

The University
of Sydney



Medicine
Handbook
1985

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The University
of Sydney



Medicine
Handbook
1985

The University of Sydney
 N.S.W. 2006
 Telephone 692 2222
 Telex UNISYD AA 26169

Term dates, and information about examinations, appeals and other matters, are in Part II of the handbook.

Term dates

	Term	Lectures begin	Lectures end	Examination period	Term ends
First Year	Lent	25 Feb	3 May	6-10 May	11 May
	Trinity	3 June	2 Aug	5-9 Aug	10 Aug
	Michaelmas	1 Sept	1 Nov	from 4 Nov	7 Dec
Second Year	2:1	25 Feb	3 May	6-10 May	11 May
	2:2	3 June	9 Aug	12-16 Aug	17 Aug
	2:3	2 Sept	8 Nov	from 11 Nov	7 Dec
Third Year	3:1	21 Jan	3 Apr		3 Apr
	3:2	15 Apr	21 June		22 June
	3:3	1 July	6 Sept		7 Sept
	3:4	26 Sept	1 Nov	from 4 Nov	30 Nov
Fourth Year	4:1	14 Jan	22 Feb	} During each term	23 Jan
	4:2	4 Mar	3 May		4 May
	4:3	13 May	12 July		13 July
	4:4	22 July	20 Sept		21 Sept
	4:5	30 Sept	29 Nov		30 Nov
Fifth Year	5:1	Unallocated			
	5:2	18 Feb	24 May		25 May
	5:3	4 June	6 Sept	9 Sept-4 Oct	5 Oct
	5:4	7 Oct	29 Nov		30 Nov

Australian Vice-Chancellors' common weeks: 13-17 May; 26-30 August.

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Introduction

This handbook provides as much information about the Faculty of Medicine as has been possible to prepare in advance. However, other information will be required on a day-to-day basis and the sources of this are given below. General information about the University as a whole is presented in Part II of the handbook.

Dean's Office, Level 3, Bosch Building

Mr T. Rubin, Secretary to the Faculty

Ms B. Fisher

- 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.

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).

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.

Message from the Dean



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

In my position as Dean I have presided, in the last decade, over substantial curriculum change generated as a result of far-reaching changes in the art of medical practice and the explosion of knowledge in the medical sciences. In the years to come there will undoubtedly be further developments. We have altered our curriculum in an endeavour to provide the most satisfactory course in response to these advances and the changing needs of the community. The community, quite reasonably, expects its medical schools to provide an educational training that enables doctors to acquire a comprehensive understanding of people in sickness and health, an appreciation of their physical and social environment, and to develop those skills and attitudes associated with the highest standards of clinical competence and professional integrity.

Your time with us is brief by comparison with the careers that will lie before you after graduation, and

I must emphasise that the education of medical practitioners is a continuing process of which the undergraduate course is the first part irrespective of the field you will follow in your professional life.

I 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 community. These attitudes are central to good medical practice.

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

Finally, may I say that the Faculty is 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.

A handwritten signature in black ink, appearing to read "Richard Gye". The signature is fluid and cursive, written over a white background.

Richard Gye
Dean



Sir Thomas Peter Anderson Stuart, MD Hon.LLD Edin. DSc, foundation Professor of Anatomy and Physiology from 1883.

1 Staff¹

Dean

Richard Spencer Gye, MA DPhil *Oxf.* BSc(Med) MB
BS, FRACS FRCS

Sub-Deans

John Atherton Young, BS BSc(Path) MD DSc *Qld.*
FRACP (*Academic Affairs*)

Kenneth Wollaston Cleland, MB BS (*Preclinical*)

Douglas William Piper, MB BS, FRACP (*Clinical*)

William H. McCarthy, Med *Ill.* MB BS, FRACS
(*Medical Education*)

Robert R. Munro, MD BS, FRCSEd (*Staff/Student
Affairs*)

John Miles Little, MD MS, FRACS (*Westmead*)

James Graham McLeod, DPhil *Oxf.* BSc(Med) MB
BS, FRACP FAA MRCP (*Special Duties*)

Administrative Officers:

Secretary to the Faculty: T. Rubin, MA *Ohio*

At Westmead Hospital: Catherine M. Cahill, DipEd
N.E. BA

Secretary to the Postgraduate Committee in Medicine:
Timothy Evans, BSc N.S.W.

Clerk

Bronwyn Fisher, BA DipEd

FACULTY OF MEDICINE

Professor and Dean of the Faculty

Richard Spencer Gye, MA DPhil *Oxf.* BSc(Med) MB
BS, FRCS FRACS

Appointed 1974

Departments

Anaesthetics

Nuffield Professor

Douglas Joseph, MB BS, FFARCS FFARCS

Appointed 1963

Senior Lecturer

Michael J. Bookallil, MB BS, FFARCS FFARCS

Lecturers (part time)

Bruce S. Clifton, MB BS DA, FRACP FFARCS

Lawrence T. Gadd, MB BS, FFARCS

G. J. Purcell, MB BS DA, FFARCS FFARCS

B. E. Sharkey, MB BS, FFARCS

D. Sporr, MB BS, FFARCS

Lidcombe Hospital

Clinical Lecturers in Anaesthetics (part time)

G. Branch, BSc MB BS, FFARCS

P. Burt, MB BS, FFARCS

F. Y. Chiew, MB BS *Malaya*, FFARCS

L. Miller, MB BS DA *Lond.*, FFARCS

S. M. Taylor, MB BS, FFARCS

Repatriation General Hospital, Concord

Clinical Lecturers in Anaesthetics (part time)

M. H. Harpur, MB BS, FFARCS

P. Lawrence, MB BS, FFARCS

Royal Alexandra Hospital for Children

Clinical Lecturers in Paediatric Anaesthetics (part time)

J. Kenneally, MB BS, FFARCS

Royal North Shore Hospital

Clinical Lecturers in Anaesthetics (part time)

R. J. Binsted, MB BS, FFARCS FFARCS

D. L. Cay, MB BS, FFARCS FFARCS

M. M. Fisher, MB ChB *N.Z.*, FFARCS

A. F. T. Hobbes, BSc(Med) MB BS, FFARCS

C. Lowry, MB BS, FFARCS

D. More, BSc(Med) MB BS, FFARCS

E. H. Morgan, MB BS DA, FFARCS

C. N. Norgate, MB BS, FFARCS

J. C. Warden, MB BS, FFARCS

Royal Prince Alfred Hospital

Clinical Lecturers in Anaesthetics (part time)

F. M. S. Bodlander, MB BS, FFARCS FFARCS

G. J. Letham, MB BS, FFARCS

A. S. Selwyn, MB BS, FFARCS

R. H. Woog, BSc MB BS, FFARCS

Westmead Hospital

Clinical Lecturers in Anaesthetics (part time)

F. H. Cox, MB BS, FFARCS

I. F. Edmiston, MB BS, FFARCS

C. A. Kam, MB BS, FFARCS FFARCS

P. L. Klineberg, MB BS, FFARCS

F. X. Lah, MB BS, FFARCS

I. Pearson, MB ChB *Cape T.*, FFARCS FFARCS

T. Voss, MB ChB *Capt T.*, FFARCS FFARCS

¹ As at September 1984.

T. Gareth Watkins, MB BS *Wales*, FFARCS
 P. Woods, MB BS, FRACP
 Kevin F. Yee, MB BS, FFARACS

Anatomy

Challis Professor

Associate Professors

Cristobal G. dos Remedios, BSc PhD
 Philomena McGrath, MD BS, FRACS
 Robert R. Munro, MD BS, FRCSEd

Senior Lecturers

Richard J. Bandler, BA *Miami, Ohio* PhD
Carnegie-Mellon
 Peter L. Davies, MDS
 Bogdan Dreher, MS PhD *Warsaw*
 William S. Webster, BSc PhD *Lond.*

Lecturer

Anne Glucina, BSc *Otago*

Lecturers (temporary)

Charles Robinson, BDS *Brist.* MB BS *Tas.* (half time)
 Roshun Rodriguez, MA BM BCh *Oxf.*, FRCS (half time)
 Margaret Scott, MB BS BSc *N.S.W.*

Senior Tutors

Robyn Beirman, MB BS *N.S.W.*
 Nalini Shameen, MB BS *Madr.* MHB *Auck.*

Tutors (part time)

Pauline Itzkowic, BSc *N.S.W.*
 Fernando Valencia, BSc *N.S.W.*

Professional Officers

Barry C. Lockett, DipMT *A.I.M.L.S.*
 Kenneth C. Parsons, DipMT *A.I.M.L.S.*, FAIMLS
 Kenneth N. Smith, DipMT *A.I.M.L.S.*

Research Affiliate

I. M. Brewer, DSc

Behavioural Sciences in Medicine

Associate Professor

Wendy-Louise Walker, BA PhD

Senior Lecturers

Lorna D. Channon, BSc PhD *Manc.* MSc *Leeds*
 Susan C. Hayes, BA PhD *N.S.W.*

Lecturer

Susan D. Ballinger, BA *Macq.* PhD

Tutors

Michael D. Fine, BA
 Jennifer R. Flatt, BA *N.S.W.*
 S. Helene Levin, BA *Macq.*

Biochemistry

Professor

Philip W. Kuchel, BMedSc MB BS *Adel.* PhD *A.N.U.*

Boden Professor of Human Nutrition

A. Stewart Truswell, MD ChB *Capt T.*, FRCP
 FRACP FFCM

McCaughey Professor

Robert G. Wake, MSc PhD

Associate Professors

James Done, MSc PhD *Lond.*
 Arnold L. Hunt, BSc PhD *Adel.*
 Michael A. Messer, MSc PhD *Melb.*
 Reginald W. O'Brien, MSc PhD *N.S.W.*, ASTC
 Michael B. Slaytor, MSc PhD

Senior Lecturers

Ivan G. Darvey, BSc PhD *N.S.W.*
 Alan R. Jones, PhD *Manc.* MSc
 Richard E. Loughlin, MSc PhD *Melb.*
 M. Dan Montague, BSc PhD *Manc.*
 Gregory B. Ralston, BSc *N.S.W.* PhD *A.N.U.*
 Michael A. W. Thomas, DPhil *Oxf.* BSc
 Vivian K. L. Whittaker, MB BS *Old* PhD *A.N.U.*

Lecturers

Audrey M. Bersten, MSc
 Margaret R. Dwyer, BSc PhD
 Simon B. Easterbrook-Smith, BSc *Well.* PhD *Adel.*

Human Nutrition Unit

Susan Ash, MHP *N.S.W.* BSc DipND (CIH)
 Jennie C. Brand, BSc PhD *N.S.W.*, AAIFST (CIH)
 Ian Darnton-Hill, MB BS *Adel.* DA *R.C.P.&S.*
 DipND *Flin.* (CIH)
 David C. K. Roberts, BSc *Liv.* PhD *A.N.U.*

Senior Tutor

Michele A. Hanwell, MAppSc *N.S.W.I.T.*

Tutor

Dawn P. Mulvena, BSc *Melb.* MSc *Old*

Professional Officers

Grade IV

Leonard W. J. Lawler, FAIMLS

Grade III

John R. Alden, FAIMLS
 Dennis R. Leonard, MSc
 Emil Trifonoff, AAIMLS

Grade II

Leonard Higginbottom, AAIMLS

Cancer Medicine

Professors

Richard M. Fox, BSc(Med) MB BS PhD, FRACP
 Appointed 1983
 Martin Henry Norman Tattersall, MA BChir MD
Camb. MSc *Lond.*, FRCP FRACP
 Appointed 1977

Reader

Robert L. Sutherland, MAgSc *Cant.* PhD *A.N.U.*

Senior Lecturer

Alan S. Coates MD BS *Melb.*, FRACP

Lecturer

David Hedley, MD ChB *Leeds*, MRCP

Commonwealth Institute of Health

[See 'Other units' at the end of the Faculty of Medicine section]

Community Medicine

Professor

Charles Bridges-Webb, MB BS *Melb.* MD *Monash*,
FRACGP
Appointed 1975

Professor of Community and Geriatric Medicine

.....

Senior Lecturer

John Barrand, MHPed *N.S.W.* DA *R.C.P.&S.*,
FRACGP LMSSA

Senior Lecturer in Community and Geriatric Medicine (part time)

Michael Price, MB BS, FRACP

Lecturers (temporary)

Grace Chapman, MB BS, FRACP
Brian Driver, MB BS *N.S.W.* BPharm, FRACGP
Peter Lake, MB BS *Adel.* MPH

Lecturers (part time)

Noel Hickson, BSc ThL *Melb.* MB BS
Andrea Mant, MA *A.N.U.* MB BS

Clinical Lecturers in General Practice

B. J. Abeshouse, MB BS
W. L. Adams, MB BS BSc, FRACGP
S. M. Ahern, MB BS *N.S.W.*
A. Andrew, MB BS MBA *N.S.W.*, FRACGP
B. Appleby, DObst *R.C.O.G.* MB BS, FRACGP
M. E. Armstrong, DObst *R.C.O.G.* MB BS
J. K. Arundell, MB BS
E. Asher, MB BS, FRACGP
A. Assef, DObst *R.C.O.G.* MB BS, FRACGP
R. M. Ayres, MB BS *N.S.W.*
P. J. Baker, MB BS
R. J. L. Baker, MB BS, FRACGP
J. Barker-Whittle, MB BS, FRCSEd
M. Bar-Mordecai, MB BS *N.S.W.* BPharm
R. E. Barros, MB BS *N.S.W.*
D. E. Barton, DObst *R.C.O.G.* MB BS, FRACP
J. M. Beith, MB BS, FRCS FRACS
J. M. Bell, MB BS
H. Berenson, MB BS
H. B. Bernard, MB BS
M. Beveridge, BSc MB BCh *Witw.* DObst *R.C.O.G.*
C. Bilinsky, MB BS
R. Binks, MB BS, MRACGP
P. J. Black, MB BS DObst *R.C.O.G.*, FRACGP
J. P. Blackwood, MB BS *N.S.W.*
B. K. Bland, MB BS
J. Bloomfield, MB BS *N.S.W.*
P. Bookallil, DObst *R.C.O.G.* MB BS, FRACGP
Z. Botskor, MD *C.L.U.J. Hungary* MB BS
H. J. E. Bowen, BSc *N.S.W.* DObst *R.C.O.G.* MB
BS, FRACGP
R. W. Bramley, BDS *N.Z.* MB ChB *Otago* DObst
R.C.O.G., FRACGP
D. J. Brennan, MB BS, FRACP MRCP
A. J. Brown, MB BS
P. T. Brown, MB BS
P. K. Brownlee, MB BS
A. J. Buchanan, MB BCh *Witw.*, FRACGP
P. M. Buckley, MB BS *Monash*, FRACGP
A. R. Buhagiar, MB BS, FRACGP
J. I. Cahill, MB BS, FRACGP
P. Cambourn, MB BS
A. T. Cartmell, MB ChB *Manc.*

M. Chambers, DObst *R.C.O.G.* MB BS
W. H. Chan, FRACGP FAMAS MRCS LRCP
A. H. B. Chancellor, MB BS, FRACP FRACGP
S. J. Choong, MB BS, DPH
I. Chung, MB BS, FRACGP
A. N. Ciardi, MB BS
J. Clarke, MB ChB *Leeds*
J. C. Clement, MB ChB *Edin.*
E. W. Connolly, MB BS, FRACGP
J. B. Connolly, MB BS
R. V. Coombes, MB BS
A. Cowan, MB BS *Lond.* DObst *R.C.O.G.*, FRCS
D. Craigie, MB BS, FRACGP
P. J. Crawford, MB BS *Tas.*
D. Crocker, MB BS
G. Cussell, MB BS
I. F. Davey, BSc MB ChB *Edin.*, FRACGP
T. P. David, DObst *RCOG* MB BS, FRACGP
R. W. Deacon, MB BS *N.S.W.*
P. B. Deaner, MB BS *Lond.* MRCS LRCP
L. G. Deithe, DObst *R.C.O.G.* MB BS
A. F. Dick, BSc MB BS DipEd
W. V. Doherty, MB BS, FRACGP
S. J. Doumani, MB BS
J. F. Eather, MB BS *Qld*
J. D. Egan, DObst *R.C.O.G.* MB BS
E. J. Elkington, BM BCh *Oxf.*
R. J. Favoloro, MB BS
T. D. G. Fairbairn, MB ChB *St.And.*
C. A. J. Fenn, MB ChB *Otago*
D. R. Fernando, MB BS *Ceyl.*
M. F. Fernando, MB BS *Ceyl.* DObst *Auck.*,
MNZCGP
A. E. Fisher, MB BS, FRACGP
G. B. Fisk, MB BS *Adel.*
P. Fitt, DObst *R.C.O.G.* BSc MB BS
J. S. Fitzhenry, MB BS, MRCP
I. W. Fitzpatrick, MB BS, FRACGP
S. Fox, MB BS *Adel.*
J. F. Friith, BSc MB BS *N.S.W.*
G. R. Fulcher, MB BS
P. M. Furey, MB BS
A. S. Gabrael, MB BCh *Cairo*, FRACGP
J. L. Galati, MB BS *Melb.* DObst *R.C.O.G.*,
FRACGP
J. F. Gall, MB BS, FRACGP
P. H. Gaston, DCH *R.C.P.&S.* MB BS
L. Gazal, MB BS
L. F. Genua, MB BS
A. R. Gibson, MB BS
J. G. Gilchrist, DObst *R.C.O.G.* MB BS, FRACGP
A. D. F. Gillespie, DObst *R.C.O.G.* MB BS,
FRACGP MAGPP
V. Goldrick, MB BS *Lond.* DCH *R.C.P.&S.*
N. K. Goundar, MB BS *Andhra*
P. L. Green, MB BS *Adel.* DipAvMed *Camb.* DObst
R.C.O.G.
R. M. Green, MB BS, FRACGP
D. Grinius, MB BS
G. Grunwald, MD *Bud.* MB BS, FRACGP
P. J. Guest, MB BS *N.S.W.*
H. F. Haber, MB BS, FRACGP
W. Haddad, MB BS *N.S.W.* FRACGP
P. Hamilton, MB BS
R. W. Hardie, MB BS
B. W. Harding, MB BS, FRACGP
B. C. Harris, MB BS, FRACGP
J. R. Harris, MB BS FRACGP
M. Harris, Dip. *R.A.C.O.G.* MB BS
J. A. Hay, MB BS
K. A. Hazelton, MB BS *Lond.* DObst *R.C.O.G.* Dip.
R.A.C.O.G.

- A. D. Helman, MB BS *Adel.*
 D. B. Hempton, MB BS *N.S.W.*
 R. W. Hindmarsh, MB BS
 A. Hollo, MB BS
 T. Honnibal, BSc MB BS
 A. D. P. Hull, MB BS
 D. Jarvis, MB ChB *Brist.*
 H. W. Jarvis, MB BS
 B. L. Jones, MB BS BScAgr, FRACGP
 G. B. Jones, MB BS *N.S.W.*
 J. N. Jones, MB BS
 A. Joshi, MB BS *Bom.*
 H. Kalmath, MB BS *Bom.*
 J. L. Kearns, MB BS
 G. J. Keighery, MB BS
 G. Kenny, MB BS, FRACGP
 V. Kijvanit, MB BS, FRCPEd
 R. J. Kirk, MB BS
 R. Kirkby, MB BS
 C. E. Kleinig, MB BS *Tas.*, FRACGP
 B. Klineberg, MB BS *N.S.W.*, FRACGP
 D. C. Knight, BSc(Med) MB BS, MRCOG MRACOG
 P. J. Knowles, MB BS
 E. A. Kok, MB BS *N.S.W.*
 S. Koussa, MB BS
 W. J. Laurence, MB BS DCh *Lond.*
 G. J. Lee, Dip *R.A.C.O.G* MB BS
 R. J. Lee, MB BS
 A. M. Liebhold, MB BS *Melb.* DCH *Lond.*,
 FRACGP
 L. Livingston, MB BS
 J. W. Logan, MB BS, FRACGP
 A. H. Lowy, MB BS, FRACGP
 E. H. Loxton, MB BS *Lond.* DObst *R.C.O.G.*
 G. R. Lucas, MB BS
 N. A. Lucas, DObst, *R.C.O.G.* MB BS, FRACGP
 K. McDonald, MB BS, FRACGP
 S. M. McDonald, MB BS
 T. McKeon, MB BS
 J. L. McRae, MB BS *N.S.W.* DObst *R.C.O.G.* Dip
R.A.C.O.G.
 D. M. Madew, MB BS, FRACGP
 E. M. J. Marshall, MB BCh DAO *Belf.*, FRACGP
 D. Mawter, MB BS
 R. J. Medbury, DObst *R.C.O.G.* MB BS
 D. A. Merrington, MB BS, FRACGP
 H. N. Merrington, MB ChB *N.Z.*, FRACGP
 L. W. Middleton, MB BS, FRACGP
 B. Milieshkin, MB BS, FRACGP
 T. W. D. Millar, MB ChB *Edin.* DObst *R.C.O.G.*
 DA *R.C.P.&S.*, FRCS MFARCS
 J. Miller, MB BS *N.S.W.*, FRACGP
 G. C. Miller, MB BS, FRACGP
 M. F. Morgan, MB BS, FRACGP
 D. M. Morrison, MB BS, FRACGP
 T. Moss, MB BS
 S. Mulvaney, MB BCh *Eire*, FRACGP
 E. Mulvey, MB BS *Melb.*
 O. R. Muratore, MB BS *N.S.W.*
 J. D. Musgrove, DCH *Lond.* MB BS
 G. Naker, MB BS *Bom.*
 H. Nathan, MD *Sofia*
 G. T. Nelson, BA MB MCh *Dub.* DObst *R.C.O.G.*,
 FRACGP
 E. K. Ng, MB BS *Sing.*
 R. K. K. Ng, MB BS
 J. P. Nicholas, MB BS *N.S.W.*
 R. Nichols, DObst *R.C.O.G.* MB BS, FRACGP
 M. Nicholson, MB BS *Lond.* DObst *R.C.O.G.*,
 FRACGP
 J. Norris, MB BS
 M. Oakley, MB BS DObst *R.C.O.G.*
 J. D. O'Donnell, MB BS
 J. T. O'Dowd, MB BCh *Dub.*
 D. O. Oliver, MB ChB *Edin.* DObst *R.C.O.G.*,
 FRACGP MRCGP
 J. O'Loan, MB BS, FRACGP
 J. Olsen, MB BS
 T. D. O'Neill, DObst *R.C.O.G.* MB BS
 P. Oystragh, DObst *R.C.O.G.* MB BS, FRACGP
 D. J. Paddison, MB BS
 L. W. Pate, MB BS *N.S.W.*
 K. J. Peadon, MB BS
 B. F. Pegum, MB BS
 D. J. Penney, MB BS
 A. Pennington, MB BS DTM&H, FRACGP
 A. S. Pollack, MD *Bratislava* DPH *Czech.* MB BS
 E. D. Pragasam, MB BS *Madr.*
 H. B. Pratt, MB ChB *Otago*, FRACGP
 O. A. Preda, MB BS, FRACGP
 D. L. A. Pryde, MB BS, FRACGP
 G. L. Pulley, MB BS
 R. Ramrakha, MB BS
 J. Reeve, MB ChB *Otago*, FRACGP MRNZCGP
 R. J. T. Reid, MB ChB *Glas.*, FRACGP
 C. Reitberger, MB BS
 B. Rich, MB BS, FRACGP
 M. J. Richmond, MB ChB *Leeds*
 G. S. Rieger, MB BS
 D. C. Roantree, MB BS *Adel.*
 J. V. Roche, DObst *R.C.O.G.* MB BS, FRACGP
 S. Rosenberg, MD *Lodz* MB BS
 A. W. Rosonsinski, MB BS *Adel.*, FRACGP
 P. Rowland, MB BS *Old*
 T. Schofield, MB ChB *Edin.*, MRCGP MRCPsych
 R. S. Sekel, MB BS
 B. Shea, MB BS *Old* DObst *R.C.O.G.*, FRACGP
 R. Sheather, MB BS
 M. A. S. Shehab, MB BCh *Cairo*
 M. Simpson, MB BS *Monash*
 N. Singh, MB BS *Bom.*, FRACGP
 S. Sinnathamby, MB BS *Ceyl.*, FICS FRCS
 M. S. Skinner, MB BS *Melb.*, FRCS
 S. A. Sloggett, MB BS
 P. L. Smeeth, MB BS
 W. J. Smith, MB BS, FRACGP
 J. Sos, MB BS
 I. Spencer, MB BS
 P. J. Stevens, MB BS DObst *N.Z.*
 R. D. Stone, MB BS *N.S.W.*
 D. F. Sutherland, MB BS BE
 R. D. Taranto, DObst *R.C.O.G.* MB BS, FRACGP
 M. J. Tarlington, MB BS, FRACGP
 R. M. Tinning, MB BS
 W. D. Tugwell, MB BS
 D. J. Unwin, MB BS
 R. F. Unwin, MB BS
 W. Utber, MB BS, FRACGP
 V. L. Velens, MB BS
 G. J. Vett, BSc MB BS *Old*, MRCP
 B. Vingilis, MB BS
 F. Virant, MB BS
 I. R. Walker, MB ChB *Brist.*
 J. B. Ward, MB BS, FRACGP
 J. Warnford, MB BS
 J. H. Waters, MB BS, FRCSEd
 D. F. Weinman, MB BS *Ceyl.*
 W. Wilie, MB BS
 T. D. Wilkins, MB BS
 M. G. Williams, MB BS *Old*
 F. R. Wilson, DObst *R.C.O.G.* MB BS
 P. H. Wilson, MB BS, FRACGP FRACGP
 H. Wong-See, MB BS *N.S.W.*, FAMAS
 D. J. Wood, MB BS *Lond.*
 G. I. Woodgate, MB BS

Clinical Lecturers in Community and Geriatric Medicine

N. A. Anderson, MB BS DTM&H, FRACGP
FRCPG
G. Broe, BA MB BS, FRACP
T. Cahill, MB BS, FRACP
T. Choy, MB BS, FRACP
C. F. Clowes, MB BS *N.S.W.*, FRACP
K. D. Coorey, DCH *Lond.* MB BS, FRCPEd
K. Cotton, PhD *Lond.* MD BS
P. J. D'Arbon, MB BS, FRACGP
C. Faulder, MB BS, FRACGP
R. B. Geeves, MB BS, FRACGP FCGP *Sing.*
T. Gibian, MB BS, FRACP
A. N. Gyory, MS *Minn.* BSc(Med) MB BS, MRCP
E. Imperial, MD *Philippines*, FPCP FPCC FACC
D. C. Ingham, MB ChD *Edin.* DPM *Lond.*,
FRANZCP MRCPsych
P. Kelleher, MB BS, FRACP
J. E. Marosszeky, MB BS DPRM
G. Miller, MB BS *Lond.*, MRCP
J. Murphy, MB BS *W.Aust.*, FRACP
R. Oakeshott, MB BS DPRM, FRCSEd FRACS
T. J. O'Neill, DOBst *R.C.O.G.* MB BS, FRACGP
J. Pettigrew, MB BS, FRANZCP
S. Prakash, MB BS *Madr.* MS *New Delhi*, FRACS
M. Price, MB BS, FRACP
G. Roberts, MB ChB *Cape T.*
B. H. Stone, MB BS, FRCSEd
J. H. E. Voss, MB BS, FRACP
S. Williams, MB BS, FRANZCP
C. Winer, LLB *Lond.* DPRM *Aust P.G.Fed.Med.*
DOBst *R.C.O.G.* MB BS, LRCP LLCO MRCS
J. Yeo, AO, DPRM *Aust. P.G.Fed.Med.* MB MS

Histology and Embryology*Bosch Professor*

Kenneth Wollaston Cleland, MB BS
Appointed 1957

Reader

John K. Pollak, PhD *McG.* BSc

Senior Lecturers

Johnston W. McAvoy, BSc *Belf.* PhD *Flin.*
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
Christopher R. Murphy, BSc *Adel.* PhD *Flin.*
Margaret A. Swan, BSc PhD

Research Affiliate

E. W. Van Lennep, NatPhilDrs *Utrecht*

Infectious Diseases¹*Associate Professor*

Yvonne Cossart, DCP *Lond.* BSc(Med) MB BS,
FRCPATH

Senior Lecturer in Immunology

Raymond Kearney, BSc PhD *Qld*

Lecturer (temporary)

Colin Harbour, BSc *Wales* PhD *Lond.*

Lecturers (part time)

Richard A. Benn, DipBact *Lond.* BSc(Med) MB BS,
FRCPA FRACP
Ross Bradbury, MB BS, FRACP
Gerald Williams, BSc(Med) MB BS, FRACPPath

Senior Tutors (temporary)

Mary A. Pegler, MSc, MASM
Carol H. Thompson, BVSc

Medicine*Professors*

Peter Anthony Castaldi, MD BS, FRACP FRCPA
Appointed 1978
James Roland Lawrence, MB BS *Adel.*, FRACP
Hon.FACP
Appointed 1976
Douglas William Piper, MD BS, FRCP FRACP
Appointed 1973
John Ross Turtle, MD BS, FRACP
Appointed 1979
Ann J. Woolcock, MB BS *Adel.* MD, FRACP
Appointed 1984

Laura Bushell Professor of Neurology and Bosch Professor of Medicine

James Graham McLeod, DPhil *Oxf.* BSc(Med) MB
BS, FRCP FRACP FAA
Appointed 1972

Scandrett Professor of Cardiology

David Thomas Kelly, MB ChB *N.Z.*, FRACP FACC
Appointed 1976

Florance and Cope Professor of Rheumatology

Peter Michael Brooks, MD BS *Monash*, FRACP
Appointed 1983

Associate Professors

Norbert Berend, MD BS, FRACP
Akos Z. Györy, MD BS, FRACP
John D. Pollard, BSc(Med) MB BS PhD, FRACP
Solomon Posen, BA MD BS *Adel.*, FRACP FRCP
Colin Sullivan, BSc(Med) MB BS PhD, FRACP
Ronald Walls, MB ChBT *Cape T.* DPhil *Oxf.*,
FCP(SA) FRACP FRCPA
Dennis K. Yue, MB BS PhD, FRACP

Senior Lecturers

Geoffrey C. Farrell, MB BS *Tas.* MD *Qld*, FRACP
Peter J. Fletcher, MB BS PhD, FRACP
Robert H. Loblay, MB BS PhD, FRACP
(*Immunology*)
Tania C. Sorrell, MD BS *Adel.*, FRACP

Clinical Senior Lecturer

Gerald A. Broe, BA MB BS, FRACP

Professional Officers Grade III

Peter M. Donnelly, AAIMLT
Wesley F. Green, AAIMLT

Professional Officer Grade II

German Kositzin, BSc *N.S.W.*

Honorary Associates

R. C. Baxter, BSc PhD
C. J. Eastman, MD BS, FRACP
L. A. Engel, MB BS *Melb.* PhD *McG.*, FRACP
G. A. Nicholson, MB BS PhD, FRACP

¹Formerly known as the Department of Bacteriology.

Research Affiliates

Leopold Dintenfass, MSc PhD *N.S.W. Diplng Poly.*
Lvov., FRACI FRSH FICA MIEAust MACPSM
 W. K. T. Fowler, MSc *N.Z. PhD Lond.*

Lidcombe Hospital*Clinical Lecturers in Medicine (part time)*

J. A. Booker, MB BS, FRACP MRCP
 G. A. Broe, BA MB BS, FRACP
 T. M. Cahill, BA MB BS, FRACP
 T. Choy, MB BS, FRACP
 C. F. Clowes, MB BS, FRACP
 R. F. Dunn, MB BS, FRACP
 G. Elder, MB BS, FRACP
 T. P. Gibian, MB BS, FRACP
 P. Kelleher, MB BS, FRACP

Clinical Lecturers in Gastroenterology (part time)

K. Bhanthumnavin, BSc(Med) MB BS, FRACP
 T. Tydd, MB BS, FRACP

Clinical Lecturer in Haematology (part time)

W. Hughes, MB BS, FRCPA

Clinical Lecturers in Neurology (part time)

G. A. Broe, BA MB BS, FRACP
 J. Ell, MB BS, FRACP
 C. Elliott, MB BS, FRACP
 D. Rail, MB BS, FRACP
 V. Vignaendra, MB BS, FRACP

Clinical Lecturer in Rheumatology (part time)

T. Choy, MB BS, FRACP

Clinical Lecturer in Thoracic Medicine (part time)

J. Mann, MD BS, FRACP

Clinical Lecturer in Dermatology (part time)

K. Georgouras, MB BS DDM, FACD

Clinical Lecturers in Cardiology (part time)

F. R. Dunn, MB BS, FRACP
 E. Imperial, MD *Philippines* FPCC FACC

Clinical Lecturers in Endocrinology (part time)

J. Flack, MB BS, FRACP
 J. Tidmarsh, MB BS, FRACP

Mater Misericordiae Hospital*Clinical Lecturers in Medicine (part time)*

L. B. Coy, MB BS, FRACP
 G. Diethelm, MB BS
 R. Edwards, MB BS, FRACP
 R. F. O'Reilly, MB BS, FRACP
 D. Sinclair, MB BS, FRCPCan FRACP
 J. R. Johnson, MB BS, FRACP
 I. S. Love, MB BS, FRACP

Clinical lecturers in Dermatology

M. Rogers, MB BS, FACD
 G. S. Cottee, MB BS DDM, FACD

Repatriation General Hospital, Concord*Clinical Lecturers in Medicine (part time)*

B. J. Arnold, DCP *Lond.* MB BS, FRCPA FRCPath
 FRACP
 W. J. Arter, MB BS, FRACP
 W. J. Benson, MB, BS, FRACP FRCPA
 C. R. B. Blackburn, MD BS, FRCP FRACP
 Hon.FACP
 R. Bradbury, MB BS, FRACP FRCPA
 A. B. X. Breslin, MB BS, FRACP

T. Burfitt-Williams, MB BS, FRACP
 J. N. Carter, BSc(Med) MD BS, FRACP

Y. T. Choong, MB BS, FRACP
 P. V. Collett, MB BS, FRACP
 I. S. Collins, MB BS, FRACP FRCPEd MRCP
 A. B. Conomy, MB BS, FRACP
 A. B. Corrigan, DipPhysMed *Lond.* MB BS DPM,
 FRACP MRCP MRCPed
 J. L. Cowlshaw, MB BS, FRACP
 G. G. Crane, MB BS, FRACP FRCPA
 M. B. Dally, MB BS, FRACP
 P. R. Davis, MB BS, FRACP
 H. M. Eisenberg, MB BS, FRACP
 R. A. Evans, MB BS, FRACP
 C. R. George, MB BS, FRACP
 K. Goulston, MD BS, FRACP
 F. Hanly, MB BS, FRCPA
 F. Harding-Burns, MB BS, FRCP FRACP
 M. R. Harris, MSc MB BS, FRCP FRACP
 B. J. S. Hartnett, MB BS, FRCPEd FRACP
 P. W. Harvey, MB BS, FRACP
 J. Hewson, MB BS, FRCPA
 S. N. Hunyor, MB BS, FACC FRACP
 C. R. Jenkins, MB BS
 R. Joffe, MB BCh *Witw.*, FRACP MRCP
 S. Kalowski, MB BS, FRACP
 S. Kannagara, MB BS, FRACP
 D. Latt, MB BS, FRACP
 P. Lawrence, MB BS, FFARACS
 G. D. Lord, MB BS, FRACP
 V. A. Lovric, MB BS DCP, FRCP FRCPA FRACP
 R. A. Mackenzie, MB BS, FRACP
 P. J. Maloney, MB BS, FRACP MRCP
 G. E. Marlin, MD BS, FRACP
 M. D. Nicholls, MB BS, FRACP FRCPA
 G. Nicholson, MB BS PhD, FRACP
 N. R. Noble, MB BS, FRACP
 G. O'Neill, MB BS, FRACP
 N. Patel, MD BS, FRACP
 C. G. Pawsey, MB BS, FRACP
 D. Peiris, MB BS *Ceyl.*, FRCPEd FRACP MRCP
 K. Phadbe, MB BS, FRCPA FRACP
 J. W. Riley, MD BS, FRACP
 R. A. Royle, MB BS, FRACP
 J. Rutland, MB BS, FRACP
 D. Sharpe, MB BS, FRCP
 C. I. Smith, MD BS, FRACP
 K. Steinbeck, MB BS, FRACP
 S. Waller, MD BS *Lond.*, FRACP MRCP MRCPEd
 P. Wikramanayake, MD BS *Ceyl.*, FRCPEd FRACP
 MRCP
 R. N. Wyndham, MB BS, FRACP

Clinical Lecturers in Dermatology (part time)

C. L. Bear, MB BS DDM, FACD
 J. S. Brooks, BA MB BS DDM, FACD
 G. D. Cains, MB BS DDM, FACD
 L. D. Cains, MB BS DDM, FACD
 G. Palmer, DDM *Vienna* MB BS, FACD FRCPEd
 MRCP
 W. Regan, MB BS DDM, FACD

Royal Alexandra Hospital for Children*Clinical Lecturer in Paediatric Dermatology (part time)*

M. Rogers, MB BS DDM, MACD

Clinical Lecturers in Paediatric Pathology (part time)

P. M. Bale, MB BS *Melb.*, MRCPA MRCPPath
 C. 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

Royal North Shore Hospital

Clinical Lecturers in Medicine (part time)

D. H. Allen, MB BS PhD, FRACP
G. E. Bauer, MB BS, FRCP FRACP FACC
M. Bridgman, MB BS, FRACP
P. G. Caspari, MB BS, FRACP FACC
R. A. Cooper, MB BS, FRACP
G. Diethelm, MB BS
A. C. Edwards, MB BS, FRACP
R. C. Edwards, MB BS, FRACP MRCP
F. M. Elliott, MB BS PhD, FRACP
R. G. Epps, BSc MB BS, FRCP FRACP
D. I. Fevre, MB BS, FRACP
B. L. Geddes, MB BS, FRACP
J. F. Gunning, MD BS, FRACP FACC
I. B. Hales, MD BS, FRCP FRCPEd FRACP
T. R. Heap, MB BS, FRACP
L. S. Ibels, MB BS, FRACP
J. P. Isbister, BSc(Med) MB BS, FRACP FRCPA
R. Joffe, MB BCh *Witw.*, FRCP FRACP
R. W. Johnston, MB BS DPM, FRACP MRCP
K. O. Jones, MB BS DCP, FRCPA FRCPath
J. A. Levi, MB BS, FRACP
M. R. Lunzer, MB BS, FRACP MRCP
W. R. J. Middleton, BSc MD BS, FRCP FRACP
G. S. Nagy, MB BS, FRCP FRACP
R. J. Oakeshott, MB BS DPRM, FRCSEd FRACS
FACRM
R. F. O'Reilly, MB BS, FRACP
R. B. M. Ravich, MB ChB N.Z., FRACP
J. W. Riley, MD BS FRACP
R. D. Scurr, MB BS, FRCPA
M. R. Shanahan, MB BS N.S.W. DTM&H Liv.,
FRACP
B. H. Short, MB BS, FRACP
S. Sinha, MB BS, FRACP
P. Slezak, MB BS, FRACP
J. N. Stiel, MB BS, FRACP
C. Storey, MB BS, FRACP
M. Sulway, MD *Birm.* MB BS, FRACP
S. F. Tattersall, MD BS *Lond.*, FRACP MRCP
T. R. Terenty, MB BS, FRACP
I. D. Thomas, MB BS, FRCP FRACP
R. A. Vandenberg, MB BS, FRACP
H. Washington, MB BS, FRACP
J. Webb, MD BS *Qld.* FRACP
J. V. Wells, MD BS, FACP FRCPA FRACP
P. M. Williamson, MB BS, FRACP
E. G. Wilmshurst, MD BS, FRACP
J. D. Wingfield, MB BS, FRACP
J. C. Wiseman, MD BS, FRACP

Clinical Lecturers in Cardiology

G. Bauer, MB BS, FRCP FRACP FACC
P. Caspari, MB BS, FRACP FACC
G. L. Donnelly, MB BS, FRCP FRACP
A. C. Edwards, MB BS, FRACP
R. C. Edwards, MB BS, FRACP MRCP
R. G. Epps, MB BS, FRCP FRACP
J. Gunning, MD BS, FRACP FACC
K. Hellestrand, MB BS PhD, FRACP
S. Hunyor, MB BS, FRACP FACC
F. Nasser, MB BS, FRCP FRACP
H. Washington, MB BS, FRACP

Clinical Lecturers in Dermatology

G. Cains, MB BS, FACP
G. S. Cottee, MB BS DDM, FACP
N. Goldman, MB BS
J. M. Lark, MB BS, FACP
J. L. Le Guay, MB BS DDM, FACP
M. Rogers, MB BS, FACP

Clinical Lecturers in Endocrinology

M. Bridgman, MB BS, FRACP
P. Clifton-Bligh, BSc(Med) MB BS, FRACP
R. Cooper, MB BS, FRACP
S. Grant, MB BS
I. Hales, DTM&H Liv. MD BS, FRACP
M. R. Shanahan, MB BS N.S.W., DTM&H Liv.,
FRACP
G. Shenfield, MB BCh *Oxf.*, FRACP MRCP
S. Sinha, MB BS, FRACP
J. Stiel, MB BS, FRACP
M. Sulway, MD *Birm.* MB BS, FRACP
I. Thomas, MB BS, FRCP FRACP
E. Wilmshurst, MD BS, FRACP
J. Wiseman, MD BS, FRACP

Clinical Lecturers in Gastroenterology

D. I. Fevre, MB BS, FRACP
T. R. Heap, MB BS, FRACP
M. R. Lunzer, MB BS, FRACP MRCP
W. R. J. Middleton, BSc(Med) MD BS, FRCP
FRACP
G. S. Nagy, MB BS, FRCP FRACP
J. Riley, MD BS, FRACP

Clinical Lecturers in Haematology

J. P. Isbister, BSc(Med) MB BS, FRCPA FRACP
K. O. Jones, MB BS DCP, FRCPath FRCPA
K. S. Lau, MB BS *Malaya*, FRCPA
R. Ravich, MB ChB N.Z., FRACP
R. D. Scurr, MB BS, FRCPA

Clinical Lecturers in Neurology (part time)

R. Joffe, MB BCh *Witw.*, FRCP FRACP
R. W. Johnston, MB BS DPM, FRACP FRCP
G. Selby, MD BS, FRCP FRCPEd FRACP
C. Storey, MB BS, FRACP
T. R. Terenty, MB BS, FRACP
P. M. Williamson, MB BS, FRACP
J. D. Wingfield, MB BS, FRACP

Clinical Lecturers in Neurosurgery

J. J. F. Grant, OBE, MB BS, FACS FRACS
R. Rushworth, MB BS, FRCS FRACS

Clinical Lecturers in Rheumatology (part time)

J. B. Dick-Smith, MB BS
S. Dodman, MB ChB *Manc.*, FRACP MRCP
D. Latt, MB BS, FRACP MRCP
P. J. McNaught, BSc *Well.* MB ChB *Otago*, FRACP
MRCP
J. Webb, MD BS *Qld.* FRACP

Clinical Lecturers in Thoracic Medicine (part time)

D. H. Allen, MB BS PhD, FRACP
C. W. Clarke, PhD *Lond.* MB BS, FRACP
F. M. Elliott, PhD *Lond.* MB BS, FRACP
B. L. Geddes, MB BS, FRACP
J. B. Lawson, MB BS, FRACP
R. A. Vandenberg, MB BS, FRACP

Royal Prince Alfred Hospital

Clinical Lecturers in Medicine (part time)

R. A. V. Benn, BSc MB BS, FRACP
W. J. Benson, MB BS, FRCP FRACP
J. A. Burgess, MB BS, FRACP
F. H. Burns, MB BS, FRACP MRCP
I. D. Caterson, MB BS, FRACP
D. T. Church, MB BS, FRACP
P. E. Donnelly, MB BS PhD, FRACP
J. Forrest, MB BS, FRACP
N. D. Gallagher, MD BS, FRACP

R. Garsia, MB BS, FRACP
 M. A. Gillies, MB BS, FRACP
 J. M. Greenaway MB BS, FRCP FRACP
 B. M. Hall, MB BS PhD, FRACP
 J. E. Hassall, MB BS, FRACP
 A. Joasoo, MD BS, FRACP
 R. M. H. Kater, MB BS, FRACP FRCP
 P. Laird, MB BS, FRACP
 J. Leicester, MB BS, FRACP
 G. L. McDonald, BA MB BS, FRCP FRACP
 R. J. Mulhearn, MB BS, FRCP FRACP
 K. W. Perkins, MB BS, FRACP
 D. Raghaven, MB BS, FRACP
 C. S. H. Reed, MB BS, FRACP
 P. M. Stewart, MB BS, FRACP
 P. C. Thorpe, MB BS, FRACP MRCP
 P. C. Vincent, BSc(Med) MD BS, FRACP FRCPA
 P. R. Wikramanayake, MD *Ceyl.* MB BS, FRCP
 FRCPEd
 G. V. Williams, MB BS, FRACP
 J. York, MD *Melb.* MB BS, FRACP
 W. Zylstra, MB BS DTM&H, FRACP

Clinical Lecturers in Cardiology (part time)

I. K. Bailey, MB BS, FRACP
 L. Bernstein, MB BS, FRACP FACC
 P. J. Harris, BSc(Med) MB BS PhD, FRACP
 J. G. Richards, MB BS, FRCP FRACP
 D. R. Richmond, MB ChB BSc *Leeds MSc Minn.*,
 FRCP FRACP FACC

Clinical Lecturers in Dermatology (part time)

I. H. E. Dawson, MB BS
 S. Lee, MB BS, FACC

Clinical Lecturers in Haematology (part time)

D. Joshua, PhD *Oxf.* MB BS, FRACP FRCPA
 H. Kronenberg, MB BS DCP, FRACP FRCPA
 FRCPath
 K. A. Rickard, MB BS *Melb.*, FRACP FRCPA FCAP
 MRCPPath

Clinical Lecturers in Neurology (part time)

J. L. Allsop, MB BS, FRACP
 G. J. Halmagyi, BSc(Med) MB BS, FRACP
 J. Leicester, MB BS, FRACP
 J. Walsh, BSc(Med) MD BS, FRACP
 W. H. Wolfenden, MB BS, FRCP FRCPEd FRACP

Clinical Lecturers in Renal Medicine

G. G. Duggin, MB BS PhC, FRACP
 J. Horvath, MB BS, FRACP
 J. R. Johnson, MB BS, FRACP
 D. Tiller, MB BS, FRACP

Clinical Lecturers in Thoracic Medicine (part time)

P. Gianoutsos, MB ChB *N.Z.*, FRACP
 H. P. B. Harvey, MB BS, FRCP FRACP
 J. H. Lee, MB BS, FRACP
 D. Lindsay, MD BS, FRACP

Westmead Hospital

Clinical Lecturers in Medicine (part time)

D. V. Cody, MB BS, FRACP
 P. Despas, MB BS, FRACP
 C. J. Eastman, MD BS, FRACP
 L. A. Engel, MB BS *Melb.* PhD *McG.* FRACP
 P. E. Gillespie, MB BS, FRACP
 P. W. Harvey, MB BS, FRACP
 J. R. Hazel, MB BS *Qld.* FRSTM&H FRACP

J. Koutts, MB BS, FRACP FRCPA
 T. I. Robertson, MB BS FRACP FRCP
 P. Russell, MB BS, FRACP
 J. Stewart, MB ChB *N.Z.*, FRCP FRACP
 A. P. Skyring, MB BS, FRACP
 A. Young, MB BS, FRACP FRCP

Clinical Lecturers in Cardiology (part-time)

D. V. Cody, MB BS, FRACP
 D. Ross, MB BS *Melb.*, FRACP
 P. Russell, MB BS, FRACP
 J. F. B. Uther, MD BS, FRACP
 A. Young, MB BS, FRACP FRCP

Clinical Lecturers in Dermatology (part time)

C. Commens, MB BS, FACC
 W. DeLauney, MB BS DDM, FACC FRACP
 J. F. Krivanek, MB BS, FACC

Clinical Lecturers in Endocrinology (part time)

C. J. Eastman, MD BS, FRACP
 J. R. Hazel, MB BS *Qld.* FRSTM&H FRACP
 H. C. Smith, BSc(Med) MB BS, FRACP

Clinical Lecturers in Haematology (part time)

W. Hughes, MB BS, FRCPA
 J. Koutts, MB BS, FRACP FRCPA
 T. I. Robertson, MB BS, FRACP FRCP

Clinical Lecturers in Neurology (part time)

C. F. Elliott, MB BS *Qld.* FRACP
 I. Lorentz, MB BS, FRCP FRACP
 J. Morris, DM BCh BA *Oxf.*, FRACP MRCP
 G. Walker, MB BS, FRACP

Clinical Lecturers in Thoracic Medicine (part time)

P. Despas, MB BS, FRACP
 L. A. Engel, MB BS *Melb.* PhD *McG.* FRACP
 I. Gardiner, MB BS, FRACP

Clinical Lecturers in Renal Medicine (part time)

S. Lawrence, MB BS, FRACP
 J. Stewart, MB ChB *N.Z.*, FRCP FRACP

Clinical Lecturers in Rheumatology (part time)

G. Howe, MB BS, FRACP
 D. G. Spencer, MB BS, FRACP

Clinical lecturers in Immunology (part time)

S. Kamath, MB BS DCP, FRCPA
 G. Stewart, BSc(Med) MB BS, FRACP

Clinical Lecturer in Infectious Diseases (part time)

R. Munro, MB BS DipBact *Manc.*, MRCP MRCPPath

*Clinical Lecturers in Nuclear Medicine and
 Ultrasound (part time)*

J. E. Arnold, MB BS, FRACP
 E. F. Crocker, MB BS BSc *N.S.W.* DDU *Aust. Soc.*
Ult. Med., FRACP
 J. M. Egerton-Vernon, MA MB BChir *Camb.*
 S. M. Gruenewald, MB ChB *MSc Cape T.*, MRCP
 P. J. Sullivan, MB BS, FRACP
 A. G. Walker DDU *Aust.Soc.Ult.Med.* MB BS,
 FRACP

Obstetrics and Gynaecology

Professors

Rodney Philip Shearman, MD BS DGO, FRCOG
 FRCOG

Appointed 1968

Christopher Neville Hudson, MA MB MChir *Camb.*,
FRCS FRCOG FRACOG
Appointed 1978

Reader

Bevan L. Reid, MD BS BVSc DTM&H

Associate Professors

Ian S. Fraser, BSc MB ChB *Edin.*, FRCOG FRACOG
J. Derek Llewellyn-Jones, OBE, BA MD BCh MAO
Dub., FRCOG FRACOG
Douglas M. Saunders, MD BS, FRACS FRCOG
FRACOG

Senior Lecturers

Suzanne F. Abraham, MSc PhD *Melb.*
Diana L. Jakubowicz, MB BS *Melb.*, MRACOG
Brian J. Trudinger, BSc(Med) MB BS *N.S.W.* DDU
Aust.Soc.Ult.Med., FRCSEd FRCOG MRCOG

Professional Officer Grade III

Peter M. Blackwell, MSc, FAIMT

Professional Officer Grade I

Robert Markham, FAIMT FACBS

Repatriation General Hospital, Concord

Clinical Lecturer in Gynaecology

J. K. Tully, MB BS, FRCOG FAGO FRACOG

Royal North Shore Hospital

*Clinical Lecturers in Obstetrics and Gynaecology
(part time)*

E. S. Boyce, MB BS, FRACOG MRCOG
J. C. Hunter, MB BS, FRACOG MRCOG
I. McN. Kelso, MB BS *N.S.W.*, FRACOG MRCOG
J. F. Kemp, MB BS, FRCSEd FRCOG FRACS
FAGO FRACOG
I. D. McCrossin, MB BS, FACD
D. C. Morton, DDU *Aust.Soc.Ult.Med.* MB BS,
FRCOG FRACOG
W. H. Patterson, MB BS, FRCOG FACS FRACOG
J. C. Pennington, MB BS, FRACOG MRCOG
D. W. Pfanner, MB BS, FRCSEd FRACS FRCOG
FRACOG
R. H. Picker, DDU *Aust. Soc.Ult.Med.* MB BS,
FRCSEd FRCOG MRCOG
R. Robertson, MB BS, FRACOG MRCOG
D. Smith, MB BS, FRACOG MRCOG
E. Sussman, MB BS, FRCOG FRACOG
I. D. Truskett, MB BS, FRCOG FRACOG

Clinical Lecturers in Human Reproduction(part time)

C. N. Kellow, BSc PhD *LaT.*
C. J. O'Neill, BSc PhD *N'cle*
M. J. Sinosich, MSc *N.E.*, AIMLS

Clinical Lecturers in Neonatal Paediatrics (part time)

P. A. Barr, MB BS, FRACP
G. J. Bench, DCH *Lond.* MB BS, FRACP
J. R. Davis, MB BS, FRACP
B. Wyeth, MB BS, FRACP

Royal Prince Alfred Hospital

*Clinical lecturers in Obstetrics and Gynaecology
(part time)*

K. H. Atkinson, MB BS, FRACOG MRCOG
J. C. Anderson, MB BS, FAGO FRACOG
W. R. S. Birrell, MB BS, FRCOG FRACOG
A. Boogert, MB BS, FRACOG
Alan H. Bradfield, MB BS DGO, FRCOG FRACOG
Andrew G. Child, MB BS, FRACOG MRCOG

J. V. Malcolm Coppleson, MD BS, FRCOG
FRACOG

Peter M. Elliott, MB BS DGO, FRACOG MRCOG

Anthony M. Frumar, MB BS, FRCOG FRACOG
Frederick C. Hinde, MB BS DGO, FRCSEd FRACS
FRACOG MRCOG

C. R. S. Houghton, DPhil *Oxf.* BSc(Med) MB BS,
FRACOG

P. Hunter, DMRD *R.C.P.&S.* MB BS, FRACOG
FRCR MRCOG

R. P. Jansen, BSc(Med) MB BS, FRACP FRACOG
MRCOG

John W. Knox, MB BS, FRCSEd FRCOG FRACS
FRACOG

Andrew R. Korda, MB BS, FRACOG MRCOG
Ronald Lawrence, MB BS DGO, FRCOG FRACOG

R. Lyneham, MB BS, FRACOG MRCOG

Gordon M. Parkin, MB BS DGO, FRCOG FRACOG

H. John Solomon, MB BS DGO, FRACOG MRCOG

*Clinical Lecturers in Infectious Diseases, Pathology
and Cytology in Obstetrics (part time)*

Patricia Bannatyne, MB BS, FRCPA

Peter Russell, BSc(Med) MB BS, FRCPA

St Margaret's Hospital

*Clinical Lecturers in Obstetrics and Gynaecology
(part time)*

I. Brake, MB BS, FRCOG FRACOG

T. J. Cody, MB BS, FRACOG MRCOG

K. L. Collins, MB BS, FRCOG FRACOG

D. Eisenberg, MB BS, FRACOG

M. J. Fortune, MA MB BCh *Camb.*, FAGO
FRACOG MRCOG

K. G. Hartman, MB BS, FAGO FRACOG MRCOG

K. Hollebhone, MB BS, FRACOG MRCOG

J. V. Mutton, MB BS, FRACOG MRCOG

P. Papapetros, MB BS, FRACOG

A. A. Pickett-Heaps, MB BS, FRACOG MRCOG

S. Robertson, MB BS, FRCOG FRACOG

G. Turner, MB BS DCH, MRCPed

Clinical Lecturer in Obstetric Anaesthetics (part time)

M. G. Scarf, MB BS, FFARCS

Clinical Lecturer in Care of the Newborn (part time)

D. Bau, MB BS DCH *Lond.*, FRACP MRCP

G. Bench, MB BS DCH, FRACP

P. Chidiac, MB BS, MRCP

P. Van Vliet, BSc MD *N.S.W.* MB BS, FRACP

Clinical Lecturer in Obstetric Medicine (part time)

Richard O'Reilly, MB BS, FRACP

Westmead Hospital

*Clinical Lecturers in Obstetrics and Gynaecology
(part time)*

A. Baccarini, MB BS, FRCOG FRACOG

R. Bellingham, MB BS, FRACOG MRCOG

Phillip S. Cocks, MB BS, FRACOG MRCOG

A. J. Crandon, PhD *Leeds* MB BS, FRACOG
MRCOG

C. D'Acosta, MB BS *Glas.*, FRACOG FRCS
MRCOG

G. L. Driscoll, MB BS, FRCS FRACOG MRCOG
R. Fay, MB BS, MRCOG

J. S. Gibson, MB BS, FRCOG FRACOG

K. B. Kuah, MB BS *Sing. AM Malaya*, FRCOG FICS
FRACOG

R. D. MacDonald, MB BS, FRCS FRACS FRCOG
FRACOG

G. A. Mebbs, MB BS, FRCOG FRACOG

M. J. Simcock, BMedSc MB ChB N.Z., FRCS
FRCOG FRACOG

B. R. Spurrett, MB BS, FRACOG MRCOG
E. Tischler, MB BS, FRACOG MRCOG

Clinical Lecturer in Family Planning (part time)
B. W. Simcock, MB BS BSc, MRCS LRCP

Clinical Lecturer in Gynaecological Pathology
P. J. Baird, MB BS PhD, FRCPA

Clinical Lecturer in Reproductive Biology
J. Tyler, BSc S'ton PhD Lond.

Ophthalmology and Eye Health

Professor of Clinical Ophthalmology
Francis Alfred Billson, MB BS Melb. DO R.C.P.&S.,
FRCSEd FRCS FRACS FACS FRACO
Appointed 1976

Lecturers (part time)
Frank Martin, MB BS DO, FRACO FRACS
Justin Playfair, MB BS, FRACS FRACO
Peter. A. Rogers, MB BS DO, FRACS FRACO

Lidcombe Hospital

Clinical Lecturers in Ophthalmology (part time)
R. S. Bengler, MB BS Adel., FRACS FRACO
J. Chandra, MB BS Luck., FRACS FRACO
A. Charawanamuttu, MB BS AM Sing. DO, FRCSEd
M. Kearns, MB BS DO, FRACO
S. H. Sarks, MB BS DO, LRCP FRCSEd FRACS
G. B. Thomson, MB BS DO
I. B. Wechsler, MB BS DO, FRACS FRACO

Repatriation General Hospital, Concord

Clinical Lecturers in Ophthalmology (part time)
F. M. Booth, DO Lond. MB BS, FRACS
I. C. Francis, MB BS, FRACS FRACO
M. B. Kappagoda, MB BS Ceyl. DO Lond., FRCS
FRACS FRACO
J. F. Killick, MB ChB Edin. DO, FRCS
A. L. McKay, DO R.C.P.&S. MB BS, FRACO

Royal Alexandra Hospital for Children

Clinical Lecturers in Paediatric Ophthalmology (part time)
G. C. T. Burfitt-Williams, DO R.C.P.&S. MB BS,
FRACO FRACS
J. W. Hornbrook, DO R.C.P.&S. MB BS, FRACO
FRACS
F. Martin, MB BS DO, FRACO FRACS
P. Waddy, BSc MB BS DO, FRACO

Royal North Shore Hospital

Clinical Lecturers in Ophthalmology (part time)
C. N. Banks, MA MB Bch Camb., LRCP FRCS
FRACO
S. E. Cains, MB BS, FRACS
D. Campbell, MB BS, FRACS FRACO
G. C. Hipwell, MB BS DO, FRCS FRACO
S. Hollo, MD DipOphth Bud., FRACO
C. M. Rogers, MB BS, FRACS FRACO

Royal Prince Alfred Hospital

Clinical Lecturers in Ophthalmology (part time)
Peter S. Duke, MB BS DO, FRCS FRACS FRACO
Lionel F. Hann, MB BS DO, FRACO
P. H. Hughes, BSc MB BS N.S.W. DO Lond.,
FRACS FRACO
Ian B. Jack, MB BS DO, FRACO
P. J. McCluskey, MB BS

K. M. Silva, MB BS Qld DO R.C.P.&S., FRCS
FRACO

H. Stern, MB BS W.Aust. DO, FRACO
R. F. Taylor, DO Lond. MB BS, FRACS FRACO
Douglas T. Treloar, MB BS DO, FRACS FRACO
R. D. Williams, MB BS, FRACS FRACO

Sydney Eye Hospital

Clinical Lecturers in Ophthalmology (part time)
E. J. Donaldson, MB BS DO, FRACS FRACO
P. Hanbury, MB BS DO, FRACO
R. A. Higgins, MB BS DO, FRACS FRACO
J. W. Hornbrook, DO R.C.P.&S. MB BS, FRACO
FRACS
A. B. L. Hunyor, BSc(Med) MB BS DO, FRACS
FRACO
F. J. Martin, MB BS DO, FRACS FRACO
E. J. Milverton, MB BS DO, FRACO
W. Muntz, DO R.C.P.&S. and Vienna MB BS,
FRACO
G. Pittar, DO Lond. MB BS, FRCSEd FRACO
J. Playfair, MB BS, FRACS FRACO
L. P. Robinson, MB BS DO, FRACS FRACO
P. A. Rogers, MB BS DO, FRACS FRACO
A. W. Wechster, MB BS, FRACS FRACO

Westmead Hospital

Clinical Lecturers in Ophthalmology (part time)
D. J. Du Temple, MB ChB N.Z., DO R.C.P.&S.,
FRCS FRACS FRACO
J. A. Harding, DO R.C.P.&S. MB BS, FRCS FRACS
FRACO
J. G. Henry, DO R.C.P.&S. MB BS, FRCS FRACS
FRACO
G. G. B. Thomson, MB BS DO, FRACO

Paediatrics and Child Health

Professor of Child Health
Neil Buchanan, BSc MB BS Lond. PhD Witw.,
FCP(SA) FRACP MRCS LRCP
Appointed 1979

Royal Alexandra Hospital for Children

Clinical Lecturers (part time)
G. Angel-Lord, MB BS
J. Antony, MB Pitt.
P. A. Barr, MB BS, MRACP
D. L. Bennett, MB BS, FRACP
M. Bergin, MB BS
J. M. Brown, MB BS, FRACP
M. Burgess, MD BS, FRACP
E. D. Burnard, MB ChB N.Z., FRCP FRACP
J. M. Celermajer, MB BS, FRACP
R. J. Chapman, MB BS, MRCP
J. R. Davis, MB BS, FRACP
M. J. Deloughery, MB BS, FRACP
R. Dewey, MB BS DCH
J. Douglas, MB BS, FRACP
J. C. M. Friend, BA MB BS, FRACP MANZCP
K. Gaskin, MB ChB Otago, FRACP FRCPCan
M. D. Gett, MB BS, FRACP
C. L. Goh, MB BS Sing., FRACP
C. Green, MB DCH Belf., FRACP MRCP (I) MRCP
W. G. Grigor, MB BS, FRACP
F. Grunseit, MB BS, FRACP
R. Hawker, MB BS, FRACP
R. Howman-Giles, DDU Aust.Soc.Ult.Med. MB BS,
FRACP
M. Huber, MB BS
P. Hutchins, MB BS, MRCP
C. A. James, MB BS, FRACP

K. R. Kamath, MD DCH *Madr.*, FRACP
 J. Katz, MB ChB *Witw.* DPM R.C.P.&S., FRCPsych
 FRANZCP
 B. E. Kearney, MB BS, FRACP
 A. S. Kemp, MB BS *Melb.*, PhD A.N.U., FRACP
 H. A. Kilham, MB BS, FRACP
 A. Lipson, MB BS N.S.W., FRACP
 M. Llewelyn, MB BS
 D. Macauley, MB BS, FRACP
 R. MacLeod, MB BS
 A. Mansour, MB BS PhD, FRACP
 E. May, MB BS DCH, FFCM
 J. D. McDonald, MB BS, FRACP
 C. M. Mellis, MB BS, FRACP
 R. K. Oates, DCH R.C.P.&S. MB BS, FRACP
 MRCP
 A. S. Oldfield, MB BS, FRACP
 R. A. Ouvrier, BSc(Med) MB BS, FRACP
 P. G. Procopis, MB BS, FRACP
 P. M. Rahilly, BSc MD BS *Lond.*, MRCP
 S. I. Robertson, MB BS, MRCP
 P. B. Rowe, MD BS, FRACP
 L. P. Roy, BSc(Med) MB BS, FRACP
 G. L. Serfontein, BSc MB ChB *Stell.*, FCP(SA)
 M. Silink, MD BS, FRACP
 D. O. Sillence, MD *Melb.* MB BS, FRCPA FRACP
 G. B. Soutter, MB BCh *Cape T.* DCH R.C.P.&S.,
 FRACP
 M. Stevens, MB BS, FRACP
 A. R. Tink, MB BS, FRACP
 S. Vince, MD *Bud.*
 R. H. Vines, DCH R.C.P.&S. MB BS, FRCP FRACP
 C. Whight, MB BS, FRACP
 G. L. Williams, MB ChB *Cape T.*, FRACP
 B. E. Wyeth, MB BS *Qld.* FRACP
 J. S. Yu, DCH R.C.P.&S. MB BS, FRACP

Clinical Lecturers in Child Psychiatry (part time)

J. L. Brennan, BSc(Med) MB BS, MRANZCP
 B. Potter, MB BS, FRANZCP
 J. Rose, MB BS, MRANZCP
 R. Wotton, MB BS, FRANZCP
 B. Waters, MB BS, FRCP FRANZCP

Royal North Shore Hospital

Clinical Lecturers (part time)

P. Barr, MB BS, FRACP
 G. J. Bench, DCH *Lond.* MB BS, FRACP
 P. Concannon, MB BS N.S.W. DCH R.C.P.&S.,
 FRACP MRCP
 J. Davis, MB BS, FRACP
 P. McDougall, MB BS, FRACP
 B. Wyeth, MB BS, FRACP

Royal Prince Alfred Hospital

Clinical Lecturers in Care of the Newborn (part time)

M. Gett, MB BS, FRACP
 D. Henderson-Smart, MB BS PhD, FRACP
 C. James, MB BS, FRACP
 P. M. Rahilly, BSc MD BS *Lond.*, FRCP
 G. N. B. Storey, DABP *Amer. Bd Paediatrics* MB BS,
 FRACP

Westmead Hospital

Clinical Lecturers (part time)

D. Cass, MB BS, FRACS
 A. Chong, MB BS MMed *Sing.*, FRACP
 S. Clarke, MB BS, FCP(SA)
 M. Deloughery, MB BS, FRACP
 A. M. Fasher, MB BS
 B. Filmer, MB BS, FRACP FRCS FACS
 M. Frost, MB BS

A. Greenberg, MB BS
 E. Haskard, DPH, MRCS LRCP
 E. John, MB BS *Madr.*, FRACP
 B. E. Kearney, MB BS, FRACP
 P. W. Knight, MB BS, FRACP
 G. C. Miller, MB BS, FRACP
 S. O'Flaherty, MB BS, FRACP
 J. Pitkin, MB BS, FRACP FRCS
 C. C. Poon, MB BS, FRACP
 D. Thomas, MD BS, FRACP
 P. Van Asperen, MB BS, FRACP
 M. West, MB BS, MRANZCP
 D. Whiteway, MB BS, FRCS FRACS FACS

Pathology

Professors

David Agar Cameron, MDS PhD

Appointed 1968

Susan Evelyn Dorsch, MB BS PhD

Appointed 1983

Alan Beh Puan Ng, MB BS *Melb.*, FASCP FIAC

FASDerm FRCPA

Appointed 1980

Clinical Professor

Ernest Sydney Finckh, MD BS DCP, FRACP

FRCPath FRCPA

Appointed 1978

Reader

John R. Gibbins, MDS PhD

Senior Lecturer

L. Arnold, BSc(Med) MB BS PhD

Visiting Senior Lecturer (part time)

W. A. Evans, BSc(Med) MB BS DCP, FRCPA

Clinical Lecturer

B. P. C. Lin, MB BS, FRCPA

Senior Tutor

K. Narayan, MD PhD *New Delhi*

Visiting Lecturers (part time)

Patricia Bale, MB BS *Melb.*, FRCPA MRCPPath

A. Michael Bilous, MA MB ChB *Oxf.*, FRCPA

T. Jelihovsky, MB BS DCP

R. C. Newland, BSc(Med) MB BS DCP, FRCPA

E. J. Wills, BSc MD BS DCP

Visiting Tutors

M. J. Ashwell, MB BS

F. Chambers, MB BS

A. Chan, MB BS, FRCS

I. Cheng, MB BS *H.K.*, FRACP

S. Cheng, MB BS

M. Cherian, MD BS, FRCPA

C. DeLuca, MB BS, MSc

V. Geddes-Dwyer, MB BS

M. Gibson, MB BS

H. G. Healy, MB BS

N. M. Hedberg, BDS

M. Hughes, MB BS, FRACS

N. Hunter, BDS PhD

R. Jaworski, MB BS

K. L. Kneale, MB BS

S. Kondapalli, MB BS

H. Lunzer, MB BS *Lond.*, MRCS LRCP

E. McGirr, MB BS, FRACP

R. L. O'Grady, BSc BDS PhD

S. Prakash, MB BS DCP *Madr.*
 B. Quinn, MB BS DCP, FRCPA
 P. Samson, MA MB BS
 S. Staraj, MB BS, FRCPA
 G. R. Struthers, MB BChir *Camb.* MA, MRP
 M. Van Rooijen, MB BS

Professional Officers Grade III

G. L. Morrison, DipMT *A.I.M.L.S.*, FAIMLS
 B. H. Munro, DipMT *A.I.M.L.S.*, FAIMLS

Pharmacology

Professor

Graham Allen Ross Johnston, PhD *Camb.* MSc,
 FRACI
 Appointed 1980

*Reckitt and Colman Professor of Clinical
 Pharmacology*

John Shaw, MB BS PhD, FRACP
 Appointed 1979

Reader

Gregory B. Chesher, MSc PhD

Associate Professors

L. Bruce Cobbin, BSc *Melb.* PhD
 David M. Jackson, BPharm MSc PhD
 Graham A. Starmer, MSc *Manc.* PhD
 Diana M. Temple, BSc *W.Aust.* MSc PhD

Senior Lecturers

Robin D. Allan, BSc *Qld* PhD *James Cook*
 Rosemarie Einstein, BSc PhD
 Ewan J. Mylecharane, BPharm *Vic.I.C.* BSc PhD
Melb.
 J. Paul Seale, MB BS PhD *Lond.*, FRACP

Clinical Senior Lecturer

Gillian M. Shenfield, MA DM BCh *Oxf.*, FRCP
 FRACP

Tutors

Peter U. Braacs, BSc
 Christine Phillips, BSc *Bath* PhD *Edin.*
 Susan D. Whicker, BSc *Adel.*

Honorary Associate

S. D. Anderson, BSc PhD *Lond.*

Research Affiliate

C. M. Mellis, MB BS, FRACP

Clinical Lecturers (part time)

Judith L. Black, MB BS PhD
 George M. Eckert, MB BS MSc PhC, FPS

Physiology

Professors

William Burke, BSc PhD *Lond.*
 Appointed 1967
 Michael Gleeson Taylor; MD BS *Adel.* PhD DSc
Lond., FRACP
 Appointed 1961
 Appointed Deputy Vice-Chancellor 1975
 John Atherton Young, BSc(Path) BS DSc MD *Qld.*
 FRACP
 Appointed 1976

Reader

Joseph F. Y. Hoh, PhD *A.N.U.* BSc(Med) MB BS

Associate Professors

David F. Davey, BSc PhD *McG.*
 Arthur V. Everitt, BSc PhD
 Barry S. Gow, MDS PhD, FRACDS
 David J. C. Read, MD BS, FRACP

Senior Lecturers

Brian G. Cleland, BE *N.S.W.* MS PhD *Northwestern*
 Roger A. L. Dampney, BSc PhD
 Brian J. Morris, BSc *Adel.* PhD *Monash*
 Alan G. Pettigrew, BSc PhD
 Ann E. Sefton, BSc(Med) MB BS PhD

Tutors

Simon Carlile, BSc (half time)
 Miriam I. Fabian, BSc PhD *Lond.* (half time)
 Vivian Fabricatorian, BSc *Beirut* MSc *Amer.U.* *Beirut*
 (half time)
 Thomas FitzGibbon, BSc *Vic.B.C.* (half time)
 Jeffrey M. Freeman, BE
 Anthony Nicholson, PhD *Adel.* BVSc

Professional Officer Grade II

Donald J. Bowen, HNC *LIBiol Lond.*, MRSH

Research Affiliate

J. M. Lingard, BSc *Qld* PhD

Psychiatry

Professor

Pierre Joseph Victor Beumont, MB ChB *Pret.* MSc
Oxf. MPhil *Lond.* DPM, FRANZCP FRACP
 FRCPsych MRCPed
 Appointed 1975

Clinical Professor

Russell Ainslie Meares, MD BS *Melb.* DPM *Lond.*,
 FRANZCP MRCPsych
 Appointed 1981

Associate Professors

Gordon F. S. Johnson, MB BS *Qld* DPM *Lond.*,
 FRCPsych FRANZCP
 Christopher Tennant, MD BS MPH DPM,
 MRCPsych MRANZCP

Senior Lecturer

Ralph J. Schureck, MA DPM *Camb.* MB BS *Qld*
 MHPEd *N.S.W.*, MRCPsych MRANZCP

Lecturer

Robert Hampshire, MB BS MRANZCP

Research Affiliate

J. Bergen, MB BS, MRANZCP

Banks House, Bankstown District Hospital

Clinical Lecturers

M. Giuffrida, MB BS, MRANZCP
 W. B. Andrews, MB BS, MRANZCP

Cumberland Hospital

Clinical Lecturers (part time)

C. S. Balaraman, MB BS *Madr.*, MRANZCP
 K. A. Henson, MB BS, FRANZCP
 C. Kordick, MB BS, MRANZCP
 G. J. M. Westerink, MB ChB *N.Z.* DPM *Melb.*,
 FRANZCP

Lidcombe Hospital*Clinical Lecturers (part time)*

D. Learoyd, MB BS, MRANZCP
 J. Pettigrew, MB BS, MRANZCP
 S. Williams, MB BS, FRANZCP

Macquarie Hospital*Clinical Lecturers (part time)*

W. A. Barclay, MSc Col. BSc(Med) MB BS DPM,
 FRANZCP
 M. A. S. Connolly, BSc(Med) MB BS DCH DPM,
 MRCP MRCPsych
 P. J. Doherty, MB BS *Monash*, MRANZCP
 S. K. Dutta, MB BS *Calc.* DPM *Lond.*, MRCPsych
 R. Kaneyson, MB BS *Calc.* MPM *Malaya*,
 MRANZCP
 M. D. McGrath, MB ChB *Leeds* DPM, FRANZCP
 MRCPsych
 A. Smallman, MB BS, MRANZCP

**Northside Clinic (an affiliated teaching unit of the
Department of Psychiatry)***Clinical Lecturers (part time)*

B. Glass, MB ChB *Cape T.*, MRANZCP
 K. Mayne, MB BS, FRANZCP MRCPsych
 C. MacFie, MB ChB *Glas.* MPhil *Lond.* DPM,
 MRCP MRCPsych MRANZCP
 R. Morstyn, MB BS *Monash* DipABPN *Harv.*,
 MRANZCP
 A. Orsmond, MB BS *Lond.* DPM, MRANZCP
 MRCPsych LRCP
 J. Phillips, MB BS *Melb.*, FRANZCP
 J. Russell, MB BS, FRACP MRANZCP
 I. Short, MB BS, MRANZCP
 W. Williams, BSc(Med) MB BS BA, FRANZCP

Palmerston Clinic—Hornsby Hospital*Clinical Lecturers*

J. Bergin, MB BS, MRANZCP
 W. Eaton, MB BS, MRCPsych MRANZCP
 L. Madew, MB BS DPM, FRANZCP
 M. Roberts, MB BS, MRANZCP

Repatriation General Hospital, Concord*Clinical Lecturers (part time)*

B. Boman, MB BS, MRANZCP
 M. J. Fairley, MB BS, FRANZCP
 A. E. McCarron, MB BS, MRANZCP
 C. Smith, MB BS, MRANZCP
 G. S. Spragg, MB BS DPM, MRANZCP
 J. H. Streimer, MB BS, MRANZCP

Rozelle Hospital*Clinical Lecturers (part time)*

N. Brinkley, MB BS DPM *Melb.*, FRANZCP
 I. Dzintars, DPM *Lond.* MB BS, FRANZCP
 P. H. Merory, BM DOMS *Lond.* DPM, FRANZCP
 MRCS MRCPsych LRCP

Rydalmere Hospital*Clinical Lecturers*

R. Elliott, MB BS, MRANZCP
 M. Gesam, MB BS *Madr.*, FRANZCP MRCPsych
 D. Johns, MB BS, MRANZCP
 R. D. Moorthy, MB BS, MRANZCP
 D. I. Nasser, MB BS DPM *Old MHP N.S.W.*,
 MRANZCP MRCPsych
 C. Sochan, MB BS, MRANZCP

Royal North Shore Hospital*Clinical Lecturers (part time)*

R. Bartrop, MD *N.S.W.* DPM MB BS, *Lond.*,
 FRACP MRCPsych MRANZCP

A. G. Bennett, MB BS DPM, FRACP FRANZCP

FACMA MRCPsych

M. Freeman, MB BS DPM, MRANZCP

J. A. Telfer, MB BS, FRANZCP

Royal Prince Alfred Hospital*Clinical Lecturers (part time)*

G. J. Barnes, MB BS, FRANZCP MRCPsych
 M. Bashir, MB BS, FRANZCP
 F. J. Buttsworth, MB BS, FRANZCP
 W. Coombes, MB BS, FRANZCP MRCPsych
 R. Cooper, MB BS, FRANZCP
 R. Gertler, MB BS, FRANZCP
 A. Gilandas, BSc *Oregon* MSc PhD
 P. Jenkins, MB BS, MRANZCP
 M. Jennings, MB BS DPM, FRANZCP FRCPCan
 H. Knutzelius, MB BS DPM *Lond.*, MRCPsych
 J. Plapp, BA *Melb.* PhD *St Louis*
 I. Richards, MB BS, MRANZCP
 H. H. Smartt, MB BS DPM, FRANZCP
 S. Touyz, BSc PhD *Cape T.* BSc *Witw.*
 R. B. Vickery, MB BS DPM, FRANZCP
 R. T. White, MB BS DPM, FRANZCP MRCPsych

Westmead Hospital*Clinical Lecturers in Psychiatry (part time)*

P. G. Churven, MB BS *Qld*, MRANZCP
 G. A. Edwards, MD MHA *N.S.W.* DPM, FRANZCP
 MRCPsych
 R. Garofali, MA DipPsychol
 P. Morse, MB BS, FACMA MRANZCP
 M. Nicholas, MSc *Auck.* MPsychol
 A. Robertson, MB BS *Lond.*, MRCS MRANZCP
 LRCP
 G. J. Westerink, MB ChB *N.Z.* DPM, FRANZCP
 N. Whan, MB BS, MRCPsych

Radiology¹**Lidcombe Hospital***Clinical Lecturer in Radiology (part time)*

B. T. Hammond, MB BS, MRACR

Repatriation General Hospital, Concord*Clinical Lecturers in Radiology (part time)*

G. R. Faithful, MB BS DDR, FRACR FRCR
 M. C. Schieb, PhC MB BS DDR, FRACR FRACP
 W. F. Sporr, MB BS DDR

Royal Alexandra Hospital for Children*Clinical Lecturers in Paediatric Radiology (part time)*

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

Royal North Shore Hospital*Clinical Lecturers in Radiology (part time)*

J. D. Cashman, MB BS
 G. K. Chapman, MB BS, FRACR
 J. H. Hunt, MB BS, FRACR
 P. K. Macintosh, MB BS, MRACR
 C. N. Mathews, MB ChB *Manc.* DDR, FRACR
 FRCR
 J. Roche, MB ChB *Liv.*, MRACR
 P. A. Scamps, MB BS, FRACP MRACR
 W. A. Sorby, MB BS, FRACP FRACR

¹Not a department in the University.

Royal Prince Alfred Hospital*Clinical Lecturers in Radiology (part time)*

L. J. Harding-Smith, MB BS DDR, MRACR
 T. S. Lamond, MB BS DDR, MRACR
 B. Markell, MB BS, FRCR MRCP
 J. Ryan, MB BS, FRACP
 K. Sherbon, MB BS DDR, FRACR FRCR
 A. Theile, MB BS DDR, FRCR
 R. Waugh, MB BS DDR, MRACR

Westmead Hospital*Clinical Lecturer in Radiotherapy*

Kenneth W. Tiver, MB BS, MRACR

Clinical Lecturers in Radiology (part time)

E. M. Broadfoot, DCH Lond. DDU Aust.Soc.
Ult. Med. MB BS DDR, MRACR
 P. M. Fitzgerald, MB BS DDR, MRACR
 Jacques H. Gutmann, MB ChB *Witw.* DDR,
 MRACR
 Michael W. Jones, MB BS, MRACR
 Mary Rickard, BSc(Med) MB BS, MRACR
 K. C. Simmons, MB BS, MRACR
 Y. S. Soo, MB BS *H.K. DMRD R.C.P.&S.*, MRACR

Radiotherapy¹**Repatriation General Hospital, Concord***Clinical Lecturers in Radiotherapy (part time)*

B. W. McEwen, MB BS, FRACP FRCP
 D. P. Ewing, MB BS DTR, FRACR
 R. L. Woods, MB BS Lond., FRACP MRCS MRCP

Royal North Shore Hospital*Clinical Lecturers in Radiotherapy (part time)*

B. J. Biggs, MB BS *Melb.* DTM&H, MRACR
 M. Holecck, MB BS, MRACR
 A. Mallik, MB BS *Calc.* DMRT Lond., FRCR
 R. T. H. Shepherd, MB Bch *Oxf.* DMRT Lond.,
 FRCR

Royal Prince Alfred Hospital*Clinical Lecturers in Radiotherapy (part time)*

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

Westmead Hospital*Clinical Professor of Radiotherapy*Allan Ogilvie Langlands, BSc MB ChB DMRT *Edin.*,
FRCR FRACR FRCSEd*Clinical Lecturer in Radiotherapy (part time)*

K. W. Tiver, MB BS, MRACR

Surgery*Bosch Professor of Surgery*Gerald White Milton, MB BS *Adel.*, FRCS FRACS
Appointed 1966*Raymond E. Purves Professor (in the field of
Transplantation)*Ainslie Glenister Ross Sheil, BSc MA *Oxf.* MB MS
Qld. FRCS FRACS FACS
Appointed 1978*Professors*John Miles Little, MD MS, FRACS
Appointed 1977Robert J. Lusby, MD BS *N.S.W.* MD *Brist.*, FRCS
FRACS

Appointed 1983

James May, MB BS, FRACS FACS

Appointed 1979

Thomas Smith Reeve, CBE, DDU *Aust.Soc. Ult. Med.*
MB BS, FACS FRACS Hon.FRACR

Appointed 1974

Professor of Orthopaedics and Traumatic Surgery
Thomas Kinman Fardon Taylor, DPhil *Oxf.* MB BS,
FRCS FRCSEd FRACS

Appointed 1969

*Professor of Otolaryngology*William Peter Rea Gibson, MD BS *Lond.*, FRCS
(*Otolaryngology*)

Appointed 1983

*Director of the Gordon Craig Urological Research
Laboratories*

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*Associate Professors*William H. McCarthy, MEd *Ill.* MB BS, FRACS
Janet McCredie, DMRD *Lond.* MD BS, FRCR
FRACR (*Diagnostic Radiology*)Frederick O. Stephens, MD BS, FRCSEd FACS
FRACS*Senior Lecturers*E. Lesley Bokey, MB MS, FRACS(temporary)
Stephen A. Deane, MB BS, FRACS FRCS
John P. Fletcher, MB BS *W.Aust.*, FRCS FRACS
John P. Harris, MB BS, FRCS FRACS(temporary)
John E. Payne, MB BS, FRCSEd
Michael D. Ryan, MB BS, FRCSEd FRACS
Ross C. Smith, MD BS *N.S.W.*, FRACS*Senior Lecturers (part time)*Christopher P. Bambach, MB BS, FRACS
Pierre H. Chapuis, MB DS *Qld.* FRACS
Michael S. Stephen, MB BS, FRACS*Clinical Senior lecturer*

Peter F. Thursby, MB BS, FRACS

*Lecturers (temporary)*L. De Lleridge, BSc(Med) MB BS, FRACS
David W. Storey, MB BS, FRCS FRACS*Director of the Raymond Purves Laboratories*Peter Ghosh, BSc *Lond.* PhD, FRACS ARIC*Lecturer to Dental Students (part time)*

Nicholas A. Packham, BDS MB BS, FRACS

Lecturer in Plastic Surgery (part time)

Edward W. Gibson, MB MS, FRACS FACS

*Lecturers in Surgical Diseases of Children (part time)*D. H. Cohen, MB BS, FRACS
A. W. Middleton, MB BS, FRCS FRACS*Lecturers in Orthopaedics and Traumatic Surgery
(part time)*Francis W. Marsden, MB BS, FRCSEd FRACS
David H. Sonnabend, MB BS, FRACS*Lecturer in Ear, Nose and Throat Surgery (part time)*

John H. Seymour, MB BS, FRCS FRACS

¹Not a department in the University.

Professional Officers Grade III
Desmond Varga, DipIng E.L. Bud.
Douglas Mears

Research Affiliates
O. Dent, MA PhD
G. Kossoff, BSc DEng

Lidcombe Hospital

Clinical Lecturers in Surgery (part time)
F. Bonar, MB BS, FRACS FRCS
P. Catts, MB BS, FRCS FRACS
M. Hughes, MB BS, FRACS
W. O. Shields, BSc MB ChB Glas., FRCSEd
B. H. Stone, MB BS, FRCSEd
P. F. Thursby, MB BS, FRACS
S. K. C. Wong, MB BS, FRACS FRCSEd

Clinical Lecturer in Ear, Nose and Throat (part time)
O. Harrison, MB BS, FRACS

Clinical Lecturer in Neurosurgery (part time)
J. Matheson, BA MB BS, FRACS FACRM

Clinical Lecturers in Orthopaedic Surgery (part time)
G. Kalnins, MB BS, FRCSEd FRACS
J. Walsh, MB ChB Otago, FRCSEd FRACS

Clinical Lecturer in Reconstructive Surgery (part time)
N. V. Sweeney, MSc MB BS, FRACS FRCSEd

Clinical Lecturers in Urology (part time)
J. Boulas, MB BS, FRACS
A. Mitterdorfer, MB BS, FRACS

Mater Misericordiae Hospital, North Sydney

Clinical Lecturers in Surgery (part time)
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
T. O'Connor, MB BS, FRCS FRACS
B. F. Sheridan, MB BS, FRCS FRCSEd FRACS

Clinical Lecturers in Orthopaedic Surgery (part time)
R. A. Elliott, MB BS, LRCP FRCS FRACS
F. J. Harvey, MB BS MChOrth Liv., FRCS FRCSEd
FRACS FACS
A. Hodgkinson, MB BS, FRCSEd FRACS FACS
J. P. H. Stephen, MB BS, FRCS FRACS

Repatriation General Hospital, Concord

Clinical Lecturers in Surgery (part time)
P. H. Chapuis, MB DS Qld, FRACS
R. C. Claxton, MB BS, FRCS FRCSEd FRACS
D. Dunn, MB BS, 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. Humphries, MB BS, FRCS FRCSEd FRACS
P. J. Kennedy, MB BS MDS, FRACDS 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 FRCSEd FRACS
M. T. Pheils, MA MB MChir Camb., FRCS FRACS
LRCP
W. K. Soh, MB BS, FRACS

Clinical Lecturers in Ear, Nose and Throat (part time)
O. J. Davies, MB BS DLO
J. Szasz, MB BS DLO

Clinical Lecturers in Neurosurgery (part time)
N. Dan, MB BS, FRCS FRACS
H. E. Hudson, MD Chile, FRACS
A. P. Poulgrain, MB BS, FRCS FRCSI

Clinical Lecturers in Orthopaedic Surgery (part time)
A. D. Dixon, MB BS, FRACS
A. J. Grant, BA Qld MB BS, FRCSEd
R. J. E. D. Higgs, MB BS Lond. FRCSEd
FRACS(Orth)
K. Hume, MB BS, FRCS FRACS
W. P. Lennon, MB BS, FRACS
W. J. Marsden, MB BS, FRCSEd FRACS
K. W. Walter, MB BS, FRCSEd FRACS
K. Wilding, MB BS, FRCS FRACS

Clinical Lecturers in Reconstructive Surgery (part time)
T. R. M. Furber, MB MS, FRACS
P. Haertsch, MB BS, FRACS FRCSEd
A. W. Lewis, MB BS, FRACS

Clinical Lecturers in Urology (part time)
J. H. Alexander, MB BS, FRACS
A. Lalak, MB BS, FRCSEd FRACS
P. W. O. Maher, MB BS, FRCS FRACS
A. Mitterdorfer, MB BS, FRACS

Royal Alexandra Hospital for Children

Clinical Lecturers in Paediatric Surgery (part time)
D. H. Cohen, MB BS, FRACS
Genevieve Cummins BSc(Med) MB BS, FRACS
D. L. Dey, MB MS, FRACS
M. Glasson, MB BS, FRCS FRACS
J. Harvey, MB BS, FRCS FRACS
R. S. B. Hudson, MB BS, FRCS FRACS
H. C. O. Martin, MB BS, FRACS FRCS
A. W. Middleton, MB BS, FRCS FRACS

Clinical Lecturers in Paediatric Ear, Nose and Throat (part time)
E. J. Beckenham, MB BS, FRACS FRCSEd
B. N. P. Benjamin, OBE, MB BS DLO, FRACS

Clinical Lecturers in Paediatric Neurosurgery (part time)
M. Besser, MB BS, FRCS FRACS
I. H. Johnston, MB ChB St.And. BSc, FRCS
FRCSGlas

Clinical Lecturers in Paediatric Orthopaedic Surgery (part time)
I. Barrett, MB BS, FRACS
M. D. Ryan, MB BS, FRCSEd FRACS
D. W. Whiteway, MB BS, FRCS FRCSEd FRACS
FACS

Clinical Lecturers in Paediatric Urology (part time)
D. D. Arnold, MB BS, FRCS FRACS
R. B. Filmer, MB BS, FRACS FRCS FACS
R. D. Wines, MB BS, FRCS FRACS

Royal North Shore Hospital

Clinical Lecturers in Surgery (part time)
M. Appleberg, MB BCh Witw., FCS(SA) FRACS
C. P. Bambach, MB BS, FRACS
A. R. Brown, MB ChB N.Z., FRCS FRACS
V. H. Cumberland, MB MS, 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
 L. F. Glen, MB BS, FRCS FRCSEd FRACS
 R. M. Hollings, MB BS, FRCS FRACS
 P. B. Humphries, MB BS, FRCSEd FRCS FRACS
 R. Lane, DDU, *Aust.Soc.Ult.Med* MB BS, FRCS,
 FRCSEd FRACS
 A. Mallik, MB BS DMRT, FRCP
 M. J. Morris, BSc(Med) MB BS, FRACS
 B. J. Parker, MB BS, FRCSEd FRACS
 J. P. Percy, MB BS, FRACS FRCS
 B. Piper, 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
 D. Stephenson, MB BS, FRACS FRCSEd
 J. D. Yeo, MB MS, FRACS

*Clinical Lecturers in Cardio-thoracic Surgery
 (part time)*

C. W. Deal, MB BS, FRCSEd FRCS FRACS
 D. E. Ross, MB BS, FRCSEd FRACS

Clinical Lecturers in Ear, Nose and Throat (part time)

A. C. Dowe, DLO Lond. MB BS, FRCS FRCSEd
 FRACS
 G. Luccheze, MB BS, FRCSEd FRCS

Clinical Lecturers in Neurosurgery (part time)

J. M. F. Grant, MB BS, FACS FRACS
 R. G. Rushworth, MB BS, FRCS FRACS

*Clinical Lecturers in Orthopaedic and Traumatic
 Surgery (part time)*

K. R. Daymond, MChOrth Liv. MB BS, FRCSEd
 FRACS
 D. Dixon, MB BS, FRACS
 F. J. Harvey, MChOrth Liv. MB BS, FRCSEd FRC
 FRACS
 R. W. D. Middleton, MB BS, FRCSEd FRACS
 R. N. Tinning, AM, MB BS, FRCSEd FRACS

*Clinical Lecturers in Reconstructive Surgery
 (part time)*

R. Barnett, MB BS, FRACS
 R. P. Chandler, MB BS, FRCS FRACS
 P. J. O'Keefe, MB BS, FRCS FRACS

Clinical Lecturers in Urology (part time)

J. H. Alexander, MB BS, FRACS
 D. H. Keller, MB BS, FRCS FRACS
 J. A. A. H. Saalfeld, MB BS, FRCS FRACS

Royal Prince Alfred Hospital

Clinical Lecturers in Surgery (part time)

P. J. Burke, MB BS, FRACS
 A. A. Evers, MB BS, FRACS
 D. C. Glenn, BSc(Med) MB BS, FRCS FRACS
 J. E. D. Goldie, MB BS, FRCS FACS FRACS
 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
 C. O'Brien, MB BS, 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 FACS
 L. M. Roberts, MB BS, FRCS FRACS

D. M. Sheldon, MB BS, FRCS FRACS
 M. Spigelman, MB BS, FRCS FRACS
 M. Stephen, MB BS, FRCS FRACS
 G. Ramsey Stewart, MB BS, FRCS FRACS FRCSEd
 FACS
 R. West, MB BS, FRCS FRACS

Clinical Lecturers in Ear, Nose and Throat (part time)

G. M. Halliday, MB BS, FRCSEd
 J. H. Lancken, MB BS DLO, FRACS
 D. Pohl, MB BS, FRACS
 J. Scoppa, MB BS, FRACS
 J. H. Seymour, MB BS, FRACS

Clinical Lecturers in Neurosurgery (part time)

M. Besser, MB BS, FRACS FRCS
 G. K. Vanderfield, MB BS, FRACS FACS

Clinical Lecturers in Orthopaedic Surgery (part time)

I. Barrett, MB BS, FRACS
 P. Holman, MB BS, FRACS
 R. Honner MB BS, FRCS FRACS
 D. Macdonald, MB ChB N.Z., FRACS
 F. W. Marsden, MB BS, FRCS FRACS
 H. D. D. Tyer, MB BS, FRACS
 K. W. Walter, MB BS, FRCS FRACS

*Clinical Lecturers in Plastic and Reconstructive
 Surgery (part time)*

E. W. Gibson, MB MS, FRACS
 A. E. D. Meares, MB BS, FRCS FRACS

Clinical Lecturers in Thoracic Surgery (part time)

D. K. Baird, BSc(Med) MB BS, FRACS FRCS
 A. F. Grant, MB BS, FRCS FRACS
 C. F. Hughes, MB BS, FRACS
 B. D. Leckie, MB BS, FRCS FRCSEd

Clinical Lecturers in Urology (part time)

D. D. Arnold, MB BS, FRCS FRACS
 J. Boulas, MB BS, FRACS
 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

Westmead Hospital

Clinical Lecturers in Surgery (part time)

B. H. Barraclough, MB BS, FRACS
 T. B. Comins, MB BS, FRCSEd FRACS
 R. Campbell, MB BS, FRCSEd FRACS
 D. G. Failes, MB BS, FRCS FRACS
 S. J. Hazelton, MB BS, FRACS FRCS
 D. S. Johnson, MB BS, FRCS FRACS
 I. Kalnins, MB BS, FRACS
 I. C. O'Rourke, MB BS, FRCS FRACS
 W. Roney, MB BS, FRCSEd FRCS
 G. V. Shead, MB MS, FRCS FRACS

Clinical Lecturers in Ear, Nose and Throat (part time)

J. Currotta, BSc MB BS, FRACS
 P. F. Kevin, MB BS, FRCS FRACS
 P. W. Noyce, MB BS, FRACS

*Clinical Lecturer in Facio Maxillary Surgery
 (part time)*

A. J. Coren, BDS, FDSRCS FFDRCS

Clinical Lecturer in Hand Surgery (part time)

R. Honner, MB BS, FRCS FRACS

Clinical Lecturers in Neurosurgery (part time)

N. W. C. Dorsch, MB BS, FRCS
 M. R. Fearnside, MB MS, FRACS

Clinical Lecturers in Orthopaedic Surgery (part time)
 J. L. Cummine, MB BS, FRACS
 J. M. Harrison BSc(Med) MB BS, FRCS FRACS
 P. J. McGrath, MB BS, FRCS FRACS
 D. W. Whiteway, MB BS, FRCS FRACS FACS
 J. T. Wong, MB BS, FRACS

Clinical Lecturer in Paediatric Surgery (part time)
 J. Pitkin, MB BS, LRCP FRCS FRACS

Clinical Lecturer in Paediatric Urology (part time)
 R. B. Filmer, MB BS, FRCS FRACS FACS

Clinical Lecturers in Reconstructive and Plastic Surgery (part time)
 G. P. Curtin, MB BS BDS, FRCS FRACS FRACDS
 P. G. Thompson, MB BS, FRCS FRACS
 G. N. Threlfall, MB BS, FRACS
 V. Zielinski, MB BS, FRACS

Clinical Lecturers in Thoracic Surgery (part time)
 T. B. Cartmill, MB BS, FRACS
 D. C. Johnson, MB BS, FRACS
 G. Nunn, MB BS, FRACS

Clinical Lecturers in Urology (part time)
 J. Boulas, MB BS, FRACS
 A. Brooks, MB BS, FRACS
 M. Drummond, MB BS, FRCS FRACS
 B. G. Storey, MB BS, FRCS FRACS

Other teaching staff

Lorimer Dods Professor and Director of the Children's Medical Research Foundation
 Peter Brock Rowe, MD BS, FRACP
 Appointed 1980

Diseases of the Ear, Nose and Throat

Lecturer
 John H. Seymour, MB BS, FRCS FRACS FACRM

Diseases of the Skin

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

Other units

Commonwealth Institute of Health

Professor of Occupational and Environmental Health and Director of the Institute

David Alexander Ferguson, MD BS, FRACP FFOM FACOM
 Appointed Professor 1976; Director 1983

Professor of Preventive and Social Medicine

Charles Baldwin Kerr, DPhil Oxf. MB BS, FRACP MFCM
 Appointed 1968

Professor of Public Health Biology

David O. Sillence, MD Melb. MB BS, FRACP FRCPA
 Appointed 1982

Professor of Tropical Medicine

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Associate Professors

Geoffrey Berry, MA Camb., FIS (Biostatistics and Acting Head of Epidemiology and Biostatistics)

Joan Bryan, AO, BSc Qld PhD Lond. (Medical Entomology)

Grahame M. Budd, MD BS, FRACP (Environmental Health)

Peter M. Moodie, MD BS DTM&H (Acting Head of Tropical Health)

Thomas K. Ng, MD BS H.K. LLB Lond. DPH Sing. DIH Dundee DPA Lond., FIS FHA FRSH

FRACMA MFCM MFOM (Occupational Health)
 Janice C. Reid, BSc Adel. MA Hawaii PhD Stan. (Medical Anthropology)

Senior Lecturers

Antonia Bagshawe, MB BS Lond., DTM&H Liv., FRCP FRCPed (Clinical Tropical Medicine)

Robert S. U. Baker, BSc PhD W.Aust., MASM (Cell Biology)

John R. Brotherhood, MB BS Lond. (Environmental Health)

Terence Dwyer, MB BS N.S.W. MPH Yale (Epidemiology)

Cedric C. J. Gibbs, MB ChB Capt T., FRACMA FIAC AFAIM (Health Services) (temporary)

Paul A. Lancaster, MPH Calif. MB BS, FRACP (National Perinatal Statistics) (temporary)

John P. Pierce, BSc Monash MSc McM. MA PhD Stan. (Health Education)

Lecturers

Susan Ash, MHP N.S.W. BSc DipND (Nutrition)
 Janette C. Brand, BSc PhD N.S.W., AAPST (Nutrition)

Ian Darnton-Hill, MB BS Adel. DA R.C.P.&S. DipNut&Diet Flin. (Nutrition)

Anthony W. Findlay, BSc N.S.W. (Occupational Hygiene)

Julian Gold, DipEpid&MedStats Lond. MB BS, MAmerCPM (Health Surveillance)

Gregory B. Goldstein, MB BS, FRACP (Preventive & Social Medicine)

Melvyn E. Henderson, BSc Wales MA Melb. (Environmental Health)

Dianne L. Houghton, MB BS N.S.W. MPH Tehr. DTM&H (Tropical Medicine)

Chloe Refshauge, MA Macq. (Health Services)

Colin C. Reid, MB BS (Occupational Health)

Alan J. Rogers, BSc N.S.W. MSc Lond. (Occupational Hygiene)

Richard C. Russell, MSc (Medical Entomology)

Neill H. Stacey, BSc PhD Adel. (Environmental Toxicology)

John C. Walker, MSc (Medical Parasitology)

Senior Tutors

Patricia M. Desmarchelier, BAppSc Q.I.T. (Public Health Biology)

Anne F. Wyatt, BA A.N.U. SRN MPH (Occupational Health)

Tutor

Barbara J. McPhee, DipPhy Aust. Physio. Asscn, MAPA (Occupational Physiotherapy)

Registrar of the Institute

Vera Charnas, BA

Academic Registrar

Susan Hudson

Librarian

Diana Wyndham, BA N.E. MLib N.S.W., ALAA

Honorary Associates

B. K. Armstrong, BMedSc *W.Aust.* DPhil *Oxf.* MB
BS, FRACP

Professor J. Biddulph, MB BS DTM&H DCh,
FRCPEd FRACP MRCP

A. Brass, MA BM BCh *Oxf.*, LRCP MRCS

A. R. Sweeney, MScAgr PhD

Emeritus Professor

R. Black, ED, DTM&H *Liv.* MD BS DipAnth,
FRACP

St Margaret's Hospital

D. H. McGrath, MB BS, FRCOG FAGO

Sydney Hospital

A. R. Brown, MB ChB *N.Z.*, FRCS FRACS (*Warden
of the Clinical School*)

S. Colagiuri, MB BS, FRACP

S. J. Hazelton, MB BS, FRCS FRACS

Westmead Hospital

E. S. Finckh, MD BS DCP, FRCPA FRACP
FRCPATH

C. M. Cahill, DipEd *N.E.* BA (*Administrative
Officer*)

Research centres**Clinical Immunology Research Centre**

Director and Professor of Immunology

Antony Basten, MB BS *Adel.* DPhil *Oxf.*, FRCP
FRACP FRCPA FTS

Appointed Professor 1975; Director 1982

Senior Lecturers

Robert H. Loblay, MB BS PhD, FRACP

Robert L. Raison, BSc PhD *Monash*

Menzies School of Health Research**Director**

J. D. Mathew, BSc MD BS PhD *Melb.*, FRACP

Neurobiology Research Centre

Director and Professor of Physiology

Maxwell Richard Bennett, BE MSc PhD *Melb.* DSc,
FAA

Appointed Director 1982; Professor 1983

**University administrative units in the
teaching hospitals****Lidcombe Hospital**

P. F. Thursby, MB BS, FRACS (*Warden of the
Clinical School*)

Macquarie Hospital

M. D. McGrath, MB ChB *Leeds* DPM, FRANZCP
MRCPsych

Mater Misericordiae Hospital

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

Repatriation General Hospital, Concord

S. G. Koorey, MB BS, FRCS FRACS (*Warden of the
Clinical School*)

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

Royal Alexandra Hospital for Children

P. McVeagh, MB ChB *Otago*, FRACP

Royal North Shore Hospital

G. E. Bauer, MB BS, FACC FRCP FRACP (*Warden
of the Clinical School*)

G. Douglas, MB BS, FRACS

R. C. Edwards, MB BS, FRACP MRCP

Royal Prince Alfred Hospital

J. A. Burgess, MB BS, FRACP (*Warden of the
Clinical School*)

Aet Joasoo, BSc(Med) MD BS, FRACP

B. P. Morgan, MB BS, FRACS

Roselle Hospital

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The Faculty of Medicine

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.

However, the reduction of one year placed undesirable constraints on curriculum development and the loss of flexibility produced difficulties, particularly in programming the clinical years of the course with their integrated teaching sessions based on campus and in the hospitals. In May 1983, the Faculty resolved to extend the course to six years commencing with the intake of new students in 1986. In reaching this decision the faculty recognised that there had been many useful innovations introduced with the five-year course which would be retained. In fact the content of the course would suffer little change; rather it will be spread over six years to allow more unallocated time in line with other undergraduate courses.

Planning is well underway and it is expected the changes will be introduced in stages. The first stage will be the creation of a new third and fourth year from, basically, the current third year and this change will be in place in 1988.

Objectives of the course

The undergraduate 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.

The faculty has had very much in mind the information explosion in all fields of knowledge. As medical graduates will be involved in a lifetime of post-graduate 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 options, 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.

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 and four terms respectively. 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 and Behavioural Sciences in Medicine. These subjects are continued throughout second year, and Pharmacology is introduced. At the beginning of third year paraclinical subjects are taught: general and special Pathology, Infectious Diseases and Pharmacology. The clinical part of the course is undertaken during the third, fourth and fifth years. In the third year, 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. At the beginning of the fourth year the course includes components of Preventive and Social Medicine, Tropical Medicine, Rehabilitation Medicine, Community Medicine, and Geriatrics.

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 is a compulsory elective term 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 the clinical schools at the beginning 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.

Bachelor of Science (Medical)

The degree of Bachelor of Science (Medical) is comparable to the additional honours year undertaken in the Faculties of Science and Arts. Students who have shown considerable academic merit are encouraged to undertake an extra year in a particular field of interest. Candidature consists primarily of research leading to presentation of a thesis.

Students who have successfully completed second year Medicine or third year Medicine 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 the department concerned and a candidate after undertaking his research submits a thesis which is examined.

Composition of the Faculty

Membership

Extract from Chapter XII of the by-laws

1. The Faculty of Medicine shall comprise the following persons:
 - (a) The Professors, Readers, Associate Professors, Directors, Senior Lecturers, Lecturers, and Senior Tutors, being full-time members of the teaching staff and those persons upon whom the Senate has conferred the title of Professor, Reader, Associate Professor, Director, Senior Lecturer or Lecturer in the departments of Anaesthetics, Anatomy, Behavioural Sciences in Medicine, Biochemistry, Cancer Medicine, Community Medicine, Histology and Embryology, Infectious Diseases, Medicine, Obstetrics and Gynaecology, Ophthalmology and Eye Health, Paediatrics and Child Health, Pathology, Pharmacology, Physiology, Psychiatry and Surgery and in the Commonwealth Institute of Health, the Clinical Immunology Research Centre and the Neurobiology Research Centre;
 - (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 or their representatives, the Professor of Mathematical Statistics, the Dean of the Faculty of Arts or his nominee and the Dean of the Faculty of Dentistry or his nominee;
 - (d) unless he is a member pursuant to subsection (a), the Director of the Commonwealth Institute of Health;
 - (e) not more than seventeen persons each of whom shall be a nominee of a teaching hospital and of whom—
 - (i) not more than thirteen shall each be a nominee of one of the following hospitals:
 - Royal Prince Alfred Hospital
 - The Royal North Shore Hospital of Sydney
 - Repatriation General Hospital, Concord
 - Lidcombe Hospital
 - Westmead Hospital
 - Royal Alexandra Hospital for Children
 - St Margaret's Hospital for Women
 - Rozelle Hospital
 - Cumberland Hospital
 - Macquarie Hospital; and

- (ii) not more than four persons 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, the Royal North Shore Hospital of Sydney, the Repatriation General Hospital, Concord, and Lidcombe Hospital;
- (g) the General Superintendents of the Royal Prince Alfred Hospital, the Royal North Shore Hospital of Sydney, the Westmead Hospital, and the Royal Alexandra Hospital for Children, the Repatriation General Hospital, Concord, and Lidcombe Hospital;
- (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;
- (j) the Director of Postgraduate and Continuing Medical Education;
- (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;
- (l) the members of the Postgraduate Committee in Medicine who are not members of the Faculty by virtue of one of subsections (a) to (k) inclusive; and
- (m) 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.

Medical Library Advisory Committee
Medical Research Committee
Committee of Wardens of the Teaching Hospitals
Boards of Medical Studies for the Teaching Hospitals

In addition there are special *ad hoc* committees or working parties concerned with the following areas: liaison with the New South Wales Department of Health, liaison with the Faculty of Medicine of the University of New South Wales; liaison with the Department of Veterans' Affairs; clinical academic titles for conjoint appointments in teaching hospitals; 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

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 Part II of this handbook.

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 performances 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 six Boards of Examiners, namely, the Board of Examiners for Assessment of First Year; the Board of Examiners for Assessment of Second Year; the Board of Examiners for Assessment of Third Year; the Board of Examiners for Assessment of Fourth Year; the Board of Examiners for Assessment of Medicine and Surgery in the Fifth Year; and the Board of Examiners for Assessment of Optional Assignments.

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 assessment of Third Year and the Board of Examiners for Assessment of Optional Assignments shall include members of the interdepartmental committee established for the Clinical Science course and the Optional Assignment

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
Standing Committee on Courses of Study
Executive Curriculum
Centenary Research Institute Committee
Interdepartmental Committee on Introductory Medical Science
Interdepartmental Committee on Paraclinical and Clinical Sciences
Interdepartmental Committee on the Option Term
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 Re-enrolment
Committee on Selection of Graduates and Undergraduates of other Faculties into Medicine
Prizes Committee

term respectively, as nominated by the Chairmen, 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 Boards of Examiners for Assessment of Third Year, Assessment of Fourth Year and for Assessment of Medicine and Surgery in the Fifth Year.

BSc(Med)

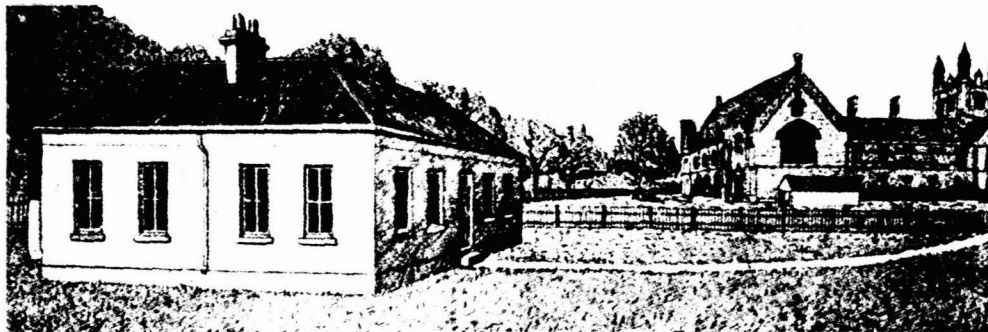
1. The Faculty of Medicine shall appoint annually a Board of Examiners which shall be responsible for the conduct of examinations in the subjects laid down in the By-laws governing the degree of Bachelor of Science (Medical).
2. The Board of Examiners shall consist of the Head of each Department with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

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 1883, one hundred and one years ago this year. 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. First, 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 thank-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 difficul-



The first medical school building

ties 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 that 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.

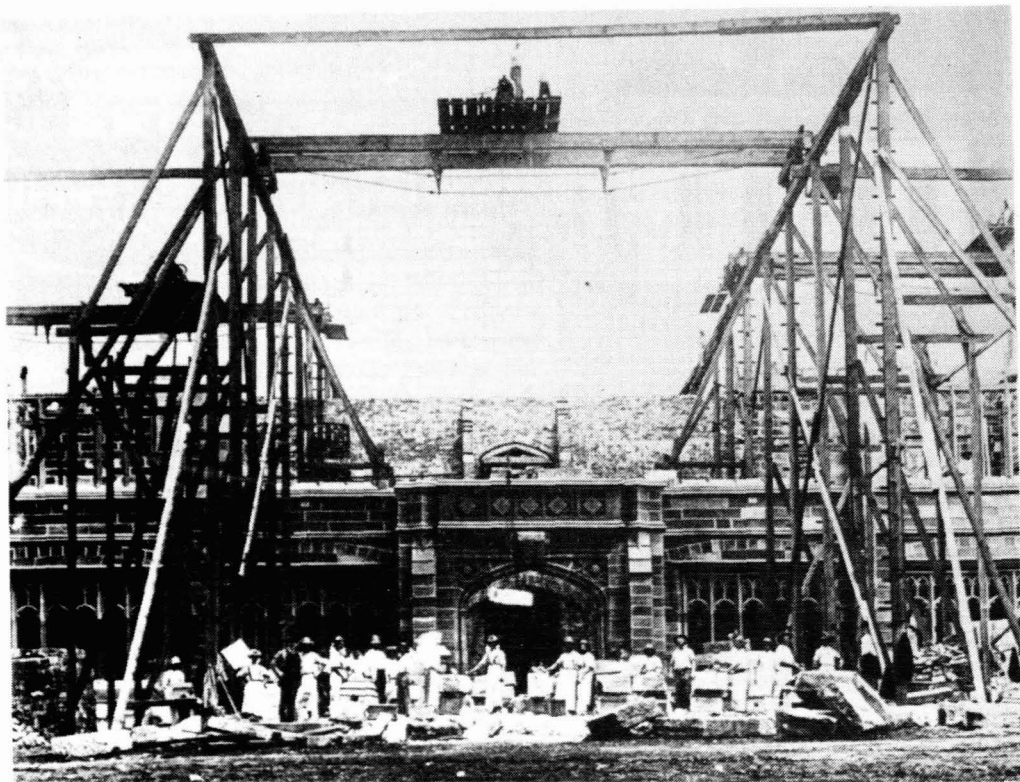
Initially the medical curriculum was of five years' duration, the first year being spent in the Faculty of Arts. In 1890 the medical course proper was lengthened to five years and in 1926 it was extended to cover six years. In 1973 the Senate of the University adopted recommendations from the faculty for the introduction of a 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. This too proved inadequate and in time the *Bosch Building* was erected on a site adjoining the Blackburn Building. Two stages of the complex were completed: lecture theatres in 1965, and a principal block including a library and animal houses in 1968. A third stage, an eleven-floor building, was not undertaken.

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 established, funded by the federal government and controlled jointly by the government and the University. In 1933 the chair of Obstetrics became full-time and was occupied by J. C. Windeyer, and in 1958 the Queen Elizabeth II Research Institute for Mothers and Babies was established to investigate causes and prevention of illness and deaths of mothers and infants. In 1980 the School of Public Health and Tropical Medicine became the Commonwealth Institute of Health. In recent years the faculty has established chairs in areas such as Psychiatry, Otolaryngology, Rheumatology, Ophthalmology, Child Health, Pharmacology, Clinical Pharmacology, Cardiology, Orthopaedic and Traumatic Surgery, Preventive and Social Medicine, Anaesthetics, Behavioural Sciences in Medicine, Immunology, Community and Geriatric Medicine and Neurology, as well as multiple chairs in Pathology, Physiology, Paediatrics, Medicine and Surgery. Present and future academic developments include new chairs in Child Psychiatry, Dermatology and Neuropathology.

In 1982 the Commonwealth Government approved \$3.6 million to establish two centres of excellence in the University, to promote current research activities. They are the *Clinical Immunology Research Centre* and the *Neurobiology Research Centre*. There are only ten such centres in Australia. The two centres will be associated with the proposed *Centenary Institute of Cancer Medicine and Cell Biology*, which is to be jointly established by the University and the Royal Prince Alfred Hospital at an estimated cost of \$40



Anderson-Stuart Building under construction

million. The Institute will commemorate the centenary of the hospital in 1982 and the School of Medicine in 1983. A building within the medical precinct is projected to accommodate the Centenary Institute.

The faculty has developed clinical schools based on the Royal Prince Alfred Hospital, the Royal North Shore Hospital, the Repatriation General Hospital, Concord, Lidcombe Hospital and the Westmead Hospital, and uses a further seven hospitals for teaching in specialist branches of medicine. As well, eleven suburban hospitals have been affiliated to supplement teaching at both the general and specialist hospitals. In 1982 the state government initiated changes in the provision of hospital services within the metropolitan region, and the faculty's clinical school arrangements will alter over the next few years. The faculty is also involved in the field of continuing medical education, through the activities of the Postgraduate Committee in Medicine. The Postgraduate Medical Foundation of the University raises funds which provide generous support for postgraduate training and research. Most recently it has assisted in the creation of the Menzies School of Health Research, Darwin. The School's role will be to investigate health problems of all people living in tropical and central Australia. The director of the School, and other senior academic staff, will be awarded academic titles of the University and the Royal Darwin Hospital and Alice Springs Hospital have been recognised as special teaching hospitals of the University. Higher degree candidatures of the Faculty of Medicine may be undertaken through the School.

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.

Deans of the Faculty of Medicine

In accordance with the original Act of Incorporation of the University of Sydney of 1850, the University was empowered to confer degrees in Arts, Law and Medicine. In 1856, at the instigation of the Provost, Sir Charles Nicholson, the Senate created a Faculty of Medicine and appointed Professor John Smith, MD *Aberd.*, Professor of Chemistry and Experimental Physics, Dean of the Faculty. He held this post until 1883 and, *ex officio*, was a Member of the Board of Directors of Prince Alfred Hospital from its foundation. Smith was succeeded as dean by Thomas Peter Anderson Stuart, Professor of Anatomy and Physiology, the first full-time professor of the faculty. The current dean, Professor Richard Gye, was appointed in 1974 as the first full-time dean in the University. The complete list of Deans of the Faculty of Medicine, with qualifications at the time of relinquishing the deanship, is as follows:

- | | |
|-----------|--|
| 1856-1883 | The Hon. John Smith, CMG, MD
Hon.LLD <i>Aberd.</i>
Professor of Chemistry and Experimental
Physics |
| 1883-1920 | Sir Thomas Anderson Stuart, MD ChM
Hon.LLD <i>Edin.</i> Hon. DSc <i>Durh.</i> MD
<i>Melb.</i>
Professor of Anatomy and Physiology
until 1890
Professor of Physiology until 1920 |
| 1920 | J. T. Wilson, MB ChM <i>Edin.</i> MA, FRS
Professor of Anatomy |

- 1920-1925 A. E. Mills, MB ChM
Professor of Medicine
- 1925-1929 D. A. Welsh, BSc MA MD *Edin.*,
FRCPEd
Professor of Pathology
- 1930-1931 } J. C. Windeyer, MD ChM, FRACS
and 1939 } FRCOG MRCS LRCP
Professor of Obstetrics
- 1932-1935 Sir Charles Bickerton Blackburn,¹
KCMG OBE, BA *Adel.* Hon. DLitt *N.E.*
& *Syd.* Hon.DSc *Tas., N.S.W. & Qld*
Hon.LLD *Melb. & W.Aust.* MD ChM,
FRCP FRSM FRACP Hon.FRCPEd
University Lecturer in Clinical Medicine
- 1936-1938 } Sir Harold Dew, MB BS *Melb.* Hon.DSc,
1940-1952 } FRCS Hon. FRCSEd FRACS FACS
Professor of Surgery
- 1952-1957 *Sir Edward Ford, OBE, MD, BS *Melb.*
DPH *Lond.* Hon.DLitt DTM, FZS
FRSH FRCP FRACP
Professor of Preventive Medicine
- 1957-1959 *B. T. Mayes, CMG MVO, MB BS,
FRCSEd FRCOG FRACS Hon.
FRACGP FRCOG
Professor of Obstetrics
- 1960-1965 *F. A. Magarey, MD BS *Adel.*, FRCPA
FRCPATH MRCP Hon.FRACS
Professor of Pathology
- 1966-1971 Sir John Loewenthal, CMG ED, MS
Melb. MB BS, FRCS FRACS FACS
Hon.FACS Hon.FRCSEd Hon.FCS
(SA)
Professor of Surgery
- 1972-1974 D. C. Maddison, MB BS DPM, FRACP
FANZCP
Professor of Psychiatry
- 1974- R. S. Gye, MA DPhil *Oxf.* BSc(Med) MB
BS, FRCS FRACS
Professor and full-time Dean of the
Faculty

¹ Chancellor, 1941-1964

* Emeritus Professor

3

Undergraduate degree requirements

Degrees

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

MB	Bachelor of Medicine
BS	Bachelor of Surgery
BSc(Med)	Bachelor of Science (Medical)
MM	Master of Medicine
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 postgraduate.

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 or part-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 may be undertaken by coursework and treatise; coursework, research and thesis; or by research and thesis alone. The degree of Master of Medicine, available to medical graduates may be undertaken full or part-time, by coursework and treatise or research and thesis. It is available in all departments of the faculty.

The 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 1979-84

	1979	1980	1981	1982	1983	1984
Medicine I	252	251	264	257	271	232
Medicine II	275	246	245	261	248	270
Medicine III	225	265	266	247	271	242
Medicine IV	251	217	254	251	245	244
Medicine V	278	244	206	238	241	251
BSc(Med)	13	19	18	22	12	16
Total	1312	1242	1253	1276	1288	1255

- (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:
Infectious Diseases
Immunology
Pathology
Pharmacology
Clinical Sciences
- (iv) In the Fourth Year, the prescribed courses of study in the following subjects:
Community Medicine
Obstetrics and Gynaecology
Paediatrics and Child Health
Psychiatry
Preventive and Social Medicine
Environmental and Occupational Health
Clinical Pharmacology
Clinical Laboratory Methods
Tropical Medicine
Ophthalmology and Eye Health
Dermatology

- (v) In the Fifth Year—
(a) The prescribed courses of study in the following subjects:
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; Behavioural Sciences in Medicine; Biochemistry; Community Medicine; Environmental Health; Histology and Embryology; Infectious Diseases; Medicine; Obstetrics and Gynaecology; Ophthalmology and Eye Health; Paediatrics and Child Health; 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 Sciences' shall comprise an integrated course of instruction in paraclinical and clinical subjects as determined from time to time by the Faculty of Medicine.

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:

Extracts from Chapter XII of the by-laws

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.

Resolutions of the Senate

Bachelor of Medicine and Bachelor of Surgery¹

In accordance with section 3 of Chapter XII of the By-laws, the Senate has prescribed the following Resolutions governing candidates 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

¹Candidates for the degrees who completed the requirements for the Third Year prior to 1 January 1981 shall proceed in accordance with the Resolutions of the Senate published in the 1980 Calendar.

²The Senate has agreed that the curriculum for the degrees of Bachelor of Medicine and Bachelor of Surgery be extended to six years, commencing with the first year intake of students in 1986.

- (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 at the end of the Third 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 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 satisfactorily; 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. 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.
5. Except with the permission of the Faculty, all requirements for the degrees shall be completed within nine calendar years from the 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, 1981, who has completed the requirements for the Third Year prior to 1st January, 1981, 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 course leading to the third 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, Physiology, Infectious Diseases, 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.

<i>1st Year Barrier assessment</i>	
Physics	40%
Chemistry	40%
Introductory Medical Science	20%
<i>2nd Year Barrier assessment</i>	
Anatomy	18%
Behavioural Science in Medicine	18%
Biochemistry	18%
Histology and Embryology	18%
Pharmacology	10%
Physiology	18%
<i>3rd Year Barrier assessment</i>	
Pathology (general pathology and practical examination)	10%
Infectious Diseases (includes practical examination)	5%
Pharmacology (includes practical examination)	5%
Clinical Science (includes pathology, infectious diseases, immunology, pharmacology, psychiatry, medicine and surgery)	80%
<i>4th Year Barrier assessment</i>	
Term 4.1 courses	16%
Obstetrics and Gynaecology	21%
Paediatrics	21%
Psychiatry	21%
Community Medicine	21%
<i>5th Year Barrier assessment</i>	
Medicine	
Surgery	

BSc(Med) degree

Applications

Those students desiring to proceed to the BSc(Med) degree following the second or the third 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.)

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.*

MB BS degrees

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 1983 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 $\times 2$
- 2nd year barrier assessment $\times 10$
- 3rd year barrier assessment $\times 10$
- 4th year barrier assessment $\times 10$
- 5th year barrier assessment $\times 10$

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

Assessments in Pathology, Infectious Diseases, Immunology and Pharmacology

Faculty resolution

It is a prerequisite for the term 3.4 barrier assessment that a student shall have satisfied in the various assessments conducted through the year in Pathology, Infectious Diseases, Immunology 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 assessments conducted in Pathology, Infectious Diseases, Immunology and Pharmacology will count towards a cumulative total mark in these subjects in the Third Year barrier assessment.

Students attempting the barrier assessment will be required to satisfy in these components of the course, as well as the Clinical Science component.

BA MB BS degrees: Arts/Medicine course

A candidate may qualify for the pass degree of Bachelor of Arts by completing seven qualifying courses in the Faculty of Arts and all the requirements for the degree of Bachelor of Medicine. The candidate must complete the seven Arts courses before entering the final year of Medicine and must complete that final year. A student who wishes to be considered for entry should seek the advice of the Faculty of Arts office and the Dean's Office, Medicine.

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*.

Changes sometimes occur in the selection of prescribed textbooks, or reference books, owing to supply difficulties, or the publication of new and more suitable works. Such changes will be announced by lecturers and it is prudent to check with the relevant lecturer before buying the books you expect to need.

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.

First year

Chemistry I (Life Sciences)

Two-term course 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. 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. Detailed information is available from the Chemistry School.

Lectures: 69 lectures given during Lent and Trinity terms comprising 42 in inorganic and physical chemistry and 27 in organic chemistry, with many illustrations from biological areas.

Practical work: 17 three-hour sessions during Lent and Trinity terms.

Examinations: Theory examinations 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

- T. L. Brown and H. E. Le May *Chemistry: The Central Science*, 2nd edn (Prentice-Hall, 1981)
W. H. Brown *Introduction to Organic Chemistry*, 3rd edn (Wadsworth, 1982)

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*, 5th edn (Science Press, 1984)

Chemistry I Staff *Chemistry I Problem Book* (Univ. Sydney)

Students who have not taken the 2 unit Chemistry course or a 4 unit Science multistrand HSC course are required to study the following book before the beginning of Lent term.

R. J. Hunter *et al. Chemical Science* (Science Press, 1980)

Introductory Medical Science

The course given in Lent term provides 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 chaired by Professor J. A. Young.

The subject areas included are:

Subject	Number of lectures
Biomathematics	18
Comparative Morphology	18
Genetics	9
Health and Disease in Populations	9
Human Evolution	5

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. It 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, 1985)

Physics I Laboratory Manual, Dentistry, Medicine and Veterinary Science (School of Physics, 1985)

Students who have not taken a 2 unit Physics course or a 4 unit Science multistrand HSC 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.

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

Tutorial rooms and the Anatomy Museum 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 5.20 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 *Learning Objectives for Anatomy* (1984)
 E. Gardiner *et al. A Regional Study of Human Structure*, 4th edn (Saunders, 1975)
 R. McMinn and R. Hutchings *A Colour Atlas of Human Anatomy* (Wolfe, 1977)
 or
 J. Rohen and C. Yokochi *Color Atlas of Anatomy* (Igaku-Shoin, 1983)
 M. L. Barr *The Human Nervous System—An Anatomic Viewpoint*, 3rd edn (Harper & Row, 1979)
 or
 R. S. Snell *Clinical Neuroanatomy for Medical Students* (Little, Brown, 1980)

Reference books

- M. J. Blunt and M. Girgis *Multiple Choice Questions in Anatomy and Neurobiology Undergraduates* (Butterworths, 1979).
 P. McGrath and P. Mills *Atlas of Sectional Anatomy, Head, Neck and Trunk* (Karger, 1984)

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 or her 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: motivation, emotion and stress; the doctor and the patient; medical aspects of deviance and the delivery of health care in our society. Second-year tutorials are largely discussion-based and relate to the four lecture strands. There are two 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
 J. V. McConnell *Understanding Human Behaviour. An Introduction to Psychology*, 4th edn (Holt, Rinehart and Winston, 1983)
 M. Sargent *Sociology for Australians* (Longman-Cheshire, 1983)
 J. S. Turner and D. B. Helms *Lifespan Development*, 2nd edn (W. B. Saunders Co., 1983)

Biochemistry

See Second Year entry

Histology and Embryology

The first year course in Histology which begins in Trinity term, is concerned principally with the structure of cells and tissues. One lecture is given per week and this is followed immediately by a 2-hour practical period during which students study electron and light micrographs in addition to microscopical preparations.

Textbook

- A. W. Ham and D. H. Cormack *Histology*, 8th edn (J. B. Lippincott Co., 1979)

Physiology

See Second Year entry.

Second year

Anatomy

During second year 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 'fitted into' the musculo-skeletal framework in a coordinated programme of study.

Behavioural Sciences in Medicine

See the First Year entry.

Biochemistry

Biochemistry is studied during four terms of first and second year Medicine.

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. Two practical classes will be held dealing with topics related to the lectures in Michaelmas term.

About 90 lectures are given during terms 2.1, 2.2 and 2.3. 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; antibiotics and gene expression; recombinant DNA technology; 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 the metabolism of iron and bilirubin; vitamins; the biochemistry of connective tissue; aspects of neurochemistry; principles of nutrition.

Six five-hour practical classes will be held in terms 2.1 and 2.2. Tutorials will be given from time to time.

Textbooks

- E. L. Smith *et al.* *Principles of Biochemistry: General Aspects*, 7th edn (McGraw-Hill, 1983) and
E. L. Smith *et al.* *Principles of Biochemistry: Mammalian Biochemistry*, 7th edn (McGraw-Hill, 1983)

Reference books

- V. Schwarz *A Clinical Companion to Biochemical Studies* (Freeman, 1978)
R. W. McGilvery *Biochemistry—A Functional Approach*, 3rd edn (Saunders, 1983)
L. Stryer *Biochemistry*, 2nd edn (Freeman, 1981)
S. Davidson *et al.* *Human Nutrition and Dietetics*, 7th edn (Churchill Livingstone, 1979)
E. A. Newsholme and A. R. Leach *Biochemistry for the Medical Sciences* (Wiley, 1983)

Histology and Embryology

The second year Histology course, which has the same form as the first year course, is concerned principally with the structure of organs.

The Embryology course, of one lecture per week, is concerned with the morphology of development in terms 2.1 and 2.2 and with developmental biology and teratology in term 2.3.

Textbook

- K. L. Moore *The Developing Human*. Clinically oriented Embryology. 2nd edn (W. B. Saunders)

Pharmacology and Clinical Pharmacology

Pharmacology is taught over six terms, commencing in term 2.2 of second year and ending in term 4.1 of fourth year. In second year it is co-ordinated on a topic basis with Physiology. Instruction is by lectures, tutorials and correlation sessions.

Third year students will receive a course of lectures and tutorials on systematic pharmacology.

Clinical pharmacology will be taught in term 4.1 by lectures, tutorials and selected practical sessions.

Examinations are by assessments at the end of each teaching term throughout the course and each will cover the work of that term. Pharmacology as a whole will be examined in the 3.4 barrier assessment.

Textbooks

- G. S. Avery *Drug Treatment* (Adis, 1980)
L. S. Goodman and A. Gilman *The Pharmacological Basis of Therapeutics* (Macmillan, 1980)

Reference book

- W. C. Bowman and M. J. Rand *Textbook of Pharmacology* (Blackwell, 1980)

Physiology

Physiology is taught over four terms in first and second year; there are 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 twofold. First, it serves as an introduction to the study of living systems and provides core instruction in basic cell physiology. Second, it provides core instruction in cellular neurophysiology, muscle physiology and the physiology of epithelia, which are not dealt with again in the course. The course consists of 31 lectures in third term and 5 practical classes, three of 5 hours' duration and two of 3 hours' duration.

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, gastrointestinal, renal and body fluid physiology (second term); endocrine, reproduction and central nervous systems (third term).

Textbooks

- A. C. Guyton *Textbook of Medical Physiology* (Saunders, 1981)
R. D. Keynes and D. J. Aidley *Nerve and Muscle* (Cambridge U.P. 1981)

Third year

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SECOND YEAR
THIRD YEAR

Infectious Diseases

A course of approximately 50 lectures and 40 practical classes/tutorials is given in third year. The principles of medical microbiology are explained and their application to the diagnosis, treatment and prevention of disease demonstrated.

Textbooks

- E. Jawetz *et al. Review of Medical Microbiology*, 14th edn (Lange, 1980)
J. D. Sleight and M. C. Timbury (eds) *Notes on Medical Bacteriology*, 1st edn (Churchill Livingstone, 1981)
M. C. Timbury *Notes on Medical Virology*, 7th edn (Churchill Livingstone, 1983)

Reference book

- Å. S. Benenson (ed.) *Control of Communicable Disease in Man*, 13th edn (American Public Health Association, 1981)

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 a microscope.

Textbooks

- S. L. Robins and R. S. Cortan *Pathological Basis of Disease*, 2nd edn (Saunders, 1979)
J. R. Anderson (ed.) *Muir's Textbook of Pathology*, 11th edn (Edward Arnold, 1980)

Pharmacology

See the second year entry.

Clinical Science

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

- Medicine, including subspecialties
- Surgery, including subspecialties
- Clinical Immunology
- Pharmacology
- Infectious Diseases
- 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.

History-taking and Physical Examination

In term 3.1 of third year students commence instruction at the clinical schools. This will include instruction at the bedside in the physical examination of patients, taking history of a patient's illness and recognition of symptoms of disease.

Fourth year

Term 4.1

This term is of 6 weeks' duration and includes:

- (a) a course in Health and the Australian Community of approximately 48 hours during weeks 1 to 4;
- (b) lectures in Clinical Pharmacology, Dermatology, Tropical Medicine and Ophthalmology;
- (c) Clinical Laboratory Methods sessions at the Westmead Hospital;

All material is examinable.

The Health and the Australian Community programme aims at providing students with an understanding of matters of importance to medical practitioners from the perspective of human groups—of whole populations, communities or groups of people defined in some particular way. The perspective is different from that in clinical medicine, where the emphasis is on individuals, on the doctor-patient one-to-one relationship.

In order to facilitate presentation of material by teachers and learning by students, the programme has been split into six disciplinary units:

- Epidemiology and Biostatistics
- Ethics and Law in Relation to Medicine
- Health Services
- Occupational Health
- Preventive and Social Medicine
- Tropical Health.

Assignments

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

Community Medicine

The general objectives of the term are 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.

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

Students will spend two weeks in a full-time general

practice attachment and three weeks in a full-time geriatric-rehabilitation placement, plus sessional placements in other community health services.

Each student will prepare several case history reports, and present material on tutorial topics.

Textbooks

D. B. Shires and B. K. Hennen *Family Medicine: A Guidebook for Practitioners of the Art* (McGraw-Hill, 1980)

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

or

H. J. Wright and D. B. MacAdam *Clinical Thinking and Practice* (Churchill Livingstone, 1979)

Recommended reading

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

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

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

H. A. Waldron *Lecture Notes on Occupational Medicine*, 2nd edn (Blackwell Scientific, 1979)

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 sexuality and the biology of women.
2. To instruct the student in the principles and practice of 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 introductory week when all students will spend Monday-Thursday in the University, attending lectures, films, discussion and demonstrations. On the Friday students will attend orientations at the hospitals to which they will be attached.

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 weekly tutorial sessions and teaching ward rounds from the academic and visiting staff. One half day each week is normally given over to clinicopathological and other seminars.

An important educational experience will be duty on the delivery floor, during which *each student will be expected to admit to hospital, attend during labour, deliver and check the post-natal progress of at least four mothers and babies.*

Each student will also spend periods each week 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 and skills will be made. This will consist of an essay paper and a viva voce examination. The latter will be conducted by two examiners. Students are also required to complete a written project on a particular topic throughout the term and submit four written case histories as part of their assessment.

Textbooks

N. A. Beischer and E. V. McKay *Obstetrics and the Newborn*, 2nd edn (W. B. Saunders, 1981)

M. Garrey *et al. Gynaecology Illustrated* (1978)

Obstetrics Illustrated (Churchill Livingstone, 1980)

M. G. R. Hull *et al. Undergraduate Obstetrics and Gynaecology* (Wright, 1980)

D. Llewellyn-Jones *Fundamentals of Obstetrics and Gynaecology*, Vol. I—Obstetrics; Vol. II—Gynaecology, 3rd edn (Faber & Faber, 1982)

B. Wren *Handbook of Obstetrics and Gynaecology* (Cassell, 1978)

Reference books

C. J. Dewhurst (ed.) *Integrated Obstetrics and Gynaecology*, 3rd edn (Blackwell, 1981)

H. W. Jones and G. S. Jones *Novak's Textbook of Gynaecology*, 10th edn (Williams and Wilkins, 1981)

D. Llewellyn-Jones *Human Reproduction and Society* (Faber & Faber, 1974)

R. R. Macdonald (ed.) *Scientific Basis of Obstetrics and Gynaecology*, 2nd edn (Churchill, 1978)

E. E. Philipp *et al. Scientific Foundations in Obstetrics and Gynaecology* (Heinemann Medical, 1977)

J. A. Pritchard (ed.) *Williams Obstetrics*, 16th edn (Appleton, Crofts, 1980)

R. P. Shearman *Human Reproductive Physiology*, 2nd edn (Blackwell, 1979)

P. A. Davies *et al. Medical Care of Newborn Babies* (Spastics Int. Med. Publns, London: Heinemann Medical; Clinics in Developmental Medicine Nos 44/45)

Suggested additional reading

L. Speroff *et al.* (eds.) *Clinical Gynaecological Endocrinology*, 3rd edn (Williams & Wilkins, 1983)

R. J. Pepperell *et al.* (eds.) *The Infertile Couple* (Churchill-Livingstone, 1980)

F. E. Hytten and G. Chamberlain *Clinical Physiology in Obstetrics* (Blackwell, 1980)

H. S. Kaplan *The New Sex Therapy* (Bailliere, Tindall, 1974)

E. Belliveau and L. Richler *Understanding Human Sexuality* (Hodder, 1970)

M. Chiswick *Neonatal Medicine* (Update Publications, 1974)

Paediatrics

A complete assignment term is allocated to child health. The students are based at the Royal Alexandra Hospital for Children or at the Westmead Hospital. As comprehensive an exposure as possible to all aspects of child health and disease is provided. The objectives of the course are:

- (a) to teach students about common paediatric conditions as seen in general practice;
- (b) to assist students to recognise important but less common conditions, and to be adequately informed as to how appropriately to refer such patients;
- (c) to encourage students to exhibit personal initiative and involve them in the broader philosophical aspects of paediatrics and medicine.

The programme emphasises out-patient and community aspects of paediatrics with a somewhat

lesser emphasis on in-patient medicine than has been the case in the past.

The method of assessment is by a written examination of two hours' duration, held in the eighth week of the term. The written assessment includes a section during which slides are shown as an introduction to clinically orientated questions. Students are expected to research and write a project during the term and a clinical examination is held in the ninth week.

Reference books

Whilst there is no ideal textbook covering the whole range of paediatrics, it is suggested that reading might be divided into three categories: essential reading, reference books, and 'additional reading' for students who wish to pursue a particular area of interest.

Textbook

D. Hull and D. Johnson *Essential Paediatrics* (Churchill Livingstone, 1981)

Reference books

- R. S. Illingworth *The Normal Child*, 7th edn (Churchill Livingstone, 1979)
 W. E. Nelson (ed.) *Nelson's Textbook of Paediatrics*, 12th edn (Saunders, 1983)
 A. Rudolph *et al. Paediatrics*, 16th edn (Appleton-Century-Croft, 1977)
 J. Stanbury *et al. The Metabolic Basis of Inherited Disease*, 4th edn (McGraw-Hill, 1978)

Additional reading

- M. Balint *The Doctor, His Patient and the Illness* (Pitman, 1977)
 J. Bowlby *Attachment and Loss*, vol. I—'Attachment', vol. II—'Separation' (The Hogarth Press, vol. I, 1969, vol. II, 1973)
 J. Davis and J. Dobbing (eds) *Scientific Foundations of Paediatrics*, 2nd edn (Heinemann Medical Books, 1981)
 M. Davis and D. Wallbridge *Boundary and Space—An Introduction to the Work of D. W. Winnicott* (Brunner/Mazel, 1981)
 F. Falkner and J. M. Tanner (eds) *Human Growth*, I, II and III (Plenum Press, 1979)
 D. Morley *Paediatric Priorities in the Developing World* (Butterworths, 1973)
 D. Morley and M. Woodland *See How They Grow* (MacMillan, 1979)
 P. Pinkerton *Childhood Disorder—A Psychosomatic Approach* (Crosby, Lockwood & Staples, 1974)
 B. Wharton (ed.) *Nutrition in Childhood* (Pitman Medical, 1980)
 D. W. Winnicott *The Child, the Family and the Outside World* (Penguin, 1964)
 D. W. Winnicott *The Family and Individual Development* (Methuen, 1970)

Psychiatry

Psychiatry is introduced 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, Bankstown Hospital, the Macquarie Hospital and the Northside Clinic;
- (c) Westmead Hospital, Repatriation General Hospital Concord, Lidcombe Hospital, and Cumberland Hospital.

In addition, topic teaching takes place each week at the Department of Psychiatry at the undergraduate centre at Rozelle Hospital.

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

Kolb and Brodie *Modern Clinical Psychiatry*, 10th edn (W. B. Saunders, 1982)

or

Kaplan and Sadock *Modern Synopsis of Comprehensive Textbook of Psychiatry/III*, 3rd edn (Williams and Wilkins, 1981)

Reference books

- Slater and Roth *Mayer Gross' Clinical Psychiatry*
 Kaplan *et al. Comprehensive Textbook of Psychiatry*, 3rd edn
 Lishman *Organic Psychiatry*
 Hackett and Cassem *Handbook of General Hospital Psychiatry*
 Strain and Grossman *Psychological Care of the Medically Ill*
 Goodwin and Guze *Psychiatric Diagnosis*, 2nd edn (Oxford U.P., 1979)
 Fish *Psychopathology*
 Jasper *General Psychopathology*
 Granville-Grossman *Recent Advances I, II, III*
 Vigersky *Anorexia Nervosa*
 Psychiatric Clinics of North America for 1978, 1979, 1980
Diagnostic and Statistical Manual of Disorders, 3rd edn
 DSM111
 Colby *A Manual for Psychotherapists*
 Bird *et al. Psychiatry Revision: Aids for Postgraduate Trainees* (Churchill Livingstone, 1982)

Reference books

- General Medicine
Beeson *et al.* *Cecil's Textbook of Medicine*, 15th edn (Saunders, 1979)
- J. MacLeod *Davidson's Principles and Practice of Medicine*, 12th edn (Livingstone, 1978)
- Isselbacher *et al.* *Harrison's Principles of Internal Medicine*, 9th edn (McGraw-Hill, 1980)
- Bodley-Scott *Price's Textbook of the Practice of Medicine*, 12th edn (Oxford U.P., 1978)

• Therapeutics

- S. Alstead and R. H. Girdwood *Textbook of Medical Treatment*, 14th edn (Churchill-Livingstone, 1978)
- N. C. Costrini and W. M. Thomson *Manual of Medical Therapeutics*, 22nd edn (Little, Brown, 1977)

• Ward Work

- J. MacLeod *Clinical Examination*, 5th edn (Churchill-Livingstone, 1977)
- F. C. Firkin *et al.* *A System of Signs*, 4th edn (ANZ, 1979)

Surgery*General Surgery*

During the seven weeks of general surgery, students are allocated to general surgical wards and expected to clerk cases allocated to them. They enter into the general working routine of the Unit. During this term it is necessary for each student to spend one half day in Ear, Nose and Throat tuition, one radiology tutorial per week and about two tutorials in general surgery each week.

Special Surgery, Anaesthetics and Resuscitation

During this term students are allocated to the Department of Orthopaedics and Traumatic surgery for three weeks' tuition in diseases of the musculo-skeletal system. One week is allocated to the Department of Anaesthetics. In the remaining three weeks, students are required to fulfil an assignment in Urology, Thoracic Surgery, Plastic Surgery and Neurosurgery. They are required to submit case reports on patients suffering from certain diseases within these specialities. These reports, together with students' comments and results of their reading, are assessed in their log book. The Department of Anaesthetics conducts an assessment in the last anaesthetic tutorial in this term.

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*, 16th edn (Wright, 1979)
- S. Hoppenfeld *Physical Examination of the Spine and Extremities* (Appleton, Century Crofts, 1976)
- P. R. Scott *Aid to Clinical Surgery* (Churchill-Livingstone, 1979)

Reference books

- J. E. Rhoads *Surgery Principles and Practice*, 4th edn (Lippincott, 1970)
- L. V. Ackerman and J. Rosai *Surgical Pathology*, 5th edn (Mosby, 1974)
- 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 and L. Way *Current Surgical Diagnosis*, 3rd edn (Lange, 1977)

Anaesthesia

A part of the Surgery term is devoted to Anaesthetics. Emphasis in the lectures, tutorials and the practical

In Fifth Year students have two periods of 14 weeks during which they have the campus teaching in Medicine and Surgery on Monday mornings. These sessions are divided equally between Medicine and Surgery into:

1. Long correlation sessions of one and a half hours
2. Short correlation sessions of one hour
3. Lectures of one hour

Students spend four and a half days each week in the teaching hospitals. Each 14-week period is divided into two terms of seven weeks. Students will have two terms each of medicine and surgery alternating. Hospital seminar tutorials in medicine and surgery will be held for all students on two days each week throughout the four seven-week terms.

Medicine

During the two terms of seven weeks in medicine, students are attached to a general or special unit. In addition to general medical responsibilities, they will be participating in the activities of special units in programmed sessions.

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. Student responsibilities to the medical unit will include:

- (a) Daily rounds with the intern, resident and registrar
- (b) Rounds with the attending physician
- (c) Attendance and participation in clinical meetings, radiology and pathology sessions
- (d) Direct involvement and supervised participation in day to day patient care
- (e) A 24-hour roster immediate call system on unit admitting days (including weekends)

These responsibilities will continue throughout the two 7-week medicine terms.

Teaching Sessions—Hospital

The following teaching sessions will be scheduled:

1. Seminar tutorials in medicine and surgery held on four days weekly throughout the terms
2. Daily Monday to Friday: clinical case presentations from all students in rotation, to be conducted by a clinical tutor in medicine
3. Medical resident/registrar tutorials in physical diagnosis weekly

tuition will be on preoperative assessment, the effects of anaesthesia and surgery on cardiovascular and respiratory function, the protection of the patient during operation, the immediate postoperative period, cardiopulmonary resuscitation, the management of patients on ventilators and simple local analgesia. Aspects of preoperative management, the principles of the anaesthetic management and postoperative care, will be part of the clerking of the surgical patients during the term, with two weeks attached solely to a department of anaesthetics of the teaching hospitals. Evaluation of student performance will be from the part-time lecturers and tutors and oral assessment by the Professor of Anaesthetics and/or his nominees.

Textbook

A. A. Birch and J. D. Tolmie *Anaesthesia for the Uninterested* (University Park Press, 1976)

Reference books

R. D. Dripps *et al. Introduction to Anaesthesia*, 4th edn (Saunders, 1972)

Instruction and Examination Manual (Surf Life Saving Association)

Assessment in Medicine and Surgery

At the end of the teaching in medicine and surgery, a joint examination will be held by the Departments of Medicine and Surgery as follows:

Multiple choice question papers. Two multiple choice question papers, each with up to 100 questions, will be held on the morning and afternoon of one day.
Essay paper. One 3-hour combined Medicine and Surgery paper requiring short written answers will be held.

Clinical examinations. A Clinical Medicine and a Clinical Surgery examination will be held separately. In Medicine there will be one long case consisting of 1 hour with patient, followed by 20 minutes with two examiners, and two short cases for 20 minutes with a second pair of examiners. In Surgery there will be one long case, consisting of 30 minutes with the patient, followed by 20 minutes with two examiners. There will be a series of short cases for 20 minutes with a second set of examiners. In addition, in-training evaluation reports and log books will be available to assess student performance.

In addition, in-training evaluation reports and log books will be available to assess student performance.

Students will be encouraged to use the computer based multiple choice question self-assessment system on several occasions throughout the term. They may use this to identify deficiencies in knowledge and to check that these have been remedied following extra work.

Option

The fourth term of fifth year is a compulsory 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 this year 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 to advise the faculty of their choice of option subjects, in order of priority, by May. 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.

For the requirements of the degree, see the section on the BSc(Med) degree at the end of Chapter 3 above.

The degree may be taken in these departments:

- Anatomy
- Behavioural Sciences in Medicine
- Biochemistry
- Histology and Embryology
- Immunology
- Infectious Diseases
- Pathology
- Pharmacology
- Physiology

5 Other faculty information

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

Student identification cards

Students in the clinical years of the course are issued with identification cards by their teaching hospital and the badges must be worn at all times in the hospital.

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 and now includes all years of the course. Each tutor has one student from each year, so that students maintain the same tutor throughout. 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 Associate Professor C. G. dos Remedios of the Department of Anatomy, who reports to Associate Professor R. R. Munro, Sub-Dean (Student/Staff Affairs). Further information is available from Associate Professor dos Remedios.

Undergraduate scholarships and prizes

There are a large number of undergraduate scholarships and prizes. Brief details follows:

Prize or scholarship	Value \$	Qualifications
Awards requiring application		
Peter Bancroft	1200	Best research work in any subject.
Robert Campbell	200 pa	Students in financial need and of sufficient merit. Applications from Year 1 students at any time.
Dr H. G. Chapman	100	Essay on original research in physiology or biochemistry.
Sydney B. Clipsham	160	Best account of research or observation in operative surgery during clinical years.
Robert Craig Prize in Surgery	230	Best account of research or observations undertaken during the unallocated term or the option term.
Council of Education	400 pa	Children of teachers or officers in the Department of Education of at least three years' standing. Certificate of eligibility required.
A. P. Elkin Fund	varies	Students of Aboriginal descent.
Freemasons' (2)	200 pa	Sons of freemasons of 5 years' standing; Certificate eligibility required.

Prize or scholarship	Value \$	Qualifications
Goode Memorial Scholarship	loan of up to 50	Short term loans available to medical undergraduates.
S. H. MacCulloch Trust	loan of up to 750	Needy undergraduate students in the Faculty of Medicine.
James Robinson Orange Memorial Prize	700	Children or grandchildren of members of the Loyal Orange institution. Certificate of eligibility required.
A. J. Reynolds	150	Essay on causes, prevention or cure of spondylitis in human beings.
Robert H. Todd Memorial	300	Report of an attachment in general practice undertaken during the assignment in Community Medicine.
Michael Robert William Young	20	Essay on specific topic in history of medicine.
Awards decided on academic merit		
George Allan	130	Proficiency in therapeutics.
Dagmar Berne	45	Proficiency in final barrier examination.
P. O. Bishop	Medal	Greatest proficiency in advanced Physiology for BSc(Med).
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	500	Proficiency at third barrier assessment.
G. S. Caird Scholarship No. II	700	Proficiency by male student in second barrier examination.
Carnation Paediatric	105	Proficiency in Paediatrics. May have viva voce examination in Paediatrics.
Frank and Margaret Claffy	230	Proficiency in ophthalmology.
Harry J. Clayton Memorial	500	Proficiency in medicine and clinical medicine.
Frank Cotton Memorial	75	Proficiency in physiology.
Dame Constance D'Arcy Memorial	20	Proficiency by female student in obstetrics and gynaecology.
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	70	Proficiency in pathology.
Harold Edward Goldsack Grant	up to 400	Proficiency in preclinical or paraclinical subjects by student proceeding to BSc(Med).
John Harris Scholarship	400	Proficiency in second barrier examination.
Hinder Memorial	200	Proficiency in surgery and clinical surgery.
Albert Hing Memorial	85	Proficiency in obstetrics and gynaecology.
Ingis and Ward	25	Proficiency in pathology and bacteriology.
Alexander James Scholarship	150	Merit in Community Medicine.
Mabel Elizabeth Leaver Memorial	230	Proficiency in obstetrics and gynaecology.
A. M. Loewenthal	60	Proficiency in prosection and in anatomy in second barrier examination.
Sir John Loewenthal	100	Royal Prince Alfred Hospital student for proficiency in surgery and clinical surgery in third year barrier assessment.
Norton Manning Memorial	235	Proficiency in psychiatry.
Arthur Edward Mills	200	Student who is first on honours list at graduation.
Moran	400	Essay (every 2nd year) on history of science and medicine in Australia.
N.S.W. Health Commission	50	Proficiency in community medicine.
Parkinson Memorial	330	Proficiency in pathology.
K. C. T. Rawle 104 ACCS Assoc.	75	Proficiency in surgery and clinical surgery in third year barrier assessment.
Renwick Scholarship	500	Proficiency in first and second barrier examinations.
Harold John Ritchie Memorial	330	Proficiency in clinical medicine.
A. H. Robins	500	Report of work done in social and preventive medicine in 'unallocated' term.
Royal Australian College of Ophthalmologists	100	Proficiency in ophthalmology.
William Henry and Eliza Alice Sharp	40	Proficiency in surgery and clinical surgery.

Prize or scholarship	Value \$	Qualifications
J. L. Shellshear Memorial	25	Proficiency in practical anatomy.
Robert Scot Skirving Memorial	95	Proficiency in medicine and surgery.
Grafton Elliot Smith Memorial	210	Proficiency in anatomy.
Beverly Stewart Memorial	100	Proficiency by female student in first barrier examination.
David Sugarman Prizes in Pathology (2)	1000 each	Proficiency in pathology.
Cedric Swanton Memorial	50	Proficiency in biochemistry.
McMahon Tennent	90	Proficiency in biochemistry
Upjohn	150	Proficiency in clinical pharmacology and therapeutics
John Wait Scholarship	600	Proficiency in pre-clinical subjects by student proceeding to honours in science or BSc(Med).
Harold Alfred Waldron Memorial	75	Proficiency in bacteriology.
Herbert John Wilkinson Memorial	850	Proficiency in anatomy.
J. T. Wilson Memorial	60	Proficiency in theoretical anatomy.

Libraries

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

Burkitt Library

The Burkitt Library, on the ground floor of the Anderson Stuart building, 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, Professor of Anatomy from 1926 to 1955, who donated his large collection of books to form the nucleus of the Burkitt Library. Its collection aims at supporting the teaching and research of the preclinical departments.

Burkitt Library hours during the whole year are: Mon.-Fri. 9 am-12.30 pm and 1.30-5 pm. Closed all public holidays.

Fisher Library

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

Medical Library

The Medical Library in the Bosch Building covers the fields of Clinical Medicine, Surgery, Pathology, Infectious Diseases, Obstetrics and Gynaecology, Paediatrics, Pharmacology, Anaesthetics, Ophthalmology, Psychiatry, Preventive and Social Medicine, and Immunology. It provides 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 airconditioned library with accommodation for 170 readers.

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

Medical Library hours from beginning of January to end of November: Mon.-Thu. 9 am-9 pm; Fri. 9 am-6 pm; Saturday opening (10 am-5 pm) usually begins around mid-February and continues until late November. Closed all public holidays. See noticeboard for reduced hours in December.

Commonwealth Institute of Health Library

The Commonwealth Institute of Health Library, which is on the first floor of the institute (map ref. K15), provides for the information needs of research workers and students at the institute. It has a large collection of books and periodicals in the fields of

public health and tropical medicine, preventive and social medicine, nutrition, infectious diseases, biochemistry, cell biology, occupational and environmental health, parasitology, entomology, epidemiology and biostatistics.

MEDLINE facilities are available for both staff and students.

There are special collections in occupational health, statistics and audiovisual material, and a special reserve section for students.

The library is open from 8 am to 7 pm on Monday and Wednesday and from 8 am to 5.30 pm on Tuesday, Thursday and Friday.

Clinical school libraries

Libraries for the use of undergraduates are maintained in the clinical schools of the Royal Prince Alfred 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 Hospital, 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. Some 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 in Room W222, Blackburn Building. Hours of operation are 9 am-5 pm daily.

Audiovisual centres have also been developed at the clinical schools and are linked with the centre at the University.

Special programmes have been produced and are available for students whose first language is not English and who wish to improve their English, particularly in the medical context.

Societies

Sydney University Medical Society

The Medical Society is the oldest of the University faculty societies. It was founded in 1886 to 'provide a common meeting ground for teachers, graduates and undergraduates in Medicine'. All undergraduates in Medicine are encouraged to join the society. The subscription of \$15 carries with it a number of benefits, as well as membership for the whole of the 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.

New members are invited to take an active interest in the society's activities, some of which are described below.

Council

The Medical Society Council is a body elected by the students, for the students, and made up of students. It consists of the two Year representatives which each Year elects, and clinical years' hospital representatives plus various other appointed positions. 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, or take part in activities such as the Australian Kidney Foundation annual appeal. 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.

Medical Society Bookshop

The Medical Society Bookshop is operated by the council under the management of the general secretary, and the current Book-Scheme Director and Honorary Treasurer, who are medical students. The bookshop, which pioneered student book schemes in the University, enables medical students to save a considerable portion of the cost of textbooks. Most important of all, the bookshop tries to ensure that adequate supplies of the correct textbooks 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.

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

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.

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.

The AMSA Student Initiatives in Community Health 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 occasional newspaper *Innominate*. There is also a *Senior Year Book*. Editorship of these publications is open to any member.

Social events

The council each year encourage students to organise barbecues, wine and cheese parties, year dinners, football match parties, or any other social event some of which, including the Annual Medical Ball, may be organised by the Social Secretary. The society then supplies deposits on rooms, equipment, and any needed financial advice.

The Medical Society Revue is produced each year to aid charity, and is generally well-received.

Special educational efforts

Students who are 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 someone of great interest to the medical profession. 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 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

The *Student Emergency Loan Fund* offers \$50 to any student in a financial crisis, repayable within one month. The *Clinical Years Bursary Fund* offers loans to students in clinical years, repayable within two years of graduation. (The Registrar's Office provides full information on other loans and bursaries from the Scholarships and Financial Assistance Office on the top floor of the Main Building at the northern end of the Quadrangle.)

Lecture notes and examination reprints

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.

Cadetships and traineeships in medicine

Cadetships or traineeships are offered 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.

Undergraduates in the clinical years of the course, or graduates undertaking their first year of hospital residency, are eligible to apply for appointment. Applicants must be medically fit, an Australian citizen or have evidence that an application has been submitted for Australian citizenship, be of good character, and have 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 materials as recommended by the University.

Medical undergraduates selected under the scheme will be appointed to the 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, but must be Australian citizens or undertake to become Australian citizens.

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:	\$8 580
2 years to graduation:	\$10 725
Final year:	\$11 440

After qualifying, the member is promoted to Surgeon Lieutenant and receives \$20 750 plus allowances during his or her residency year.

On completion, the member starts a Short Service commission as a registered medical practitioner. Six years effective service qualifies the member for a Defence Forces Housing Loan at low interest rates. Whilst in service, 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 a free medical and dental cover.

Enquiries should be directed to:

Navy Careers Officer
Defence Forces Recruiting Centre
323-337 Castlereagh Street
Sydney, N.S.W. 2000, telephone 212 1011

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 be prepared to apply for Australian citizenship, and possess the attributes required of an Air Force Officer.

Undergraduates receive:¹

3 years to graduation:	\$9 316
2 years to graduation:	\$11 645
Final Year:	\$12 422

Salary on graduation, and during the year of residency, is \$25 244.

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.

Further information can be obtained from Air Force Careers Officer, Defence Force Recruiting Centre, Central Square Building, 323-337 Castlereagh Street, Sydney, 2000 — telephone 219 5555 (ext. 331).

¹Correct as at May 1984.

6 Postgraduate study

Requirements for postgraduate degrees

There are five postgraduate degrees in the Faculty of Medicine.

They are:

MM	Master of Medicine
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*.

Master of Medicine

Candidates were accepted for the MM degree for the first time in 1984. It is a generic master's degree that has not been previously available. It is open to medical graduates and may be undertaken in any department of the faculty, either full- or part-time and by either coursework and treatise or research and thesis. Details may be obtained from the faculty office.

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.

2. 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.

3. 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. His 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.

4. 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

The MPH degree is unique in Australia and is comparable to similar degrees offered by universities in the U.K. and the U.S.A. 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, Occupation 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.

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 Academic Registrar of the Commonwealth Institute of Health.

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 is a research degree awarded for a thesis considered to be a substantially original contribution to the subject concerned. Some coursework may be required (mainly in the form of seminars) but in no case is it a major component.

Applicants should normally hold a master's degree

Corps, the Royal Australian Navy and the Royal Australian Air Force.

Royal Australian Army Medical Corps

Undergraduate scheme

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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 materials as recommended by the University.

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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, but must be Australian citizens or undertake to become Australian citizens.

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:	\$8 580
2 years to graduation:	\$10 725
Final year:	\$11 440

After qualifying, the member is promoted to Surgeon Lieutenant and receives \$20 750 plus allowances during his or her residency year.

On completion, the member starts a Short Service commission as a registered medical practitioner. Six years effective service qualifies the member for a Defence Forces Housing Loan at low interest rates. Whilst in service, 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 a free medical and dental cover.

Enquiries should be directed to:

Navy Careers Officer
Defence Forces Recruiting Centre
323-337 Castlereagh Street
Sydney, N.S.W. 2000, telephone 212 1011

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 be prepared to apply for Australian citizenship, and possess the attributes required of an Air Force Officer.

Undergraduates receive:¹

3 years to graduation:	\$9 316
2 years to graduation:	\$11 645
Final Year:	\$12 422

Salary on graduation, and during the year of residency, is \$25 244.

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.

Further information can be obtained from Air Force Careers Officer, Defence Force Recruiting Centre, Central Square Building, 323-337 Castlereagh Street, Sydney, 2000 — telephone 219 5555 (ext. 331).

¹Correct as at May 1984.

6 Postgraduate study

Requirements for postgraduate degrees

There are five postgraduate degrees in the Faculty of Medicine.

They are:

MM	Master of Medicine
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*.

Master of Medicine

Candidates were accepted for the MM degree for the first time in 1984. It is a generic master's degree that has not been previously available. It is open to medical graduates and may be undertaken in any department of the faculty, either full- or part-time and by either coursework and treatise or research and thesis. Details may be obtained from the faculty office.

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

The MPH degree is unique in Australia and is comparable to similar degrees offered by universities in the U.K. and the U.S.A. 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, Occupation 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.

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 Academic Registrar of the Commonwealth Institute of Health.

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 is a research degree awarded for a thesis considered to be a substantially original contribution to the subject concerned. Some coursework may be required (mainly in the form of seminars) but in no case is it a major component.

Applicants should normally hold a master's degree

or a bachelor's degree with first or second class honours of the University of Sydney, or an equivalent qualification from another university or institution.

The degree may be taken on either a full-time or part-time basis.

In the case of full-time candidates, the minimum period of candidature is six terms (2 years) for candidates holding a master's degree or equivalent, or nine terms (3 years) in the case of candidates holding a bachelor's degree with first class or second class honours; the maximum period of candidature is normally fifteen terms.

Part-time candidature may be approved for applicants who can demonstrate that they are engaged in an occupation or other activity which leaves them substantially free to pursue their candidature for the degree. Normally the minimum period of candidature will be determined on the recommendation of the faculty but in any case will not be less than nine terms; the maximum period of candidature is normally twenty-one terms.

Candidates work individually, 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

Extracts 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 either—

- (a) have held the degree of Bachelor of Medicine of the University of Sydney for at least five years; or
- (b) (i) have held for at least five years the degree of Bachelor of Medicine or a degree or other qualification of another university or institution determined by the Academic Board on the recommendation of the Faculty to be equivalent to the degree of Bachelor of Medicine of the University of Sydney; and
(ii) have had such continuing association with the academic work of the University of Sydney and over such period as the Academic Board on the recommendation of the Faculty shall determine is appropriate.

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) A candidate shall not be recommended for admission to the degree unless the examiners report that the work submitted fulfils the conditions prescribed in section 6.

(2) A candidate may be required to undertake such written or oral examination in the subject of the thesis or published work as the Faculty may determine.

(3) A candidate for the degree of Doctor of Medicine who is 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, provided that any expense involved shall be met by the candidate.

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

The following paragraphs contain the by-laws and the Senate resolutions relating to the diploma, which are published in full in the *Calendar* of the University.

Regulations

Extract from the by-laws

- 22E. 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 shall apply in writing to the Registrar for such admission to candidature.
2. Subject to Resolution 3, admission to candidature may be granted to—
 - (a) a graduate in Medicine of the University of Sydney; or
 - (b) any other graduate of the University of Sydney who has completed courses acceptable to the Faculty of Medicine; or
 - (c) a graduate of any other University or any other institution approved by the Faculty of Medicine and the Academic Board; or
 - (d) a person who has obtained such qualifications and completed such courses as are acceptable to the Faculty of Medicine and the Academic Board; or
 - (e) a person who furnishes such evidence of special fitness as satisfies the Faculty of Medicine and the Academic Board that he is qualified to enter upon systematic courses of study in Tropical Public Health.
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 Commonwealth Institute of Health.
7. The Faculty may deem time spent or work done towards the degree of Master of Public Health to be time spent or work done towards the Diploma, provided that the candidate has ceased to be a candidate for the degree of Master of Public Health.

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

DCP	Diploma in Clinical Pathology ¹
DDM	Diploma in Dermatological Medicine ¹
DDR	Diploma in Diagnostic Radiology ¹
DO	Diploma in Ophthalmology ¹
DipTPH	Diploma in Tropical Public Health

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

Diploma in Tropical Public Health

The first candidates for this diploma were accepted in 1978. The DipTPH replaced the Diploma in Tropical Medicine and Hygiene.

The course includes 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 the MPH degree, with a major 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.

¹ These diplomas are no longer available to new candidates.

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; and the Board of Examiners for the Diploma in Tropical Public Health.
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.

Postgraduate Committee in Medicine

Chairman: Professor R. S. Gye

The Postgraduate Committee in Medicine administers the Victor Coppleson Memorial Institute of Postgraduate Medical Studies which 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 Secretary, Postgraduate Committee in Medicine, University of Sydney, N.S.W. 2006.

Resolutions of the Faculty

The following are faculty resolutions governing the Postgraduate Committee in Medicine:

1. There shall be a Committee of the Faculty of Medicine to be known as the Postgraduate Committee in Medicine, for the promotion of postgraduate education, study, work and research in medicine and the advancement of the art and science of medicine.
2. In particular, the objectives of the Committee shall be as follows:
 - (a) to foster the development of postgraduate education in cooperation with the Health Commission of New South Wales and teaching hospitals of the University of Sydney, learned colleges and other institutions;
 - (b) to maintain the role of the Victor Coppleson Memorial Institute of Postgraduate Medical Studies in furthering continuing education in the community and in supporting medical research and postgraduate training;
 - (c) to encourage awareness among undergraduate medical students and graduates of the need for postgraduate and continuing education.
3. The Committee shall administer the Victor Coppleson Memorial Institute of Postgraduate Medical Studies and undertake such duties and responsibilities as are prescribed by the Resolutions of the Senate governing the activities of the Institute.
4. (i) The committee shall comprise the following persons:
 - (a) The Dean of the Faculty of Medicine *ex officio*, or his nominee who shall be eligible for election as Sub-Dean (Postgraduate and Continuing Education);
 - (b) the Director of Postgraduate and Continuing Education *ex officio*;

- (c) the immediate past Chairman, immediate past Director of Postgraduate Medical Studies and immediate past Honorary Treasurer of the Postgraduate Committee in Medicine, in accordance with the Resolutions of the Senate in force prior to 1 April 1980, *ex officio*;
- (d) not more than ten (10) persons elected by the Faculty every three years;
- (e) not more than two (2) co-opted persons who shall be appointed by the Faculty on the recommendation of the Chairman in consultation with the members of the committee appointed under paragraphs (b) to (d), inclusive.
- (ii) The members of the Committee appointed under Resolution 4 (i) (c), (d) and (e) shall hold office for a period of one term and may be eligible for reappointment by the Faculty for not more than three (3) successive terms.
- (iii) A term, referred to in Resolution 4 (ii), shall be a period of three (3) years.
5. Any person who is appointed a member of the Committee and who is not a member of the Faculty in accordance with Chapter XII of the By-laws, shall be nominated for appointment to membership of the Faculty, in accordance with Section 1 (a) (1) of Chapter XII of the By-laws.
6. (i) If any member (other than an *ex officio* member) is absent without leave of the Committee from three consecutive meetings or for more than half the total in any one year, the Committee may recommend to the Faculty that his office be declared vacant.
- (ii) Except in the case of an *ex officio* member, the committee may recommend to the Faculty that the office of any member be terminated.
- (iii) In any case in which it thinks fit the Faculty may declare the office of any member to be vacant, or direct that he shall cease to hold office.
- (iv) Any member (other than an *ex officio* member) may resign his office in writing addressed to the Dean.
7. Any vacancy occurring by the death, disqualification or resignation of an elected or co-opted member of the Committee may be filled by the appointment of a member by the Faculty on the nomination of the Dean, to hold office for the balance of the term of the member being replaced.
8. The Committee shall appoint annually the following sub-committees:
- (i) A Finance Subcommittee;
- (ii) a Courses Subcommittee;
- (iii) a Grants Subcommittee;
- (iv) a Coordinating Subcommittee, which may include representatives from:
- (a) The following teaching hospitals of the Faculty of Medicine:
- The Royal Prince Alfred Hospital;
The Royal North Shore Hospital;
The Repatriation General Hospital,
Concord;
The Lidcombe Hospital;
Westmead Hospital;
The Royal Alexandra Hospital for
Children;
St Margaret's Hospital for Women;
The Mater Misericordiae Hospital,
Crows Nest; and such other hospitals as
the Committee may, from time to time,
recommend.
- (b) The New South Wales Branch of the Australian Medical Association.
- (c) The Medical Board of New South Wales.
- (d) The Health Commission of New South Wales.
- (e) The Heads of the Departments of the Faculty of Medicine, or their nominees, who are not members of the Committee by virtue of Resolutions 4 (i) (d) and (e).
- (f) The New South Wales State Committee of the Australian College of Obstetricians and Gynaecologists.
- (g) The Royal Australian College of General Practitioners, New South Wales Faculty.
- (h) The New South Wales State Committee of the Royal Australasian College of Surgeons.
- (i) The New South Wales State Committee of the Royal Australian College of Physicians.
- (j) The New South Wales State Committee of the Royal College of Pathologists of Australia.
- (k) The Australasian College of Dermatologists, New South Wales Faculty.
- (l) The New South Wales Branch of the Royal Australian College of Ophthalmologists.
- (m) The New South Wales Branch of the Royal Australian and New Zealand College of Psychiatrists.
- (n) The New South Wales Branch of the Royal Australasian College of Radiologists.
- (o) Such other statutory bodies, learned colleges, or institutions as the Committee may, from time to time, recommend.
- (v) Such other Sub-Committees as the Committee may, from time to time determine.
9. The Dean of the Faculty, or his nominee (referred to in Resolution 4 (i) (a) shall be the Chairman of the Committee.
10. Meetings of the Committee shall be convened by the Chairman and for any meeting five members shall form a quorum.
11. The Committee shall lay before the Faculty of Medicine a report of its proceedings each term.

Postgraduate scholarships and prizes

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

In 1983 the value of these awards, with the exception of the Sister Sanders Scholarship, was between \$11 160 per annum and \$12 790 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.

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:

Scholarship or prize	Value \$	Closing date	Qualifications
1. Tenable at University of Sydney			
<i>(a) Restricted to medical graduates</i>			
Phyllis Anderson Research Fellowship	Varies		Research in any branch of medical science
Australian and New Zealand Society of Occupational Medicine Prize	200		Proficiency in Occupational Health coursework for MPH degree
Anthony Pierre Balthazar Scholarship in Anaesthetics	Varies		Research in anaesthesia
Peter Bancroft Prize	1200		Best research work in any subject published or completed in previous year
Ferdinand Joland Austin and Andreas Brummer Scholarship	not less than \$1000		Medical research
Nina Annie Campbell Medical Scholarship	11 160-12 790		Research in any branch of medical science
James and Margaret Claffy Research Fellowship	Varies		Research in ophthalmology
Cottees General Foods Prize for Nutrition	100		Best candidate MPH for proficiency in human nutrition
Dr Gordon Craig Fellowship	1300		Research in urology
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	11 160-12 790		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	11 160-12 790		Research in sex
Garnet Halloran Prizes	400		Thesis on cancer of head and/or chest
Reginald Maney Lake and Amy Laura Bonamy Scholarship	11 160-12 790		Research in pathology
Henry Langley Scholarship	11 160-12 790		Research into rheumatoid arthritis
Herbert J. Marks Memorial Prize	400		Original work on diseases of ear, nose and throat
Ewan Staunton McKinnon Scholarship	11 160-12 790		Medical research

Scholarship or prize	Value \$	Closing date	Qualifications
John Brooke Moore Scholarship in Surgery	—		Medical research
Marion Clare Reddall Scholarship	11 160-12790		Research in any branch of medical science
A. J. Reynolds Prize	50		Essay on causes, prevention or cure of spondylitis in human beings
Edith Mary Rose Travelling Scholarship			Preclinical medical research
Sister Sanders Scholarship	11 160-12790		Research into diseases of children
Anderson Stuart Memorial Research Fellowship	11 160-12790		Research in any branch of medical science
Ethel Talbot Memorial Scholarship	Varies		Research in medicine
Kenneth Firth Vickery Scholarship	500		Research in cancer
T. B. Walley Fellowship	Varies		Research in obstetrics
Liston Wilson Fellowship	11 160-12790		Research in spastic paralysis
(b) General			
Commonwealth Postgraduate Research Awards	7330	31 Oct.	Permanent residents of Australia with honours I, honours II div. I or equivalent qualification—for research in any field
University of Sydney Postgraduate Research Awards	6500	31 Aug.	Graduates of any university with honours I, honours II div. I or an equivalent qualification—for research in any field
A. E. & F. A. Q. Stephens Research Fellowship	10500	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	3500	31 Oct.	Descendants of members of Forces—for research in any field
2. Tenable overseas			
(a) Restricted			
Baillieu Research Scholarship	400	As advertised	Graduates in Medicine, Law, Economics or Architecture (travel grant)
Vernon Barling Memorial Fellowship	11 160-12790		Clinical surgical training overseas
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	10500	As advertised	For research in biological sciences
G. H. S. and I. R. Lightoller Scholarship	1000	31 May	Graduates in Arts, Science, Medicine, Veterinary Science, Agriculture and Engineering (travel grant)
Hugh Massie Travelling Scholarship in Ophthalmology	Varies		Ophthalmology
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	Under review	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	3500	31 Oct.	Descendants of members of Forces—for research in any field
Herbert Johnson Travel Grants	Under review	31 May	Graduates who hold travelling scholarships—for assistance with fares

Scholarship or prize	Value \$	Closing date	Qualifications
James King of Irrawang Travelling Scholarship	1000	31 May	Graduates of not more than four years' standing (travel grant)
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
Eric Leo Susman Travelling Scholarship	Up to 1800	As advertised	Graduates
University of Sydney Postgraduate Research Travelling Scholarships (2)	8000	31 Oct.	Graduates of not more than four years' standing
J. B. Watt Travelling Scholarships	8000	As advertised	Hons I graduate in any faculty
Eleanor Sophia Wood Travelling Fellowships	10 500	31 May	Graduates with at least three years' teaching or research at University of Sydney

A large part of the instruction of medical undergraduates takes place in teaching hospitals. These supply the practical experience essential to support the theory provided in lectures and private study. Students are assigned to one of the hospitals in third year and normally remain attached to that hospital for the remainder of the bachelor degree course.

A number of the departments of the faculty are physically located in the hospitals, such as Psychiatry, Paediatrics and Anaesthetics.

Instruction is given by full-time University staff, and also by the clinical staff of the hospitals as shown in Chapter 1 of the handbook. These clinical lecturers may be, and often are, attached to more than one hospital.

At present there are six general teaching hospitals and a further seven special hospitals. There are also eleven affiliated teaching hospitals and institutions, generally in the suburban areas. Over the last two years the N.S.W. government has been considering a rationalisation of the provision of hospital services in the state, the implementation of which will affect several of the teaching hospitals described below.

The teaching hospitals are independent of the University but collaborate closely with it. They are a substantial adjunct to its teaching and research functions, with an association stretching back sometimes many decades and in one case for a century. Details about the hospitals and the University's relationship to them follow.

General information

University administrative units

In each of the medical teaching hospitals there are university administrative units. A senior medical administrator is in charge of each unit and acts as a university representative in the hospital.

In four of the 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 case of the Westmead Hospital, a sub-dean has been appointed to head the Clinical School. The Sub-Dean is assisted by an Administrative Officer. 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.

Cumberland Hospital

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Lidcombe Hospital

Warden of the Clinical School
P. F. Thursby, MB BS, FRACS

Macquarie Hospital

Clinical Supervisor
M. D. McGrath, MB ChB Leeds DPM, FRANZCP
MRCPsych

Repatriation General Hospital, Concord

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

Royal Alexandra Hospital for Children, Camperdown

Clinical Supervisor
P. McVeagh, MB ChB Otago, FRACP

Royal North Shore Hospital of Sydney

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

Clinical Supervisors

C. P. Bambach, MB BS, FRACS
R. C. Edwards, MB BS, FRACP MRCP

Royal Prince Alfred Hospital

Warden of the Clinical School
J. A. Burgess, MB BS, FRACP

Clinical Supervisors

Aet Joasoo, BSc(Med) MD BS, FRACP
B. P. Morgan, MB BS, FRACS

Rozelle Hospital

Clinical Supervisor

.....

St Margaret's Hospital

Clinical Supervisor
J. Derek Llewellyn-Jones, OBE, BA MD BCh MAO
Dub., FRCOG FRACOG

Westmead Hospital*Sub-Dean*E. S. Finckh, MD BS DCP, FRCPA FRACP
FRCPATH*Administrative Officer*

Catherine M. Cahill, DipEd N.E. BA

Address and telephone*Cumberland Hospital*

Fleet Street, Parramatta 2150 630 6444

Lidcombe Hospital

Joseph Street, Lidcombe 2141 Telephone 646 8555

Macquarie Hospital, North Ryde

Coxs Road, North Ryde 2113 888 1222

Repatriation General Hospital, Concord

Hospital Road, Concord 2139 736 7911

Royal Alexandra Hospital for Children

Bridge Road, Camperdown 2050 51 0466

Royal North Shore Hospital of Sydney

Pacific Highway, St Leonards 2065 438 0411

Royal Prince Alfred Hospital

Missenden Road, Camperdown 2050 516 6111

*Rozelle Hospital*Cnr Church and Glover Streets,
Leichhardt 2040 82 0601*St Margaret's Hospital*

435 Bourke Street, Darlinghurst 2010 339 0466

Westmead Hospital

Hawkesbury Road, Westmead 2145 633 6333

Student numbers 1984

	Third Year	Fourth Year	Fifth Year	Total
Lidcombe Hospital	17	18	16	51
Repatriation General Hospital, Concord	40	47	51	138
Royal North Shore Hospital	76	64	77	217
Royal Prince Alfred Hospital	79	80	76	235
Westmead Hospital	38	37	34	109
<i>Total students in year:</i>	250	246	254	750

Allocation of third year medical students to the teaching hospitals*Summary of Resolutions of the Faculty*

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

At the commencement of the 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.

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.

Students shall be allocated to the most appropriate hospital on a geographical basis (according to their stated place of residence) in accordance with guidelines determined from time to time by the

Staff/Student Liaison Committee, taking into account:

- (i) the need to ensure that all major teaching hospitals receive an approximately equal proportion of the best students as well as those of lower grades;
- (ii) the student's stated preference for hospitals;
- (iii) the accessibility of the hospital from the student's place of residence.

The allocation shall be undertaken by the Dean assisted by the Sub-Dean (Student Affairs) and students in Third Year Medicine.

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 from time to time by the Staff/Student Liaison Committee.

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

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 Sub-Dean (Student Affairs) or the Dean. 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 Wardens, Clinical Supervisors or Sub-Deans 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*Summary of Resolutions of the Faculty*

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 New South Wales Department of Health, which includes representatives of the Universities of Sydney, New South Wales and Newcastle and their teaching hospitals and of non-teaching hospitals as determined by the Commission.

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.

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 Chapter 3 above]. 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.

The list referred to in paragraph 3 shall be forwarded confidentially to the New South Wales Department of Health, who will prepare a combined

order of merit list of graduands from the Universities of Sydney, New South Wales and Newcastle based on the relative academic performance of each graduand. In the case of ties, position in the combined list shall be determined by lot.

Graduands shall 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.

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 New South Wales Department of Health at the time of submitting its order of merit list.

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, Resident Medical Staff Advisory Committee, C/- N.S.W. Department of Health, McKell Building, Rawson Place, Sydney (G.P.O. Box 4235).

Boards of Medical Studies in the teaching hospitals

Resolutions of the Faculty

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 four 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 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 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.

(iii) in the case of St Margaret's Hospital for Women, of—

the Dean of the Faculty, *ex officio* (Chairman);

the Head of the Department of Obstetrics and Gynaecology, *ex officio*, or his nominee;

the members of the academic staff of the University located at, or directly associated with, the Hospital;

the Chairman of the Medical Board of the Hospital, *ex officio*;

the Medical Superintendent of the Hospital, *ex officio*;

not more than four members of the Medical Board of the Hospital, who are involved in undergraduate teaching, elected by the Medical Board.

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

the Dean of the Faculty of Medicine, *ex officio* (Chairman)

the Professors of the University Department of Paediatrics and Child Health, *ex officio*, or their deputies;

the Sir Lorimer Dods Professor and Director of the Children's Medical Research Foundation, or his deputy;

the Heads of the University Departments of Medicine, Surgery, Obstetrics and Gynaecology, Psychiatry, Anaesthetics and Ophthalmology and Eye Health, *ex officio*, or their deputies;

the Professor of Orthopaedic and Traumatic Surgery, *ex officio*, or his deputy;

the full-time members of the University Department of Paediatrics;

the Clinical Lecturers (part time) in Surgical Diseases of Children, *ex officio*;

the Chairman of the Medical Board of the Hospital, *ex officio*;

the Medical Superintendent of the Hospital, *ex officio*, or his deputy;

the Warden of the Clinical School, *ex officio*;

the Clinical Supervisors, *ex officio*; and

not more than four members of the Medical Board of the Hospital who are involved in undergraduate teaching, election by the Medical Board.

(v) in the case of Westmead Hospital — the Dean of the Faculty, *ex officio* (Chairman);

the Sub-Dean (Westmead Hospital), *ex officio*;

the full-time members of the academic staff of the University located at the hospital;

the Heads of the University Departments of Medicine, Surgery, Obstetrics and Gynaecology, Psychiatry, Anaesthetics, and Community Medicine, *ex officio*, or their nominees;

the Professor of Child Health, *ex officio*;

those persons on whom the Senate has conferred the title Clinical Professor, Clinical Associate Professor, Clinical Senior Lecturer or Clinical Lecturer, and who are located at the hospital, *ex officio*;

the General Superintendent, *ex officio*;

the Director of Medical Services, *ex officio*;

the Director of Teaching and Research

- Resources, *ex officio*;
three members of the Medical Board nominated by the Chairman of the Medical Board;
- (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. In the case of Westmead Hospital the administrative officer of the Clinical School shall be appointed secretary.
- (e) 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.
- (f) 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.
- (g) 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.
- (h) Students at the Westmead Hospital may nominate three members of the student body at the Centre to be members of the Board of Medical Studies of the Westmead Hospital.
2. The members shall hold office for one year, but shall be eligible for re-election.
3. In the cases of the six general teaching hospitals the Board shall meet at least once each term. In the cases of the other hospitals, the Board shall meet at least once per year.
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 timetable, attendances, or student work generally, the results of such enquiry to be reported to the Board of Directors where 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 from time to time to the Board of Directors or controlling body and to the Faculty of Medicine upon 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* centred on the 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 postgraduate 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 department, be responsible for establishing and maintaining teaching arrangements with the affiliated hospitals.

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

The Senate has recognised the following hospitals and institutions 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 Royal Ryde Rehabilitation Hospital
Australian Army Malaria Research Unit

History and description

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-awaited 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.

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 about 60 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; and other government agencies.

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 postoperative 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 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 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 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

The present clinical school was established in 1963. It has professorial wards and units in Medicine, Surgery and Psychiatry, supported by non-professional academic staff.

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 732 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 specialities, including gynaecology, and also a dental clinic.

A clinical sciences block located within the hospital grounds and adjacent to the present 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 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 five 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.

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 a 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 24 beds. The hospital comprises 881 beds, and includes departments in all major specialities. 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 specialities catering for a population of

nearly one million. Undergraduate education in the Allies 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 the 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 tuberculosis and financed by the Commonwealth Government. Since 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 had 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, 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. Visiting 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 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.

Westmead Hospital

A major teaching hospital has been established at Westmead. Westmead Hospital, which was commissioned in 1978, has 925 beds and 17 operating theatres and is one of the largest medical centres in Australia. It is a major teaching hospital for the University, providing clinical schools for both medical and dental students.

Westmead Hospital serves the Western Metropolitan Health region of Sydney, which has a population of 1.3 million. The hospital provides a comprehensive health care service to this important and fast-growing area.

The hospital provides 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 hospital functions not only as a district hospital but also as a major referral centre within the region. There is a full range of diagnostic and therapeutic services, including a large radiotherapy department. In addition there are an accident and emergency service, full out-patient facilities, and a geriatric unit providing both in-patient and day care. There also is a large dental unit, providing general and specialist dental health care.

The New South Wales Institute of Clinical Pathology and Medical Research has been moved from its former site at Lidcombe Hospital and has been re-established as part of Westmead Hospital. Another significant feature of the hospital is the library, which includes the library of the New South Wales branch of the Australian Medical Association.

In addition to its clinical schools for medicine and dentistry, the hospital provides 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 Westmead Hospital, together with senior lecturers in most of these disciplines. The Director of Dental Services of the hospital is also Professor of Dentistry. In addition, there are a large number of part-time clinical lecturers based at the hospital. The Senate has conferred the title of Clinical Professor of Radiotherapy on the Director of Radiotherapy of the hospital, the title of Clinical Professor of Pathology on the Director of the Institute of Clinical Pathology and Medical Research, and the title of Clinical Professor of Psychiatry on the Director of Psychiatry of the hospital.

The special hospitals

Alice Springs Hospital

The Alice Springs Hospital with 170 beds serves the southern zone of the Northern Territory which includes the Alice Springs and Barkly regions. The hospital, along with Royal Darwin Hospital, has become a special teaching hospital of the University as part of the clinical research facility of the Menzies School of Health Research and will provide facilities particularly in the area of Aboriginal health, epidemiological studies, gastrointestinal disorders and paediatrics.

Cumberland Hospital

Cumberland Hospital is a fifth schedule hospital under the N.S.W. Hospitals Act and a mental hospital and admission hospital under the N.S.W. Mental Health Act. The hospital is in the Western Metropolitan Health Region and is a facility run by the N.S.W. Department of Health.

The medical staff consists of 29 positions for psychiatrists and trainee psychiatrists. Each year 12-14 doctors are in training for the Membership of the Royal Australian and New Zealand College of Psychiatrists.

The hospital was established in 1848 as an asylum on a tract of land set aside for this purpose adjacent to Parramatta Park. This land now includes the location of Marsden Hospital (for intellectually handicapped children) and Westmead Hospital which incorporates Redbank House (child and adolescent psychiatric service).

The hospital has undergone considerable alteration but remained known as a mental hospital until the early 1960s when dramatic changes were implemented to establish a modern psychiatric facility. Psychiatric admission units for acutely ill patients were established with a responsibility for specific geographic areas extending from Parramatta to Katoomba. In addition the hospital is responsible for the inpatient care of a large number of long-stay patients requiring rehabilitation and community placement. A drug and alcohol dependency service was started for admission and short-term treatment of referred patients. Within these services the various aspects of clinical psychiatry are offered: assessment, diagnosis and management of patients with acute psychiatric disorders; management of patients with recurrent long-term disorders; management of patients with impairment of the central nervous system; assessment and management of elderly patients (geriatric psychiatry); and a range of community psychiatry services—outpatients' clinics, day centres, and follow-up after care and home visiting. Staff from the hospital participate in the work at the community health centres at eleven locations

including Katoomba, Penrith, Mt Druitt, Blacktown, Fairfield and Parramatta.

Patient care teams are multidisciplinary, comprising doctors, social workers, nurses, psychologists, occupational therapists and medical secretaries. There is a psychiatric nurse training school at the hospital. Placement for clinical experience is provided for social workers, welfare officers and occupational therapists. Students based at the Repatriation General Hospital and Westmead Hospital are allocated to the hospital for clinical experience in psychiatry.

The Macquarie Hospital

The Macquarie Hospital, formerly known as 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 a Developmentally Disabled Persons Service. It also provides surgical and medical services for psychiatric hospital patients all over New South Wales.

The hospital is situated on 40 hectares of land in Wicks Road, North Ryde, and is under the authority of the New South Wales Department of Health. 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 hospitals 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 Psychiatric Centre became responsible for the care and treatment of those patients living in the Northern Metropolitan Region of Sydney. Sub-regionalisation evolved within the North Ryde Centre, and the various adult psychiatric units began to function as admission and treatment units for their own specified sub-region.

The acute admission service is in Wards 12 and 13. Ward 5 and The Lodge are used for long-stay patients. A full-time consultant physician supervises the medical and psychogeriatric service (Wards 1 and 14). A full-time consultant surgeon directs the surgical unit in the Cameron Block.

A children's unit provides residential accommodation for the treatment of emotionally disturbed children. A special school staffed by teachers of the New South Wales Department of Education has been incorporated into the unit. Teachers are also provided for the Developmentally Disabled Persons Service.

Wards 7 and 9 are used as a major inpatient facility for the Developmentally Disabled Persons Service of the Northern Metropolitan Region.

Community Health Centres relate directly to Macquarie Hospital. These include those for the Lower North Shore Area, Ryde-Hunters' Hill Area and Manly-Warringah Area.

The specialised services (surgery, medical and children) provided to the Northern Metropolitan Region by Macquarie Hospital are also provided if required to the whole State.

In recent years the campus of The Macquarie Hospital has accommodated the Department of Health Regional Office, Central Cancer Registry and The Institute of Public Health Bio-Sciences.

Royal Alexandra Hospital for Children

The Royal Alexandra Hospital for Children was established in 1879 and moved to the present site in 1904. It is a 340-bed paediatric hospital caring for neonates, children and adolescents. It has full-time staff in all the usual paediatric medical and surgical subspecialties as well as in the paramedical and technical supporting services. Most departments have active research programmes. A twenty-four hour transport team is available to collect neonates and children requiring special care prior to or during transfer from other hospitals.

The comprehensive diagnostic services include facilities for C.T. scanning, ultrasound and nuclear medicine in the Body Imaging Department.

Many activities extend into the community at both health care and education levels. Specialist consultant clinics are held in outer Sydney and major country centres.

The hospital is controlled by a Board of Management and a house committee. Visiting medical officers and staff specialists are appointed by a conjoint board of the hospital and the University.

The Children's Medical Research Foundation is associated with the hospital and the laboratories are in the grounds.

There are both undergraduate and postgraduate teaching activities in medicine, nursing and other major allied health professions.

The establishment of a clinical school was agreed upon in 1924. The first students attended under this arrangement in 1927. The Douglas Burrows Professor of Child Health in the University will be located within the hospital.

Royal Darwin Hospital

The Royal Darwin Hospital at Casuarina was opened in 1981 and is the major specialist hospital in the Northern Territory. The hospital, with 300 beds, provides a comprehensive health service throughout the Darwin region.

In 1984, the Hospital was determined as the site for the Menzies School of Health Research, and the Hospital and the Department of Health cooperated in establishing the School, which was formally opened by the Governor-General in June 1984. A minimum of 800 square metres of office and administrative space is provided for the School by the Hospital and residential accommodation will also be available. Interim laboratory accommodation of 400 square metres is provided within the Hospital's laboratory complex for haematology, serology, microbiology, biochemistry, histology, and anatomical pathology services for the School. In addition, a fully equipped lecture theatre with 90 seats, tutorial rooms and a library of more than 10 000 volumes plus 400 journal titles and access to computerised library facilities is available.

Rozelle Hospital

In July 1976 Broughton Hall Clinic and Callan Park Hospital were amalgamated and called the Rozelle Hospital. This hospital provides a comprehensive psychiatric service to communities in the new Southern Metropolitan Health Region. The hospital has some 600 beds and a medical establishment of 34.

Broughton Hall has had a long association with the University. It was established as a psychiatric hospital in 1921. Sydney Evan Jones was the first medical

superintendent and continued in that capacity in the hospital until his death in 1948. 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 W. H. Trethowan was appointed to the chair of psychiatry and also clinical director of Broughton Hall. Similar appointments have been held by the late D. C. Maddison until 1974, and by P. J. V. Beumont. These appointments stimulated further development in the teaching programmes for undergraduates and psychiatrists-in-training. The psychiatric postgraduate unit for the University was opened at the clinic in 1957, and the Evan Jones Lecture Theatre in 1963. The New South Wales Institute of Psychiatry was opened within Broughton Hall in 1968. The undergraduate teaching unit was opened in 1973.

In addition to acute inpatient admission services, the hospital has 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.

St Margaret's Hospital

St Margaret's 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. In addition it has for a number of years been a recognised training school for midwifery.

The hospital has 115 beds with about 3800 births per year and 2300 gynaecological operations; it has a fully equipped Special Care Nursery for the care of the newborn; and neonatal teaching is also conducted.

It has a fully equipped level 3 Neonatal Intensive Care Unit, and teaching on neonates is also conducted. St Margaret's Hospital conducts clinics at the Endeavour and Westbridge migrant hostels and is very interested in the care of immigrants. As well as a full medical staff, the hospital has an administrative staff to assist the Sisters of St Joseph in conducting the hospital.

Since 1983 an Associate Professor in Obstetrics and Gynaecology has been based at the hospital. Clinical lecturers in obstetrics and gynaecology are appointed by the board of medical studies.

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.

A university teaching block, including students quarters, lecture halls and library, was completed in 1973.

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.

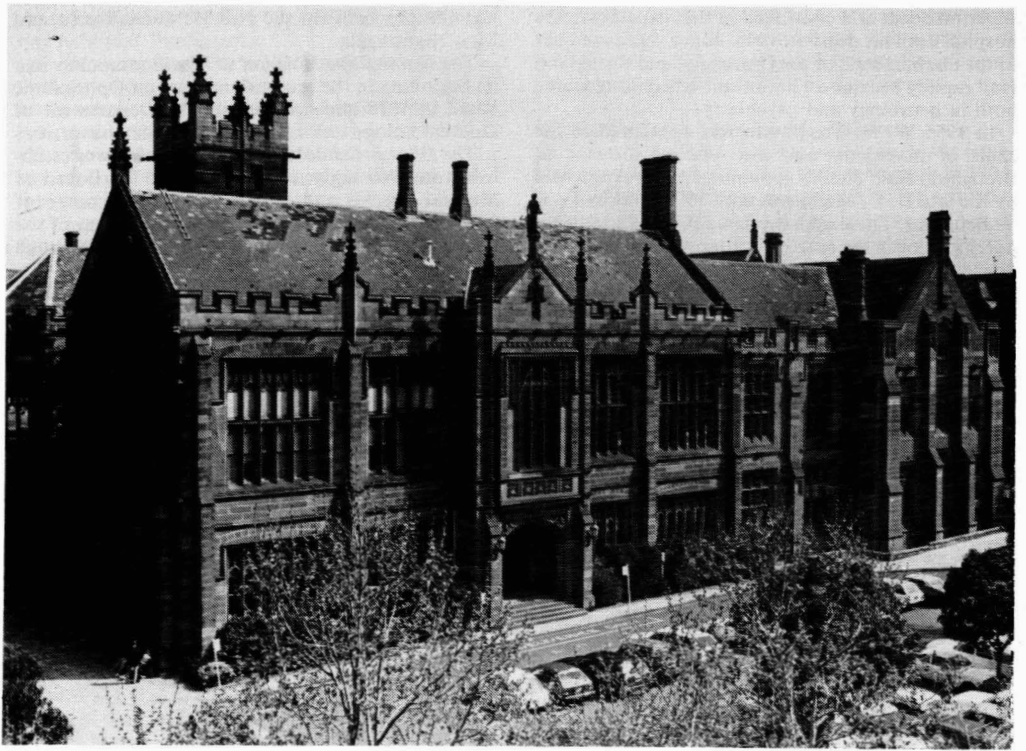
The first Nurses' Training School in the Florence Nightingale tradition was established in 1868 after

negotiations between the N.S.W. Government and Miss Nightingale.

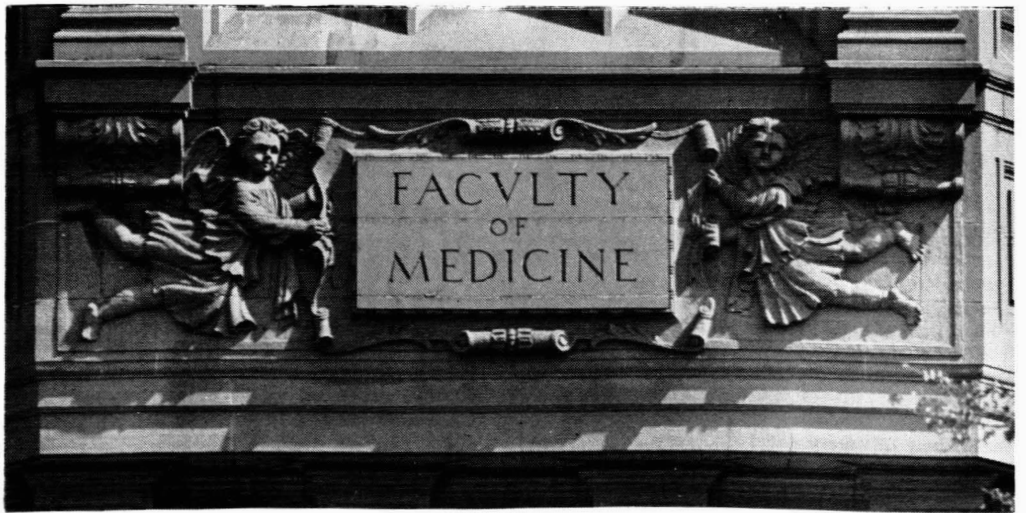
The Sydney Eye Hospital at Woolloomooloo had its beginning in the establishment of an Ophthalmic Ward in 1878 and now houses the Department of Ophthalmology and Eye Health of the University.

The Clinical School of Sydney Hospital was established in 1909 under the direction of the Board of Medical Studies and it afforded a full course of instruction in accordance with the curriculum of the University. 3074 undergraduates have passed through this school.

Owing to major reorganisation of hospital services in the metropolitan region commenced in 1982, Sydney Hospital has been considerably reduced in size and it has not been possible for it to continue as a general teaching hospital of the University. Some clinical training has continued in conjunction with the Royal Prince Alfred Hospital but the full extent of this must await clarification of the role of the hospital and of the clinical resources that will be available.



Anderson Stuart Building, Eastern Avenue. The original building to the left was erected in 1886 to the design of James Barnet, Colonial Architect. The northern extension was added in 1912 by Walter Liberty Vernon, Government Architect.



Decorative lintel above the Manning Road entrance to the medical school. The northern extension was completed in 1922 to the design of Leslie Wilkinson, foundation Professor of Architecture in the University.

Part II

General information

This section of the handbook applies to all students of the University, not just those in your faculty. Some of the matters dealt with are essential for you to know or to be aware of; others could be very useful to you.

Detailed information about other aspects of many of the matters referred to in this section may be found in the *Guide for New Students*. You are advised to consult the *Guide*, which is available free on request from the Student Centre.

Basic points of reference

Term and vacation dates 1985-89

Term and vacation dates are determined in accordance with a formula prescribed in the resolutions of the Senate made pursuant to Chapter XXI of the by-laws. The by-laws of the University form part of the 'Statutes' section of the *Calendar*.

Term	Day	1985	1986	1987	1988	1989
Lent						
Term and lectures begin	Mon.	25 Feb	24 Feb.	23 Feb.	29 Feb.	27 Feb.
Easter recess						
Last day of lectures	Wed.	3-	26 Mar.-	15-	30 Mar.	22 Mar.-
Lectures resume	Wed.	10 Apr.	2 Apr.	22 Apr.	6 Apr.	29 Mar.
Examinations begin	Mon.	6 May	5 May	4 May	9 May	8 May
Term ends	Sat.	11 May	10 May	9 May	14 May	13 May
Vacation — 3 weeks						
AVCC Common Week	Mon. Fri.	13- 17 May	12- 16 May	11- 15 May	16- 20 May	15- 19 May
Trinity						
Term begins	Mon.	3 June	2 June	1 June	6 June	5 June
Examinations begin	Mon.	5 Aug.	4 Aug.	3 Aug.	8 Aug.	7 Aug.
Term ends	Sat.	10 Aug.	9 Aug.	8 Aug.	13 Aug.	12 Aug.
Vacation — 3 weeks						
AVCC Common Week	Mon. Fri.	26- 30 Aug.	25- 29 Aug.	24- 28 Aug.	29- 2 Sep.	28 Aug.- 1 Sep.
Michaelmas						
Term begins	Mon.	2 Sep.	1 Sep.	31 Aug.	5 Sep.	4 Sep.
Classes cease	Sat.	2 Nov.	1 Nov.	31 Oct.	5 Nov.	4 Nov.
Annual examinations begin	Mon.	11 Nov.	10 Nov.	9 Nov.	14 Nov.	13 Nov.
Term ends	Sat.	7 Dec.	6 Dec.	5 Dec.	8 Dec.	9 Dec.

Information and advice

Academic

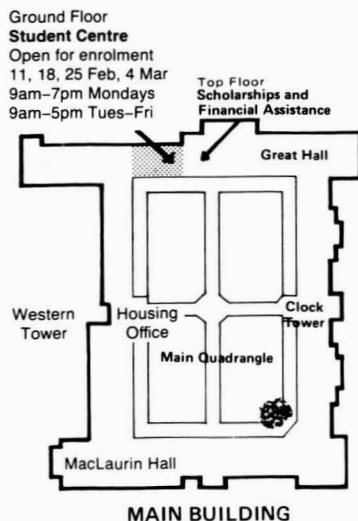
For academic questions affecting courses of study you should see the lecturer concerned.

Other sources

You may require advice of a different kind and in this case your first enquiries are often best made at the Student Centre.

Registrar's Office

The Registrar's Office has a number of sections of which the Student Centre is one. Other sections include, for example, the faculty offices, and Scholarships and Financial Assistance.



Faculty offices

Faculty offices, the administrative centres of the faculties, are generally situated close to the Dean's office. They are headed by the Secretary to the Faculty, the member of the Registrar's staff who supervises the regulations pertaining to the faculty and who attends to non-academic aspects of students' progress. He or she will give initial advice on admission, enrolment, scholarships, examinations and so on, or direct enquiries to the specialised section of the Registrar's Department responsible for these and other matters.

There are also offices of the four boards of studies, each with a secretary as for the ten faculties. The location of faculty offices, and who the faculty secretaries are in 1985, are as follows:

Faculties

Agriculture

Secretary: Margaret Sager, tel: 692 2685
Location: Room S381, mezzanine floor, Western Tower A14

Architecture

Secretary: Robert Pollock, tel: 692 3248
Location: Room 326, level 3, Architecture Building, G04

Arts

Secretary: tel: 692 2223
Location: N404, middle floor, Western Tower, A14

Dentistry

Secretary: Hugh Wilson, tel: 692 2248
Location: Room S383, mezzanine floor, Western Tower, A14

Economics

Secretary: Mary Pollard, tel: 692 3076
Location: Room 241, level 2, Merewether Building, H04

Engineering

Secretary: Erica Ring, tel: 692 2534
Location: Room 327, level 3, P.N. Russell Building, J02

Law

Secretary: Pat Miller, tel: 232 5944
Location: Room 1210A, level 12, Law School, 173-5 Phillip Street, Sydney [C13]

Medicine

Secretary: Tom Rubin, tel: 692 3132
Location: Room 317, Dean's office, level 3, Bosch Building, D05

Science

Secretary: Anne Bryant, tel: 692 3021
Location: Room S385, mezzanine floor, Western Tower, A14

Veterinary Science

Secretary: Mary Pelling, tel: 692 3056
Location: Room 218, ground floor, J.D. Stewart Building, B01

Boards of Studies

Divinity

Secretary:
Location: N404, middle floor, Western Tower, A14

Education

Secretary: Inger Urban, tel: 692 2634
Location: Room G66, Madsen Building, F09

Music

Secretary: Roderick Tindall, tel: 692 2209
Location: Room N405, middle floor, Western Tower, A14

Social Work

Secretary: Myra Katz, tel: 692 2294
Location: Mills Building, A26

Personal

Information about the following services is given in the *Guide for New Students*:

- Housing Office
- Student Health Service
- Counselling Service
- Financial Assistance
- Careers and Appointments Service
- Contact

Noticeboards

Current information about timetable changes, course announcements, tutorials, practical work, term tests, essays and recommended books is posted on faculty and departmental noticeboards. These noticeboards should be consulted regularly.

Information about examinations is displayed in the Main Quadrangle from time to time. There are also several permanent noticeboards in the Main Quadrangle area, notably beneath the Western Tower.

Publications

Guide for New Students — a simple comprehensive introduction to the University covering enrolment, organisation, services and facilities, sports. A copy is issued to each first year student on enrolment.

Map Guide — includes a compendium of useful information for students, staff and visitors.

Where to find that room — showing the location of all rooms used for examinations, and named rooms in the Main Quadrangle area.

Postgraduate Studies prospectus

Handbooks for each faculty (and Education) (\$4 each).

Narrow-format handbooks for most boards of studies, etc. (\$2 each).

Calendar (\$10).

Payments

Certain compulsory subscriptions are payable to student organisations upon enrolment. Details are given in the *Guide for New Students*.

Overseas students

Some overseas students may be liable for an overseas students' charge introduced by the Commonwealth Government 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.

Sponsored overseas students

The Australian Development Assistance Bureau (ADAB), which is the overseas aid unit of the Australian Department of Foreign Affairs, has a responsibility for the welfare of sponsored overseas students. The address of the Bureau in Sydney is:

26th Floor
Central Square Building
323 Castlereagh Street
Sydney 2000. Tel. (02) 212 4000

Private overseas students

Newly enrolled private overseas students should visit the Commonwealth Department of Education and Youth Affairs immediately on arrival in Australia. The address is Sydney Plaza Building, 59 Goulburn Street, Sydney 2000.

Private overseas students continuing their studies should confirm their enrolment with the Commonwealth Department of Education and Youth Affairs as early as possible each year in order to ensure that arrangements for the extension of their temporary entry permit can be made.

All students must advise the department if they change their term residential address during the year. Telephone enquiries should be directed to (02) 218 8979, and students living in country areas may reverse the charges for the call.

Adviser to overseas students

Mr Graeme de Graaff, who is director of International House, is also adviser to overseas students. He can help with any problems arising during an overseas student's stay in Australia.

Statement of Enrolment Record

All the information provided when you enrol is added to the university's computerised student record system. This includes your name and address, degree and the courses you are taking. It is important that this information be recorded correctly at the beginning of the year, and amended should a change occur in any of the details during the year.

To enable you to see what enrolment data has been recorded, and to allow you to alter it should the need arise, you will be sent a *Statement of Enrolment Record* shortly after completion of enrolment. You should check this carefully as soon as it is received. If the information is correct you should keep the form as a record of your current enrolment. Should the form be incorrect in any detail, amend it where appropriate and lodge it at the Student Centre as soon as possible. A new statement will then be prepared and sent to you confirming that the change has been made.

If you wish to—

change the course in which you are enrolled
discontinue a course
discontinue enrolment totally
at any time during the year you should
use the Statement of Enrolment Record to record the desired change,
obtain faculty (or board of studies) approval for the discontinuation, or departmental approval for any additions, and
lodge the amended form at the faculty office.

Your record at the University will not be correct unless you tell the Registrar about a change, by means of this form, lodged at the faculty office. **It is not sufficient for instance to tell the lecturer that you have discontinued a course.** Should you wish to make a change and not be able to find the Statement of Enrolment Record, ask at the Student Centre for a new copy.

Assessment and examinations

Sessions

All faculties (except those specified below)

There are four formal examination sessions each year.

Session	when held	approximate duration
Lent	May	1 week
Trinity	August	1 week
Michaelmas	November	3-4 weeks
Supplementary	January/February	2 weeks

In addition individual departments may examine at other times and by various methods of assessment, such as essays, assignments, *vive voce*, practical work etc. Some departments do not examine during the Lent and Trinity sessions.

Dentistry

The annual examinations are held in August for First and Second Years, and in November-December for Third, Fourth and Fifth Years.

Medicine

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 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.

Veterinary Science

The annual examinations are held in November-December each year. Some papers may be examined in the May and August examination weeks.

First year students sit barrier examinations in August. In normal circumstances failure to complete any one of these examinations satisfactorily will result in your not being permitted to complete the remaining First Year courses.

Supplementary examinations

Supplementary examinations, which are held in January/February, may be granted by a faculty or board of studies:

- (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.

Other arrangements

Timetables

Draft timetables are displayed in the Main Quadrangle, at times advised in advance in the *News* and on departmental noticeboards. Enquiries about these may be made at the Student Centre.

Printed copies of the final timetables are available from the Student Centre, Law School, United Dental Hospital, University Farms, Economics and Engineering faculty offices and the Carlaw Building foyer on level two.

Study vacation

A period after lectures at the end of the year is set aside for study and preparation at the Michaelmas session.

Publication of results

Annual results are first displayed in the Main Quadrangle, and are then published in the *Sydney Morning Herald*. They are also sent by post directly to you.

Examination grades

Each subject taken will be allotted one of the following grades at the annual examinations:

Grade	per cent
High Distinction	85-100
Distinction	75-84
Credit	65-74
Pass	50-64
Fail	below 50

The Faculties of Agriculture, Engineering and Science also allot one or more of the following grades of Pass; Terminating; Concessional; and Terminating/Optional Supplementary.

Illness or misadventure

You may apply to the Registrar in writing for special consideration of your examination performance on grounds of illness or misadventure. In the case of *illness* a medical certificate should be provided. The minimum requirements of a medical certificate are that it:

- be submitted and signed by your own medical practitioner and indicate the dates on which you sought attention;
- certify unambiguously a specified illness or medical disability for a definite period;
- indicate the degree of your incapacity, and express a professional opinion as to the effect of your illness on your 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. There is a special form available at the Student Centre and at the Student Health Service for submission with medical certificates.

For consideration on the ground of *misadventure*, your application must include a full statement of circumstances and any available supporting evidence.

Should you find it embarrassing to state your difficulties in writing you should ask the Registrar to arrange an interview with the dean of the faculty, or chairman of the board of studies, or their representative. Such a request might be made in the form of a note addressed to the Registrar.

The need to seek early advice

Many students in need of advice fail to make full use of the assistance available to them. If you believe that your performance during a course, or your preparation for your examinations, has been adversely affected by medical, psychological or family circumstances, you should seek advice as early as possible. Members of the teaching staff, of the Counselling Service, and of the Student Health Service, are all available for consultation and can give advice on appropriate action to take.

Examinations overseas

You are expected to attempt examinations at the University. However, in certain circumstances the Registrar will permit you to take examinations overseas, generally at a nominated university. These circumstances usually relate to your presence abroad for study purposes or for experience directly connected with your studies, approved by your department. It is your responsibility to obtain the Registrar's approval before proceeding overseas. This approval is not freely given.

Exclusion

Restriction upon re-enrolment

There are certain circumstances in which you could be asked to show good cause why you should be permitted to repeat any previously attempted study. Liability for exclusion from re-enrolment is determined by academic attainment during the immediate past one or two academic years (depending upon the faculty or board of studies concerned). The resolutions of the Senate restricting re-enrolment may be found in the University *Calendar*, indexed under 'Re-enrolment'. You should acquaint yourself with the requirements of the faculty or board of studies in which you are enrolled. If you are in any doubt about your liability for exclusion following academic failure or discontinuation of courses you should ask advice of the Exclusions section within the Registrar's Office.

It is not possible to define in advance all the reasons that constitute 'good cause' but serious ill health, or misadventure properly attested, will be considered. In addition your general record, for example in other courses, would be taken into account. In particular if you were transferring from another faculty your record in your previous

faculty would be considered. Not usually acceptable as good cause are such matters as demands of employers, pressure of employment, time devoted to non-university activities and so on, except as they may be relevant to any serious ill health or misadventure.

Personal

Appeals

Many decisions about academic and non-academic issues are made in the University each year, and in some cases the by-laws or resolutions of the Senate provide for a right of appeal against decisions. This is the case, for example, in Chapter VIIIA of the by-laws concerning discipline, and in the resolutions of the Senate relating to exclusion of students after failure. However, there are many other situations without such specific provision for appeal where you might wish to have a decision reviewed or to draw attention to additional information relevant to your case. As a general rule in these circumstances you are invited to address a request of this nature in writing to the Registrar, or to discuss the matter with a member of the Registrar's staff.

The general practice in some particular matters is as follows:

Academic matters

Review of examination results. Appeals about results may be made to the faculty through the Registrar.

Examination timetables. Should you be dissatisfied with arrangements published in the draft examination timetable you may raise the matter at that time with the Registrar. However, you should realise that it is not possible to satisfy all candidates over their individual timetables.

Prizes and scholarships. If you believe you have failed to obtain a scholarship by a narrow margin you may request through the Registrar that the Chairman of the Academic Board enquire into your case.

Non-academic matters

Financial assistance. If you have failed to obtain financial assistance and believe that your application was inadequately considered you may apply in writing to the Registrar for its reconsideration.

Booking accommodation and the Front Lawn for clubs and societies. If a booking of official university space for a club or society with which you are associated has been refused, you may make an appeal in writing to the Registrar.

Recognition of clubs and societies. Any appeal

about a decision relating to the recognition of a club or society would be presented to the Registrar.

Breach of parking regulations. Appeals against decisions about parking infringements within the university grounds should be lodged with the Bursar.

Exemptions from joining student societies. If you have a conscientious objection to membership of the SRC, SUPRA, Union, one of the two sports organisations or of Convocation you may make written application to the Registrar for exemption from membership of these bodies.

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, the Academic Board and the faculties and boards of studies. As from 1985 there are also student members of departmental and school boards. Student members are also to be found on committees of the Senate, Academic Board, faculties and boards of studies, departments and schools.

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.

The important contribution that students can make to the governance of the University is recognised through student membership of its governing bodies. As a student you 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 you. By participating in these elections you can become more familiar with the functioning of the University and can help ensure that your interests are taken into consideration in decisions that affect your work at the University.

Membership of the Senate is provided for in the University and University Colleges Act, section 7(1), published in the *University Calendar*. Membership of the Academic Board, the faculties and boards of studies, and departmental and school boards is specified in Chapter VIII of the by-laws and in resolutions of the Senate following (the statutes section of the *Calendar*). The accompanying table summarises the potential student membership of the Senate, the Academic Board and the faculties and boards of studies. The many teaching departments and schools within the University are each allowed some discretion in determining the student membership of their boards, but each departmental or school board must include at least one student.

Body	Total	Undergraduate	Postgraduate	Ex officio and other
Senate	3	← 3 →		—
Academic Board	30	25	5	—
<i>Faculty or Board</i>				
Agriculture	4	2	2	—
Architecture	5	2	2	1
Arts	8	5	2	1
Dentistry	5	3	1	1
Economics	5	3	1	1
Engineering	5	3	1	1
Law	5	2	1	1
BEc LLB				
BA LLB	1	1		
BSc LLB				
Medicine	5	4	—	1
Science	8	3	2	3
Veterinary Science	3	2	1	—
Divinity	3	1	1	1
Education	3	2*	1	—
Music	2	2 or 1	0 or 1	—
Social Work	3	← 3 →		—

*One of whom to be a DipEd candidate.

Discrimination

The Senate has appointed a number of officers of the University to hear complaints from staff and students who suspect or allege that they are being discriminated against on the grounds of sex or race. The people concerned are:

Contact	Location
Mrs Rita Devine	Carslaw Bdg, level 2, room 207, tel. 2431
Ms J. Gaha	Counselling Service, Institute Bdg, tel. 2228
Assoc. Prof. Margaret Harris	English Dept, Woolley Bdg, room N427, tel. 2163
Dr Jane Leibholz	Animal Husbandry (Camden), M.C. Franklin Laboratory, room 101, tel. 5-225
Dr Pat Miller	Law School, level 12, room 1210A tel. 81-263
Mr Roger Millington	Services Building, top floor, tel. 2009
Mrs Joan Morrison	Engineering Library, tel. 2138
Dr Ray Pierens	Chemistry, level 4, room 429, tel. 3381
Mrs Carolyn Sappideen	Law School, level 13, room 1333, tel. 81-273

Dr Ann Sefton	Physiology, Anderson Stuart Bdg, room 276, tel. 2659
Mr Don Smart	Main Quadrangle North, room N461, tel. 2204
Mrs Barbara Troy	Fisher Library, level 2, tel. 2995
Ms Mary Turner	Staff Office, tel. 2036

Each of the above and on an individual basis is prepared to discuss problems in confidence and, if the complainant wishes and the circumstances warrant it, to help to resolve the problem.

The Senate has also appointed several officers specifically to hear complaints from staff or students who believe they may have been the victims of racially motivated behaviour. Their names are as follows:

Dr Igor Gonda	Pharmacy, tel. 3054
Assoc Prof. Yiu-Wing Mai	Mechanical Engineering, tel. 2348
Dr John Wong	History, tel. 2857
Assoc. Prof. Chung-Tong Wu	Town and Country Planning, tel. 3606

Explanation of symbols for courses of study

Course/unit taught in:

1st	.....Lent term
2nd	.....Trinity term
3rd	.....Michaelmas term
1-3	.....any term
1st½yr	.....first half of the year
2nd½yr	.....second half of the year
year	.....throughout the year

Examples (per week unless otherwise stated)

(2L 3P);year	2h lectures & 3 practicals per week; throughout the year [does not mean 1 3-hour practical]
(3L 2.3hP);2nd½yr	3h lectures & 2 3-hour practicals per week; in the second half of the year
(3L 1S/fn);2nd	3h lectures per week 1 seminar per fortnight; during Trinity term
(1st & 2nd: 2L 1T; 3rd:3P);year	2h lectures and 1 tutorial in the first two terms, and 3h practical in third term

Symbols may have been used in the courses of study chapter in the handbook as a succinct way of presenting teaching and assessment information. Because of the varied nature of the work described and occasional difficulties in interpretation and typesetting, such details are not construed as a firm undertaking. Students are advised to check details with the departments concerned. The significance of symbols used is as follows:

Hypothetical examples of symbols use

Title of course	Double Dutch I
Actual lecturers	Ass. Prof. Holland Dr Nederlands
Allied studies	Akn HSC German 2-u gr. 3
Class contact & course duration	(3L 1T);year
Exams, essays, etc.	Exam 3h; Ess 2.200/tm;TP 4/tm
Title of course	8765 Diplomatic Wizardry
Actual lecturers	Dr Henry Mr Kissinger
Allied studies	Pre 7654 Co Intro. Maths Stats
Class contact & course duration	(1st:2L 3T,P; 2nd:2L 2T,P); 1st & 2nd
Exams, essays, etc.	Exam 3h/tm;CW

Assessment

Ess	.....essay
Exam	.....examination
As	.....other assignment
CW	.....class work or class task
P	.....practical or laboratory
TP	.....tutorial paper
/fn	.....per fortnight
/tm	.....per term
/½yr	.....per half year
/yr	.....per year
/wk	.....per week
h	.....hour

Examples

Exam 3h	One 3-hour exam
Exam 2.3h/tm	two 3-hour exams per term
Ess 2000	One 2000-word essay
Ess 3000 + 2.2000/tm;4TP	One 3000-word essay and 4 tutorial papers for the course, plus 2 2000-word essays per term
Ess/tm:3000 + 2.2000	One 3000-word and two 2000-word essays per term
4TP/tm	Four tutorial papers per term
2.3hP/wk	Two 3-hour practicals per week

Allied studies

Akn	.....assumed knowledge
Pre	.....prerequisite (you must have passed the indicated prerequisite before you enrol in the course)
Co	.....corequisite (you must enrol in, or have passed, the indicated corequisite before you enrol in the course)

Teaching

Type of class contact

C	.....class contact of any form
F	.....field work
L	.....lecture
P	.....practical
S	.....seminar
T	.....tutorial

Discontinuation of enrolment and re-enrolment after discontinuation

All Faculties and Boards of Studies

1. A candidate for a degree of Bachelor who ceases attendance at classes will be presumed to have discontinued enrolment from the date of application to the Faculty or Board of Studies concerned, unless evidence is produced (i) that the discontinuation occurred at an earlier date and (ii) that there was good reason why the application could not be made at the earlier time.
2. A candidate for a degree of Bachelor who at any time during the first year of attendance discontinues enrolment in all courses shall not be entitled to re-enrol for that degree unless the Faculty or Board of Studies concerned has granted prior permission to re-enrol or the person is re-selected for admission to candidature for that degree.
3. Subject to provisos (i) and (ii) of Resolution 1, no candidate for a degree of Bachelor may discontinue enrolment in a course or year after the end of lectures in that course or year.
4. In the absence of any Resolution to the contrary, the Dean, Pro-Dean or a Sub-Dean of a Faculty, or the Chairman of a Board of Studies, may act on behalf of that Faculty or Board of Studies in the administration of these Resolutions.
5. Subject to Resolutions 6, 7 and 8, a candidate for a Bachelor's degree who discontinues enrolment in a course or year before the end of the fourth week of lectures in such course or year, shall be recorded as having withdrawn from that course or year.

Faculties of Arts and Economics and Boards of Studies in Education, Music and Social Work¹

6. (1) This Resolution shall apply to candidates for the degrees of Bachelor of Arts, Economics, Education, Music and Social Work.
- (2) A candidate for the degree of Bachelor of Arts or Bachelor of Social Work enrolled concurrently in four First Year courses who

discontinues enrolment in one of those courses before the end of lectures in that course shall be recorded as having withdrawn.

(3) A candidate who discontinues enrolment in a course at the request of the Dean, Pro-Dean or a Sub-Dean of the Faculty or the Chairman of the Board of Studies concerned shall be recorded as having withdrawn.

(4) A candidate for the degree of Bachelor of Arts, Bachelor of Economics or Bachelor of Music who discontinues enrolment in the final honours year before the first day of Trinity Term shall be recorded as having withdrawn.

Discontinuations

(5) Subject to paragraph (6), a candidate who discontinues enrolment in a course or year after the end of the fourth week of lectures in such course or year but before the end of lectures in Michaelmas Term shall be recorded as 'Discontinued with permission' or 'Discontinued', as the Faculty or Board of Studies concerned shall determine.

(6) A discontinuation of enrolment—

- (a) after the first day of Trinity Term from a first half-year short course, or
- (b) after the first day of Michaelmas Term from a full year course, or
- (c) after two-thirds of the lectures and other formal instruction have been completed in any other course—

shall be recorded as 'Discontinued' unless the Dean, Pro-Dean or Sub-Dean of the Faculty or Chairman of the Board of Studies concerned on grounds of serious ill health or misadventure determines that the discontinuation should be recorded as 'Discontinued with permission'.

Faculties of Law and Science

7. (1) This Resolution shall apply to candidates for the degrees of Bachelor of Laws, Bachelor of Science and Bachelor of Pharmacy.
- (2) A candidate who discontinues enrolment in a course or year after the end of the fourth week of lectures in Lent Term but on or before the first day of lectures in Trinity Term shall be recorded as 'Discontinued with permission'.
- (3) A discontinuation of enrolment after the first day of lectures in Trinity Term shall be recorded as 'Discontinued' unless the Dean, Pro-Dean or Sub-Dean of the Faculty concerned on grounds of serious ill health or misadventure determines that the discontinuation should be recorded as 'Discontinued with permission'.

Faculties of Agriculture, Architecture, Dentistry, Engineering, Medicine and Veterinary Science, and Board of Studies in Divinity

8. (1) This Resolution shall apply to candidates for a degree of Bachelor in the Faculty of Agriculture, Architecture, Dentistry, Engineering, Medicine or Veterinary Science or for the degree of Bachelor of Divinity.
- (2) A candidate who discontinues enrolment in a course or year before one-third of the lectures and other formal instruction in that course or

¹ The Senate has approved an amendment of the by-laws to change the name of the degrees in Social Studies, to Bachelor and Master of Social Work.

year has been completed shall be recorded as 'Discontinued with permission'.

(3) A discontinuation of enrolment in a course or year after one-third of the lectures and other formal instruction in that course or year has been completed shall be recorded as 'Discontinued' unless the Dean, Pro-Dean or Sub-Dean of the Faculty or the Chairman of the Board of Studies concerned on grounds of serious ill-health or misadventure determines that the discontinuation should be recorded as 'Discontinued with permission'.

Restriction upon re-enrolment

The Resolutions of the Senate concerning 'Restriction upon Re-enrolment of Certain Students who fail in Annual Examinations' are as follows:

1. The Senate authorises any Faculty or Board of Studies to require a student who comes within the provisions of Resolutions 8 to 24 below to show good cause why he should be allowed to re-enrol or to repeat a year of candidature or a course in that Faculty or Board of Studies.

2. Subject to Resolution 5, the Faculty or Board of Studies may exclude a student who fails to show good cause from (a) the degree course or year of candidature concerned and/or (b) the course or courses concerned both in that Faculty or Board of Studies and in any other Faculty or Board of Studies in which that course or those courses may be taken.

3. Subject to resolution 5—

(a) Any student who has been excluded from a Year of candidature or from a course or courses by a Faculty or Board of Studies in accordance with Resolution 2 and who wishes to re-enrol in that Year of candidature or that course or those courses may apply for such re-enrolment after at least two academic years and that Faculty or Board of Studies may permit him to re-enrol in the Year or the course or courses from which he was previously excluded;

(b) any student who has been excluded from a course or courses by one Faculty or Board of Studies in accordance with Resolution 2 and who wishes to enrol in that course or courses in another Faculty or another Board of Studies may apply for such enrolment after at least two academic years and that other Faculty or Board of Studies may permit him to enrol in the course or courses from which he was previously excluded.

4. Except with the express approval of the Faculty concerned a student excluded from a Year or course who is re-admitted shall not be given credit for any work completed in another Faculty or Board of Studies or another University during the period of exclusion.

5. Before exercising its powers under Resolution 2 or 3 in relation to an individual course, a Faculty or Board of Studies shall consult the Head of the Department or School responsible for the course.

6. The Senate authorises the Faculty or Board of Studies as a whole or a Faculty Committee or Board of Studies Committee representing the main teaching departments in each Faculty or Board of Studies, to carry out all duties arising out of Resolutions 1, 2,

3, 4 and 5.

7. (1) Subject to Resolution 7 (2), a student who, having been excluded in accordance with these Resolutions, has been refused enrolment or re-enrolment in any year or course by any Faculty or Board of Studies, or any Faculty Committee or Board of Studies Committee, may appeal to the Senate.

(2) A second or subsequent appeal to the Senate shall only be heard by leave of the Chancellor or the Deputy Chancellor.

A. Students in all faculties and boards of studies

8. The Senate authorises any Faculty or Board of Studies to require a student to show good cause why he should be allowed to repeat in that Faculty or Board of Studies (a) a Year of candidature in which he has failed more than once or (b) any course in which he has failed more than once whether that course was failed when he was enrolled for a degree supervised by the Faculty or Board of Studies or by another Faculty or Board of Studies.

9. The Senate authorises the several Faculties or Boards of Studies to require a student who, because of failure or discontinuation has been excluded from a Faculty or course, either in the University of Sydney or in another tertiary institution, but who has subsequently been admitted or re-admitted to the University of Sydney to show good cause why he should be allowed to repeat either (a) the first year of attendance in which after such admission or re-admission he fails or discontinues, or (b) any course in which in the first year after admission or re-admission he fails or discontinues.

B. Faculty of Agriculture

10. (1) The Senate authorises the Faculty of Agriculture to require a student to show good cause why he should be allowed to re-enrol in the Faculty of Agriculture if, in the opinion of the Faculty, he has not made satisfactory progress towards fulfilling the requirements for the degree.

(2) Satisfactory progress cannot be defined in all cases in advance but a student who has (i) twice failed, or discontinued enrolment to count as a failure, any course as defined in Resolutions 1, 2, 3 and 5 relating to the degrees of Bachelor of Science in Agriculture or Bachelor of Agricultural Economics or (ii) at the annual examinations in the second or any subsequent year of enrolment, failed more than sixty per cent of the units for which enrolled and has also obtained a weighted average mark of less than fifty per cent in the total number of units for which enrolled in the two most recent years of enrolment, shall be deemed not to have made satisfactory progress.

(3) In cases where the Faculty permits the re-enrolment of a student whose progress has been deemed unsatisfactory, the Faculty may require the completion of specified courses in a specified time, and if the student does not comply with these conditions the student may again be called upon to show good cause why he should be allowed to re-enrol in the Faculty of Agriculture.

¹ This section applies only to students enrolling in the Faculty for the first time in 1978 or a subsequent year.

C. Faculty of Architecture

11. The Senate authorises the Faculty of Architecture to require a student who is a candidate for the degree of Bachelor of Science (Architecture) or Bachelor of Architecture to show good cause why he should be allowed to re-enrol in the Faculty of Architecture if in any two successive years of attendance he fails to gain credit for at least 40 units.

D. Faculty of Arts

12. (1) The Senate authorises the Faculty of Arts to require a student to show good cause why he should be allowed to re-enrol in the Faculty of Arts if, in the opinion of the Faculty, he has not made satisfactory progress towards fulfilling the requirements for the degree.

(2) Satisfactory progress cannot be defined in all cases in advance but a student who—

- (a) has not passed at least three courses during the first two years of enrolment in the Faculty;
- (b) has failed or discontinued enrolment in more than one course twice;
- (c) has failed to pass any courses in any two consecutive years of enrolment in the Faculty; or
- (d) having been admitted subsequent to having completed one or more years of enrolment in another faculty or board of studies or at another tertiary institution but having a record of failure in that faculty or boards of studies or institution then fails to pass at least one course in the first year of enrolment in the faculty;

shall be deemed not to have made satisfactory progress.

(3) For the purposes of these Resolutions a student who enrolls in four First Year courses in any one academic year and who varies that enrolment by withdrawing from one of the courses shall not be regarded as having discontinued or failed that course.

(4) In cases where the Faculty permits a student whose progress has been deemed unsatisfactory to re-enrol, the Faculty may require the completion of specified courses in a specified time, and if the student does not comply with these conditions the student may again be called upon to show good cause why he should be allowed to re-enrol in the Faculty of Arts.

E. Faculty of Dentistry

13. The Senate authorises the Faculty of Dentistry to require a student to show good cause why he should be allowed to re-enrol in the Faculty of Dentistry:

(1) when he has failed Second Year in the Faculty of Dentistry, if he has already taken more than one year to qualify for admission to Second Year; or

(2) when, having first enrolled in the Faculty prior to 1 January 1978 and having failed any course in his last enrolment under the By-laws in force prior to 1 January 1978, he subsequently fails at the first annual examination for which he is required to present himself.

F. Faculty of Economics

14. (1) The Senate authorises the Faculty of Economics to require a student to show good cause why he should be allowed to re-enrol as a candidate for the degree of Bachelor of Economics, if in any two successive years of attendance, he fails to gain credit for at least 16 units.

(2) In cases where the Faculty permits the re-enrolment of a student whose progress has been deemed unsatisfactory, the Faculty may place restrictions on the number and type of courses in which the student may re-enrol in that year and may require the completion of specified courses in a specified time, and if the student does not comply with these conditions the student may again be called upon to show good cause why he or she should be allowed to re-enrol in the Faculty of Economics.

G. Faculty of Engineering

15. (1) The Senate authorises the Faculty of Engineering to require a student to show good cause why he should be allowed to re-enrol in the Faculty of Engineering, if in the opinion of the Faculty, he has not made satisfactory progress towards fulfilling the requirements for the degree.¹

(2) Satisfactory progress cannot be defined in all cases in advance but a student who (i) has failed to gain credit for at least half of his enrolment in any year or (ii) has failed a major course more than once shall be deemed not to have made satisfactory progress.¹

(3) In cases where the Faculty permits the re-enrolment of a student whose progress has been deemed unsatisfactory, the Faculty may require the completion of specified courses in a specified time, and if the student does not comply with these conditions the student may again be called upon to show good cause why he should be allowed to re-enrol in the Faculty of Engineering.

H. Faculty of Law

16. See sections 8 and 9 above.

I. Faculty of Medicine

17. (1) The Senate authorises the Faculty of Medicine to require a student to show cause why he should be allowed to re-enrol in the Faculty of Medicine—

(a) when he has failed twice at any barrier assessment; or, subject to Resolution 17 (2),

(b) when having first enrolled in the Faculty prior to 1 January 1974 and having failed any course in his last enrolment under the By-laws in force prior to 1 January 1974, he subsequently fails at the first barrier assessment for which he is required to present himself.

(2) Resolution 17 (1)(b) shall not apply in the case of a student who, having successfully completed the Second Year under the By-laws

¹ This section applies only to students who enrolled in the Faculty for the first time in 1976 or in a subsequent year. For the resolution governing students who commenced prior to 1976, see *Calendar 1975*.

in force prior to 1 January 1974, is required by the Faculty to re-enrol in the First Year under the By-laws in force since 1 January 1974.

J. Faculty of Science

18. (1) The Senate authorises the Faculty of Science to require a student to show good cause why he should be allowed to re-enrol in the degree of Bachelor of Science if in the opinion of the Faculty he has not made satisfactory progress towards fulfilling the requirements for the degree.

(2) Satisfactory progress cannot be defined in all cases in advance, but a student who has not gained credit for 58 or more units should be asked to show good cause why he should be allowed to re-enrol as a candidate for the degree of Bachelor of Science if in any two successive years of attendance he fails to gain credit for half the unit value of courses attempted, unless in one of these two years he successfully completes all courses attempted in that year.

(3) In cases where the Faculty permits the re-enrolment of a student whose progress has been deemed unsatisfactory, the Faculty may require the completion of specified courses in a specified time, and if the student does not comply with these conditions, the student may again be called upon to show good cause why he should be allowed to re-enrol in the degree of Bachelor of Science.

19. (1) The Senate authorises the Faculty of Science to require a student to show good cause why he should be allowed to re-enrol in the degree of Bachelor of Pharmacy if in the opinion of the Faculty he has not made satisfactory progress towards fulfilling the requirements for the degree.

(2) Satisfactory progress cannot be defined in all cases in advance, but a student who has not gained credit for 58 or more units shall be asked to show good cause why he should be allowed to re-enrol as a candidate for the degree of Bachelor of Pharmacy, if in any two successive years of attendance he fails in the first of these years to gain credit for 14 units and then fails to gain a total of 22 units in the two years of attendance.

(3) In cases where the Faculty permits the re-enrolment of a student whose progress has been deemed unsatisfactory, the Faculty may require the completion of specified courses in a specified time, and if the student does not comply with these conditions the student may again be called upon to show good cause why he should be allowed to re-enrol in the degree of Bachelor of Pharmacy.

K. Faculty of Veterinary Science

20. (1) The Senate authorises the Faculty of Veterinary Science to require a student to show good cause why he should be allowed to repeat Second Year in the Faculty of Veterinary Science if he has already taken more than one year to qualify for admission to Second Year.

(2) (i) The Senate authorises the Faculty of

Veterinary Science to require a student enrolled in the First Year as a candidate for the degree of Bachelor of Veterinary Science to show good cause why he should be allowed to re-enrol in the Faculty of Veterinary Science if, in the opinion of the Faculty, he has not made satisfactory progress towards fulfilling the requirements for the degree.

(ii) Satisfactory progress cannot be defined in all cases in advance, but a student who—

(a) has failed the Trinity Term Barrier Examination twice; or

(b) has passed the Trinity Term Barrier Examination at the second attempt but has then failed to pass all the remaining subjects of First Year, shall be deemed not to have made satisfactory progress.

L. Board of Studies in Divinity

21. See sections 8 and 9 above.

M. Board of Studies in Education

22. (1) The Senate authorises the Board of Studies in Education to require a student to show good cause why he should be allowed to re-enrol in the Bachelor of Education degree course, if, in the opinion of the Board of Studies, he has not made satisfactory progress towards fulfilling the requirements for the degree.

(2) Satisfactory progress cannot be defined in all cases in advance, but a student who (i) has not passed at least three courses during the first two years of enrolment (not necessarily consecutive calendar years) or (ii) has failed or discontinued enrolment in more than one course twice, shall be deemed not to have made satisfactory progress.

(3) In cases where the Board of Studies permits a student whose progress has been deemed unsatisfactory to re-enrol, the Board of Studies may require the completion of specified courses in a specified time and if the student does not comply with these conditions the student may again be called upon to show good cause why he should be allowed to re-enrol in the Bachelor of Education degree course.

N. Board of Studies in Music

23. (1) The Senate authorises the Board of Studies in Music to require a student to show good cause why he should be allowed to re-enrol in the Bachelor of Music degree course if, in the opinion of the Board of Studies, he has not made satisfactory progress towards fulfilling the requirements for the degree.

(2) Satisfactory progress cannot be defined in all cases in advance but a student who (i) has not passed at least three courses during the first two years of enrolment (not necessarily consecutive calendar years) or (ii) has failed or discontinued enrolment in more than one course twice shall be deemed not to have made satisfactory progress.

(3) In cases where the Board of Studies permits the re-enrolment of a student whose progress has been deemed unsatisfactory, the Board of Studies may require the completion of specified courses in a specified time, and if the student

¹ This section applies only to students who enrolled in the Faculty for the first time in 1980 or a subsequent year.

does not comply with these conditions the student may again be called upon to show good cause why he should be allowed to re-enrol in the Bachelor of Music degree course.

O. Board of Studies in Social Work¹

24. (1) The Senate authorises the Board of Studies in Social Work to require a student to show good cause why he should be allowed to re-enrol in the Bachelor of Social Work degree course if, in the opinion of the Board of Studies, he has not made satisfactory progress towards fulfilling the requirements for the degree.

(2) Satisfactory progress cannot be defined in all cases in advance but a student who (i) has not passed at least three courses during the first two years of enrolment (not necessarily consecutive calendar years) or (ii) has failed or discontinued enrolment in more than one course twice shall be deemed not to have made satisfactory progress.

(3) In cases where the Board of Studies permits the re-enrolment of a student whose progress has been deemed unsatisfactory, the Board of Studies may require the completion of specified courses in a specified time and if the student does not comply with these conditions the student may again be called upon to show good cause why he should be allowed to re-enrol in the Bachelor of Social Studies degree course.

Good cause²

The Senate has adopted the following definition of 'good cause': All acceptable reasons cannot be defined in advance, but:

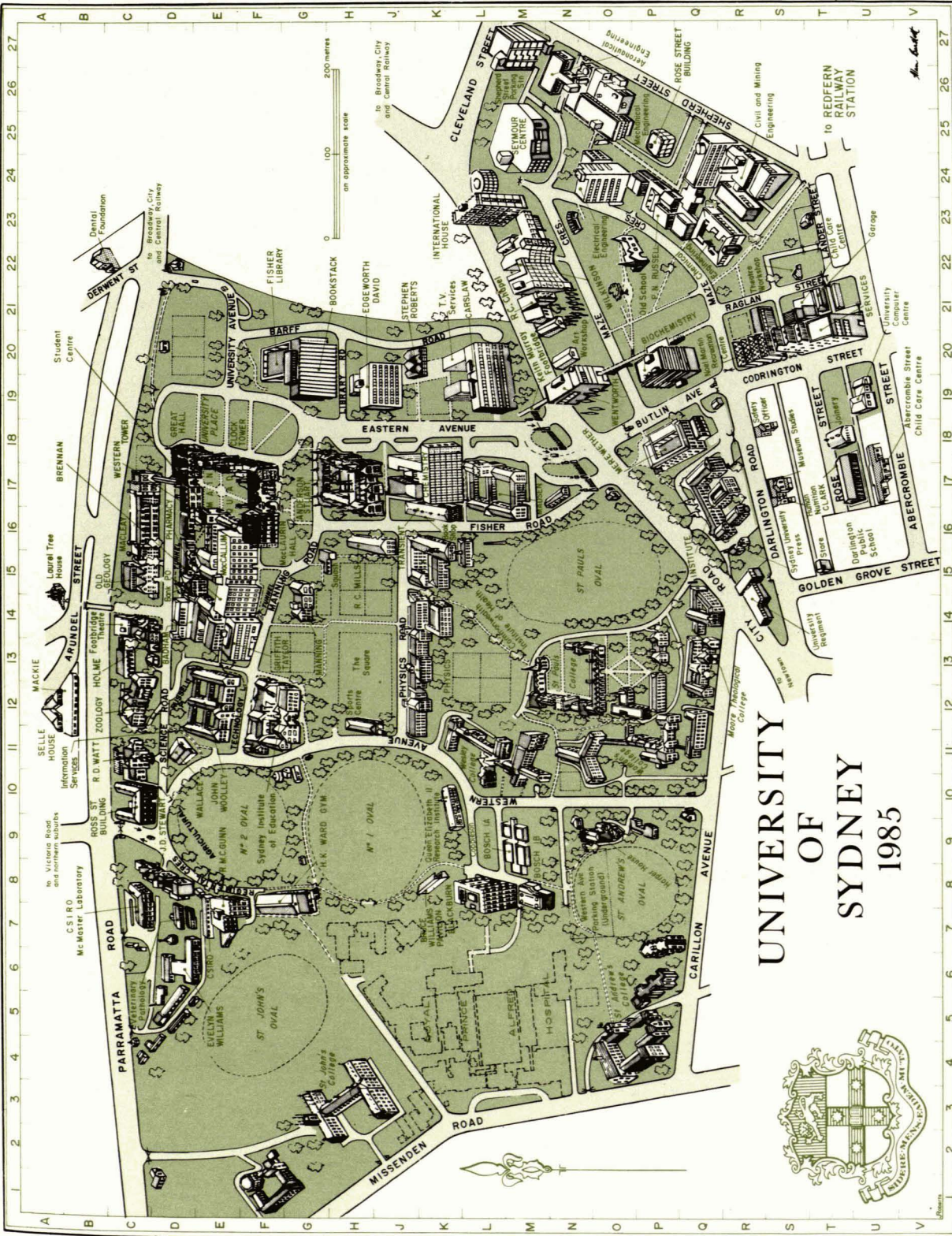
- (a) Serious ill health or misadventure, properly attested, will be considered.
- (b) Demands of employers, pressure of employment, time devoted to non-university activities will not ordinarily be accepted except as they may be relevant to reasons advanced in (a).
- (c) A student's general record, e.g. in other courses, will be taken into account. (In particular, where students transfer from other Faculties, regard will be had to their record in the previous Faculty.)

¹ The Senate has approved an amendment of the by-laws to change the name of the degrees in Social Studies to Bachelor and Master of Social Work.

² See also the Academic Board Resolutions relating to Failure and Re-enrolment after discontinuation.

Buildings, departments and operations

17D	Accountant's Office A14	16R	Counselling Service H03	7C	McMaster Lab. CSIRO B02	12A	Selle House K02
18P	Accounting H04	14C	Credit Union A09	11C	McMillan, J.R.A., Building A05	18E	Semitic Studies A14
17D	Administration A14	19N	Credit Union G01	17L	Madsen Building F09	18E	Senate Room A14
17E	Admissions A14	7C	CSIRO McMaster Lab. B02	17E	Main Building A14	20T	Services Building G12
26N	Aeronautical Engineering J07	7E	—, Annexe B14	14G	Manning House A23	21T	Services Garage G13
11C	Agricultural Annexe A07	22B	Dental H. Educ. & Res. Fndn K03	19L	Mathematical Statistics F07	25M	Seymour Theatre Centre J09
10C	Agricultural Chemistry A03		Dentistry (at Dent. Hosp.) C12	19L	Mathematics, Applied F07	5D	Sheep Building & Pens B07
11C	Agricultural Economics A04	16E	Dentistry Faculty Office A14	19L	Mathematics, Pure F07	17H	Shellshear Museum F13
11C	Agric. Genetics & Biometry A05	90	Divinity D07	26N	Mechan. & Aero. Eng. Bdg J07	21S	Shepherd Centre G10
11C	Agricultural Glasshouses A06	18Q	Econometrics H04	250	Mechanical Engineering J07	27M	Shepherd St Parking Stn J10
11C	Agriculture Faculty Office A04	18Q	Economic History H04	8M	Medicine Faculty Office D05	16H	Social Work A26
12E	Agronomy & Hort. Science A20	18P	Economics H04	8L	Med., Paraclinical & Clinical D06	10C	Soil Science A03
23N	Alma Street Glasshouse G07	18P	Economics Faculty Office H04	17H	Medicine, Preclinical F13		Sports:
17H	Anderson Stuart Building F13	18P	Edgeworth David Building F05	18P	Merewether Building H04	20R	Noel Martin Recreation Centre,
17H	Anatomy F13	17L	Education F09	20P	Microbiology G08		Darlington G09
7E	Animal Husbandry B19	240	Electrical Engineering J03	16H	Mills, R. C., Building A26	12H	Sports Centre, Western
16F	Anthropology A14	17L	Electron Microscope Unit F09	14Q	Moore Theological College I		Avenue A30
16F	Archaeology A14	24P	Engineering Faculty Office J02	15F	Mungo MacCallum Building A17	8G	Sports Union D08
22M	Architectural Science G04	24S	Engineering Workshop J06	17S	Museum Studies H36	8G	Ward, H. K., Gymnasium D08
22M	Architecture Faculty Office G04	12E	English A20	24M	Music J09	15F	Staff Club A17
20F	Archives F03	17E	Enquiry Office: admissions,	16F	Nicholson Museum A14	15C	Staff Office A11
20N	Art Workshop G02		enrolments, examinations A14	25M	Nimrod Theatre Company J09	20J	Stephen Roberts Theatre F06
16E	Arts Faculty Office A14	6D	Evelyn Williams Building B10	10K	Obstetrics and Gynaecology C24	8D	Stewart, J. D., Building B01
14D	Badham Building A16	12A	Extension Board K01	15C	Old Geology Building A11	17E	Student Centre A14
14D	Badham Library A16	16H	Fine Arts A26	22P	Old School Building G15	17Q	Student Health Service H03
	Banks, Science Road:	20F	Fisher Library F03	14E	Oriental Studies A18	19N	SRC G01
13C	Commonwealth A09	14C	Footbridge Theatre A09	22D	Overseer of Grounds Lodge F02	10G	SUPRA D11
15D	National Australia A15	15E	French Studies A18	8L	Pathology D06	8L	Surgery D06
19N	— Wentworth G01	21T	Garage G13	8L	Pathology Museum D06	20R	Swimming Pool G09
8L	Behav. Sciences in Med. D06	17Q	Geography H03	8L	Pharmacology D06	12F	Sydney Inst. of Educ. A22
20P	Biochemistry G08	19J	Geology and Geophysics F05	15D	Pharmacy A15	16R	Sydney University Press H02
12C	Biol. Sciences, Zoology A08	15E	Germanic Studies A18	17F	Philosophy A14	20K	Television Service F07
16C	Biol. Sciences, Botany A12	18Q	Government & Public Admin. H04	13F	Phonetics Lab. A19	20D	Tennis pavilion and women's
8L	Blackburn Building D06	8K	Grandstand No. 1 Oval D01	21T	Photography G12		courts F01
16K	Bookshop F12	17D	Great Hall A14	13J	Physics A28	22S	Theatre Workshop J11
8L	Bookshop, Medical D06	17E	Greek — Ancient A14	17H	Physiology F13	22M	Town & Country Planning G04
19N	Bookshop, SRC S'hand G01	17E	Greek — Modern A14	11C	Plant Pathology & Agric.	16K	Transient Building F12
8M	Bosch Building D06	13F	Griffith Taylor Building A19		Entomology A04	19N	University, Sydney University G01
9M	Bosch Lecture Theatres D06	7E	Gunn, R.M.C., Building B19	10K	Postgraduate C'ttee in Med. D02		Veterinary —
16C	Botany A12	17H	Histology and Embryology F13	15D	Post Office A15	8D	Anatomy B01
15F	Brennan, C., Building A18	16E	History A17	15K	Preventive Medicine A27	6D	Clinic, hospital, surgery B10
21T	Buildings & Grounds G12	13C	Holme Building A09	21T	Printing Service G12	6D	Clinical Studies B10
17H	Burkitt Library F13	5D	Horse stables B09	16E	Professorial Board Room A14	7D	Operating theatre & animal
12A	Careers & Appts Service K01	16E	Housing Office A14	8L	Psychiatry D06		house B13
19L	Carlslaw Building F07	14E	Indonesian & Malayan	15F	Psychology A17	7D	Pathology B12
16D	Cashier A14		Studies A18	11E	Public Relations (Inform. S.) A20	7E	Physiology B19
21S	Central Stores G12	18Q	Industrial Relations H04	15C	Purchasing Office A11	8D	Science, Fac. Off. B01
17M	Centre for Teaching & Learning F09	8L	Infectious Diseases D06	17E	Quadrangle A14	16E	Vice-Chancellor A14
17D	Chancellor's C'ttee. Shop A14	11E	Information Services A20	10K	Queen Elizabeth II Res. Inst. D02	11D	Wallace Theatre A21
23Q	Chemical Engineering J01	17Q	Institute Building H03	16D	Records A14	17D	War Memorial Gallery A14
21S	Chemical Store G11	17Q	Internal Auditor H03	15R	Regiment, University H01	250	Warren Centre for Advanced
17K	Chemistry F11	15C	Internal Mail A11	17D	Registrar's Office A14		Engineering J07
	Child Care:	23L	International House G06	11E	Registrar's Publications A20	11C	Watt, R. D., Building A04
17U	Abercrombie Street	4D	Isolation Block — large animal	13F	Religious Studies A19	17L	Welfare Association F09
21S	Darlington G10		and bull pen B05	25P	Rose Street Building J04	19N	Wentworth Building G01
14A	Laurel Tree House (Glebe) K05	15F	Italian A18	10C	Ross Street Building A03	11L	Wesley College 6
	Child Health (RAHC) C29	18T	Joinery G12	7D	Round House B11	8N	Western Avenue Underground
24R	Civil & Mining Engin. J05	14F	Language Study Centre A18	23P	Russell, P.N., Building J02		Parking Station D07
17U	Clark Building H12	17E	Law (at Law School) C13	5P	St Andrew's College 2	16E	Western Tower A14
17E	Clock Tower A14	14F	Law (at Law School) C13	3H	St John's College 3	22M	Wilkinson Building G04
	Community Medicine (at Croydon)	14F	Linguistics A19	21M	St Michael's College	17H	Wilson (Anatomy) Museum F13
	C18	19L	Lost Property F07	12N	St Paul's College 4	11O	Women's College 7
17L	Computer Sc., Basser Dept. F09	12A	Mackie Building K01	16R	Sample Survey Centre H03	12H	Women's Sports Association A30
19U	Computing Centre H08	16F	MacLaurin Hall A14	1F	Sancta Sophia College 5	12E	Woolley Building A20
15K	C'wealth Inst. of Health A27	16C	Macleay Building A12	4C	Sand roll shed B04	17E	Yeoman Bedell A14
12A	Continuing Education K01	15C	Macleay Museum A12	16E	Science Faculty Office A14	6C	Yeoman Bedell's Lodge B03
9K	Coppleson Postgrad. Med.			13F	Security A19	12C	Zoology A08
	Institute D02						



UNIVERSITY OF SYDNEY 1985

