people and products between countries, as well as global epidemics such as HIV, it is important for medical educators and practitioners to be familiar with issues such as global patterns in the burden of disease, how diseases link or are more prevalent according to ethnicity, and how disease is changing across the world due to modernisation and climate change.

Sydney Medical School takes seriously the global dimensions of health and has built this aspect into both the formal and informal curricula. The medical program is committed to ensuring that our graduates are globally competent health professionals, able to understand the health issues of a ‘borderless world’.

The School has developed a range of elective experiences for our students across the world. These include opportunities to undertake an elective with some of the best universities in the world like Cornell and Columbia in the United States, Karolinska in Sweden, Shanghai Jiao Tong in China and with CMC Vellore in India. We are constantly increasing these opportunities for students, supported by increased scholarships, and these will continue to develop in line with interests and background of our students.

We are also developing research linkages with key partner universities. China is on track to overtake the US as the prime producer of scientific knowledge in 2020, ensuring that we have strong research linkages with our booming neighbour is imperative if we wish to remain at the forefront of scientific endeavour. A growing number of joint publications with China’s best universities has contributed to the University of Sydney’s status as the 5th most frequent scientific collaborator with China, in company with major international institutions Harvard University and Imperial College in London.

With Australia sitting on the doorstep of Asia, home of some of the most serious health statistics in the world, it is also imperative that we deploy our considerable expertise to contribute to improved health outcomes in the region. We are working with partners in Vietnam, Cambodia, Indonesia and Timor L’Este, on programs which will increase their capacity to prevent and treat disease.

THE OFFICE OF GLOBAL HEALTH

To take these initiatives forward, the Office for Global Health was established in March 2007. The Office for Global Health works to internationalise the research we undertake, teaching and learning and the student experience. It also aims to contribute to the health and well being of our region by engaging in health projects with some of our nearest neighbours. In 2010, it expanded its activities to include the global health agenda of other faculties of health – dentistry, pharmacy and nursing and midwifery.

The Director of the Office of Global Health, Associate Professor Lyndal Trevena, has responsibility for student-focused activities such as Global Health education in the medical program, elective and exchange agreements, cooperation on medical education and for the fostering of our efforts to seek specific purpose grants supporting our international interests such as from AusAID. She is a member of academic staff in the School of Public Health and a general practitioner.

Other members of the Office of Global Health are: Ms Louise Freckelton, with particular expertise on China, Singapore, Malaysia and the Americas; Dr Dilhani Bandaranayake, responsible for relationships in developing countries including Timor L’Este, Cambodia, India and Sri Lanka and Europe; Mr Mohsen Soliman, responsible for relationships in Indonesia, Middle East and Africa. Ms Rhonda Glasson is executive officer for Hoc Mai.

Find out more about the Office for Global Health: sydney.edu.au/global-health/
Sydney and Fudan partnership tackles childhood obesity

By Beth Quinlivan

In 30 years, obesity – particularly child obesity – has become a major health challenge in China. A collaboration between Fudan University and Sydney Medical School, is looking at new ways of delivering health messages to new mothers, to tackle the escalating problem.

Mu Li remembers growing up in northern China, spending hours playing outside with cousins and friends in the community courtyard. These days, she says, in cities like Shanghai, with concerns about safety, more people living in apartments, more sedentary lifestyles generally, children are more likely to spend their spare time indoors.

Sound familiar?

In the past 30 years, obesity – including obesity in children – has become a major health issue in China. Rapid urbanisation, more western food with higher fat and sugar levels, changing lifestyles, television, are all part of contemporary China. On recent studies using BMI as an indicator, children in urban China are faring as poorly as are children in the United States and Australia. Among Chinese adults, there are more than 92 million people with diabetes and 148 million have pre-diabetic conditions.

Mu Li, Associate Professor in the School of Public Health, and Louise Baur, Professor of Paediatrics and Child Health, are collaborating with colleagues at Fudan University in Shanghai to tackle the escalating problem of obesity in Chinese children.

“It began in 2008, when a delegation from Fudan University Medical School visited Sydney. In discussion over the day, we looked at areas where we could work together and decided initially on two of them – prevention, particularly tobacco control, and maternal and child health,” said Professor Li.

Fudan, with a large School of Public Health and expertise in child and maternal health, was a good fit with Sydney.

After a follow up meeting in Shanghai, and successful application to the University of Sydney’s International Development Fund, Professor Li spent part of her sabbatical in 2010 at Fudan. Meanwhile, a group of five Sydney researchers including Professor Baur, were brought into the project. Five Fudan researchers and clinicians are also involved.

The aim, initially, is a pilot study using mobile phone text messages, to support new mothers and help them establish healthy eating and physical activity habits for their children from a young age.

“Providing support to new mothers is more important now that it was to previous generations,” Louise Baur said. “In previous generations, they had family support but with all the changes of the past 10 to 15 years, more people are living in cities away from those networks. Children are terribly precious, and they live in very protective circumstances. Although that is understandable, it is having very poor health consequences.”

Using text messages is a way of capturing the 99% of population who own a mobile phone, rather than wait for the women to contact their local community health centres.

“We can fit 160 characters into each text. It doesn’t seem a lot but still we can include such information as the best time to initiate breast feeding, what to do in case of common breast feeding problems, what is an appropriate time to introduce solid food,” Louise Baur said.

“The response so far has been good,” according to Dr Li. “We’re working with four community health centres in Shanghai. 94% of people we asked have said they would be happy to receive the information. For the planned RCT, we will have a larger number of women, but the indications to this point are all good.”

“What we get out of it, I think, will be useful for other developing countries. The challenges faced in China are very similar to those in Indonesia, Vietnam, India and more.”

Longer term, there are plans to develop from simple text messaging into more sophisticated computerised systems which are interactive.

PARTNERSHIPS IN THE YEAR OF THE RABBIT

The Chinese New Year of the Rabbit is set to be a good one in terms of research partnerships between Sydney Medical School and colleagues in China.

Recent initiatives and policy shifts in China are providing more dedicated funds for medical research – including in genetics, molecular biology and clinical research.

“Since the Chinese economic reform started in 1978, China has emerged from a poor developing country to become the second largest economy in the world after the US,” said a paper by information research group Thomson Reuters. Underpinning Chinese growth through the period has been strong expenditure on R&D, maintained at just under 1% of GDP during a time of enormous economic growth. In terms of actual dollars spent, OECD data shows that China now ranks third worldwide, just behind USA and Japan.

According to the paper, the bulk of China’s effort and growth thus far has been concentrated in core technology and related physical sciences. But the emphasis is changing, and fastest growing areas of investment is in biological
and medical sciences. “If growth is as rapid and outcomes are as effective as they have been in other fields then the impact of this new research on gene and protein research and process innovation will be profound and pervasive,” Thomson Reuters note.

Sydney Medical School already has a large number of China collaborations (a small number of which are detailed here) providing great opportunities for expansion. In the same Thomson Reuters paper, many were surprised to see the University of Sydney in fifth place in a list of international collaborators in the sciences with China. It was placed just behind Harvard University but ahead of Imperial College London and Seoul National University. Australia overall ranked sixth in countries collaborating with China (behind US, Japan, Germany, UK and Canada).

The already strong links should be boosted by the University’s recent establishment of a dedicated China Studies Centre. Among other goals, the China Studies Centre will create a hub for cross disciplinary education and research, building on the University’s existing research strengths.

CHINA: OTHER PROGRAMS

- Cancer specialist Professor Stephen Clarke is working with doctors from Shanghai Jiao Tong University’s Medical School and Renji Hospital on a study that compares chemotherapy toxicity between Asian and Caucasian lung and breast cancer patients. The project examines the relationship between genetics, nutritional status and drug clearance rates in Asian and Caucasian cancer patients undergoing chemotherapy.

- Professor Des Richardson has collaborations with Shanghai Jiao Tong University and the Nanoscience Centre, Chinese Academy of Science, in Beijing, looking at the role of iron chelators as anti-cancer compounds. He is an adjunct professor at the Chinese Academy.

- Professor Simon Chapman from the School of Public Health has been working with Fudan University in Shanghai, on tobacco control – a challenging task in a country which is the world’s largest consumer of tobacco and in which almost a million people die each year of tobacco related illnesses.

Inquiries: Louise Freckelton, louise.freckelton@sydney.edu.au
Maternal and child health in Dien Bien Phu

By Kirsty Foster

This program was established a number of years ago after a request from the Vietnamese Women’s Union to Học Mại’s Patron, Her Excellency Professor Marie Bashir, for education assistance in order to improve the health outcomes for women and babies in Dien Bien Phu. Dien Bien Phu is in the remote north west of Vietnam. The region is home to many ethnic groups, its isolation and history have combined to create poor health outcomes. The most recent Maternal Health Workshop was held in Dien Bien Phu in June 2010.

As part of the ongoing collaboration between Học Mai and the Dien Bien Phu provincial hospital in north-west Vietnam, a team of five tutors from Sydney and four Vietnamese doctors acting as interpreters ran a successful maternal health workshop in June.

Seven doctors and seventeen midwives from all districts of the province participated in the interactive, practical learning and teaching sessions. Each of the three days of the workshop focused on a different locally agreed priority area of pregnancy and birth care. Post-partum haemorrhage, pre-eclampsia and management of preterm labour, were the workshop topics. These conditions account for the high maternal mortality in the remote area of this mountainous province. There is a high ethnic population who are nomadic adding significant challenges for delivery of adequate antenatal intra and post-partum care.

One of the most satisfying aspects of this visit was the evidence of collaboration that has developed. Having hosted and participated in 5 Học Mai workshops since our first contact in 2005, everyone involved has learned a great deal. Under the leadership of Dr Duc Son, the Director, all staff at the provincial hospital were very welcoming and enthusiastic about the workshop and keen to show us what they had learned about teaching methods from our previous visits. The June 2010 workshop was an integral part of a four-week long immersive experience which had been arranged to give midwives and doctors from referral hospitals across the province, an opportunity to work with their provincial hospital colleagues. In addition, a six-month course for twenty student midwives from villages across the province had just started at the hospital. It incorporated similar hands-on, interactive methods to Học Mai workshops was planned and run by local hospital personnel. Assisting the provincial hospital to assume responsibility for providing continuing professional education is a major aim of the Dien Bien Phu Maternal and Child Health Project and these developments mark a significant step towards that goal.

A focus group discussion was held on each morning of the course to ascertain the participants’ knowledge and experience of the day’s topic. Current practice in identifying and managing women affected and in implementing any prevention strategies was explored. Discussing actual cases of each of the conditions gave the Australian tutors a graphic perspective on the difference between midwifery and obstetric practice in Sydney and the situation in Dien Bien Phu. This was invaluable in helping the tutors to pitch the teaching appropriately but also set the tone for interactivity between tutors, participants and interpreters.

Practical skills relevant in the three topic areas were taught each morning using the SCORPIO method. In the afternoons participants were assessed to ensure that they could carry out the skill and given an opportunity to apply their expertise in ‘managing’ a number of scenarios in teams. Demonstrations of how to manage an emergency such as a woman with a severe postpartum haemorrhage or an eclamptic fit were also given. Structuring the workshop in this way gives flexibility to deal with the varying levels of previous knowledge and skill often evident among participants in this setting.

All participants adjusted easily to interactive methods and enjoyed learning in this environment. On this occasion the Australian tutors were the first westerners that some of the participants had ever seen. The creation of a friendly and non-threatening ambience for the workshop, always a Học Mai priority, was therefore especially important.

Through the focus groups information about operational difficulties in implementing government policy in the more remote parts of the province were discovered. For example, although iron tablets are recommended for every pregnant woman, some remote areas have not received government supplies for more than three years. This is frustrating for health workers who know the policy but cannot implement it. Severe anaemia is common among the women of Dien Bien Phu province and unless detected and treated during pregnancy, any bleeding during or after the birth may be harmful or even fatal. Providing advice and assistance to the authorities to overcome the barriers to sustained implementation of health policy in challenging circumstances is another way in which Học Mai can help. On this occasion the hospital director agreed to investigate the issue.

The Sydney team comprised Professor Jonathan Morris, Dr Kirsty Foster, Ms Cathy Adams, Dr Jane Hirst and Ms Jenny Mathew. Interpreters were Dr Nguyen Tien Dzung (UNFPA Hanoi), Dr Huong Dong Chuong (Bac Mai Hospital Hanoi), Dr Nguyen Hu Quan Bach Mai Hospital, Hanoi) and Dr Dong Nguyen Nuu (Danang).
VIETNAM: OTHER PROGRAMS

- Australian Leadership Award Fellowships program, led by Professors Bruce Robinson and Jonathan Morris and Ms Rhondda Glasson, identifies future leaders in Vietnam’s health sector and provides them with an exposure to the Australian health system. Many self-funded Australian clinicians have travelled to Vietnam to provide ‘hands on’ training in areas such as neurosurgery, trauma management, advanced surgery, anaesthesia and intensive care, radiotherapy, aged care, pharmacy.

- Professor Peter McMinn and Dr Monica Lahra have piloted a project to improve basic pathology services with Pasteur Institute in Ho Chi Minh City, and looking to roll out into other centres with University of Sydney International Program Development Funding.

- Teaching methods and curricula development is an urgent need in Vietnam. Professor Jill White, Professor Sally Tracy and Ms Margaret Martin in collaboration with the UNFPA have developed and implemented a midwifery curriculum in 3 providences in Viêt Nam. Professors Kerry Goulston and Kim Oates, are working to improve medical curriculum with Hoc Mai University.

- Hoc Mai has sponsored two successful research meetings in Hanoi and recently provided small research project grants to stimulate the development of researchers and research in Vietnam. Led by Professors Bruce Robinson and Jonathan Morris, and Drs Diana Benn and Christine Smyth.

- The George Institute for International Health’s Associate Professor Rebecca Iverson has developed and evaluated a project on the impact of helmets on motor bike related injuries.

- The Vietnamese Government has asked Dr Kathy Currow to expand the International Postgraduate Paediatric Certificate (IPPC) program, to improve the knowledge, confidence and skills of doctors and nurses who care for children and young people.
Infectious diseases and forensic testing in Indonesia

A major event this year for Sydney Medical School’s Indonesian linkages will be an Infectious Diseases Research Forum and Showcase to be held at Airlangga University in April. This will bring together colleagues from all our partner institutions in Indonesia for a two-day seminar fostering educational and research collaborations in hepatitis, TB, HIV, dengue and other flaviviruses, zoonoses, malaria and arborviruses.

Until quite recently Sydney Medical School’s linkages with Indonesia have been relatively low key and dependent upon the interests of individuals. For example, many readers will be aware of the pioneering research work into iodine deficiency conducted in Java (and elsewhere) by Emeritus Professor Cres Eastman.

In April 2009 the Chancellor, Her Excellency Professor Marie Bashir AC CVO, and the Deputy Vice-Chancellor (International), Professor John Hearn, led a University visit to Jakarta which led to the strengthening of links between several faculties in Sydney and their counterparts in Indonesia. A significant part of the discussions at that time was a Roundtable in infectious diseases where it became clear that we in Sydney have much to learn from colleagues at Eijkman Institute for Molecular Biology, the University of Indonesia, Gadjah Mada University and Airlangga University (particularly its Institute for Tropical Disease).

Sydney Medical School through its Sydney Forensic Medicine & Science Network has since been working to establish a formal collaboration with the Eijkman Institute (www.eijkman.go.id). The Eijkman became a national leader in forensic DNA testing when it assisted the police investigation of the bombing of the Australian embassy in Jakarta in 2004 using mitochondrial (mt) DNA testing to establish the identity of the terrorist bomber.

Our Medical School is also keen to pursue educational opportunities for our medical students in Indonesia. These partner universities all have opportunities for elective placements and research linkages with the Eijkman continue to grow. There are also opportunities under exploration for elective student experience in leading private hospitals in Jakarta and Surabaya. Our Dean, Professor Bruce Robinson, sees Indonesia as one of the sites internationally where appropriate training could be obtained as part of the internship to help expand junior doctor education beyond public hospital settings in Australia.

For information on forensic collaborations, see sydney.edu.au/medicine/forensic

Participation in the Infectious Diseases forum is being led by Professor Tania Sorrell, head of our Sydney Emerging Infections and Biosecurity Institute sydney.edu.au/seib.

Expanding programs in Timor

Timor Leste faces enormous challenges. Barely an hour by plane from Darwin, it is one of the poorest countries in the world. The vast majority of its one million people are, in the words of the UN “severely challenged in terms of human development, hungry and dependent on a finite natural resource base for their livelihood.” Forty percent live below the national poverty line of $0.55 a day, health indicators are poor across the board, and infant and maternal mortality rates are among the highest in the world.

The Office of Global Health’s programs in Timor Leste have increased quickly since its first education collaboration in 2008. All are based around building capacity within Timor to address pressing health challenges.

IMPROVING CRITICAL CARE

In 2008, Sydney Medical School established a health education collaboration with the Timorese Ministry of Health, with the aim of lifting the skills of the critical care workforce in Timor Leste. The program began in 2009 when University of Sydney affiliated doctors and nurses ran two skills workshops and a ‘Teach-the-Teacher’ education session in Dili National Hospital Guido Valadares in June and November 2009.

The workshops were a team effort with eight doctors, nurses and educators from Sydney Medical School, Northern Clinical School, Faculty of Nursing and Midwifery and ICU at Royal North Shore Hospital providing specialist advice for development of the program and tutoring during the workshops.

By Tom Rubin

By Dilhani Bandaranayake
The program was extended in May 2010, when Australian and Timor Leste tutors (including doctor and nurse clinical educators) ran a similar skills workshop in Maliana District Referral Hospital. Some of the University of Sydney team did follow up “on the job” training and practical clinical scenario sessions with Emergency and ICU doctors and nurses at the National Hospital Guido Valadares in Dili.

For 2011, there are plans to run critical care clinical skills workshops in other district hospitals in Timor Leste, including in the town of Baucau.

Funding for establishing the collaboration and the development and implementation of the critical care capacity building program has been provided by AusAID’s Public Sector Linkages Program (PSLP), Sydney Medical School, Sydney Nursing School and the University’s International Program Development Fund (IPDF).

IMPROVING DISEASE SURVEILLANCE
The aim of this project is to build the capacity of the National Laboratory in Timor to identify communicable diseases of national, regional and global significance. The project matches the National Laboratory with the laboratories of Sydney Medical School and associated teaching hospital and public health laboratories, providing access the expertise of the clinical, research and diagnostic microbiology laboratories in Sydney. The project is being led by Professor Peter McMinn, and expected to start in June 2011. Funding will be provided by WHO.

TIMOR: OTHER PROGRAMS
• Timor Leste Health Leadership program provides training to those identified as current and future health care leaders from Timor Leste. In 2009, six Timorese health professionals were brought to Australia for placements, a further 12 will participate in 2011.
• Endeavour Executive Awards have been awarded to Dr Dilhani Bandaranayake and Associate Professor Lyndal Trevena, both from the Office for Global Health, to spend extended periods in Timor, to research and advise on public health programs.
• Sydney Medical School provides two full scholarships to Timor Leste students studying medicine in Sydney.

Inquiries regarding our work in Timor Leste can be directed to Dilhani Bandaranayake, Manager, International Relations [dilhani.bandaranayake@sydney.edu.au].
New links in India

Australia’s relationship with India has not exactly been smooth sailing in the recent past. Changes to visa conditions and attacks on Indian students, in particular, have caused criticism in India of Australia. Sydney Medical School – and the broader University – believe that research, education and clinical partnerships provide an opportunity to steer the relationship with the world’s largest democracy in more positive directions.

A research fair held in Delhi late last year highlighted the range of connections between the University of Sydney and Indian institutions, and provided a forum from which to expand those links. A key focus will be infectious diseases.

“Australia’s position in the Asia-Pacific region provides us with a unique opportunity to collaborate with our neighbours in prevention, containment and eradication of emerging infectious diseases at home and abroad”, says Professor Tania Sorrell, Director of the Sydney Emerging Infections and Biosecurity Institute and Centre for Infectious Diseases and Microbiology, Sydney Medical School. Sydney Medical School will in March be hosting three of India’s leading infectious disease research scientists from the International Council on Genetic Engineering and Biotechnology (ICGEB), to compare programs in dengue fever, tuberculosis and malaria.

In March last year, the School welcomed 10 Indian Public Health professionals for a ‘Short Intensive Professional Program in HIV’, funded by AusAID in collaboration with the Public Health Foundation of India (PHFI). This program provided a comprehensive overview of the prevention and management of HIV infection and also opportunities to enhance professional experience and develop networks by attendance at the Australasian HIV conference, visits to centres of excellence, work placements and leadership development activities.

“The evolving epidemics of HIV and STIs in developing and developed countries have led to increased demand for both educational opportunities and research skills in these areas. One of the strategies of Phase-III of the Indian National AIDS Control Programme is strengthening human resources. The STI Research Centre is collaborating with PHFI to develop human resources for health in the field of STIs and HIV,” says Dr Shailendra Sawleshwarkar, lecturer at the STIs Research Centre, who is currently working with partners in India and other developing countries on collaborative educational programs.

Dr Sawleshwarkar, who graduated from the Seth G. S. Medical College, University of Mumbai, and completed his residency training and post graduate (MD) degree from the Grant Medical College and Sir J. J. Group of Hospitals in Mumbai, is a senior lecturer in Sydney Medical School.

OTHER INDIA LINKS

• Michael Dibley, Professor of International Public Health in Sydney Medical School, is working with South Asia Infant Feeding Research Network (SAIFRN) on improving infant feeding in India.

• Associate Professor Lynda Trevena is working with partners at Christian Medical College Vellore on a program to improve cervical cancer screening in Tamil Nadu.

• Dr Jipin Daas, a recent graduate from Kerala in the south east of India, will commence his PhD this year with Professor Chris Semsarian, having won the Prime Minister’s Australia Asia Endeavour Award.
One small step for humankind

By Stephen Leeder
Director of the Menzies Centre for Health Policy

What astonishingly small footprints the twin towers possessed!

I looked down on them in late January from the fortieth floor of the new World Trade Centre Building Centre No 7 that replaced the 47 storey Salomon Brothers Building destroyed on 9/11, home now to The New York Academy of Science.

It was a freezing, crystal clear day – Martin Luther King Junior Day, in fact – and despite the snow and the fact that it was a holiday, Ground Zero was busy, less cluttered and chaotic and more purposeful than I had seen it in previous years. It was as though, after a decade, the clouds of grief and bewilderment had lifted, the unwillingness to be rid of all the wreckage because of its emotional valence, like the suits and shirts of a dead man remaining untouched in his wardrobe for years, gone. New life was reclaiming the ground of death.

The two square tower sunken footprints are being remodelled as memorial pools of reflection. Together with surrounding gardens they will open this September, the tenth anniversary of 9/11.

The new Peace Tower, to become America’s tallest building, is rising apace to one side. And something else that’s new will happen in September this year not far away from Ground Zero at the headquarters of the UN on the East River in New York City. Advocates will choreograph a, carefully rehearsed, major resolution to the general assembly seeking international action on diabetes, obesity and heart disease and other chronic disorders.

These diseases have long been regarded as self-inflicted lifestyle problems of no great moment to which the classical response has been ‘ho hum – their fault!’ Many of the ho-hummers, of course, themselves eschew tobacco, keep their weight under control, swallow their statins and work out. They can afford to – and have – their by-passes, if needed. Apocryphally, President George W Bush’s second question to visiting dignitaries from all over, including less developed economies, was ‘Do you work out?’ thereby inviting them warmly to his personal gym. Good. But what about the people who are not of the nobility?

The nub of the problem is that while these diseases of affluence are now increasingly under control in rich societies like ours, at least among the upper (free-of-trans-fats-and-low-salt) crust, more people of every economic stripe, many not rich, everywhere now live in and around the world’s cities and have access to fast, cheap, appetising food laden with calories, and find themselves walking less. Chronic diseases have moved in with them. But aid agencies and health authorities have not been attending.

Thus it is that chronic diseases now cause more misery and death than any other disorder. The amount of diabetes, for example, in India and China is unimaginable – millions upon millions of people with it. And so to Africa, still concussed from HIV, TB and malaria, where the population is around one billion these days. There, stroke and diabetes are increasing.

Now if these diseases were confined to the ageing, lottery sections of society you might say, cynically, well, they have to die of something so it may as well be heart disease or a stroke. But it’s not that simple. One-third of all heart disease deaths in developing countries occur among people aged less than 65 and many times more women in reproductive and family-formation years die of cardiovascular problems than from HIV and haemorrhage associated with childbirth. OK, so death in childbirth is an intolerable tragedy for which the technological fixes are well understood and should remain a priority. But for a country of expanding economic fortune such as India, it should be possible to deal with both this problem and chronic diseases through a system of public clinics, nurse practitioners, medical aides and basic facilities, all well suited to the treatment of blood pressure, let’s say.

In my January pilgrimage to Manhattan in winter I also met for breakfast at a Grand Central Station café with a colleague of my time at Columbia University in 2003–4, Dr Susan Raymond, at the freezing, ungodly hour of 7:30 am.

Why that hour? Her diary was full and she was on her way to the UN to spend the day discussing fund-raising for the non-government organisations that cluster around the UN. Dr Raymond is an energetic, lateral-thinking woman in her late fifties, a career development economist. She is my only friend who admits to being a Republican. Her son Nate served in Iraq, after graduating from West Point, for two nerve-wracking deployments. Dr Raymond has global experience with the World Bank and now is a vice-president in a company that finds new pathways to involve the private sector in philanthropy.

You might think philanthropy has gone for good following the financial crisis. But Dr Raymond is surprisingly optimistic. Gone are the days of easy philanthropic handouts, but in their place big corporations are increasingly interested in new forms of cooperation...
with worthy causes, new partnerships, new ways of working together and providing support.

Knowing what she also knows about the power and origins of chronic disease in the world, Dr Raymond says, "We need a new business model to deal with it". What does she mean?

At its base, her argument is that if commercial development - food, city design, transport - are currently part of the problem of non-communicable disease by their contribution to an environment that fosters diabetes and obesity, then we must find a way to work with those companies and enterprises to attract their philanthropy to do better things differently to protect for people's health.

Of course, as soon as the words 'private enterprise' or 'business' are mentioned, many in the public health community start wheezing, begging us to remember how it took 60 years of unremitting opposition to beat the tobacco industry off our shores and into Africa. You can't do business with business they tell us. All you can do is oppose.

Well, I wonder. This ties in with why I was on the 40th floor of WTC Building 7 on Martin Luther King Day. I was there to learn about a project that Mr Ellis Rubinstein, president of the 142 year-old New York Academy of Science, has started with a multimillion dollar grant from the Sackler Foundation to establish an institute for human nutrition.

Rubinstein is 100% New Yorker - engaging smile, tall, tough, fit, a fine sense of humour, a gentle ironic touch and dangerous entrepreneurial zest - and has rescued the Academy from doddering collapse and energised it into a strong facilitator of scientific debate and discussion. As his web site explains, "26 Nobel Prize winners and a score of international leaders of industry, academia and government have joined Mr. Rubinstein's President's Council. And leaders in ten cities - London, Barcelona, Mexico City, Sao Paulo, Delhi, Shanghai and more - have invited The New York Academy of Sciences to partner with them to advance science, address global challenges and enhance their region's competitiveness."

Mr Rubinstein, a Pulitzer-winning science journalist for 30 years who served as editor of Science from 1993-2002, explains that his Academy's nutrition initiative has two parts. The first is to work with WHO, who freak out at the thought of working overtly with industry, to come up with three top-ranking scientific working papers on under- and over- nutrition and monitoring. The Academy will convene and service the expert panels and print the papers. Industry will not be at the table.

The second half of the institute will convene other meetings and robust debates involving universities such as Harvard, Columbia, Cornell, Johns Hopkins and industry - Pepsi, Coke, Nabisco, Nestle and several more - in how these problems can be tackled. They, too, will be well-informed by science. "There's going to be none of this crap about how can we lower the salt content of our chips and go on selling chips stuff," Ellis threatens.

A wonderful opportunity beckons to enact a global strategy that could relieve the world of immense suffering and a huge burden of premature death.

"This is about having a civilised but no-holds-barred debate about cooperative approaches with industry to achieving good global nutrition."

The food companies, but not the universities (and there is an open invitation to us to join if we wish), are each providing $250,000 up front to get this moving. Sackler hints at more if it works. If you want to see Sackler in action, visit the Met: everywhere you go, many of its majestic exhibits owe their presence to Sackler generosity.

So, come September there will be memorial ceremonies at Ground Zero but also a huge gathering at the UN. Every special interest group that has ever had a thought about chronic disease will be there to express itself. Excellent! As John Ralston Saul reminds us, conversation and cacophony are attributes of social freedom and democracy. Let all voices be heard. But let's also recall Susan Raymond's injunction about a new business model or, as Einstein would put it, 'a new way of thinking' being needed if the massive global problems of diabetes, heart disease, cancer and mental health are to be confronted.

A wonderful opportunity beckons to enact a global strategy that could relieve the world of immense suffering and a huge burden of premature death. I hope we are strong, flexible, inclusive, imaginative and courageous enough to take it.

The UN resolution may be only a small thing, but as the twin towers tell, amazing things can be built on small footprints.
Getting on with health reform

When the COAG meeting in early February agreed to a single national funding pool for health, it was a far cry from the ambitious agenda described almost exactly two years earlier in the National Health and Hospital Reform Commission’s interim report. The Chair of the Commission, Dr Christine Bennett, says the COAG agreement is moving – slowly – in the right direction. Like many, though, she would like to see the pace pick up and the focus expand. She hopes to be able to advance the reform agenda with renewed gusto from May in her new role as Dean of Medicine at University of Notre Dame Sydney, and through her ongoing association with the Bupa Australia Group.

By Beth Quinlivan

“It is moving slowly in the right direction.” Dr Bennett said of the agreement by state premiers and the Prime Minister to establish a single national funding pool, administered by a joint state-federal body separate from state and federal governments. “Last year’s dominant funder agreement would have been a leap forward, this is a step. It is important to have a national agreement, which appears to have been achieved. The hope now, with this agreement, is that we can move ahead with other important aspects of the reforms.”

She does however have concerns. “The biggest is implementation so we don’t end up with another elegant bureaucracy and a whole army of number crunchers but lose sight of the policy objectives.

“The Commonwealth meeting an increased share of growth of health costs, combined with the transparency of a national funding pool, will help to reduce the blame game and enable the rest of the changes to go ahead. While there is so much emphasis on financing, absolutely critical reforms are not being addressed - the most important of which is the integration of primary and community care with hospital care.

“Health reform will have to come. The system as it is structured, financed and delivered is not sustainable. Problems are not going to go away, inequities will widen, waste and inefficiencies will continue,” she said.

NHHRC

Established in early 2008, the National Health and Hospital Reform Commission was one of the key initiatives of the newly elected Rudd government.

“Being asked to chair the Commission was a once in a life-time opportunity to do something big about something you’re passionate about,” Dr Bennett said.

After more than 30 years working in the health system, across clinical and management roles, Christine Bennett was, and is, passionate about health reform.

After 16 months of work, including accepting more than a thousand submissions and having held direct discussions with many thousands of health and medical professionals, health policy makers and bureaucrats, community groups and patients, the ten NHHR commissioners signed off of a third and final report on 30 June 2009.

The Report set out a reform agenda with three primary goals, based around four themes. Commissioners urged action to tackle major access and equity issues, to redesign the health system so it could meet emerging challenges, and to create an agile and self-improving health system for future generations. Their premise was that health is about more than health care, and that achieving better health outcomes requires a broader approach, incorporating personal responsibility and prevention, better use of data, significant increases in non-hospital care options, and fully addressing the causes and impact of health inequities.

Although the government reform agenda was overtaken by last year’s election and all the uncertainties of a minority government, Christine Bennett is hopeful that implementation will not fade. But she is also watchful.

“To have a productive conversation about reform of health services, you need to start by addressing questions about the roles of government, and the governance and financing structures particularly in relation to public hospitals. So the government was probably right to start with the new funding and governance arrangements for public hospitals.

“But while structural and governance changes are important, the NHHRC also made recommendations on prevention, primary care, health workforce, mental health, sub-acute care, aged care, indigenous health and e-health, to name just some areas.

“My head is down now, but it will be up if the reform flame dies. It is over to the government but it also up to us to keep the momentum going. We do need to get one with it,” she said.

A BACKGROUND FOR CHANGE

It’s hard to imagine someone with a better background for a job which brought together the eclectic group of NHHR commissioners, to undertake a wide ranging review of the health system. Christine Bennett’s experience includes clinical and management, in public, not-for-profit and private sectors.

Christine Bennett graduated MBBS from University of Sydney in 1976, completed her internship at Royal North Shore before training as a paediatrician. She has held a number of senior positions in public sector management, including head of Health Services Planning in NSW Health, where her roles included negotiation of the relocation of the Children’s Hospital from inner city to Westmead, and implementation of the NSW State Trauma Plan. She was the General Manager of the Royal Hospital for Women, and then Chief Executive of Westmead Hospital and Community Health Services. In between these positions, she was Director of Clinical Services and Population Health in South Eastern Sydney Area Health Service.

She was chief executive of Research Australia before taking the position as chief medical officer at Bupa Health. Last year, she returned to Research Australia in a non-
executive capacity, taking on the role of Chair. Dr Bennett has also served as a non-executive director for publicly listed, private and charitable enterprises including Symbion Healthcare Ltd and the Schizophrenia Research Institute. She is currently director of HeartWare Ltd and Obesity Australia.

“I’ve worked in the health system all my life, in many different roles from paediatrician to chief executive of Australia’s largest hospital. That has given me a bigger picture view of health – I’m interested in prevention, policy and planning, and have seen the contribution of research to improvements in care.”

THE COMMISSION

One of the most significant achievements as Chair, she believes, was that each of the very different commissioners signed off on all three reports.

Commissioners included medical and health academics (Professor Justin Beilby, Dr Stephen Duckett and Associate Professor Sabina Knight) two former politicians (The Hon Geoff Gallop and The Hon Rob Knowles), Professor Ron Penny, former AMA president Dr Mukesh Haikerwal, and health policy specialists Mary Ann O’Loughlin and Dr Sharon Willcox.

“Different people were involved in different ways, but I do regard it as a huge achievement that ten people, all with strong opinions and none of them shrinking violets, were able to agree on each of the reports.

“There were differences of opinion but they were eventually differences of emphasis rather than fundamental opposition. Where there were differences, it always came back to the question of ‘what is best for people and families.’”

The 16 months of the commission was also not an easy time for the group, with a number of personal disasters including the bashing of Dr Haikerwal near his home in Williamstown in September 2008.

“With something as big and complex as health reform, it was always going to end with a large number of recommendations for change, and with debate and controversy. The deadline was a challenge, and I was incredibly relieved to meet it.”

So how did the Commission settle on the four themes of taking responsibility, connecting care, facing inequities and driving quality performance?

“The themes were a way of re-telling the story, of making the narrative broader,” Dr Bennett said. “When we began, we were all clear that we needed to include more than the regular stakeholders in our discussions and consultations – we wanted to talk to patients, members of the community and all health workers.

“When we began to engage with people, their main issues of concern were not waiting times at emergency departments. They were ‘I can’t get to see a GP’ and ‘I can’t afford to go to the dentist’ and ‘how do I find accommodation in aged care?’ Waiting lists and hospital beds have become the public currency for judging the performance of the health system, but individuals had very different measures.

“We all know that ‘health’ is about much more than ‘health care’. Health involves how we live life, the choices we make, the environment we live in, and many in the community were also of that view. Individually and collectively, we have to take greater responsibility for health, and make prevention a high priority.

“Reducing the pressure on public hospitals largely requires solutions outside the hospital system – strengthening and integrating primary care, providing more choices in aged care, and more sub-acute care capacity.

“Recognising and responding to inequities in health care, in Indigenous health, mental health, rural and remote health, is essential if we wish to have a health system which caters for all Australians.

“And we have to have the best leadership and systems available if we are to improve performance. We don’t use the information that we have already as effectively as we could. Personally controlled electronic health records, if done well, is game changing.

“Change is needed and reform will come, I hope it is on its way now and that we take the first real steps to change. To delay will only cause us grief.” Dr Bennett.

In the last issue of Radius, gremlins in the mailing house resulted in some copies of the magazine including a photograph of Dr Christine Bennett, but not the linked article about her role as Chair of the National Health and Hospital Reform Commission. For those who missed it, the article is reprinted here, apologies to Dr Bennett.
The School of Public Health introduced its Master of International Public Health program in 2000, with an initial enrolment of 12 students. More than 500 have now graduated, going on to contribute to health in developing countries in the region and elsewhere.

MIPH: graduates for the world
By Felicity Barry

The program was developed in response to what was happening globally, “said Course Coordinator Associate Professor Mu Li.

“Growing awareness worldwide of issues such as poverty and health, the call by the United Nations for all countries to contribute to combating some of these issues and the establishment of the Millennium Development Goals all impacted on the decision to begin this program.”

The School became one of the first places in Australia to offer a degree in international public health that specifically focussed on health in developing countries.

“One of our main aims was to make sure it was not purely theoretical. We want to make sure that our graduates have the practical skills to be competent practitioners. That is, we want them to not only know what to do but also how to do it. For example we teach field research methods, which shows the students how to collect data, how to undertake a survey, how to develop a questionnaire and also how to use the data,” said Li.

The program attracts students from nearly 50 different countries, and from medical and non-medical backgrounds. Teaching, engineering, law and graphic design graduates, among others, have done the course.

“Classroom discussions take some interesting turns. For example, one of the students, a water engineer, provided the class with invaluable insight as to how an improvement in local infrastructure could have indirect effect on the health of the community in Bangladesh. That is, improvements in infrastructure could prevent water contamination and thereby improving the quality of water available for use by the public,” said Li.

Graduates have pursued interesting careers. Some have taken up Australian Youth Ambassador for Development places in Laos, Vietnam and other countries. One graduate is now managing an international health research program at the University of the South Pacific. Another has a high level role at the Oceania University of Medicine in Samoa.

“We’ve also been very lucky to attract scholarship students through AusAID and Asia Development Bank. Many of these students have then returned home and had very successful careers in their home country.”

DR. MUKABI K. JAMES
I finished the MIPH in 2009. Since returning to Kenya, I have been attached to the Ministry of Public Health and Sanitation as Head, Department of International Health Relations. My main role is to coordinate engagements in health between the Ministry and international health organisations, relevant regional economic bodies (including the African Union and East African Community), other governments, and key global health initiatives (such as The Global Fund).

SOPHIE CHADWICK
I graduated from the MIPH in January 2010 and was accepted into the Australian Youth Ambassadors for Development Program, funded by AusAID, which aims to strengthen mutual understanding between Australia and the countries of Asia, the Pacific and Africa and make a positive contribution to development.

In July 2010, I commenced work as a Health Project Development Officer with the Public Health in Emergencies team of The Asian Disaster Preparedness Centre (ADPC) in Bangkok, Thailand. My role specializes in building the capacity of the Asia Pacific region to better prepare for, and respond to public health emergencies, through the provision of educational workshops.
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Communities
Ultrasound training is promoted in the curriculum as a tool to support anatomy teaching and to facilitate future practice. Ultrasound is increasingly used as a point-of-care diagnostic aid and has been called the “21st century stethoscope”. Familiarity with its use is a vital skill for tomorrow’s doctors.

In addition to formal lectures in the first two years and an optional clinical attachment, teachers at Westmead Clinical School have a program of hands-on tuition. The centrepiece is a popular ultrasound skills workshop.

The framework was conceived by Associate Professor George Larcos and Dr Hua Chang, the then Teaching Fellow for Westmead Clinical School. Typically around 20 students attend on a Saturday morning in PRINT (pre-intern) term, when final exams are over and the students are looking forward to putting their learning into practice.

Students are provided with learning materials on physics and anatomy prior to the workshop. At the workshop, they attend a plenary session revising the physics of ultrasound and view a video on operating the console. Abdominal and pelvic cross-sectional ultrasound anatomy is presented.

Armed with this knowledge, students move to the most popular part of the workshop – live scanning. Each group of four students is guided by a sonographer or a clinician through the process of scanning a volunteer subject. While scanning the abdomen, pelvis and leg veins the students learn the intricacies of obtaining a clear image, as well as getting tips from the experienced staff (e.g. “When you’re lost apply more gel. It gives you time to think”).

In the first scanning session students identify the organs of the upper abdomen, as well as portal vein, common duct and abdominal aorta. In the next two sessions they study imaging of pelvic structures and the deep veins of the leg, learning to detect deep vein thrombosis.

If there is spare time, groups are free to explore other structures, for example, the thyroid gland and carotid artery. Students have spoken enthusiastically of their “aha” moments as the image emerges from beneath their hand – the wonder of experiential learning to which all teachers aspire.

Some common abnormalities detected on ultrasound are covered in the final plenary session of the morning. This takes the form of a quiz with token prizes awarded for the most correct answers.

EVALUATION
Statistical analysis of “before” and “after” questions confirms that students improve their knowledge about ultrasound. There are plans to study longer term retention of information and the extent to which participants incorporate what is learned as interns and residents.

The students universally rated the teaching and the learning experience positively: “excellent”, “highly recommended”, “great opportunity” and “very valuable” are common comments.

The students have suggested modifications to the workshop which have proven useful in meeting their learning needs, particularly changes to the content of the final session and the teaching materials. The most common suggestion, however, has been a desire for more time, especially free time to “play” with the machines.

CONCLUSION
This highly successful introduction for students to hands-on ultrasound will hopefully be propagated to other clinical schools of the University of Sydney in the next few years. One student succinctly described the workshop as “hard work but very useful” – the organisers and teachers entirely agree.

Westmead Clinical School extends grateful thanks to Professors George Larcos and Shih-Chang (Ming) Wang, Dr Hua Chang and to the generous and enthusiastic teachers who made the 2010 ultrasound workshop a success (George Bonovas, Stewart Seow, Nicole Campbell-Rogers, Fiona MacNaught and Sarah Lawrence) radius

WORKSHOP STRUCTURE
1. Pre-reading
   • Introduction to Diagnostic Ultrasound [CD]
   • PowerPoint with unlabelled images
2. Introductory teaching
   • Pre-test
   • Physics of ultrasound and “knobology”
   • Cross-sectional anatomy and ultrasound
3. Small-group live scanning
   • Abdomen (90 mins)
   • Pelvis (45 mins)
   • Leg veins (45 mins)
4. Clinical use and interpretation
   • Case-based presentation and discussion
5. Post-test and evaluations
Hi all and welcome from the new SUMS Exec. Our society has a long and proud history, with foundations in 1886. This year we are celebrating our 125th Birthday!!!

We are extremely excited to be heading the illustrious SUMS in 2011, it is going to be an amazing year and we hope to be involved in all facets of it. Our aim remains the same: to represent and advocate for all medical students at our University and be actively involved in discussions and decisions affecting medical education, training and careers through liaising with faculty, government and professional organisations. We provide assistance, both financial and otherwise, to members in need through bursaries, educational and charitable grants, and through downloads from our website. We raise awareness of issues that affect us as students through publications, lecture series and seminars, and we provide a comprehensive calendar of social events and activities throughout the year for our members, guests and alumni.

→ ACADEMIC EVENTS
Several ideas are being implemented into clinical schools to assist with student support in our hospitals. Other events include:
SUMS Indigenous Health Night and Rural Health Night are great opportunities to put part of the curriculum into context and hear from those who have worked in rural and remote areas. Students learn from their experiences and are informed about scholarships and student placements available, the Royal Flying Doctor Service as well as allied health in a rural setting.
Postcards is a bi-annual event held in conjunction with GlobalHOME, where you hear from students who have recently completed their elective placement. No other event is tailored so well to allow students to gather advice on how to get the most out of electives.
Elective Snapshots is immensely popular, particularly for second and third year students who are planning their elective term. Speakers include final year students who provide advice on planning and organising a successful trip.
The Women in Medicine Dinner is an annual event at which students have a chance to share stories with women working across a range of medical specialties. The night encourages discussion of issues such as balancing family life and successful careers, as well as presenting some of the amazing work of Australian female doctors across the world.

Global Health Lecture Series is hosted by globalHOME, and designed to help students to better understand global health issues. This eight-part series will be delivered by experts in the field, topics to be covered include: aid and poverty, healthcare in conflict settings, responses to natural disasters, tropical infectious diseases, climate change and its impact on health, malnutrition and indigenous health.
The Medical Leadership Seminar provides students with the opportunity to hear from and ask advice of successful and high profile individuals. In 2010 attendees were inspired by Dr. Charlie Teo (Neurosurgeon), Dr Andrew Perry (Chair, AMA Committee) and Colonel Georgina Whelan (Australian Defence Force Commander).

→ SOCIAL EVENTS
O-Camp is a fun filled weekend of games and competitions.
SUMS 125th birthday will be a multi-day festival of movies, social events and an academic program.
Medical Society Ball is our society’s premier formal social event, attracting approximately 600 students and their partners from all years and clinical schools each year. Held in May, it represents a great opportunity to build your organisations’ reputation with future doctors.

→ INFORMALS
There are always many events supported by SUMS, and this will continue in 2011.
For internationals, this includes is Canada Day, NHL tipping, Thanksgiving and Halloween.
Student wellbeing is important to SUMS and has been flagged as an area for us to expand our activities. SUMS currently takes part in a number of sporting activities throughout the year, with competitions between clinical schools, faculties and other medical schools.
THINKING OF FURTHER STUDY?

Sydney Medical School accepts mid-year enrolments up until July in many postgraduate courses.

COURSES FOR MID-YEAR ENTRY:
Bioethics, Biostatistics, Clinical Epidemiology, Clinical Surgery, Health Communication, Health Policy, Infection and Immunity, International Public Health, Medical Humanities, Ophthalmic Science, Paediatric Medicine, Pain Management, Public Health, Qualitative Health Research, Refractive Surgery, Reproductive Health and Human Genetics, Sleep Medicine, Surgery.

More information on each course can be found at sydney.edu.au/medicine

OR: COME TO THE POSTGRADUATE MID YEAR ENTRY EXPO ON APRIL 14. SEE WEBSITE FOR DETAILS.

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Deputy Medical Editor

The Medical Journal of Australia (MJA) is seeking to recruit a suitably qualified applicant for the position of Deputy Medical Editor, to work as part of its team of medical editors at its Sydney CBD-based office.

The successful candidate will be a medical graduate preferably with experience in medical publishing, writing and editing. Postgraduate training, research, or a postgraduate qualification is desirable, but not essential. Excellent English language skills are essential.

The Deputy Medical Editor will be involved in, and have a responsibility for, the editorial processes of the MJA, including critically reviewing submissions, facilitating the peer review process, commissioning contributions, liaising with authors and copy editors, writing for publication and making a contribution to the evolution of the Journal.

If you think you have the skills and experience, please send a CV and covering letter to: mshepherd@ampco.com.au, Tel: (02) 9562 6602.
Next week marks the beginning of the new academic year and another intake of medical students into the School of Medicine at the University of Sydney. I am honored to have been asked to address the new students on behalf of the Medical Alumni Association. But what to say? I cannot recall my own first day and I am sure many of you are in a similar position, or perhaps for many it was a memorable occasion. I know that I recall the last days and the great feeling of relief that the exams were over.

Whatever our memories of the time we spent in the Faculty, most of us will look back fondly on this time and I am sure that we all wish these new medical students all the very best for their time as students and for their future within the profession. For many of the alumni there has been little contact with the University since those final exams. May I suggest that you re-engage with the University? Recent work around the main campus has resulted in a very impressive pedestrian precinct in the front of the Anderson Stuart building (the ‘Old Medical School’).

If you come back physically to the campus consider taking the ‘Medical Heritage Trail’. The very concise, well illustrated and practical brochure, constructed by Dr Lise Mellor, can be downloaded from the Faculty website at http://sydney.edu.au/medicine/museum/mwmuseum/index.php/Places. While at the website, and especially for those distant from Sydney, look at the other fantastic historical material available at the site and I am sure that all those memories of student days will come flooding back (there are even copies of old exam papers!)

What I plan for my talk to the students is to take them on a virtual ‘Medical Heritage Trail’. The trail begins at the site of the ‘Old Cottage’ where Professor Anderson Stuart began his lectures in a 4 room cottage with 4 male students in March 1883. The walls of the building were yet to be completed and Anderson Stuart taught on a skeleton borrowed from an ‘irregular’ practicing in Sydney. The walk continues past many of the fine buildings on campus, which have a direct connection with the Faculty; the Nicholson Museum, the Anderson Stuart building, the Fisher Library and its forerunner at MacLaurin Hall, the Edward Ford and Bosch. How much has changed, but what a rich history we have at the Sydney Medical School at the University of Sydney.

I would encourage all alumni to reconnect with the University both in mind and body.
Jules Black
MBBS 1964

After graduation, I specialised in Obstetrics & Gynaecology, and sub-specialised in Human Sexuality, its problems and their management. In so doing I became very well-known both in Australia and world-wide. Over the past 50 years I have amassed a very large collection of books, journals, and other forms of articles, documents and correspondence relating to sexuality. The entire collection was donated to the Health Sciences Library of Perth’s Curtin University who are naming a section of their library as The Jules Black Sexology Collection. A companion website has also been constructed. There is to be an opening ceremony in March 2011.

Lucy Shook Yui Ng
MBBS 1967

I am still practising as a GP in outer Western Sydney. Though my hours have been shortened, I’m available on my mobile 24/7. This is due to public transport entailing HOURS on train & bus to Sydney University for carillon practice (enables me to tackle the SMH Crosswords and to keep dementia at bay!) As there are only two Australian Medico-Carillonnists, the other being the recently-retired University Carilllist, Dr Jill Forrest, AM. I’ve been fortunate enough to play (using “Lucy Koe”) for a few graduation ceremonies, the last two RACGP graduation ceremonies in the Great Hall, and also the Sydney Medical School Sesquicentenary Celebrations (in the absence and with the kind permission of Dr Forrest). Church organ playing (I’ve again been fortunate to have had expert tuition from the late Dr C Dearnley of St Paul’s Cathedral and Royal Wedding fame) and occasional babysitting are the other “hobbies”. As a member of the Chancellor’s Committee, I also help out (more of a hindrance?) at the Committee’s Bookfest, Antiques Fair & the Chancellor’s Committee Shop. Having easy access to the latter, I’ve purchased numerous tote bags with the University crest to give to fellow medicos and alumni, which also serves to advertise our famous sandstone University. May I strongly recommend that fellow readers patronise the C.C. shop (in person & e-bay) for distinctive, reasonably-priced AND highly-prized gifts to give on special occasions to your fellow alumni and friends.

Justin D H Smith
MBBS 1978

I have been a General Practitioner for 30 years in a semi rural area near Newcastle. I have been a solo practitioner for the last 18 years. I have four adult children, the last one is completing medicine. I also have two grandkids. My children and grandkids keep me fit and healthy but I also enjoy flying ultralite gliders and planes. I practice karate and enjoy surfing, this year we went to the Maldives. I ride a motorbike and toured South Africa last year.

I am hoping to be able to practice part time before I turn 60, in three years!

Diana Weston
MBBS 1979

I have continued developing my baroque music ensemble ‘Thoroughbass’, established in 2008. My son Angus Ryan is a permanent continuo partner playing on his 1745 Walmsely cello. We incorporate young up-and-coming musicians and singers, some straight out of the Conservatorium, others more established in their careers. As a harpsichordist, I am out for hire with orchestras and ensembles and for students of Early Music at the Conservatorium.

I have had an enjoyable 11 years since finishing medical school and have completed neurosurgical training, travelled to North America to do further training in Stereotactic and Functional Neurosurgery (surgery for movement disorders such as Parkinson’s disease/ essential tremor as well as surgery for pain - especially trigeminal neuralgia - and also stereotactic radiosurgery for brain tumours and other conditions).

I am now a neurosurgeon in Sydney at Royal Prince Alfred Hospital and North Shore Private Hospital. I direct a stereotactic radiosurgery program at RPA alongside radiation oncologists.

Benjamin Jonker
MBBS 2000

I was finally getting my CD Bach and Harmonious Euphony completed. The group has also been participating in local festivals in Willoughby and Manly. This year we will again be taking part in the Willoughby Spring Festival, this time in their new chamber music venue in The Concourse, as well as continuing our regular music series in Mosman.

My interests? Music, music and more music. Other than that - our farm at Illford and trips to the Mallee to visit our enterprising daughter and her partner who managed to strip tonnes of wheat, barley and oats in between rain, rain and machinery failure.

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I am now a neurosurgeon in Sydney at Royal Prince Alfred Hospital and North Shore Private Hospital. I direct a stereotactic radiosurgery program at RPA alongside radiation oncologists.
especially Nitya Patanjali (also from the graduating class of 2000).

I completed a master of medicine in Clinical Epidemiology through the University of Sydney which was absolutely fantastic and I would recommend to anybody who wants to know more about evidence based medicine!

George Gayagay
MBBS 2001

I have concluded my AOA (Australasian Orthopaedic Assoc) training and am now admitted as Fellow of the Royal Australasian College of Surgeons (Orthopaedics). I am about to commence a volunteer 6 months post in Dili, East Timor as the Orthopaedic Consultant with RACS/AusAid before I setup my practice in Sydney. I have been frequenting Cambodia and the remote islands of the Philippines for medical/surgical/orthopaedic missions by myself or with other organisations. When in Australia I am a keen cyclist and recently cycled 223 kms in three days along the east coast of Tasmania.

COME BACK IN A YEAR
By Steve Leeder, MBBS 1966

‘Essentially clear’, the report read, but what did ‘essentially’ mean? “Come back in a year!” the doctor said, smiling a smile that implied that she knew best but what is best, I wondered? She said “See if you can rest.”

I accept the categories of anxiety that Paul Tillich described when struggling to splint the German psyche shattered with shame after the holocaust. Worry over purposelessness, guilt and death, he said, mark our existence – natural, unavoidable qualities of our lives as mortals, of our separation from our essence – the Ground of all Being, as he termed God. Tillich’s explorations may not exactly resonate but cancer of the breast feels like a little holocaust. Captives in white gowns with our bald heads we participate in trials of new drugs, lie down for weeks of x-ray in dark bunkers we move in small spaces with high walls seeking peace, with threats over summer holidays and living to see our grandkids grow. So when six months passed, undressed, I found a new lump, there was no further need for puzzling adjectives like ‘essentially’. The report was clear. “Next stage,” the doctor said softly adding kindly, “See if you can rest.”

A SCOTTISH NATIONALIST
By David Gibb, MBBS 1964

I am in regular correspondence with a Scottish friend, Andrew Black, who is a senior lecturer in anaesthetics at Bristol University. I was reminded of him following the Socceroos problems during the 2010 World Cup and the recent failure of our bid to host the 2022 World Cup. Scotland was eliminated in the preliminary rounds parior to the 2002 Cup and following the completion of the tournament I asked him who he had supported in Scotland’s absence. I was appalled by his reply: “Any team playing against England”. I felt that as a British citizen he should be admonished for this attitude and I reprimanded him in the following manner:

I comprehend how Celtic pride might rail against the Saxon hoard
And cheer with gusto, but in vain
For Swede, Nigerian and Dane
All conquered by the Saxon sword – Ronaldo’s samba troupe their only bane.

While I full ken ye wouldn’t back Perfidious Albion’s Sassanach
Is Caledonian heart so mean
’Twould barrack for the odious Argentine?

1925 LORRAINE DIETRICH RACING CAR – DO YOU KNOW WHO OWNED THIS CAR?

This photograph was taken, circa 1938, in George Street but it was also frequently parked outside the Blackburn Building in the mid 1940s. The current owner of the restored vintage car would like to contact the original owner, most likely a medical student or lecturer in the Sydney Medical School at the time. If you know who owned this car please contact Lise Mellor on 02 9114 1164.
Recollections
Frederick Stephens
MBBS 1946

Pioneering cancer surgeon, Professor Fred Stephens, recalls a moment of surgery at sea under less than perfect circumstances. In 1956, Dr Fred Stephens was voyaging onboard The Highland Monarch from Buenos Aires to the United Kingdom when two patients presented with very acute appendicitis. The following is an excerpt from his book – From Kurmond Kid to Cancer Crusader (Wakefield Press).

DO-IT-YOURSELF SURGERY AT SEA

On the return voyage, in mid Atlantic, I was called to see two young crewmen both of whom had developed severe abdominal pain and vomiting. There was no doubt that both had very acute appendicitis and both needed to have appendectomies without delay. As I was the only medical officer on board I asked if there was a Doctor among the passengers who could give an anaesthetic. The sole respondent was an elderly, retired Spanish Doctor who said he had given many anaesthetics and would be prepared to act as anaesthetist. There were no proper facilities on board for conducting abdominal surgery however there were a few instruments, including a scalpel and forceps. There were also some needles and a small amount of suture material, a few bandages and simple wound dressings, but there were no surgical swabs, major dressing materials or anaesthetic masks or equipment. Nor was there a trained nurse, but among the passengers was a 17 year-old girl who was travelling to England for nursing training. She offered to help.

Bed sheets were cut up to use as surgical swabs and dressings and I made an anaesthetic mask with wire covered by a small sheet of cotton. The only general anaesthetic substances were bottles of ether and a bottle of ethyl chloride. Ether was one of the first general anaesthetics ever developed but amongst the safest and most easily administered agents. My main concern, however, was about how slow it was likely to be in anaesthetising a fit young man who might resist someone holding a mask over his face. Ethyl-chloride is a much quicker but more potent anaesthetic agent but with little latitude between what amount is safe and effective and what is too much and therefore dangerous. I checked with my volunteer anaesthetist that he knew how to use each agent effectively and safely. I explained that only a little ethyl-chloride should be dropped onto the anaesthetic mask to settle the patient reasonably quickly then this should be followed by a steady, more continuous drip of ether to maintain unconsciousness. He assured me he was familiar with all this so the captain pointed the ship in the best direction for smooth sailing and preparations for the operations began. I had arranged for my very sensible bedroom steward to be my surgical assistant and the young girl to be ‘scrub-nurse’ helper.

I helped them scrub and put on surgical gloves and explained the importance of totally sterile techniques, emphasising that they must not touch anything that wasn’t sterile. Then I put my first patient to sleep with the ethyl-chloride/ether anaesthetic. When the patient was satisfactorily anaesthetised I handed over the anaesthetic duties to the elderly doctor while I scrubbed, gloved, and began the surgery. After I’d made the surgical incision it became apparent that the doctor giving the anaesthetic was having some trouble. In fact our patient was blue and had stopped breathing so I took off my gloves and resuscitated him. I explained to the doctor that I thought he had given too much ethyl chloride and that he should not give any more, just keep slowly dripping ether onto the mask; just enough to keep the patient asleep but not enough to depress his breathing. I then rescrubbed and continued with the operation.

Sure enough the appendix was very acutely inflamed but before I removed it I noticed that the patient had stopped breathing. Once again I stopped operating and resuscitated the patient. I then insisted that the patient must not be given any more ethyl chloride but the anaesthetising doctor was very unhappy. He said that in his experience he had found ethyl chloride to be a safe anaesthetic agent but that ether should be used sparingly because it was dangerous. I demanded that the ethyl chloride be taken from the operating room and finished the operation without further incident.

Because the other young man still needed an emergency appendectomy we prepared our ‘theatre’ again, this time banning the elderly doctor from the operating room. I promoted my bedroom steward from assistant to anaesthetist and showed him how to give a safe anaesthetic; the young nurse-to-be filled the vacancy as operating assistant and another young steward became the theatre ‘scrub-nurse’. This time the operation went very smoothly with each participant performing his/her role admirably. An equally acutely inflamed appendix was safely removed and we all breathed a sigh of relief.

What I had not catered for was the reception that we all received when we left the operating room with the news that all was well. The word must have passed around the ship that all this was going on and a big celebration that involved passengers and crew broke out. The captain presided over the festivities and after that I could do no wrong. I was invited to more celebratory parties than I could accept and accepted more invitations than were good for me.

One side issue of all this was that one of our passengers was Senor Juan Quadros who was president-elect of Brazil and was travelling with his wife and two lovely daughters (aged 20 and 17) to political events in Europe. Senor Quadros asked me if I would be interested in a medical position in Brazil as his surgeon and surgeon to the Diplomatic Corps in Brazil. He assured me that if I accepted such a position I would make enough money in just five years to retire comfortably for the rest of my life. I was flattered by the suggestion but there were three very good reasons why I gave it no serious thought: first I was in love with Lillian; second I believed it was time I settled down to serious surgical studies and training; and third, I realised that it all depended on Senor Quadros being appointed president and holding the presidency for five years. South American presidents were often removed, one-way or another after short periods in office. (It so happened that Senor Quadros was no exception. He did become president of Brazil, and I understand he was a very good president, but his reform program was blocked by people in powerful positions with vested interests and he resigned in frustration after only seven months in office.)
1966 MEDICAL REUNION

Following our tradition of the past 20 years, we celebrated our 45-year reunion over two days on 28-29 January, mainly at a Sydney coastal retreat.

More than 40 from our year began the reunion weekend by inspecting a spectacular exhibition of rare medical books in the Rare Books section of Fisher Library. At a reception in the Anderson Stuart Building, and also later at our conference, the Dean, Bruce Robinson, spoke about opportunities for alumni to assist in educational roles, locally and internationally. Many then left for informal dinners on Friday night at restaurants near the University or at Manly.

Among the diverse topics presented at the day-long Saturday conference on 'Passions, hobbies and interests', Chee Yeen Loi gracefully played several pieces on the Erhu (Chinese violin), taken up only since his retirement. John Whitehall told yet another of his gripping tales on teaching Tamil Tigers. The other presentations included everything from orienteering, travelogues and photography to jazz guitar-playing, poetry, mental health, psychosurgery, child advocacy, GP locums and offshore medical services, and medical history and biography.

Chats during breaks in the day-long conference were enhanced by reading and reminiscing on single-page stories of our transition to retirement. These were accompanied by both 1965 and recent photographs of about 80 fellow students, the whole display organised by Maureen Rogers. These described our lives in the last 5 years or so and plans for the next 5-10 years, as most of us approach the beginning of our eighth decade!

At our buffet reunion dinner, Ross Kalucy, the 1966 Robin May prize-winner, reflected on the changing national scene in medical education over the past 50 years.

Wine for our dinner was generously donated by one of our medical vigneron, Colin Andrews.

About 110 alumni and partners registered for the conference and 160 enjoyed the reunion dinner. Any profits from the reunion and other donations will be contributed to continuing the Doug Baird Student Scholarship, initiated at a previous reunion.

Paul Lancaster 2 February 2011

Does your graduating year have an important anniversary in 2011? 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.

GRADUATING YEAR OF 1961
When: Sunday 28 August 2011
Where: Australia Golf Club, Roseberry
Time: 12:30pm
Contact: David Brender, brender@internode.on.net

GRADUATING YEAR OF 1946
When: Friday 23 September 2011
Where: Concord Golf Club
Contact: Alan Young, alanyoun@bigpond.com

GRADUATING YEAR OF 1957 (SENIOR YEAR 1956)
When: Saturday 22 October 2011
Where: University of Sydney, Holme Building
Contact: Al McKay, 02 48836 967, almckay8@bigpond.net.au

GRADUATING YEAR OF 2001
When: October /November 2011
Where: Venue to be announced
Contact: Sarah Walker, stw007@gmail.com

reunion reports
Of medicos and mariners

PART 1
By Lise Mellor

The Sydney Medical School has a long standing association with Sydney Harbour and sailing. Two of Professor Anderson Stuart’s earliest appointments to the School, Robert Scot Skirving and Alexander MacCormick, shared a passion for yachting and were amongst Sydney’s early sailing fraternity.

When Professor Anderson Stuart was appointed in October 1882, he began encouraging fellow Scots to support the fledgling medical school. One, Sir Alexander MacCormick, was appointed in July 1883 as Demonstrator in Anatomy and Physiology. Five months later, Robert Scot Skirving was appointed as Medical Superintendent at (Royal) Prince Alfred Hospital. Scot Skirving and MacCormick had been class mates at Edinburgh University so the friendship had already been struck before their mutual arrival in Sydney. The pair shared an unwavering passion throughout their lives for “the small ships” and sailing. Their pioneering role in the foundation of this faculty and medicine is matched by their nautical influence in the early Sydney sailing scene. By all accounts they “messsed about in boats” for the sheer pleasure of it. Between them they built at least nine boats.

The first was a Chinese canoe. MacCormick and I each had one. Jolly able little things if they were properly handled, and we did learn to handle them well in the hard winds and the steep little vicious seas of the harbour. Then MacCormick built a Mersey canoe, decked over with a cockpit to seat about three people. I often sailed her. We both, as time passed, got other boats. I built a four tonne yawl called the Hygeia... Shortly after I got her I took Lucy and Robert out with Frank Waller, then a lad. Off Garden Island a wild westerly squall struck us, and over we went till the coamings of the open cockpit were under water, which poured into her. It was only a matter of moments and she would have filled. I luffed her up and let go the main sheet. Frank Waller had just time to get to the foot of the mast and let the mainsail down by the run. It came luckily, and lay flat in the water. She righted with a nice belfy of Sydney Harbour in her. Even with the mizzen and the jib she had as much wind as was good for her. I had to have nearly a ton added to her inside ballast, and I had a movable hatch, in leaves, fitted to cover in the cockpit, except for one central aperture. I had a lot of pleasure out of this craft and kept her till nearly 1900. (from Memoirs of Robert Scot Skirving, edited by Ann Macintosh)

Scot Skirving then went on to have his largest yacht built, a 54 foot ketch called Panacea (26 tonnes), which he kept for a year before commissioning another eight tonne ketch (with an engine) called the Alcyone.

She was a trim little ship and sailed well. I kept her for several years and sold her to Burres Philip to carry copra between islands in the Solomans. I was in her a westerly gale, and one squall said to have reached 80 mph, laid her flat and filled the cockpit, but not water went below. I admired her.

Next, came a “comfortable little ketch” (14 tonnes) called the Cuthona, which means hound of the wave. Scot Skirving arranged for her to be sold whilst he was serving in World War I. On his return in 1919, he “designed and wholly rigged” a two masted ketch called the Islay. He recounts having trouble selling her several years later for fifty pounds! In 1930 Scot Skirving produced the yacht he favoured:

I got Barker to reduce one of Colin Archer’s plans of the Redningskote type of double-ender to a size suitable for me and the result has been a splendid little 10 tonne craft about 32 ft x 10 ft 3 in x 5 ft 10 in. A great sea boat. I called her the Phalarope. I completely rigged her myself as a Bermuda rigged ketch and gave her tanned and redlined sails... She is the best boat I have ever owned and I have her still.

Whilst at Edinburgh University, Scot Skirving had been friends with Robert Louis Stevenson and was enthralled by his adventure stories. Highly literate himself, he wrote a novel, a love story with the motif a problem in nautical astronomy, called Love and Longitude, published in 1901. In his later years he wrote a quintessential text entitled Wire Splicing for Yachtsmen for which he used x-ray images to represent the dissection of ropes! He was a co-founder of the Ancient League of Mariners of NSW and studied to become a Master Sailor. When he passed his exams he was the only holder of the Master Sailor certificate in Sydney at the time.

In contrast to Scot Skirving, MacCormick wrote no detailed accounts of his time in medicine or the seas. We can glean, however, that he also spent time as a ship’s doctor and loved the seas, but, as Scot Skirving says of him “he loved the seas... with little ships upon it.”

If MacCormick had been a sailor in the great days of sail, what a master of a China Clipper he would have made! I cannot imagine anyone having more the makings of a great practical seaman than MacCormick (Scot Skirving in his Memoirs).

By Professor Douglas Miller’s account, sailing was MacCormick’s greatest pleasure. He raced his 53foot ketch, Thelma, throughout the 1890s. He joined the Royal Sydney Yacht Squadron in 1893 and was commodore from 1897 until 1900. When the Royal Yacht Club of Victoria issued a challenge to the Royal Sydney Yacht Squadron in 1903, the Sayomara Cup was born and MacCormick raced Thelma against his Victorian counterparts for several years. In 1913, he became commodore again for seven years and commissioned the building of a cutter, Morna, for cruising.
Designed by the Scottish naval architect William Fife, she was 65 feet and carried a huge gaff-rig. At the time she was the largest yacht on the club’s register.

MacCormick was a founder and inaugural commodore of the Prince Edward Yacht Club in 1920. The club history reports that a hat was passed around the early members for the funds to build a clubhouse, which was constructed in 1923. In 1927 he visited Scotland to supervise the building of a schooner, Ada and sold Morna to Sir Frank Packer. With a crew of four MacCormick sailed Ada from Scotland, through the Panama Canal then on to Sydney. The voyage took him four months. He was subsequently granted membership of the Royal Yacht Squadron at Cowes (the most prestigious yacht club in the UK) and was granted special dispensation to fly the Royal Navy’s white ensign, the only yachtman on Sydney Harbour with that privilege.

When he retired at the age of seventy five he sailed to the Channel Islands. He remained in Jersey until life was interrupted by the war. Saved by sail, he escaped hours before the arrival of the Nazis on Ada, crammed with refugees! He lived in London for the rest of the war but returned at war’s end and died in 1947.

**Morna – History of a Champion**

I wonder if, in his later years, MacCormick was aware that his first cutter *Morna* made history of her own.

When sold to Sir Frank Packer, she was fitted out for the Harbour short offshore races. Just before World War II, Sir Claude Plowman bought *Morna* and she was re-rigged for long distance offshore racing. Plowman, a deputy-commandant of the Sydney Harbour Bomber Corps in seamanship, used her to train members of the Air Training Corps in seamanship.

In the early post-war years *Morna* dominated racing. Plowman was a senior member of the Royal Yacht Club of Tasmania and was integral to the establishment of the Sydney to Hobart Yacht Race. He entered *Morna* in the second race, in 1946, led all the way to be ‘first across the line’. *Morna* won the next two races, setting a record in 1948 that was only broken in 2008 when *Wild Oats XI* took ‘line honours’ for the fourth successive time.

She endured being sold again, having her name changed to *Kurrewa IV* and was sailed to take line honours four more times, in 1954, 1956, 1957 and lastly in 1960. Today she is registered to the Royal Sydney Yacht Squadron and moored in Neutral Bay. *radius*
Of medics and mariners

Since Scot Skirving and MacCormick’s time, many alumni have pursued the challenge of long distance yacht racing. In 2010, director of the Bosch Institute Professor Jonathan Stone sailed his first Sydney to Hobart. He skippered the smallest boat in the fleet, 34 foot Illusion, over the finish line through treacherous conditions. Co-owned with Sydney Medical School colleague and Centenary Institute executive director Professor Mathew Vadas, their story is one of friendship and adventure.

PART 2
By Lise Mellor

Jonathan Stone and Mathew Vadas met in the 1960s when Mathew Vadas was a medical science student and Jonathan Stone a doctoral candidate. The friendship was forged but their paths separated when Vadas moved to Melbourne to work at the Walter and Eliza Hall Institute. There he took up windsurfing and admits that “perhaps there was an experiment that went more slowly as the wind came up.” He returned to Sydney and met up with Stone at a conference during 2008. At first they talked science, but at some point, the conversation turned to sailing.

Stone is a long standing member of the Double Bay Sailing Club. He has been President, Commodore and is now Patron. When he invited Mathew Vadas to crew with him, Vadas leapt at the chance: “I would have been mad not to. Growing up in Hungary there was nothing like this.”

When the idea of ‘doing Hobart’ came up – and although he eventually did not join the race - Vadas again leapt at the opportunity. For Stone, sailing the Sydney to Hobart was something he had wanted to do for a long time “just to have a go at it.”

In June last year they purchased Illusion, a New Zealand designed Davidson 34. A four-time Hobart veteran, Illusion is tiny by contemporary race standards but had won the 1988 race on handicap.

Preparations began but there was never any shortage of obstacles. The longest preliminary offshore qualifying race was Sydney to Southport in July. But although the race began well, Illusion collided with a whale and had to be nursed home for a keel reconstruction.

As the Boxing Day start drew near, the weather forecast turned nasty. At the official briefing, which is compulsory for all boats, crews were told to expect very tough conditions for at least the first half of the 628 nautical mile race.

After the weather briefing, Stone was quoted in the media as saying:

“We’re forewarned now and the CYCA has made sure we’re forearmed. We’ve sailed in those conditions; we believe we can handle them. It’s an adventure, a challenge and that’s why we’re in it.”

After a light start, the first of three fronts hit the fleet during the first night and brought winds of 40 to 50 knots. The front announced its arrival with a thick roll of dense cloud against the dark sky.

“Strategy is straightforward. When you see that, you change the headsail down and put two reefs in the main”, said Stone.

A second front came through and felt twice as strong. Stone skippered a determined course towards Tasmania at the back of the fleet, the focus was on keeping the boat intact and getting to the finish line. The winds were challenging but it was the waves they whipped up that were terrifying. “You get thrown up one side of a wave and don’t know whether you are going to come down soft or hard. We kept coming down hard.”

Race compliance dictates that as you approach Green Cape (37.15 degrees south) the skipper is required to report to race control and state that the boat is in shape to cross Bass Strait.

“I remember this point so clearly. I checked the boat and the safety gear, discussed the forecast with Chris, who was Sailing Master. Then I went up on deck and talked to the crew and said that “as skipper I felt the boat and crew could handle it”. I asked if any of the crew wanted to pull out. None did. So we radioed in that we would continue.”
These conditions tested even the maxi yachts and overall, 18 boats pulled out of the 87 strong fleet. For Illusion, it was “three days and nights of bedlam followed by two beautiful days of sailing.”

Once in the lee of Tasmania, the weather changed.

“The sun was warm, the sea calm and the wind was at our backs and the local dolphins gave us a welcome”, said Stone. “Illusion reached the finish line, at the north end of the Derwent estuary just off Constitution Dock at 4.00 pm on a sunny Hobart afternoon on December 31, with the wind at the quarter and a spinnaker raised. The trip had been tough, dangerous, exhausting and beautiful; a great way to end the year.”

“We were 66th over the line, 43rd on handicap and 5th in our Division – a very satisfying result. I would have been happy just to finish… Five days, three fronts, two knockdowns and scores of dolphins later, we were there.”

As for next year, Mat Vadas says “We are already discussing it; there is a lot to consider. But we are beginning to understand why sailors come back to this race, year after year”. radius

Who’d have thought so many of alumni have sailed in boats, ranging from tiny dinghies to steel hulled barquentines? In response to an email asking about your Sydney to Hobart experience, we received over 40 emails telling of your adventures on the waters. Here are a few snippets:

Like ships that passed in the night, Jonathan Stone and Illusion sailed the 2010 Sydney to Hobart with Darryl Hodgkinson (MBBS 1972), racing his first Beneteau 45 Victoire (he came fifth overall). In a different style of boat altogether, our Dean, Bruce Robinson, spent four days as foredeck hand in the 2006 Sydney to Hobart on a classic 62 foot sloop, Fidelis, which had won the race back in 1966. One of our women graduates, Andrea Jopp-McKay sailed two Hobart races, including the 2004 race which saw 50% of the fleet withdrawing to safety at Eden. Second time round, she tells of the “great buzz sailing into Hobart being cheered along by hundreds of people on a balmy night.” Simon Clarke may have been the youngest to enter in the race – both graduating and competing in 1971. Several of you have done multiple ‘Hobarts’, like John Vallentine who confesses to “five or six in his foolish youth” before passionately committing to ocean voyaging ever since.

Others have spent years at sea. The late Felix Huber (MBBS 1951), sailed “nine summers” around the Mediterranean (they wintered in London) despite having a stroke on their first day, recounts his wife. “What about those of us who signed up on square-riggers and crossed the North Atlantic in winter? Aloft on the yards in 40 knot gales at 0200 hours, trying not to get swept to one’s death while taking in sail?, says Hein Vandenbergh (MBBS 1973).

The dinghy sailors amongst you were equally vocal and it seems we harbour a flotilla of enthusiasts and champions ranging from Tom Ruut (MBBS 1972), four times Flying Dutchman World Champion, to John Brown (MBBS 1957), winner of the Mirror Class Commodore’s Trophy of 1972. His three sons Iail Sydney Medical School alumni crewed with dad and skipper is still the proud owner of the prize - “a magnificent pair of salt and pepper shakers.”

To read the delightful anecdotes sent in by alumni regarding sailing adventures across the globe see them posted in full on the “Your Stories” page of your Medical Alumni Association website at sydney.edu.au/medicine/alumni.connect/stories.php.
Professor John Prineas still remembers the first time he was able to see, courtesy of a child’s microscope, into another world. As a 12 year old, he had persevered just long enough with his new toy to see the extraordinary life in a single drop of pond water. He was hooked.

Sixty years later, microscopes and the wonders they reveal, are still an important part of his life. He has pursued microscopy as both a hobby and in his research. Along the way he has gathered together an impressive microscopy library and microscope collection, and an even more impressive collection of microscope slides. A greater benefit again has been the decades of friendships and conversations with fellow microscopists in all corners of the world.

A clinical neurologist, John Prineas is recognised nationally and internationally for his research into multiple sclerosis research. After spending much of his career in New York, he returned to the University just over a decade ago as an Honorary Professor in the Sydney Medical School. In January this year, he was made an Officer of the Order of Australia in recognition of his contribution to multiple sclerosis. In 2009, he was the first Australian to receive the MS International Federation Charcot Award, again for his lifetime contribution to understanding and treatment of the debilitating disease.

“It started with the pond water,” he says. “I was hooked the moment I realised that there was a whole world there, invisible without a microscope.” He began keeping a notebook of his observations and discoveries at age 12, and was an office bearing member of the Microscopy Society of NSW by the time he was 16. His collection of slides and microscopes began when he was 14.

“My interest has never been just in the collection of microscopes or slides, it is microscopy. That involves being part of a club, talking to people about the research you’re doing, about what you see. But what happens is you tend to accumulate things along the way, without ever really thinking of yourself as a collector.”

His oldest microscope was made in 1720 - not so many years after the famous Dutch microscopist Anton van Leeuwenhoek, using microscopes he made himself, began providing the first accurate descriptions of blood, bacteria, sperm and more.

John Prineas’ close to 30,000 microscope slides, though, are of even greater interest to him than the still growing collection of microscopes. Making of slides is itself an art form and gifted slide makers prepare slides which perfectly preserve forever the object or creature being studied, and which are identifiable as their work. His collection of slides includes many which are old – some date from the mid-1700s. But others have been acquired because of the slide maker or because of a specific interest in the subject matter. In among his slides are sets made by famous biologists such as Ernst Haeckel, a contemporary and admirer of Darwin.

“I have been fortunate that I could incorporate my hobby into what I did for a living,” he said. “I was always interested in the laboratory side of neurology, particularly, using microscopes to study the disease.”

That cross-over has been beneficial at a very high level: his examinations under the microscope of tissue from people with multiple sclerosis, has provided significant insight into the disease, and opened the door to a whole new course of MS research.

In his office today, there are hundreds of tissue slides in drawers and shelves. They have or are being studied for the insights they offer into the workings of multiple sclerosis. It is many years since a young boy observed “the other world” but the passion for the truths a microscope can reveal, has never waned.

---

John Prineas AO
NEUROLOGIST & MICROSCOPIST

Professor John Prineas, circa 1990s

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