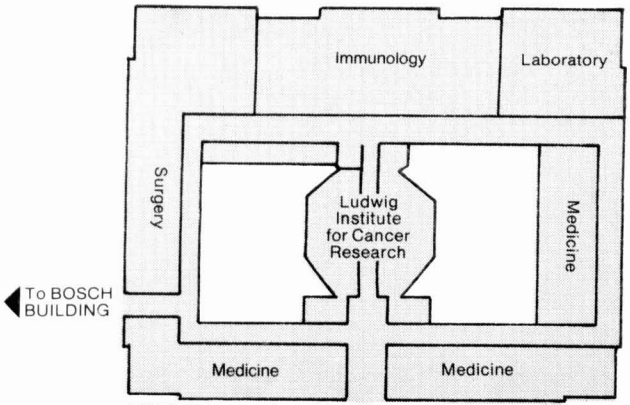
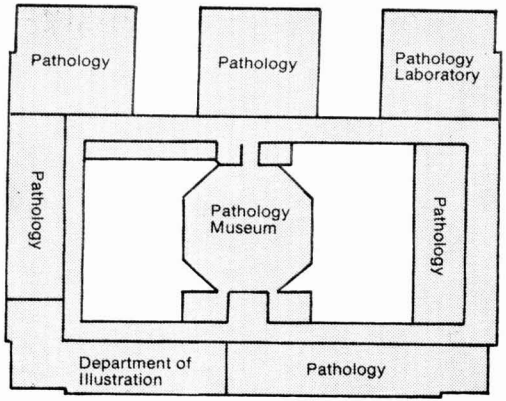
The University of Sydney

Medicine Handbook 1980

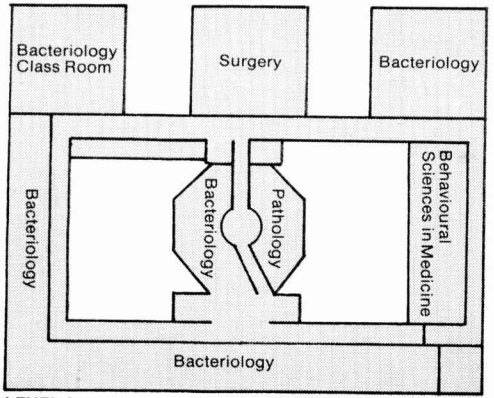
BLACKBURN BUILDING



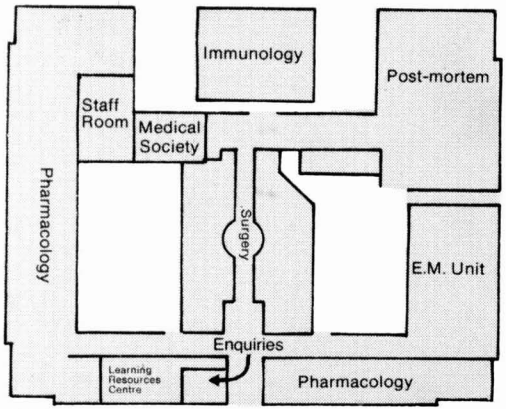
LEVEL 3: Immunology, Medicine and Surgery



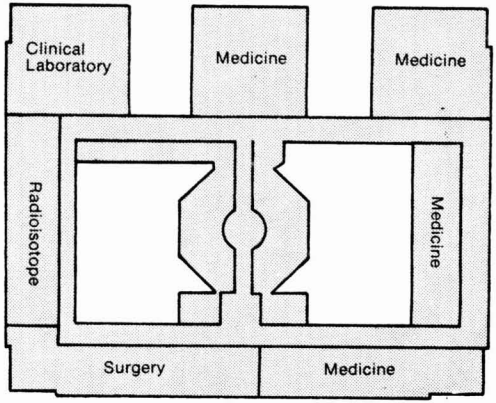
LEVEL 5: Pathology, and Illustration



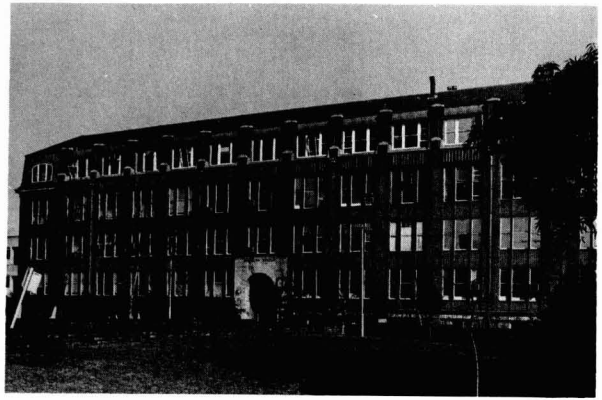
LEVEL 6: Bacteriology, Surgery Pathology and Behavioural Sciences in Medicine



LEVEL 2: Immunology, Pharmacology, Surgery and Audio-visual Library



LEVEL 4: Medicine and Surgery



The University
of Sydney

Medicine
Handbook
1980

Medicine Handbook 1980
Editor: D.W. Swinbourne, MCom *N.S.W.*

Other publications of interest

- Calendar ($6.00)
- Handbooks of each faculty ($3.00 each)

and at no charge:

- Where to find that room — location of rooms in the Main Quadrangle and other rooms used for examination purposes
- Prospectus
- Summary of University Matriculation and Admission requirements
- UCAC Student Information Guide
- Guide for New Students
- Financial assistance to undergraduate students
- Postgraduate Study Handbook

Correspondence

All correspondence concerning selection, matriculation, enrolment, registration, exemption, leave of absence, examinations, and similar matters should be addressed to:

The Registrar

The University of Sydney, N.S.W. 2006
Telephone: (02) 692 1122; Telegrams: UNIVSYD
Telex: 20056; Answer back: FISHLIB

Term dates 1980

Year		Lent Term		Trinity Term		Michaelmas Term
I		25 Feb — 3 May 10 wks		2 Jun — 2 Aug 9 wks		1 Sep — 1 Nov 9 wks
II		25 Feb — 3 May 10 wks		2 Jun — 9 Aug 10 wks		1 Sep — 8 Nov 10 wks
III (NSR)		*Term 3.1* 4 Feb — 12 Apr 10 wks	*Term 3.2* 21 Apr–10 May 3 wks	19 May–5 Jul 7 wks	*Term 3.3* 14 Jul — 20 Sep 10 wks	*Term 3.4* 29 Sep — 6 Dec 10 wks
IV (NSR)	*Term 4.1* 7 Jan — 8 Mar 9 wks	*Term 4.2* 24 Mar — 24 May 9 wks	*Term 4.3* 2 Jun — 2 Aug 9 wks	*Term 4.4* 11 Aug — 11 Oct 9 wks	*Term 4.5* 13 Oct — 13 Dec 9 wks	
V (OSR)	*Term 5.1* 14 Jan — 15 Mar 9 wks	*Term 5.2* 24 Mar — 24 May 9 wks	*Term 5.3* 2 Jun — 2 Aug 9 wks	*Term 5.4* 11 Aug — 11 Oct 9 wks	*Term 5.5* 13 Oct — 6 Dec 8 wks	

Orientation period: 8-22 Feb. 1980
Easter recess: Thu. 3 — Tue. 8 Apr. 1980 inclusive
NSR — New Senate Resolutions
OSR — Old Senate Resolutions

PHOTOTYPESETTING IN TIMES ROMAN BY ASA TYPESETTERS SYDNEY AND PRINTED IN AUSTRALIA BY HOGBIN POOLE (PRINTERS) PTY LIMITED, REDFERN, N.S.W. 2016

Contents

Message from the Dean

I welcome you to the Faculty of Medicine. I congratulate you on your admission into the course and look forward to the opportunity of meeting all of your personally at some stage during your training in the University.

Throughout the world the medical profession is currently undergoing radical change. The introduction and development of national health schemes has had profound consequences for medical practice. Evolving patterns of change in health care have initiated changes in the training of medical practitioners everywhere. In the United Kingdom the Todd Report in 1968 gave an important impetus to reforming medical school curricula. The University of Sydney was the first medical school in Australia to adopt the Todd recommendations and to make major changes to its curriculum. A five-year course was introduced in 1974, and you are a member of the seventh intake of students proceeding under this course. The philosophy and details of the curriculum are set out elsewhere in this handbook. It is sufficient to say that we believe the curriculum is appropriate to the health-care needs of the last quarter of the twentieth century, while retaining the best features of our traditional training. Let me emphasise that medical education is a life-long process: the undergraduate course aims only to provide core knowledge, on which the education of medical practitioners is developed, irrespective of whatever field they may follow in their professional life.

I sincerely hope that your experience in the course and your contact with the staff and your fellow students will help you develop and maintain a sense of enthusiasm and an appreciation of your responsibility to the needs of the sick. These are attitudes which are central to good medical practice.

I hope you will appreciate that there is a great deal more to a university education than mere attendance at lectures and passing examinations. It is highly desirable that you should actively participate in the corporate life of the University if you are to have the full and rich experience which distinguishes a university graduate from graduates of other post-secondary institutions.

May I say on behalf of the Faculty that we are delighted to have you with us. I hope that if you have any difficulties or problems you will not hesitate to consult me or other staff members of the Faculty.

Richard Gye
DEAN

Introduction

Undergraduate study

This is the Faculty of Medicine Handbook. In it we hope you will find most of what you need to know about the Faculty.

In particular, it will help you find out who the people in your Faculty are: the degree requirements and the ways these can be satisfied; what courses are offered; and where to turn for more information, advice and help.

The requirements for the three Bachelors degrees are presented in Chapter 3, under the By-laws and Resolutions of the Senate. The Resolutions include lists of the courses to be taken in each year of study, and a description of the courses with booklists is provided in Chapter 4. If you are uncertain about any aspect of your programme of studies, talk to someone — those able to help you are listed on page viii.

Chapter 5 collects together special information relating to the Faculty.

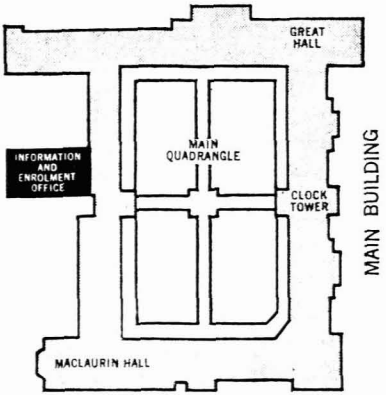
Postgraduate study

All specific postgraduate information is contained in Chapter 6.

Information and advice

Information and Enrolment Office

General enquiries are often best made here.



Dean's Office

Mr D.W. Swinbourne, Secretary to the Faculty of Medicine
Mrs M.E. Pelling, Graduate Clerk

Level 3 Bosch Building

- For preliminary discussion of university courses, matriculation and general information.
- Enquiries from graduates of other universities, and enquiries from undergraduates in other faculties about entry into the undergraduate medical course or about postgraduate medical studies.
- For information and advice on particular courses.

Information and advice on particular courses

Head of the department concerned.

For first and second year Medicine
Professor K.W. Cleland
Sub-Dean (Preclinical)
Department of Histology and Embryology
(ground floor, Anderson Stuart Building).

For the paraclinical and clinical years
Professor J.G. McLeod,
Department of Medicine,
(Blackburn Building)

Personal

For information on the following services:

- Housing Officer
- Student Health Service
- Counselling Service
- Financial assistance
- Careers and Appointments Service

and other points of general information, see the *Guide for New Students*.

Noticeboards

Current information about courses and tutorials is posted on noticeboards in the Anderson Stuart, Blackburn and Bosch Buildings. It is worthwhile checking these often.

Timetables

Timetables for the various years of the undergraduate course are available from the particular departments, and are also posted on the noticeboards.

Location

There is a map of the grounds included in this handbook, as well as floor plans inside the covers.

Teaching hospital addresses

	Telephone
The Royal Prince Alfred Hospital Missenden Road, Camperdown 2050	51 0444
Sydney Hospital Macquarie Street, Sydney 2000	230 0111
The Royal North Shore Hospital of Sydney Pacific Highway, St Leonards 2065	438 0411
The Mater Misericordiae Hospital Pacific Highway, Crows Nest 2065	929 7022
The Repatriation General Hospital, Concord Hospital Road, Concord 2139	73 0411
Lidcombe Hospital Joseph Street, Lidcombe 2141	646 8555
The Women's Hospital, Crown Street Crown Street, Surry Hills 2010	31 0477
St Margaret's Hospital for Women 435 Bourke Street, Darlinghurst 2010	31 0466
The Royal Alexandra Hospital for Children Bridge Road, Camperdown 2050	51 0466
The Rozelle Hospital Cnr Church and Glover Streets, Leichhardt 2040	82 0266
North Ryde Psychiatric Centre Coxs Road, North Ryde 2113	888 1222
Parramatta Psychiatric Centre Fleet Street, Parramatta 2150	630 6444
Parramatta Hospitals/Westmead Centre Old Hawkesbury Road, Westmead 2145	633 0033

Abbreviations

Abbreviations used in the staff list have the following meanings:

SL — Senior lecturer(s) (part time)
L — Lecturer(s)
CL — Clinical lecturer(s)
PT — Principal tutor(s)
D — Demonstrator(s)

At Sydney Hospital

CL in Anaesthetics

I. De Jersey, MB BS, FFARACS
L. Gadd, MB BS, FFARACS
J. Lucas, MB BS, FFARACS MRCS LRCP

At the Royal North Shore Hospital

CL in Anaesthetics

D.L. Cay, MB BS, FFARCS FFARACS
M.McD. Fisher, MB ChB, FFARACS
A.F.T. Hobbes, MB BS, FFARACS
R.W. Jefferis, DA *R.C.P.&S.* MB BS, FFARACS
C.N. Norgate, MB BS, FFARACS
G.J. Purcell, MB BS, FFARCS FFARACS
J.C. Warden, MB BS, FFARACS
B. White, BSc MB BS DA, FFARACS

At Repatriation General Hospital, Concord

CL in Anaesthetics

M.H. Harpur, MB BS, FFARACS
Denise B. Sporr, MB BS, FFARACS

At Lidcombe Hospital

CL in Anaesthetics

Lucille C. Bartholomeusz, MB BS, FFARACS
F.Y. Chiew, MB BS *Malaya*, FFARACS
P. Coyle, MB BS, FFARACS
R. Holland, MB BS, FFARACS
S.M. Taylor, MB BS, FFARCS
L.R. Walker, MB BS, FFARACS

At Mater Misericordiae Hospital

CL in Anaesthetics

R.W. Jefferis, DA *R.C.P.&S.* MB BS, FFARACS
V.G. Balmer, MB BS *Melb.* DA *R.C.P.&S.*, FFARACS

At St Margaret's Hospital for Women

CL in Anaesthetics

M. Scarf, MB BS, FFARACS

At Royal Alexandra Hospital for Children

CL in Paediatric Anaesthetics

J. Kenneally, MB BS, FFARACS
J. Overton, MB BS, FFARCS FFARACS

Anatomy

Challis Professor

Michael John Blunt, MB BS PhD *Lond.*, Hon. FRACS LMSSA

Associate Professors

B.C.W. Barker, HDD *R.F.P.S.G.* MDS PhD, FDSRCS FRACDS *(Dental Anatomy)*
R.R. Munro, MD BS, FRCSEd

CL Clinical Lecturer (part time)

Senior Lecturers	R.J. Bandler, BA *Miami, Ohio* PhD *Carnegie-Mellon* P.L. Davies, MDS C.G. dos Remedios, BSc PhD M. Girgis, MD *Khart.* MA *Camb.* PhD *Lond.*, MANZCP Philomena McGrath, MD BS, FRACS W.S. Webster, BSc PhD *Lond.*
Lecturers	B. Dreher, MS PhD *Warsaw* Angela F. Dulhunty, BSc PhD *N.S.W.*
Principal Tutors	R.R.S. Colman, MB BS, FRCS Anne Glucina, BSc *Otago*
Senior Tutors	M. Arnold, MB ChB *Witw.*, FRCSEd Margaret Scott, MB BS BSc *N.S.W.*
Tutors	Nanette Danks, BSc *W. Aust.* (part time) Pauline Itzkowic, BSc *N.S.W.* Roshun Rodriguez, MA BM BCh *Oxf.*, FRCS (part time) G.J. Witten, MSc *N.E.* (temporary)

Bacteriology

Professor and Acting Head of Department	Antony Basten, MB BS *Adel.* DPhil *Oxf.*, MRCP FRACP FRCPA *(Immunology)*
Associate Professors	Gary Charlton, MDS PhD, FACDS *(Dental Microbiology)* Yvonne Cossart, DCP *Lond.* MB BS BSc(Med), FRCPath
Senior Lecturer	Raymond Kearney, BSc PhD *Qld*
Lecturers (part time)	Richard A. Benn, DipBact *Lond.* BSc(Med) MB BS, FRCPA FRACP David Dorman, BSc PhD Frank Jennis, MB BS DCP, FRCPA MRCPath
Tutors (part time)	Helen Agus, BSc Mary A. Pegler, MSc Rudi G. Schamschula, MDS
Honorary Associates	Robert C. Clancy, MB BS BSc(Med), FRCP FRCPCan Alan M. Murphy, BSc *N.Z.*

Behavioural Sciences in Medicine

Associate Professor and Head of Department	Wendy-Louise Walker, BA PhD
Lecturers	Lorna D. Channon, BSc *Manc.* MSc *Leeds* Susan C. Hayes, BA PhD *N.S.W.* Mary Patterson, BA PhD
Tutors	Susan Ballinger, BA *Macq.* Anthony Diment, BSc *N.S.W.* Robyn Richmond, BA
Tutors (part time)	Ann Hale, BA *Macq.* Elizabeth McMaugh, MSc *Lond.* BA Jennifer Rosen, BA MSc *Lond.*

CL Clinical Lecturer (part time)

Biochemistry

McCaughey Professor	Robert G. Wake, MSc PhD
Boden Professor of Human Nutrition	A. Stewart Truswell, MD ChB *Cape T.*, FRCP FFCM
Associate Professors	James Done, MSc PhD *Lond.* Arnold J. Hunt, BSc PhD *Adel.* Michael A. Messer, MSc PhD *Melb.* Michael B. Slaytor, MSc PhD
Senior Lecturers	Ivan G. Darvey, BSc PhD *N.S.W.* Anthony G. Dawson, BSc PhD *Sheff.* Alan R. Jones, PhD *Manc.* MSc Richard E. Loughlin, MSc PhD *Melb.* M. Dan Montague, BSc PhD *Manc.* Reginald W. O'Brien, MSc PhD *N.S.W.* Michael A. W. Thomas, DPhil *Oxf.* BSc Vivian K.L. Whittaker, MB BS *Qld* PhD *A.N.U.*
Lecturers	Audrey M. Bersten, MSc Gregory B. Ralston, BSc *N.S.W.* PhD *A.N.U.*
	Human Nutrition Unit
	Janette C. Brand, BSc PhD *N.S.W.* (SPHTM) Ian Darnton-Hill, MB BS *Adel.* DA *R.C.P.&S.* DipND *Flin.* (SPHTM) David C.K. Roberts, BSc *Liv.* PhD *A.N.U.* Susan Ash, MHP *N.S.W.* BSc DipND (SPHTM) (Senior Tutor)
Senior Tutor	Margaret R. Dwyer, BSc PhD
Tutors	Kaye E. Brock, BSc *A.N.U.* Kerie Hammerton, BSc PhD Margaret E. Hogan, MSc Rosemary P. Sutton, BSc *A.N.U.* Kim O'Toole, BSc PhD Leslie Wheeldon, PhD *A.N.U.* BSc Ross Bradbury, MB BS, FRACP Alison Vickery, MSc David Kenny, BSc Jan Edwards

Cancer Medicine

Professor	Martin Henry Norman Tattersall, MA BChir MD *Camb.* MSc *Lond.*, MRCP FRSM
Associate Professor	Richard M. Fox, MB BS BSc(Med) PhD, FRACP

Child Health

Professor	Thomas Stapleton, MA DM BCh *Oxf.* DCH *R.C.P.&S.*, FRCP FRACP
Associate Professor	Peter B. Rowe, MD BS, FRACP (*Child Psychiatry*)
Senior Lecturers	Bryan T. Dowd, MB BS, FRACP MRACP A.J. Gardiner, MB BS, FRACP

CT Clinical Lecturer (part time)

Lecturer	D.C.K. Bau, MB BS DCH, MRCP FRACP
Lecturers (part time)	Eric D. Burnard, MB ChB *N.Z.*, MRCP FRACP (*Care of the Newborn*)
	R. John Chapman, MB BS, MRCPEd
	C.L. Goh, MB BS *Sing.*, FRACP
	R. Macleod, MB BS
	Stephen Vince, MD *Bud.*

Community Medicine

Professor	Charles Bridges-Webb, MB BS *Melb.* MD *Monash*, FRACGP
Professor of Community and Geriatric Medicine	Gary R. Andrews, MB BS, FRCPEd FACMA
Senior Lecturer	John Barrand, MHPEd *N.S.W.* DA *R.C.P.&S.*, FRACGP LMSSA
Lecturer (temporary)	Les Miller, BSc(Med) *Melb.* MB BS *Melb.*
Lecturer (part time)	Albert Himmelhoch, MB BS, FRACGP
Lecturer (temporary) (part time)	Frances Black, BSc(Med) MB BS, FRACGP
CL in General Practice (part time)	W.A. Adams, MB BS BSc, FRACGP
	S.M. Ahern, MB BS *N.S.W.*
	W.J. Allport, MB BS
	J.K. Arundell, MB BS
	P.J. Baker, MB BS
	R.J.L. Baker, MB BS, MRACGP
	J.M. Beith, MB BS, FRCS FRACS
	H.B. Bernard, MB BS
	R. Binks, MB BS
	W.J. Bishop, MB BS DPH
	J. Bloomfield, MB BS *N.S.W.*
	E.V. Borbidge, MB BS *Melb.*, FRACGP
	A.R. Bouffler, DObst *R.C.O.G.* MB BS, FRACGP
	V.W. Bow, MB BS
	H.J.E. Bowen, MB BS BSc *N.S.W.* DObst *R.C.O.G.*
	R. Bower-Williams, MB ChB *Leeds* DObst *R.C.O.G.*, MRCGP
	R.W. Bramley, BDS *N.S.W.* MB ChB *Otago* DObst *R.C.O.G.*, FRACGP
	D.J. Brennan, MB BS, MRCP FRACP
	P.T. Brown, MB BS
	P.K. Brownlie, MB BS
	A.J. Buchanan, MB BCh *Witw.*
	A.R. Buhagiar, MB BS, FRACGP
	D.D. Caldwell, MB BS, FRACGP
	P. Cambouen, MB BS
	W.H. Chan, LRCP *Lond.*, MRCS FRACGP
	A.H.B. Chancellor, MB BS, FRACP
	I. Chung, MB BS
	R. Clarke, MB BS
	J. Clarkes MB ChB *Leeds*
	G.E. Cocker, MB BS

CL Clinical Lecturer (part time)

R.V. Coombes, MB BS
A.N. Cowan, MB BS *Lond.* LRCP *Lond.* DObst *R.C.O.G.*, FRCS
R.C. Crago, DCH *Lond.* MB BS
D.J. Craigie, MB BS
P.J. Crawford, MB BS *Tas.*
J.A. Darling, MB BS
T.P. David, DObst *R.C.O.G.* BSc MB BS, FRACGP
R.W. Deacon, MB BS
P.B. Deaner, MB BS LRCP *Lond.* DObst *R.C.O.G.*, MRCS
L.G. Deithe, DObst *R.C.O.G.* MB BS
R.M. Dey, MB BS
S. Doumani, MB BS
J. Dowsett, MB BS, FRACGP
J.D. Egan, DObst *R.C.O.G.* MB BS
E.J. Elkington, MB BCh *Oxf.*
D. Evans, MB BS
W.H. Feneley, MB BS
C.A.J. Fenn, MB ChB *Otago*
D. Fernando, MB BS *Ceyl.* DCH *Lond.*, MRCPEd
M.F. Fernando, MB BS *Ceyl.* DObst *R.C.O.G.*, MNZCGP
A.E. Fisher, MB BS, FRACGP
I.W. Fitzpatrick, MB BS, FRACGP
J.F. Frith, BSc(Med) MB BS
J.L. Galati, MB BS *Melb.* DObst *R.C.O.G.*, FRACGP
L. Gazal, MB BS
J.G. Gilchrist, DObst *R.C.O.G.* MB BS, FRACGP
A.D.F. Gillespie, DObst *R.C.O.G.* MB BS
N.K. Goundar, MB BS *Andhra*
G. Grunwald, MB *Bud.* MB BS, FRACGP
H.F. Haber, MB BS, FRACGP
A. Halmagyi, MD DipPediat *Szeged*
B.W. Harding, MB BS, FRACGP
M.R. Hardy, MB BS
B.C. Harris, MB BS, FRACGP
J.F. Harris, DObst *R.C.O.G.* MB BS, FRACGP
B.H. Heber, MB BS *Lond.* DObst *R.C.O.G.*
A.D.P. Hull, MB BS
E.R. Jane, DCH *R.C.P.&S* MB BS, FRACGP
R.S. Jelliffe, MB BS *Lond.* DObst *R.C.O.G.*
B.L. Jones, MB BS BSc(Agr), FRACGP
A. Joshi, MB BS *Bom.*
A. Kalokerinos, MB BS
P.G. Keneally, MB BS, FRACGP
G. Kenny, MB BS, FRACGP
V. Kijvanit, MB BS, FRCSGlas FRCSI
D. Killer, MB BS
R. Kirkby, MB BS
B. Klineberg, MB BS, FRACGP
R.J. Lee, MB BS
A.M. Liebhold, MB BS *Melb.* DCH *Lond.*, FRACGP
J. Lisyak, MB BS, FRACGP
J.W. Logan, MB BS, FRACGP

CL Clinical Lecturer (part time)

P.E. Lorenz, MB BS *N.S.W.* DObst *R.C.O.G.*, FRACGP
A.H. Lowy, MB BS
E.H. Loxton, DObst *R.C.O.G.* MB BS
G.R. Lucas, MB BS
N.A. Lucas, DObst *R.C.O.G.* MB BS, FRACGP
K. McDonald, MB BS, FRACGP
D.M. Madew, MB BS *Lond.*
E.M.G. Marshall, MB BCh BAO *Belf.*, FRACGP
R.J. Medbury, MB BS *Lond.* DObst *R.C.O.G.*
H.N. Merrington, MB ChB *N.Z.*, FRACGP
L.W. Middleton, MB BS, FRACGP
B. Mileshkin, MB BS, FRACGP
D. Miller, DA *Lond.* DObst *R.C.O.G.* MB BS
G.C. Miller, MB BS, FRACGP
J. Miller, MB BS *N.S.W.*, FRACGP
B.A. Morgan, MB BS
M.F. Morgan, MB BS
E. Mulvey, MB BS *Melb.*
J.D. Musgrove, DCH *Lond.* MB BS
H. Nathan, MD *Sofia*
M.W. Navin, MB BS *Lond.*, MRCS LRCP LMCCan
W.L. Ogborne, MB BS, FRCP FRACGP
D.O. Oliver, MB ChB *Edin.* DObst *R.C.O.G.*
J. O'Loan, MB BS, FRACGP
B.F. Pegum, MB BS
D.J. Penney, MB BS
A. Pennington, MB BS DTM&H, FRACGP
A.C. Pepper, MBE, DObst *R.C.O.G.* MB BS, FRACGP
W.J. Pitsch, MB BS
H.B. Pratt, MB ChB *Otago*
D.L.A. Pryde, MB BS, FRACGP
G.L. Pulley, MB BS
R. Ramrakha, MB BS
G.S. Reiger, MB BS
C. Reitberger, MB BS
B.M. Rich, MB BS
J.V. Roche, DObst *R.C.O.G.* MB BS, FRACGP
N.J. Rogers, MB BS
J.P. Rolleston, MB BS PhC, FRACGP MPS
D.A. Rose, MB BS
R.S. Sekel, MB BS
N.P. Shea, MB BS *Qld* DObst *R.C.O.G.*, FRACGP
P.L. Smeeth, MB BS
R.J. Smith, MB BS *Qld*
W.J. Smith, MB BS, MRACGP
M.C. Solling, MB BS, FRCS FRACS
I.G. Spencer, DA DCH *Lond.* DObst *R.C.O.G.* MB BS
W. Steele, MB BS
R. Stone, MB BS *N.S.W.*
J.A. Talbot, MB BS, FRACGP
J.E. Troller, MB BS *Lond.* DObst *R.C.O.G.*, FRACGP
F.J. Vett, MB BS BSc *Qld*, MRCP

CT: Clinical Lecturer (part time)

STAFF

F. Virant, MB BS
M. Wallner, MB BS, FRACGP
T.D. Wilkins, MB BS
F.R. Wilson, DObst *R.C.O.G.* MB BS
P.H. Wilson, MB BS, FRACP FRACGP
A.C.S. Winkworth, DObst *R.C.O.G.* MB BS, FRACGP
N.G. York, MB BS DCH, FRACGP
G.J.S. Young, MB BS *N.S.W.* DA *R.C.P.&S.* DObst *R.C.O.G.*, FRACGP

Diseases of the Ear, Nose and Throat

Lecturer — B.P. Scrivener, MB BS DLO, FRCS FRCSEd FRACS

Diseases of the Skin

Lecturer — W.E. de Launey, MB BS DDM, FACD FRACP

Histology and Embryology

Bosch Professor — Kenneth Wollaston Cleland, MB BS

Reader — John K. Pollak, PhD *McG.* BSc

Associate Professors — Clifford J. Griffin, DDSc *(Dental Histology and Embryology)*
Charles S. Sapsford, DVSc
Ernst W. van Lennep, NatPhilDrs *Utrecht*

Senior Lecturers — Clare A. Rae, PhD *N.E.* BSc
Cedric D. Shorey, MSc PhD *N.S.W.*, CGIA FIST
George E. Sullivan, MSc *N.Z.* PhD

Lecturers — Lynette A. Moffat, BSc PhD
Margaret A. Swan, BSc PhD

Tutor — Robin Arnold, BSc

Medicine

Professor and Head of Department — James Graham McLeod, DPhil *Oxf.* BSc(Med) MB BS, FRCP FRACP

Professors — Peter Anthony Castaldi, MD BS, FRACP FRCPA
Douglas William Piper, MD BS, FRCP FRACP
James Roland Lawrence, MB BS *Adel.*, FRACP
John R. Turtle, MD BS, FRACP

Scandrett Professor of Cardiology — David Thomas Kelly, MB ChB *N.Z.*, FRACP FACC

Reader — William K.T. Fowler, MSc *N.Z.* PhD *Lond.* (*Medical Physics*)

Associate Professors — William F. Doe, MSc *Lond.* MB BS, MRCP
Akos Z. Gyory, MD, FRACP
Solomon Posen, BA MD BS *Adel.*, MRCP FRACP
Ann J. Woolcock, MB BS *Adel.* MD, FRACP

CL: Clinical Lecturer (part time)

Senior Lecturers

Peter J. Fletcher, MB BS PhD, FRACP
John D. Pollard, BSc MB BS PhD, FRACP
Tania C. Sorrell, MD BS *Adel.*, FRACP
Colin E. Sullivan, MB BS PhD, FRACP
Ronald S. Walls, MB ChB *Cape T.* DPhil *Oxf.*, FCP(SA) FRACP FRCPA
Denis K-S Yue, MB BS PhD, FRACP

At Royal Prince Alfred Hospital

CL in Medicine

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J.A. Burgess, MB BS, FRACP
F.H. Burns, MB BS, MRCP FRACP
D.T. Church, MB BS, FRACP
R.A.V. Benn, BSc MB BS, FRACP
W.A. Bye, MB BS, MRACP
P.E. Donnelly, PhC MB BS, FRACP
G.G. Duggin, PhC MB BS, FRACP
N.D. Gallagher, MB BS, FRACP
P. Gianoutsos, MB ChB *N.Z.*, FRACP
J.M. Greenway, MB BS, MRCP FRACP
J.E. Hassall, MB BS, FRACP
J. Horvath, MB BS, FRACP
Aet Joasoo, MD BS, FRACP
J.R. Johnson, MB BS, FRACP
R.M.H. Kater, MB BS, FRACP FRCP
J. Leicester, MB BS, FRACP
D.E. Lind, MB BS, FRACP
I.T. Lorentz, MB BS, MRCP MRCPEd FRACP
G.L. McDonald, BA MB BS, FRCP FRACP
P.S. Morey, MB BS, FRACP
R.J. Mulhearn, MB BS, FRCP FRACP
K.W. Perkins, MB BS, FRACP
G.W. Richards, MB BS, MRCS MRCP FRACP
A. Street, MB BS, FRACP FRCPA
P.C. Thorpe, MB BS, MRCP MRACP
D. Tiller, MB BS, FRACP
P.R. Wikramanayake, MB BS, FRACP
J. York, MD *Melb.* MB BS, FRACP
W. Zylstra, MB BS DTM&H, FRACP

CL in Cardiology

I.K. Bailey, MB BS, FRACP
L. Bernstein, MB BS, FRACP
J.F. Farrar, MB BS, FRACP
J.G. Richards, MB BS, FRCP FRACP
D.R. Richmond, MB ChB BSc *Leeds* MSc *Minn.*, MRCP FRACP

CL in Dermatology

I.H.E. Dawson, MB BS
Katherine E. Georgouras, MB BS DDM, MACD
W.A. Land, MB BS DDM, MACD
B. McGaw, MB BS DDM, MACD

CL in Haematology

H. Kronenberg, MB BS DCP, FRACP FRCPA FRCPath
K.A. Rickard, MB BS *Melb.*, FRACP FRCPA MRCPath FCAP
T. Wilkinson, BSc MB BS DCP, MCPA

CL: Clinical Lecturer (part time)

CL in Neurology	J.L. Allsop, MB BS, FRACP
	J. Walsh, BSc(Med) MD BS, FRACP
CL in Thoracic Medicine	H.P.B. Harvey, MB BS, FRCP FRACP
	J.H. Lee, MB BS, FRACP
	D. Lindsay, MD BS, FRACP
	I. Young, MB BS, FRACP

At Sydney Hospital

CL in Medicine	W.J. Benson, MB BS, FRCP FRACP
	S. Colagiuri, MB BS, FRACP
	P. Clifton-Bligh, BSc(Med) MB BS, FRACP
	P.N. Francis, MB BS, MRCP FRACP
	J.R. Graham, BSc(Med) MB BS, MRACP
	F.W. Gunz, MD *Lond.* PhD *Camb.*, FRCP FRACP FRCPA
	J.P. Ingham, MB BS DCH *Lond.*, MRCP MRCPEd MRACP
	J.W. James, MB BS, FRACP
	R. Jeremy, MB BS, FRACP
	R.G. Lewis, MB BS, FRCP FRACP
	J.F. Mahony, MB BS, FRACP
	S.P. Mistilis, MB BS, FRACP
	A.S. Mitchell, MB BS, FRACP
	P.C. Pigott, MB BS, MRCP FRACP
	J. Raftos, MB BS, FRACP
	C.S.H. Reed, MB BS, FRACP
	T.I. Robertson, MB BS, FRCP FRACP
	G.S. Stokes, MD *N.S.W.* MB BS, FRACP
	S.F. Tattersall, MD BS *Lond.*, MRCP FRACP
	I.L. Thompson, MB BS, FRCP FRACP
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CL in Dermatology	L.G. Abbott, MB BS DDM, FACD
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	R. McCullagh, MB BS DDM, FACD
	L.E. Saywell, MB BS, FACD
CL in Cardiology	J.W. James, MB BS, FRACP
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	A.S. Mitchell, MB BS, FRACP
	John Raftos, MB BS, FRACP
	A.A. Young, MB BS, FRACP MRCP
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	T. Cromer, MB BS
	S. Colagiuri, MB BS, MRACP
	J.P. Ingham, MB BS DCH, MRCP MRCPEd
CL in Gastroenterology	P.N. Francis, MB BS, MRCP FRACP
	J.R. Graham, BSc(Med) MB BS, FRACP
	S.P. Mistilis, MB BS, FRACP
CL in Haematology	W.J. Benson, MB BS, FRACP FRCP
	S. Gordon, MB BS DCP, FRCPA MRCPath MRACP
	F.W. Gunz, MD *Lond.* PhD *Camb.* FRCP FRACP FRCPA
	V.J. McPherson, MB BS, FRCPA
	T.I. Robertson, MB BS, FRCP FRACP

CL: Clinical Lecturer (part time)

	I.L. Thomas, MB BS, FRCP FRACP
	P.C. Vincent, BSc(Med) MD BS, FRACP FRCPA
CL in Renal Medicine	J.F. Mahony, MB BS, FRACP
	E. Savdie, MB BS DTMH, MRCP FRACP
	J.H. Stewart, MB ChB *Otago*, FRCP FRACP
	G.S. Stokes, MD *N.S.W.*, FRACP
CL in Neurology	L.S. Basser, MB BS, MRCP FRACP
	R. Garrick, MB BS, MRACP FRACP
	W.H. Wolfenden, MB BS, FRCP FRCPEd FRACP
CL in Rheumatology	R. Jeremy, MB BS, FRACP
CL in Thoracic Medicine	G.D. Barr, MB BS
	J. Beattie, MB BS, MRACP
	P. Pigott, MB BS, MRCP FRACP
	S.F. Tattersall, MB BS MD *Lond.*, MRCP FRACP
	At the Royal North Shore Hospital of Sydney
CL in Medicine	D.H. Allen, MB BS PhD, FRACP
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	E. Davis, MB BS, FRCPEd FRACP
	G. Diethelm, MB BS
	R.G. Epps, BSc MB BS, FRCP FRACP
	D.I. Fevre, MB BS, FRACP
	I.B. Hales, MD BS, FRCP FRCPEd FRACP
	T.R. Heap, MB BS, FRACP
	L.S. Ibels, MB BS, FRACP
	J. Isbister, MB BS, FRCP FRACP
	R.W. Johnston, MB BS DPM, MRCP FRACP
	J.A. Levi, MB BS, FRACP
	M.R. Lunzer, MB BS, MRCP FRACP
	W.R.J. Middleton, BSc MD BS, MRCP FRACP
	G.S. Nagy, MB BS, FRCP FRACP
	R.F. O'Reilly, MB BS, FRACP
	M.A. Price, MB BS, FRACP
	R.B. M. Ravich, MB ChB *N.Z.*, FRACP
	J.N. Stiel, MB BS, FRACP
	M. Sulway, MD BS, FRACP
	T.R. Terenty, MB BS, FRACP
	I.D. Thomas, MB BS, FRCP FRACP
	J. Webb, MD, FRACP
	J.V. Wells, MD BS, FACP FRCPA FRACP
	E.G. Wilmshurst, MD BS, FRACP
	J.D. Wingfield, MB BS, FRACP
	J.C. Wiseman, MD BS, FRACP
	J.D. Yeo, MB MS, FRACS
CL in Cardiology	G. Bauer, MB BS, FRCP FRACP FACC
	P. Caspari, MB BS, FRACP
	G.L. Donnelly, MB BS, MRCP
	J. Gunning, MD BS, FRACP FACC
	S. Hunyor, MB BS, FRACP FACC
	D.S. Stuckey, MD BS, FRACP

CL: Clinical Lecturer (part time)

CL in Dermatology	G.S. Cottee, MB BS DDM, FACD N. Goldman, MB BS J.M. Lark, MB BS, FACD J.L. Le Guay, MB BS DDM, FACD M.B. Lewis, MB BS DDM, FACD
CL in Haematology	R.C. Cobcroft, MB BS, FRCPA FRACP K.S. Lau, MB BS, FRCPEd R.D. Scurr, MB BS, FRCPA
CL in Neurology	E.L. Davis, MB BS, FRACP G. Selby, MD BS, FRCP FRCPEd FRACP P.M. Williamson, MB BS, FRACP
CL in Paediatric Medicine	P. Barr, MB BS, MRACP G.J. Bench, MB BS, FRACP J. Davis, MB BS, FRACP R.H. Vines, MB BS DCH *Lond.*, MRCP FRACS
CL in Rheumatology	A.B. Corrigan, DipPhysMed *Lond.* MB BS, MRCP FRACP J.B. Dick-Smith, MB BS J. Webb, MD BS *Qld*, FRACP
CL in Thoracic Medicine	B.L. Geddes, MB BS, FRACP R.A. Vandenberg, MB BS, FRACP

At Repatriation General Hospital, Concord

CL in Medicine	B. Arnold, MB BS DCP, FRCPA FRCPath FRAC W. Arter, MB BS, FRACP A.S. Balint, MB BS, FRACP J. Bertouch, MB BS C.R.B. Blackburn, MB BS MD, FRCP FRACP Hon.FACP A.B.X. Breslin, MB BS, FRACP T. Burfitt Williams, MB BS, FRACP H. Burns, MB BS, FRACP P.R.P. Butler, MB BS *Lond.*, FRCP J.N. Carter, BSc(Med) BS MD, FRACP Y.T. Choong, MB BS, FRACP D.V. Cody, MB BS, FRACP I. Collins, MB BS, FRACP FRCP MRCP A.B. Conomy, MB BS, FRACP A.B. Corrigan, DipPhysMed *Lond.* MB BS, MRCP FRACP G.G. Crane, MB BS, FRACP W.R. Dalton, MB BS, FRACP C.E. Duffy, MB BS R.A. Evans, MB BS, FRACP J. Flynn, MB BS C.R. George, MB BS, FRACP M. Gillies, MB BS, FRACP G. Goldstein, MB BS, FRACP K. Goulston, MD BS, FRACP M.R. Harris, MSc MB BS, MRCP FRACP B.J. Hartnett, MB BS, FRCPEd P.W. Harvey, MB BS, FRACP J. Hewson, MB BS, FRCPA

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	S.N. Hunyor, MB BS, FRACP
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	R. Joffe, MB BCh, MRCP
	S. Kalowski, MB BS, FRACP
	S. Kannangara, MB BS, FRACP
	A.J. Kelly, MB BS, FFARCS FFARACS
	J.B. Lawson, MB BS, FRACP
	P.J. Maloney, MB BS, MRCP FRACP
	G.E. Marlin, MB BS, FRACP
	J. Morris, MB BS DM, MRCP
	N.R. Noble, MB BS, FRACP
	N. Patel, MD BS, MRACP
	C.G. Pawsey, MB BS, FRACP
	O. Peiris, MD BS *Ceyl.*, MRCPEd MCRP FRACP
	R.A. Royle, MB BS, FRACP
	D. Sharpe, MB BS, FRCP
	S. Waller, MD BScChem *Lond.*, MRCP MRCPEd
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CL in Dermatology	C.L. Bear, MB BS DDM, MACD
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	L. Cains, MB BS DDM, MACD
	G. Palmer, MB BS DDM *Vienna*, FACD FRCPEd MRCP
	W. Regan, MB BS DDM, FACD
	J.S. Brooks, BA MB BS DDM, FACD
	At Lidcombe Hospital
CL in Medicine	J.A. Booker, MB BS, MRCP FRACP
	T.M. Cahill, BA MB BS, FRACP
	T. Choy, MB BS, FRACP
	C.F. Clowes, MB BS, FRACP
	T.P. Gibian, MB BS, MRACP
	P. Kelleher, MB BS, FRACP
CL in Gastroenterology	K. Bhanthumnavin, BSc(Med) MB BS, FRACP
CL in Haematology	W.Hughes, MB BS, FRCPA
	S. Kamath, MB BS, FRCPA
CL in Neurology	G.A. Broe, BA MB BS, FRACP
	C. Elliott, MB BS, FRACP
	C.Y. Huang, BSc MB BS, FRACP
	P.G. Procopis, MB BS, FRACP
CL in Rheumatology	K.D. Coorey, MB BS DCH, MRCPEd
CL in Thoracic Medicine	J. Mann, MB BS, FRACP
CL in Dermatology	K. Georgouras, MB BS DDM, FACO
CL in Cardiology	E. Imperial, MD, FPCP FPCC FACC
CL in Endocrinology	J. Tidmarsh, MB BS, FRACP
	At Mater Misericordiae Hospital
CL in Medicine	L.B. Coy, MB BS, FRACP
	G. Diethelm, MB BS

CL: Clinical Lecturer (part time)

R.F.W. O'Reilly, MB BS, FRACP
M. Price, MB BS, FRACP

At Royal Alexandra Hospital for Children

CL in Paediatric Medicine

S.E.J. Robertson, MB BS, MRCP FRACP
G. Angel-Lord, MB BS
G. Bench, MB BS DCH, FRACP
R. Binks, MB BS, MRACGP
J.M. Brown, MB BS, FRACP
M. Burgess, MD, FRACP
R. Burns, MB BS DCH
B.C. Callaway, MB BS, MRACGP
C. Campbell, MB BS DPM, MANZCP
J.M. Celermajer, MB BS, FRACP
R.J. Chapman, MB BS, MRCPEd
P. Christopher, MB BS
K.S. Cranney, MB BS, MANZCP
J.R. Davis, MB BS, FRACP
C. Enfield, DA MB BCh DPM, MRCPsych
D. Fox, MB BS DPH
M.D. Gett, MB BS, FRACP
B. Green, MB BS DPM, MANZCP
H.F. Haber, MB BS
B. Hamilton, MB BS
R. Hindmarsh, MB BS
R. Kamath, MB BS, FRACP
H. Kilham, MB BS, FRACP
B. Kinghorn, MB BS
J.E. Lawrence, MB BS
A. Lipson, MB BS, FRACP
E. Loughman, MB BS
J.D. McDonald, MB BS, FRACP
R. Macleod, MB BS
C. Mellis, MB BS, FRACP
H. Merrington, MB BS, FRACGP
J. Muller, MB BS DCH, MRACGP
R.K. Oates, MB BS, FRACP
R.A. Ouvrier, BSc(Med) MB BS, FRACP
J.C.J.Quoyle, MB BS, FRACP
C. Reye, MB BS
W.G. Roper, MB BS DCH
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M. Silink, MD, FRACP
G. Soutter, DCH *R.C.P.&S.* MB ChB, FRACP
A. Stewart, MB BS
D. Thomas, MB BS
W.K. Thompson, MB BS
J. Tindale, MB BS
A.R. Tink, MB BS, FRACP
W.B. Utber, MB BS, MRACGP
S. Vince, MD *Bud.*

CL: Clinical Lecturer (part time)

	R.H. Vines, DCH *R.C.P.&S.* MB BS, MRCP FRACP
	H. Walsh, MB BS
	J.G. Watson, BEc BA MB BS, MRACGP
	R. Williams, MB BS, MANZCP
	J.S. Yu, DCH *R.C.P.&S.* MB BS, FRACP
CL in Paediatric Dermatology	L.J. Cains MB BS DDM, MACD
	M.B. Lewis, MB BS DDM, MACD
CL in Paediatric Pathology	P.M. Bale, MB BS *Melb.*, FRCPA MRCPath
	G.J. Bryant, MB BS *Qld*, FRCPA
	D.C. Dorman, BSc *Adel.* PhD *Lond.*
	A.E. Kan, MB BS, FRCPA
	A.T. Lammi, MB BS, FRACP FRCPA

Obstetrics and Gynaecology

Professors	Rodney Philip Shearman, MD BS DGO, FRCOG FAGO
	Christopher Neville Hudson, MB MChir *Camb.*, FRCS FRCOG
Reader	Bevan L. Reid, MD BS BVSc DTM&H
Associate Professors	J. Derek Llewellyn-Jones, OBE, BA MD BCh MAO *Dub.*, FRCOG
	Douglas M. Saunders, MD BS, FRCOG FRACS FAGO
Senior Lecturers	Ian S. Fraser, BSc MB ChB *Edin.*, MRCOG FAGO
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	Brian J. Trudinger, BSc(Med) MB BS, FRCS MRCOG FACOG

At the Women's Hospital, Crown Street

CL in Obstetrics and Gynaecology	J.C. Anderson, MB BS, MRCOG FAGO
	Richard Bellingham, MB BS DipVEN, MRCOG FAGO
	Warwick R.S. Birrell, MB BS, MRCOG
	Reginald Bowman, MB BS, FRCOG FAGO
	Ian T. Brake, MB BS, FRCOG FAGO
	Peter H. Crowe, MB BS, FRCOG FRCS FRACS FAGO
	Robert D. Macbeth, MB BS, FRCOG FAGO
	William G. McBride, CBE, MD BS, FRCOG
	Roderick D. McDonald, MB BS, FRCS FRACS MRCOG FAGO
	John C. Murray, MB BS, MRCOG FAGO
	Victor Pannikote, MB BS, MRCOG
	Struan B. Robertson, MB BS, FRCOG FAGO
CL in Bacteriology, Pathology and Cytology in Obstetrics and Gynaecology	J. Murray Moyes, MB BS DCP, MCPA
CL in Care of the Newborn	Graham J. Bench, DCH *R.C.P.&S.* MB BS, MRACP
	Eric Bunard, MB BS, FRCP FRACP
	David B. Thomas, MD, FRACP
	Robert H. Vines, DCH *R.C.P.&S.* MB BS, MRCP FRACP

CL: Clinical Lecturer (part time)

At Royal Prince Alfred Hospital

CL in Obstetrics and Gynaecology	K.H. Atkinson, MB BS, MRCOG Alan H. Bradfield, MB BS DGO, MRCOG Andrew G. Child, MB BS, MRCOG J.V. Malcolm Coppleson, MD BS, FRCOG Peter M. Elliot, MB BS DGO, MRCOG Anthony M. Frumar, MB BS, FRCOG Frederick C. Hinde, MB BS DGO, MRCOG FRCSEd FRACS Andrew R. Korda, MB BS, MRCOG John W. Knox, MB BS, FRCSEd FRCOG FRACS Ronald Lawrence, MB BS DGO, FRCOG Robert C. Lyneham, MB BS, MRCOG Margaret Mulvey, MB BS, FRCOG Gordon M. Parkin, MB BS DGO, FRCOG Frank P. Pigott, MB BS DGO, FRCOG H. John Solomon, MB BS DGO, MRCOG
CL in Bacteriology, Pathology and Cytology in Obstetrics	Peter Russell, MB BS BSc(Med), FRCPA
CL in Care of the Newborn	M. Gett, MB BS, MRACP G.N. Bruce Storey, DABP *Amer. Bd Paediats* MB BS, MRACP

At Sydney Hospital

CL in Obstetrics and Gynaecology	W.R.S. Birrell, MB BS, MRCOG James G. Furber, MB BS, FRCOG FAGO Nic D. Jools, MB BS, MRCOG FAGO J.C. Murray, MB BS, FRCOG J.S. Newlinds, MB BS DGO, MRCOG FAGO

At the Royal North Shore Hospital of Sydney

CL in Obstetrics and Gynaecology	E.S. Boyce, MB BS, MRCOG FAGO W. Geoffrey Jasper, MB BS, FRCOG FAGO I.McN. Kelso, MB BS, MRCOG FACOG John F. Kemp, MB BS, FRCSEd FRCOG FRACS FAGO John F. Leaver, MB BS, FRCOG FAGO W. Hugh Patterson, MB BS, FRCOG FAGO FACS John C. Pennington, MB BS, MRCOG FAGO David W. Pfanner, MB BS, FRCS FRACS FRCOG FAGO Richard H. Picker, MB BS, FRCSEd MRCOG FAGO Ewen Sussman, MB BS, FRCOG FAGO Ian D. Truskett, MB BS, MRCOG FAGO
CL in Bacteriology, Pathology and Cytology in Obstetrics	Keith O.A. Jones, MB BS DCP, MRCPath MCPA
CL in Neonatal Paediatrics	P.A. Barr, MB BS, FRACP G.J. Bench, DCH *Lond.* MB BS, FRACP J.R. Davis, MB BS, FRACP Robert H. Vines, MB BS DCH, MRCP FRACP

CL: Clinical Lecturer (part time)

At Repatriation General Hospital, Concord

CL in Obstetrics and Gynaecology	John K. Tully, MB BS, FRCOG FAGO

At St Margaret's Hospital for Women

CL in Obstetrics and Gynaecology	Robert J.F. McInerney, MB BS, FRCOG FRCS FRACS FACS Derek C.G. Bracken, DGO *Dub.* MB BS, FRCOG Kenneth L. Collins, MB BS, FRCOG Peter C. McAuliffe, DGO *Dub.* LM *Rotunda* MB BS, FRCOG David H. McGrath, MB BS, FRCOG FAGO Leo H. McMahon, MB BS DGO Clifton J. Ryan, MB BS, FRCOG John K. Tully, DObst *R.C.O.&G.* MB BS, FRCOG
CL in Anaesthetics	John O'Leary, MB BS, FFARACS
CL in Bacteriology, Pathology and Cytology in Obstetrics	Mary Heseltine, MB BS, FRACP FRCPA MRCPath
CL in Care of the Newborn	Sandy E.J. Robertson, MB BS, MRCP FRACP Peter Van Vliet, MD BS, FRACP
CL in Obstetric Medicine	Bryan A.D. Curtin, DCH *R.C.P.&S.* MB BS, MRCP FRACP
CL in Radiology (Obstetric)	T. Paul Loneragan, MB BS DDR, MRCP FCRA

At Lidcombe Hospital

CL in Gynaecology	L. Wald, MB BS, MRCOG

Ophthalmology and Eye Health

Professor of Clinical Ophthalmology	Frank A. Billson, MB BS *Melb.* DO *R.C.P.&S.*, FRCSEd FRCS FRACS FACS FRACO
Lecturers (part time)	Justin Playfair, MB BS, FRACS FRACO P.A. Rogers, MB BS DO, FRACS FRACO

At Royal Prince Alfred Hospital

CL in Ophthalmology	Peter S. Duke, MB BS DO, FRCS FRACS MACO Lionel F. Hann, MB BS DO, MACO H.L. Hughes, DO *Melb.* DOMS *Lond.* MB BS, FRACS MACO Ian B. Jack, MB BS DO, MACO B. Kurdian, MB BS DO, FRACS MACO S. Saunders, DOMS *Lond.* MB BS, LRCP MRCS FZS L.F. Shanahan, MB BS DO, FRCS FRACS K.M. Silva, MB BS DO, FRCS H. Stern, MB BS DO, MACO R.F. Taylor, MB BS DO, FRCS FRACS Douglas T. Treloar, MB BS DO, MACO

CL: Clinical Lecturer (part time)

At Sydney Hospital

CL in Ophthalmology	E.J. Donaldson, MB BS DO, FRACS MACO
	P. Hanbury, MB BS DO, MACO
	R.A. Higgins, MB BS DO, FRACS MRACO
	J.W. Hornbrook MB BS DO *R.C.P.&S.*, MACO
	A.B.L. Hunyor, BSc(Med) MB BS DO, FRACS MACO
	F.J. Martin, MB BS DO, FRACS MACO
	E.J. Milverton, MB BS DO, MACO
	W. Muntz, DO *R.C.P.&S.* and *Vienna* MB BS, MACO
	G. Pittar, MB BS DO, FRCSEd MACO
	L.P. Robinson, MB BS
	P.A. Rogers, MB BS DO, FRACS MACO
	A.W. Wechsler, MB BS, FRACS MACO

At the Royal North Shore Hospital of Sydney

CL in Ophthalmology	C.N. Banks, MA MB BCh, FRCS FRACO
	S.E. Cains, MB BS, FRACS FRACO
	D. Campbell, MB BS, FRACS MACO
	Geoffrey C. Hipwell, MB BS DO, FRCS FRACO
	C. M. Rogers, MB BS, FRACS FRACO

At Repatriation General Hospital, Concord

CL in Ophthalmology	N. Gibbons, MB BS, FACO
	B. Kurdian, MB BS DO, FRACS MACO
	J.F. Killick, MB ChB DO, FRCS
	M.B. Kappagoda, MB BS DO, FRCS FRACS MACO
	A.L. McKay, DO *R.C.P.&S.* MB BS, MACO
	R. Saad, MB BS DO
	T.F. Shuttleworth, MB BS DO *Lond.*, FRCSEd

At Lidcombe Hospital

CL in Ophthalmology	A. Charawanamutta, MB BS AM *Sing.* DO *Edin.*, FRCSEd
	S.H. Sarks, MB BS DO, FRCSEd FRACS LRCP
	G. Thomson, MB BS DO
	C. Walter, MB BS DO, FIO MACO
	I.B. Wechsler, MB BS DO, FRACS FRACO

At Royal Alexandra Hospital for Children

CL in Paediatric Ophthalmology	G. Burfitt-Williams, DO *R.C.P.&S.* MB BS

Pathology

Professors	David Agar Cameron, MDS PhD
	Vincent J. McGovern, MD ChB *N.Z.*, FRACP FRCPA
Clinical Professor	Ernest Sydney Finckh, MD BS DCP, FRACP FRCPath
Reader	John R. Gibbins, MB BS PhD
Senior Lecturer	Susan M. Dorsch, MB BS PhD
Lecturer	Leslie Arnold, BSc(Med) MB BS

CL: Clinical Lecturer (part time)

At The Royal North Shore Hospital of Sydney

CL in Pathology	V. Ackerman, BA MB BS PhD *A.N.U.* P.J. Barrett, MB BS DCP, FRCPA J. Fryer, MB BS, FRCPA R. Hollis, MB ChB *Witw.*, FRCPA B.J. O'Neill, MB BS, MRCPath FRCPA MRACP W.H. Payne, DCP *Lond.* MB BS, MRCPath MRCPA K.V. Smith, MB BS *Adel.*, FRCPath MRCPA MRACP

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CL in Pathology	M.D. Guinness, MB BS, FRCPA R.C. Newland, BSc(Med) MB BS, FRCPA

Pharmacology

Professor	Graham Allen Ross Johnston, PhD *Camb.* MSc
Reckitt & Colman Professor of Clinical Pharmacology	John Shaw, MB BS PhD, FRACP
Reader	Gregory B. Chesher, MSc PhD
Associate Professors	L. Bruce Cobbin, BSc *Melb.* PhD Graham A. Starmer, MSc *Manc.* PhD Diana M. Temple, BSc *W.Aust.* MSc PhD
Senior Lecturer	David M. Jackson, BPharm MSc PhD
Lecturers	Rosemarie Einstein, BSc PhD Catherine Collins, MSc *Manc.* PhD Ewan J. Mylecharane, BPharm *V.I.C.* BSc PhD *Melb.*
Tutors	L. Gordon Letts, BSc *Monash* P. Timothy Richards, BSc *N.Z.* MSc

Physiology

Professors	William Burke, BSc PhD *Lond.* John Atherton Young, BS BSc(Path) MD DSc *Qld*, FRACP
Professor and Deputy Vice-Chancellor	Michael Gleeson Taylor, MD BS *Adel.* PhD *Lond.*, FRACP
Reader	Maxwell R. Bennett, BE MSc PhD *Melb.* DSc
Associate Professors	Arthur V. Everitt, BSc PhD David J.C. Read, MD BS, FRACP
Senior Lecturers	Barry S. Gow, MDS PhD, FRACDS Joseph F.Y. Hoh, PhD *A.N.U.* BSc(Med) MB BS David F. Davey, BSc PhD *McG.*
Lecturers	R.A.L. Dampney, BSc PhD Brian J. Morris, BSc *Adel.* PhD *Monash* A. Pettigrew, BSc PhD Ann E. Sefton, BSc(Med) MB BS PhD
Senior Tutor	Jennifer M. Lingard, BSc *Qld* PhD

CL: Clinical Lecturer (part time)

Psychiatry

Professor

Pierre Joseph Victor Beumont, MB ChB *Pret.* MSc *Oxf.* MPhil *Lond.* DPM, FRANZCP FRACP FRCPsych MRCPEd

Associate Professor

L.E. Evans, MB ChB *Edin.* DPM *R.C.P.&S.* MB BS *Qld*, MRCPsych MRANZCP

Senior Lecturers

Warren J. Argall, MB BS DPM, FRANZCP
Gordon F. Johnson, MB BS *Qld* DPM, FRANZCP MRCPsych
Ralph J. Schureck, MB BS *Qld* MA DPM *Camb.*, MRANZCP MRCPsych
L. Helen Barnes, MB BS DPM, FRANZCP MRCPsych
H.P. Greenberg, MB BS DPM, FRANZCP FRACPsych

At Royal Prince Alfred Hosital

Clinical Lecturers

M. Bashir, MB BS, MRANZCP
F.J. Buttsworth, MB BS, MRANZCP
R.C. Chambers, MB BS, MRANZCP
W. Coombes, MB BS, MRANZCP MRCPsych
M.G. Duke, MB BS DPM, MRCPsych
R. Gertler, MB BS, MRANZCP
A. Gilandas, BSc *Oregon* MSc PhD
P. Jenkings, MB BS, MRANZCP
M. Jennings, MB BS DPM, FRCPCan MRANZCP
J. Parkinson, BA MB BS DPM, MRANZCP
J. Plapp, BA *Melb.* PhD *St Louis*
I. Richards, MB BS, MRANZCP
H.H. Smartt, MB BS DPM, FRANZCP
G. Steele, MB BS, MRANZCP
S. Touyz, BSc PhD *Cape T.* BSc *Witw.*
R.B. Vickery, MB BS DPM, FRANZCP
R.T. White, MB BS DPM, MRCPsych MRANZCP
A. Williams, BSc(Med) MB BS MPh *Yale*, MRANZCP

At Sydney Hospital

Clinical Lecturers

B.V. Burke, MB BS *Qld* DPM *Melb.*, MRANZCP MRCPsych
W. Eaton, MB BS DPM, MRCPsych
H. Leyton, MB BS, MRANZCP
I. Short, MB BS, MRANZCP

At the Royal North Shore Hospital of Sydney

Clinical Lecturers

G.J. Barnes, MB BS, MRCPsych MRANZCP
R. Bartrop, MB BS, FRACP MRCPsych
A.G. Bennett, MB BS DPM, FRANZCP FACMA MRCPsych
C.B. Degotardi, MB BS DPM, MRANZCP
M. Freeman, MB BS DPM, MRANZCP
J.A. Telfer, MB BS, MRANZCP

At Repatriation General Hospital, Concord

Clinical Lecturers

B. Boman, MB BS, MRANZCP
M. Nancarrow, MB BS, MRANZCP

CL: Clinical Lecturer (part time)

C. Smith, MB BS, MRANZCP
G.S. Spragg, MB BS DPM, MRANZCP

At Lidcombe Hospital

Clinical Lecturers

P. Morse, MHP *N.S.W.* MB BS, MRANZCP
S. Najeeb, BA MB BS, MRANZCP
S. Williams, BA MB BS, MRANZCP

At Rozelle Hospital

Clinical Lecturers

Suzanne F. Abraham, MSc PhD *Melb.*
Paula Cameron, MB BS, MRANZCP
J. Friend, BA MB BS, FRACP MRANZCP
H. Knutzelius, MB BS DA DPM, MRCPsych
P.H. Merory, MD *Prague-Oxf.* DOMS *Lond.* DPM, MRCS MRANZCP MRCPsych LRCP

At North Ryde Psychiatric Centre

Clinical Lecturers

W.A. Barclay, MSc *Col.* BSc(Med) MB BS DPM, FRANZP
B. Learoyd, MB BS, FRACP
M.D. McGrath, MB ChB *Leeds* DPM, FRCPsych FRANZCP
Elizabeth Tym, MB ChB DPM, MRCS MRCPsych LRCP
Sarah Williams, MB BSc ChB *Wales* DPM, MRANZCP

At Parramatta Psychiatric Centre

Clinical Lecturers

C.S. Balaraman, MB BS *Madr.*, MRANZCP
W.J. Blignault, ChB MD *Cape T.* DPM *Witw.*, MRANZCP
G.A. Edwards, MHA *N.S.W.* MB BS DPM, FRANZCP MRCPsych
K.A. Henson, MB BS, MRANZCP
M.B. Merlin, MB ChB *Witw.*, MRANZCP
J. Pickering, MB BS, MANZCP
A.R. Robertson, MB BS *Lond.*, MRCS MRANZCP LRCP

At Northside Clinic *(an affiliated teaching unit of the Department of Psychiatry)*

Clinical Lecturers

B. Cameron, MB BS DPM, FRANZCP MRCPsych
K. Mayne, MB BS, MRCPsych MRANZCP
C. McFie, MB ChB *Glas.* MPhil *Lond.* DPM, MRCP
A. Orsmond, MB BS *Lond.* DPM, MRCS MRANZCP MRCPsych LRCP
J. Phillips, MB BS *Melb.*, MRANZCP

At Royal Alexandra Hospital for Children

Clinical Lecturer

R. Adler, MB BS, FRACP MRANZCP

At Redbank House, Westmead Centre

Clinical Lecturer

P. Churven, MB BS, MRANZCP

At Banks House, Bankstown District Hospital

Clinical Lecturers

M. Giuffrida, MB BS, MRANZCP
G.J.M. Westerink, MB ChB *N.Z.* DPM *Melb.*, MRANZCP

CT: Clinical Lecturer (part time)

Radiology

At Royal Prince Alfred Hospital

Clinical Lecturers

B.D. Bach, MB BS, MRACR
J. Hallinan, MB BS, FRACR FRCR
B. Markell, MB BS, FRCR MRCP
P.K. Macintosh, MB BS, MRACR
J. Ryan, MB BS, FRACR
K. Sherbon, MB BS DDR, FRACR FRCR
M. Stewart, MB BS DDR, MRACR
A. Theile, MB BS DDR, FRCR
R. Wauch, MB BS DDR, MRACR

At the Royal North Shore Hospital of Sydney

Clinical Lecturers

A. Fulton, MB BCh MA *Camb.* DMRD *R.C.P.&S.*, FRCR MRACR
R.J. Hoy, MB BS, FRACP FRACR FRCR
J.H. Hunt, MB BS, FRACR
E. Lee, MB BS DDR, FRACR
J. Roche, MB ChB *Liv.*, MRACR
P.A. Scamps, MB BS, FRACP MRACR
P. Wilson, MB BS DDR, FRACP MRACR

At Sydney Hospital

Clinical Lecturers

P. Cappe, DMRD *Lond.* MB BS
J.D. Cashman, MB BS DDR, FRACR
N.H. Korner, MB BS DDR, MRCPEd MRACR
K. Plewe, MB BS DDR, FRACP MRACR
B.A. Roberts, MB BS, FRACP MRACR
J.T. Wright, MD, FRCPEd FRACR
M. Vowels, MB BS, MRACR

At Repatriation General Hospital, Concord

Clinical Lecturers

G.R. Faithfull, MB BS DDR, FRCR MRACR
U. Khurana, MB BS *Punj* MD *Delhi*, MRACR
M. Ngan, MB BS DDR
M.C. Schieb, MB BS DDR, FRACP MRACR
W.F. Sporr, MB BS DDR

At Lidcombe Hospital

Clinical Lecturer

B.T. Hammond, MB BS, MRACR

At Royal Alexandra Hospital for Children

CL in Paediatric Radiology

M. D'Silva, MB BS *Ceyl.* DMRD *R.C.P.&S.*, MRACR
A.H. Lam, MB BS *H.K.*, MRACR

At the Westmead Centre

Clinical Lecturers

E.M. Broadfoot, MB BS DCH DDR, MRACR
Y.S. Soo, MB BS *H.K.* DMRD *R.C.P.&S.*, MRACR

CL: Clinical Lecturer (part time)

Radiotherapy

At Royal Prince Alfred Hospital

Clinical Lecturers

D. Green, MB BS, FRACR FRACS MRCS
J.K. Donovan, DMRT *Lond.* MB BS, MRACR
P.J. Duval, MB BS, FRCR MRACR

At the Royal North Shore Hospital of Sydney

Clinical Lecturers

B. Biggs, MB BS *Melb.* DTM&H, FRACR
M. Holecek, MB BS, MRACR
A. Mallik, MB BS *Calc.* DMRT *Lond.*, FRCR
R.T.H. Shepherd, MB BCh *Oxf.* DMRT *Lond.*, FRCR

At Repatriation General Hospital, Concord

Clinical Lecturers

B.W. McEwen, MB BS, FFR MRACR
D.P. Ewing, MB BS DTR, FRACR
R.L. Woods, MD BS *Lond.*, MRCS MRCP

At the Westmead Centre

Clinical Professor of Radiotherapy

A.O. Landlands, BSc MB ChB DMRT *Edin.*, FRCR

Surgery

Professors

John Miles Little, MD MS, FRACS
James May, MB MS, FRACS
Gerald White Milton, MB BS *Adel.*, FRCS FRACS
Murray Theodore Pheils, MA MB MChir *Camb.*, LRCP FRCS FRACS
Thomas Smith Reeve, CBE, MB BS, FACS FRACS

Raymond E. Purves Professor (in the field of transplantation)

Ainslie Glenister Ross Sheil, BSc MA *Oxf.* MB BS *Qld*, FRCS FRACS

Professor of Orthopaedics and Traumatic Surgery

Thomas Kinman Fardon Taylor, DPhil *Oxf.* MB BS, FRCS FRCSEd FRACS

Director of the Gordon Craig Urological Research Laboratories

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Associate Professors

Graham A.E. Coupland, MB BS, FRACS
Fredrick O. Stephens, MD MS, FRCSEd FACS FRACS
William H. McCarthy, MEd *Ill.* MB BS, FRACS

Senior Lecturers

M. Appleberg, MB BCh *Witw.*, FCS(SA)
Anthony H. Goodman, MB BS PhD (*Surgical Biophysics*)
Janet McCredie, DMRD *Lond.* BS MD, FRCR FRACR (*Diagnostic Radiology*)
John E. Payne, MB BS, FRCSEd
M.D. Ryan, MB BS, FRCSEd FRACS
Michael Stephen, MB BS, FRACS

Lecturer to Dental Students (part time)

Nicholas A. Packham, BDS MB BS, FRACS

CL = Clinical Lecturer (part time)

Lecturer in Plastic Surgery (part time)	Edward W. Gibson, MB MS, FRACS FACS
Lecturers in Surgical Diseases of Children (part time)	D.H. Cohan, MB BS, FRACS A.W. Middleton, MB BS, FRCS FRACS
	At Royal Prince Alfred Hospital
CL in Surgery	P.J. Burke, MB BS, FRACS D.C. Glenn, BSc(Med) MB BS, FRCS FRACS J.E.D. Goldie, MB BS, FRCS FACS FRACS F. Huber, MB BS, FRCS FRCSEd FRACS D.S. Johnson, MB BS, FRCS FRACS P. Langdon, MB BS, FRACS K.K. Merten, MB BS, FRCS FRCSEd D. Millons, MB BS, FRCS B.P. Morgan, MB BS, FRACS G.R. Nicks, OBE, MB ChM *N.Z.*, FRCS FRCSEd FRACS F.W. Niesche, MB BS, FRCS FRACS R.C. Opie, MB MS, FACS FRACS N.A. Packham, BDS MB BS, FRACS D.M.V. Rea, MB ChB *N.Z.*, FRCS FRACS S.B. Renwick, MB BS, FRCS FRACS L.M. Roberts, MB BS, FRCS FRACS D.M. Sheldon, MB BS, FRCS FRACS M. Spigelman, MB BS, FRCS FRACS G. Ramsey Stewart, MB BS, FRCS FRACS R. West, MB BS, FRACS FRCS
CL in Ear, Nose and Throat	V.G. Bulteau, MB ES DLO, FRACS G.M. Halliday, MB BS, FRCSEd J.H. Lancken, MB BS DLO, FRACS R.G. Mackay, MB BS DLO, FRACS B.J. O'Reilley, MB BS, FRACS B.P. Scrivener, MB BS DLO, FRCS FRCSEd FRACS J.H. Seymour, MB BS, FRCS S. Tamhane, MB BS, FRACS
CL in Neurosurgery	G.K. Vanderfield, MB BS, FRACS FACS
CL in Orthopaedic Surgery	I. Barrett, MB BS, FRACS M. Benanzio, MD *Cagliari* ChOrth *Bologna* I.J. Bryan, MB BS, FRCSEd P. Holman, MB BS, FRACS D. Macdonald, MB ChB *N.Z.*, FRACS F.W. Marsden, MB BS, FRCSEd FRACS H.D. Tyer, MB BS, FRACS K.W. Walter, MB BS, FRACS FRCS
CL in Plastic and Reconstructive Surgery	E. W. Gibson, MB MS, FRACS
CL in Thoracic Surgery	D.K. Baird, BSc(Med) MB BS, FRACS FRCS A.F. Grant, MB BS, FRCS FRACS B.D. Leckie, MB BS, FRCS FRCSEd
CL in Urology	D.D. Arnold, MB BS, FRCS FRACS J. Boulas, MB BS, FRACS

CL Clinical Lecturer (part time)

	G.J. Coorey, MB BS, FRCS FRACS
	B.S. Pearson, MB BS, FRCS FRACS
	J. Rogers, MB BS, FRCS FRACS
	R. Wines, MB BS, FRACS FRCSEd FRCS
	At Sydney Hospital
CL in Surgery	P.H. Greenwell, MB BS, FRCS
	S. Boland, MB BS, FRCS FRACS
	A.R. Brown, MB ChB *N.Z.*, FRCS FRACS
	R. Campbell, MB BS, FRCSEd FRACS
	W.B. Conolly, MB BS, FRCS FACS FRACS
	D.L. Glen, MB BS, FRCS FRACS
	S.J. Hazelton, MB BS, FRCS FRACS
	J.D. Hughes, MB BS, FRCS FRACS
	M.J. Inglis, MB BS, FRCS FRCSEd FRACS
	J.H. McKessar, MB BS, FRCS FRCSEd FRACS
	J. Niesche, MB BS, FRCS FRACS
	J.E. Reimer, MB BS, FRCS FRCSEd FRACS
CL in Colon and Rectum Unit	D.G. Failes, MB BS, FRCS FRACS
	M.J. Killingback, MB BS, FRCS FRCSEd FRACS
	M. Stuart, BSc MB BS, FRACS FACS
	S. Sakker, MBE, MB BS, FRCS FRCSEd FRACS
CL in Ear, Nose and Throat	D.B. Arnott, DLO *R.C.P.&S.* MB BS
	V.D. Bear, DLO *R.C.P.&S.* MB BS
	E.J. Beckenham, MB BS, FRCS FRACS
	B.N. Benjamin, OBE, MB BS DLO
	F.D. Elsworth, MB BS *N.S.W.*, FRACS
	P.K. Ng, MB BS *N.S.W.*, FRCSEd FRACS
CL in Neurosurgery	A.P. Poulgrain, MB BS *Qld*, FRCS FRCSI FRACS
	R.G. Rushworth, MB BS, FRCS FRACS
CL in Orthopaedic Surgery	F.P. Blake, MB BS, FRCS FRACS
	W.D. Bye, MB BS, FRCS FRCSEd FRACS
	J.M. Ellis, MB BS DTM&H, FRCS FRACS
	D.K. Faithfull, MB BS, FRACS
	T.J. Herbert, MB BS, FRCS
	A.M.B. Johnson, MB BS, FRCSEd
	A.S. Sachdev, MB BS, FRCSEd
	D.G. Seaton, MB BS, FRCSEd FRACS
CL in Reconstructive and Plastic Surgery	M.L. O'Mara MB BS DLO *Lond.*, FRCS FRACS
CL in Thoracic Surgery	D.C. Perry, MB BS, FRACS
CL in Urology	J.E. Blackman, MB BS, FRCS FRACS
	G.R. Gibson, LLB MB BS, FRCS FRACS
	H.M. Learoyd, MB BS, FRCS FRCSEd FRACS
	I.F. Potts, MB MS, FRCS FRACS
	B.G. Storey, MB BS, FRCS FRACS
	At the Royal North Shore Hospital of Sydney
CL in Surgery	M. Appleberg, MB BCh *Witw.*, FCS(SA) FRACS
	G.J. Coorey, MB BS, FRCS FRACS

CL: Clinical Lecturer (part time)

Lecturer in Plastic Surgery (part time)	Edward W. Gibson, MB MS, FRACS FACS
Lecturers in Surgical Diseases of Children (part time)	D.H. Cohan, MB BS, FRACS A.W. Middleton, MB BS, FRCS FRACS

At Royal Prince Alfred Hospital

CL in Surgery	P.J. Burke, MB BS, FRACS D.C. Glenn, BSc(Med) MB BS, FRCS FRACS J.E.D. Goldie, MB BS, FRCS FACS FRACS F. Huber, MB BS, FRCS FRCSEd FRACS D.S. Johnson, MB BS, FRCS FRACS P. Langdon, MB BS, FRACS K.K. Merten, MB BS, FRCS FRCSEd D. Millons, MB BS, FRCS B.P. Morgan, MB BS, FRACS G.R. Nicks, OBE, MB ChM *N.Z.*, FRCS FRCSEd FRACS F.W. Niesche, MB BS, FRCS FRACS R.C. Opie, MB MS, FACS FRACS N.A. Packham, BDS MB BS, FRACS D.M.V. Rea, MB ChB *N.Z.*, FRCS FRACS S.B. Renwick, MB BS, FRCS FRACS L.M. Roberts, MB BS, FRCS FRACS D.M. Sheldon, MB BS, FRCS FRACS M. Spigelman, MB BS, FRCS FRACS G. Ramsey Stewart, MB BS, FRCS FRACS R. West, MB BS, FRACS FRCS
CL in Ear, Nose and Throat	V.G. Bulteau, MB ES DLO, FRACS G.M. Halliday, MB BS, FRCSEd J.H. Lancken, MB BS DLO, FRACS R.G. Mackay, MB BS DLO, FRACS B.J. O'Reilley, MB BS, FRACS B.P. Scrivener, MB BS DLO, FRCS FRCSEd FRACS J.H. Seymour, MB BS, FRCS S. Tamhane, MB BS, FRACS
CL in Neurosurgery	G.K. Vanderfield, MB BS, FRACS FACS
CL in Orthopaedic Surgery	I. Barrett, MB BS, FRACS M. Benanzio, MD *Cagliari* ChOrth *Bologna* I.J. Bryan, MB BS, FRCSEd P. Holman, MB BS, FRACS D. Macdonald, MB ChB *N.Z.*, FRACS F.W. Marsden, MB BS, FRCSEd FRACS H.D. Tyer, MB BS, FRACS K.W. Walter, MB BS, FRACS FRCS
CL in Plastic and Reconstructive Surgery	E. W. Gibson, MB MS, FRACS
CL in Thoracic Surgery	D.K. Baird, BSc(Med) MB BS, FRACS FRCS A.F. Grant, MB BS, FRCS FRACS B.D. Leckie, MB BS, FRCS FRCSEd
CL in Urology	D.D. Arnold, MB BS, FRCS FRACS J. Boulas, MB BS, FRACS

CL: Clinical Lecturer (part time)

	G.J. Coorey, MB BS, FRCS FRACS B.S. Pearson, MB BS, FRCS FRACS J. Rogers, MB BS, FRCS FRACS R. Wines, MB BS, FRACS FRCSEd FRCS

At Sydney Hospital

CL in Surgery	P.H. Greenwell, MB BS, FRCS S. Boland, MB BS, FRCS FRACS A.R. Brown, MB ChB *N.Z.*, FRCS FRACS R. Campbell, MB BS, FRCSEd FRACS W.B. Conolly, MB BS, FRCS FACS FRACS D.L. Glen, MB BS, FRCS FRACS S.J. Hazelton, MB BS, FRCS FRACS J.D. Hughes, MB BS, FRCS FRACS M.J. Inglis, MB BS, FRCS FRCSEd FRACS J.H. McKessar, MB BS, FRCS FRCSEd FRACS J. Niesche, MB BS, FRCS FRACS J.E. Reimer, MB BS, FRCS FRCSEd FRACS
CL in Colon and Rectum Unit	D.G. Failes, MB BS, FRCS FRACS M.J. Killingback, MB BS, FRCS FRCSEd FRACS M. Stuart, BSc MB BS, FRACS FACS S. Sakker, MBE, MB BS, FRCS FRCSEd FRACS
CL in Ear, Nose and Throat	D.B. Arnott, DLO *R.C.P.&S.* MB BS V.D. Bear, DLO *R.C.P.&S.* MB BS E.J. Beckenham, MB BS, FRCS FRACS B.N. Benjamin, OBE, MB BS DLO F.D. Elsworth, MB BS *N.S.W.*, FRACS P.K. Ng, MB BS *N.S.W.*, FRCSEd FRACS
CL in Neurosurgery	A.P. Poulgrain, MB BS *Qld*, FRCS FRCSI FRACS R.G. Rushworth, MB BS, FRCS FRACS
CL in Orthopaedic Surgery	F.P. Blake, MB BS, FRCS FRACS W.D. Bye, MB BS, FRCS FRCSEd FRACS J.M. Ellis, MB BS DTM&H, FRCS FRACS D.K. Faithfull, MB BS, FRACS T.J. Herbert, MB BS, FRCS A.M.B. Johnson, MB BS, FRCSEd A.S. Sachdev, MB BS, FRCSEd D.G. Seaton, MB BS, FRCSEd FRACS
CL in Reconstructive and Plastic Surgery	M.L. O'Mara MB BS DLO *Lond.*, FRCS FRACS
CL in Thoracic Surgery	D.C. Perry, MB BS, FRACS
CL in Urology	J.E. Blackman, MB BS, FRCS FRACS G.R. Gibson, LLB MB BS, FRCS FRACS H.M. Learoyd, MB BS, FRCS FRCSEd FRACS I.F. Potts, MB MS, FRCS FRACS B.G. Storey, MB BS, FRCS FRACS

At the Royal North Shore Hospital of Sydney

CL in Surgery	M. Appleberg, MB BCh *Witw.*, FCS(SA) FRACS G.J. Coorey, MB BS, FRCS FRACS

CL: Clinical Lecturer (part time)

STAFF	V.H. Cumberland, MB BS, FRCS FRACS
	G.A. Cutler, BEc MB BS, FRCS FRACS
	G. Douglas, MB BS, FRACS
	M.K. Eagleton, MB BS, FRCS FRACS
	I.R. Fielding, MB BS, FRCS FRACS
	N.A. Fowler, MB BS, FRCS FRACS
	R.M. Hollings, MB BS, FRCS FRACS
	P.B. Humphries, MB BS, FRCSEd FRCS FRACS
	B.J. Parker, MB BS, FRCSEd FRACS
	A.G. Poole, MB BS, FACS FRACS
	H.J. Richards, MB BS, FRCS FRACS
	O.H. Schneider, MB BS, FRCS FRACS
	R.B. Wiles, BSc MB MS, FRACS
	J.D. Yeo, MB BS, FRACS
CL in Cardio-Thoracic Surgery	D.C. Johnson, MB BS, FRACS
	C.W. Deal, MB BS, FRCSEd FRCS FRACS
CL in Ear, Nose and Throat	T.H. O'Donnell, MB BS DLO
	A.C. Dowe, DLO *Lond.* MB BS, FRCS FRCSEd
	G. Luccheze, MB BS, FRCSEd FRCS
CL in Neurosurgery	J.M.F. Grant, MB MS, FACS FRACS
	R.G. Rushworth, MB BS, FRCS FRACS
CL in Orthopaedic Surgery	K.R. Daymond, MChOrth *Liv.* MB BS, FRCSEd FRACS
	F.J. Harvey, MChOrth *Liv.* MB BS, FRCSEd FRCS FRACS
	R.W. McGlynn, MChOrth *Liv.* MB BS
	J.R. McGlynn, MB BS, FRCSEd FRACS
	R.W.D. Middleton, MB BS, FRCS FRCSEd FRACS
	B.D. Shepherd, MB BS BDS, FRCSEd FRCS FRACS
	J.P.H. Stephen, BAgr MB BS, FRCS FRACS
	R.M. Tinning, MB BS, FRCSEd FRACS
CL in Reconstructive Surgery	R. Barnett, MB BS, FRACS
	R.P. Chandler, MB BS, FRCS FRACS
	D.L. Dey, MB MS, FRACS FACS
	P.J. O'Keefe, MB BS, FRCS FRACS
CL in Urology	J.H. Alexander, MB BS, FRACS
	J. Broadfoot, MB BS, FRCS FRCSEd
	D.H. Keller, MB BS, FRCS FRACS
	J.A.A.H. Saalfeld, MB BS, FRCS FRACS
	R.D. Smith, MB BS, FRCS FRCSEd FRACS
	At Repatriation General Hospital, Concord
CL in Surgery	G.L. Brooke-Cowden, MB BS, FRACS
	E.L. Bokey, MB BS, FRACS
	R.C. Claxton, MB BS, FRCS FRCSEd FRACS
	M.M. de Burgh, MB BS, FRACS
	D.J. Gillett, ChM *Liv.* MB BS, FRCS FRCSEd FRACS
	D. Golovsky, MB BS, FRCS FRACS
	R.J. Healey, MB BS, FRCS FFR FRACS MCRA
	J. Hollinshead, MB BS, FRACS
	W.J. Hughes, MB BS, FRCS FRACS

	P.B. Humpris, MB BS, FRCS FRCSEd FRACS S.G. Koorey, MB BS, FRCS FRACS E.R. Lippey, MB BS, FRACS FRCS D.C. Mackenzie, MB BS, FRCS J.E. Moulton, MB BS, FRCS FRACS J.P. O'Neill, MB BS, FRCS FRACS R.C. Smith, MB BS, FRACS D.C. Perry, MB BS, FRACS W.K. Soh, MB BS, FRACS
CL in Cardio-Thoracic Surgery	. . . . .
CL in Ear, Nose and Throat	O.J. Davies, MB BS DLO J. Deves, MB BS, FRCSEd J. Szaz, MB BS DLO R.J.A. Woolcock, MB BS DLO
CL in Neurosurgery	N. Dan, MB BS, FRCS FRACS H.E. Hudson, MD *Chile*, FRACS
CL in Orthopaedic Surgery	A.J. Grant, BA *Qld* MB BS, FRCSEd R.J.E.D. Higgs, MB BS, FRCS FRACS K. Hume, MB BS, FRCS FRACS W.P. Lennon, MB BS, FRACS W.J. Marsden, MB BS, FRACS K.W. Walter, MB BS, FRCSEd FRACS
CL in Reconstructive Surgery	T.R.M. Furber, MB MS, FRACS A.W. Lewis, MB BS, FRACS
CL in Urology	J.H. Alexander, MB BS, FRACP A. Lalak, MB BS, FRCSEd FRACS P.W.O. Maher, MB BS, FRCS
	At Lidcombe Hospital
CL in Surgery	F. Bonar, MB BS, FRACS FRCS P.F. Thursby, MB BS, FRACS W.O. Shields, BSc MB ChB, FRCSEd B.H. Stone, MB BS, FRCSEd S.K.C. Wong, MB BS, FRACS FRCSEd
CL in Ear, Nose and Throat	N. Ananda, MB BS *Ceyl.* DLO *Lond.*, FRCSEd O. Harrison, MB BS, FRACS
CL in Neurosurgery	J. Matheson, BA MB BS, FRACS A. Poulgrain, MB BS, FRCS FRCSI
CL in Orthopaedic Surgery	G. Kalnins, MB BS, FRCSEd FRACS J. Walsh, MB ChB, FRCSEd FRACS J. Wong, MB BS, FRACS
CL in Reconstructive Surgery	N.V. Sweeney, MSc MB BS, FRACS FRCSGlas
CL in Urology	J.M. Drummond, MB BS, FRACS J. Boulas, MB BS, FRACS

CL: Clinical Lecturer (part time)

	At Mater Misericordiae Hospital, North Sydney
CL in Surgery	F.H.D. Breslin, MB BS, FRCS FRACS G.J. Coorey, MB BS, FRCS FRACS M.K. Eagleton, MB BS, FRCS FRACS I.R. Fielding, DPharm MB BS, FRCS FRACS M.J. Flood, MB BS, FRCS FRCSEd FRACS O.H. Schneider, MB BS, FRCS FRACS B.F. Sheridan, MB BS, FRCS FRCSEd FRACS
CL in Orthopaedic Surgery	F.J. Harvey, MB BS MChOrth *Liv.*, FRCS FRCSEd J.P.H. Stephen, MB BS, FRCS FRACS
	At Royal Alexandra Hospital for Children
CL in Paediatric Surgery	D.H. Cohan, MB MS, FRACS Genevieve Cummins, BSc(Med) MB BS, FRACS D.L. Dey, MB MS, FRACS M. Glasson, MB BS, FRCS FRACS R.S.B. Hudson, MB BS, FRCS FRACS H.C.O. Martin, MB BS, FRACS FRCS I. Reid, MB BS, FRCSEd FRACS
CL in Paediatric Ear, Nose and Throat	B.N.P. Benjamin, OBE, MB BS DLO, FRACS
CL in Paediatric Neurosurgery	I.H. Johnston, MB ChB *St. And.* BSc, FRCS FRCSGlas
CL in Paediatric Orthopaedic Surgery	I. Barrett, MB BS, FRACS D.W. Whiteway, MB BS, FRCS FRCSEd FRACS FACS
CL in Paediatric Urology	D.D. Arnold, MB BS, FRCS FRACS R.B. Filmer, MB BS, FRACS FRCSEd FACS R.D. Wines, MB BS, FRCS FRACS

University administrative units in the teaching hospitals

	At Royal Prince Alfred Hospital
Warden of the Clinical School	J.A. Burgess, MB BS, FRACP
	A. Joasoo, BSc (Med) MD BS, FRACP A.R. Korda, MB BS, MRCOG B.P. Morgan, MB BS, FRACS
	At Sydney Hospital
Warden of the Clinical School	A.R. Brown, MB ChB *N.Z.*, FRCS FRACS
	S. Colagiuri, MB BS, MRACP S.J. Hazelton, MB BS, FRCS FRACS
	At the Royal North Shore Hospital of Sydney
Warden of the Clinical School	G.E. Bauer, MB BS, FACC FRCP FRACP
	G. Douglas, MB BS, FRACS R.C. Edwards, MB BS, FRACP MRCP

CL Clinical Lecturer (part time)

At Repatriation General Hospital, Concord

Warden of the Clinical School — S.G. Koorey, MB BS, FRCS FRACS
O. Peiris, MD BS *Ceyl.*, FRACP MRCPEd MRCP

At Lidcombe Hospital

P.F. Thursby, MB BS, FRACS

At Mater Misericordiae Hospital

R.F. O'Reilly, MB BS, FRACP

At the Women's Hospital

D.R. Woodhouse, DObst *R.C.O.G.* MB BS, MRCOG

At St Margaret's Hospital for Women

D.H. McGrath, MB BS, FRCOG FAGO

At Royal Alexandra Hospital for Children

D.C.K. Bau, MB BS DCH, FRACP

At the Rozelle Hospital

Suzanne F. Abraham, MSc PhD *Melb.*

At North Ryde Psychiatric Centre

M.D. McGrath, MB ChB *Leeds* DPM *R.C.P.&S.*, MANZCP

School of Public Health and Tropical Medicine

Professor and Principal of the School — Lindsay Alexander Gordon Davidson, MB ChB *Edin.* MD *Birm.*, FRCP FRCPEd FRACP

Professor of Environmental Health — David Alexander Ferguson, MD BS, FRACP

Professor of Preventive and Social Medicine — Charles Baldwin Kerr, DPhil *Oxf.* MB BS, FRACP MFCM

Professor of Tropical Medicine — Robert Hughes Black, ED, DTM&H *Liv.* MD BS DipAnth, FRACP

Professor of Public Health Biology — Patrick Macartney de Burgh, MB BS, FRCPA (seconded)

Associate Professors
Grahame M. Budd, MD BS, FRACP (*Environmental Health*)
David J. Lee, BSc (*Medical Entomology*)
Bruce McMillan, DTM&H DAP&E *Lond.* MB BS, FRACP FRCPA (*Medical Parasitology*)
Robert MacLennan, MB BS *Qld* MS DCH *Tulane* DTM&H, MRCP (*Epidemiology and Biostatistics*)
Peter M. Moodie, MB BS DTM&H (*Tropical Public Health*)

Senior Lecturers
Thomas K. Ng, MD BS *H.K.* LLB *Lond.* DPH *Sing.* DIH *Dundee* DPA *Lond.*, FIS FAA FRSH MFCM (*Occupational Health*)

CL Clinical Lecturer (part-time)

STAFF	Janice C. Reid, BSc *Adel.* MA *Hawaii* PhD *Stan.* (*Cross Cultural Studies and Medical Anthropology*) James A. Thom, MB ChB *Aberd.* MSc DTM&H DIH *Lond.*, FRSM (*Environmental Health*)
Lecturers	Robert S.U. Baker, BSc PhD *W.Aust.*, MASM (*Cell Biology*) Janette C. Brand, BSc PhD *N.S.W.* (*Nutrition*) Ian Darnton-Hill, MB BS *Adel.* DA *Lond.* DipND *Flin.* (*Nutrition*) Gregory B. Goldstein, MB BS, FRACP (*Preventive and Social Medicine*) Colin C. Reid, MB BS (*Occupational Health*) Susan A. Treloar, BSocStud *(Preventive and Social Medicine)* Wim Zylstra, DTM&H *Lond.* MB BS, FRACP (*Tropical Medicine*)
Principal Tutors	Anthony W. Findlay, BSc *N.S.W.* (*Occupational Hygiene*) Gordon J. Lincoln, BSc (*Environmental Health*) Gershom Major, BSc *Melb.* (*Occupational Hygiene*) Michael F. O'Keefe, ASTC (*Pathology and Microbiology*) Richard C. Russell, MSc (*Medical Entomology*) John C. Walker, BSc (*Medical Parasitology*)
Senior Tutor	Susan Ash, MHP *N.S.W.* BSc DipND (*Nutrition*)
Tutors	Barbara J. McPhee, DipPhty *Aust. Physio. Assn.* MAPA (*Occupational Physiotherapy*) Alan J. Rogers, BSc *N.S.W.* MSc *Lond.* (*Occupational Hygiene*)
Acting Registrar of the School	Clifford C. Dyer
Deputy Registrar (Academic Matters)	John C. Short, BBus DipTech *N.S.W.I.T.*, AMusA
Librarian	Shirley P. McGlynn, BA, ALA ALAA

Division of Paraclinical Sciences[1]

Advisory Council	Professor A. Basten (Chairman) The Dean of the Faculty of Medicine Professor D.A. Cameron Associate Professor D.M. Temple Associate Professor G.A. Starmer Dr Y. Cossart Dr S.E. Dorsch

Libraries

Medical Library

Librarian	Gwendoline M. Rafferty, BA *N.E.*, ALAA

[1] The Faculty of Medicine has established a Division of Paraclinical Sciences. The Division consists of the Departments of Pathology, Bacteriology and Pharmacology. The functions of the Division are to coordinate the teaching responsibilities of member departments to the relevant faculties and to share the use of facilities within the medical school. It is hoped that the Division will rationalise teaching, and use of laboratories and staff; establish a common framework within which to provide post-graduate training and continuing education; and generally enable the departments to operate more efficiently.

CL Clinical Lecturer (part time)

Assistant Librarians	Alison D. Hair, ALA Beth M. Menzies, BSc DipLib *N.S.W.* (part time) Jean A. Wall, BSc *Adel.* DipLib *N.S.W.* (part time)
General Library Assistants	Charles Barnes Mary Benton, BS DipLib *N.S.W.*, ALAA (part time) Ronda Halmarick (part time) Andrea M. Mullane

Burkitt Library

General Library Assistant	Ruby Faris

Faculty of Medicine Learning Resources Centre

Director	John F. Newbery, BA *Macq.*

CL Clinical Lecturer (part time)

2
The Faculty of Medicine

History of the Medical School

The University of Sydney was founded in 1850 by an Act of the legislature of New South Wales and is the oldest university in Australasia. The medical school, however, did not come into being until thirty-three years later. Prior to the establishment of the University there had been several attempts to develop medical education on a regular basis in New South Wales. Medical training had been initiated by William Redfern who was transported to New South Wales in 1801 and appointed Assistant Surgeon in Sydney in 1808; together with William Bland, another emancipist surgeon, he had accepted occasional apprentices for training. The Medical Practice Bill of 1838 referred to the possibility of a medical school in Sydney, and in 1846 it was proposed that a medical school be established at the Sydney Infirmary (later renamed Sydney Hospital). Students were admitted as apprentices to the practice of the Infirmary not later than 1849 and received official recognition from the directors in 1851.

The Act of Incorporation of the University of Sydney provided for the granting after examination of degrees in Medicine as well as in Arts and Law. Strenuous efforts were made from the beginning to start a medical school at the University and support was especially strong from medical members of the Senate. However, lack of finance was the main stumbling block: there was a definite objection from some quarters to the idea of having to share the University's slender means with a further faculty. In 1859 the Senate of the University adopted a scheme of medical teaching which was intended to commence in 1860, and instructed the University's architect, Edmund Blacket, to prepare plans for an anatomy school. However, the plan was opposed on the grounds that 'the constitution of such studies and the establishment of a medical school would retard the completion of the curriculum in the Faculty of Arts'. Further schemes in 1866 and 1874 likewise failed.

Two major events assisted to bring about the realisation of a scheme for a medical school. Firstly, in 1868 there was an attempt upon the life of H.R.H. Prince Alfred, Duke of Edinburgh, during

his visit to New South Wales. The Duke recovered, and as a thanks-offering the community raised the sum of £30 000 for a suitable memorial. The Duke wished the money to be allocated for the erection of a hospital and a public meeting resolved that a Prince Alfred Memorial Hospital should be erected on the site of the Sydney Infirmary. This proposal encountered legal difficulties and the University resolved the problem by granting the use of twelve acres of university land, provided that a portion of this was reserved for a school of medicine. The Prince Alfred Hospital Act of Incorporation, which was passed in 1873, stipulated that the hospital's medical staff be appointed by a conjoint board consisting of the Senate of the University and the hospital's Board of Directors sitting together, and that it be open for clinical teaching to students of the medical school when established. The hospital was opened for patients in 1882. In the same year the Government agreed to finance a medical school.

The second event which influenced the Senate in its determination to proceed with the medical school was the death of John Henry Challis in 1880, which resulted in the bequest of the residue of his substantial estate for the benefit of the University. Applications were subsequently invited for a chair of Anatomy and Physiology and Thomas Peter Anderson Stuart came from Edinburgh to fill the chair and to establish the medical school. The Faculty of Medicine owes its development to the genius of Sir Thomas Anderson Stuart, a man of great ability, determination and energy who presided as its Dean until his death in 1920.

The medical school commenced teaching in March 1883 with four students in a four-roomed cottage built between the Great Hall of the University and Parramatta Road. Anderson Stuart pressed for the construction of a more suitable medical school and in 1887 a new building subsequently known as the *Anderson Stuart Building* was commenced on plans prepared by Blacket. The first part of the building was finished in 1891, and the building was completed in 1922. To strengthen the Faculty's teaching staff, Anderson Stuart turned to the Edinburgh medical school and recruited Alexander MacCormack, Robert Scot Skirving, J.T. Wilson and D.A. Welsh. MacCormack and Scot Skirving took up appointments in 1883; Wilson became professor of Anatomy in 1890 when Anderson Stuart relinquished the position to concentrate on his other duties, and Welsh was appointed to the new chair of Pathology in 1902.

Initially the medical curriculum was of five years' duration, the first year being spent in the Faculty of Arts. In 1890 the medical course proper was lengthened to five years and in 1926 it was extended to cover six years. In 1973 the Senate of the University adopted recommendations from the Faculty for the introduction of a new five year curriculum, which commenced in 1974.

The medical school outgrew the Anderson Stuart building and the University received a grant from the Rockefeller Foundation to construct a new building. The *Blackburn Building*, named in honour of Sir Charles Bickerton Blackburn who was Dean of the Faculty from 1932 to 1935 and Chancellor of the University from 1941 to 1964, was opened to clinical students in 1933. More recently a

major building development, the *Bosch Building*, was commenced on a site adjoining the Blackburn Building. Two stages of the Bosch Building complex have been completed; the third stage, an eleven-floor building, has yet to be commenced.

The Bosch Building is named in honour of George Henry Bosch, a Sydney businessman who has been the Faculty's greatest benefactor, and through whose generosity full-time chairs in Histology and Embryology, Medicine, Surgery, and Bacteriology were established between 1927 and 1930. The first occupant of the full-time chair of Medicine was C.G. Lambie, who held the position from 1930 until 1957; the first appointment to the full-time chair of Surgery was Sir Harold Dew, from 1930 to 1956. At the same time the School of Public Health and Tropical Medicine was founded, and in 1933 the chair of Obstetrics became full-time and was occupied by J.C. Windeyer. In recent years the Faculty has established new chairs in areas such as Psychiatry, Child Health, Pharmacology, Clinical Pharmacology, Cardiology, Orthopaedic and Traumatic Surgery, Preventive and Social Medicine, Anaesthetics, Behavioural Sciences, Immunology, Human Nutrition, and Community and Geriatric Medicine, as well as second chairs in the Departments of Pathology and Physiology and fourth and fifth chairs in the Departments of Medicine and Surgery. Present and future academic developments include new chairs in Histopathology and Forensic Medicine as well as second and third chairs in Paediatrics.

The Faculty has developed five clinical schools based on the Royal Prince Alfred Hospital, Sydney Hospital, the Royal North Shore Hospital, the Repatriation General Hospital, Concord, and Lidcombe Hospital and uses a further six hospitals for teaching in specialist branches of medicine. A major new clinical school is being established at the Westmead Centre. This hospital will be one of the largest in Australia and will provide health services to the western metropolitan region of Sydney. The first students began clinical instruction at the hospital in 1979. As well, eleven suburban hospitals have been affiliated to supplement teaching at both the general and specialist hospitals. The Faculty is also involved in the field of continuing medical education, through the activities of the Victor Coppleson Memorial Institute of Postgraduate Medical Studies. The Postgraduate Medical Foundation of the University raises funds which provide generous support for postgraduate training and research.

The Faculty of Medicine of the University is the largest medical school in Australia and is among the largest in the English-speaking world. It has established a strong international reputation through the high standard of its graduates and through its significant and extensive research activities.

The medical curriculum

In 1974 the University of Sydney introduced a five-year undergraduate medical curriculum, replacing its previous six-year course for the degrees of Bachelor of Medicine and Bachelor of Surgery. The course was the end result of a considerable amount of time and

effort spent on the part of all members of the Faculty and many outside helpers. Active planning for the curriculum commenced in 1969 but it was not until 1973 that the course was formally adopted.

General objectives of the course

The five-year course aims at providing basic training for every type of doctor. Its purpose therefore is to give graduates a rational approach to the practice of medicine in the light of existing knowledge, and to provide them with the capacity to understand and utilise the new developments which they will later encounter in their own particular branch of medicine. For this reason it places considerable emphasis on the scientific aspects of medicine. This includes consideration of the science of normal and abnormal human behaviour, both in individual patients and in communities.

In planning the curriculum, the Faculty had very much in mind the information explosion in all fields of knowledge. One reason for curricular revision is that one cannot simply keep adding new material to the material currently being taught without creating confusion and dissatisfaction in the minds of both students and teachers. The curriculum aims at being flexible, making it easy to alter in the future, without adding significantly to the length or total factual content of the undergraduate course. The medical graduate will be involved in a lifetime of postgraduate study in all fields of medicine. The undergraduate course must therefore provide the scientific basis for such studies and must equip him with sufficient skills to begin the practice of medicine under supervision during his preregistration year following graduation.

The bulk of the course consists of 'core' material, which is defined as material that provides essential orientation for subsequent studies. It is selected in relation to some important principle that the teacher wishes to illustrate. Each student also has the choice of an option, which will allow him to study certain fields in greater depth. Both the 'core' and 'option' components of the course should give the student the opportunity for learning through his own experience and effort.

General outline of the course

The first year and second year of the course each consist of three terms. Third year consists of four terms and fourth and fifth years consist of five terms each. The first two terms of first year are a premedical component, in which Physics and Chemistry are taught. In first year the student is introduced to the basic medical sciences, including Anatomy, Histology and Embryology, Biochemistry, Physiology together with Pharmacology and Behavioural Sciences in Medicine. The subjects are continued throughout second year. At the beginning of third year paraclinical subjects are taught: general and special Pathology, Bacteriology and Pharmacology. The main clinical part of the course is undertaken during the third, fourth and fifth years. In the third and fourth years, students are taught Clinical Science and History-Taking and Physical Examination. In Clinical Science the principles of Medicine and Surgery are taught in a coordinated manner and are closely

integrated with Pathology, Physiology, Biochemistry and Pharmacology. The aim here is to correlate clinical medicine with basic medical science. Most of the clinical work will be in relation to observation of inpatients in the teaching hospitals, but the student will also obtain some outpatient experience, and some experience of medicine in community health and general practice settings. Clinical Science also includes components of Preventive and Social Medicine, Tropical Medicine, Rehabilitation Medicine, Community Medicine, Geriatrics, and Human Sexuality.

In the fourth year students also undertake Obstetrics and Gynaecology, Psychiatry, Paediatrics and Community Medicine (which includes Geriatrics and Rehabilitation Medicine). These courses, which are each of one term's duration, are taught in teaching hospitals. (Community Medicine is taught in community health centres and general practices.)

During this section of the course there is a more direct involvement of the student in patient care in the particular subject.

The fifth year consists of block teaching in Medicine and Surgery. There are two terms of fourteen weeks each in which Medicine and Surgery are taught, both separately and correlatively, in the hospitals and on campus.

The last term of fifth year comprises an 'option', which may be undertaken in clinical and/or basic science subjects, or in any combination of these approved by the Faculty.

Students are allocated to one of five clinical schools in the second term of the third year and from there on undertake all their clinical training in that clinical school or in a specialist hospital.

At the end of the fourth year there is an unallocated term in which students may undertake any type of clinical attachment they wish, or in fact, do nothing at all if they so desire, as this is not a formal part of the course. However, during this period most students seek a clerking attachment at a hospital or with a private practitioner, either locally or interstate, or overseas.

Specific features of the course

The course is one year shorter than the former six-year curriculum, although there has been no increase in the length of the pre-registration period. There is no shortening whatsoever in the amount of clinical experience, which covers all the disciplines encompassed in a traditional six-year curriculum, with the addition of a significant component of Community Medicine. There has been a reduction in the components of Chemistry and Physics, while Biology has been completely omitted from the course. The Physics and Chemistry courses have been altered to make them more relevant for medical studies. A significant biological content is available in the course Introductory Medical Science. The five-year curriculum also has a smaller content of Anatomy than the old course. The Faculty believes that new methods of teaching Anatomy will lead to graduates being more rather than less sophisticated than their predecessors in the principles of morphological science.

The development of the course Clinical Science is a significant feature of the curriculum. It is taught in a multidisciplinary fashion and closely integrates the principles of Pathophysiology and the

diagnosis of disease with the students' early clinical experience. This integration permits substantial economies of time during the transition period between preclinical studies and clinical experience.

The introduction of the subject Behavioural Sciences in Medicine is another important feature of the course, and is in keeping with curricular developments in medical schools throughout the Western world. The Faculty consider this subject to be of vital importance in the production of a more appropriate and forward-looking graduate. It will teach the medical graduate the essentials of some special skills, understanding and attitudes required by the general practitioner. Another new subject in the curriculum is Community Medicine, which is taught in association with Geriatrics and Rehabilitation Medicine. This subject provides practical experience which brings all students closer to medicine in family and community settings. It draws on the background taught in Behavioural Sciences in first and second years. Departments of Community and Geriatric Medicine and Behavioural Sciences in Medicine have been established by the Faculty for the purpose of the curriculum.

Under the five-year curriculum a new system of assessment has been developed. Annual terminal examinations have been abolished, and in their place a system of progressive assessment has been introduced. There are five barriers at different stages of the course, beyond which a student cannot proceed without having satisfied in the subjects leading up to the particular barrier. The barriers are at the end of the premedical component of the course (end of second term of first year); at the end of the preclinical component (end of third term of second year); and at the end of the Clinical Science component (end of first term of fourth year); at the end of the fourth year; and at the end of the fifth year. The results of continuous assessments undertaken during the terms leading up to these barriers will count towards the results of these barriers.

Another feature of the curriculum is a scheme of student-staff assessment of course content and teaching performance in the individual subjects. A committee has been established for this purpose, and in assessing student opinion of these subjects provides valuable feed-back to the Faculty of the impact of its curriculum.

Degree of Bachelor of Science (Medical)

The degree of Bachelor of Science (Medical) will continue to be offered under the medical curriculum. The degree may be considered comparable to the additional Honours year undertaken in the Faculties of Science and Arts in which students who have shown considerable academic merit are encouraged to undertake an extra year's study in a particular field of interest.

Students who have successfully completed second year Medicine or third year Medicine (at the end of second term) and who have shown exceptional academic progress, may be admitted to undertake candidature for the degree of BSc(Med), which is normally of one year's duration. Candidature may be undertaken in any one of the subjects already studied in the course. A research

topic is usually set by the Head of Department concerned and a candidate after undertaking his research submits a thesis which is examined.

Conclusion

The Faculty of Medicine believes that its curriculum represents a substantial advance on the former pattern of instruction. Through the changes mentioned above, the Faculty, whilst still retaining the best features of its traditional teaching, will produce at the end of five years a graduate who will be better equipped to cope with the practice of medicine than graduates of the six-year curriculum.

By-laws and resolutions

Extract from Chapter XII of the by-laws

New by-laws

1. The Faculty of Medicine shall comprise the following persons:
   (*a*) the Professors, Readers, Associate Professors, Senior Lecturers, Lecturers and Principal Tutors being full-time permanent members of the teaching staff in the departments of Anaesthetics, Anatomy, Bacteriology, Behavioural Sciences in Medicine, Biochemistry, Child Health, Community Medicine, Environmental Health, Histology and Embryology, Medicine, Obstetrics and Gynaecology, Ophthalmology and Eye Health, Pathology, Pharmacology, Physiology, Preventive and Social Medicine, Psychiatry, Surgery and Tropical Medicine;
   (*b*) the University Lecturers in Medical Jurisprudence, Diseases of the Ear, Nose and Throat and Diseases of the Skin;
   (*c*) the Heads of the Schools of Chemistry and Physics and the Deans of the Faculties of Arts and Dentistry, or their nominees;
   (*d*) the Principal of the School of Public Health and Tropical Medicine and the Professor of Mathematical Statistics;
   (*e*) no more than fifteen persons each of whom shall be a nominee of a teaching hospital and of whom
      (i) not more than eleven persons shall each be a nominee of one of the following hospitals:
         Royal Prince Alfred Hospital
         Sydney Hospital
         The Royal North Shore Hospital of Sydney
         Royal Alexandra Hospital for Children
         The Women's Hospital (Crown Street)
         St. Margaret's Hospital for Women
         Mater Misericordiae Hospital, North Sydney
         Repatriation General Hospital, Concord
         Rozelle Hospital
         Parramatta Psychiatric Centre
         North Ryde Psychiatric Centre; and
      (ii) not more than four persons shall be appointed in the manner prescribed by resolution of the Senate from teaching hospitals specified by the Senate, other than those listed in subclause (i);
   (*f*) the Wardens of the Clinical Schools at the Royal Prince Alfred Hospital, Sydney Hospital, the Royal North Shore Hospital of Sydney and the Repatriation General Hospital, Concord;
   (*g*) the General Superintendents of the Royal Prince Alfred Hospital, the Royal North Shore Hospital of Sydney, the Westmead Centre, and the Royal Alexandra Hospital for Children, and the Medical Superintendents of the Sydney Hospital and the Repatriation General Hospital, Concord;

(*h*) not more than five students appointed in the manner prescribed by resolution of the Senate;

(*i*) such Fellows of the Senate as are legally qualified members of the medical profession; and

(*j*) the Honorary Director of Postgraduate Studies in the Postgraduate Committee in Medicine and one person nominated by the Postgraduate Committee in Medicine.

(*k*) one nominee each of the Royal Australasian College of Physicians, the Royal Australasian College of Surgeons, the Royal College of Obstetricians and Gynaecologists, the Royal College of Pathologists of Australia, the Royal Australian College of General Practitioners and the Royal Australian and New Zealand College of Psychiatrists who may be a member of the Faculty by virtue of one or other of subsections (*a*) to (*j*) above; and

(*l*) such other persons as may be appointed by the Senate on the nomination of the Dean of the Faculty of Medicine with the approval of the Faculty and the Academic Board, provided that any person appointed pursuant to this subsection should be appointed for a period of 3 years and should be eligible for reappointment.

Resolutions of the Senate

New Senate Resolutions

Resolutions of the Senate for the appointment of not more than four persons as nominees of teaching hospitals to membership of the Faculty of Medicine.

Pursuant to section 1 (e) (ii) of Chapter XII of the By-laws, the Senate makes the following resolutions:

1. There shall be not more than four persons each of whom shall be a nominee of one of the following teaching hospitals appointed to membership of the Faculty:

Auburn District Hospital
Balmain Hospital
Blacktown District Hospital
Rachel Forster Hospital for Women
Lidcombe State Hospital
Marrickville District Hospital
Mona Vale District Hospital
Royal Newcastle Hospital
Parramatta District Hospital
Ryde District Hospital
Western Suburbs Hospital

2. Appointment to membership shall take place in Lent Term of each alternate year, provided that the first such appointment shall take place in Lent Term 1973 or so soon thereafter as may be arranged.

3. The term of office of each nominee shall be for a period of two years from the first day of Lent Term in the year of appointment until the day prior to the first day of Lent Term in the second year of appointment.

4. A nominee shall cease to hold office if he otherwise becomes eligible for membership of the Faculty.

5. (1) Any vacancy occurring by the death, disqualification or resignation of a nominee may be filled by the Dean of the Faculty on the recommendation of the teaching hospital concerned and the person so appointed shall hold office for the balance of the term of the person he replaces.

(2) Where a teaching hospital fails to submit a nomination, the Dean of the Faculty may authorise the Registrar to invite another teaching hospital to submit a nomination.

6. (1) The Registrar shall, not less than one month prior to the first day of Lent Term in each alternate year, invite one nomination from each of four teaching hospitals specified in section 1.

(2) Each teaching hospital specified in section 1 shall be invited to submit one nomination in the following order:

(*a*) For the period Lent Term 1973 to Lent Term 1975—
Auburn District Hospital
Balmain Hospital
Blacktown District Hospital
Rachel Forster Hospital for Women

(*b*) For the period Lent Term 1975 to Lent Term 1977—
Blacktown District Hospital
Rachel Forster Hospital for Women
Lidcombe State Hospital
Marrickville District Hospital

(*c*) For the period Lent Term 1977 to Lent Term 1979—
Lidcombe State Hospital
Marrickville District Hospital
Mona Vale District Hospital
Royal Newcastle Hospital

(*d*) For the period Lent Term 1979 to Lent Term 1981—
Mona Vale District Hospital
Royal Newcastle Hospital
Parramatta District Hospital
Ryde District Hospital

(*e*) For the period Lent Term 1981 to Lent Term 1983—
Parramatta District Hospital
Ryde District Hospital
Western Suburbs Hospital
Auburn District Hospital.

Committees of the Faculty

The following are the committees of the Faculty of Medicine which are responsible for the planning and implementation of faculty policies:

- Faculty of Medicine (including Standing Committee of the Faculty)
- Postgraduate Degrees Board
- Boards of Examiners (for various barrier assessments in the undergraduate course; for the BSc(Med) degree; for post-graduate diplomas; and for foreign medical graduates)
- Curriculum Standing Committee
- Interdepartmental Committee on Introductory Medical Science
- Interdepartmental Committee on Paraclinical and Clinical Sciences
- Interdepartmental Committee on the Option Term
- Consultative Committee to Behavioural Sciences in Medicine
- Advisory Council of the Division of Paraclinical Sciences
- Staff/Student Liaison Committee
- Medical Ethical Review Committee
- Animal Ethical Review Committee
- Animal Houses Committee of Management
- Animal Houses Inspection Committee
- Committee on Restriction upon Reenrolment
- Committee on Selection of Graduates and Undergraduates of other Faculties into Medicine
- Prizes Committee
- Medical Library Committee
- Committee for the Learning Resources Centre of the Faculty of Medicine
- Medical Research Committee
- Committee of Wardens of the Teaching Hospitals
- Boards of Medical Studies for seven Teaching Hospitals

In addition there are special *ad hoc* committees or working parties concerned with the following areas: liaison with the Health Commission of New South Wales, liaison with the Faculty of Medicine of the University of New South Wales; liaison with the Faculty of Dentistry; liaison with the Department of Veterans' Affairs; new degree proposals; computers; clinical academic titles for conjoint appointments in teaching hospitals; Ludwig Institute for Cancer Research; Westmead Centre, proposed instruction in Rehabilitation Medicine; affiliation of hospitals for undergraduate teaching; various hospital and health planning services in association with the Health Commission of New South Wales; etc.

There are conjoint boards of the various teaching hospitals and the Senate of the University, which are concerned with appointment of staff at the hospitals.

Student membership of the Faculty

The Resolutions of the Senate make provision for five students to be elected to membership of the Faculty of Medicine.

The five students shall comprise:

(*a*) The Senior Undergraduate Vice-President of the Sydney University Medical Society, provided he or she is a student enrolled for a degree or diploma in the Faculty of Medicine (ex-officio);

(*b*) Four undergraduate students, representing the second, third, fourth and fifth years of the course for the degrees of Bachelor of Medicine and Bachelor of Surgery.

See also the section on student participation in university government in Chapter 5.

Examinations and assessment

Boards of Examiners

Faculty resolutions

Pursuant to section 6 of Chapter VIII of the By-laws, the Faculty of Medicine has resolved to appoint the following Boards of Examiners:

MB BS

1. The Faculty of Medicine shall appoint annually Boards of Examiners which shall be responsible for assessment of performance in the courses and for the conduct of examinations for the subjects laid down in the By-laws governing the degrees of Bachelor of Medicine and Bachelor of Surgery as from 1st January, 1974.

2. There shall be five Boards of Examiners, namely, the Board of Examiners for Premedical Assessment; the Board of Examiners for Preclinical Assessment; the Board of Examiners for Paraclinical and Clinical Science Assessment; the Board of Examiners for Assessment of Assignments; and the Board of Examiners for Assessment of Options.

3. The Boards of Examiners shall consist of the Head of each Department with responsibility for the segment of the course for the degrees being examined, and/or his representative or representatives, together with the Heads of Departments with responsibility for other segments of the course for the degrees and/or their representative or representatives. The Board of Examiners for Paraclinical and Clinical Science Assessment and the Board of Examiners for Assessment of Options shall include the members of the interdepartmental committee established for the Clinical Science course in accordance (*and the Options term in accordance*) with Chapter VIII of the By-laws.

4. The Dean of the Faculty or his nominee shall be *ex officio* chairman of each Board of Examiners.

5. The Dean shall invite representatives of the teaching hospitals to be present at the Board of Examiners for Assignment and Options Assessment.

BSc(Med)

1. The Faculty of Medicine shall appoint annually a Board of Examiners which shall be responsible for the conduct of examinations in the subjects laid down in the By-laws governing the degree of Bachelor of Science (Medical).

2. The Board of Examiners shall consist of the Head of each Department with responsibility for the subjects for the degree, and/or his representative or representatives.
3. The Dean of the Faculty or his nominee shall be *ex officio* chairman of the Board of Examiners.

3
Undergraduate degree requirements

Degrees

There are seven degrees in the Faculty of Medicine, viz.:

MB	Bachelor of Medicine
BS	Bachelor of Surgery
BSc(Med)	Bachelor of Science (Medical)
MS	Master of Surgery
MPH	Master of Public Health
PhD	Doctor of Philosophy
MD	Doctor of Medicine

The first three are undergraduate degrees, the rest are post-graduate.

Before admission to the Medical School, candidates for the MB BS degrees must have matriculated into the University of Sydney and have been selected for entry into the faculty of Medicine.

The degrees of Bachelor of Medicine and Bachelor of Surgery are awarded in the case of successful candidates after a course of five academic years. These degrees are those recognised for registration purposes. Full registration, however, is not attained until a further year has been spent as an intern in a recognised hospital.

The degree of Bachelor of Science (Medical) is an additional degree, obtainable during the medical course. It requires interruption of the normal course for a year.

The degree of Doctor of Philosophy is obtained by full-time postgraduate research.

The degree of Master of Public Health, which is available to non-medical graduates, is obtained on a full-time or part-time basis, and involves coursework or writing a thesis, or a combination of both.

The senior degrees of Doctor of Medicine and Master of Surgery are obtainable five years after graduation and require postgraduate study and research.

The number of students in each year 1973-79	1974	1975	1976	1977	1978	1979
Medicine I	252	271	255	247	268	252
Medicine II	282	221	282	265	239	275
Medicine III	255	269	189	291	249	225
Medicine IV	244	265	267	186	288	251
Medicine V	195	249	255	269	175	278
Medicine VI (*OBL*)	222	199	253	241	271	
BSc(Med)	15	4	22	9	18	13
Total	1465	1478	1523	1508	1508	1312

Requirements for the MB, BS and BSc(Med)

Extracts from Chapter XII of the by-laws

2. The degrees in the Faculty shall be:

(*a*) Bachelor of Medicine	(MB)
(*b*) Bachelor of Surgery	(BS)
(*c*) Doctor of Medicine	(MD)
(*d*) Master of Surgery	(MS)
(*e*) Master of Public Health	(MPH)
(*f*) Doctor of Philosophy	(PhD), and
(*g*) Bachelor of Science (Medical)	(BSc(Med))

Bachelor of Medicine and Bachelor of Surgery

3. A candidate for the degrees of Bachelor of Medicine and of Bachelor of Surgery shall subsequent to matriculation complete such requirements for the degrees as may be prescribed from time to time by resolution of the Senate on the recommendation of the Academic Board and of the Faculty.

4. A person who has enrolled as a candidate for the degrees of Bachelor of Medicine and Bachelor of Surgery before 1 January 1974 and who has not completed the requirements for the degrees by that date, shall complete the requirements for the degrees under such conditions as may be prescribed by resolution of the Senate on the recommendation of the Academic Board and of the Faculty.

5. Bachelors of Medicine, Bachelors of Surgery and Masters of Surgery of this University shall not possess any right to assume the title of Doctor of Medicine.

Bachelor of Science (Medical)

18. A candidate for the degree of Bachelor of Science (Medical) shall complete such requirements for the degree as may be prescribed from time to time by resolution of the Senate on the recommendation of the Academic Board and of the Faculty.

Degrees of Bachelor of Medicine and Bachelor of Surgery

In accordance with section 3 of Chapter XII of the By-laws, the Senate has prescribed the following Resolutions governing candidature for the degrees of Bachelor of Medicine and Bachelor of Surgery:

1. (*a*) A candidate for the degrees of Bachelor of Medicine and Bachelor of Surgery shall complete:

(i) In the First Year, the prescribed courses of study in the following:—

(a) Terminating subjects:

Chemistry
Introductory Medical Science
Physics

(b) Non-terminating subjects:

Anatomy
Behavioural Sciences in Medicine
Biochemistry
Histology and Embryology
Pharmacology
Physiology

(ii) In the Second Year, the prescribed courses of study in the following subjects:—

Anatomy
Behavioural Sciences in Medicine
Biochemistry
Histology and Embryology
Pharmacology
Physiology

(iii) In the Third Year, the prescribed courses of study in the following subjects:—

Bacteriology
Clinical Science[1]
History-taking and Clinical Examination
Pathology
Pharmacology
Psychiatry

(iv) In the Fourth Year—

(a) the prescribed course of study in Clinical Science[1]; and

(b) the prescribed courses of study in the subjects:

Community Medicine
Geriatrics
Obstetrics and Gynaecology
Paediatrics
Psychiatry
Rehabilitation Medicine

(v) In the Fifth Year—

(a) The prescribed courses of study in the following subjects:

[1] See Resolution 1 (*b*)

Medicine
Surgery; and

(b) an optional assignment in any one subject selected from the following, in accordance with Resolutions of the Faculty:

(i) Anaesthetics and Resuscitation; Anatomy; Bacteriology; Behavioural Sciences in Medicine; Biochemistry; Community Medicine; Environmental Health; Histology and Embryology; Medicine; Obstetrics and Gynaecology; Ophthalmology and Eye Health; Paediatrics; Pathology; Pharmacology; Physiology; Preventive and Social Medicine; Psychiatry; Surgery; Tropical Medicine; or

(ii) any other subject as may be approved from time to time by Resolution of the Faculty; or

(iii) a subject which is a combination, approved from time to time by Resolution of the Faculty, of any two or more subjects listed under subsection (v) (b) (i) or approved under subsection (v) (b) (ii).

(*b*) For the purpose of these Resolutions "Clinical Science" shall comprise instruction, including clinical instruction, in the following subjects:—

Anaesthetics
Bacteriology, including Immunology
Behavioural Sciences in Medicine
Community Medicine
Dermatology
Diseases of the Ear, Nose and Throat
Environmental Health
Geriatrics
Medicine, including General and Special Medicine
Obstetrics and Gynaecology
Occupational Health
Ophthalmology and Eye Health
Paediatrics
Pathology
Pharmacology
Preventive and Social Medicine
Psychiatry
Rehabilitation Medicine
Surgery, including General and Special Surgery
Tropical Medicine;

and such other subjects as the Senate may by Resolution approve.

2. (i) A course shall consist of lectures, together with such clinical, laboratory and tutorial instruction or practical work, exercises or essays as may be prescribed by the Faculty.

(ii) In these resolutions, the words "to complete a course" and derivative expressions mean:
  (a) to attend the lectures and seminars if any for clinical, laboratory or tutorial instruction;
  (b) to complete satisfactorily the practical work, exercises or essays if any; and
  (c) to pass the examinations if any in the course.

3. (i) There shall be barrier assessments:
  I at the end of the First Year;
  II at the end of the Second Year;
  III upon the completion of the course Clinical Sciences in the Fourth Year;
  IV at the end of the Fourth Year;
  V at the end of the Fifth Year.

(ii) At each barrier assessment, a Board of Examiners appointed by the Faculty for that purpose shall review the performance of candidates in the courses prescribed for the degrees.

(iii) A candidate who fails to complete one or more courses satisfactorily shall be deemed to have failed at the barrier assessment.

(iv) A candidate who has been deemed to have failed at a barrier assessment shall repeat such courses and complete satisfactorily such assessments as the Board of Examiners, in accordance with the Resolutions of the Faculty, shall prescribe, provided always that he shall be eligible for reconsideration at the barrier assessment when a period of twelve months shall have elapsed.

(v) Notwithstanding anything to the contrary elsewhere in these Resolutions, a candidate who, in the First Year, has not completed one or more non-terminating courses satisfactorily may be allowed to proceed into the Second Year provided that he has completed all terminating courses satisactorily; the conditions under which such a candidate shall be allowed to proceed into the Second Year shall be determined by the Board of Examiners, in accordance with Resolutions of the Faculty, which may include a requirement to pass examinations in such courses at or before the Second Year barrier assessment.

4. (Repealed).

5. A candidate who has completed all requirements for the degrees shall be recommended to the Senate for admission to the degrees of Bachelor of Medicine and Bachelor of Surgery.

5A. Except with the permission of the Faculty, all requirements for the degrees shall be completed within nine calendar years from the year of first enrolment in the Faculty.

6. The degrees shall be awarded jointly in one of two grades, either Pass or Honours. There shall be two classes of Honours, namely Class I and Class II.

7. Honours at graduation shall be awarded in accordance with Resolutions of the Faculty, and the candidate who shall have been most distinguished shall receive a bronze medal, provided that he

shall have obtained first-class honours and be deemed to be of sufficient merit.

8. For the purposes of section 17 of the Medical Practitioners Act, 1938, 'the Fourth, Fifth and Final Year examinations prescribed by the Senate of the University of Sydney for students in the Faculty of Medicine' shall be the examinations of the Third, Fourth and Fifth barrier assessments as set out in Resolution 3 (i).

8A. A candidate who has been enrolled for the degrees of Bachelor of Medicine and Bachelor of Surgery but has not re-enrolled for a period of three or more consecutive years shall complete the requirements for the degrees under such conditions as the Faculty may determine.

Transitional provisions for the degrees of Bachelor of Medicine and Bachelor of Surgery

9. Pursuant to section 4 of Chapter XII of the By-laws, and except as provided in Resolution 10A, a candidate enrolled for the degrees of Bachelor of Medicine and Bachelor of Surgery before 1st January, 1974, and who has not completed the requirements for the degrees by that date, shall proceed to the degrees in accordance with the By-laws in force immediately prior to 1st January, 1974.

10. Except as provided in Resolutions 9 and 10A, a candidate enrolled for the degrees of Bachelor of Medicine and Bachelor of Surgery in accordance with the Resolutions of the Senate in force immediately prior to 1st January, 1979, who has completed the requirements for the Third Year prior to 1st January, 1979, shall proceed to the degrees in accordance with those Resolutions.

10A. Where a course for the degrees is no longer available for a candidate referred to in Resolution 9 or 10, that candidate shall complete instead such other course or courses as the Faculty may by Resolution prescribe.

Bachelor of Science (Medical)

11. (i) A candidate for the degrees of Bachelor of Medicine and Surgery who—

(a) has completed the course leading to the second barrier assessment as set out in Resolution 3 (i).

(b) has shown special merit in his studies, and

(c) is considered by the Head of the Department a suitable candidate for advanced work,

may be permitted by the Faculty to interrupt his candidature for the degrees and attend an approved course of advanced study in Anatomy, Histology and Embryology, Biochemistry, Behavioural Sciences in Medicine, or Physiology.

(ii) On completion of the course such a candidate may be recommended by the Faculty for admission to the degree of Bachelor of Science (Medical).

(iii) The degree shall be awarded in one of two grades, either Pass or Pass with Distinction.

12. (i) A candidate for the degrees of Bachelor of Medicine and Surgery who—

(a) has completed the courses of the third year up to the end of second term;

(b) has shown special merit in his studies and

(c) is considered by the Head of the Department a suitable candidate for advanced work,

may be permitted by the Faculty to interrupt his candidature for the degrees and attend an approved course of advanced study in Anatomy, Histology and Embryology, Biochemistry, Behavioural Sciences in Medicine, Physiology, Bacteriology, Pathology or Pharmacology.

(ii) On completion of the course such a candidate may be recommended by the Faculty for admission to the degree of Bachelor of Science (Medical).

(iii) The degree shall be awarded in one of two grades, either Pass or Pass with Distinction.

Applications

(i) Those students desiring to proceed to the degree of BSc(Med) following the second year examinations are requested to apply to the Registrar on the appropriate form, before the end of October. (Forms are available from the Dean's Office, Faculty of Medicine.)
(ii) Those students desiring to proceed to the degree of BSc(Med) following the completion of second term of third year are requested to apply to the Registrar on the appropriate form, by early July.

Applications should indicate the department(s) in which the student desires to work whilst proceeding to the degree. It is not necessary for a student to work in the department in which the best examination results were obtained.

Scholarships

Some scholarships may be available for students who are accepted as candidates for the degree of BSc(Med). The availability and value of the scholarships vary from year to year. Candidates who wish to be considered for a scholarship should indicate this when applying for permission to proceed to the degree of BSc(Med). *Candidates for such scholarships should state in their applications whether they receive tertiary education assistance from the Australian Government, or any other living allowance.*

Honours at graduation

Under the undergraduate curriculum, the degrees of Bachelor of Medicine and Bachelor of Surgery may be awarded with Honours. There are two classes of Honours, namely Class I and Class II.

The final year candidate who is considered to have been the most distinguished, may be awarded a bronze medal, provided he or she has obtained Class I Honours and is deemed to be of sufficient merit.

The award of Honours for students enrolled in Medicine V in 1980 will be determined on the basis of an aggregate of marks obtained at the four barrier assessments during the course. The results at each barrier are weighted as follows:

1st Year Barrier assessment x 1
2nd Year Barrier assessment x 8
Term 4.2 Barrier assessment x 10
5th Year Barrier assessment x 10

The marks gained in the individual subjects, which contribute to each total barrier mark, are weighted separately as follows:

1st Year Barrier assessment
Physics 40%
Chemistry 40%
Introductory Medical Science 20%

2nd Year Barrier assessment
Anatomy 18%
Behavioural Science in Medicine 18%
Biochemistry 18%
Histology and Embryology 18%
Pharmacology 10%
Physiology 18%

Term 4.2 Barrier assessment
Pathology (general pathology and practical examination) 10%
Bacteriology (includes practical examination) 5%
Pharmacology (taught in term 3.1, and includes practical examination) 5%
Clinical Science (including questions on integrated third year subjects — pathology, bacteriology, pharmacology, psychiatry, medicine, surgery and specialties) 80%

Final Year Barrier assessment
Medicine 25%
Surgery 25%
Obstetrics and Gynaecology 20%
Paediatrics 10%
Psychiatry 10%
Community Medicine 10%

New Senate Resolutions

The Senate of the University has approved amendments to the Senate Resolutions governing the course for the degrees of Bachelor of Medicine and Bachelor of Surgery to provide for certain modifications to the curriculum, principally in the Fourth and Fifth Years. Students enrolled in Fifth Year Medicine in 1980 will proceed according to the Resolutions ('Old Senate Resolutions') in force in 1978. Students enrolled in Third and Fourth Year Medicine in 1980 will proceed according to the new Senate Resolutions, as set out on the preceding pages of this handbook.

Assessments in Pathology, Bacteriology and Pharmacology

Faculty resolutions

It is a prerequisite for the term 4.1 barrier assessment, that a student shall have satisfied the various assessments conducted in terms 3.1 and 3.2 in Pathology, Bacteriology and Pharmacology. The nature and format of these assessments must be approved by the Interdepartmental Committee of the Faculty of Medicine on Paraclinical and Clinical Science.

The marks obtained by a student in the assessment conducted in terms 3.1 and 3.2 in Pathology and Bacteriology will count towards a cumulative total mark in these subjects in the term 4.1 barrier assessment.

Students attempting the term 4.1 barrier assessment will be required to satisfy the Pathology and Bacteriology components of

the examination, as well as the Clinical Science component of the examinations. Those students who fail to satisfy the Pathology and Bacteriology components of the barrier assessment, may be required to undertake special deferred examinations in these subjects.

4
Courses of study

Books

You are expected to own all books listed as *Textbooks*. However, you are not required to buy books listed as *Preliminary reading* or *Reference books*.

Check departmental noticeboards before buying textbooks.

Courses are subject to alteration

Note: Courses and arrangements for courses, including staff allocated, as stated in the *Calendar* or any other publication, announcement or advice of the University are an expression of intent only and are not to be taken as a firm offer or undertaking. The University reserves the right to discontinue or vary such courses, arrangements or staff allocations at any time without notice.

New Senate Resolutions

Students in the Fourth Year in 1980 will proceed according to the new Senate Resolutions (modifed curriculum) set out in this handbook. Students in the Fifth Year in 1980 will proceed according to the Senate Resolutions in force in 1978 ('Old Senate Resolutions').

First year

Physics I (Life Sciences)

The Physics course consists of 72 lectures together with 3 hours a week laboratory sessions, undertaken during Lent and Trinity Terms. The course is designed to emphasise the concepts of Physics and, where possible, to show the appreciation of Physics in the Biological Sciences. There are six units: forces and energy, electricity, thermal physics, optics, ionising radiation and properties of matter. Two-thirds of the lectures are given on closed-circuit television.

Textbooks

Physics I (Life Sciences) (School of Physics, 1980)

Physics I Laboratory Manual, Dentistry, Medicine and Veterinary Science (School of Physics, 1980)

Students wishing to enrol in a first year course in Physics who have not reached the assumed standard for that course, are advised

to read one of the following books before the beginning of Lent Term:

The Project Physics Course: Readers 1-6 (Horwitz, 1972)
E. Rogers — *Physics for the Inquiring Mind* (Oxford U.P., 1960)
G. Gamow — *One, Two, Three ... Infinity* (Macmillan, 1947)
S.K. Kim — *Physics: The Fabric of Reality* (Macmillan, 1975)

Additional instruction will be available for these students during the academic year.

Chemistry

Chemistry ILS (Life Sciences) is a two-term course specially designed to suit the needs of the student who requires a good general grounding in Chemistry, and who will subsequently undertake a study of such subjects as Biochemistry and Physiology. It covers chemical theory, inorganic, physical, and organic chemistry with many examples from biological areas. The course will presuppose a satisfactory prior knowledge of the Chemistry component of the Science multistrand HSC course.

Fully detailed information about the course is available from the Chemistry School.

Lectures

A course of 67 lectures given during Lent and Trinity Terms comprising 42 lectures in Inorganic, Physical and Organic Chemistry and 25 lectures in Organic Chemistry, with many illustrations from biological areas.

Practical work

A course of 17 three-hour sessions during Lent and Trinity Terms.

Examinations

Theory examinations for the course are held at the end of Lent and Trinity Terms. Students are advised at the beginning of the year about other factors contributing to the assessment for the course.

Textbooks

W.T. Lippincott *et al.* — *Chemistry: A Study of Matter*, 3rd edn (Wiley, 1977)
W.H. Brown — *Introduction to Organic Chemistry*, 2nd edn (Wadsworth, 1978)
G.H. Aylward and T.J.V. Findlay — *S.I. Chemical Data*, 2nd edn (Wiley, 1975)
P.G. Simpson and H.G. Holland — *Chemistry I Laboratory Handbook*, 3rd edn (Science Press, 1978)

Special preparative studies

Students wishing to enrol in Chemistry ILS who have not taken a 2 unit Chemistry course or a 4 unit Science Multistrand Higher School Certificate course, are required to study the following book before the beginning of Lent Term:

R.J. Hunter *et al.* — *Chemical Science* (Science Press, 1976)

Introductory Medical Science

The course given in Lent Term is designed to provide an introduction to certain areas of knowledge which may or may not be taken up in more detail later in the medical curriculum. The course is administered by an interdepartmental committee comprising: Professor J.A. Young (Chairman), Professor K.W. Cleland, Professor C.B. Kerr, Associate Professor W-L. Walker, Associate Professor R.R. Munro, Dr D.F. Davey, Dr L.A. Moffat, Dr R.A.L. Dampney, Dr M.J. Walker and Dr A.H. Goodman.

The subject areas included in the course are:

Subject	*Number of lectures*	*Department responsible*
Biomathematics	18	(to be announced)
Comparative Morphology	18	Histology
Genetics	9	Preventive Medicine
Health & Disease in Populations	9	Preventive Medicine
Human Evolution	5	Anthropology (*Dr M.J. Walker*)

Behavioural Sciences in Medicine

The general aim of the Department of Behavioural Sciences in Medicine is to conduct a preclinical course that lays a foundation for the development, throughout later undergraduate and postgraduate years, of knowledge, skills and attitudes involved in the effective management of the interpersonal and social aspects of the practice of medicine. While the department does some teaching in clinical years, its main contribution is during the first five terms of the undergraduate medical course, when students have two lectures and one tutorial weekly.

In first year, Lent Term introduces the practice of medicine, scientific method in the behavioural sciences, and basic sociological concepts. Trinity and Michaelmas Terms take the human being through his lifespan, with emphasis on areas of special medical relevance, such as human sexuality and death, dying and bereavement. The first-year tutorial course develops some of the lecture content areas and introduces basic communication and interviewing skills. Assignments are designed to move students out into the community and to develop interviewing skills further.

In the second-year course, the focus is strongly on the individual in the medical situation. There are four lecture strands in second year. In Lent Term, there is a lecture strand on motivation, emotion and stress and another on the doctor and his patient. In Trinity Term, one lecture strand takes up the institution of medicine in our society and the other considers the delivery of health care in our society. Second-year tutorials are largely discussion-based and relate to the four lecture strands. There are three assignments in second year, and in the carrying out of these assignments, students are given more responsibility for guiding their own learning, deciding on areas of interest and finding out about them.

Textbooks

- Years I and II

C.T. Morgan and R.A. King — *Introduction to Psychology*, 5th edn (McGraw-Hill, 1975)
D. Tuckett — *An Introduction to Medical Sociology* (Tavistock, 1976)
CRM — *Developmental Psychology Today*, 2nd edn (Random House, 1975)

Reference books

L. Berstein *et al.* — *Interviewing: a Guide for Health Professionals*, 2nd edn (Appleton-Century Crofts, 1974)
B. Hatzel — *Health and Australian Society* (Penguin, 1976)

Histology and Embryology

A course of instruction in Histology begins in Trinity Term of first year and concludes in Michaelmas Term of second year. The course of three hours per week (sometimes for part of the term only) covers basic cell, tissue, and organ morphology.

The Embryology course begins in Michaelmas Term of first year when introductory and early embryology is considered. Organogenesis is dealt with in second year in coordination with Anatomy and Physiology, along with a segment of causal embryology.

Textbooks

L.C. Junqueira *et al.* — *Basic Histology* (Lange, 1975)
K.L. Moore — *The Developing Human* (W.B. Saunders)
J. Langman — *Medical Embryology* (Williams & Wilkins)
P.L. Williams and C.P. Wendell-Smith — *Basic Human Embryology* (Pitman Medical, 1966)

Anatomy

The anatomy of the upper limb, lower limb, head and neck, including somatic components of the peripheral nervous and peripheral vascular systems will be taught during Trinity and Michaelmas Terms.

Teaching/learning situations will depend on the use of specific behavioural objectives, small group discussion techniques and the use of prosected specimens and other teaching media. Lectures will be held as an introduction to many of the tutorials. Course orientation will be functional and directed towards clinical applications. Facilities for dissection may be optionally provided.

Students are strongly advised to provide themselves with half-sets of bones.

Prosectors

Fourth year students may undertake an elective term in anatomy, working in the area of applied anatomy. Those who do so will dissect and prosect. One or more prosectors may be awarded the Wolfe Solomon Brown Prize and the A.M. Loewenthal Prize each year.

Practical anatomy and dissections

The dissecting, tutorial rooms and anatomy museums are open to members of the practical class only, during all the three terms, from Monday to Friday, for periods between the hours of 9 am and 5.50 pm, under the supervision of the Professor and the teaching staff.

Admission to dissecting rooms, tutorial rooms and the Anatomy Museum is strictly limited to graduates in Medicine and Dentistry and undergraduates enrolled in Anatomy.

Removal of anatomical material from the department is prohibited by law as specified in the Anatomy Act.

Textbooks

M.J. Blunt — *A New Approach to Teaching and Learning Anatomy* (Butterworths, 1976)
M.L. Barr — *The Human Nervous System. An Anatomical Viewpoint*, 2nd edn (Harper & Row, 1974)
E. Gardner *et al.* — *Anatomy: A Regional Study of Human Structure*, 3rd edn (Saunders, 1969)

Second year

Anatomy

During the second year of the course attention will be given to the musculo-skeletal framework of the trunk, the visceral systems of the body and the neuro-endocrine system. The course is planned so that the visceral systems and the central nervous system may be 'filled into' the musculo-skeletal framework in a coordinated programme of study.

Histology and Embryology

See the first year entry.

Physiology

Physiology will be taught over four terms in first and second year; there will be 51 hours of formal instruction in the third term of first year and 170 hours in the three terms of second year. The purpose of the first year segment is two-fold. First, it will serve as an introduction to the study of living systems and will provide core instruction in basic cell physiology. Second, it will provide core instruction in cellular neurophysiology, muscle physiology and gastrointestinal physiology, which will not be dealt with again in the course. The course consists of 31 lectures in third term and 4 practical classes each of 5 hours' duration. In addition there will be 6 tutorials and clinical case demonstrations to be held during the last 6 weeks of the term.

The second year course is the final three terms of the four-term Physiology course. It consists of approximately 110 lectures and 60 hours practical work, tutorials and clinical cases, distributed throughout the year. It deals successively with the following systems: cardiovascular and respiratory systems (first term); immunology, renal and body fluid physiology (second term); endocrine, reproduction and central nervous systems (third term).

Biochemistry

Biochemistry is studied during four terms of second year Medicine. (The second year course commences in Michaelmas Term of first year.)

Students will receive three lectures per week in Michaelmas Term of first year. Topics include the following: the structure and properties of amino acids, peptides and proteins, nucleotides and nucleic acids; an introduction to the nature of enzymes and enzyme catalysis. Three practical classes will be held dealing with topics related to the lectures in Michaelmas Term.

About 90 lectures are given during Lent, Trinity and Michaelmas Terms of second year. Topics include the following: Biochemistry of cellular organisation and function; chemistry, digestion, absorption and metabolism of carbohydrates; biological oxidations, including the chemistry and functions of porphyrins and cytochromes, electron transport, oxidative phosphorylation and mitochondrial organisation; the chemistry of lipids; digestion, absorption and metabolism of fats and fatty acids; digestion and

absorption of proteins and amino acids; metabolism and functions of complex lipids; nitrogen metabolism and the metabolism of one-carbon compounds; mechanism and control of the synthesis of nucleic acids and proteins including biochemical genetics; the control of intermediary metabolism; biochemical aspects of hormone action; inborn errors of metabolism; plasma proteins and immunoglobulins; biochemistry of the red blood cell; the synthesis and degradation of haemoglobin and and the metabolism of iron; vitamins; the biochemistry of connective tissue; aspects of neurochemistry; antibiotics.

Six five-hour practical classes will be held in Lent and Trinity Terms. Tutorials will be given from time to time.

Textbook (recommended for the whole course)

R.W. McGilvery — *Biochemistry, A Functional Approach*, 2nd edn (Saunders, 1979)

Reference books

A.L. Lehninger — *Biochemistry*, 2nd edn (Worth, 1975)
A.G. White *et al.* — *Principles of Biochemistry*, 6th edn (McGraw-Hill, 1978)
S. Davidson *et al.* — *Human Nutrition and Dietetics*, 7th end (Churchill Livingston, 1979)

Behavioural Sciences in Medicine

See the first year entry.

Pharmacology

Pharmacology is taught over five terms, commencing in Michaelmas Term of first year and ending in Lent Term of third year. In first and second years it is co-ordinated on a topic basis with Physiology. Instruction is by lectures and practical classes.

Third year students will receive a course of approximately twelve lectures devoted to chemotherapy of infectious disease and practical sessions which will involve experiments on whole animals and human beings.

Examinations are by means of one-hour assessments at the end of each teaching term throughout the course and each will cover the work of that term. It is expected that instruction in clinical pharmacology will be introduced in the third, fourth and fifth years of the course.

Textbooks

A.P. Ball *et al.* — *Antibacterial Drugs Today* (ADIS Press, 1975)
L.S. Goodman and A. Gilman — *The Pharmacological Basis of Therapeutics* (Macmillan, 1975)
R.R. Levine — *Pharmacology, Drug Actions and Reactions* (Little, Brown, 1973)
F.M. Meyers *et al.* — *Review of Medical Pharmacology* (Lange)

Reference books

A. Goldstein *et al.* — *Principles of Drug Action: The Basis of Pharmacology* (Wiley, 1975)

In addition students will be provided with printed notes at nominal cost throughout the course.

Third year

Pathology

Students will attend morning and afternoon classes during third year. Instruction in Pathology will continue as a part of the Clinical Science course in third year.

The course of study in Pathology consists of systemic lectures, post-mortem demonstrations, practical laboratory work, and tutorials in General and Special Pathology. It is an advantage, but not essential, for a student to possess his or her own microscope.

Reference books

S.L. Robbins — *Pathologic Basis of Disease* (Saunders, 1974)
Muir's Textbook of Pathology, 10th edn (Arnold, 1976)
Sir H.W. Florey — *General Pathology*, 4th edn (Lloyd-Luke, 1970)
J.B. Walter and M.S. Israel — *General Pathology*, latest edn (Churchill)
W. St. C. Symmers — *Systemic Pathology*, vols 1 and 2, 2nd edn (Churchill, 1977)

Pharmacology

See the second year entry.

Bacteriology

A course is given in third year dealing with the principles of medical microbiology and immunology, and their application to the study of disease. Practical instruction, totalling about fifty hours, is given during the first and second terms of third year. For this course students will need to provide themselves with a small amount of apparatus, a list of which is posted in the department. Microscopes used in this class must be equipped with an oil immersion objective.

Textbooks

E. Jawetz *et al.* — *Review of Medical Microbiology*, 12th edn (Lange, 1976)
I.M. Roitt — *Essential Immunology* (Blackwell, 1974)

For reference books and other alternative works see the information contained in the department notes, and the Sydney University Medical Society.

History-taking and Physical Examination

In second term of third year students commence instruction at the clinical schools. This will include instruction in the physical examination of patients, taking history of a patient's illness and recognition of symptoms of disease.

Clinical Science

In third and fourth years, clinical instruction will be given on campus in the form of correlative lectures dealing with specific disease states. The disciplines involved in this teaching will include the following:

- Diseases of the Eye
- Preventive and Social Medicine, Tropical Medicine, Community Health and Occupational Medicine
- Human Reproduction
- Medicine, including subspecialties
- Surgery, including subspecialties

- Clinical Immunology
- Clinical Pharmacology
- Bacteriology
- Pathology

In addition to the University teaching sessions, clinical tuition, correlated with the campus teaching, will be given in the hospitals. The aim of this part of the course is to present the core facts about specific disease states in an integrated manner, correlating the different disciplines involved in the diagnosis and treatment of the disease.

Diseases of the Skin

There is an introductory lecture in dermatology early in the Clinical Science programme. Four morning correlation sessions during the Clinical Science programme are devoted to dermatology, and a revision session is incorporated in the latter part of the programme. Students are encouraged to make use of the audio-visual demonstrations available in the Learning Resources Centre of the Faculty of Medicine (Blackburn Building) and in the Schlink Education Block, Royal Prince Alfred Hospital. These demonstrations are designed to cover common skin diseases seen in the dermatology departments of the various teaching hospitals. During the dermatology term, students now attend five outpatient tutorials during their third year and a further series of four during the fourth year.

Textbooks

W.E. de Launey and W.A. Land — *Principles and Practice of Dermatology* (Butterworths, 1978)

I.B. Sneddon and R.E. Church — *Practical Dermatology* (Williams & Wilkins, 1971)

Reference book

Rook *et al.* — *Textbook of Dermatology* (Blackwell, 1972)

Diseases of the Eye

Campus lectures and clinical instruction in Ophthalmology are given during the Clinical Science course. They embrace the important diseases of the eye, particularly their relationship with general medicine, as well as the elements of refraction and the use of spectacles.

Textbooks

P.D. Trevor-Roper — *Lecture Notes on Ophthalmology* (Blackwell Scientific, 1971)

Aust. Coll. Oph. — *Ophthalmology for Undergraduates*

Reference books

E.S. Perkins and C. Hansell — *An Atlas of Diseases of the Eye* (Churchill, 1956)

Vaughan *et al.* — *General Ophthalmology* (Lange, 1973)

Duke-Elder — *Ophthalmology* (Balliere, 1974)

K. Wybar — *Parson's Diseases of the Eye* (Churchill, 1970)

Anaesthetics

Aspects of perioperative care, anaesthetics and resuscitation are taught in the third and fourth years, during the Clinical Science course. Anaesthetics is also taught as part of the Surgery assignment. Projects are also offered in anaesthetics for the option term in fifth year.

Third year

Pathology

Students will attend morning and afternoon classes during third year. Instruction in Pathology will continue as a part of the Clinical Science course in third year.

The course of study in Pathology consists of systemic lectures, post-mortem demonstrations, practical laboratory work, and tutorials in General and Special Pathology. It is an advantage, but not essential, for a student to possess his or her own microscope.

Reference books

S.L. Robbins — *Pathologic Basis of Disease* (Saunders, 1974)
Muir's Textbook of Pathology, 10th edn (Arnold, 1976)
Sir H.W. Florey — *General Pathology*, 4th edn (Lloyd-Luke, 1970)
J.B. Walter and M.S. Israel — *General Pathology*, latest edn (Churchill)
W. St. C. Symmers — *Systemic Pathology*, vols 1 and 2, 2nd edn (Churchill, 1977)

Pharmacology

See the second year entry.

Bacteriology

A course is given in third year dealing with the principles of medical microbiology and immunology, and their application to the study of disease. Practical instruction, totalling about fifty hours, is given during the first and second terms of third year. For this course students will need to provide themselves with a small amount of apparatus, a list of which is posted in the department. Microscopes used in this class must be equipped with an oil immersion objective.

Textbooks

E. Jawetz *et al.* — *Review of Medical Microbiology*, 12th edn (Lange, 1976)
I.M. Roitt — *Essential Immunology* (Blackwell, 1974)

For reference books and other alternative works see the information contained in the department notes, and the Sydney University Medical Society.

History-taking and Physical Examination

In second term of third year students commence instruction at the clinical schools. This will include instruction in the physical examination of patients, taking history of a patient's illness and recognition of symptoms of disease.

Clinical Science

In third and fourth years, clinical instruction will be given on campus in the form of correlative lectures dealing with specific disease states. The disciplines involved in this teaching will include the following:

- Diseases of the Eye
- Preventive and Social Medicine, Tropical Medicine, Community Health and Occupational Medicine
- Human Reproduction
- Medicine, including subspecialties
- Surgery, including subspecialties
- Clinical Immunology
- Clinical Pharmacology
- Bacteriology
- Pathology

In addition to the University teaching sessions, clinical tuition, correlated with the campus teaching, will be given in the hospitals. The aim of this part of the course is to present the core facts about specific disease states in an integrated manner, correlating the different disciplines involved in the diagnosis and treatment of the disease.

Diseases of the Skin

There is an introductory lecture in dermatology early in the Clinical Science programme. Four morning correlation sessions during the Clinical Science programme are devoted to dermatology, and a revision session is incorporated in the latter part of the programme. Students are encouraged to make use of the audio-visual demonstrations available in the Learning Resources Centre of the Faculty of Medicine (Blackburn Building) and in the Schlink Education Block, Royal Prince Alfred Hospital. These demonstrations are designed to cover common skin diseases seen in the dermatology departments of the various teaching hospitals. During the dermatology term, students now attend five outpatient tutorials during their third year and a further series of four during the fourth year.

Textbooks

W.E. de Launey and W.A. Land — *Principles and Practice of Dermatology* (Butterworths, 1978)
I.B. Sneddon and R.E. Church — *Practical Dermatology* (Williams & Wilkins, 1971)

Reference book

Rook *et al.* — *Textbook of Dermatology* (Blackwell, 1972)

Diseases of the Eye

Campus lectures and clinical instruction in Ophthalmology are given during the Clinical Science course. They embrace the important diseases of the eye, particularly their relationship with general medicine, as well as the elements of refraction and the use of spectacles.

Textbooks

P.D. Trevor-Roper — *Lecture Notes on Ophthalmology* (Blackwell Scientific, 1971)
Aust. Coll. Oph. — *Ophthalmology for Undergraduates*

Reference books

E.S. Perkins and C. Hansell — *An Atlas of Diseases of the Eye* (Churchill, 1956)
Vaughan *et al.* — *General Ophthalmology* (Lange, 1973)
Duke-Elder — *Ophthalmology* (Balliere, 1974)
K. Wybar — *Parson's Diseases of the Eye* (Churchill, 1970)

Anaesthetics

Aspects of perioperative care, anaesthetics and resuscitation are taught in the third and fourth years, during the Clinical Science course. Anaesthetics is also taught as part of the Surgery assignment. Projects are also offered in anaesthetics for the option term in fifth year.

Human Reproduction

During Clinical Science the Department of Obstetrics and Gynaecology is responsible for a two-week course consisting of seven morning 2½-3-hour sessions, each student also attending two afternoon sessions in a teaching hospital. The objects of the course are as follows:

1. To demonstrate to students the relevance of general concepts of human reproduction to the human life cycle;

2. To acquaint students with current concepts of population growth and control, including the investigation of the infertile couple;

3. To ensure that students understand 'core concepts' of human prenatal development and birth;

4. To enable students to acquire a basic knowledge of human sexuality so that they may come to terms with their own attitudes and prejudices towards sexuality;

5. To introduce counselling skills to students and to increase students' ability to communicate (particularly to patients with sexual problems) with confidence, without embarrassment, with open-mindedness and with understanding;

6. To provide students with basic facts about genital tract malignancy, emphasising the importance of early detection.

The morning on-campus sessions will be multidisciplinary and staff of the Departments of Behavioural Sciences in Medicine, Community Medicine, Pathology, Psychiatry, and Preventive and Social Medicine will be involved. Films will also be used extensively.

The afternoon hospital sessions will be conducted in small groups when aspects of human sexuality will be discussed and role-playing encouraged. Each group will have one or more 'resource persons'.

A list of appropriate readings will be given to students early in the course so that they may reinforce their learning by selected reading.

Community Health

There will be a course of correlation sessions held on campus during Clinical Science, in Community Health, conducted by the Department of Community Medicine. It will include visits to community medicine and health services. The topics to be covered will include:

Community Medicine and General Practice
Occupational and Environmental Health
Geriatrics
Rehabilitation
Law and Ethics in Medicine

Assignments

There are four assignment subjects: Obstetrics and Gynaecology; Paediatrics; Psychiatry; and Community, Geriatric and Rehabilitation Medicine. Each subject is undertaken during a term of 9 weeks' duration. The assignments commence in the second term of fourth year, and finish in the first term of fifth year.

New Senate Resolutions

Obstetrics and Gynaecology

The Assignment Term in Obstetrics and Gynaecology has the following objectives:

1. To give the student insight into the functional and organic processes of human reproduction and the biology of women;
2. To instruct the student in the principles and practice of normal management of normal labour;
3. To indicate the value of prevention of disease in obstetrics and gynaecology;
4. To stress the socio-economic, psychological and psychosomatic factors in the discipline;
5. To demonstrate the care of the neonate;
6. To establish a firm base from which a deeper understanding of, and vocational training in, obstetrics and gynaecology can be obtained in the early postgraduate years.

The nine-week term will be divided into an initial week when all students will spend each morning on campus and each afternoon in their teaching hospital. The morning sessions will consist of lectures, films, discussions and demonstrations. The afternoon sessions will be directed by the clinical supervisors. During these, students will see the work of the obstetric hospital and unit, they will witness a childbirth and will visit the various departments.

The remaining 8 weeks will be spent attending the practice of the student's chosen hospital. Residence in hospitals will normally be expected for at least 4 of the 8 weeks.

The arrangements for the scheduled teaching sessions will vary between hospitals but, in general, students will receive 5 to 7 tutorial sessions or teaching ward rounds from the academic and visiting staff.

An important educational experience will be duty on the delivery floor. During delivery floor duty, each student will be expected to admit to hospital, attend during labour, deliver and check the postnatal progress of at least four mothers and babies. Protocols will be made for each patient and will be assessed by the Clinical Supervisor.

Each student will also spend periods of attachment of at least seven days' duration with the antenatal service, both inpatient and outpatient; the gynaecological service; and the neonatal intensive care facility of the hospital.

In the last week of the assignment term, an assessment of the student's knowledge, attitudes, skills will be made. This will consist of a multiple choice examination or a short essay paper and a clinical/viva voce examination. The latter will be conducted by

two examiners. To obtain credit for the term, students will have to pass both sections of the examination. The assignment in Obstetrics and Gynaecology will be done in the fourth year.

Textbooks

T.N.A. Jeffcoate — *Principles of Gynaecology*, 4th edn (Butterworth, 1975)
D. Llewellyn-Jones — *Fundamentals of Obstetrics and Gynaecology*, vol. I — *Obstetrics*, vol. II — *Gynaecology*, 2nd edn (Faber & Faber, 1977, 1978)

Reference books

C.J. Dewhurst (ed.) — *Integrated Obstetrics and Gynaecology*, 2nd edn (Blackwell, 1977)
J.A. Pritchard and P.C. MacDonald (eds) — *Williams Obstetrics*, 15th edn (Appleton-Century-Crofts, 1976)
D. Llewellyn-Jones — *Human Reproduction and Society* (Faber and Faber, 1974)
R.R. Macdonald (ed.) — *Scientific Basis of Obstetrics and Gynaecology*, 2nd edn (Churchill, 1977)
E.R. Novak and J.D. Woodruff — *Novak's Gynaecologic and Obstetric Pathology*, 7th edn (Churchill, 1974)
E.R. Novak (ed.) — *Novak's Textbook of Gynaecology*, 9th edn (Williams and Wilkins, 1975)
R.P. Shearman (ed.) — *Human Reproductive Physiology*, 2nd edn (Blackwell, 1979)

Suggested additional reading

M. Coppleson *et al.* — *Colposcopy*, 2nd edn (Amer. Lecture Series)
H. S. Kaplan — *The New Sex Therapy* (Balliere, Tindall, 1974)

Paediatrics

New Senate Resolutions

A complete assignment term is allocated to child health. The students are based in the Department of Child Health at the Institute of Child Health at the Royal Alexandra Hospital for Children. As comprehensive an exposure as possible to all aspects of child health and disease is provided. The programme includes attendance at outpatients, medical and surgical ward rounds and tutorials, psychiatric clinics, pathology demonstrations and visits to the child health services in the community including the Spastic Centre, Grosvenor Hospital, Tresillian Mothercraft Homes and Baby Health Centres. History taking and ward clerking are important components of the terms. Family doctors participate in the undergraduate teaching. Each student must spend two weeks in residence in the hospital. When possible, facilities are provided for the individual student with a special interest to pursue it. A limited number may return for this purpose during the option term.

The method of assessment is by a short essay, to be presented two to three weeks before the end of the assignment term, and a three-hour examination on the last day of the term, consisting of short questions about simple paediatric problems.

Reference books

There is no good and short book covering the whole range of paediatrics. This is fortunate because it encourages the student to dip into a number of books and journals and so realise that there are often different points of view about one subject.

J. Apley — *Paediatrics*, 2nd edn (Balliere, 1979)
J. Apley (ed.) — *Modern Trends in Paediatrics*, 3rd series (Butterworth, 1970)
J. Apley and R. MacKeith — *The Child and His Symptoms*, 3rd edn (Blackwell, 1978)
P. Barker — *Basic Child Psychiatry*, 2nd edn (Staples Press, 1976)
H.L. Barnett (ed.) — *Pediatrics*, 16th edn (Appleton-Century-Crofts, 1977)
Davis and Dobbing (eds) — *Scientific Foundations of Pediatrics* (Heinemann, 1979)
Forfar and Arneil (eds) — *Textbook of Paediatrics* (Churchill Livingstone, 1978)
Anna Freud — *Normality and Pathology in Childhood* (International U.P., 1969)
D. Gairdner and D. Hull (eds) — *Recent Advances in Paediatrics*, 4th edn (Hogarth, 1976) and subsequent volumes in the series
Lytt I. Gardner (ed.) — *Endocrine and Genetic Diseases of Childhood* (Churchill, 1976)

A. Holzel and J.P.M. Tizard (eds) — *Modern Trends in Paediatrics*, 2nd series (Butterworth, 1958) and subsequent volumes in the series

J.H. Hutchinson — *Practical Paediatric Problems*, 4th edn (Lloyd-Luke, 1975)

R.S. Illingworth — *The Normal Child*, 5th edn (Churchill, 1975)

R.S. Illingworth — *Common Symptons of Diseases in Children*, (Blackwell, 1975)

Peter G. Jones (ed.) — *Clinical Paediatric Surgery, Diagnosis and Management*, 2nd edn (Blackwell, 1976)

S.C. Jordan — *Heart Diseases in Paediatrics* (Butterworths, 1973)

E.W. Nelson *et al.* (eds) — *Nelson's Textbook of Paediatrics* (1975)

H.H. Nixon and B. O'Donnell — *The Essentials of Paediatric Surgery*, 2nd edn (Heinemann, 1976)

P. Pinkerton — *Childhood Disorder — A Psychosomatic Approach* (Crosby, Lockwood & Staples, 1974)

A.J. Schaffer (ed.) — *Major Problems in Clinical Paediatrics* (Saunders, 1966) and subsequent volumes in the series

J.B. Stanbury *et al.* (eds) — *The Metabolic Basis of Inherited Disease*, 4th edn (McGraw-Hill, 1978)

A.W. Venables — *Essentials of Paediatric Cardiology* (Charles C. Thomas, 1964)

D.W. Winnicott — *The Family and Individual Development* (Methuen, 1970)

D.W. Winnicott — *Collected Papers* (Tavistock, 1958)

D.W. Winnicott — *The Child, The Family and The Outside World* (Penguin, 1964)

D.W. Winnicott — *Therapeutic Consultations in Child Psychiatry* (Hogarth, 1971)

D.W. Winnicott — *Playing and Reality* (Tavistock, 1971)

M. Ziai — *Pediatrics* (Little, Brown, 1975)

Current articles in *The Lancet*

This book deserves attention some time before the student starts work as a doctor:

M. Balint — *The Doctor, His Patient and the Illness* (Pitman, 1968)

Psychiatry

New Senate Resolutions

Psychiatry is introduced in a course of lectures and workshops in third year but the major part of teaching occurs during the assignment period in fourth year. During the assignment, all students are given opportunities for clinical experience and instruction in both general and psychiatric hospitals. The various clinical units include:

(a) Royal Prince Alfred Hospital, Rozelle Hospital and the Glebe, Newtown and Balmain Community Clinics;

(b) Royal North Shore Hospital, Sydney Hospital, Bankstown Hospital, North Ryde Psychiatric Centre and the Northside Clinic;

(c) Concord Hospital, Lidcombe Hospital, and Parramatta Psychiatric Centre.

(The new psychiatric unit at Westmead will also undertake teaching when it comes into operation.) In addition, topic teaching takes place each week at the Department of Psychiatry in the main grounds.

The main aim of the course is to demonstrate to students the ways in which psychiatric assessment is undertaken in a variety of clinical settings.

Textbook

Imboden and Urbaitis — *Practical Psychiatry in Medicine* (Prentice and Hall, 1978)

Reference book

Slater and Roth — *'Mayer Gross' Clinical Psychiatry*

Freedman *et al.* — *Comprehensive Textbook of Psychiatry*

Community Medicine

Objectives

The general objectives of the term will be to demonstrate and provide information about the experience in community medicine, so that students will be able, as members of a health team, to plan and effect health promotion and the management of the health problems for individuals and families in a community setting.

Contents

The term will cover community health, general practice, geriatric medicine, primary care and rehabilitation medicine, and include aspects of occupational health.

Students will spend two weeks in a full-time general practice attachment and two weeks in a full-time geriatric-rehabilitation placement, plus part-time attachment to maintain continuity through the term, and sessional placements in other community health services.

Each student will prepare several case history reports, and will participate in a group of 6 or 7 preparing a written or verbal report on a comprehensive health care project.

Textbooks

E. Cassell — *The Healer's Art: A New Approach to the Doctor-Patient Relationship* (Penguin, 1978)

N. Coni *et al.* — *Lecture Notes on Geriatrics* (Blackwell, 1977)

Krusen *et al.* — *Handbook of Physical Medicine and Rehabilitation*, 2nd edn (W.B. Saunders & Co.)

D.C. Morrell — *An Introduction to Primary Medical Care* (Churchill Livingstone, 1976)

R.B. Taylor (ed.) — *Family Medicine: Principles and Practice* (Springer-Verlag, 1978)

Recommended reading

Carrer and Liddiard (ed.) — *An Aging Population* (Hodder and Stoughton/Open U., 1978)

Fabb *et al.* — *Focus on Learning in Family Practice* (RACGP Family Medicine Programme, 1976)

R. Walpole (ed.) — *Community Health in Australia* (Penguin, 1979)

Reference books

J.C. Brocklehurst (ed.) — *Geriatric Medicine and Gerontology* (Churchill Livingstone, 1978)

J. Noble (ed.) — *Primary Care and the Practice of Medicine* (Little Brown, 1976)

Assignments

Old Senate Resolutions

The following six assignment subjects, which commenced in fourth year, continue in fifth year: Medicine; Surgery; Obstetrics and Gynaecology; Paediatrics; Psychiatry; and Community Medicine. Each subject is undertaken during a term of nine weeks' duration, with the exception of Psychiatry and Community Medicine, which together share one term. The first assignments commenced in the fourth term of fourth year in 1979. The remaining five assignments will be undertaken in 1980 during the final four terms of fifth year.

Medicine

The assignment term in Medicine will be nine weeks in duration. For the full nine weeks students will be allocated to the general medical units and during this period they will have continuing responsibility for patient care as clinical clerks. They will be expected to integrate the data taught during the clinical course, to achieve a unified approach to the diagnosis and management of disorders in Internal Medicine.

During the assignment in Medicine they will have no responsibilities outside the teaching hospitals to which they are assigned. There will be no campus sessions. The only commitment outside the hospital will be the computer-based self-assessment programme conducted in the Medical Library, Bosch Building.

For the first five weeks of term, students will have no responsibilities other than their attachment to a general medical unit. In weeks 6, 7 and 8, in addition to their general medical responsibilities, they will be exposed to activities of special units, during the afternoons whenever possible. In some hospitals it may be necessary for special unit exposure to occur during the first five weeks of term for programming reasons. Assessment will take place in the ninth week.

Patient responsibilities—General Medicine

Students will take and record all histories for patients admitted to the unit to which they are assigned. Histories will be checked and countersigned by the Resident and/or Registrar to become part of the hospital record. Students may be assigned to special unit beds in the same geographical area as the general medical unit in order that complete patient coverage can be maintained. Student responsibilities to the general medical unit will include:

(a) Daily rounds with the RMO
(b) Rounds with the Attending Physician
(c) Attendance at Radiology, Pathology sessions, clinical meetings, etc.
(d) Participation in day-to-day patient care
(e) Twenty-four hour roster (living in) on days for immediate admissions
(f) Weekend roster in rotation (two students on duty at a time)

These responsibilities will continue throughout the nine week term.

Special unit activities

In weeks 6, 7 and 8, in addition to general ward duties programmed for each morning, students will be rotated through special units for half-day sessions, where feasible.

Teaching sessions

The following teaching sessions will be programmed:

12.00 noon daily for one hour: bedside, clinical tutorials as follows:

(a) detailed case discussions — two per week.

(b) bedside tutorials (e.g. three patients) — three per week.

The case discussions and tutorials will be undertaken by tutors in Medicine, each tutor meeting the full group of students on one or two occasions weekly for the nine weeks of term.

5.00-6.00 pm twice weekly: clinical discussions/seminars.

The discussions/seminars will emphasise management and clinical therapeutics.

Assessment

The Assignment Term is the last occasion on which student performance will be reviewed by the Department of Medicine. At the end of the Assignment Term in Medicine a decision will be made as to whether the student is competent to graduate in this subject. The following forms of assessment will be used:

(a) *Continuing evaluation* by the tutors responsible for conducting the case discussions/tutorials throughout the nine-week term. Heads of general medical units will also be asked to assess the 2-3 students attached to the unit for nine weeks.

(b) *Computer-based multiple-choice question programme* with terminals in the Medical Library complex, available to students from all teaching hospitals in library hours.

Students will be encouraged to use the self-assessment programme on several occasions through the term. They may use this to identify deficiencies in knowledge and to check that these deficiencies have been remedied following extra work. When a student wishes, he may take the examination series, the mark for which will be retained by the department as his final mark.

(c) *Clinical examination*: each student will have a clinical examination for twenty minutes, conducted by one of the medical tutors, plus one senior physician in the ninth week of term.

Textbooks

- General medicine

R.L. Cecil and R.F. Loeb — *A Textbook of Medicine*, 14th edn (Saunders, 1975)
Sir S. Davidson — *The Principles and Practice of Medicine*, 12th edn (Livingstone, 1977)
G.W. Thorn — *Principles and Practice of Medicine*, 8th edn (McGraw-Hill, 1977)
A. Harvey *et al.* — *The Principles and Practice of Medicine*, 19th edn (Appleton-Century-Crofts, 1976)

- Therapeutics

S. Alstead and McGregor — *Textbook of Medical Treatment*, 14th edn (Churchill-Livingstone, 1978)
N.V. Costrini and W.M Thomson (eds) — *Manual of Medical Therapeutics*, 22nd edn (Little, Brown, 1978)

- Ward work

John MacLeod (ed.) — *Clinical Examination*, 4th edn (Churchill-Livingstone, 1976)
F.C. Firkin *et al.* — *A System of Signs*, 3rd edn (ANA Book Co., 1971)

There are a number of excellent works available which deal with specific bodily systems in greater detail. These are available in the library and should be used for reference purposes.

Surgery

The broad objectives of the Surgical assignment are to enable the student to gain expertise in the diagnosis of common surgical problems and surgical problems which are less common but carry a high likelihood of death or permanent disability if not diagnosed promptly and accurately. The student will learn about the correct surgical management for both these groups of problems but will not learn surgical technique. The assignment period will include: General Surgery, Trauma, Disorders of the Musculo-Skeletal System, Thoracic Surgery, Neurosurgery, Plastic Surgery, and Urology. Emphasis will be placed on the aspects of surgery that present in general practice or hospital casualty departments, i.e. the 'core' of surgery. The student will be expected to gain a knowledge of the principles of anaesthetics, such as preparation for surgery, postoperative care, the hazards of common anaesthetic agents and some knowledge of emergency resuscitation.

Each student will be assigned to an active surgical unit. In general, this will be the academic department of Surgery but the other surgical units in the teaching hospitals will participate in the assignment at the direction of the academic surgical department. The use of the non-academic surgical departments will vary from hospital to hospital, depending on local conditions. Each student will have in-depth involvement with the care of a minimum of eight patients. This involvement will include full history taking of a special type, particularly concerned with orientation towards problem recording and problem solving. An example of this type of history will be provided at a later date. Each student will make a full and complete recording of the history and physical examination of these patients and will submit requests for appropriate investigations. In most instances the student recording will become the official record of the patient's stay in hospital. The student will be expected to be involved in the preoperative assessment of the patient, to take part in the administration of the anaesthesia, or assist in the operation performed and will take part in the postoperative events concerning his patients in the hospital record and will write a summary of each patient's hospital episode on the patient's discharge. This summary should be appropriate for presentation to the referring general practitioner.

The range of student involvement will include the following learning experience:

Accident and emergency services
Outpatients
Inpatients
Clinical Investigation
Formal teaching
Ward round teaching
Anaesthesia
Musculo-skeletal system

The basic element in the evaluation of the surgical assignment will

be in the student's log book. The log book is a student's record of his activities during the assignment. Other forms of evaluation of student performance during the assignment will include reports from the surgical tutors, a clinico-pathological case presentation, and a multiple-choice question test, if necessary.

Textbooks

J.C. Adams — *Outline of Orthopaedics*, 8th edn (Livingstone, 1977)
J.C. Adams — *Outline of Fractures*, 7th edn (Livingstone, 1978)
A. Rains and H. Ritchie — Bailey and Love's *A Short Practice of Surgery*, 17th edn (Lewis, 1977)
Hamilton Bailey — *Demonstrations of Physical Signs in Clinical Surgery*, 15th edn (Wright, 1975)
Egdahl *et al.* — *Core Textbook of Surgery* (Grune & Stratton, 1972)
P.R. Scott — *Aid to Clinical Surgery* (Churchill-Livingstone, 1971)
S. Schwartz *et al.* — *Principles of Surgery*, 2nd edn (McGraw-Hill, 1969)
J.E. Rhoads — *Surgery Principles and Practice*, 4th edn (Lippincott, 1970)
L.V. Ackerman and J. Rosai — *Surgical Pathology*, 5th edn (Mosby, 1974)

Reference books

J. Kyle — *Pye's Surgical Handbook*, 20th edn (Wright, 1977)
H. Bailey — *Emergency Surgery*, 10th edn (Wright, 1977)
W. Boyd — *Pathology for the Surgeon*, 8th edn (Saunders, 1967)
J.E. Dunphy — *Current Surgical Diagnosis and Treatment*, 3rd edn (Lange, 1977)
F. Davis — *Christopher's Textbook of Surgery*, 11th edn (Saunders, 1977)
S. Hoppenfeld — *Physical Examination of the Spine and Extremities* (Appleton, Century Crofts, 1976)

Anaesthetics

A part of the Surgery assignment is devoted to Anaesthetics. Emphasis in the nine tutorials and the practical tuition will be on preoperative assessment, the effects of anaesthesis and surgery on cardiovascular and respiratory function, the protection of the patient during operation, the immediate postoperative period, cardiac pulmonary resuscitation, the management of patients on ventilators and simple local analgesia. Aspects of the preoperative management, the principles of the anaesthetic management and postoperative care will be part of the clerking of the surgical patients.

Textbooks

R.H. Egdahl *et al.* (eds) — *Core Textbook of Surgery* (Grune & Stratton, 1972)
A.A. Birch and J.D. Tolme — *Anaesthesia for the Uninterested* (University Park Press, 1976)

Obstetrics and Gynaecology

Old Senate Resolutions

See course description for fourth year (New Senate Resolutions)

Paediatrics

Old Senate Resolutions

See course description for fourth year (New Senate Resolutions)

Psychiatry

Old Senate Resolutions

See course description for fourth year (New Senate Resolutions)

Community Medicine

Old Senate Resolutions

Objectives

The general objectives of the assignment will be to demonstrate and provide information about and experience in community medicine, so that students will be able, as members of a health care team, to

plan and effect the management of the health problems of individuals and families in a community setting.

Contents

1. Community health practice
2. Clinical medicine in general practice
3. Social relationships in community medicine
4. The health care team
5. The community background

Each group of students will spend one week of tutorials and sessional placements introducing community medicine, then two weeks of attachment to a general practitioner on a one-to-one basis, and than a final week of further tutorials and discussions based on their experiences during the two week attachment.

Each student will prepare a full case history report while in general practice, and will participate in a group of 6 or 7 preparing a written and verbal report on a comprehensive health care project.

Textbooks

Eric Cassell — *The Healer's Art: A New Approach to the Doctor-Patient Relationship* (Penguin, 1978)

D.C. Morrell — *An Introduction to Primary Medical Care* (Churchill Livingstone, 1976)

R.B. Taylor (ed.) — *Family Medicine: Principles and Practice* (Springer-Verlag, 1978)

Recommended reading

Fabb *et al.* — *Focus on Learning in Family Practice* (RACGP Family Medicine Programme, 1976)

J. Noble (ed.) — *Primary Care and the Practice of Medicine* (Little Brown, 1976)

Reference books

D. Craddock — *A Short Textbook of General Practice*, 3rd edn (Lewis, 1976)

J.H. Medalie (ed.) — *Family Medicine: Principles and Applications* (Williams and Wilkins, 1978)

Option

Old Senate Resolutions

The fifth term of fifth year is an option term. The purpose of this eight-week term is to allow each student the opportunity to study an individual subject in greater depth. The student is given a chance to learn through his own experience and effort. Options may consist of various combinations of lectures, tutorials, laboratory exercises, research, clinical instruction, essays and assignments. The option term is a period of supervised training in an acceptable area in which a student has an interest.

A variety of option subjects is available, from which students are required to choose one which may be attractive to them. Copies of a booklet listing the option subjects available in 1980 may be read in the warden's office in each of the various clinical schools, the Medical Library, or the Dean's Office, Faculty of Medicine. Students will be required, before the end of second term of fifth year, to advise the faculty of their choice of option subjects, in order of priority. They will be allocated to an option subject by an interdepartmental committee established by the faculty.

Students are required to have satisfied the option term before they may graduate with the degrees of Bachelor of Medicine and Bachelor of Surgery. Their progress during the option will be overseen by a supervisor, who will be required to report to the Board of Examiners for assessment of the option term. If the Board of Examiners decides that a student's performance has not been satisfactory, he will be required to repeat the term.

Bachelor of Science (Medical)

For the requirements of the degree, see pages 50-3. The degree may be taken in these departments:

Anatomy
Bacteriology
Behavioural Sciences in Medicine
Biochemistry
Histology and Embryology
Pathology
Pharmacology
Physiology

5
Other faculty information

Further information about some items in this section may be found in the *Guide for New Students*.

Examinations

Written examinations are held from time to time throughout the course as part of the system of progressive and barrier assessments. Advance notice will be given. When examinations fall within the general university examination periods in May, August and November, details are included in the general university timetables. For clinical years, written and clinical timetables are sent to the teaching hospitals.

Publication of results

Annual results are displayed in the Quadrangle, published in the *Sydney Morning Herald* and sent by post to individual students.

Supplementary examinations

These may be granted by the Faculty:
(*a*) to candidates who have been prevented by duly certified illness or misadventure from completing an examination, or
(*b*) to candidates who have failed in any examination, but whose work is deemed sufficient to warrant the concession of a further test. Supplementary examinations should be regarded as distinct privileges, not as rights.

Medical certificates

There is a special form for submission with medical certificates. The minimum requirements of a medical certificate are that it:

(*a*) be submitted and signed by the student's own medical practitioner in attendance, and indicate the date on which the student sought attention.
(*b*) certify unambiguously to a specified illness or medical disability for a definite period.
(*c*) indicate the degree of incapacity of the student and express a professional opinion as to the effect of the student's illness on his or her ability to take an examination.

Certificates in connection with annual or supplementary examinations should be submitted prior to the examinations unless the illness or misadventure takes place during the currency of the

examinations, in which case the evidence must be forwarded as soon as practicable and in any case before the close of the examination period.

Avenues of appeal

Avenues of appeal for students on various academic and non-academic matters

Many decisions about academic and non-academic matters are made in the University each year and from time to time a student may consider that a decision affecting his or her candidature for a degree or other activities at the University may not have taken into account all the relevant matters.

In some cases the by-laws or resolutions of the Senate specifically provide for a right of appeal against particular decisions, e.g. Chapter VIII of the by-laws concerning disciplinary decisions and the resolutions of the Senate relating to exclusion of students after failure.

However, there are many other situations where a student may wish to have a decision reviewed or to draw attention to additional relevant information. As a general rule, a student may address a request of this nature in writing to the Registrar or discuss this matter with a member of the Registrar's staff. As a guide to students, the general practice in relation to some particular matters is set out below:

Academic matters

Examination results and re-marks of examination papers
Appeals concerning results may be made to the Faculty through the Registrar.

Examination timetables
Any student who is dissatisfied with his examination timetable may raise the matter with the Registrar. However, it should be noted that it is not possible to satisfy all candidates concerning individual timetables.

Prizes and scholarships
A student who believes he has failed to obtain a scholarship by a narrow margin may request through the Registrar that the Chairman of the Academic Board enquire into his case.

Non-academic matters

Financial assistance
A student who has failed to obtain financial asistance and believes his application has been inadequately considered may apply in writing to the Registrar for reconsideration.

Booking accommodation and the front lawn for clubs and societies
Where a booking has been refused an appeal may be made in writing to the Registrar.

Recognition of clubs and societies
Any appeal concerning a decision relating to the recognition of a club or society should be presented to the Registrar.

Infringement of parking rules within the University
Appeal against decisions relating to parking infringements should be lodged with the Deputy Principal.

Exemption from joining the SRC or Convocation
Upon written application to the Registrar, exemption may be granted from joining the SRC or Convocation upon graduation on grounds of conscience.

Personal tutor scheme

For several years members of the Faculty had been concerned about the need for a system of personal mentors or counsellors for its undergraduate students. It has long been recognised that the pressures of the medical course are intense, and that the large size of the student body today makes it difficult to develop personal associations between students and teaching staff. Schemes under which students are allocated to a tutor, who can advise them on academic and personal matters, exist in many medical schools in North America and the United Kingdom.

Accordingly, in 1978, the Faculty introduced a personal tutor scheme for medical students. Initially students from first and third years in 1978 were invited to participate and about fifty personal tutors were appointed. The scheme was extended in 1979 to include students from the first four years of the course. Eventually each tutor will have five students assigned to him, from each year of the course. This will provide contact between students in different years, so that those in junior years can draw on the experience of their seniors, as well as contact between students and staff. The personal tutor advises students regarding academic problems, future plans and financial and personal worries.

The scheme, which is entirely voluntary, is under the direction of Dr C. G. Dos Remedios of the Department of Anatomy, who reports to Professor J.R. Turtle, the Sub-Dean (Student/Staff Affairs). Further information is available from Dr Dos Remedios.

Student identification cards

All students in first year are issued with signed photo-identification cards. They are required to wear the cards, particularly during assignments in Behavioural Sciences in Medicine and Community Medicine when they have contact with patients, medical practitioners or other members of the public. The University has a responsibility to the public to ensure that its students carry identification and confirmation of their medical student status.

Students in the clinical years of the course are issued with identification cards by their teaching hospital, for the same reasons.

Fees

There are no tuition fees. However, there are certain compulsory subscriptions to student organisations, details of which are given in the *Guide to New Students*.

Some overseas students may be liable for visa application and renewal charges introduced by the Government of the Commonwealth of Australia from 1 January 1980. Detailed information about these charges should be obtained from the Department of Immigration and Ethnic Affairs, Canberra, A.C.T. 2600, or from the Australian diplomatic post nearest to you.

Student participation in university government

The by-laws and resolutions of the University provide for the election of students, by and from the student body, to membership of the Senate and the faculties and boards of studies. There are also student members of the Academic Board.

The term of office is generally one year, from January to December. Elections are held by postal vote in Michaelmas Term, and notices calling for nominations are sent out in August. Details of the elections are placed on noticeboards around the grounds and published in the *University of Sydney News*. Election announcements are also made available to *Honi Soit* and the *Union Recorder* for publication. Before any election, the appropriate ballot papers and instructions, as well as information about the candidates, are sent to all students concerned.

The *Senate* is the overall governing body of the University; the *Academic Board* coordinates the work of the faculties and boards of studies and advises the Senate on academic matters; the *faculties* and *boards of studies* are concerned with the teaching and examining of their subjects and with research in the various departments and schools. Student members are also included on other committees of the University, including various faculty and departmental committees.

The University recognises the important contribution students can make to the decision-making process of the University and all students are urged to take an active part in the selection of student members by nominating appropriate candidates and by voting in each election that concerns them. By participating in these elections, students can become more familiar with the functioning of their University, get to know their fellow students better and help ensure that their interests are taken into consideration in decisions that affect their work at the University.

The above is a summary only. Full details are contained in the University Calendar.

Undergraduate scholarships and prizes

The *Calendar* should be consulted for additional information about undergraduate scholarships and prizes.

Prize or scholarship	Value $	Qualifications
George Allan	100	Proficiency in therapeutics
Australian Academy of Forensic Sciences	50	Essay in field of forensic sciences
Australian College of Ophthalmologists	50	Proficiency in ophthalmology
Peter Bancroft	950	Best research work in any subject
Dagmar Berne	45	Proficiency in final barrier examination
Wolfe Solomon Brown	175	Best contribution to Wilson Museum of Anatomy by student prosector
Burroughs Wellcome	100	Proficiency in pharmacology
G.S. Caird Scholarship No. I	350	Proficiency in fourth year subjects
G.S. Caird Scholarship No. II	400	Proficiency by male student in second barrier examination
Carnation Paediatric	84, 21 (Proxime Accessit)	Best clinical, social or laboratory observation or research. Must have viva voce examination in Paediatrics
Dr H.G. Chapman	50	Essay on original research in physiology or biochemistry
James and Margaret Claffy	125	Proficiency in ophthalmology
Harry J. Clayton Memorial	300	Proficiency in medicine and clinical medicine
Sidney B. Clipsham	100	Best account of research or observation in operative surgery during clinical years
Frank Cotton Memorial	75	Proficiency in physiology
Robert Craig Prize in Surgery	150	Best account of research or observations undertaken during the unallocated term or the option term
Dame Constance D'Arcy Memorial	20	Proficiency by female student in obstetrics and gynaecology
Sir Harold Dew	31.50	Best case report on hydatid disease
Dun Surgery	75	Proficiency in surgery and clinical surgery
Foundation for Research and Treatment of Alcoholism and Drug Dependence of N.S.W.	63 and 42	Essay on medical aspects of alcoholism and drug dependence
Allan Douglas Gillies Memorial	25	Proficiency in pathology
Goode Memorial Scholarship	Loan of up to 50	Short term loans available to medical undergraduates
John Harris Scholarship	400	Proficiency in second barrier examination
Hinder Memorial	150	Proficiency in surgery and clinical surgery

Prize or scholarship	Value $	Qualifications
Albert Hing Memorial	70	Proficiency in obstetrics and gynaecology
Inglis and Ward	25	Proficiency in patholgy and bacteriology
Mabel Elizabeth Leaver Memorial	175	Proficiency in obstetrics and gynaecology
A.M. Lowenthal	25	Proficiency in prosection and in anatomy in second barrier examination
S.H. MacCulloch Trust	Loan or grant of up to 500	Needy undergraduate students in Faculty of Medicine
Norton Manning Memorial	150	Proficiency in psychiatry
Mead Johnson Paediatric	100	Proficiency in paediatrics
Arthur Edward Mills	200	Student who is first on honours list at graduation
Moran	200	Essay (every 2nd year) on hisotry of science and medicine in Australia
N.S.W. Health Commission	50	Proficiency in community medicine
Parkinson Memorial	200	Proficiency in pathology
Renwick Scholarship	450	Proficiency in first and second barrier examinations
A.J. Reynolds	150	Essay on causes, prevention or cure of spondylitis in human beings
Harold John Ritchie Memorial	200	Proficiency in clinical medicine
A.H. Robins	500	Report of work done in social and preventive medicine in 'unallocated' term
Roche Scholarship	200	Students doing BSc hons in pharmacology, pharmaceutical science or pharmacy, BSc (Med) in pharmacology or MSc and PhD in pharmacology, pharmaceutical science or pharmacy
William Henry and Eliza Alice Sharp	35	Proficiency in surgery and clinical surgery
J.L. Shellshear Memorial	25	Proficiency in practical anatomy
Robert Scot Skirving Memorial	75	Proficiency in medicine and surgery
Grafton Elliot Smith Memorial	75	Proficiency in anatomy
Beverly Stewart Memorial	25	Proficiency by female student in first barrier examination
Cedric Swanton Memorial	50	Proficiency in psychiatry
McMahon Tennent	25	Proficiency in biochemistry
Robert H. Todd Memorial	100	Report of an attachment in general practice undertaken during the Assignment in Community Medicine

Prize or scholarship	Value $	Qualifications
Upjohn	50	Proficiency in clinical pharmacology and therapeutics
John Wait Scholarship	300	Proficiency in pre-clinical subjects by student proceeding to hons in science or BSc(Med)
Harold Alfred Waldron Memorial	25	Proficiency in bacteriology
Herbert John Wilkinson Memorial	500	Proficiency in anatomy
J.T. Wilson Memorial	25	Proficiency in theoretical anatomy
Michael Robert William Young	20	Essay on specified topic on history of medicine

Libraries

See also the section on Libraries in the *Guide for New Students*.

Burkitt Library

Burkitt Library is situated on the ground floor of the Anderson Stuart building and contains a valuable collection of material in the fields of Anatomy, Physical Anthropology, Physiology, Histology and Embryology. It is named after Professor A.N. Burkitt, who was Professor of Anatomy from 1926 to 1955, and who donated his large collection of books to form the nucleus of the Burkitt Library. It is a research library only.

Fisher Library

Books required by undergraduates in the first two years of their course are to be found in Fisher Library.

Medical Library

This library, which is situated in the Bosch Building, covers the fields of Clinical Medicine, Surgery, Pathology, Bacteriology, Obstetrics and Gynaecology, Paediatrics, Pharmacology, Anaesthetics, Ophthalmology, Psychiatry, Preventive and Social Medicine, and Immunology. It is designed to provide for the needs of the staff of the Faculty, and of undergraduates in the paraclinical and clinical years of the course. It is a modern air-conditioned library with accommodation for 170 readers.

A computerised literature searching service is available (MEDLINE, EXCERPTA MEDICA, BIOSIS).

Clinical school libraries

Libraries for the use of undergraduates are maintained in the clinical schools of the Royal Prince Alfred Hospital, Sydney Hospital, Royal North Shore Hospital of Sydney, Repatriation General Hospital, Concord, Lidcombe Hospital, and in the specialist hospitals. One of the largest medical libraries in Australia has been established at the Westmead Centre, and is available for use by medical and dental students.

Learning Resources Centre

The Learning Resources Centre is a centre for self-assisted instruction through the use of audio-visual media, and its facilities are available for all undergraduate and postgraduate students, as well as for continuing education purposes for graduates. Initial emphasis has been on the accumulation of tape-slide programmes, and the Centre has built up an impressive library, which is being rapidly expanded. Video cassettes are available in the Centre. Computer-based instruction has also been developed and computer terminals linked to the Royal Prince Alfred Hospital Computer Centre are located at present in the Medical Library. These are

available for use by students. Consideration is presently being given to extending the computer-based instruction programme to other teaching hospitals.

The Centre is located in Room 206, Level 2, Blackburn Building, and is under the direction of Mr John Newbery.

Hours of operation are 9 am — 5 pm daily; and 9 am — 8 pm Wednesday.

The Centre has been developed very much with the new undergraduate curriculum in mind and all students are urged to make use of its facilities. Audio-visual centres have been developed at the five clinical schools and are linked with the campus Centre.

Societies

Sydney University Medical Society

The Medical Society is the oldest of the university faculty societies, having been founded in 1886 to 'provide a common meeting ground for teachers, graduates and undergraduates in Medicine'. All undergraduates in Medicine are encouraged to join, as this entitles them to numerous benefits. The subscription is $10, which entitles the subscriber to membership for the whole of his undergraduate course and life membership after graduation. The main office of the Medical Society is in the Blackburn Building and the hours are 9.30 am to 2 pm.

The following are some of the Medical Society's activities. New members are more than welcome to take an active role in these.

Council

The Medical Society Council is a body elected by the students, for the students, and made up mainly of students. The Council consists of the two Year Representatives which each Year elects, and clinical years' Hospital Representatives. The year representatives express any dissatisfaction with various aspects of the course etc., and Council then raises such problems through its membership of various faculty committees. The Council also has various officers responsible for specific areas, such as the General Practitioner attachments programme. Individual Council members also create new programmes, such as the Book Appeal for Indonesian Medical Students, the Bangladesh Drug Appeal, or take part in activities such as the Lions Club High Blood Pressure Campaign. The Council holds regular meetings at which any Society member has speaking rights. Minutes of the meetings are posted so as to keep all students aware of what is going on in Council.

AMSA

The Society is a financial member of the Australian Medical Students' Association. The Association has a number of committees that work towards improvements in the field of medical education, and conducts student overseas exchange schemes in conjunction with the International Federation of Medical Students''Associations. AMSA also makes submissions on behalf of medical students to bodies that make decisions affecting medical students, such as the State and Commonwealth Health Departments.

OTHER INFORMATION

AMSA also produces *Panacea*, a magazine written by medical students from all over the country and distributed free to every student. The annual AMSA Convention provides a week of panel discussions, debates, etc., plus a wide variety of social events. In 1980, the Convention is to be held in Sydney and is being organised with the assistance of members of the Society.

The AMSA Student Initiatives in Community Medicine is a project, supported by a Commonwealth Government grant that brings together students from many health and welfare disciplines to participate in a variety of community-based exercises.

AMSA also provides financial assistance for travel to approved conferences each year.

Medical Society publications

Students of the Faculty often express their views or write short stories and poems for the newspaper *Innominate*. There is also a *Senior Year Book*. Editorship of these publications is open to any member.

Social events

The honorary treasurers each year encourage students to organise barbecues, wine and cheese parties, year dinners, football match parties, or any other social event. The society then supplies deposits on rooms, equipment, and any needed financial advice.

Medical students, who have various degrees of talent but quite considerable energy, generally create a well-received revue, organised independently of the Society. In 1979 the profits were given to Foundation 41 and the Drug Referral Centre.

Special educational efforts

Students who are involved or interested in non-curriculum areas of medicine have often arranged a film or speaker to come to the Faculty. This is also done formally each year at the Lambie-Dew Oration, in which the speaker is an orator of world renown. Student topics are often featured in the Anatomy Department Colloquia. The G.P. Attachment Scheme exposes some students to country medicine during second year. Occasionally *Innominate* may be devoted entirely to a given medical question of general interest.

Interfaculty competitions

The Medical Society has sports representatives for each year of the course, provided the people in that year have a liking for sport. Medicine teams compete for various interfaculty shields, and there are interyear sports matches, which are generally organised by the sports representatives.

Faculty liaison

One of the main functions of the Medical Society Council is to assist students on the various faculty committees, where their opinions are solicited and problems are often solved. Each year elects a representative to the Staff-Student Liaison Committee, and there are five student members of the Faculty of Medicine. Assessment of the five-year course is made continually, through the work of these bodies and the various other committees of the Faculty.

Loans to students

The *Clinical Years Bursary Fund* makes a loan of $100 to needy clinical students, which is repayable two years after graduation. This amount may be increased in the near future. The *Student Emergency Loan Fund* offers $50 to any student in a financial crisis, repayable within one month. (The Registrar's Office provides full

information on loans and bursaries in a free booklet entitled *Financial Assistance to Undergraduate Students*.)

War Memorial Library Fund

Each year, the proceeds of the Med Ball go into this fund, and are then allocated to the libraries of the teaching hospitals for the purchase of texts and reference books for the use of students.

Medical Society Bookshop

The Bookshop is separate from Council but is operated by it, under the management of the General Secretary, and the current Book-scheme Director, who is a medical student. As the pioneer student book scheme in the University, the bookshop enables medical students to save a considerable portion of the cost of textbooks. It is also able to ensure that adequate supplies of the correct text-books are available at the appropriate time.

Dissection tools, clinical instruments and white coats are sold, as well as recent-edition secondhand books on display by private individuals.

Lecture notes and examination reprints

Each new member receives a set of examination reprints in the subject Introductory Medical Science for first year, and the Society sells reprints of examination papers for most preclinical subjects and for some succeeding years. Lecturers in some subjects authorise the printing of their official lecture notes, which are also on sale.

The society prepares a list of available texts and an analysis of their merits or disadvantages, relative to their cost.

Cadetships and traineeships in medicine

Cadetships or traineeships are made available to selected students by the Royal Australian Army Medical Corps, the Royal Australian Navy and the Royal Australian Air Force.

Royal Australian Army Medical Corps

Undergraduate scheme

Each year the Regular Army offers to medical undergraduates and graduates in residency appointments to commissioned rank in the Royal Australian Army Medical Corps.

An undergraduate is eligible to apply for appointment if he is undertaking the first, second or third clinical year of his course or his first year of hospital residency. He must be medically fit, an Australian citizen or a British subject living permanently in Australia, of good character, and have the attributes required of an officer of the Royal Australian Army Medical Corps.

The Army will pay lecture and demonstration, library and examination fees and may pay supplementary examinations fees for one subject only each year, tutorial fees to any affiliated college on the recommendation of the University, and laboratory and experiment fees including charges for material as recommended by the University.

Medical undergraduates selected under the scheme will be appointed to commissions in the rank of lieutenant in the Regular

Army Supplement. On the day they begin their hospital residency, they will be promoted to Captain and on completion of hospital residence they will be transferred to the Australian Regular Army in the rank of Captain.

Medical cadets will continue their normal course at their university and medical school and will be free to take a full part in its academic and social life. They will wear civilian clothes and be regarded as normal undergraduates.

Further information may be obtained from the Office of the Director of Medical Services, Headquarters 2nd Military District, Victoria Barracks, Paddington, N.S.W. 2021, telephone 339 3450.

Royal Australian Navy

Commissions in the Royal Australian Navy are available to selected undergraduates. Entered in the rank of Sub-Lieutenant, after successfully completing three years of a medical course, they are paid during the remainder of the course. Male and female students may apply.

After residency-year a return-of-service of two to four years on the active list of the Royal Australian Navy is required. The length of service depends upon the stage of entry but is, basically, year for year plus one.

As well as salary, the Navy will pay all fees arising from the course and provide textbooks. Undergraduates are currently paid at the following rates,[1] which change with movements of other Navy salaries:

3 years to graduation:	$6561
2 years to graduation:	$7310
Final year:	$8059

After qualifying, the member is promoted to Surgeon Lieutenant and receives $13,970 with a tax-free uniform allowance during his or her residency year.

On completion, the member starts a Short Service commission as a registered medical practitioner. Educational allowances for children are payable in certain circumstances. Six years service qualifies the member for a Defence Forces Housing Loan at low interest rates. Whilst serving, the member is well covered against death or invalidity by the Defence Forces Retirement and Health Benefits Fund. Benefits from this fund can be carried on to other approved superannuation funds on leaving the Navy.

On joining, the member is entitled to free full medical and dental cover.

Enquiries should be directed to:
Navy Careers Officer
Defence Forces Recruiting Centre
323-339 Castlereagh Street
Sydney, N.S.W. 2000

[1] Correct as at September 1979

Air Force Undergraduate Training Scheme

Each year the Air Force invites applications from medical undergraduates for appointment to commissioned rank in the Medical Branch of the Service. The Undergraduate Scheme provides for selected applicants to continue their medical studies under the sponsorship of the Air Force.

Applicants must have completed at least three years of the university course in the Faculty of Medicine. They must be recommended by the University for appointment, be medically fit, Australian citizens or British subjects granted permanent residence in Australia, and possess the attributes required of an Air Force Officer.

Undergraduates receive:

3 years to graduation:	$6561
2 years to graduation:	$7310
Final year:	$8059

Salary on graduation, and during the year of residency, is $20 969.

Depending on the stage of entry of Medical Officers to the scheme, a return of service of 2 to 4 years is required. They may also be required to serve at Air Force Hospitals and Bases within Australia or overseas.

Apart from the professional aspects of the Air Force, a great social life can be guaranteed.

Further information can be obtained from Air Force Careers Officer, Defence Force Recruiting Centre, Central Square Building, 323-337 Castlereagh Street, Sydney, 2000 — phone 212 1011.

6
Postgraduate study

Requirements for postgraduate degrees

There are four postgraduate degrees in the Faculty of Medicine. They are:

MS Master of Surgery
MPH Master of Public Health
PhD Doctor of Philosophy
MD Doctor of Medicine

The regulations governing these degrees are set out in the specified chapters of the by-laws, which are printed in the Statutes section of the university *Calendar*.

Degree of Master of Surgery

Extract from Chapter XII of the by-laws

11. The degree of Master of Surgery shall not be conferred until the expiration of five academic years from the granting of the degrees of Bachelor of Medicine and Bachelor of Surgery.

12. Candidates for this degree must produce evidence that they have had special training in Surgery and that they have been engaged in a manner approved by the Faculty in the special full-time study and practice of Surgery, or of some special branch of Surgery, for a period of at least three years.

13. Candidates for this degree shall submit to the Registrar four copies of a thesis, not already presented as a thesis for any degree, on some surgical subject. This thesis shall be a record of special investigations undertaken by the candidate and show clearly by appropriate references the extent to which the candidate is indebted for any portion to any other person and be accompanied by a declaration signed by the candidate that the thesis is composed by him.

14. The Faculty, if it considers the thesis is *prima facie* worthy of examination for the degree, shall appoint at least three examiners of whom at least one shall be external. The degree will be awarded only if the thesis is regarded as an original contribution of distinguished merit adding to the knowledge and understanding of the subject.

15. Each candidate shall be required to pass a clinical examination in the branch of Surgery which he professes. In special cases the Faculty may by resolution exempt a candidate from this examination.

Master of Public Health

Recommendations by the Faculty of Medicine for the introduction of a degree of Master of Public Health were approved by the Senate in 1977. The first students were admitted to candidature for the degree in 1978.

The degree is to be open both to medical and selected non-medical graduates or equivalent. The course for the degree will ultimately provide general and specialist programmes in various fields of public health, including Tropical Public Health, Occupational and Environmental Health, Preventive Medicine, Health Administration, Community Medicine and their component specialist areas, but initially will offer a limited range of options based on present resources. It is proposed that in due course the degree will replace the existing Diplomas offered by the School of Public Health and Tropical Medicine.

The course for the degree will comprise a full-time academic year of course work and a minimum of three terms in further studies under supervision (not necessarily in the University), together with an approved project and treatise thereon. Alternatively, the degree may be obtained through advanced research and thesis alone.

Further details about the degree may be obtained from the Registrar of the School of Public Health and Tropical Medicine.

Degree of Doctor of Philosophy

The degree of Doctor of Philosophy is awarded in the Faculty of Medicine. Details of candidature for this degree can be obtained on application to heads of departments or to the Registrar or to the Dean. The degree regulations are set out in Chapter XIXD of the by-laws in the university *Calendar*, and in the resolutions of the Academic Board that follow it.

The degree of Doctor of Philosophy stands between the degree of master and a higher doctorate. It is awarded for a thesis considered to be a substantially original contribution to knowledge in its field. Applicants should generally hold a master's degree or a bachelor's degree with first or second class honours of the University of Sydney, or hold equivalent qualifications of other universities or institutions. Some applicants may be required to pass a qualifying examination before being admitted to candidature.

The minimum period of candidature is six consecutive terms (two years) for candidates with a master's degree or qualifications considered equivalent. In the Faculty of Medicine such minimum candidature may apply to candidates who hold both the degrees of Bachelor of Medicine and Bachelor of Surgery with honours and Bachelor of Science (Medical) with honours in the University of Sydney. For all other candidates the minimum period is nine terms (three years). The maximum period for all candidates is fifteen consecutive terms (five years). Candidates work individually, full-time, on advanced study and research under the direction of a

supervisor. Each candidate must consult his supervisor regularly concerning his proposed future work and the general planning of his thesis. All theses presented must be accompanied by a certificate from the supervisor stating whether in his opinion the form of presentation of the thesis is satisfactory.

Intending candidates should write well in advance for approval and advice from the Head of Department concerning their proposed study and research.

Doctor of Medicine

Set out below are extracts from Chapter XII of the By-laws of the University. The By-laws appear in full in the university *Calendar*.

Extract from Chapter XII of the By-laws

6. The degree of Doctor of Medicine shall be awarded on the recommendation of the Faculty for an original contribution of distinguished merit adding to the knowledge or understanding of any subject with which the Faculty is directly concerned.

7. A candidate for the degree of Doctor of Medicine shall have held the degree of Bachelor of Medicine for at least five years. A graduate of another university admitted to candidature under Chapter XXVIA shall have held the degree of Bachelor of Medicine of that university for at least five years in addition to complying with the requirements of that Chapter.

8. (1) A candidate shall submit to the Registrar five copies of the thesis, thesis supported by published work, or published work alone, which he wishes to have examined. The work submitted shall be a record of original research undertaken by the candidate who shall state the sources from which his information was derived, the extent to which he has availed himself of the work of others and the portion of the work he claims as original.

(2) If the work submitted records work carried out conjointly, irrespective, in the case of published work, of whether it has been published in the candidate's sole name or under conjoint authorship, the candidate shall state the extent to which he was responsible for the initiation, conduct or direction of such conjoint research.

(3) Where the work submitted incorporates work previously submitted for a degree in this or in any other university, the candidate shall clearly indicate which portion of the work was so submitted.

(4) If published work is submitted either reprints or copies of such work shall be properly bound. The bound work shall include an introduction describing the theme of the published work submitted, and stating how the various publications are related to one another and to the theme.

(5) To establish *prima facie* worthiness for examination of published work, a candidate may, before submitting published work, submit to the Faculty a list of publications and the introduction required by subsection (4).

9. On receipt of a report from the Faculty that the thesis or published work is *prima facie* worthy of examination for the degree,

and of a recommendation concerning the examiners to be appointed, the Academic Board shall appoint at least three examiners, of whom at least one shall be an external examiner.

10. (1) Candidates shall not be recommended for the degree unless the examiners report that the work submitted fulfils the conditions prescribed in section 6.

(2) Each candidate shall be required to pass an examination in Clinical Medicine or in such special departments of medical science or practice as may be selected by the candidate and approved by the Faculty. The Faculty may be resolution exempt a candidate from any or all parts of the examination except the thesis.

Candidates for the degree of Doctor of Medicine who are resident abroad may in exceptional circumstances be examined in the subject of the thesis or published work at any Medical School approved by the Faculty, any expense involved being met by the candidates.

10A. On the award of the degree, the Registrar shall lodge one copy of the published work or thesis with the Librarian.

Boards of Postgraduate Studies

Pursuant to section 12 of Chapter VII of the by-laws, the Faculty has resolved to appoint the following Boards of Postgraduate Studies.

Postgraduate Degrees Board

Resolutions of the Faculty

1. The Faculty of Medicine shall appoint annually a Postgraduate Degrees Board which shall be responsible for the conduct of examinations in respect of postgraduate degrees.

2. The Board shall consist of the Heads of Departments within the Faculty.

3. The Dean of the Faculty or his representative shall be *ex officio* chairman of the Board.

Board of Examiners for Postgraduate Diplomas

1. The Faculty of Medicine shall appoint annually Boards of Examiners which shall be responsible for the conduct of examinations for diplomas of the Faculty.

2. The Boards shall be known respectively as the Board of Examiners for the Diploma in Clinical Pathology; the Board of Examiners for the Diploma in Dermatological Medicine; the Board of Examiners for the Diploma in Diagnostic Radiology; the Board of Examiners for the Diploma in Ophthalmology; the Board of Examiners for the Diploma in Public Health; the Board of Examiners for the Diploma in Therapeutic Radiology; and the Board of Examiners for the Diploma in Tropical Medicine and Hygiene.

3. The Boards shall consist of the examiners approved for the diplomas by the Dean and confirmed by the Faculty. The Dean or his nominee shall be *ex officio* chairman of each Board of Examiners.

The Victor Coppleson Memorial Institute of Postgraduate Medical Studies

Chairman: Dr S.G. Nelson
Director: Dr R. Mackey

The Institute was formed for the promotion of postgraduate education, study, work and research in Medicine, and advancement of the art and science of Medicine.

All enquiries concerning postgraduate diplomas and courses and programmes of continuing education in medicine should be made to: The Director, The Coppleson Postgraduate Medical Institute, University of Sydney, N.S.W. 2006.

Postgraduate medical diplomas

There are eight postgraduate diplomas in the Faculty of Medicine. They are:

DCP	Diploma in Clinical Pathology
DDM	Diploma in Dermatological Medicine
DDR	Diploma in Diagnostic Radiology
DO	Diploma in Ophthalmology
DOH	Diploma in Occupational Health
DPH	Diploma in Public Health
DipTPH	Diploma in Tropical Public Health
DTR	Diploma in Therapeutic Radiology

As from 1 January 1978 the courses for Diplomas in Clinical Pathology, Dermatological Medicine, Diagnostic Radiology, Ophthalmology and Therapeutic Radiology were no longer available to candidates who were not previously enrolled for the diplomas.

The regulations governing these diplomas are set out in the by-laws and Senate Resolutions of the University, and are printed in full in the Statutes Section of the University Calendar.

Resolutions of the Faculty

The following are Faculty Resolutions governing candidates for postgraduate medical diplomas:

> If five years or more have elapsed since a candidate for a postgraduate diploma passed the Part I examination, he shall, before applying to the Registrar for admission to the Part II examination, obtain a certificate from the Dean of the Faculty of Medicine certifying that his knowledge is adequate for him to proceed.
>
> If five years or more have elapsed since a candidate for a postgraduate diploma sat for, but did not pass, the Part II examination, he shall, before applying to the Registrar for re-admission to the examination, obtain a certificate from the Dean of the Faculty of Medicine certifying that his knowledge is adequate for him to proceed.

Diploma in Occupational Health

The following paragraphs contain the by-laws and the Senate resolutions relating to the diploma. The number preceding each

paragraph refers to the appropriate by-law or resolution as contained in the *Calendar* of the University.

By-laws

29. There shall be a Diploma in Occupational Health (DOH).

30. An applicant for admission to candidature for the Diploma shall produce evidence

(*a*) that he is a qualified Medical Practitioner registered or registrable in the country in which he qualified, such qualifications being a qualification approved by the Faculty for the purposes of the Diploma, and

(*b*) that he has held such qualification for not less than one year.

31. A candidate shall, over a period of not less than one academic year, engage in full-time study and attend such courses of study and practice as may be approved by the Faculty.

32. (1) The candidate shall be required to pass such examinations as the Senate on the recommendation of the Academic Board and the Faculty shall by Resolution prescribe.

(2) Such examinations shall be held as the Faculty may direct.

Resolutions of the Senate

1. A candidate for the Diploma shall attend and pass the examinations in the following courses of instruction:

(*a*) Human biology and applied biological and physical sciences in relation to occupational health;

(*b*) Medical statistics, demography and epidemiology and their application to occupational health;

(*c*) Structure and organisation of industry;

(*d*) Historical and legislative aspects of occupational health;

(*e*) The work environment and methods for its measurement and control;

(*f*) Human behaviour, social psychology and mental health in industry;

(*g*) Ergonomics and occupational physiology;

(*h*) Industrial toxicology, occupational diseases and industrial safety;

(*i*) The practice of occupational medicine;

(*j*) Medical administration and management in industry.

2. A candidate shall also undertake practical instruction and shall comply with such other requirements as may be prescribed.

Diploma in Tropical Public Health

The first candidates for this new diploma, which was approved by the Senate in 1977, were accepted in 1978. The DipTPH replaced the Diploma in Tropical Medicine and Hygiene.

The course will include studies in the following topics:

The tropical world and its people

Medical parasitology

Medical entomology

Microbiology and pathology

Medical anthropology
Clinical tropical medicine (including specialties)
Introductory epidemiology demography biostatistics
Epidemiology and control of tropical diseases
Environmental sanitation
Health services — general, special primary health care
— including maternal and child health and family planning, mental health etc.
Health project management
Health economics in developing countries
Health planning
Teacher training
Health education
Nutrition
Design of health facilities
Research methodology

The course is, in fact, the coursework for MPH, majoring in Tropical Health. It is envisaged that some candidates wishing to study in this area may not be acceptable for a master's degree. Yet it is important that such training be available and that recognition of successful completion of the course given. This may be particularly relevant to some candidates from a number of developing countries where medical practitioners may not have completed a university degree course in Medicine. Again, it is possible that some candidates in the MPH course (majoring in Tropical Health) who have completed the coursework may not be able to carry out the necessary project to complete the requirements for the master's degree. These too, should receive recognition of successful completion of the coursework.

The following paragraphs contain the by-laws and the Senate resolutions relating to the diploma. The number preceding each paragraph refers to the appropriate by-law or resolution as contained in the *Calendar* of the University.

By-laws

22F. There shall be a Diploma in Tropical Public Health (Dip.T.P.H.)

22F. A candidate for the Diploma in Tropical Public Health shall complete such requirements for the Diploma as may be prescribed from time to time by resolution of the Senate on the recommendation of the Academic Board and of the Faculty.

Resolutions of the Senate

1. An applicant for admission to candidature for the Diploma in Tropical Public Health shall —

(i) except as provided in Resolution 2, be a graduate in Medicine of the University of Sydney or a graduate of the University of Sydney who has completed courses acceptable to the Faculty of Medicine, and

(ii) apply in writing to the Registrar for such admission to candidature and for the approval of the Faculty.

2. On the recommendation of the Faculty, the Academic Board may admit to candidature an applicant who has completed courses acceptable to the Faculty and who —

(i) is a graduate of another University, or

(ii) is deemed by the Faculty and by the Academic Board to have qualifications equivalent to those required for admission to such candidature.

3. An applicant for admission to candidature shall have held the qualifications in respect of which he seeks admission for at least one year prior to the commencement of candidature.

4. A candidate shall —

(i) for a period of not less than three terms engage in full-time study and attend such courses of study and practice as the Faculty may prescribe, and

(ii) pass examinations in such subjects as the Faculty may from time to time determine.

5. The examinations for the Diploma shall be held at such times and in such manner as the Faculty may from time to time direct.

6. The award of the Diploma shall be subject to the completion of the coursework, the essay and the examinations to the satisfaction of the Faculty on the recommendation of the Principal of the School of Public Health and Tropical Medicine.

7. Except with the permission of the Faculty, a candidate for the Diploma shall not receive any credit for work completed as a candidate for the degree of Master of Public Health.

Postgraduate scholarships and prizes

Available to postgraduate medical students

The following postgraduate fellowships and scholarships in the Faculty of Medicine are awarded on the recommendation of the Medical Research Committee:

The Reginald Maney Lake and Amy Laura Bonamy Scholarship for Research in Pathology and Bacteriology
The Anderson Stuart Memorial Research Fellowship
The Marion Clare Reddall Scholarship
The Henry Langley Scholarship
The Liston Wilson Fellowship
Ewan Staunton McKinnon Scholarship
The Sister Sanders Scholarship
The Norman Haire Fellowship
The Joseph Goodburn-Smith Scholarship — awarded in conjunction with one or more of the above scholarships or fellowships.

In 1978 the value of each of these awards, with the exception of the Sister Sanders Scholarship, was between $10 145 per annum and $11 598 per annum, according to the qualifications and experience of the appointee. The income from the various Fellowship and Scholarship funds is supplemented by grants from the Consolidated Medical Research Fund.

In September of each year a list of the scholarships which will be available for award on 1 January in the following year is circulated to heads of departments in the Faculty of Medicine and the various teaching hospitals.

Scholarship or prize	Value $	Closing date	Qualifications
1. Tenable at University of Sydney			
(a) *Restricted to medical graduates*			
Phyllis Anderson Research Fellowship	11 000—13 000		Research in any branch of medical science
Peter Bancroft Prize	950		Best research work in any subject published or completed in previous year
Nina Annie Campbell Medical Scholarship	10 145—11 598		Research in any branch of medical science
Cedric Cohen Memorial Prize	20		Best candidate in final Diploma in Ophthalmology examination
Dr Gordon Craig Fellowship	1300		Research in urology

Scholarship or prize	Value $	Closing date	Qualifications
James and Margaret Claffy Research Fellowship	Either research fellowship, travelling fellowship or grant-in-aid		Research in ophthalmology
Sir Harold Dew Prize	31.50		Best case report on hydatid disease
Foundation for Research and Treatment of Alcoholism and Drug Dependence of N.S.W. Prizes	63 and 42		Essay on medical aspects of alcoholism and drug dependence
Joseph Goodburn-Smith Scholarship	10 145—11 598		Research in any branch of medical science
Agnes Guthrie Prize	Varies		To assist in continuing medical research already commenced—preference for research into arteriosclerosis
Norman Haire Fellowship	10 145—11 598		Research in sex
Garnet Halloran Prizes	400		Thesis on cancer of head and/or chest
Reginald Maney Lake and Amy Laura Bonamy Scholarship	10 145—11 598		Research in pathology
Henry Langley Scholarship	10 145—11 598		Research into rheumatoid arthritis
Herbert J. Marks Memorial Prize	400		Original work on diseases of ear, nose and throat
Ewan Staunton McKinnon Scholarship	10 145—11 598		Medical research
Marion Clare Reddall Scholarship	10 145—11 598		Research in any branch of medical science
A.J. Reynolds Prize	50		Essay on causes, prevention or cure of spondylitis in human beings
Roche Scholarship	200		Students doing BSc hons in pharmacology, pharmaceutical science or pharmacy, BSc(Med) in pharmacology, or MSc or PhD in pharmacolgy, pharmaceutical science or pharmacy

Scholarship or prize	Value $	Closing date	Qualifications
Sister Sanders Scholarship	10 145—11 598		Research into diseases of children
Anderson Stuart Memorial Research Fellowship	10 145—11 598		Research in any branch of medical science
Ethel Talbot Memorial Scholarship	Varies		Research in medicine
T.B. Walley Fellowship	Varies		Research in obstetrics
Liston Wilson Fellowship	10 145—11 598		Research in spastic paralysis
(b) *General*			
Commonwealth Postgraduate Research Awards	4200	31 Oct.	Permanent residents of Australia with hons I, hons II div. I or equivalent qualification — for research in any field
University of Sydney Postgraduate Research Awards	4200	31 Aug.	Graduates of any university with hons I, hons II div. I or an equivalent qualification — for research in any field
A.E. & F.A.Q. Stephens Research Fellowship	4200	As advertised	Graduates of any university other than the University of Sydney with postgraduate research experience— for research in any field
Gowrie Postgraduate Research Scholarships	2000—2750	31 Oct.	Descendants of members of Forces — for research in any field
2. Tenable overseas			
(a) *Restricted*			
Baillieu Research Scholarship	4200	As advertised	Graduates in Medicine, Law, Economics or Architecture
Thomas and Ethel Mary Ewing Scholarships in Medicine	2500—5000	As advertised	Graduates in Faculty of Medicine — for research overseas
Charles Gilbert Heydon Travelling Fellowship in Biological Sciences	6500	31 Jan.	For research in biological sciences

Scholarship or prize	Value $	Closing date	Qualifications
G.H.S. and I.R. Lightoller Scholarship	4200	As advertised	Graduates in Arts, Science, Medicine, Veterinary Science, Agriculture and Engineering
Nuffield Foundation Dominion Travelling Fellowships	Travel and living allowances	Feb.	Graduates with master's or doctor's degree with at least one year's research or teaching experience
(b) *General*			
Caltex Woman Graduate of the Year Scholarships	5000	30 Sep.	Female graduates completing a degree or diploma in year of application
Commonwealth Scholarship and Fellowship Plan Awards	Return fare plus living allowance	Mid Sept.	Graduates who are Australian citizens under 35 years of age — for research in any field in British Commonwealth countries
Gowrie Postgraduate Research Scholarships	2750	31 Oct.	Descendant's of members of Forces — for research in any field
Herbert Johnson Travel Grants	Up to 400	31 May	Graduates who hold travelling scholarships — for assistance with fares
James King of Irrawang Travelling Scholarship	4200	As advertised	Graduates of not more than four years' standing
Rhodes Scholarship	Fares, fees and living allowance	1 Oct.	Age limit 25. For tenure at University of Oxford
Rotary Foundation Scholarship	Fares and living allowance		Graduates between 20 and 28
University of Sydney Postgraduate Research Travelling Scholarships (2)	4200	31 Jan.	Graduates of not more than four years' standing
J.B. Watt Travelling Scholarships	4200	As advertised	Hons I graduate in any faculty
Eleanor Sophia Wood Travelling Fellowships	6500	31 Mar.	Graduates with at least three years' teaching or research at University of Sydney

7
Teaching hospitals

University administrative units in the teaching hospitals

At the beginning of 1967 university administrative units were established in each of the teaching hospitals of the Faculty of Medicine. A senior medical administrator is in charge of each unit and acts as a university representative in the hospital.

In the four major hospitals a Warden of the Clinical School has been appointed to head the unit and is assisted by one or more members of the part-time teaching body of the hospital. In the special hospitals a Clinical Supervisor is in charge of the unit, under the general direction of the professor concerned with that specialty.

The units are designed to ensure that the most effective use is made of a student's clinical years, to act as a focal liaison point between the hospital and the university, and to provide high-level assistance in university policy and planning.

The Royal Prince Alfred Hospital

Warden of the Clinical School
J.A. Burgess, MB BS, FRACP
A.R. Korda, MB BS, MRCOG
Aet Joasoo, BSc(Med) MD BS, FRACP
B.P. Morgan, MB BS, FRACS

Sydney Hospital

Warden of the Clinical School
A.R. Brown, MB ChB, FRCS FRACS

S. Colagiuri, MB BS, MRACP
S.J. Hazelton, MB BS, FRCS FRACS

The Royal North Shore Hospital of Sydney

Warden of the Clinical School
G.A. Bauer, MB BS, FACC FRCP FRACP

R.C. Edwards, MB BS, FRACP MRCP
G. Douglas, MB BS, FRACS

Warden of the Clinical School

The Repatriation General Hospital, Concord
S.G. Koorey, MB BS, FRACS FRCS

O. Peiris, MD BS *Ceyl.*, FRACP MRCPEd MRCP

Lidcombe Hospital
P.F. Thursby, MB BS, FRACS

The Mater Misericordiae Hospital
R.F. O'Reilly, MB BS, FRACP

The Women's Hospital (Crown Street)
D.R. Woodhouse, DObst *R.C.O.G.* MB BS, MRCOG

St. Margaret's Hospital for Women
D.H. McGrath, MB BS, FRCOG FAGO

The Royal Alexandra Hospital for Children, Camperdown
D.C.K. Bau, MB BS DCH, FRCP

Rozelle Hospital
Suzanne F. Abraham, MSc PhD *Melb.*

North Ryde Psychiatric Centre
M.D. McGrath, MB ChB *Leeds* DPM *R.C.P.&S.*, MANZCP

University of Sydney, Faculty of Medicine

Students attending teaching hospitals, 1979

	Third Year	*Fourth Year*	*Fifth year*	*Total*
Royal Prince Alfred Hospital	73	86	89	248
Sydney Hospital	33	32	54	119
Royal North Shore Hospital (with Mater Misericordiae)	58	68	70	196
Repatriation General Hospital, Concord	39	49	49	137
The Women's Hospital (Crown Street)	—	17	85	102
St Margaret's Hospital	—	8	50	58
Royal Alexandra Hospital for Children	—	58	230	288
The Rozelle Hospital	—	18	71	89
North Ryde Psychiatric Centre	—	15	60	75
Parramatta Psychiatric Centre	—	15	60	75
Westmead Centre	—	14	6	20
Lidcombe Hospital	21	19	26	66
Total students in year:	224	254	288	

Regulations

Allocation of third year medical students to the teaching hospitals

The following are faculty resolutions governing the allocation of students to teaching hospitals.

1. At the commencement of the Second Term of Third Year students shall submit to the Registrar of the University applications for allocation to a Teaching Hospital, indicating their order of preference for the hospitals concerned and stating their place of residence.

2. The Dean of the Faculty of Medicine shall determine the number of students to be allocated to each hospital and this number shall in general be determined by the number of beds available for general teaching purposes in each hospital each year.

3. For the purposes of allocation, students shall be divided into six groups, as nearly as possible of equal number, in descending order of merit based on their aggregate marks at the Second Year Examinations. Within each group, students shall be allocated to the most appropriate hospital on a geographical basis according to their stated place of residence. Within each group the allocation will then be modified to conform as far as possible to the students' first preferences for hospitals. Allocation shall be initially undertaken by students in Third Year Medicine under the guidance of the Sub-Dean (Student Affairs) and the Dean.

4. For the purpose of allocating students to hospitals on a geographical basis, the metropolitan area of Sydney shall be divided into five regions, to be known as the Central, Northern, Eastern, Southern and Western regions. The regions shall be defined as follows:

Central Region: The University and its immediate environs: that is, all Colleges and the suburbs of Camperdown, Chippendale, Darlington, Forest Lodge, Glebe, Golden Grove, Newtown, Redfern and Surry Hills.

Northern Region: Includes the municipalities of Kuringai, Lane Cove, Manly, Mosman, North Sydney, Warringah and Willoughby.

Eastern region: Includes the municipalities of Botany, Randwick, Waverley and Woollahra.

Southern Region: Includes the municipalities of Hurstville, Kogarah, Marrickville and Rockdale and Sutherland Shire, and the suburbs of East Hills, Narwee, Padstow, Panania, Picnic Point, Revesby and Undercliffe.

Western Region: The area to the west of the Northern, Central and Southern Regions as previously defined.

5. Within each group allocation will generally proceed as set out below, with modifications determined by the number of students from each region and the students' stated preferences for hospitals. Students whose stated place of residence is within the Northern region shall mainly be allocated to the Royal North Shore Hospital. Students in the Eastern region shall mainly be allocated to Sydney Hospital or to the Royal Prince Alfred Hospital. Students in the

Western region shall mainly be allocated to the Repatriation General Hospital, Concord, or to the Royal Prince Alfred Hospital or to the Lidcombe Hospital. Students in the Southern region shall mainly be allocated to the Royal Prince Alfred Hospital or to Sydney Hospital. Students in the Central region shall be allocated to any appropriate hospital.

6. Students allocated to one hospital may be permitted to exchange forthwith with students allocated to another hospital, provided they make immediate application to and obtain the approval of the Registrar of the University. Students shall not subsequently be permitted to exchange a hospital other than to which they have been first allocated except with the express permission of the Dean of the Faculty of Medicine granted only for special reasons and with the concurrence of the Boards of Studies of the Hospitals concerned.

Students with approval of the Faculty, may be permitted to receive clinical training in two or more Teaching Hospitals.

Appointment of junior resident medical officers to the teaching and non-teaching hospitals

1. Graduands in Medicine of the University of Sydney shall be allocated as Junior Resident Medical Officers to teaching and non-teaching hospitals by a Committee set up by the Health Commission of New South Wales, which includes representatives of the Universities of Sydney and New South Wales and their teaching hospitals and of non-teaching hospitals as determined by the Commission.

2. Candidates for the Final Degree Examination in Medicine shall complete a form indicating their order of preference for Junior Resident Medical Officer positions at the various hospitals.

3. A list of graduands in order of merit shall be prepared, based on the aggregate loaded marks used to determine the award of Honours at graduation (see Section 3). Any concession allowed under paragraph 3 of the Faculty Resolutions on Honours at Graduation shall be taken into account in preparing such a list. The list shall also show the aggregate loaded mark, expressed as a percentage, for each candidate.

4. The list referred to in paragraph 3 shall be forwarded confidentially to the Health Commission of New South Wales, who will prepare a combined order of merit list of graduands from the Universities of Sydney and New South Wales based on the aggregate loaded percentage marks of each graduand. In the case of ties, position in the combined list shall be determined by lot.

5. Graduands will be allocated to Junior Resident Medical Officer posts, in accordance with their order of preference, in the order in which they appear in the combined order of merit list.

6. The University of Sydney shall make its choice of appointees to Professorial Units at the several teaching hospitals, and transmit the names of these graduands to the Hospitals Commission of New South Wales at the time of submitting its order of merit list.

7. The above procedure shall operate for the allocation of Junior Resident Medical Officers for the years 1976 and 1977 and shall then be subject to review.

In 1972 the Faculty of Medicine recommended to the Hospitals Commission of New South Wales that in the appointment to hospitals of junior resident medical officers, students married to other students in the same year may apply to be considered for allocation to the same hospital provided it is the hospital to which the student with the lower aggregate would have been allocated.

Enquiries should be addressed to The Secretary, Committee for Placement of Resident Medical Officers, C/- Health Commission of N.S.W., McKell Building, Rawson Place, Sydney. (G.P.O. Box 4235.)

Boards of Medical Studies in the teaching hospitals

1. (*a*) A Board of Medical Studies shall be established at each of the following teaching hospitals and shall consist—

(i) in the case of the five general teaching hospitals of—

The Dean or Pro-Dean of the Faculty, *ex officio* (Chairman).

The Professors of Medicine, Surgery, Obstetrics, Psychiatry, Anaesthetics, Ophthalmology and Eye Health and Community Medicine, *ex officio*, or their deputies.

The Clinical Teacher who is most senior on the active hospital staff in Surgery, *ex officio*.

The Clinical Teacher who is most senior on the active hospital staff in Medicine, *ex officio*.

The Medical Superintendent, *ex officio*.

Two members elected by the honorary medical staff.

A surgical and medical tutor, elected by the Board.

The Warden of the Clinical School, *ex officio*.

The Clinical Supervisors, *ex officio*.

The full-time members of the Professorial Units based on the hospital.

(ii) in the case of the two obstetric hospitals of—

The Dean or Pro-Dean of the Faculty, *ex officio* (Chairman).

The Professor of Obstetrics, *ex officio*, or his deputy.

The Professor of Child Health, *ex officio*, or his deputy.

The Clinical Supervisor, *ex officio*.

The part-time lecturer in Obstetrics.

The Medical Superintendent, *ex officio*.

Three members elected by the honorary staff, one of whom shall be a senior surgeon.

(iii) in the case of the Royal Alexandra Hospital for Children of—

The Dean or Pro-Dean of the Faculty, *ex officio* (Chairman).

The Professor of Child Health, *ex officio*, or his deputy.

The Clinical Lecturer in Surgical Diseases of Children, *ex officio*.

The Professor of Medicine, *ex officio*, or his deputy.

The Professor of Surgery, *ex officio*, or his deputy.
The Professor of Obstetrics, *ex officio*, or his deputy.
The Professor of Psychiatry, *ex officio*, or his deputy.
The Professor of Anaesthetics, *ex officio*, or his deputy.
The Medical Superintendent, *ex officio*.
The first Assistant to the Professor of Child Health.
The Clinical Supervisor.
A surgical and a medical tutor, elected by the Board.
Two members elected by the honorary medical staff.
Provided that if a Professor or Associate Professor in Paediatric Surgery be appointed, he shall be a member.

(iv) In the case of the Lidcombe Hospital of — the same members as for the five general hospitals, plus the Regional Director, Western Metropolitan Health Region *ex officio*, or his deputy; two members elected by the sessional consultant staff; and two members elected by the full-time Specialist staff.

(*b*) A Board of Medical Studies shall be established for the three Psychiatric hospitals and shall consist of—

The Dean or Pro-Dean of the Faculty, *ex officio* (Chairman).
The Sub-Dean (Clinical) of the Faculty, *ex officio* (Deputy Chairman).
The Professor of Psychiatry, *ex officio*.
The Head of the Department of Medicine, *ex officio*, or his deputy.
The Director of State Psychiatric Services, *ex officio*, or his deputy.
The Director of the Division of Establishments, Department of Public Health, *ex officio*.
The Director of the Intellectually Handicapped, Department of Public Health, *ex officio*.
The Medical Superintendents of the three hospitals, *ex officio*.
The Clinical Supervisors, *ex officio*.
The full-time members of the Professorial Units based on the hospitals.
Three members elected by the specialist staff of the hospitals.

(*c*) Each Board shall have the power to co-opt other members of the teaching staff of the hospital concerned.

(*d*) At its first meeting each year, each Board shall elect a secretary.

(*e*) Sydney Hospital students may nominate three members of the student body at Sydney Hospital to be members of the Board of Medical Studies at Sydney Hospital.

(*f*) Royal Prince Alfred Hospital students may nominate three members of the student body at the Royal Prince Alfred Hospital to be members of the Board of Medical Studies at the Royal Prince Alfred Hospital.

(*g*) Repatriation General Hospital, Concord, students may nominate three members of the student body at the Repatriation General Hospital, Concord, to be members of the Board of Medical Studies at the Repatriation General Hospital.

(*h*) Lidcombe Hospital students may nominate two members of the student body at Lidcombe Hospital to be members of the Board of Medical Studies at Lidcombe Hospital.

2. The members shall hold office for one year, but shall be eligible for re-election.

3. The Board shall meet at least once in each of the four hospital terms.

4. The Board shall arrange all the details in connection with the students' work and, subject to confirmation by the Board of Directors or controlling body, shall make rules in regard thereto, and, in general, carry out the recommendations of the Faculty of Medicine in each Clinical School.

5. The Board is empowered to call upon any member of the honorary staff or any student, for information concerning time-table, attendances, or student work generally, the results of such enquiry to be reported to the Board of Directors when deemed advisable.

6. The Board shall make representations to the Board of Directors or controlling body in respect of additional facilities that may be deemed necessary for the improvement of undergraduate education, or to carry out the requirements of the Faculty of Medicine.

7. The Board shall report each term to the Board of Directors or controlling body and the honorary medical staff the results of its deliberations and its actions.

8. The Board shall constitute the normal means of communication between the Faculty of Medicine and the hospital in all matters referring to the education of students. It shall refer any difficulty encountered to the Faculty to which it shall be deemed responsible for the conduct of student education at each hospital.

Affiliated hospitals

In 1971, the Senate adopted a number of recommendations made by the Faculty of Medicine concerning affiliation of hospitals for teaching purposes. Under these recommendations:

(1) The University of Sydney recognises affiliated teaching hospitals in addition to its present recognised teaching hospitals.

(2) Hospitals desirous of and suitable for affiliation shall be considered on a regional basis wherever possible, in association with one of the existing teaching hospitals or proposed regions.

(3) There shall be formed three teaching regions:

(i) a *central region*, with Royal Prince Alfred Hospital, Sydney Hospital and the Repatriation General Hospital as central clinical schools;

(ii) a *northern region*, centred on the Royal North Shore Hospital;

(iii) a *western region*, to be based eventually on Westmead Hospital.

(4) The Royal Newcastle Hospital and the Lidcombe State Hospital shall each become affiliated hospitals, separate from the regional concept proposed in paragraph (3).

(5) The regional groupings of teaching hospitals and affiliated hospitals shall be used for both undergraduate and post-graduate medical education.

It is understood that there will be no cost involved to the University in the development of the proposed affiliated hospitals.

It is envisaged that the Warden or Clinical Supervisor in charge of the Clinical School of the parent hospital will, under the direction of the Board of Medical Studies of the hospital and in conjunction with the appropriate university departments, be responsible for establishing and maintaining teaching arrangements with the affiliated hospitals.

Students commenced attending the Royal Newcastle Hospital in January 1972. The Faculty has resolved that students who are based at Sydney Hospital will spend part of their Surgery assignment at Royal Newcastle. Students based at the Royal North Shore Hospital and the Repatriation General Hospital, Concord, will spend part of their assignment in Obstetrics and Gynaecology at Newcastle.

Lidcombe Hospital has been used to supplement clinical teaching in General and Community Medicine and in 1976 became a provisional clinical school.

In 1972 the Senate recognised the following hospitals as affiliated hospitals in terms of the recommendations adopted by the Senate in 1971:

Rachel Forster Hospital for Women
Western Suburbs Hospital
Marrickville District Hospital
Parramatta District Hospital
Auburn District Hospital
Balmain Hospital
Blacktown District Hospital
Mona Vale District Hospital
Ryde District Hospital

The seven general teaching hospitals

Lidcombe Hospital

In 1879 the New South Wales Government purchased some 1340 acres of land in what was then known as the District of Rookwood and in 1884 a portion of this area was cleared for a proposed Reformatory for boys and a model farm. During 1885, plans were drawn up and in 1887, four brick dormitories, a dining hall and a residence for the Superintendent were erected and a large orchard and a vegetable garden were planted. For the next six years, however, these buildings remained unoccupied except for a caretaker/manager and in 1893, during a period of widespread

unemployment and destitution, the buildings and land were transferred to the control of the Charities Department and an institution known as the Rookwood Asylum for the Aged and Infirm was established.

Initially, some 80 men were transferred from Parramatta and the institution was provided with a staff of four — a matron/superintendent, a clerk, an attendant and a carpenter. Over the ensuing years, the inmate population grew to 317 and an additional attendant, a nurse, a storekeeper, two gardeners and two chaplains were added to the staff establishment. By 1896, the inmate population had risen to 581 and the government decided that the Rookwood Asylum should be developed as the main institution for the state's aged male poor and that its development and administration should be modelled on the Newington Home for Women. In 1899 the available accommodation was increased to 800 beds.

In 1906 Dr R.A. Fox who had been the Asylum's visiting medical officer for the previous three years was appointed medical superintendent. By this time a staff of thirty-six were employed to care for the more than thirteen hundred inmates accommodated, and gradually over the first few years of Dr Fox's superintendentship, the hospital side of the institution's activities began to assume a much greater importance. By 1913, clinical departments under honorary medical staff had been established in the fields of dermatology, ophthalmology, E.N.T., surgery, neurology and general surgery and in keeping with these developments the 'Asylum' name was replaced by the more appropriate 'State Hospital and Home'. At this time also the name of the district was changed from Rookwood to Lidcombe.

Over the next fifteen years further buildings were added and by the time of Dr Fox's retirement in 1929 a staff of 138 was employed to care for a total of 988 hospital and nursing-home patients and 732 inmates. Through the superintendentships of Drs McMaster, Baret, Brooks and Procopis, developments continued with the new wards and dormitories being added in 1938 and 1940, a new nurses home being opened in 1940, a recreation building being provided for home section residents in 1946, a new ward being constructed for tuberculosis patients in 1955 and finally eight new wards being provided to house long-stay nursing home patients during 1956 and 1957.

The next major phase of the hospital's development took place in the early 1960s. A programme of dormitory conversions was started which was to see the modernisation of wards over a period of eight years, and it was during the early part of this programme that decisions were taken to establish a comprehensive geriatric service for both male and female patients and to define areas for which the hospital would be primarily responsible. Concurrently the general medical and surgical services of the hospital were upgraded with the employment of staff specialists in a number of fields and in 1971 the construction of stage I of the long-waited new hospital block was begun. This building provided new operating theatres, a large modern C.S.S.D., an 11-bed intensive care unit and a new Department of Diagnostic Radiology, and is linked to the stage II building, which provides a further 152 beds, administrative

offices and some additional diagnostic services.

For the greater part of its existence, Lidcombe functioned as a chronic diseases hospital catering for the aged and the indigent. However, in contrast to most other similar institutions, it provided most of the required acute medical and surgical services, and from this base the hospital has been developed into a large modern complex providing a full range of medical and surgical services together with a comprehensive geriatric service. It is now being developed as a general hospital, to play a major role in the Western Metropolitan Health Region, which is the largest and fastest-growing health region in Sydney. It currently has 500 general medical surgical beds.

Lidcombe Hospital commenced as a clinical school of the University in May 1976, when 14 students began instruction at the hospital. Prior to that students from other teaching hospitals had undergone instruction in general medicine and geriatrics at the hospital. There are at present 40 students training at the clinical school. The clinical school is under the supervision of a Board of Medical Studies. Lidcombe Hospital is now the site for the Cumberland College of Health Sciences; the Division of Analytical Laboratories; Air Pollution Control Branch; Regional Staff Development Centre; and other government agencies.

Mater Misericordiae Hospital, North Sydney

The Mater Misericordiae Hospital, North Sydney, began operations as a cottage hospital in Willoughby Road on 21 January 1906. On this date it was blessed and declared open by the then Cardinal Archbishop of Sydney, His Eminence Cardinal Moran.

In 1912, the Sisters purchased and occupied the former residence of the Honourable R.E. O'Connor, then a Member of Parliament, and began using it as a private hospital. This cottage stood on the site where the present private hospital of 136 beds now stands. With the acquisition of surrounding properties, the Sisters proceeded to build a public hospital adjacent to the private hospital, and the public hospital on its present site was first opened in March 1915.

From their beginnings in the treatment of a limited number of medical and surgical patients and a small children's ward in Willoughby Road, the Sisters expanded with the opening of the General Hospital on Pacific Highway into the fields of Casualty and Out-patients Departments, Pathology Department and the developing specialties.

In 1941 the Sisters opened the Maternity Hospital on the corner of Sinclair Street and Rocklands Road, opposite the General Hospital.

The public hospital at present comprises 266 beds, including 57 obstetric beds, and offers services in all disciplines of medicine and surgery.

In 1968 the hospital became affiliated with the University for the purpose of clinical undergraduate teaching, in which activity it now works in close co-operation with and under the direction of the established Clinical School at the Royal North Shore Hospital, which is situated nearby. The hospital began undergraduate teaching in January 1969 when it welcomed eighteen fourth year

undergraduates from the University to the wards of the hospital.

The hospital offers its services in all the specialties of medicine through organised departments, staffed by visiting medical officers and staff specialists. Departments of special interest are a Haemodialysis Unit which works in close cooperation with the Renal Transplant Units of the Sydney and Royal Prince Alfred Hospitals and the Community Health Services, staffed by multi-disciplinary health professionals and fully trained nurses who provide home care to patients in the surrounding municipalities, under the direction of family doctors. The hospital also offers a comprehensive geriatric and rehabilitation service in cooperation with the nearby Greenwich Hospital.

The hospital is associated with the Lourdes Hospital, Killara, conducted by the Missionary Sisters of the Society of Mary. This hospital, of 21-bed capacity, was closed as a special hospital for patients suffering from tuberculosis at the end of 1966 and re-opened shortly thereafter as an acute after-care hospital serving patients from the Mater Hospital. This association has proved very fruitful and the serenity and peace of the Lourdes Hospital has been extremely beneficial to patients recovering from severe acute illnesses.

The hospital's visiting medical staff, 130 when required for undergraduate teaching, are appointed for a term of five years by Reverend Sister Administrator on the recommendation of a Conjoint Board consisting of representatives of the Senate of the University and the hospital.

In addition, there are 31 full-time medical officers (inclusive of resident medical officers), employed in the hospital's service.

Repatriation General Hospital, Concord

The Repatriation General Hospital, Concord, was built during World War II and was opened in 1942 as a Base Hospital for the Army in New South Wales; it was then known as the 113th Australian General Hospital. In 1947 the hospital was handed over by the Army authorities to the Repatriation Commission and now is the major hospital for the Department of Veterans' Affairs in New South Wales. The hospital has a present capacity of 900 beds, and is staffed by 150 visiting and 45 full-time specialists, as well as by resident and non-resident medical officers.

An auxiliary hospital (Lady Davidson Hospital) of 235 beds for chest diseases, medical rehabilitation and short term post-operative surgical convalescent cases is also conducted by the department at Turramurra. In 1967 an outpatients department commenced in the hospital (previously located in the city at Grace Building) and a casualty department opened in 1976, serving the needs of the community in general as well as ex-servicemen and their dependants.

The present clinical school was established in 1963, when 16 male and female students began their clinical years at the hospital. A further step forward was taken with the commencement of duties of an Associate Professor in Surgery in August 1966. Full professorial wards and units in Medicine and Surgery have now been established in the Clinical School. An associate professor in

Psychiatry and senior lecturers in Medicine and Surgery have now also been appointed.

The Repatriation General Hospital, Concord, had previously undertaken undergraduate teaching responsibilities in the late 1940s and early 1950s to help cope with the increased volume of medical students due particularly to the great numbers of C.R.T.S. students.

The full potential of teaching material available from about 900 in-patients is open to the clinical school, including about 220 female patients. The hospital contains large departments of medicine and surgery, as well as the specialties, including gynaecology, and also a dental clinic.

A clinical sciences block located within the hospital grounds and adjacent to the present student quarters was opened in 1973. It provides office accommodation for the warden and clinical supervisor, two large lecture/demonstration rooms and tutorial rooms, a large lecture theatre to accommodate approximately 150 people, offices for the professorial units and eventually research laboratories including an animal research laboratory and operating theatre. A library building was completed in 1967 and this now houses a comprehensive range of textbooks and journals.

The visiting specialists are appointed for a term of three years and are eligible for reappointment. The clinical school is under the direction of the Board of Medical Studies and is administered within the hospital by the clinical supervisors with the guidance of the Dean of the Faculty of Medicine.

The Royal North Shore Hospital of Sydney

During the year 1885 the first practical attempt to found a public hospital for the North Shore community was made by Mr and Mrs F.B. Treatt of Chatswood. Sir Henry Parkes, in 1888, laid the foundation stone of the North Shore Hospital on land in Willoughby Road presented by David Berry, Esq., and the hospital was opened in 1889 with accommodation for fourteen patients. In 1902 the foundation stone of a new hospital was laid by Sir Harry Rawson on a site of three and a quarter hectares in St Leonards. In that year, also, permission was granted by King Edward VII for the institution to be designated 'The Royal North Shore Hospital of Sydney'. Its first pavilion, together with an administration block, was opened for the reception of patients in 1903.

Since that date the size of the site has been increased progressively until at the present time it has an area of 10 hectares, including the acquisition of a block of over two and a half hectares contiguous to Gore Hill Oval. With the completion of Stage 2 of the new hospital, an additional 600 beds were added situated on the highest ground in the vicinity, surrounded by green belt or non-residential area aggregating about 32 hectares. The old cottages which were in temporary use for very many years have been removed and the student living-in quarters have been increased to 42 beds. The Hospital comprises 945 beds and includes departments in all major specialties. University departments on site include Medicine, Surgery, Obstetrics and Gynaecology, Orthopaedics and Psychiatry. Research activities are conducted by the

university departments, the Kolling Institute of Medical Research and a number of clinical hospital departments.

In addition to its role as a teaching hospital, the hospital provides the major regional resource for the Northern Metropolitan Region, as well as certain supra regional specialties catering for a population of nearly one million. Undergraduate education in the Allied Health services is undertaken in conjunction with the Cumberland College of Health Sciences.

The hospital's long history of medical service to the community was recognised by the University in 1948, when a clinical school for medical undergraduates was inaugurated in the presence of the Chancellor, Sir Charles Bickerton Blackburn. In 1969 the teaching strength of the Royal North Shore Hospital was enhanced by affiliation with the Mater Misericordiae Hospital, North Sydney.

The clinical school is under the direction of the Board of Medical Studies and the warden of the clinical school. In addition clinical supervisors are appointed in Medicine and Surgery.

Royal Prince Alfred Hospital

In 1868 an attempt was made on the life of H.R.H. Prince Alfred, a son of the reigning Queen Victoria, at the Sydney suburb of Clontarf. The public conscience was so stirred by this unfortunate event that a charitable fund was opened to honour the name of the Prince and to give thanks for the saving of his life. Out of this fund arose the Prince Alfred Hospital in Sydney and the Alfred Hospital in Melbourne. Prince Alfred Hospital was opened for the treatment of patients in September 1882. It was designed as a general hospital for the care of the sick, as a teaching hospital for the University and as a training school for nurses. Its site immediately adjacent to the University, between St John's and St Andrew's Colleges, was ideal for its function as a teaching hospital. The hospital was incorporated by an Act of Parliament in 1902 and the appellation Royal was added in 1904.

Originally comprising the centre administrative block and the 'Prince's block' which housed wards, lecture and operating theatres, it was soon completed by the addition of the C and D blocks and the Victoria and Albert Pavilions to give it the facade that it has today. More recent additions included Gloucester House, a private and intermediate block, in 1936 and the Psychiatry Pavilion in 1938. The Dame Eadith Walker Convalescent Hospital (Yaralla) was acquired in 1940 and King George V Memorial Hospital devoted to obstetrics and gynaecology was opened in 1941. The Page Chest Pavilion was built primarily for the treatment of tuberculous and financed by the Commonwealth Government. Since its opening in July 1957 it has come to embrace also non-tuberculosis chest diseases and cardiology. The Blackburn Pavilion, opened in 1962, houses medical and surgical professorial units, operating theatres and a central sterilising service for the whole hospital.

The hospital is unique in Sydney in having had a clinical school from its inception. There were no full-time professors in clinical subjects in those days, but the association with the Faculty of

Medicine of the University has always been close. The early part-time professors of medicine and surgery were honorary physicians and surgeons respectively of the hospital. The appointments of full-time professors of medicine and surgery in 1931 saw the setting up of professorial units in medicine and surgery at the hospital. These were originally housed in the Prince's block, but since 1962 have been in the Blackburn Pavilion. The proximity of these units to the Departments of Medicine and Surgery of the University has enabled the academic staff to remain in close contact with their wards in the hospital. Professorial units in obstetrics and gynaecology and in cardiology and university departments of psychiatry and anaesthesia are also housed in the hospital.

The hospital is a large one with a total bed capacity of 1532. It offers facilities for undergraduate teaching in general medicine, general surgery, psychiatry, obstetrics and gynaecology and in all the generally recognised specialties. It also provides postgraduate teaching in all these fields. Its regular seminars and grand rounds are highlights of Sydney's postgraduate activities. The hospital sends senior resident medical officers or registrars to work in the Bathurst District Hospital, Dubbo Base Hospital, Port Moresby General Hospital, Orange Base Hospital, and Lewisham, Marrickville and Rachel Forster Hospitals. This provides a loose affiliation with these hospitals and benefits all concerned.

It is staffed by approximately 350 honorary and visiting medical officers, 60 full-time specialists and 140 full-time medical officers in various training and resident posts. Honorary medical officers are appointed by a conjoint board composed of members of the Hospital Board of Directors and of the Senate of the University. The management of the hospital is in the hands of the Board of Directors. The 22 directors include the Chancellor of the University and the Dean of the Faculty of Medicine (*ex officio*), 10 directors appointed by the Government of New South Wales and 10 elected by hospital governors and subscribers. The general superintendent, a medical graduate, is the chief executive officer. He is responsible to the Board of Directors for the whole administration of the hospital and works in consultation with the honorary medical staff through the Medical Board and with the Faculty of Medicine through the Board of Medical Studies and the warden of the clinical school.

Sydney Hospital

The first hospital in Australia was established at Dawes Point shortly after the arrival of the first fleet in 1788. It was transferred to the Sydney Hospital site in Macquarie Street in 1811 when Governor Macquarie built the 'Rum' Hospital. In 1826 the general hospital was known as the 'Sydney Dispensary' and became the 'Sydney Infirmary and Dispensary' in 1845. In 1881 the Sydney Hospital Act was passed and it is under this Act that the present Board of Directors is constituted.

The first Nurses' Training School in the Florence Nightingale tradition was established in 1868 after negotiations between the N.S.W. Government and Miss Nightingale.

The Sydney Eye Hospital at Woolloomooloo had its beginning in the establishment of an Ophthalmic Ward in 1878 and now houses the Department of Ophthalmology and Eye Health of the University.

The Clinical School of Sydney Hospital was established in 1909 under the direction of the Board of Medical Studies and it affords a full course of instruction in accordance with the curriculum of the University. Since then 3006 undergraduates have entered this school. Instruction in obstetrics is arranged in conjunction with the Women's Hospital, Crown Street; instruction in Paediatrics is arranged in conjunction with the Royal Alexandra Hospital for Children. In addition, undergraduate clinical tuition is conducted in a number of affiliated suburban hospitals. The facilities of the clinical school include a large Pathology Museum, a comprehensive library and students' quarters, which have facilities for 21 students in residence at the hospital.

The University is represented in the hospital by the Professorial Departments of Medicine and Surgery.

The medical staff is appointed by the Board of the hospital. It comprises about 117 honorary medical officers, 30 staff specialists, 28 clinical assistants and 130 resident medical staff.

The hospital comprises a general hospital of 403 beds and an eye hospital of 63 beds.

The Institute of Urology, which represents the initial phase of a National Kidney Foundation, has headquarters at Sydney Hospital.

The Kanematsu Institute for Medical Research was established in 1933 and has an international reputation. Two Nobel Prize winners are included amongst its distinguished list of former directors.

Westmead Centre

A major teaching hospital has been established at Westmead. The Westmead Centre, which was commissioned in 1978, will have 925 beds and 17 operating theatres, and will be one of the largest medical centres in Australia. It will become a major teaching hospital for the University, providing clinical schools for both medical and dental students.

The Westmead Centre complex serves the Western Metropolitan Health region of Sydney, which has a population of 1.1 million. The centre provides a comprehensive health care service to this important and fast-growing area.

When it is fully operational, the centre will provide services in general medicine and surgery and related specialties, obstetrics and gynaecology, paediatrics, a special baby care unit, intensive care, acute psychiatry, and a unit for emotionally disturbed children and adolescents. The centre will function not only as a district hospital but also as a major referral centre within the region. There will be a full range of diagnostic and therapeutic services, including a large radiotherapy department. In addition there will be an accident and emergency service, full out-patient facilities, and a geriatric unit providing both in-patient and day care. There will also be a dental

unit of 230 chairs, providing general and specialist dental health care.

The New South Wales Institute for Clinical Pathology and Medical Research has been moved from its former site at Lidcombe Hospital and has been re-established as part of the Westmead Centre complex. The Institute of Dental Research is being transferred from the United Dental Hospital to the Westmead Centre. The Westmead Centre library, which has a capacity to hold 65 000 volumes, is intended to be the largest health sciences library in Australia.

In addition to its clinical schools for medicine and dentistry, the centre will provide clinical training for students of the Cumberland College of Health Sciences, and clinical training for nurses.

Professors of Medicine, Surgery, Obstetrics and Gynaecology, Paediatrics, and Geriatric and Community Medicine have already been appointed at the Westmead Centre, together with senior lecturers in Medicine, Surgery, and Obstetrics and Gynaecology. The Director of Dental Services of the hospital who is also Professor of Dentistry has been recently appointed. In addition, there will be a large number of part-time clinical lecturers based at the centre. The Senate has conferred the title of Clinical Professor of Radiotherapy on the Director of Radiotherapy of the hospital, and the title of Clinical Professor of Pathology on the Director of the Institute of Clinical Pathology and Medical Research.

The six special hospitals

The Rozelle Hospital

In July 1976 Broughton Hall Clinic and Callan Park Hospital were amalgamated and called the Rozelle Hospital. This hospital now provides a comprehensive psychiatric service to communities served in the Inner Metropolitan Health Region and the Southern Metropolitan Health Region. The hospital has some 700 beds.

Broughton Hall has had a long association with the University. The original building, known as Broughton House, was built in 1840 as a gentleman's residence on land that had been a Crown grant to John Austen in 1819. This building was first used as a hospital and convalescent home by the Army during World War I. It continues to be used as a ward.

Broughton Hall was established as a psychiatric hospital in 1921. Dr Sydney Evan Jones was appointed as the first medical superintendent and continued to develop the hospital until his death in 1948. Dr Jones was a member of the teaching staff of the University, and Broughton Hall rapidly became an important centre of teaching both in neurology and psychiatry.

In 1955 Professor W.H. Trethowan was appointed to the chair of psychiatry, and he also became clinical director of Broughton Hall. Similar appointments have been held by Professor D.C. Maddison until 1974, and by Professor P.J.V. Beumont. These appointments have stimulated further development, most particularly in the form of teaching programmes for undergraduates and psychiatrists-in-training. The psychiatric postgraduate unit for the University was

opened at the clinic in 1957 and a greatly expanded out-patients service, day hospital, and the Evan Jones Lecture Theatre began functioning in 1963. The New South Wales Institute of Psychiatry was opened within Broughton Hall in 1968. The undergraduate teaching unit was officially opened in 1973 and is now in constant use. A professorial ward was opened in 1976.

In addition to acute inpatient admission services, the hospital has an outpatient department and special units for the treatment of alcoholics and geriatrics, and a comprehensive rehabilitation programme for chronically disturbed patients. All units of the hospital have close links with the community health centres within the Region.

Parramatta Psychiatric Centre

Parramatta Psychiatric Centre is an establishment of the N.S.W. Health Commission, and is located in the Western Metropolitan Region.

The medical staff consists of 11 psychiatrists and 18 medical officers. Twelve of the medical officers were involved in a post-graduate course preparing them for the examination for membership of the Australian and New Zealand College of Psychiatrists. Half of their programmed educational time is spent at the N.S.W. Institute of Psychiatry and half in a well-established clinical training programme at the centre.

The centre was established as a mental hospital in 1848, occupying buildings originally designed by Francis Greenway for the Female Factory. Additional buildings were constructed from 1860 onward and the original structure was abandoned in 1883. In its first century of existence the hospital grew steadily to reach a maximum population of over 1500 patients.

With the advent of modern psychiatric concepts patients were allowed voluntary admission as early as 1921. An admission centre was established in 1963 offering out-patient and community services as well as in-patient care to people residing in the western suburbs of Sydney, Parramatta and the Blue Mountains.

Various aspects of clinical psychiatry offered by the centre include diagnosis and treatment of short, intermediate and long stay in-patients, out-patient and community services, psycho-geriatrics, intensive psychotherapy, alcohol and addiction services.

The centre staff a well-established network of community based mental health services, which are based at the Eric Hillard Centre, Parramatta; the Polyclinic at Mount Druitt; and the Health Centres at Blacktown, Baulkham Hills, Granville, Nepean, Merrylands and Katoomba.

The medical staff works with other professional staff including psychiatric nurses, psychologists, social workers, occupational therapists and chaplains.

The centre operates a 3-year training school for psychiatric nurses and an exchange programme for nurses with Parramatta and Blacktown District Hospitals. Clinical experience and tuition are offered to undergraduate students of psychology, social work

and theology, and field placements are provided for students of occupational and recreational therapy.

The Psychiatric Centre, North Ryde

North Ryde Psychiatric Centre provides a variety of services including an Acute Admission Service, a Rehabilitation Service, an Emotionally Disturbed Children's Service, Services for the Psychogeriatric patient and the Mentally Retarded patients Service.

North Ryde is unique in that it also provides surgical and medical services for psychiatric patients all over New South Wales.

The Psychiatric Centre, North Ryde is situated on 40 hectares of land in Cox's Road, North Ryde and is under the authority of the New South Wales Health Commission. Building began on the site in 1956 and the first patients took up residence in January 1959. The hospital was originally conceived as one that would provide special facilities to deal with particular problems that other psychiatric hospitals were not equipped to handle.

In October 1961 the Wallace Wurth Clinic (Wards 10 and 11) was opened as an admission centre and replaced the almost century-old Reception House at Darlinghurst. Its initial function was mainly as an admission and diagnostic unit, patients being discharged after diagnosis and short-term treatment or transferred to other psychiatric hsopitals for further treatment if this were indicated.

The Centre became a teaching hospital of the University in 1967 with the opening of a sub-professorial unit in 1969.

With the development of regionalisation of psychiatric services within the metropolitan area, other psychiatric hospitals opened their own admission centres, and North Ryde became responsible for the care and treatment of those patients living in the north-eastern region of Sydney. Sub-regionalisation evolved within the North Ryde Centre, and the various adult psychiatric units then began to function as admission and treatment units for their own specified sub-region.

The acute admission service is located in Wards 12 and 13; Wards 10 and 11 are used for long stay patients.

A full time consultant physician supervises the medical and psychogeriatric service (Wards 2 and 7b).

A full time consultant surgeon directs the surgical unit which is located in the Cameron Block.

A children's unit provides residential accommodation for the treatment of disturbed children of both sexes and also for specially selected intellectually handicapped boys. A special school staffed by teachers of the New South Wales Department of Education has been incorporated into the unit.

Wards 5, 7A and 9 are used as a major inpatient facility for the Mental Retardation Service of the Northern Metropolitan Region.

Two community Health Areas and their Community Health Clinics relate directly to North Ryde Psychiatric Centre. They are the Lower North Shore Area and Ryde Hunters Hill Area.

In addition to providing specialised services (surgery, T.B. and

children) to the Northern Metropolitan Region, North Ryde Psychiatric Centre provides these, if required, to the whole state.

Royal Alexandra Hospital for Children, Camperdown

This hospital was founded in 1879 and incorporated under The Royal Alexandra Hospital for Children Act, 1906. Its plans and objects are:

1. The reception and treatment as in-patients of children of both sexes up to the age of 13 years suffering from disease, deformity or accident and whose condition warrants treatment in hospital.

2. The maintenance of a department where children, not needing treatment in hospital, may be attended as out-patients.

3. The maintenance of convalescent units.

4. Provision for the systematic instruction and practical training of nurses.

5. Provision for the systematic instruction and practical training of medical students of the University of Sydney in diseases of children.

6. Provision for the systematic instruction and practical training of physiotherapists, occupational therapists, speech therapists, almoners, dietitians, and others as may be determined by the Board from time to time.

The establishment of a clinical school was agreed upon in 1924. The first students attended under this arrangement in 1927.

The main hospital is situated in Bridge Road, Camperdown, with a bed capacity of 510. The John Williams Memorial Hospital, a convalescent unit, is situated in Water Street, Wahroonga, and accommodates 70 patients. The total bed capacity is 580. In addition there are large casualty, special and outdoor departments.

The hospital is controlled by a board of management and a house committee. The honorary medical officers are appointed by a conjoint board consisting of representatives of the Senate of the University and of the board of management of the hospital. Clinical lecturers in the medical and surgical diseases of the children are appointed by the board of medical studies consisting of representatives of the hospital and of the Faculty of Medicine.

The honorary medical staff numbers approximately 100. There are 19 full-time specialists and 7 part-time specialists. The resident medical staff (in various grades) numbers 50.

The Professor of Child Health in the University is also Director of the Institute of Child Health, which is located within the hospital. The staff of the Institute of Child Health are engaged in both research and teaching.

St Margaret's Hospital for Women

This hospital was established in 1894, and has been under the care of the Sisters of St Joseph of the Sacred Heart since 1937.

In 1964 the hospital became a teaching hospital in obstetrics for the University and in 1967 a clinical supervisor was appointed. In 1970 St Margaret's became a full teaching hospital in both

obstetrics and gynaecology. As well, it is also a recognised training school for midwifery.

The hospital has 148 beds with approximately 2500 births per year and 3000 gynaecological operations.

In March 1967 St Margaret's Children's Hospital, a full care paediatric hospital of 150 cots and beds, was opened adjacent to the obstetric hospital: it has a full intensive care ward for neonates and sees approximately 12 000 outpatients per year.

St Margaret's Hospital for Women has a full medical staff covering all specialities, as well as a full-time medical and administrative staff to assist the Sisters of St Joseph's in conducting the hospital. The University's Professor of Obstetrics and Gynaecology is an honorary consulting lecturer in obstetrics at the hospital.

The Women's Hospital, Crown Street

The Women's Hospital, Crown Street, was founded in 1893, and since 1900 has taught obstetrics to University of Sydney undergraduates.

The hospital is controlled by a board of management. The honorary medical officers are appointed by a conjoint board, consisting of representatives of the hospital board of management and the Senate of the University.

Since 1965 there has been an Associate Professor in Obstetrics and Gynaecology based at the hospital. Clinical lectures in obstetrics and gynaecology are appointed by the board of medical studies.

The hospital is the major teaching unit in obstetrics and gynaecology for the University, teaching some 800 students annually.

The hospital has 300 beds, 200 obstetrics and 100 in the gynaecology section. Some 5500 to 6000 children are born annually. Besides obstetrical and gynaecological clinics, there are out-patient sessions in urology, psychiatry, infertility, malignancy, and family planning.

Resident medical officers are appointed only after they have completed at least a 12-month residency in a general hospital. Sixteen medical officers are appointed each year. The majority of these officers, after training, go into general practice, but several remain for a further three-year intensive training programme in the specialty of obstetrics and gynaecology. The Royal College of Obstetricians and Gynaecologists fully recognises the Women's Hospital, Crown Street, as a training hospital in the specialty.

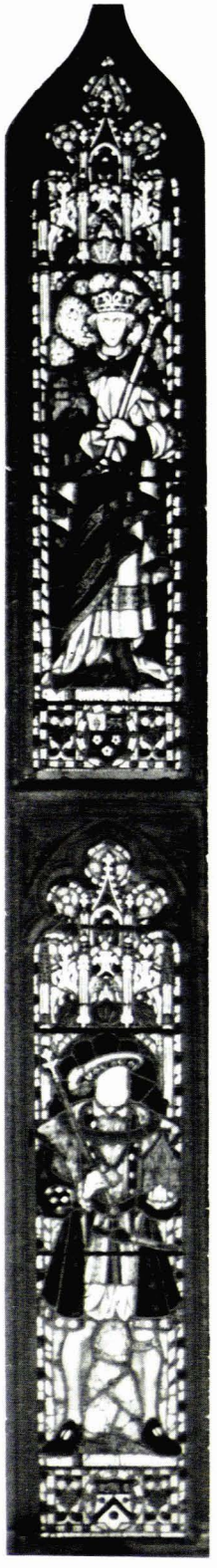
A university teaching block, including student quarters, lecture halls and library, was completed in 1973.

The University of Sydney

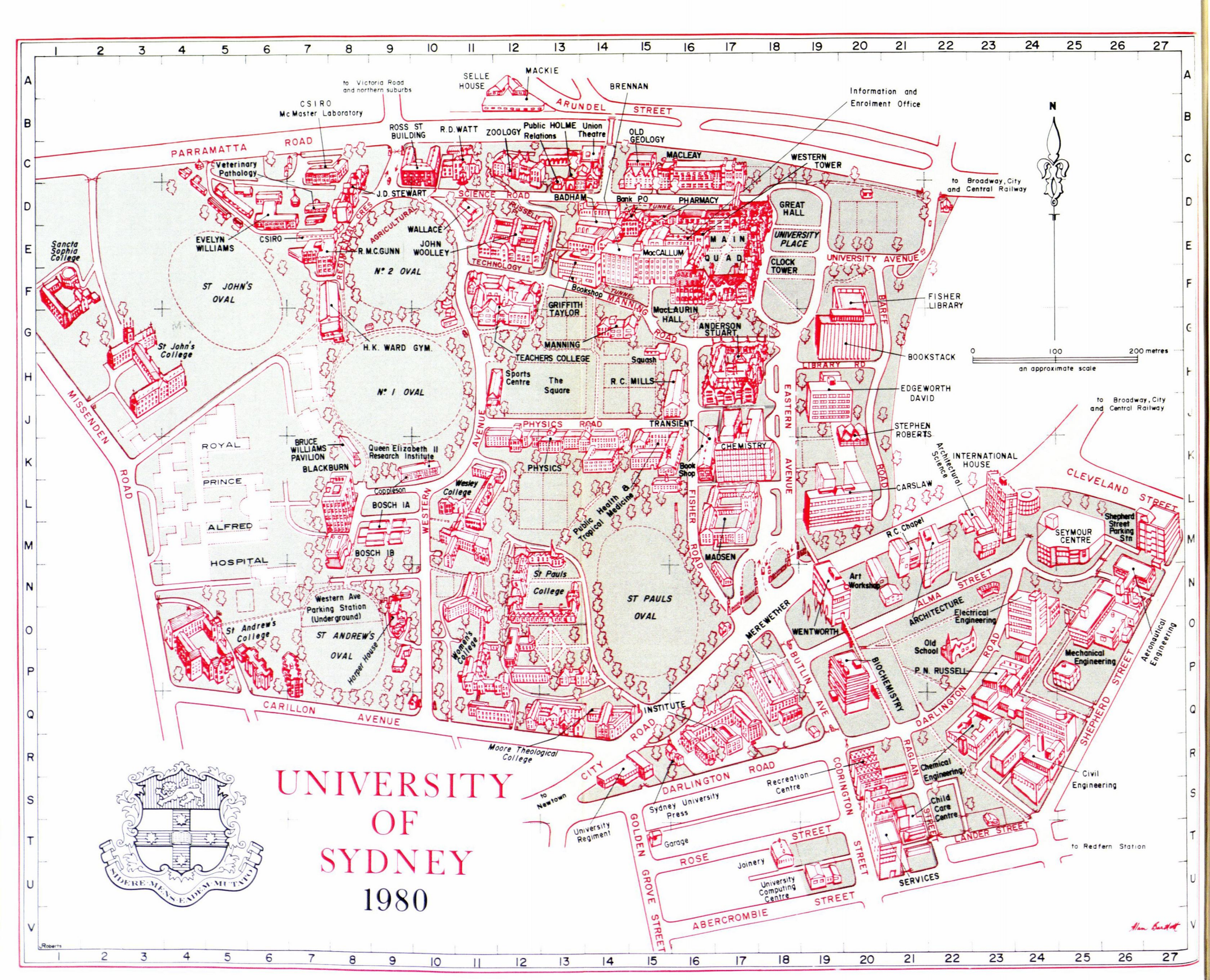
MAP GUIDE 1980

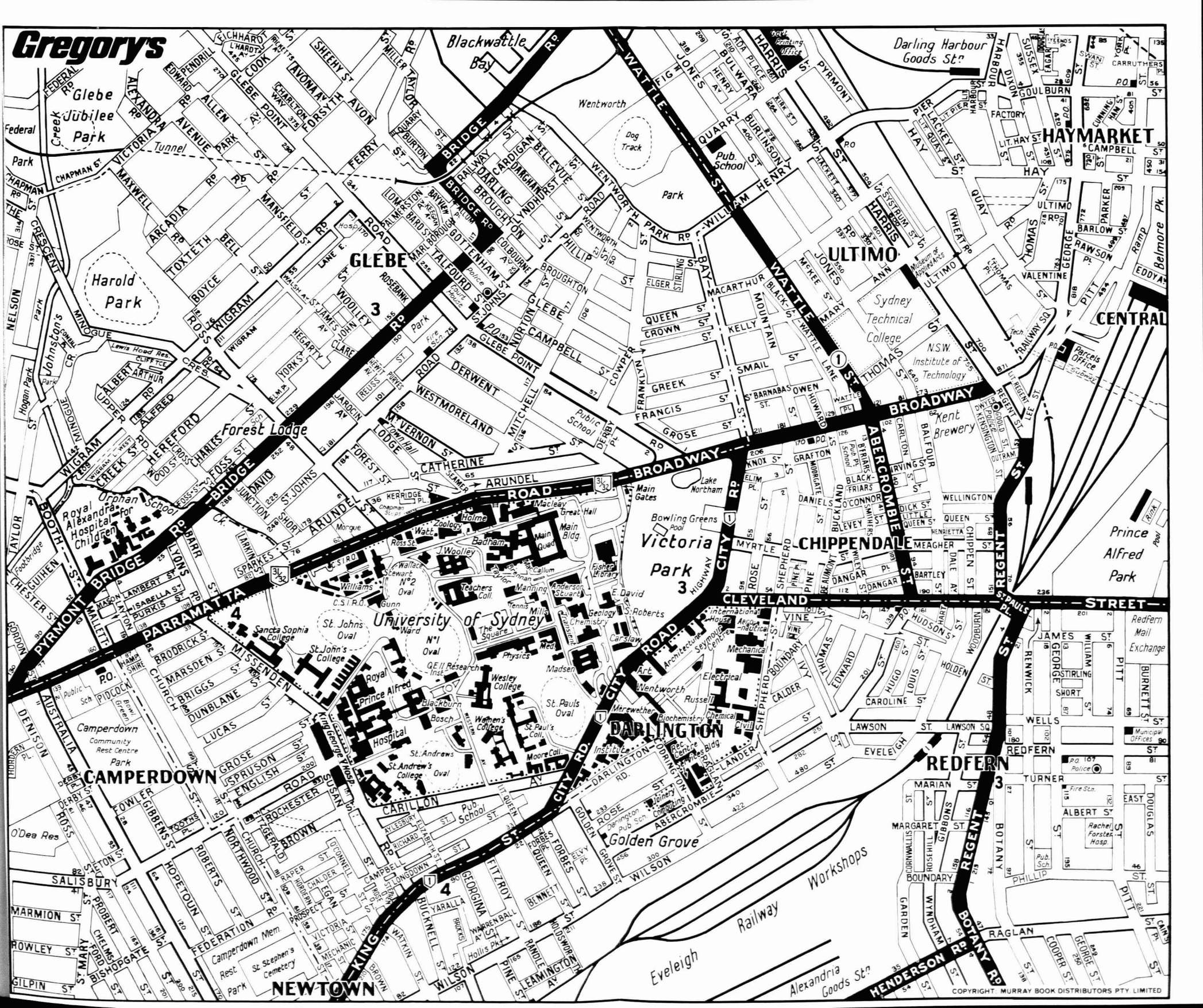
The codes in this list are grid references, not building numbers

Accountant's Office 17D
Accounting 18P
Administration 17D
Admissions (undergraduate) 16E
Adult Education 12B
Aeronautical Engineering 26N
Agricultural Annexe 11C
Agricultural Botany 11C
Agricultural Chemistry 10C
Agricultural Economics 11C
Agricultural Glasshouses 11C
Agricultural Faculty Office 11C
Agronomy and Hort. Sci. 12E
Alma Street Glasshouse 23N
Anderson Stuart Building 17H
Anatomy 17H
Animal Husbandry 7E
Anthropology 16F
Archaeology 16F
Architectural Science 22L
Architecture Faculty Office 22M
Art Workshop 20N
Arts Faculty Office 16E
Bacteriology 8L
Badham Building 14D
Banks 13C, 11D, 14D, 19N
Basser Dept of Computer Sci. 17L
Behavioural Sci. in Med. 8L
Biochemistry 20P
Biological Sciences 12C, 16C
Biometry 10C
Blackburn Building 8L
Bookshop 13F, 16K
Bookshop, Medical 8L
Bosch Building 8M
Bosch Lecture Theatres 9M
Botany 16C
Botany Annexe and Glasshouse 16C
Brennan, C. Building 15F
Bruce Williams Pavilion 8K
Carslaw Building 19L
Cashier 16D
Careers and Appointments Service 12A
Caretaker's Cottage, Ovals 1 & 2 10G
Caretaker's Cottage, Vet. Area 6C
Central Stores 21S
Changeroom, No. 1 Oval 8K
Chemical Engineering 23Q
Chemical Store 21S
Chemistry 17K
Child Care Centre 21S
Child Health (RAHC)
Civil Engineering 24R
Clock Tower 18E
Community Health (at Croydon)
Computing Centre 19U
Coppleson Postgrad. Med. Inst. 9K
CSIRO 7C, 7E
Darlington Sports Centre 20R
Dentistry (at Dental Hospital)
Dentistry Faculty Office 16E
Divinity 9O
Economic Statistics 18Q
Economics Faculty Office 18P
Edgeworth David Building 19J
Education 17L
Electrical Engineering 24O
Electron Microscope 15E
Engineering Faculty Office 24P
Engineering Workshop 24S, 25P
English 12E
Enquiry Office
  general 17E
  examination 16E
  enrolments 16E
Enrolment Office 16E
Evelyn Williams Building 6D
Extension Board 12A
Fine Arts 19G
Fisher Library 20F
Fisher Library Bookstacks 20G
French Studies 15E
Garage 21T
Geography 17Q
Geology and Geophysics 19J
Germanic Studies 15E
Govt and Public Admin. 18Q
Great Hall 17D
Greek 17E
Griffith Taylor Building 13F
Gunn, R.M.C. Building 7E
Gymnasium 8G
Harper House 9O
Histology and Embryology 17H
History 16E
Holme Building 13C
Horse stables 5D
Housing Office 16D
Illustration, Dept of 8L
Indonesian and Malayan Studies 14E
Information and Enrolment Office 16E
Institute 17Q
Internal Auditor 17Q
Internal Mail 15D
International House 23L
Inventory 17Q
Isolation Block – large animal pen 4D
Italian 15F
Joinery 18T
Language Study Centre 14F
Latin 17E
Law (at Law School)
Linguistics 14F
Mackie Building 12A
MacLaurin Hall 16F
Macleay Building 16C
Macleay Museum 15C
McMaster Laboratory, CSIRO 7C
McMillan J.R.A. Building 11C
Madsen Building 17L
Main Building 17E
Manning House 14G
Mathematical Statistics 19L
Mathematics, Applied 19L
Mathematics, Pure 19L
Mech. & Aero. Engin. Bdg 26N
Mechanical Engineering 25O
Medicine Faculty Office 8M
Medicine, Paraclinical & Clinical 8L
Medicine, Preclinical 17H
Merewether Building 18P
Microbiology 20P
Mills, R.C. Building 16H
Mining Engineering 25O
Moore Theological College 13Q
Mungo MacCallum Building 15F
Music 24M
News and Public Relations 13D
Nicholson Museum 16F
Obstetrics and Gynaecology 10K
Officer of Works 21T
Old Geology Building 15C
Old School Building 22P
Oriental Studies 14E
Overseer of Grounds Lodge 22D
Pathology 8L
Pathology Museum 8L
Pharmacology 8L
Pharmacy 15D
Philosophy 17F
Photography 21T
Physics 13J
Physiology 17H
Plant Path. & Agric. Entom. 11C
Postgrad. Committee in Med. 9K
Post Office 15D
Preventive Medicine 15K
Printing and Duplicating 21T
Professorial Board Room 17F
Psychology 15F
Public Health & Trop. Med., School of 15K
Public Relations 13D
Purchasing Office 15C
Quadrangle 17E
Queen Elizabeth II Res. Inst. 10K
Recreation Centre, pool & squash 20R
Regiment, University 15R
Registrar's Office 17D
Religious Studies 14E
Ross Street Building 10C
Round House 7D
Russell, P.N. Building 23P
St Andrew's College 5P
St John's College 3H
St Paul's College 12N
Sample Survey Centre 16R
Sancta Sophia College 1F
Sand roll shed 4C
Science Faculty Office 16E
Selle House 12A
Semitic Studies 8E
Senate Room 18E
Services Building 20T
Services Garage 21T
Seymour Centre 25M
Sheep Building & Pens 5D
Shellshear Museum 17H
Shepherd St. Parking Station 27M
Social Work 19G
Soil Science 10C
Sports Centre 12H
Sports Union 8F
Squash Courts 15G, 12H, 21R
Staff Club 15F
Staff Office 15C
Stephen Roberts Theatre 20J
Stewart, J.D. Building 8D
Student Counselling Service 16R
Student Health Service 17Q
Student Representative Council 19N
Sub-station, Codrington Street 19Q
Surgery 8L
Swimming Pool 20R
Sydney Teachers' College 12F
Sydney University Press 16R
Television service 20L
Tennis pav. & women's courts 20D
Town & Country Planning 16K
Transient Building 16K
Tutorial Classes 12B
Union Theatre 14C
Vet. Anatomy 8D
Vet. Clinic 6D
Vet. Clinical Studies 6D & 8D
Vet. Hospital 6D
Vet. Operating Theatre & Anim. Hse 7D
Vet. Pathology 7D
Vet. Physiology 7E
Vet. Science Faculty Office 8D
Vice-Chancellor 16E
Wallace Theatre 11D
Ward, H.K. Gymnasium 8G
War Memorial Gallery 17D
Watt, R.D. Building 11C
Welfare Association 15C
Wentworth Building 19N
Wesley College 11L
Western Avenue Parking Station 8N
Western Tower 16E
Wilson (Anatomy) Museum 17H
Women's College 11O
Women's Sports Association 12H
Woolley Building 12E
Yeoman Bedell 17E
Zoology 12C



Left: The University Mace
Right: Detail from the Cambridge Window, Great Hall


UNIVERSITY OF SYDNEY
1980
SELLE HOUSE
MACKIE
BRENNAN
ARUNDEL STREET
to Victoria Road and northern suburbs
CSIRO Mc Master Laboratory
PARRAMATTA ROAD
ROSS ST BUILDING
R.D.WATT
ZOOLOGY
Public Relations
HOLME
Union Theatre
OLD GEOLOGY
MACLEAY
Information and Enrolment Office
WESTERN TOWER
to Broadway, City and Central Railway
Veterinary Pathology
J.D. STEWART
SCIENCE ROAD
RUSSELL
BADHAM
Bank
PO
TUNNEL
PHARMACY
GREAT HALL
UNIVERSITY PLACE
CLOCK TOWER
MAIN QUAD
MacCALLUM
UNIVERSITY AVENUE
AGRICULTURAL
CRES
WALLACE
EVELYN WILLIAMS
CSIRO
R.M.C.GUNN
JOHN WOOLLEY
Sancta Sophia College
ST JOHN'S OVAL
N° 2 OVAL
TECHNOLOGY
Bookshop
MANNING
TUNNEL
GRIFFITH TAYLOR
MacLAURIN HALL
ANDERSON STUART
BARFF
FISHER LIBRARY
BOOKSTACK
LIBRARY RD
0 100 200 metres
an approximate scale
St John's College
H.K. WARD GYM.
N° 1 OVAL
TEACHERS COLLEGE
Sports Centre
The Square
Squash
R.C. MILLS
EDGEWORTH DAVID
to Broadway, City and Central Railway
MISSENDEN ROAD
ROYAL PRINCE ALFRED HOSPITAL
BRUCE WILLIAMS PAVILION
BLACKBURN
Queen Elizabeth II Research Institute
PHYSICS ROAD
TRANSIENT
CHEMISTRY
STEPHEN ROBERTS
EASTERN AVENUE
Architectural Science
INTERNATIONAL HOUSE
CLEVELAND STREET
Coppleson
BOSCH IA
BOSCH IB
PHYSICS
Wesley College
WESTERN AVENUE
Book Shop
Public Health & Tropical Medicine
FISHER ROAD
CARSLAW
R.C. Chapel
SEYMOUR CENTRE
Shepherd Street Parking Stn
MADSEN
Art Workshop
ALMA STREET
ARCHITECTURE
Electrical Engineering
St Pauls College
ST PAULS OVAL
MEREWETHER
WENTWORTH
Old School
P.N. RUSSELL
BIOCHEMISTRY
BUTLIN AVE
DARLINGTON ROAD
Mechanical Engineering
Aeronautical Engineering
SHEPHERD STREET
St Andrew's College
Western Ave Parking Station (Underground)
ST ANDREW'S OVAL
Harper House
Women's College
CARILLON AVENUE
INSTITUTE
CITY ROAD
Moore Theological College
to Newtown
University Regiment
DARLINGTON ROAD
Recreation Centre
Sydney University Press
Garage
CODRINGTON
RAGLAN STREET
Chemical Engineering
Civil Engineering
Child Care Centre
LANDER STREET
to Redfern Station
ROSE STREET
Joinery
University Computing Centre
SERVICES
GOLDEN GROVE STREET
ABERCROMBIE STREET
SIDERE MENS EADEM MUTATO
Roberts



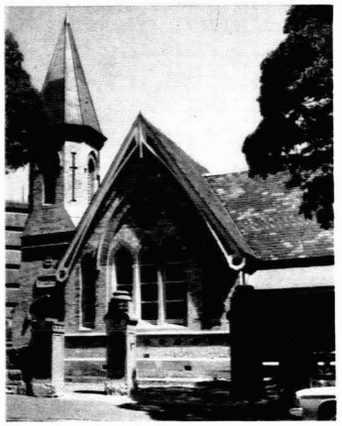
Faces and places

Dean, Faculty of Arts
Dr P. M. Lahy

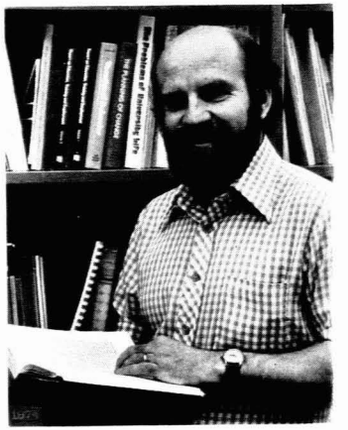
University Medal

Dean, Faculty of Medicine
Professor R. S. Gye

Old School Building

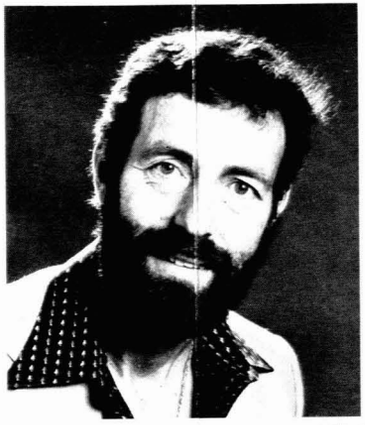


Director, Careers and Appointments Service
Mr S. J. Rawling

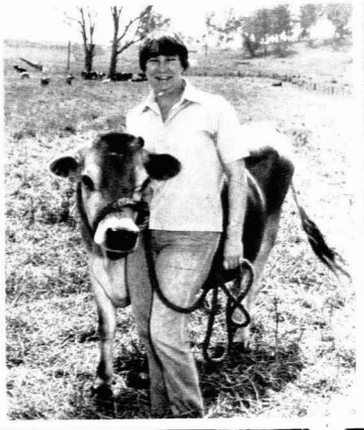


St John's Oval

Deputy Registrar (Staffing)
Mr W. G. Hamilton



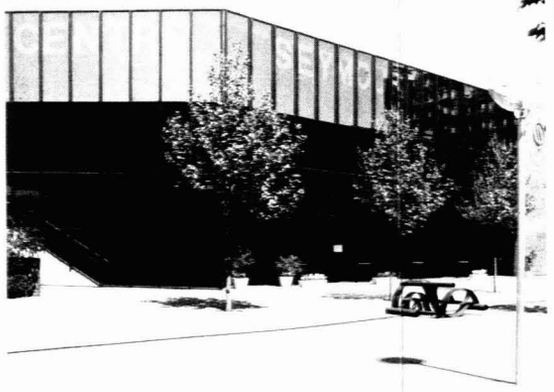
Assistant Director, University Farms
Dr E. A. Kernohan



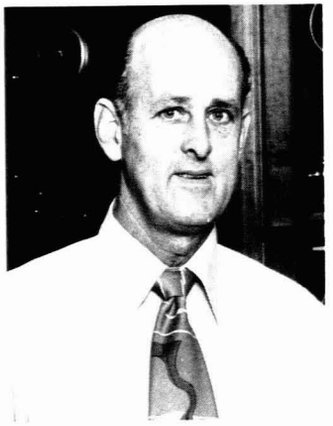
Nicholson Museum

Dean, Faculty of Dentistry
Professor N. D. Martin

Seymour Centre

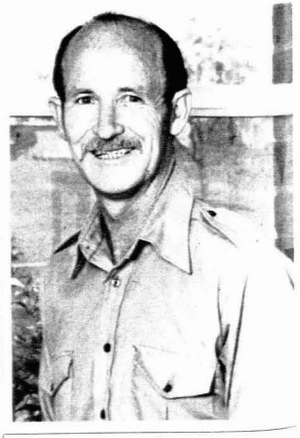


Director, Language Study Centre
Mr A. E. McAndrew



Kangaroo gargoyle, Great Tower

Dean, Faculty of Veterinary Science
Professor J. R. Egerton



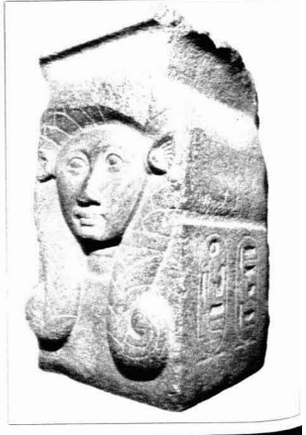
Dean, Faculty of Economics
Professor S. M. Salsbury

Painting in progress, Graffiti Tunnel

Accountant
Mr K. A. Shorten

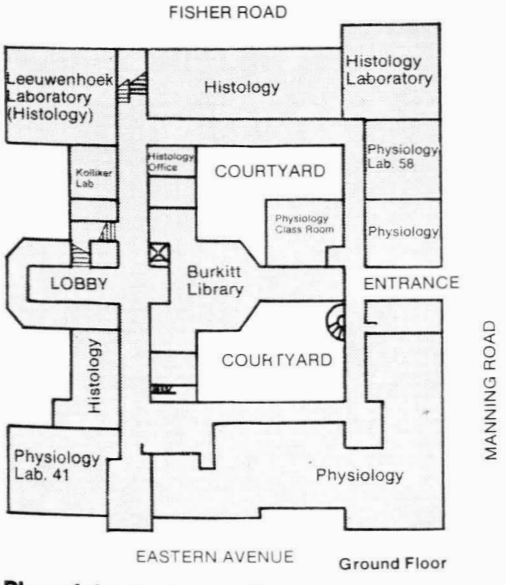
Bruce Williams Pavilion

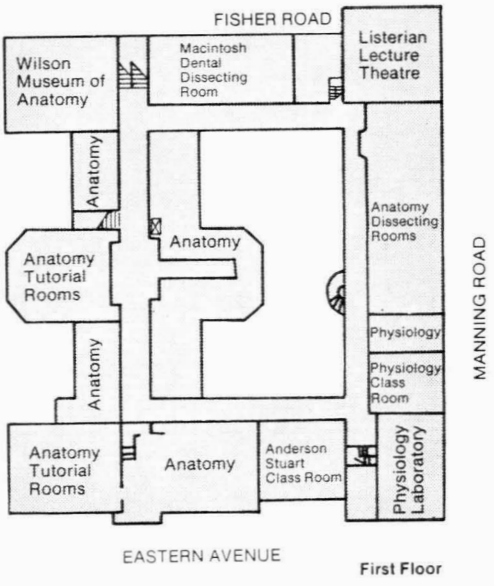
Ancient Egyptian goddess Hathor
Southern Vestibule



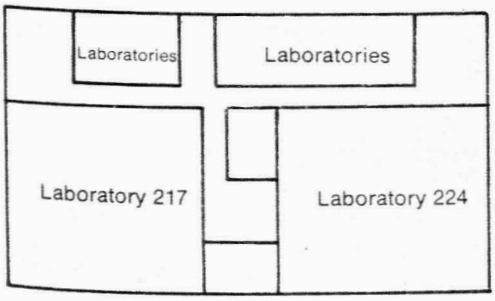
The original building to the left was erected in 1886, the northern wing added in 1912. Sir Thomas Anderson Stuart, the first professor of Anatomy and Physiology and foundation dean, was appointed in 1883.

Anderson Stuart Building, the Old Medical School facing Eastern Avenue

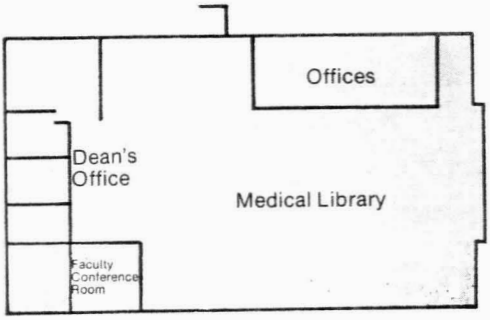




Plan of the Anderson Stuart Building



BOSCH BUILDING LEVEL 2: Pharmacology



LEVEL 3: Medical Library and Dean's Office