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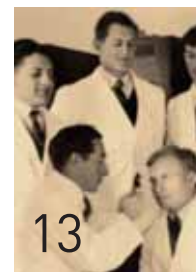
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# OUR MEDICAL GRADUATES: LEADING CHANGE

There is a critical worldwide shortage of medical graduates. Australia is attempting to provide adequate numbers of doctors for our population by importing medical graduates from developed and developing countries, by increasing the number of medical schools training doctors and by encouraging established medical schools to take fee-paying students.

But what are the implications of this for our Medical Program? One likely outcome of Australia's policies is a future medical workforce consisting of a large number of competent but largely undifferentiated practitioners with similar skill-sets but without the foundation that would enable them to pursue careers as leading medical researchers, or as public health physicians and clinicians working at the forefront of their profession.

I believe this provides us with a tremendous opportunity. We have a chance to clearly define the graduates of this university by building on and promoting our Faculty's strengths in medical research, in public health and in clinical medicine.

Many newer and regional medical schools are promoting their ability to graduate students who will become medical practitioners in regional Australia.

At Sydney, our goal is to draw on the depth of knowledge and experience within the Faculty, and increasingly focus our efforts on providing graduates with the foundation to pursue careers in research, in specialized medicine or in health leadership roles. This is not being elitist, it is simply confirming what we are best able to do.

The University of Sydney's Faculty of Medicine is the country's oldest and one of the best research faculties in basic and clinical

sciences, and in public health. We are affiliated with the best teachers and teaching hospitals, researchers and research institutes in the country.

Not all medical schools have access to the diversity of world class research expertise and excellent training opportunities that are available to our students. We have a responsibility to capitalise on these unique physical and intellectual resources, and encourage our students and graduates to become leading national and international medical researchers, specialists and public health physicians.

The fact that we have a graduate entry program provides a good start. Those who decide to study medicine at this University are, typically, high achievers who are mature and committed to medicine. We select students for their high academic ability and for their dedication to learning.

We draw students from a range of undergraduate degrees including science, arts, commerce, engineering, veterinary science, music, nursing and allied health, to name a few. We have students from different parts of Australia, different parts of the world and different socioeconomic backgrounds.

This diversity of background is a huge asset. It exposes students to different thought processes and cultures, all preparation for an increasingly complex professional environment.

The next step is to have an excellent curriculum. We have recently rejuvenated and revised our medical curriculum. Through extensive consultation with hundreds of faculty members, we have addressed the concerns expressed by the community, clinicians and researchers about the material we teach and how we teach it. We now provide a solid foundation in basic medical science, and

outstanding clinical placements in our hospitals and the community.

We believe that this new curriculum will provide our students with the knowledge and skills to play leading roles in shaping the future of medicine in Australia and internationally.

We are also working with the specialist Colleges to identify ways of allowing students to gain credits with their programs during the medical course by doing advanced training in anatomy, pathology, radiology and more.

A corollary to a great curriculum is to enable outstanding learning opportunities and experience. Our Faculty Research Office and the Faculties of Health International Office have a rich network of contacts. By 2010, we aim to be able to provide unique research and international experiences for every student.

Our University of Sydney medical graduates will have outstanding training and experience in each of these areas. They will be prepared for leadership positions in their chosen field, whether that is general practice, specialized medicine, public health and/or medical research. They will be well equipped to secure specialist training positions in an increasingly competitive market. Our next step is to promote and develop these clear strengths to attract students with high aspirations, who aim to become leaders of the profession, who want to contribute to patient care and to the advancement of medical knowledge.

**Bruce Robinson**  
Dean



# news

Right: David Bennett and Sue Towns at Westmead

Below Left: Michael Peek

Below Right: Glenn Salkeld



## UPGRADE FOR NEPEAN CLINICAL SCHOOL

New laboratories and an upgraded education centre have further strengthened the Nepean Clinical School, based at Nepean Hospital.

The new facilities were formally opened by Dean of Medicine, Professor Bruce Robinson, the Associate Dean of the Nepean Clinical School, Professor Michael Peek, and the Director Clinical Operations South West Area Health Services, Ms Cathie Whitehurst, on November 1 last year.

Nepean became a separate clinical school in 2006. Its importance, both as a research centre and for students, has grown rapidly. Student numbers have more than doubled in the past three years, with recent senior academic appointments in paediatrics, obstetrics, neurology, critical care, surgery and geriatrics.

In 2008, Nepean Clinical School has 165 medical students including 48 who began the USydMP this year.

## ADOLESCENT HEALTH: MEDICAL FOUNDATION APPEAL

The campaign to fund a Chair of Adolescent Medicine has raised \$3 million and is closing in on its \$4.5 million target. Pledges and donations to date have come from the Medical Foundation, the New South Wales Government and private sources.

The campaign was launched publicly in September 2007. A public symposium was held by the Medical Foundation to coincide with its launch, and the adolescent health issues raised were widely covered in the media. These included how tobacco companies were using the internet to side-step bans on cigarette advertising and the under-diagnosis and treatment of mental illness in young people.

"Establishing a Chair of Adolescent Medicine would provide a significant benefit to an overlooked group in the community," according to Clinical Professor David Bennett from the Children's Hospital at Westmead. David Bennett and Dr Sue Towns, Head of Adolescent Medicine at the Children's Hospital at Westmead (pictured with Jessica Patmore) have been key figures in the drive to boost the cause of adolescent health.

## GLENN SALKELD APPOINTED HEAD OF SCHOOL OF PUBLIC HEALTH

"It is an honour and a privilege to be appointed head of the School of Public Health," said Professor Glenn Salkeld. Professor Salkeld took on the role of Head of School in September last year, replacing Professor Bruce Armstrong.

His 20 year career in public health, he admits, began as something of an accident.

"I had decided to train as a hospital manager and my first placement with The Australian College of Health Service Executives was at Westmead in the teaching and research area. My colleagues in the training program all thought I had drawn the short straw but it was transforming. In the time I spent there, I met Stephen Leeder and found my vocation," he said.

"I wisely elected to abandon hospital management in favour of public health. I have never regretted it, even for a moment."

Throughout his career, a significant focus has been on better management of health resources.

He spent six years as a member of the Pharmaceutical Benefits Advisory Committee (PBAC), including through the tumultuous period in the late 1990s when there was significant pressure exerted on committee members to agree to list expensive new drugs which did not meet the strict evidence-based criteria for subsidization. He resigned in 2000, when a pharmaceutical company representative was appointed to the Committee.

One of the highlights of his first months as Head of School was the first ever alumni function – a cocktail party held in the Great Hall in November.

"Courses in Public Health have been running since the 1930s, we have alumni lists of more than 3,000 people. It was wonderful that so many of our graduates could make it to the function – including three previous Heads of School. The oldest of our alumni on the night had graduated in the 1930s."





**SCHOOL OF RURAL HEALTH PILOT STUDY**

Planning for the Rural Adolescent Cohort Study has stepped up a gear, with organizers from the School of Rural Health, Dr Catherine Hawke and Ms Karen Paxton, hoping to have a pilot well underway by mid-year.

The pilot study aims to collect information on the health of adolescents who attend a single school in Orange in NSW. Information gained will be critical in planning the next step, which is a long term collaborative study into the major health issues facing rural adolescents, including the factors that influence their health and well-being.

**SYDNEY CANCER CONFERENCE**

The theme of the inaugural Sydney Cancer Conference 2008, to be held in July, is research translation. Held under the auspices of the University of Sydney Cancer Research Network, and with the conference title of "Research Translation: From Innovation to Practice" it will host a number of international speakers and incorporate a public lecture by Professor Bruce Armstrong on cancer clusters.

For information:  
[www.cancerresearch.med.usyd.edu.au/SCC2008/](http://www.cancerresearch.med.usyd.edu.au/SCC2008/)

**BOOST FOR INDIGENOUS HEALTH**

The Faculty of Medicine will establish a Centre for Indigenous Health, following receipt in February of a \$10 million philanthropic gift. It is the largest donation by a living individual or company ever received by the University of Sydney. The Centre has several primary goals, including running health clinics for Indigenous people, educating students in Indigenous health and conducting research. It will support several senior academic appointments, including a Professor of Indigenous Health. It also has funding for scholarships both for both indigenous students and for non-indigenous researchers and students who wish to work in the area.

In January, senior members of the Faculty – including from the School of Rural Health - visited a number of areas in western New South Wales, talking with Aboriginal communities and local groups about how the Centre would operate.

**WELCOME TO STUDENTS FROM EAST TIMOR**

Welcome to Diana Vieira and Noeno Anuno Sarmento, the Faculty of Medicine's first two medical students from East Timor.

Diana and Noeno were among the 275 students who started in the USyM in February. Their presence follows an agreement signed late last year, where the Faculty of Medicine will provide two scholarships each year for medical students from East Timor.

East Timor does not have a medical school. Before its independence in 2002, East Timorese doctors typically did their training in Indonesia. More recently, though, they have been in Cuba which offers a large number of training scholarships.

Both students have completed undergraduate degrees in Australia: Diana has a Bachelor of Science (Monash University) and a Master's degree in International Health (University of Sydney). Noeno has a Bachelor of Medical Science from La Trobe University.

**A FORENSIC FORAY**

Organisers and participants at A Forensic Foray, the conference held last December to canvass forensic expertise across the University of Sydney, voted unanimously in support of establishment of a cross-Faculty Institute of Forensic Medicine and Science.

The conference attracted over 50 registrants and 21 presentations were made covering wide areas of expertise including medical, paramedical, science, engineering, toxicology, jurisprudence and more.

Recommendations from the day included that the considerable expertise in forensic medicine and science across the University be catalogued and publicized more effectively than is presently done. Another recommendation was that attention should be paid to developing graduate forensic education programs. The conference noted that there was a deficit in the teaching of medical and nursing students in clinical forensic medicine, particularly how to interpret and document injury and trauma for its later use in courts.

There was strong support for a more formal forensics conference to be convened in 2008, which would invite key external groups including from Government, Justice Health and Police, as well as experts from across University of Sydney.

**SCIENCE DISCOVERY OF 2007**

Scientific research which Professor Wolfgang Weninger from the Central Clinical School collaborated on with colleagues while at Wistar Institute, was rated by journal *Science* as one of the scientific discoveries of 2007.

Professor Weininger's research provided new evidence of how the body's immune system reacts and interacts in the face of invasion by pathogens.

Professor Weininger moved to Sydney in 2007 and is the head of Centenary Institute's new Immune Imaging Laboratory. He leads a team of researchers studying the dynamics of the immune system's response to cancer and infectious diseases.



**OPINION: Associate Professor Tessa Ho**  
Chair of the Office of Medical Education

## 20 20 vision

I often ask myself: what makes our Sydney graduates any different from those of other medical schools? Much of what I do from day to day involves managing the immediate work of delivering a demanding curriculum. The thing that keeps me going is curiosity in what the world will be like when our students go out in the health care field – and an equal desire to prepare them well for that future.

Health and health care in Australia will change dramatically over the next 12 years but the

medical students we select and train, and the facilities we build now, will be part of our landscape not just in those years but for a great deal longer.

So let us think through carefully what attributes we would expect from our medical graduates in 2020.

Their professional values will still encompass duty of care and responsibility to their patients, but they will need to engage with their patients and share with them the responsibility for decisions. They will place great value on teamwork and organisation skills in managing complex chronic diseases.

Doctors in 2020 will find that the ability to access and communicate knowledge will be much more important than simply memorising facts. Indeed, our doctors of 2020 will contribute to their own professional ongoing training for a career requiring not only technical competence, but as managers and leaders of services for their patients.

Leadership will be required at every level in the system and in the community. I define leadership far beyond the confines of academic leadership. In 2020, when we listen to debates on major health care reform, the voices we hear and the views which influence us will emanate from OUR Sydney graduates. It will be their values, principles and banner which will lead the charge.

Our obligations, therefore, as a leading medical school, are to build leadership at every level in health and health care services. Good leaders build on trust and the competence to manage

change. They listen to people and help them think through the need for change. Indeed, good leaders help develop other leaders to inspire, implement and evaluate change.

The competencies vital for leadership must include organisational and workplace skills to lead and manage change and to establish effective networks and alliances. Knowledge and management skills to record experiences and share lessons learnt are also critical; as are communication skills in multisectorial, multidisciplinary settings. The ability to navigate within complex environments is another fundamental requirement.

But let me pose a question: should we be producing generalists or specialists? Over a coffee recently a colleague mentioned that he had just been to a lecture on generalist versus specialist streaming of medical graduates. "Great," I said. "What's the latest?" "The usual," he replied, "It's always 50/50." And that is my answer to whether medical schools should be producing generalist doctors or specialists: a fair bit of both.

The choice for students is not between being a generalist or specialist, but in selecting the University of Sydney for training because we deliberately focus on developing the skills and attributes of leadership. We can stand out from the crowd if we have a good enough reason and confidence in our ability to build on our outstanding research and the achievements of our staff and alumni.

*Alumni or members of Faculty who wish to contribute an Opinion Column should contact the RADIUS office.*

## IT'S THE NEW RADIUS

After three years of editing RADIUS, Louise Freckleton has decided to concentrate on the growing demands of marketing the Faculty internationally. Amanda and I are thrilled to have the opportunity to take over from Louise. It is clear from the work we have been doing in the Faculty's Development Office that the readers of RADIUS - the 12,000 alumni of the Faculty of Medicine - are an impressive group. Our hope is that over the months ahead, you will take time to share your stories and to offer your ideas. That way, both this magazine and the accompanying alumni website, should continue to be relevant and engaging. Best wishes, Amanda Durack & Beth Quinlivan



### Share your thoughts

*Letters to the editor should be no more than 150 words in length. Please include your full name, address (not for publication), daytime phone number and/or email address, degree(s) and year(s) of graduation. Letters may be edited.*

Please send your letters to: [bquinlivan@med.usyd.edu.au](mailto:bquinlivan@med.usyd.edu.au) or  
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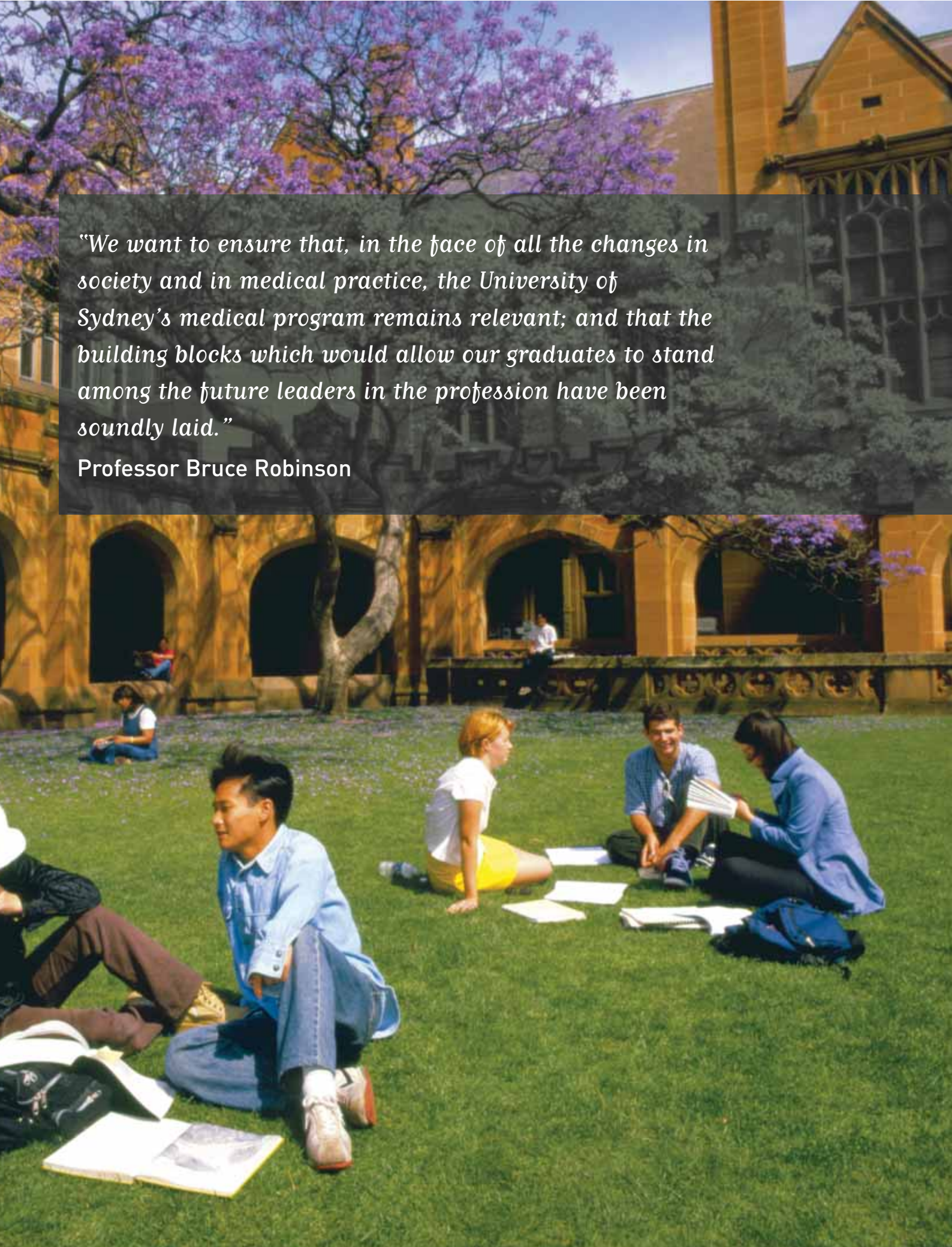
# MEDICINE'S FUTURE: LEADING THE WAY



Training of medical students at the University of Sydney is changing, following an intensive review. Also under the microscope is the way medical students are selected. The aim, in both cases, is to ensure that our graduates have the competencies and skills to lead and manage the future challenges in health care. **By Beth Quinlivan**





A photograph of a university courtyard. In the foreground, several students are sitting on a green lawn, some with open books and papers, appearing to be in a study session. In the background, there is a large, ornate stone building with arched windows and a large tree with vibrant purple blossoms. The scene is bright and sunny.

*"We want to ensure that, in the face of all the changes in society and in medical practice, the University of Sydney's medical program remains relevant; and that the building blocks which would allow our graduates to stand among the future leaders in the profession have been soundly laid."*

**Professor Bruce Robinson**



WHEN 275 NEW graduate medical students filed into their first classes in February, few would have had any idea of the scale of the effort which preceded their attendance.

In the weeks and months before this year's commencing students walked through the doors of the Edward Ford Building, the newly created Office of Medical Education had been working with faculty and clinical staff, to incorporate into the education program the themes and recommendations from the recent curriculum review.

That review was conducted by Emeritus Professors Kim Oates and Kerry Goulston, starting in July 2006 and finalised late last year. After 12 months of research, discussion and negotiation, the review concluded that there should be

*Professor Bruce Robinson: "One of the most gratifying outcomes has been the great interest shown within the Faculty and clinical schools in the review process, and now the strong re-engagement we're seeing from the clinicians in the education of our students."*

significant revision to the content of the graduate medical course, to its governance and management, to methods of content delivery, to student assessment and more.

On the content side, the changes included increased teaching of basic science, more hours learning anatomy, as well as new courses on Indigenous health, genetic medicine and complementary medicines, among others.

One of the most significant recommendations was that a new unit be created - the Office of Medical Education or OME - to implement the changes which were recommended by the review and adopted by the Faculty of Medicine in July last year. From January this year, the OME has full responsibility for managing the medical curriculum.

That the OME has, in the first place, been established and secondly, been able to implement the majority of the recommendations stemming from the curriculum review has been a considerable achievement. Students commencing the USydMP this year have a course which is significantly different to that of previous years. For students in years two, three and four of their program, the courses have been partially revised.

"The Faculty of Medicine at the University of Sydney is the oldest in the country, and one of the best. With these changes, we will continue to educate and train medical graduates who have a commitment to the community but who also rank among the world's best," said Professor Bruce Robinson, Dean of the Faculty.

"We want to ensure that, in the face of all the changes in society and in medical practice, the University of Sydney's medical program remains relevant; and that the building blocks which would allow our graduates to stand among the future leaders in the profession have been soundly laid," he said.

#### CHANGES

So what are the changes to the medical curriculum, and what will medical students be studying that is different?

In terms of course content, basic science teaching has been increased, particularly at the start of the course where students will be provided with a core of scientific concepts on which they can build further knowledge. The amount of anatomy teaching has been doubled and opportunities for dissection introduced. Students from non-science

backgrounds will be given assistance in their first year to provide them with the extra science they need.

In view of the changing health needs of the community, the new course has more emphasis on developing management skills, leadership abilities, better understanding of indigenous health needs, community service, international health, refugee health, complementary medicines, how to work collaboratively with other health professionals, how to be effective teachers and how to contribute to the responsible use of health resources.

Assessments will be more frequent. Students will have more written examinations and regular assessment of clinical skills throughout the four year course. The course continues to use innovative IT methods to deliver materials in assessments.

Ethics and professional practice is another area where there are significant changes between the new and previous courses. A new approach to teaching personal and professional development and ethics will now occur, across all stages of the course. It involves exploring the "grounding questions" of medicine (such as how are we to behave as doctors and what are medicine and health services meant to achieve), through a range of different methods (including case studies, epidemiological data) and across the areas of patient safety, professionalism, ethics, clinical ethics and health law.

Students will be encouraged and given opportunities to undertake research during the course.

"One of the defining aspects of this Faculty is that we have some of the top medical researchers in the world, and we would like more of our students to be more engaged in research," Professor Robinson said.

Recognizing that a number of students have families and other responsibilities, a part-time option will be available for the final two years.

On the governance and management side, the newly established Office of Medical Education has responsibility for the USydMP. Its responsibilities include ensuring that the medical curriculum is both well taught and fairly assessed and that the curriculum continues to be updated as changes are warranted.

OME is headed by Associate Professor Tessa Ho, who as Chair holds one of six senior medical academic positions with assistance provided by an administrative/executive arm (see page 11).

#### THE NEED

The graduate medical course at The University of Sydney commenced in 1997 and was, at the time, seen as a pioneering program.

"The curriculum offered an approach to learning which emphasized students solving problems by working together in small groups. The aim was that such practice would equip them with the fundamentals of medical science and clinical practice, but would also provide them with learning skills which they could use throughout their professional lives," said Professor Oates.

The curriculum review was initiated by (then Acting) Dean, Professor Robinson, shortly after he took on the role in early 2006.

Several factors encouraged him to take the step, he said.

His own experience and the feedback from clinical schools about the gaps in student education, suggested it was time for change. The opening of a number of new medical schools in New South Wales and elsewhere was also an incentive at least to review the program and ensure it retained its high standing. More generally, he believed it was important to ensure that a program which was then a decade old continued to provide the best education for future medical practitioners.

“In my previous role at (Royal) North Shore, there had been considerable discussion about students and the gaps in their knowledge, and some of the best clinicians had become quite disengaged from any involvement with teaching. Anatomy was an area frequently mentioned where doctors working in hospitals felt that students were graduating without an adequate knowledge; physiology was another,” Professor Robinson said.

“One of the principal reasons I was interested to take this role was that it offered a chance to review and upgrade the education that students receive.”

“One of the most gratifying outcomes has been the great interest shown within the Faculty and clinical schools in the review process, and now the strong re-engagement we’re seeing from the clinicians in education of students.”

#### MOVING ON: REVIEWING ENTRY

With the Curriculum Review completed, a second issue is now on the table: selection criteria for entry into the University’s medical program.

Late last year, Professors Goulston and Oates were commissioned to turn their attention to the medical school selection criteria used in Australia and overseas, and to consider whether the University of Sydney could or should change its current policies.

Entry criteria at The University of Sydney have changed in recent years. The Faculty moved to using Multiple Mini Interviews (or MMIs) in 2006 – asking would-be students to respond to a series of short scenario-based interview questions. The entry criteria were modified last year, reducing the importance of performance in the interviews. Performance in the Graduate Australian Medical Student Admissions Test (GAMSAT) and in interview formed the basis of the student ranking.

“What has troubled me about the selection criteria is the lack of evidence. We just don’t know what relevance interviews or GAMSAT scores or undergraduate marks have in terms of selecting young people who will go on to be the best doctors,” said Professor Robinson.

The University of Queensland recently announced it will no longer use interviews of potential students, saying that there was no evidence that interviews resulted in better doctors.

“The brief for the review of selection criteria was to look at all options and I’m looking forward to seeing Kim Oates and Kerry Goulston’s report. I expect there will be vigorous discussions once their recommendations come in,” Professor Robinson said.

Professors Goulston and Oates are due to complete their early recommendations late February and provide a full report in April.

The final report from the Curriculum review was released in October, and is available on the Faculty website at: [www.medfac.usyd.edu.au/forstaff/usydpmp-review/index.php](http://www.medfac.usyd.edu.au/forstaff/usydpmp-review/index.php) or a printed copy may be obtained from Ms Rebecca Rock, +61 2 9036 3159 or [rrock@med.usyd.edu.au](mailto:rrock@med.usyd.edu.au)

Clockwise: Associate Professor Tessa Ho, Professor John Mitrofanis, Professor Michael Frommer, Associate Professor Chris Dennis, Associate Professor Leo Davies, Professor Heather Jeffery



## WHO’S WHO: OME

**Chair: Associate Professor Tessa Ho** is a medical graduate of the University of Sydney with a clinical background in anaesthetics and health services research. She completed her Master of Health and Doctor of Medicine in the area of health economics, focusing on the development of funding models for NSW public hospitals. She has had extensive involvement throughout the spectrum of medical training and education.

**Stage One Co-ordinator: Professor John Mitrofanis** gained his PhD at the University of Sydney, then won a Fellowship from the Royal Society (UK) to work in Oxford and before returning to the Department of Anatomy. He has taught most aspects of anatomy, and is also an active medical researcher, currently exploring issues related to the survival of cells in Parkinson’s Disease.

**Stage Two Co-ordinator: Professor Michael Frommer** is a public health physician who runs the Sydney Health Projects Group within the School of Public Health. His career has included senior health appointments, including Director of research and development in the NSW Department of Health. He is also a member of the Pharmaceutical Benefits Advisory Committee and its Economic Sub-Committee. He has taught extensively in the medical program for a decade.

**Stage Three Co-ordinator: Associate Professor Chris Dennis** has been head of the Department of Respiratory Medicine at Royal North Shore Hospital for 11 years. His teaching experience at undergraduate and graduate levels dates back to 1985, and he is currently a member of the Committee for Examinations of the Royal Australasian College of Physicians.

**Head of Assessment: Associate Professor Leo Davies** graduated from the University of Sydney, subsequently undertook clinical postgraduate training in neurology and research training in neuropathology and neurophysiology. He has been Head of Neurophysiology at RPAH for a decade, and has a longstanding interest in medical education and acquisition of clinical skills.

**Head of Evaluation: Professor Heather Jeffery** has perinatal clinical, educational, research and administrative responsibilities for the large neonatal complex at RPAH. Her maternal and child health background has included consultancies and reports for the World Bank, UNICEF, Ministries of Health and non-government organisations.

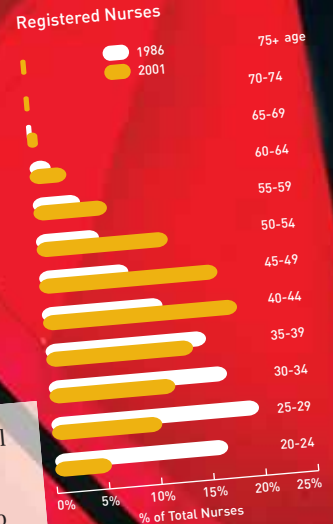


# WORKFORCE CHANGES TROUBLE AHEAD

**Mark Ragg**

Dr Mark Ragg is Adjunct Senior Lecturer in the School of Public Health.

The health workforce is about to go through drastic changes.



FOR ONE THING, the current health workforce is ageing rapidly. In an article published in the MJA,<sup>1</sup> Associate Professor Deborah Schofield, Director of Research at the Northern Rivers University Department of Rural Health, and Professor John Beard, Head of the Department, reported that the proportion of GPs over the age of 40 rose from 42 per cent to 58 per cent between 1986 and 2001.

They also reported, more disturbingly, that the proportion of nurses over the age of 40 doubled from 30 per cent to 60 per cent in that 15 year period.

The predicament for the nursing workforce is dire. If trends continue, most of the current nursing workforce will retire over the next 15 years. And universities, for the past decade, have had difficulty attracting people to enter nursing courses. Significant shortfalls – worse than those that exist already – are highly likely.

It is not just the number of doctors and nurses that is causing concern. Doctors are also working shorter hours than before. In 1986 the median working week was 49 hours for both GPs and specialists. In 2001 that had dropped to 44 hours for GPs, and 40-49 hours for specialists (depending on the speciality).

This drop is partly due to the feminisation of the workforce – female doctors work fewer hours on average than male doctors – but also due to younger male doctors working fewer hours than older male doctors. Another effect of feminisation, which will have more impact in the future, is that female doctors retire earlier on average than male doctors.

Schofield and Beard warn that while GPs already have retirement patterns to warm a Treasurer's heart – they retire gradually and late and keep paying taxes to fund future health care needs – nurses are the opposite. They retire young and abruptly. Trouble lies ahead.

While these workforce changes are taking place, what is the future of hospital care? In an other recent publication, Professor Schofield, this time working with Arul Earnest, a biostatistician with the Northern Rivers University Department of Rural Health, examined the demand for hospital care over the next 50 years.<sup>2</sup>

They showed that while the average length of stay is still declining, it is now declining very slowly, and is approaching a plateau. The proportion of day only admissions is still rising, but is rising very slowly and also appears to be levelling off. This implies that the easy efficiency gains from decreased length of stay and provision of treatment outside hospital have likely already been made.

These trends have, to some extent, masked pressures on demand for hospital services due to the ageing of the population. And the pressures are set to grow. People aged 65 to 69 use three times as many bed-days as those aged 40 to 44, and those aged 80 to 84 use 10 times as many. It's not just that they need hospital care more often – they also have multiple health problems to deal with and require complex care. In the year 2050, there may well be as many 70 year olds as there are 10 year olds in Australia, and the pressures on the health care system will be enormous.

Professor Schofield says the Australian Government is trying to address some of these issues by increasing the size and number of medical schools. She feels that the roles of doctors and nurses will evolve, as they have evolved over the past 50 years, and that will help deal with the demand. But any expectation that nurses can fill the roles of doctors is absolutely unrealistic – there are going to be far fewer nurses than needed.

Another point to consider is the broader labour market. These shortages in the health workforce will be replicated in teaching, engineering and many other industries. There will be fearsome competition for skilled workers. And that competition will be international. It is not simply that Australia will look overseas for health workers – other nations will be looking to us.

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# RECOLLECTIONS OF AN OLD CURRICULUM

Doug Tracy (MBBS 1948) was invited to contrast the new curriculum with the experience of a class which graduated nearly 60 years ago.

THE POPULATION OF Sydney was then one million with about 6000 students enrolled at SU, then comprising only the classic gothic sandstone architecture with a few temporary war-time buildings like Quonset huts close to the oval. There were no buildings outside the confines of Parramatta and City Roads.

All of the surrounding suburbs - Newtown, Chippendale, Darlington, Paddington, Glebe, Redfern, Surry Hills, Woolloomooloo and the Rocks - were urban slums.

In 1943, there were about 140 enrolments in Medicine, the first year of the "quota scheme" introduced in the war with a competitive quota for entry. Until then, the minimal matriculation pass of four "Bs" in the "leaving certificate" was all that was required for any faculty. Several of the class were 16 years old and the youngest at 15 was too young to be registered as a doctor on graduation.

Only 16 of the class were female, and, excluding those students living in campus colleges, the rest travelled by tram, bus or rail, the only car in the six years of the course belonging to a former Vet, enrolled in Medicine.

Three pre-clinical years started with day-long large class lectures in Chemistry, Physics, Botany, Zoology and Anatomy, where the practical work introduced us to the dissection rooms for dissection of a limb. The hardened, brown cadavers, reeking with the pungent fumes of wet formalin, inspired little reverence for the human body, nor great love for anatomy, especially with 1500 hours of dissection extending throughout the second year when physiology and biochemistry introduced the pre-clinical sciences. Despite this, those who later became surgeons had to relearn their anatomy during surgical training - emphasising the lesson that the only knowledge that sticks in the memory is that which is in use. Assessments came at end-of-year examinations with a substantial mortality rate.

For the three clinical years, the class broke up into the three clinical schools, RPAH, Sydney Hospital and St Vincent's, with live-in Obstetric training at the RHW, Paddington and Paediatrics at the RAHC Camperdown.

With easy matriculation entry, the end of the war saw a huge surge in med school entry, with 750 students starting first year - so that all lectures had to be given twice in two sittings. There weren't enough cadavers to go round - and the anatomy school still has the silver trophy for the inter-cadaver rugby competition.

"50% must fail" was the motto repeated in University songs, until the introduction of ridiculously competitive quotas in the late 1950s. Quite a few of today's leading doctors had to travel to Ireland for their medical course in the Royal College of Surgeons in Ireland.

Sydney's second medical school in 1959 sparked a wave of controversy, with the State government appointing a committee of inquiry headed by Sydney Hospital surgeon, Sir Kenneth Starr, whose recommendation to start the medical school in the University of Technology at Kensington - renamed UNSW - was opposed by the report of a NSW AMA committee.

Today we are on the threshold of five new medical faculties in Sydney - which has not excited a whisper of comment.

The new Sydney curriculum looks exciting and includes a provision for evaluation which will be interesting to observe. This should guarantee ongoing improvement based on performance outcome - a measure not yet achieved in any curriculum. There seems little recognition of the chief flaw in most courses, which is curriculum overload.

How to learn is more important than what to learn - as it has been from the time of Socrates - and the importance of the undergraduate phase in a life-time of learning can be overstated.

For many graduates, their best learning occurs after graduation, when they are faced with the irresistible stimulus of patient responsibility.



Above: Doug Tracy 1943.  
Douglas Tracy A0, MBBS 1948  
USyd; Emeritus Professor of  
Surgery, UNSW.

Anatomy dissection class 1943





# A JOURNEY OF DISCOVERY

## GENETIC SPRINTERS AND STAYERS

Kathryn North has won global acclaim for her findings about the genetic difference between sprinters and 'stayers', or endurance athletes. Behind the headlines is a nine year journey of research. **Chris Rodley**

THE STORY BEGINS on a Friday afternoon back in 1997, when Kathryn North and her research team had gathered in their laboratory to hear the results of their latest test.

A geneticist and neurologist, Professor North is head of the Neurogenetics Research Unit which she established at the Children's Hospital at Westmead. At the time, her focus was on investigating the role of proteins that might be causing neuromuscular disease.

One possible candidate was the protein alpha-actinin-3. Professor North had found a family in which two brothers had a severe form of muscular dystrophy, and neither of them had alpha-actinin-3 in their muscles. After successfully identifying the genetic mutation which was preventing the protein from being expressed, she had other members of the same family tested for it.

But when the result came through it brought "pure disappointment", the researcher recalls. "What we found was healthy family members who had the same genetic variant that stops the protein being expressed – so we knew it wasn't what was causing disease in the family. We thought we'd found a new disease gene and we had just proved that it wasn't."

Professor North was still in a low mood on the following night, so she headed out to see a movie at the old Valhalla cinema in Glebe. On the short walk home she was turning over the test results in her head again when she made a critical breakthrough.

"I started thinking that it wasn't right to find a structural protein that was absent," she says. "It was such an unusual variation."

By Sunday, the researcher's disappointment had all but evaporated. She realized she had discovered one of the first examples of a structural protein that could be missing in humans, suggesting the possibility of an entirely new avenue of research. Rather than a disease gene, she was witnessing an example of normal human variation.

So Kathryn North set about re-educating herself on redundancy in the human genome. Two years later, she was able to publish her findings in the prestigious journal *Nature Genetics*. She revealed that alpha-actinin-3 is expressed only in the fast muscle fibres of the body, which are used for sprint and power activity. She also discovered that 20% of the Australian population do not express the protein because of a genetic variation which stops it from being produced.

The next step for Professor North and her team was to consider whether the expression of the protein might influence how fast muscle fibres work – how well they



Professor Kathryn North is the Douglas Burrows Professor of Paediatrics and Child Health.

perform at sprinting and power activities.

She approached the question by focusing on elite Olympic athletes, both sprinters and endurance sportspeople such as marathon runners and rowers. Her goal was to find out whether the athletes' sprint or endurance ability was associated with the presence of alpha-actinin-3 in their muscles.

When the first tests came back, she treated them sceptically. "We were only getting results on small numbers of individuals at a time but there was this dramatic difference between sprinters and endurance athletes. I kept not believing it because the numbers were too small."

But after repeating the experiments again and again and finding the association still held up, she realized the results were valid. The breakthrough was celebrated in the lab with a bottle of French champagne, which the professor keeps handy to mark successful moments ("You have to celebrate the good things together or they tend to get lost, since there are always another million questions to answer," she says).

What she had found was that top sprinters are much more

likely to have the form of the gene that expresses alpha-actinin-3 in their skeletal muscles than comparable endurance athletes. Published in 2003 in the *American Journal of Human Genetics*, the research won immediate acclaim and was reported widely in the media. It was ranked by *Discovery* magazine

as one of the top 100 science stories of the year.

Since that time, two more studies of elite athletes in Finland and Greece have confirmed the finding – all the champion sprinters across the three research projects were found to express alpha-actinin-3. The association is also holding up in normal humans, with a study by Professor North showing that adolescents without the protein were slower in sprint races than their peers who had it.

Following their success, one big question remained for Professor North and her team. Why should it be that some of us are better at short bursts of activity and others are 'stayers'? What was the evolutionary benefit in losing a gene for sprinting?

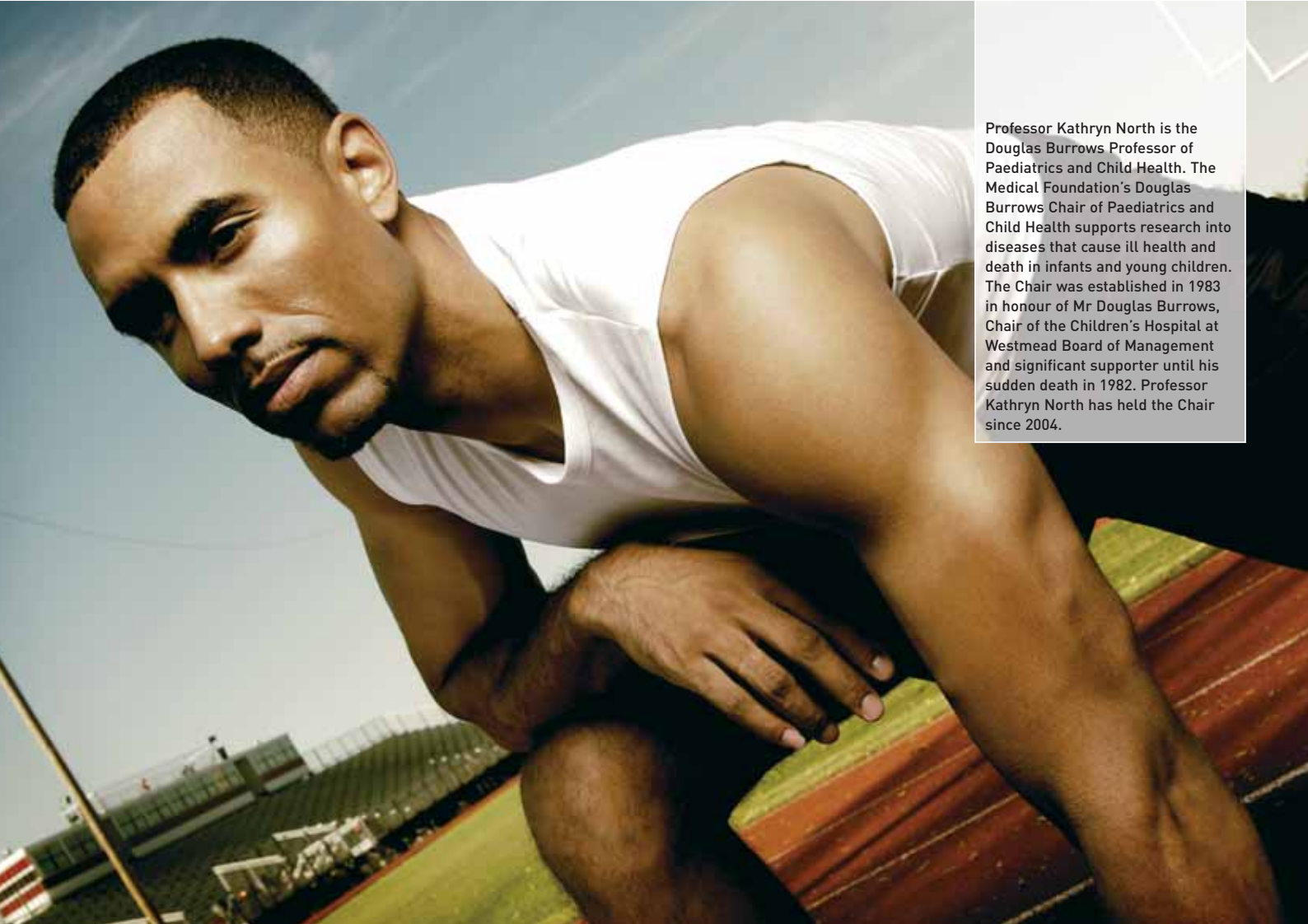
In papers recently published in *Nature Genetics* and *Human Molecular Genetics*, Professor North and her team provided some of the answers.

She had attacked the problem using a two-pronged approach.

First, she examined human evolution to find clues for why

*"It is vital to change direction and learn new things as you go... that's the great thing about research. You're not going to move ahead if you stay in your comfort zone"*





Professor Kathryn North is the Douglas Burrows Professor of Paediatrics and Child Health. The Medical Foundation's Douglas Burrows Chair of Paediatrics and Child Health supports research into diseases that cause ill health and death in infants and young children. The Chair was established in 1983 in honour of Mr Douglas Burrows, Chair of the Children's Hospital at Westmead Board of Management and significant supporter until his sudden death in 1982. Professor Kathryn North has held the Chair since 2004.

we might have lost the gene. She organized a large gene sequencing study of 96 people from Asia, Europe and Africa as well as studying the genes of chimpanzees.

"What we found was that most Africans have alpha-actinin-3 – it's the normal ancestral state," Professor North explains. "Then as you move into Europe and Asian populations, there is a marked increase in the frequency of this change that stops it being expressed. About 20% of people don't have it in Australia, while in some Asian populations the number approaches 40%.

"We then discovered there is a very strong, positive selection from an evolutionary point of view in the European and Asian populations for not having this gene."

What would be the advantage in losing the ability to express alpha-actinin-3? That question was answered by the second part of her research project which studied the phenomenon in mice. Professor North compared mice with alpha-actinin-3 in their muscle fibres to their brothers and sisters which did not have it. She found that mice without the protein are much slower in their metabolism than their genetically identical litter-mates with the protein.

The mice without alpha-actinin-3 were switching to oxidative metabolism, a slower and more efficient metabolic pathway which uses oxygen rather than burning energy or glucose. That meant they used energy more efficiently – suggesting that being more energy efficient is the advantage that humans with the genetic variation were being positively selected for.

Professor North believes that the switch to the more

efficient oxidative metabolism is likely to have happened around 13,000 years ago at the end of the last Ice Age. This was the time that humans began moving out of the food-rich areas of Africa.

"Humans are coming into a much colder, harsher environment that is not as food-rich, so there is an evolutionary advantage to using a more efficient, oxidative metabolism," she says.

Switching to oxidative metabolism might have given people the ability to burn energy from food more efficiently, providing more "bang for their buck" and offering more chance of survival in times of famine. Alternatively, says Professor North, the change in metabolism might have made it easier for people to tolerate cold temperatures by being able to control their body temperature more effectively.

Discovering the evolutionary reasons for the variation has opened the door to other promising research directions. Kathryn North and her team are now investigating how relevant the variation is to the general population and what impact it might have on how normal humans use their energy. So far, the evidence indicates that having the gene influences our capacity to respond to both exercise and muscle disease.

Looking back, Professor North says the alpha-actinin-3 discoveries have been "absolutely the most exciting" work of her career. "It's vital to change direction and learn new things as you go," she says. "That's the great thing about research. You're not going to move ahead if you stay within your comfort zone."

# MAKING A DIFFERENCE



Presenting the cheque. The Dean Bruce Robinson with Greg Poche.

## \$10 MILLION TO FUND INDIGENOUS HEALTH

A \$10 million donation, the largest ever received by the University of Sydney, has been made to the Faculty of Medicine. The money is to fund a major Faculty initiative - the establishment of a Centre for Indigenous Health.

The donor, Mr Greg Poche, is a businessman and philanthropist.

"My involvement in this project gives me a great sense of satisfaction as I believe that an enormous amount needs to be done to give our Indigenous people decent health and reasonable life expectancy," Mr Poche said.

"This is a very exciting development for the Faculty and for the University," said the Dean of the Faculty of Medicine, Professor Bruce Robinson. "This very generous donation will enable us to take some practical steps towards improving the health of Indigenous people. Clearly there are many challenges but we hope that in

establishing this new Centre, we will be able make a difference to the health of Indigenous populations."

The money will fund the Centre's activities for a period of 10 years, including supporting several senior academic appointments and a number of scholarships.

The Centre for Indigenous Health will have three main activities. It will operate outreach clinics, where health and medical professionals linked to the University of Sydney will deliver healthcare to Indigenous communities. The plan is to commence with clinics and medical back-up support in four towns in western New South Wales: Dubbo, Broken Hill, Bourke and Brewarrina.

"We aim to start slowly and ensure that we have a model that works. In recent months, we have been out talking to the communities, looking at what services are already available and how we might best be able to help," said Professor Robinson.

Other senior members of the Faculty have been involved in the community discussions and contributed to development of strategic and operating plans. They include Associate Professor Tessa Ho (Head of the Office of Medical Education), Professor Michael Kidd (General Practice), Dr Lilon Bandler (Senior Lecturer in Indigenous Health Education), Associate Professor Joe Canalese (Head of the School of Rural Health), Professor David Lyle (Head of The Broken Hill Department of Rural Health), and Mr Tom Rubin (Faculty Executive Officer).

The second primary goal of the Centre is to provide greater opportunities for students to gain experience in the provision of health care to Indigenous people.

Dr Bandler has already been working to ensure that students have good knowledge of Aboriginal and Torres Strait Islander healthcare issues.

"The Centre will help to increase the opportunities for our students to gain experience in a range of settings," she said. "We hope that their familiarity with Indigenous healthcare provision will ensure all of them provide good medical care to Aboriginal or Islander patients. Of course, we also hope that some will be inspired (and able) to take on a more focused role in Indigenous healthcare."

The Centre's third activity will be research, policy development and advocacy.



*I resolved to stop accumulating and begin the infinitely more serious and difficult task of wise distribution.*

Andrew Carnegie



*For information about the Challis Bequest Society or the Faculty of Medicine's funding priorities and how to make a donation, please call our Development Office on 02 9351 6570.*



**NEPEAN PHILANTHROPISTS GIVE OVER \$250,000 TO NEPEAN MEDICAL RESEARCH FOUNDATION**

The Nepean Philanthropists is the brainchild of local Penrith businessman and Vice-President of the Nepean Medical Research Foundation, John Bateman.

Starting in September 2006, his mission has been to approach successful Penrith people and ask them to make a commitment to a local organisation, the Nepean Medical Research Foundation. His target was to find 50 philanthropists in nine months and for each to commit to giving \$2500 annually for five years, thereby guaranteeing \$625,000 in funding over the period. He reached that goal in just three months.

"Penrith people are real giving people – it's a giving place and if someone gets into trouble or falls on hard times, my experience is that it is a community that gets together and really assists others in need," Mr Bateman said.

The Faculty of Medicine pledged to match dollar for dollar the first 40 philanthropists, bringing the total funding for Nepean Research to \$1,000,000.

In 2007, with the support of the Nepean Philanthropists, the Nepean Medical Research Foundation funded over \$104,000 of equipment for the expanding research laboratories at Nepean Hospital as well as \$101,000 in research grants for local researchers to continue their ground breaking work.

Not one to rest on his laurels, John Bateman, a former Penrith mayor, is now aiming to have 75 philanthropists by next June.

With thanks to Susan Dowd, editor of the Nepean Clinical School newsletter and Katherine Fenech and the Penrith City Star.



**SCHOLARSHIP SUPPORT**

Dr Dorothy (Billie) Greening has recently donated \$100,000 to support a scholarship for students facing financial difficulty. She was inspired by an article in *Radius*, which told of the number of medical students who need to work long hours to support themselves.

"I had to work for most of the time I was studying for my degree so I understand how difficult it is for young people in the Medical Program today." Billie Greening

**CHALLIS BEQUEST SOCIETY**

Bequests have always played a vital role in the evolution of the University of Sydney and the Faculty of Medicine deeply appreciates the foresight and generosity of individuals who have named us as beneficiaries in their will.

The newly established *Challis Bequest Society*, named in honour of John Henry Challis, whose bequest was the first for the University, welcomes those who have chosen to leave a bequest to the University of Sydney, its faculties and foundations.

There are two levels of membership within the Society – Legacy members who have provided a written confirmation of their bequest as a way of helping the University plan for the future and Lifetime members who have informed us of their intentions but who have not yet sent us written confirmation. Members gain access to a range of benefits and regular updates on our latest milestones.



Top: Professor Richmond Jeremy thanks John Bateman for his outstanding contribution

Above: Dr Billie Greening MBBS 1956

Right: Statue of John Henry Challis in the Great Hall of the University of Sydney



# NEW START, SUCCESSSES & INSPIRATIONS



## 2008 – A YEAR OF CHANGES

A new cohort of eager first year students will commence the Graduate Medical Program (GMP) in February and will test drive the changes implemented by the curriculum review of 2007. The curriculum review re-evaluated all aspects of the current medical program with the help of numerous current and past students among some of its 500 volunteers. It is with anticipation that the staff and students await feedback to observe the positive outcomes of these changes.



I look forward to updating you on these and other student projects throughout the year.

Paula Conroy  
Honorary President 2008  
Sydney University Medical Society

## MEDICAL STUDENT CHARITY'S SUCCESS

*Hands of Help* (a grass-roots charitable organisation) was established by GMP 4 student Phoebe Williams in 2005. Since that time, over 80 volunteers (including over 50 medical students) have traveled to Uganda, Nairobi and outback Australia to develop community relations. The volunteers have raised much needed funds for these areas and have worked to build schools and orphanages for underprivileged communities in Africa as well as developing a community health project to be run by Ugandans for Ugandans. The charity has also established links with Aboriginal medical services to conduct health checks in Wilcannia and Lismore, Australia.

*Hands of Help* is committed to making a difference to the lives of people living in poverty around the world. For more information, visit the website, [www.handsofhelp.org](http://www.handsofhelp.org) or email [info@handsofhelp.org](mailto:info@handsofhelp.org)

## STUDENTS TEACHING FUTURE GENERATIONS ABOUT HEALTH

In 2007, a group of medical and other allied health students visited rural high schools in Bega and Narooma to inspire young people from rural and remote areas about careers in health. The program was started by MIRAGE (Multi-disciplinary Interest in Rural And General health Education), the University of Sydney's rural health club, and aims to spread the messages of rural and Indigenous health to those living in rural areas. The club has also established career expos and holds an annual Indigenous health forum in conjunction with the Medical Society to further improve knowledge about these areas.

Left: Volunteer in Nairobi, Kenya, carrying out dental checks  
Right: Community health project in Jinja Region, testing and counselling for HIV.



# alumni news



President's Report  
Alumni Profile  
Alumni Archive  
Case Notes  
Reunion reports  
Reunion Dates  
Books & Crossword

## president's report

Greetings for 2008 and welcome to our new *Radius* editors, Amanda Durack and Beth Quinlivan! Our thanks also to Louise Freckelton for producing such a high quality publication.

The coming year holds much promise for alumni activities. We aim to improve communication with all our graduates by publishing *Radius* four times each year, by more frequently updating news on the Faculty alumni website ([www.medfac.usyd.edu.au/alumni](http://www.medfac.usyd.edu.au/alumni)), by sending regular emails in the months that *Radius* is not published, and by making information available about health media reports (by courtesy of the Australian Health Policy Institute).

To achieve some of these aims, the MGA would like to have the current email addresses of as many alumni as possible. Please ensure that you have provided your contact details by checking the University's alumni website – [www.usyd.edu.au/alumni/](http://www.usyd.edu.au/alumni/) – and by sending your information to [alumniadmin@vcc.usyd.edu.au](mailto:alumniadmin@vcc.usyd.edu.au).

In recent months, I have discussed ideas about student mentoring with GMP student representatives and the University administration. We hope to have a specific proposal for pilot testing by mid-year, either enabling meetings between mentors and students or email contact. I certainly think we can achieve a workable scheme but we need to have more discussions with the Dean and Associate Deans about the most effective approach.

We are also keen to enlist the support of more alumni willing to give problem-based learning tutorials to our GMP students. If you are interested in becoming a mentor or tutor, please contact Diana Lovegrove ([d.lovegrove@usyd.edu.au](mailto:d.lovegrove@usyd.edu.au)) at the Faculty.

The team led by Lise Mellor has made excellent progress in the online history of the Faculty project. When this is launched later in the year, you will be stunned by the brilliant array of archival images of student groups, University and hospital buildings, and virtual tours of present buildings. Of much interest will be the digitized Senior Year Books for the period from the first one in 1922 up to the mid-1970s. Already you can obtain from the Faculty alumni website lists of all graduates from the Faculty of Medicine by name, year of graduation and degree.

You now have the opportunity to participate in this important project on our Faculty's history by contributing your ideas, biographies (including those of former colleagues or members of your extended family), photographs and other material. The MGA will coordinate networks of people who are keen to work together on various possible themes such as the role of our graduates over the decades both in city and country hospitals, in general practice and specialties, in the professional colleges and health organizations, in specific fields of research, in their local communities, in the medical and educational diaspora across Australia and around the world, and so on.

We can also tell the stories of graduates of diverse backgrounds according to the era in which they graduated, their schools, their countries of origin, their University colleges when students, family medical dynasties, their religions, and their hobbies and interests outside medicine. The prospects are seemingly endless!

I will expand on these ideas for the history project on the Faculty alumni website, giving many specific examples of material that is already available, including the published histories of the Faculty and Medical Society, hospital histories, biographies, and local histories. But then we will need your assistance in obtaining a complete record of our Faculty and its graduates over 150 years.

Already I have been informally enlisting volunteers who are keen to work on specific specialties. Once you have checked my more detailed comments on the website, please contact me with your ideas on [pallancaster@gmail.com](mailto:pallancaster@gmail.com).

We will keep you posted on forthcoming events. Spring Back to Sydney 2007 was a great success and will be held this year on 8 November for those who graduated in years ending in 8. And Diana Lovegrove is working tirelessly to assist in organizing reunions.

Remember, we need your email address. We look forward to hearing from you.

**Dr Paul Lancaster**  
Medical Graduates Association



Examining a hand in front of Fishtail Mountain, Nepal

# a life of grace

Beth Quinlivan

ASK DR GRACE WARREN about the highlights of her long career and she doesn't hesitate.

"I have appreciated the awards," she says, referring to the numerous honours bestowed on her over the past 30 years including the Royal Australasian College of Surgeons Lifetime of Surgery Award, the Order of Australia, the Taiwan Medal of Honour, and the Star of Pakistan for humanitarianism.

"It is lovely to realize that people appreciate what you've been doing.

"But what is much better is knowing that you've helped people, that you've helped them to live normal active lives which otherwise would not have been possible. Going back to see local people performing the surgery we taught them to do, to see those that I've operated on who have been able to live productive lives...for me, that, and knowing that it is God working through me, has been the greatest reward."

Dr Grace Warren graduated in Medicine from the University of Sydney in 1954. She has spent most of the 50-plus years since working with the world's poorest people, teaching and performing reconstructive surgery on the hands, faces and feet of those affected by leprosy or other neuropathic conditions, including diabetes or accident trauma and congenital conditions.

In the process, she has attracted world-wide recognition and admiration from her medical colleagues, from governments, as well as from individual patients whose dignity and hope have been restored under her care.

Aged 79, she is officially retired although she continues to run bi-weekly clinics at Westmead Hospital and still takes

a keen interest in the treatment of people with damaged and ulcerated hands and feet, usually caused by trauma or diabetes.

Last year she published her autobiography, *Doctor Number 49* (more on the title later), which details her life growing up in Sydney, her time as a medical student and as a young female doctor in a male dominated world in the 1950s, as well as her long years as a Christian missionary, many of them in developing countries.

Throughout are moving tales of individuals, many desperately poor, who have regained some degree of control over their lives as a result of surgical or other treatment.

Just how a woman who barely scraped into medicine and was prevented from training as a surgeon in Australia, has gone on to publish more than 50 papers, perform thousands of procedures and train hundreds in reconstructive surgical techniques, makes for an inspiring story. Adding another dimension is that so much of her time has been spent working with some of the world's most disadvantaged people, through The Leprosy Mission International

"I was never a good student," she says of her school and university days. "But I was practical, good with my hands. That was something I inherited from my father, who had a great aptitude for everything mechanical."

Her father was a Christian missionary who spent much of his life working with Aboriginal people in isolated parts of the Northern Territory. He died when Grace was five years old.

"The only reason I was accepted into medicine was because my mother was a widow, I had the lowest possible marks for entrance. I started in 1947, got a post in first year, a post in second year and had to repeat third year. I didn't fail anything after that, once we'd started to move more to the practical side of the course and my natural ability came out."

She graduated in 1954 and spent a year at St George Hospital in Sydney before doing obstetrics in Melbourne's Queen Victoria Hospital in 1955, then moving to Geelong District Hospital as a registrar.

"Working at St George was excellent. There were lots of highly trained specialists coming back from overseas who were keen to pass on their knowledge, and we were very hands on. We were expected to be able to do all the basic procedures from day one. In my first week at the hospital, I was giving anaesthetics."

Over those early years, she received a broad range of experience and realized she had a



Right: Grace checking the hands of two girls at Manorom Christian Hospital, Thailand  
 Below: Grace with Diana, Princess of Wales in Anandaban, Nepal in 1994  
 Far Right: Grace receiving the Star of Pakistan for Humanitarianism in 2007



gift for surgery. "I liked surgery because it was practical. I had a talent for watching a procedure once or reading about it in a textbook, then performing it and teaching others how to do it. That ability has been useful all my life."

In 1957, she accepted an emergency request from the Australian Presbyterian World Mission to fill a short-term obstetrics position at a women's hospital at Pusan in South Korea. It was, in many ways, a baptism of fire. "Medicine as we practiced it in Korea was a far cry from what I had been taught in Sydney, but I could not have asked for a better introduction to third world medicine where we didn't have all the laboratory facilities and experience consultants to assist," she says.

At Pusan, she had her first experience of leprosy. She was a regular visitor at a big leprosarium close to the hospital and was much affected by the deformities - the clawed hands, drop feet, deformed noses and paralysed faces - that were common legacies of the disease.

"The stigma is the thing, people thought that leprosy could not be cured and that anyone who had leprosy was dirty and an outcast.

"In the 1950s, the full impact of leprosy-related abnormalities of pain perception was only just being recognised. People hadn't yet realized that the infection of leprosy was not the major problem. The problem was that once the germ was established in the body, the patient's immune system destroyed some nerves and took away the ability to feel pain. The loss of pain perception meant leprosy-affected hands and feet were very prone to injury."

When the job at Pusan finished, she was asked by what is now The Leprosy Mission International to take on another relief position, this time at the major leprosy hospital in Hong Kong. It was in Hong Kong that her future course was set, and she has spent the rest of her career, much of it in third world countries with limited medical infrastructure, dedicated to helping people overcome deformities.

"When I arrived in Hong Kong in 1959, a program in reconstructive surgery had been running for a year," she says.

Her particular skill - essentially self-taught - was transplanting tendons in patients with leprosy-damaged hands, feet or faces. Early in her time in Hong Kong, she also learned that the damaged and ulcerated limbs of leprosy patients could be significantly helped if they were encased for lengthy periods of time in plaster casts. The lengthy periods, sometimes as long as nine months, meant broken bones and ulcers could be protected and rested while they healed. Her work in this led to the thesis for which she was awarded the Master of Surgery in 1972.

"In 1960, I was asked to teach fully qualified US surgeons on tendon transfers. From then on I was frequently asked for advice and whether I could teach on treatment of people with deformities. I started off with leprosy patients but we would also operate on or treat anyone who had a deformity we thought we could fix. Well usually there was no-one else around who would try."

From the 1960s until very recently she traveled the world, holding clinics in Thailand, Pakistan, Bangladesh, Nepal, Burma, India, Taiwan, Malaysia, Singapore, Cambodia, Israel and Africa. Typically, she would run a three week education course, performing surgery while local doctors assisted and learned the procedures, then she would return later to upgrade skills.

She has also worked extensively in Australia, teaching and caring for people who have

neuropathic damaged and ulcerated hands and feet, mostly as a result of diabetes, accidents or birth defects.

Her original application to train as a surgeon may have been rejected but she has since been well and truly welcomed into the fold. She was made a Fellow of the Royal Australian College of Surgeons in 1977, and the Royal College of Surgeons in England in 1984. She was awarded her MD by the University of Sydney in 1985.

Official retirement was in 1989, but it is only very recently that her travel and work schedule has eased.

So how does she account for her great success as a surgeon and teacher in over 50 years in medicine?

"An important ability is that I've always been able to improvise and make do, to find a solution to a problem. I've been able to look at a patient, work out what they need and find a way of doing it. It is a gift given to me by God and dedicated to his service, he gives me the skill."

And the significance of "*Doctor Number 49*", the title of her autobiography?

The meaning is explained in the first chapter. A young fireman had hobbled into the Fracture Clinic at Westmead Hospital in 2000 asking for Dr Warren. An accident six years before had left him with no feeling below the knee and his foot, as a result, had become ulcerated and infected. He had seen a succession of doctors - 48 in fact - who provided various treatments but the ulcer persisted.

"When he came in to the Clinic, he was very distressed. He had just been told by a vascular surgeon that amputation was his only option. I looked at the X-rays and said that I believed I could help him but I needed his total co-operation," she said. "I like his determined attitude. He replied 'Lets get on with it'."

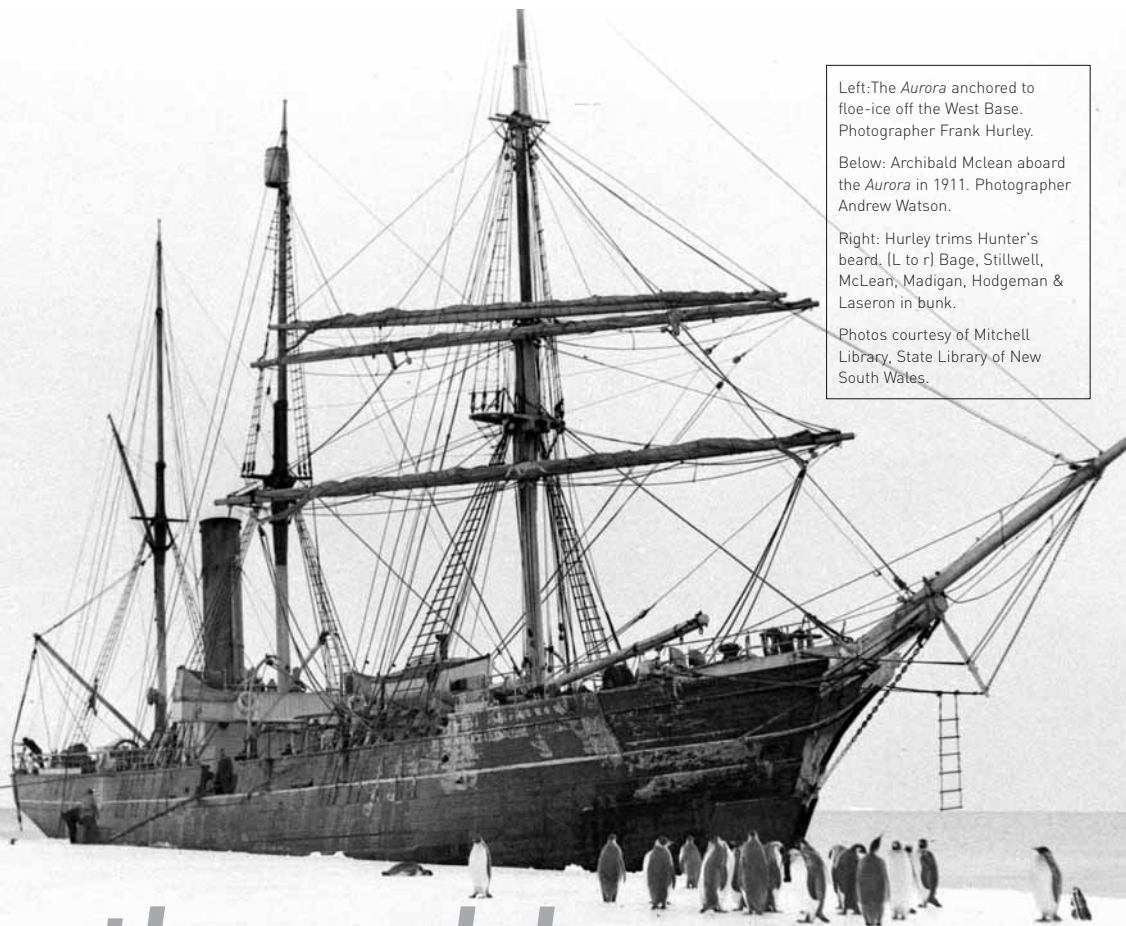
She put his foot in a plaster cast, which allowed the ulcer to heal. After three months, the ulcer had reached a point where surgery was possible, to repair the damage to bones and muscle. Again his leg was encased in a cast. Eventually it did heal and he has been able to walk on it again. She has recently operated on the other foot, correcting the deformity that was there also.

So another satisfied customer?

"Yes," she said. "He has returned to work, the threat of amputation is gone."

*Doctor Number 49* by Grace Warren and Lesley Hicks, SPCK Australia 2006, is available in selected bookstores, or online at [www.theleprosymission.org.au](http://www.theleprosymission.org.au). The book is also available by emailing [grace.warren@levelthirteen.net](mailto:grace.warren@levelthirteen.net)

Recently the NSW Chapter of the McLean Clan contacted the Faculty to begin discussions regarding the erection of a plaque to commemorate their kinsman Archibald Lang McLean (MB 1910 ChM 1911 MD 1917), who was Chief Medical Officer under Douglas Mawson for the first Australian Expedition to Antarctica in 1910. McLean's scientific findings during the expedition have formed the basis of much further research in Antarctica. When Mawson, Ninnis and Mertz were lost in Antarctica, McLean remained behind to search for the party. He was a gifted writer and his collaboration with Mawson towards 'Home of the Blizzard' created a work of inspiration for all those interested in Antarctic exploration and adventure.



Left: The *Aurora* anchored to floe-ice off the West Base. Photographer Frank Hurley.

Below: Archibald McLean aboard the *Aurora* in 1911. Photographer Andrew Watson.

Right: Hurley trims Hunter's beard, [L to r] Bage, Stillwell, McLean, Madigan, Hodgeman & Laseron in bunk.

Photos courtesy of Mitchell Library, State Library of New South Wales.

# Out in the cold

ARCHIBALD LANG MCLEAN – DOUGLAS MAWSON'S CHIEF MEDICAL OFFICER, BACTERIOLOGIST, RESCUER AND WRITER

Lise Mellor



ARCHIBALD (ARCHIE) LANG MCLEAN was born in Balmain, Sydney in 1885. After secondary education at Fort Street High School, he completed a Bachelor of Arts at the University of Sydney, with Honours in French. In 1906, he graduated and entered the Department of Medicine, graduating MB in 1910 and ChM in 1911, then completing his residency at Lewisham Hospital and the Coast Hospital, Little Bay.

In 1911, Antarctic explorer Douglas Mawson decided to lead the first Australian Antarctic expedition. Although a fresh young intern at Lewisham Hospital, McLean applied to join the Mawson expedition and was selected to go to Antarctica as Chief Medical Officer and Bacteriologist for one year, residing at Main Base.

McLean sailed to Antarctica aboard the *Aurora*, a Scottish steam yacht Mawson had bought for the expedition, arriving in Commonwealth Bay on January 7, 1912. Here McLean and the team set up camp in Adelie Land and the *Aurora* departed.

McLean's role was to attend to the medical needs of the

expedition team, begin his bacteriological research and engage in general duties such as assisting in the meteorological and tidal observations or attending to repairs of the base. There was constant work to be shared and the expedition team lived closely with good cheer. The most urgent task on landing was to build the huts for their quarters and this took most of the first few weeks.

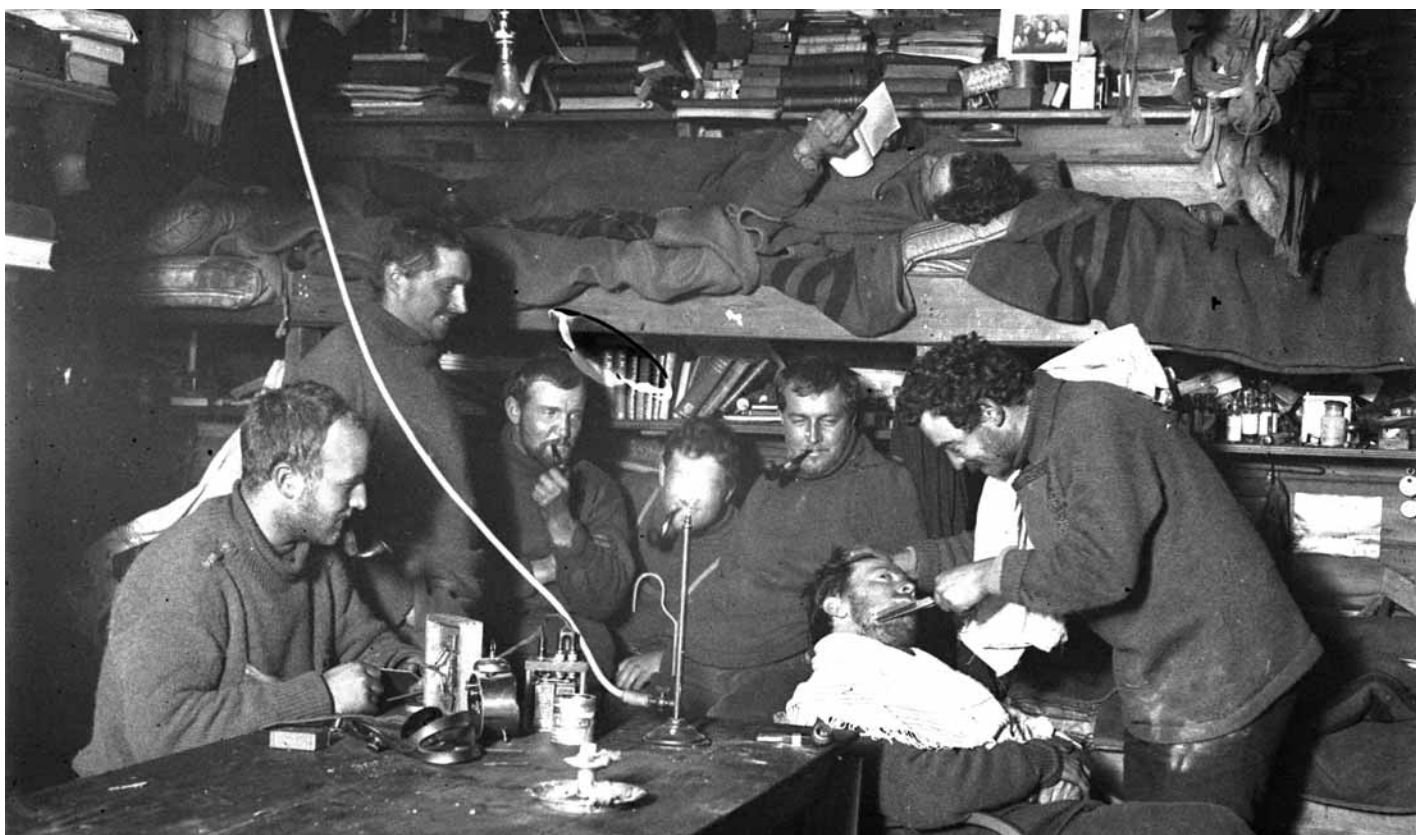
McLean's medical observations of the team had begun in Hobart with the Adelie Land party subjected to blood examinations and estimations of blood pressure. He noted that once in Antarctica it took approximately six weeks for each of them to acclimatise somewhat to the extreme cold and that during periods of constant physical labour, red cell numbers increased quickly, totalling in one instance more than 7,000,000. All men put on substantial weight, the average weight gain being ten pounds and in two cases, twenty-eight.

Research in Antarctica proved difficult and McLean's own account gives a glimpse of the tribulations:

*A small corner of the hut was reserved for bacteriology. Here, a few shelves and a table accommodated stains and other reagents, slides, a spirit lamp, a centrifuge, a microscope, a steriliser and other miscellaneous apparatus. For more than four months I was unable to make up Gram's iodine, owing to the potassium iodide and the iodine having been misplaced... The heat for the incubator was supplied by a kerosene lamp. The ether capsule and lever regulators worked well, so that it was possible to grow cultures either at 18 to 20 degrees Celsius, or at 37 degrees Celsius... However the rolling of the ship during gales and blizzards – as well as the occasional extremities of cold – made it difficult to keep the incubator at a uniform temperature... Boxes containing my stock of materials were buried in snow outside the Hut and were only accessible on the rare fine days, when they had to be dug out, opened and re-packed.*

Regardless, McLean's work went well for this first year and he amassed a substantial





collection of bacteriological specimens of Antarctic ice, soil, mud, sea, mammals, birds and fishes. He also analysed regular swabs of the expedition team.

In December 1912, McLean and the expedition team were due to be collected and sail back to Australia but Mawson, Ninnis and Mertz had set out on a sledge expedition to the eastern coast and were well overdue for their return. The *Aurora* and crew were forced to sail or risk being trapped in the ice for winter. McLean and five others requested to wait behind and search for Mawson even though it meant remaining in Antarctica for another year.

Immediately, McLean, Hodgson and Hurley began searching for Mawson, leaving food parcels and notes outlining the location with compass directions for his return to base. On January 29, 1913, a near-dead Mawson found their food and notes and filled once again with the will for his own survival, began navigating himself back to base. Tragically, Mertz and Ninnis had perished on the expedition. Mawson himself arrived back on February 8th in a desperate state with multiple internal and external injuries, including his skin and hair having come off much of his body from starvation and frostbite, but McLean was slowly able to nurse him back to more reasonable health and repair.

These sorry events meant that Mawson, McLean and the others remained at Main Base for another year until the *Aurora* was able to return through the ice. In this second year, McLean also took part in a sledging expedition and a group of three nunataks discovered within the western part of Mertz Glacier were named the McLean Nunataks in his honour.

In Antarctica, McLean established and edited a monthly newspaper, the *Adelie Blizzard*, to occupy idle hours and to encourage a healthy stimulation of literary enjoyment. Mawson saw the writing of creative pieces and newsworthy articles for the *Adelie Blizzard* as part of his men's duty and

McLean who took to it with fervour.

In December 1913, the *Aurora* returned to collect the expedition team, and they arrived back in Australia in March 1914. On his return, McLean accompanied Mawson to England to continue their scientific research and to "revise and amplify" his journals towards *Home of the Blizzard*, the published account of their Antarctic travails.

McLean was in England at the outbreak of World War I and joined the Royal Army Medical Corps, serving until his discharge in 1916 after suffering from a poisoned finger. He returned to Australia to join the AIF but it was nine months before he was to see active service. Waiting out his pending departure, McLean submitted his doctorate to the University of Sydney - *Bacteriological and other researches in Antarctica* - for which he received the University Medal.

The first part of his work illustrates the results of his bacteriological investigations and the latter discusses human viability in Antarctic conditions, with a chapter each on physiology, immunity, dietetics and psychology. McLean writes graciously and delightfully elucidates his passion for the metaphysical wonders of scientific discovery and worldly exploration:

His final description refers to Mawson returning after his epic sledge journey:

*There is the vision of a figure stumbling, companionless, dragging on through the changeless days of threshing, seething snow-drift... He is impelled to stumble on, sinking in the yielding beds of downy snow - so white and pure, yet so relentless in its mockery of human suffering! Hands and feet numb to the flapping gust of the sleeting blizzard; yet the heart palpitates hot in the will-driven frame of the man who fights for the life still sweet to self, who fights for a life in the service of others...*

#### Postscript

After submitting his doctorate, McLean began his service with the Australian Army Medical Corps as Captain on the 29th September 1917, first serving on a cruise to Rabaul then accompanying the AIF to Egypt and France. McLean was attached to the 17th Battalion and the 5th Field Ambulance. He suffered no further injuries but was gassed twice. Throughout his period of active service he gained a high reputation for gallantry and devotion to his duty and was awarded the military cross.

At war's end, McLean was appointed Medical Officer in charge of the Red Cross farm at Beelbanger, (South Western New South Wales). Despite having been gassed, McLean survived the influenza epidemic in 1919 but contracted pulmonary tuberculosis. In 1922, he died at Royal Prince Alfred Hospital, aged 37, survived by his father and his wife Eva.

A full biography of Archibald Lang McLean will appear in the *Faculty of Medicine Online Museum* to be launched mid-2008.

A longer version of this article, including footnotes, is available from the Radius office.



# case notes

## 1950s



**Ronald A.D. Sommers (MBBS 1958)**

For the last eleven years, Ron has been a mostly self funded Rotarian Volunteer as Consultant Obstetrician Gynaecologist to Kundiawa General Hospital (KGH) for Simbu, a highlands region province in Papua New Guinea (300,000 population). He visits twice yearly with wife Rae, a midwife, for periods of six to eight weeks and has performed over 440 major procedures. Teaching with donated equipment he performs a "look and treat" colposcopy aimed at 80% accuracy, as routine Pap smears are not affordable and with almost no means of patient identification the follow up management is more difficult than for Australian Indigenous women's cancer.

Ron is taking volunteer young graduates in Obst/Gynae and Midwifery to KGH with the dual purpose of providing them with practical experience as most presentations are late and complicated and a rich source for training, while giving local women better, otherwise unaffordable health care. Australian graduates of today experience little of late disease presentation

common in past decades, and are enthusiastic and willing to visit, but confess that they require the supportive presence of their older colleagues who were trained before expensive diagnostic equipment and treatments became available.

Sydney Rotary District 9750 is planning to adopt Simbu for a trial and to encourage development of local self help with ethical sustainable services. They will also encourage youth service associations like Scouts and Guides that were so strong in Australia in times of economical depression and WW2. Anyone wanting to volunteer their help in this trial should contact Ron by email [sommersr@ihug.com.au](mailto:sommersr@ihug.com.au) or 34/19 Wyralla Rd, Yowie Bay 2228 NSW.

Photo: Ron Sommers receiving Variety Inaugural Lifeline Award in 2003 for providing education to long term hospitalised children in Simbu.

## 1970s



**Miklos Pohl OAM (MBBS 1973) Report from Bangladesh**

I have just returned from a two week Interplast visit to Dhaka, Bangladesh. I have been going on Interplast

trips since 1984 and this was my 12th trip. Interplast Australia was founded in 1984 and offers a voluntary plastic surgery service to the Greater Pacific Basin and Asia. Approximately 20 – 25 teams go each year and the usual team consists of two plastic surgeons, two anaesthetists and a nurse. We were fortunate on this trip in as much as we had three surgeons (one joining us from the UK), two nurses and two hand therapists. We worked out of Dhaka University Medical College. This is a 1000 bed hospital (a converted British admin building) housing 2000 patients and incredibly overcrowded. The patients were preselected by the local plastic surgical trainees of which there are 15.

We saw 60 patients - some of whom were amazing. The first case presented to me was a middle aged woman who had a body rash from arsenical poisoning (not uncommon there as arsenic levels are naturally high) and a metastatic adenocarcinoma to her palm from an occult primary. As well as this, we saw terribly advanced burn contractures, delayed trauma, a 15 year old child who had a sustained degloving injury to the arm eight weeks previously and needed nerve grafting to his median nerve, 16 centimetres of which was missing.

Aside from the great variety of cases, we were also there to teach; the trainees were all very keen as they felt isolated. To

quote one of the senior trainees, "We are like frogs in a pond and you are our only link with the outside world."

Although the working conditions were challenging, we felt the visit very worthwhile both from the service and educational/training point of view. We found the people gentle and kind and terribly grateful, with spontaneous greetings and thanks as we circulated in the wards.

I am looking forward to going back.

## 1980s



**Professor Peter McMinn (MBBS, 1982)** recently returned to Sydney to take up the Bosch Chair of Infectious Diseases. After graduating in medicine, Peter undertook postgraduate training as a clinical microbiologist at the Institute for Medical and Veterinary Science in Adelaide, followed by four years of research training at the Australian National University, where he studied the pathogenesis of viral encephalitis. In 1996, Peter moved to Perth to take up a Senior Lectureship in Virology at the University of Western Australia with a conjoint

position as Consultant Microbiologist at the Princess Margaret Hospital for Children. Throughout his career, Peter has maintained a strong research and clinical interest in viral encephalitis, which continues with his appointment to the Bosch Chair. He has also developed extensive research and teaching collaborations in Southeast Asia and has spent long periods in Indonesia and Vietnam training local microbiologists in viral diagnosis and research.



**Tony Chu (MBBS 1986)**

In Oct 2007, Tony Chu launched the Creative Doctors Network (CDN), a unique networking group that welcomes creative doctors of all fields. At the inaugural meeting which attracted anaesthetists, psychiatrists, GPs, paediatricians and retired doctors, common creative interests were discussed which included writing, performing, filmmaking, painting and photography. As an actor and filmmaker, Tony proposed exploring the possibility of CDN developing a story to be told through the medium of film where doctors are involved every step of the way through writing, acting, filming and music



## australia day honours

### ORDER OF AUSTRALIA

Member (AM) in the General Division

**Ms Julie Dunsmore** (pictured above)

**Discipline of Medicine (RNSH)**

For service to the community as a grief counsellor, to families of the victims of the Bali bombings, to youth and to raising awareness of mental health issues.

**Professor David Gillett, Discipline of Surgery**

For service to medicine, particularly in the field of breast cancer research and education, to the development of multidisciplinary systems of care for patients and as a surgeon.

**Professor Clive Harper, Department of Pathology**

For service to medicine in the field of neuroscience, particularly research into the neuropathological consequences of alcohol-related brain damage, and through contributions to public health policy.

**Professor John Harris, Professor of Vascular Surgery, Central Clinical School**

For service to medicine, particularly through the advancement of vascular surgery and ultrasound procedures and techniques, to medical education and curriculum development and to public health administration.

Medal (OAM) in the General Division

**Dr Raymond Kearney, Honorary Associate (Retired)**  
**Department of Infectious Diseases and Immunology**

For service to the environment and public health, particularly through raising awareness of motor vehicle pollution, and to the community of Lane Cove.

and where their medical insights help develop rich characters an interesting story-lines. Tony showed two of his award winning short films, one a medical comedy, to demonstrate how he has combined his creative and professional pursuits. Future collaborations were discussed, including the possibility of guest speakers, shared projects and a 'getaway' retreat. For more information contact Dr Tony Chu at email: [tony@nafa.net.au](mailto:tony@nafa.net.au)

## 2000s

**Simon Pollett (MBBS 2004) Borderline – Aidwork on the Burmese Border**

I remember my first patient of my first day at the Mae Tao Clinic, 3km over the border into NW Thailand. He was a comatose boy who had been fitting for twelve hours. He died later that week. Malaria strikes again.

He was just one of the many Burmese who come to this free medical clinic. They cross through a zone wracked by civil war and glutted with landmines.

They bribe Thai border guards and sneak across into Thailand where Dr Cynthia Muang, an exiled ethnic-Burmese medic, set up this clinic 20 years ago.

Thanks to the junta, Burma is descending into a nightmare scenario. Millions have been displaced by civil war, organized mass rape and forced labour. A tide of refugees has washed up on all borders. They suffer from malnutrition, landmine injuries, tuberculosis, HIV, malaria, dengue and leprosy and more.



To deal with this massive burden of disease there is the Burmese healthcare system, ranked the second worst in the world. A public health disaster is looming in Burma, and many aid organizations can't operate inside due to the paranoid antics of the junta.

And so the patients come to us. Funding is purely by donation, so the clinic is not much to look at. A series of shacks. A laboratory which can do a handful of basic tests. No radiology.

Aside from volunteer foreign staff, all the medics are all illegal Burmese refugees. They live cheek-by-jowl in crammed dormitories. They cannot leave the clinic compound, lest they be arrested by the Thai police. And I thought I had it bad as an intern.

For all of this, the atmosphere at the clinic is resiliently upbeat. The medics are outgoing and generous. Patients who have travelled hundreds of kilometres think nothing of waiting all day to be seen. For every patient we lose, hundreds are successfully treated using quite rudimentary resources. Somehow, it all works.

**Photo :** Two of the 80,000 Burmese seen at the Mae Tao clinic last year

## Send Us Your News!

*Please let us know what you have been doing.*

*We'd like to hear about your work, academic achievements and key events in your life.*

*Please email us first for guidelines:*

*[adurack@med.usyd.edu.au](mailto:adurack@med.usyd.edu.au)*



# obituary

## SYDNEY RALPH READER

CMG MBBS 1940, MD (HON), 2006 DPHIL (OXON),  
FRCP, FRACP

So Ralph Reader has died. That is hard to believe, because in his latter years, this wonderful, warm, engaging and commanding, tall man was indomitable in the face of one wave of physical ailment and medical and surgical care after another, a rock in the storm.

Ralph Reader was a distinguished member of the University of Sydney's medical school alumni, graduating in the 1940s, serving in the armed forces, pioneering renal disease management in Sydney and, for which he is perhaps best known, responding to the epidemic of heart disease in the 1950s and 60s with vision and commitment through his leadership at the National Heart Foundation. He was first its medical director and then overall director, combining intense support and sponsorship for research with its application to the prevention and management of heart attack.

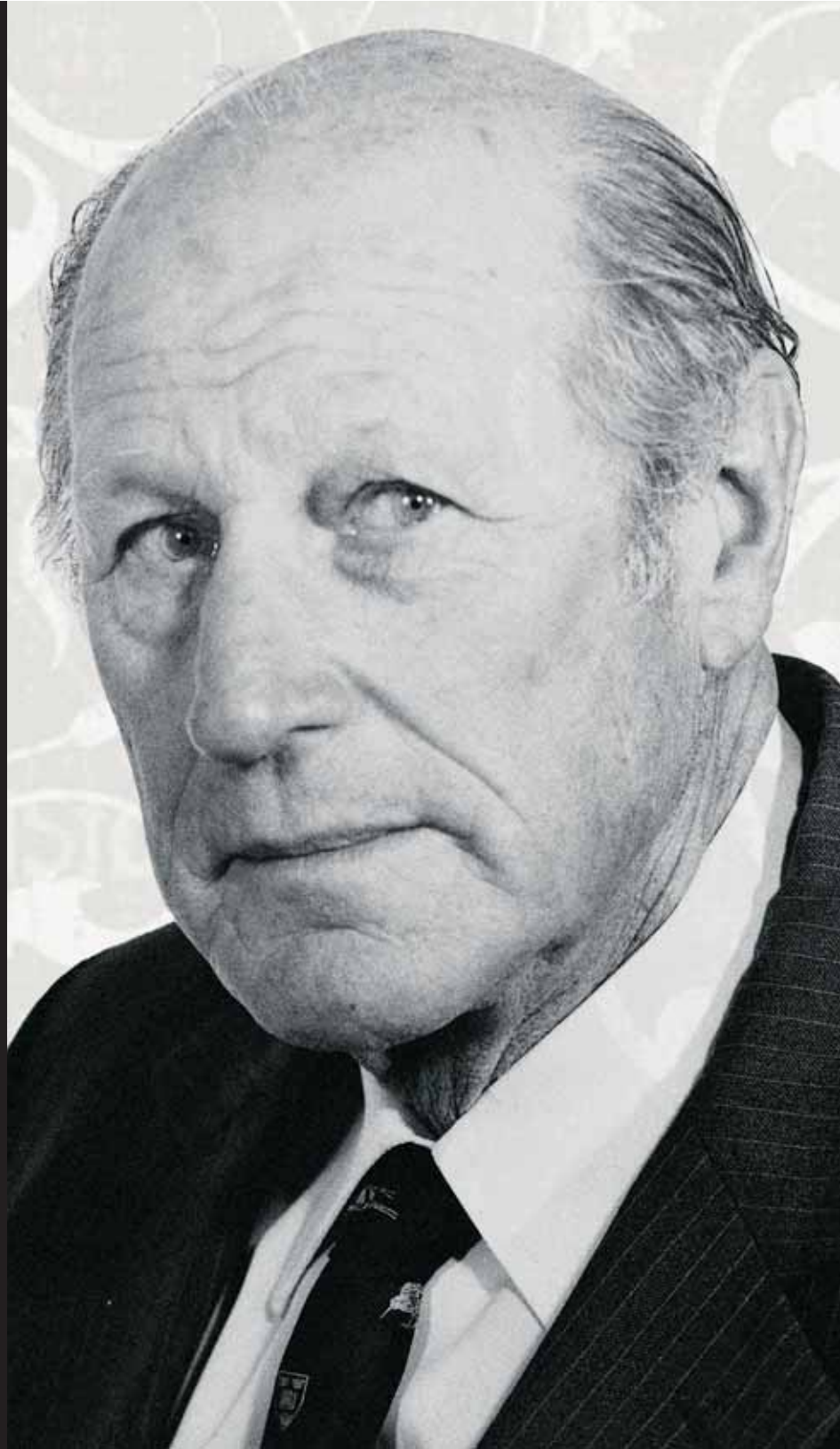
In the 1950s and 60s, Australia was where many developing nations are today with regard to heart disease: one-third of deaths were occurring among people in their productive years. Now, with a combination of effective treatment and prevention, we have not only halved the mortality from heart disease but also pushed the age at death back into the late 70s and beyond. But in the 1950s and 60s, remember, we were still dithering about whether smoking was bad for you, there was scepticism about risk factors, and the treatments available for elevated blood pressure were unpleasant. Risk factor epidemiology was still finding its feet: we really did not know what to.

Under Ralph's leadership, connecting community interest and scientific and clinical capacity, and avoiding government sponsorship, the NHF pushed forward, collecting statistics, conducting risk factor surveys, performing huge clinical trials into the value of treating even mildly elevated blood pressure and advocating for a preventive approach to diet, tobacco use and lifestyle. Ralph had a natural presidential style that combined strength with a twinkle in the eye and a happy laugh. It felt good to meet him, to be encouraged by him (and it is interesting how many young investigators were thus encouraged) and to know that he was there.

The University of Sydney does not give honorary doctors in medicine lightly, and it was a delight when, in 2006 in its 150th year, the Faculty, at the nomination of Ralph's long-time friend and colleague Malcolm Whyte, bestowed this degree on Ralph. He loved it, and so did we.

A giant has left the land, and it doesn't feel the same.

Professor Stephen R. Leeder



Above: Ralph Reader  
Left: Deputy Chancellor Emeritus Professor  
Ann Sefton conferring the degree of Doctor of Medicine  
(honoris causa) upon Dr Ralph Reader, 16 June 2006  
(photo, Memento Photography).



# reunion reports

## 1948 REUNION

On 17th October, 2007 a group of 1948 SUM graduates met for lunch in the Adam Room at the Masonic Centre in Castlereagh Street. In the Adam Room, we were a party of 32 with wives and friends. It was very much appreciated by us all that we were joined by Wendy Marceau, Amanda Durack and Diana Lovegrove, whom many, but not all had met before, either by phone or letter or at University events. They were able to assure us of the Faculty's interest in graduates and of the help they can offer for our big anniversary reunion on Saturday 8th November 2008. Our special guest will be Professor Bruce Robinson, Dean of the Faculty of Medicine.

Fourteen messages of apology and hope to attend next year were read out. Recent deaths were respectfully remembered. At least two of our members are working full time in general practice and several still write medico-legal reports.

Of the 114 who appeared in the Great Hall for graduation before Professor H R Dew on 24 September 1948, we can account for about 80 survivors. We were reminded by Peter Harvey that from our year came no First Class Honours, but seven full professors, a medical dean, a bishop, a Jesuit priest, the wife of a Catholic priest and a fine group of doctors. No jail birds and no one later deregistered. Interestingly, of the 40 Second Class Honours degrees awarded only three were to women and only 19 of the 74 Pass degrees! It would be interesting to compare these results with those of last year's graduation. (Note from the editor - the 2007 final year students were 105 male and 121 female!)

We were about to hear a witty address from Professor Doug Tracy when a fire alarm forced us to evacuate the dining room. All are urged to make sure they hear Tracy at our 60th Reunion on 25 October 2008 at the University. Details are currently being finalised. Contact Peter Harvey email:

hpbharve@tpg.com.au or  
Harding Burns email:  
janemburns@bigpond.com.au  
or telephone/fax (02) 9328 5707.

### Harding Burns

1. Clockwise from left- Amanda Durack, Doug Tracy, Pauline Noakes, Bruce Noakes, Elaine Lennon, Diana Lovegrove, John Hickie (rear view)
2. L to R- Helga Petit, Gordon Pettit, Noelle Magill, Bob Munro
3. L to R- Bob Munro, Corinne Munro, Frank Buckley
4. L to R- Noelle Magill, Bob Munro

## 1972 REUNION

A memorable reunion was held on the long weekend in September. Graduates travelled from as far as the USA and Hong Kong as well as from interstate. The reunion comprised two components: a daytime 4 hour scientific conference at the magnificent Kerry Packer Auditorium Royal Prince Alfred Hospital followed by a dinner at the Astral Restaurant, Star City.

The scientific program was of a very high standard, with the keynote address given by Professor Ron Trent on "From Genetics to Genomics". The range of topics was wide and included contributions on Child Abuse Prevention in Asia to Medicine in Africa. No one fell asleep!

Astral proved to be an excellent dinner venue with spectacular views of the harbour and outstanding food and wine. There were three after dinner speakers, Les White, Judy Schofield and Harry Merkur. They were each given the same brief - to speak about their lives as students, now and into the future - all in 10 minutes each. The audience was spell bound and undistracted by the Rugby League Grand final screened silently in the background.

The only disappointment for the organisers (Harry Merkur (Chairman), Tony Eyers and Les Schrieber) was the relatively low turn out. Nevertheless the 60 delegates and 30 partners who attended the dinner had a great time.

Photos from the reunion can be found at  
[picasaweb.google.com/HarryMerkur/Reunion2007](http://picasaweb.google.com/HarryMerkur/Reunion2007)

The next reunion is planned for five years' time and the consensus is that this should be a weekend away from Sydney.

### Les Schrieber

5. L to R- Lynne Williams, Judy Schofield, Roger Barker, Jonathan Shagrin, Henry Liberman, Colin Jessop

## 1977 REUNION

This was held on election day, 24th November 2007 at the Great Hall which still echoes with tradition and memories of young fresh-faced students eager to heal the sick and stamp out disease. Although the 145 attendees were all clearly a fraction older and theoretically wiser, the personalities remain much the same.

On this occasion the organising committee decided to break with tradition and have an "outsider" address the audience. This honour was kindly taken up by Professor Malcolm Fisher who happens to be a New Zealander by birth, an etymologist and is well known by readers of "Retractor". The Professor informed us in a witty and erudite fashion of the derivation of some lesser known medical terms, his thoughts on aging gracefully and why he still regards it as a privilege and an honour to practise the art of medicine.

The University songs have now become a regular feature thanks to Ernie Somerville and professionally led by Ruth Marshall.

All attendees seemed to enjoy themselves catching up with old friends and were keen for the next event which may be sooner than five years if there is sufficient interest shown by the year members.

Thanks go to the other members of the organising committee, Rose Barnes and Helen Somerville for arranging the table places, the staff at the





Medical Faculty and the Great Hall, as well as our reliable and understanding caterers at the Provin Group.

**Tony Joseph**

- 6. Previous page L to R- Ian Stevenson, Ted O'Loughlin, Bill Cumberland
- 7. L to R- Genevieve Cumberland, Sue Reid and Margo Woods
- 8. L to R- Irene Dunlop, Graeme Dunlop, Arne Sprogis and Catherine Dunlop
- 9. L to R- Alan Secombe, Ernie Somerville & Nick Harvey
- 10. L to R- Helen Somerville, Klaus Hofer and Sandra Deveridge



## 1987 REUNION

The medical editor of Australian Doctor, Dr Annette Katelaris, took a stroll down memory lane at her 20-year reunion.\*

It was the year of the Black Monday stockmarket crash, and the first mobile phone call in Australia. Bob Hawke was prime minister and The Bangles were at the top of the charts.

Prozac made its debut in the US and the first heart-lung transplant was performed.

It was also the year I graduated from the University of Sydney, in a cohort that along the way included such recognisable names as Dr Karl Kruszelnicki and Dr Philip Nitschke. It was 1987. Back then, though, media personality 'Dr Karl' was better known as the guy who insisted everyone living in students' quarters use sorbolene instead of soap. Our bodies may have been clean and soft but the bathrooms were unusable.

Then there was the now successful anaesthetist, who won a local radio station competition through his amazing display of intelligence— inflating a condom placed over his head; and the now prominent cardiothoracic surgeon who used to rejoice in the fact his Repatriation Hospital student ID allowed him entry into the local RSL.

We were once a rag-tag bunch described as the greatest example of flotsam and jetsam since the Titanic sank. It was heartening, then, to see that the underlying talents of the group have surfaced to display a wide range of academic and medical success.



While there was more grey, and more kilos and more make-up than when we parted company in 1987, most people seem happy with their choices in life, many have achieved fame and a few infamy, while sadly a few have died.

I was relieved to discover that my Bob Dylan soulmate was still loyal to the cause. He may now wear the title of associate professor but he still resorts to Dylan for his lectures, such as the one on electronic medical records: There's a slow, slow train comin'.

As we caught up with the gossip and partied, post-exam style, into the wee small hours, I couldn't help but admire the wonderful diversity we represent in medicine, and hope that the new selection processes continue to seek out such a range of qualities to fill the vast array of roles in medicine.

\* Article published in [Australian Doctor 22 June 2007](#)

## 1963-1975 REUNION

The Faculty of Medicine and The Medical Graduates Association's annual reunion gathering was held on the 6th of November. Alumni who graduated from the years 1963 to 1975 were invited to a lunch in the Great Hall which for many, meant a return to the University after many years absence. The President of the MGA, Dr Paul Lancaster, a 1966 MBBS graduate, said that being in the Great Hall would remind many of the exams written there. This seemed to strike a chord with those present as echoed by Dr Samuel Sakker: "The memories of cold, forbidding winter exam days with freezing hands and numbed brain came flooding back together with presentation to and handshake with Sir Charles Blackburn at graduation. These vivid memories of exam anxiety were dutifully given over to a pleasurable afternoon with old friends." The lunch was also an opportunity for alumni to meet the Dean of the Faculty of Medicine, Professor Bruce Robinson. He welcomed alumni back to the University and shared the Faculty's future plans and directions with the group.

- 11. L to R- Suzanne Packer, Nickolay Batalin, Heather Batalin
- 12. L to R- Sam Sakker MBBS1963, Stan McCarthy, Erica McLerie, Brian Thackeray
- 13. Front- Jason Chow, Bernard Secombe, Elizabeth Secombe Back- Therese Garrick, Clive Harper, Tania Sorrell
- 14. L to R- Anna Sztuka, Anna Ziegler, Tibor Gabor

## INAUGURAL PUBLIC HEALTH COCKTAIL EVENING

The Great Hall provided the splendid setting for the inaugural cocktail evening for the School of Public Health on 21 November. Celebrating 75 years of public health teaching, the young and the young at heart mixed happily together reminiscing about times past whether as a student or an academic. Welcoming everyone back to the University, Professor Glenn Salkeld spoke of past achievements and future plans. This first alumni reunion was a great success and just the start of things to come.

- 15. L to R- George Repin, Glenn Salkeld, Greg Stewart, Simon Chapman
- 16. L to R- Graduate students of Public Health (l to r) Nicole Cockayne, Fiona Horn, Sonia Wutzke, Emma Slaytor
- 17. L to R- Lindy Kerr, Helen Beange, Charles Kerr
- 18. L to R- Philippa Harvey Sutton, Alistair Harvey Sutton





## reunions 2008

Does your graduating year have an important anniversary in 2009? Let us help you contact your fellow graduates, issue invitations and promote your event. Please contact your MGA reunion co-ordinator, Diana Lovegrove, on (02) 9036 3367 or by email at [mga.usyd.edu.au](mailto:mga.usyd.edu.au). We also have special new low rates for hiring University venues.

### GRADUATING YEAR OF 1968

When: Saturday-Monday 15-17 March 2008  
 Where: Anderson Stuart Courtyard and MacLaurin Hall, The University of Sydney  
 Time: 6pm  
 Cost: \$175  
 Contact: Craig Mellis [craigm@med.usyd.edu.au](mailto:craigm@med.usyd.edu.au)  
 Judy Black [judblack@pharmacol.usyd.edu.au](mailto:judblack@pharmacol.usyd.edu.au)  
 Kristin Kerr [Kristin.kerr@email.cs.nsw.gov.au](mailto:Kristin.kerr@email.cs.nsw.gov.au)  
 Tom Wenkart [twenkart@machealth.com.au](mailto:twenkart@machealth.com.au)

### GRADUATING YEAR OF 1955

When: Saturday 12 April 2008  
 Where: The Royal Sydney Golf Club  
 Time: 12 noon  
 Cost: \$80  
 Contact: John Wright [rebjohj@netspace.net.au](mailto:rebjohj@netspace.net.au)

### GRADUATING YEAR OF 1946

When: Friday 18 April 2008  
 Where: The Royal Yacht Squadron, Kirribilli  
 Time: 11.30am for 12.30pm  
 Cost: \$110  
 Contact: Alan Young [alanyoun@bigpond.com](mailto:alanyoun@bigpond.com)

### GRADUATING YEAR OF 1988

When: Saturday 7 June 2008  
 Where: The Refectory, Holme Building, The University of Sydney  
 Time: TBA  
 Cost: TBA  
 Contact: David Barton [medreunion88@gmail.com](mailto:medreunion88@gmail.com)

### GRADUATING YEAR OF 1998

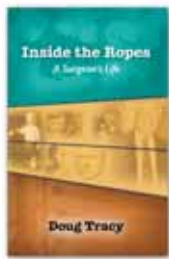
When: Saturday 8 November 2008  
 Where: Great Hall, The University of Sydney  
 Time: 7pm  
 Cost: TBA  
 Contact: Naren Gunja, Rasa Venclovas & Megan Ulrick [Medicine1998@gmail.com](mailto:Medicine1998@gmail.com)

### GRADUATING YEAR OF 1948

When: Saturday 8 November 2008  
 Time: TBA  
 Cost: TBA  
 Contact: Harding Burns tel: (02) 9328 5707 [janemburns@bigpond.com.au](mailto:janemburns@bigpond.com.au)  
 Peter Harvey [hpbharve@tpg.com.au](mailto:hpbharve@tpg.com.au)



## books



### FROM INSIDE THE ROPES - A SURGEON'S LIFE BY DOUG TRACY

With engaging intimacy, this autobiography covers eighty years, from Depression years childhood in different Australian country towns, to a surgical career for which the writer felt no early aptitude. The sport of boxing, his youthful passion, leads him to describe his struggle "from inside the ropes" - in a gripping narrative part biography, part professional history.

His career spanned a leap of surgical history after World War 2. He was embroiled in the controversial beginnings of Sydney's second medical school. He served in South Vietnam as leader of a civilian surgical team.

He climbed the rungs to become Foundation Professor of Surgery at St Vincent's hospital, Sydney, an Australian pioneer in arterial surgery, and President of the Royal Australasian College of Surgeons.

The drama of surgical illness is told with passion and humour in stories about remarkable people - patients, administrators and surgical mentors - who inspired his life as a surgeon and teacher.

The flaws in our health system are subject to penetrating analysis from "inside the ropes".

Publisher: Sidharta, Hartwell, Vic



### SO NOW YOU'RE A GRANDPARENT

AUTHOR: KIM OATES

Dr Kim Oates is Emeritus Professor of Paediatrics at the University of Sydney. *So Now You're a Grandparent* mixes true-life stories with helpful advice on grandparenting, including entertainment and preparing for overnight stays. It also includes more serious subjects such as family breakdown, and grandparents taking on the main role of child carer.

Publisher: Simon & Schuster Australia  
ISBN: 978-0-7318-1305-6 Paperback



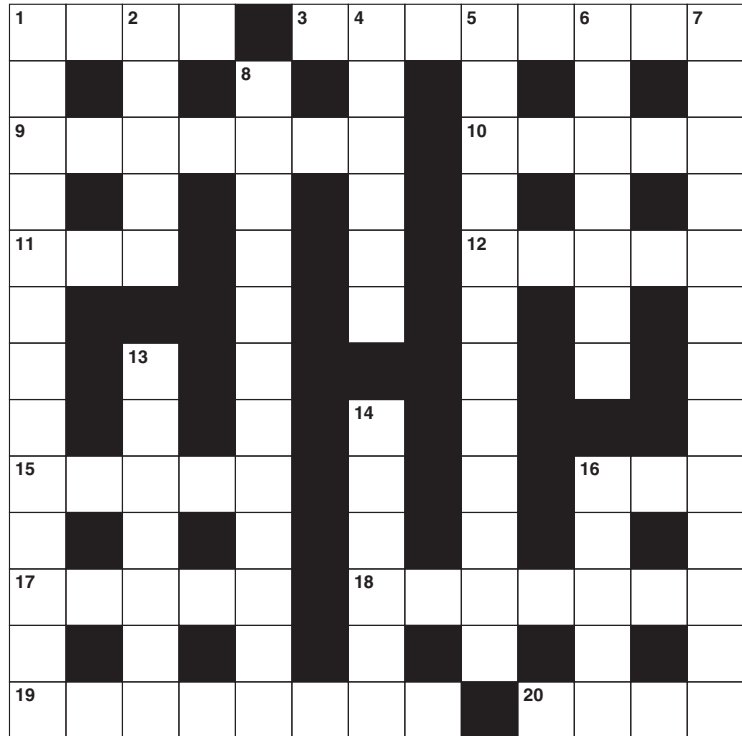
### SMART HEALTH CHOICES: MAKING SENSE OF HEALTH ADVICE

AUTHORS: LES IRWIG, JUDY IRWIG, LYNDAL TREVENA AND MELISSA SWEET

Les Irwig is Professor of Epidemiology at the University of Sydney, Dr Lyndal Trevena is Senior Lecturer in Public Health. Judy Irwig brings the perspective of health consumer, Melissa Sweet is a health and medical journalist. *Smart Health Choices* shows readers how they can take an active role in their health care, and make the best decisions. It provides the tools for assessing health advice, whether it comes from a specialist, general practitioner, naturopath, the media, internet or a friend.

Publisher: Hammersmith Press  
ISBN: 978-1-905140-18-6

## radius prize crossword 1



#### ACROSS

- 1 Pain for cheat running out of time (4)
- 3 Is a drug free sesame bake lodging in your throat? (8)
- 9 Airtube is tantalisingly at reach (7)
- 10 Nothing to alter for this egg producer (5)
- 11 It's safer not to stand (3)
- 12 Tornado stops hesitating and has to turn (5)
- 15 Finance officer losing right to the pouch (5)
- 16 Look - it's the ocean! (3)
- 17 Time broke cart in bodily system (5)
- 18 The car reversed; in I jumped with snake bite remedy (7)
- 19 The media follow the contest (not quietly) and pad along (8)
- 20 Something we all say has raised Mark (4)

#### DOWN

- 1 Biscuit carton conceals anti-scurvy properties (13)
- 2 Beater takes first breath in mix-up (5)
- 4 Spotted that I am a cunning person (6)
- 5 Tops up kid's bear - getting hot on rocky mountain (7,5)
- 6 Cooked bass with ice soothes itchy skin (7)
- 7 Sceptic writer swaps church for extreme theory and heals schism (7,6)
- 8 Is this an Egyptian doctor with backbone expertise? (12)
- 13 Reform a hand-holder (7)
- 14 Seems there's a rendez-vous at the canal opening (6)
- 16 Thorn in the back (5)

The first correct entry received will win the publication *150 Years of The Faculty of Medicine* by Ann Sefton, Yvonne Cossart and Louise Freckelton valued at \$85.00.

The winner's name and the solution will be published in our next issue.

Entries to:  
Radius Prize Crossword  
The Faculty of Medicine  
Room 231  
A27 Edward Ford Building  
THE UNIVERSITY OF SYDNEY  
NSW 2006



# THE DEAN'S SCHOLARSHIP FUND



*Merit, Equity,  
Opportunity*



*To encourage and support the keenest minds to fulfil their potential is, I believe, a wonderful contribution.*  
Professor Bruce Robinson, Dean.

Scholarships play an important role in attracting the brightest and the best, providing opportunities and supporting students in difficulty.

Your contribution to the Dean's Scholarship Fund will allow us to expand the range and number of scholarships we offer. These include:

- Merit scholarships - for outstanding achievement
- Means-tested scholarships - for students experiencing financial difficulty
- Elective Term scholarships - to enable students to gain experience beyond Sydney
- Indigenous health scholarships - for Indigenous students or other students studying Indigenous health
- Postgraduate research scholarships

For more information, please call Amanda Durack or Beth Quinlivan in the Faculty of Medicine Development Office on (02) 9351 6570.

I would like to support the Dean's Scholarship Fund.

Please return this page to: Faculty of Medicine, Office of the Dean, Edward Ford Building A27, The University of Sydney NSW 2006

Name: .....

Address: .....

.....

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Email: .....

**1. Please accept my gift of:**

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Signature: ..... Expiry: \_\_\_\_ / \_\_\_\_



*almost there...*



## The Faculty of Medicine Online Museum

*The story of Archibald Lang McLean, doctor, scientist, rescuer, writer - pictured on top of an iceberg, frozen in the floe off King George Land, Antarctica - is one of the many alumni biographies to feature in the Online Museum.*

**Rescuing History:** The Online Museum will be launched in June 2008, a century and a half of stories and pictures of the Faculty and its alumni.

**For information:** contact Dr Lise Mellor on 02 9036 3374 or [lisem@med.usyd.edu.au](mailto:lisem@med.usyd.edu.au)