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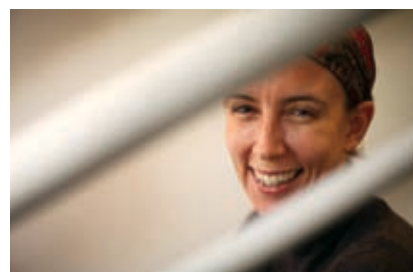
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THE POCHE CENTRE: ENGAGING INDIGENOUS COMMUNITIES

My thanks to all who replied to my last message. Be assured that we remain committed to producing knowledgeable, thoughtful medical practitioners and scientists. Our emphasis is on making sure that they are the best, and the leaders of the future.

In the past three months we have observed a major change in the commitment of the Australian people to acknowledging and attempting to correct some of the inequities that exist between non-Indigenous Australians and people of Aboriginal and Torres Strait Island descent. The national apology has helped to heal some of the injustices of the past and now allows us to focus on practical ways of improving the health, education and social situation of all Australians.

One of the key responsibilities of institutions such as the Faculty of Medicine is to lead debate on issues relevant to health, and to then contribute to providing solutions. The generosity of Mr Greg Poche, whose \$10 million donation has enabled the establishment of the Poche Centre for Indigenous Health, will enable us to provide health services and education in several communities in northwest New South Wales, the Northern Territory and possibly far north Queensland. We will use the health care delivery as a vehicle for our students to gain experience and an appreciation of the health, education and social problems in these communities.

It is unarguable that we should have more Aboriginal and Torres Strait Islander students studying medicine or for other health careers. But ensuring that as many as possible among our future medical workforce are educated in the challenges of indigenous health is also absolutely essential if we are to succeed in significantly reducing the gap in life expectancies.

The timing of Mr Poche's donation has provided the Faculty of Medicine with an enormous opportunity - and also a responsibility - to reach out, to engage Aboriginal and Torres Strait Islander communities and at the same time dispel the perception of the University as an 'ivory tower'. One of the gratifying aspects

of establishing this new Centre has been the support we have received from our own alumni and staff, from across the University and from the wider community. There have been many messages of encouragement, and many have volunteered to assist.

The Poche Centre is now well on its way. Our plan is to focus efforts on specific towns and communities, in this way the task seems more manageable. The first health clinics commence in Brewarrina and Bourke in June, and in recent months we have held extensive discussions in the Northern Territory and Thursday Island with the goal of establishing the long-term community partnerships we are keen to develop.

The project is one example of the many ways in which this Faculty engages with the community. The *Hands of Help* aid group, started by our students, and the general practitioners and specialists who volunteer for work in remote Australian and international locations, are evidence of a strong sense of commitment and involvement in disadvantaged communities. All of those involved in these projects are enriched, excited and derive huge satisfaction from the experience.

There are many ways all of our alumni can contribute. Direct participation will have all of the benefits I have outlined but for those whose time pressures preclude this, a contribution to the Dean's Scholarship Fund will enable more of our students to participate in these outreach projects. I urge you to reflect on your own elective term experiences and how they affected your subsequent perspective and practice, and then to help our current students to have the same opportunities.

Best wishes

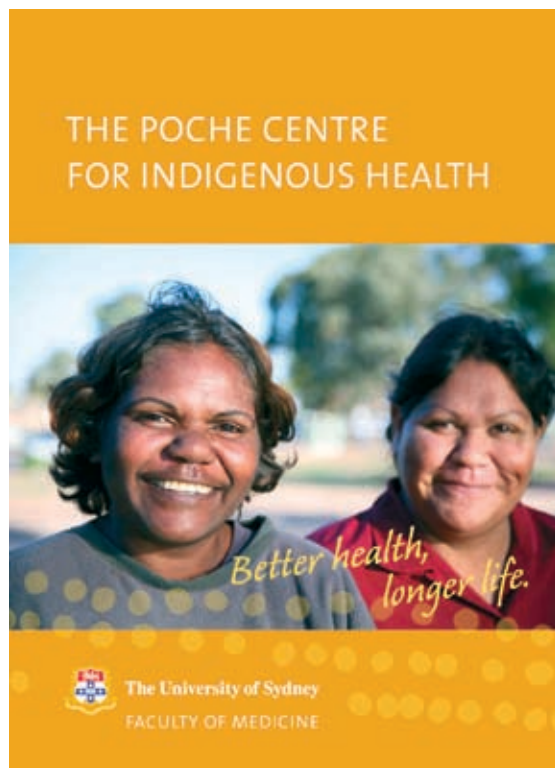
Bruce Robinson
Dean

news

THE POCHE CENTRE FOR INDIGENOUS HEALTH

The Faculty of Medicine's new Centre for Indigenous Health is making significant progress. The Centre has been formerly established by the University and the Senate has approved that it be named after Mr Greg Poche in recognition of his substantial financial contribution. Mr Poche donated \$10 million in February to fund the establishment of what is now called the Poche Centre for Indigenous Health.

With formal approvals now complete, the Director and/or Co-Director positions are expected to be filled shortly, and the first outreach health clinics are scheduled to commence in June.



The clinics will be held in the western NSW towns of Bourke and Brewarrina. Participants include medical specialists, allied health professionals and medical students. Senior members of the Faculty have meanwhile been engaged in discussions with Government representatives and Indigenous people in a number of other towns in the Northern Territory and northern Queensland.

CONGRATULATIONS TO ROBERT PURVES AND BARRY CATCHLOVE: FELLOWS OF THE UNIVERSITY

The Faculty of Medicine congratulates two new Honorary Fellows of the University, Mr Robert Purves and Dr Barry Catchlove. The titles were conferred on 2 May 2008 by the Deputy Chancellor Alan Cameron at the Faculty of Medicine's graduation ceremony. For both, the award was in recognition of long-term support of the Faculty and University.

Mr Purves is chairman of his family's charity, the Raymond Purves Foundation, which has had a long association with the University. The Foundation's significant financial contributions over decades have supported the establishment of a number of chairs, research laboratories, and other activities.

It funded the establishment of the Raymond Purves Research Laboratories at Royal North Shore Hospital, which supports the Chair in Orthopaedics and Traumatic Surgery. It has funded the Chair of Surgery in Transplantation and Chair of Dermatology, provided support for the departments of Anaesthesia and Pain Management at RNSH, and for the Centenary Institute for Medical Research.

Aside from his family philanthropic interests, Mr Purves has had a successful career in business, and been a leading advocate for environmental and other

causes. He was the chairman of Clyde Industries and was previously chairman of healthcare company, DCA Group. He is currently president of the Australian chapter of the WWF, a vocal champion of environmental matters and was instrumental in establishing the Wentworth Group of leading Australian environmental scientists.

Dr Barry Catchlove has also been a long term advocate for the University. He graduated MBBS in 1966 and in more recent years, has been one of the driving forces behind the resurgence of interest in and support for the University by alumni. He is currently president of the Alumni Council, and is a former president of the Medical Graduates Association. During his time with the MGA, he was responsible for strengthening ties with the Faculty, and responsible for the expansion of alumni-supported scholarships for medical students experiencing financial difficulties.

Dr Catchlove is now retired, following a successful career in health care management. He was the former head of the Royal Children's Hospital in Victoria during a period which saw its re-establishment as one of the top paediatric institutions in the world. In his later roles, he was head of Health Care of Australia and Chair of the Health Insurance Commission.

Full citations for both Mr Purves and Dr Catchlove are available on the University's Senate web site.

COLIN SULLIVAN "A GIANT OF SCIENCE AND INNOVATION"

Professor Colin Sullivan, pictured below, was one of five Australian scientists to be recognised in the recent ATSE Clunies Ross Awards.



The Clunies Ross awards celebrate the achievements of scientists who successfully translate their academic expertise into the commercial domain: this year's theme is "giants of science and innovation."

Professor Sullivan was a co-founder of one of the rare Australian technology commercialization success stories, ResMed. From its origins in his laboratory at the University of Sydney, ResMed has become a leading player in the growing healthcare market of sleep therapy.

The company manufactures and markets devices which treat sleep disordered breathing and other respiratory problems. It continues to manufacture products locally, the company is based in San Diego in the United States. It is listed on the New York Stock Exchange, with a joint local listing. Sales last year were \$US716 million.

"I'm delighted to win the award," Professor Sullivan said. "While it is the result of a lot of hard work, dating back to the 1970s, I have had great support along the way from PhD students and colleagues. It's wonderful that my first two PhD students were able to attend the award ceremony."

"This year's winners are visionary," said Mr Bruce Kean, chairman of the awards committee. "They each have the rare talent that has made them Australia's top commercially successful scientists and innovators by being able to marry technological and business expertise to create true success stories."



Left: Clarendon winner Phoebe Williams with friends.
Right: Fulbright winner Sharon Bonython-Ericson

**STUDENT SUCCESSES:
OXFORD & FULBRIGHT SCHOLARSHIPS**

Final year medical student Phoebe Williams has secured one of Oxford University's highly competitive Clarendon Scholarships for 2009, to study for her Masters in Global Health Science.

"Of course I was thrilled. The course looks amazing and there are only 20 people enrolled," she said. "Although I am a bit sad not to be graduating with my class."

Phoebe commenced in the Graduate Medical Program in 2004, having completed a Bachelor of Commerce/Bachelor of Science at ANU. She is a co-founder of the international charitable group, *Hands of Help* - one of the great student stories from University of Sydney in recent years.

Hands of Help began following a holiday in Africa in 2004. When she returned to Sydney, she rallied friends and supporters - mostly Sydney University medical students - to spend the following Christmas break working in a remote part of Uganda. From that start, *Hands of Help* has been an extraordinary achievement. Still

drawing largely on medical students, the organization has built schools in Uganda and Kenya. In Australia, it sends students to work with Aboriginal Medical Services in remote communities, and has run preventive and other programs with Indigenous people in western NSW and NT.

Sharon Bonython-Ericson, currently completing a Master of Philosophy at the School of Public Health, has won a 2008 Fulbright Scholarship. The scholarship will take her from her hometown in north Queensland to the United States, where she will begin a PhD program.

Sharon completed the Graduate Diploma in Indigenous Health Promotion in 2005. She is currently working on her thesis for her Master of Philosophy exploring pharmacist and dispenser experiences in the provision of services to paediatric patients in two remote communities in north Queensland.



EXPANSION OF PAIN MANAGEMENT COURSE

The Pain Management Research Institute (PMRI) of the University of Sydney at Royal North Shore Hospital has a new agreement with University of Santo Tomas to offer postgraduate education in pain management through their institution to students in South East Asia. The University of Santo Tomas was founded in 1611 and is one of the most prestigious universities in Asia.

The PMRI has been offering a postgraduate degree program since 1996 and since that time the program has evolved from a face to face weekend course to one available entirely on-line. Since 1996, nearly 200 students from a range of health backgrounds have graduated and approximately 15% of these are international. In 2005, license agreements were also signed with the University of Edinburgh and the University of California San Francisco to deliver the course to students in Europe and North America respectively.

The agreement will mean greatly increased access for South East Asian health professionals to postgraduate education in pain management. Much of the impetus for the program has come from Associate Professor Jocelyn Que, an anaesthetist from Manila, who completed the Masters in Pain Management at the University of Sydney.

LEFT TO RIGHT: A/Prof Philip Siddall and Prof. Michael Cousins from USyd with and A/Prof Jocelyn Que and A/Prof Mary Jo Buatista from University of Santa Tomas during their recent visit to the PMRI in Sydney.



Clinical Professor Eva Raik AM
 Past President, Royal College of Pathologists of Australasia

Pathology - science or test?

Two separate but related meanings of the term “pathology” are pertinent to medical education. Pathology is the scientific study of the nature of disease and its causes, processes, development and consequences. It is also a medical specialty in which laboratory tests are performed on body tissues and fluids in order to detect structural or functional manifestations of disease. Pathologists are medically qualified doctors who have completed lengthy postgraduate training.

In the March edition of *RADIUS*, I read the article *Medicine’s Future: Leading the Way* which referred to changes in the medical curriculum. One of the gaps perceived in the previous curriculum was in pathology and Professor Bruce Robinson invited me to assist in addressing this deficit.

I was able to identify some of the issues which appear to be contributing to the problem. Firstly, the strong emphasis on problem-based learning caters for pathology to be considered *only* in the context of the individual case being discussed. The wider pathology aspects tend to be missed.

Secondly, by the very nature of the above definitions, there seems to be a sharp division between the two aspects of pathology – between science on campus and tests in the clinical schools - and insufficient integration to allow students to recognise how they relate to each other.

Thirdly, both on campus and in the clinical schools there is very little interaction between the individual discipline teachers or the material they present. These factors tend to result in an inadequate and fragmented picture of the subject, which leads to a lack of understanding, appreciation and interest in the complexity and utility of pathology and its role in the provision of good patient care.

I have been fortunate in being able to consult with the Office of Medical Education, as well as with the associate deans and my pathologist colleagues in the clinical schools, and there is an absolute understanding of the need to expand the pathology component of the curriculum. Pathologists in the clinical schools are trialing different approaches and we will evaluate these jointly with the aim of making some realistic recommendations for the 2009 curriculum.

I am hoping to achieve two results: to ensure that the graduates of our medical program have a good comprehension of all aspects of pathology and to enthuse some of them to take up a stimulating and satisfying career as pathologists.

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

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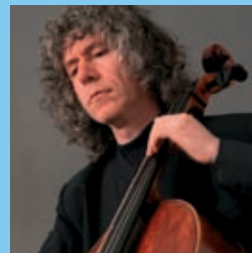
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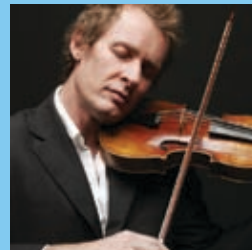
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FROM LEFT: Joyce Davison, Frank Vincent (CEO of AMS Western Sydney), Elaine Gordon

ABORIGINAL HEALTH WORKERS APPOINTED CLINICAL LECTURERS

In a first for the Faculty of Medicine, two Aboriginal health workers have been appointed as clinical lecturers.

Ms Elaine Gordon and Ms Joyce Davison from the Aboriginal Medical Service Western Sydney, based at Mt Druitt, have been appointed to clinical academic positions.

"It's a reflection of the tremendous support they provide for the University's teaching program particularly through clinical placements," said Tim Usherwood, Professor of General Practice at Westmead. "This is really exciting. Joyce and Elaine have both worked hard to achieve their current position as clinicians, and this recognises the valuable contribution they also make to teaching and research in Aboriginal health."

Ms Davison moved to Mt Druitt, having started her career at the AMS in Redfern. She now leads the cardiovascular risk reduction program and has published in the fields of health education and chronic disease management in Aboriginal health.

Professor Usherwood works as a GP at the Mt Druitt AMS one day a week.

"An important part of the medical curriculum at Sydney University is to ensure our students have an awareness of the health problems of Aboriginal people, and it has always been a pleasure to work with Joyce and Elaine and to acknowledge their contribution," Professor Usherwood said.

SUMMER SCHOLARSHIP STUDENTS INSPIRE CONFIDENCE

It was another excellent year for the Summer Research Scholarship program. The standard of presentations among finalists was so high that Pro-Dean Professor Ben Freedman awarded an additional prize and praised all students for their efforts.

Dominic Balasuriya won the Dean's Prize - and pocketed a cheque for \$1000 - for his project which looked at the importance of the protein, alpha-actinin-3, in bone cells and tissues. Professor Freedman awarded joint second prizes (\$500 each) to Sophie Shu Yi Han and Elicia Rodas, saying both projects

were of such a standard that it was difficult to separate them.

Sophie's research sought to better understand the action of IGFBP-3 (Insulin-like Growth Factor Binding Protein-3), a protein which influences growth in many normal and malignant cell types. Elicia studied the capacity of a synthetic antioxidant, bisphenol, to protect kidney epithelial cells from myoglobin toxicity.

Now in its fourth year, the Summer Research Scholarship program is based on a scheme developed by the ANZAC Research Institute.

"The exceptional achievements over eight weeks shown by these Summer Scholarship students every year when supervised one-to-one by our outstanding researchers is an inspiration and gives

great hope for the future of Australian medical research," said Professor David Handelsman, co-ordinator of the scheme.

The scholarships were established by the Faculty of Medicine with the hope that introducing young science students to top level researchers and exposing them to the latest developments, will lead to greater enthusiasm and interest in health and medical research as a future career.

This year, 60 students were offered summer placements. Most had completed either second or third year of their undergraduate degree. Areas of research included cancer, cardiovascular disease, endocrinology and diabetes, immunology, genetics and public health.



Summer Scholarship finalists with Pro Dean Ben Freedman

news

ATTRACTING THE WORLDS BEST: NEW SUPPORT FOR INTERNATIONAL STUDENTS

The University of Sydney Medical Program (USyDMP) has revamped its scholarships for international students, in a bid to attract the best candidates from around the world.

For the first time, up to four International Merit Scholarships will be offered to suitable candidates for the 2009 USyDMP. The scholarships will pay \$10,000 per year for the duration of the four year course. At least one International Merit Scholarship will be awarded to successful candidates in each of four regions: Asia-Pacific, Africa and the Middle East, Americas and Europe.

The scholarship is another example of the Faculty's commitment to creating an international environment for students. Louise Freckelton, from the Faculties of Health International Office says: "Our students are becoming more and more interested in international health issues and international students can help to bring these perspectives into the classroom."

More information can be found on www.medfac.usyd.edu.au/futurestudent/applicant/internat/scholarships.php



MEDICAL STUDENTS SNAPSHOT 2008

It is 11 years since the University of Sydney began its graduate entry medical program. Since then, the makeup of the student body in terms of its gender split, local and international numbers, student's previous degrees and cultural background, have all changed considerably.

In 2008, there were 1073 students enrolled over the four years of the graduate course.

Overall, females slightly outnumber males (569 to 504) although of the 265 students starting this year, it is the most even of all years (129 male and 136 female).

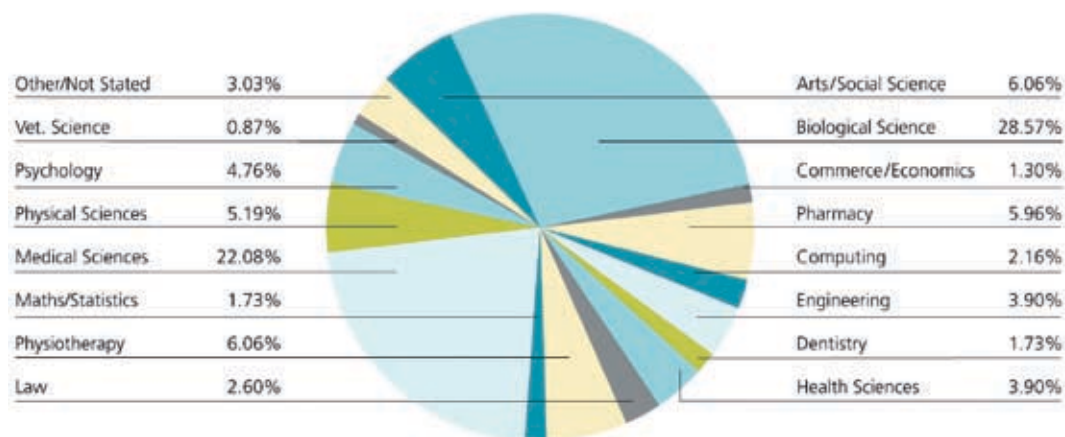
International students make up 17.5 per cent of all medical students, the largest groups from Canada and the US but 18 other nationalities are also represented.

The Faculty is aiming to increase the number of Aboriginal and Torres Strait Islander students. This year, two Indigenous students commenced their first year of medical studies, and three students are in third year.

Student academic background also varies greatly. Around half the 2008 intake have studied medical or biological sciences for their first degree, there is a broad range in student's previous studies including computing, engineering, arts, commerce, law and maths.

This year, the first combined degree or "pathways" students started their MBBS. The combined degree program was introduced in 2005, giving a small number of high-achieving school leavers a guaranteed entry into the postgraduate medical course once they had successfully completed their undergraduate degree. In the first year, there were only six combined degree students and they had the choice of studying for a Bachelor of Science or Medical Science. The choice has since been expanded to accommodate first degrees in Arts or Music, and from this year Commerce and Economics. Numbers have also increased: in 2008, there were 30 students in first year at the University in the "pathways" program.

First degrees of students starting USyDMP in 2008





“What began as a personal interest in an uncommon disease – leprosy - led me to immunology and finally to tuberculosis, one of the most common diseases in the world.”

Professor Warwick Britton

APPLYING FIRST WORLD SCIENCE TO THIRD WORLD DISEASE

Sydney researchers at the forefront in the global fight against tuberculosis.

by **Beth Quinlivan**

PC3 laboratory Centenary Institute. Aerosol machine for experimental TB infection.

WHEN WARWICK BRITTON graduated from the University of Sydney in 1972 as an idealistic young MB BS, his aim was to work in the third world. In the event, it was five years before he began a three year stint working in a mission hospital in west Nepal. But it was that trip that started him down a path which has led him, the Centenary Institute of Cancer Medicine and Cell Biology and the University of Sydney, into the middle of the global fight against tuberculosis.

As head of the Centenary Institute's Mycobacterial Research Group, Professor Warwick Britton is directing Australia's leading research program on tuberculosis.

It is no small project: TB is the commonest cause of death from bacterial infection in the world, it infects one third of the world's population, and the fastest growing numbers are on Australia's doorstep.

The Centenary Mycobacterial Group is one of the great recent success stories of medical research at the University, although their work is better known outside the country than at home. Alongside Centenary's NHMRC and ARC funding in recent years, for example, have been funding from the Wellcome Trust and WHO.

The group's work in developing more effective tuberculosis vaccines, in identifying genetic risks of TB, and in understanding the body's immune response to the bacteria, are right at the forefront of the international efforts to contain a major health problem.

BATTLING TUBERCULOSIS: RUNNING TO STAY STILL

Thirty years ago, when Warwick Britton started the first of his several stints in Nepal, tuberculosis was well down Australia's list of priority medical research. At that stage, TB was a problem for developing countries but local incidence was low and it was off the radar of most serious researchers.

Since then the picture has changed. TB is still not high on the Australian health and medical agenda and attracts far less research funding than – for example - HIV/AIDS,

but for a number of reasons there is not the same blanket inclination to see it as a problem for “over there”.

Firstly, it is a huge health issue in countries in the region. In 2007, South East Asia accounted for 36% of all new and relapsed cases

of tuberculosis, and the three countries with the largest numbers of people with tuberculosis were, in order, India, China and Indonesia. Proximity and increasing globalisation have raised the stakes for Australia.

The advent of HIV/AIDS and its deadly synergy with tuberculosis has been another factor in lifting research interest. HIV has caused an increase in both the incidence and impact of tuberculosis, similarly TB exacerbates the impact of HIV. Controlling the effects of HIV depends on effectively controlling tuberculosis.

The extensively drug resistant tuberculosis strains that have emerged recently are also a growing worry – these bacteria that are resistant to four or five drugs have been detected in four continents in the past two years.

Tuberculosis is a disease of poverty, its incidence rises when people are poorly nourished, and live in crowded and unstable communities lacking basic services. But there are also genetic factors which are relevant, and about 30% of the risk of developing tuberculosis disease is genetically determined.

There were 9.2 million new cases of tuberculosis diagnosed in 2007, up 6% on 2006. Although targeted programs of observed therapy promoted by WHO and others have in the past few years resulted in small reductions in incidence, it is a case of running to stay still. Falls in incidence have been more than offset by population growth.

In Australia, the disease is controlled but not eradicated. In 2006, there were about 1,700 cases - not high but up 5.3% on the previous year.

A WINDING ROAD

In an era when considerable research funding is dominated by an “outcomes focused” agenda, Warwick Britton's story is an example of the merit of allowing academics the flexibility to pursue interests wherever they lead.

The Centenary's now highly recognised tuberculosis programs developed out of his interest in leprosy, which began on that first trip to Nepal.

“You never really know where you're going to end up when you start out,” he said. “When I graduated, I wanted to work in a developing country. That was in the 1970s, before HIV. What began as a personal interest in an uncommon disease – leprosy – led me to immunology and finally to tuberculosis, one of the most common diseases in the world.”

What he found interesting about leprosy was the immune response. The bacterium that causes leprosy (*Mycobacterium leprae*) is relatively inert. Most of the tissue damage that is an obvious sign of leprosy - the deformed hands, feet and faces – is caused by the host immune response.

When he returned to Australia in 1981, he started a PhD in the immunology of leprosy, but was back in Nepal for four years from 1986 to 1990. During that time, he established a research laboratory at The Leprosy Mission hospital in Anandaban, taught medical students and continued working on immunological responses to leprosy. That paved the way for further research on the immune response to a disease caused by another mycobacterium, tuberculosis.

In 1990, he was appointed senior lecturer in immunology at the University of Sydney and has run the Mycobacterial Research Group for the past 17 years. The emphasis is now on tuberculosis. Currently he is the Bosch Professor of Medicine and head of the Disciplines of Medicine and Infectious Diseases and Immunology in the Faculty's Central Clinical School at RPAH.

CENTENARY & TUBERCULOSIS: FIRST WORLD SCIENCE

“*Mycobacterium tuberculosis* is highly adapted to survive within the human host,” said Professor Britton. “Understanding the balance between the immune response and the virulence mechanisms of the TB bacteria is important for developing more effective vaccines and drugs against the infection. It is also a way of discovering useful new information about how the immune system responds to infections in general.”

Tuberculosis bacteria live shielded in macrophages, and Warwick Britton and his team of 15 scientists and students are using the specialised facilities in the Centenary Institute to find the cells and molecules that can activate the macrophages and kill the bacteria.

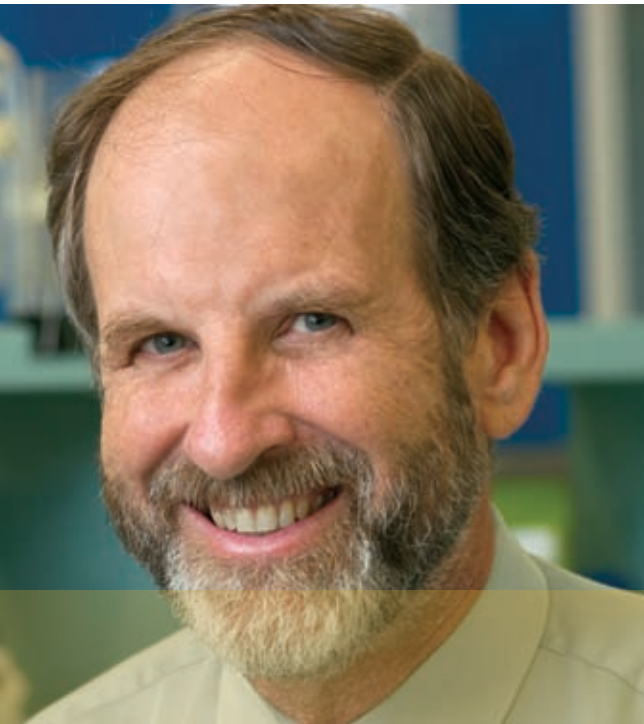
They discovered that the cytokine TNF and its related family members are essential to contain tuberculosis.

“Tuberculosis has long been associated with the pathological characteristic of granulomas and it turns out that the process of granuloma formation is absolutely dependent on TNF,” he said.

This finding is very relevant to anyone taking one of the new anti-TNF drugs used to treat rheumatoid arthritis and Crohn's disease. The drugs block the effects of TNF and for patients previously infected with the tuberculosis bacteria, that causes reactivation of the infection. As a result, screening of patients for past TB infection is now standard practice before these drugs are used.

Another key research program, lead by Dr Bernadette Saunders, is looking at genetic susceptibility to developing tuberculosis. For those not in a major risk group (they don't already have HIV), only about 10% of those infected with the bacteria actually develop TB. A significant part of this

In Australia, the disease is controlled but not eradicated. In 2006, there were about 1,700 cases - not high but up 5.3% on the previous year.



Professor Warwick Britton
in the lab

risk for developing disease is genetically determined.

In collaboration with Professor Jim Wiley at the Faculty's Nepean Clinical School, Dr Saunders group have been investigating the role of P2X7 receptor on macrophages in the control of TB. They have identified a genetic variant that is linked with increased susceptibility, and particularly the form of TB which spreads outside the lungs. About 11% of Caucasians have this genetic variant, compared to 27% of people from India. These findings, which have been recently confirmed in other populations, points to a new way of killing TB bacteria in macrophages.

As a result of these studies, the Centenary group have joined a new international Infection and Immunity Genetic Consortium to discover genes for controlling TB. The research has been significantly funded by the Wellcome Trust with \$5 million over five years, of which the Centenary receives \$1.9 million.

Another important area of work is developing more effective vaccines. This work is attracting growing attention, and was recently featured on ABC National's Health Report where presenter Norman Swan noted: "There's one disease that desperately needs a good vaccine, and its tuberculosis."

It is following several lines. Previously it was dogma that only live vaccines can protect against intracellular pathogens like the mycobacteria.

"We've used the TB genome sequence to select new

candidate antigens and test these as "subunit" vaccines which are safe to use in populations with a high rate of HIV infection. We've shown that proteins secreted by *M. tuberculosis*, when given as DNA or protein vaccines, are protective against experimental TB," Professor Britton said.

"The efficacy of these new vaccines was increased by using selected cytokines, the messenger molecules of the immune system, as natural adjuvants. The effects of the BCG vaccine wanes with time, and these subunit vaccines will be used to boost protection in adolescents."

The second approach is to modify the BCG, to increase its effectiveness.

Genetic analysis revealed that BCG lacks about 130 genes present in virulent *M. tuberculosis*. Dr James Triccas and colleagues in the group have genetically engineered BCG to add some of these "tuberculosis" specific genes and make the vaccine look more like the tuberculosis bacteria, thereby increasing its protective effect.

"Surprisingly, they have found that recombinant BCG can express functional mammalian cytokines, which stimulate the host's immune system to respond more strongly to the vaccine. One of these vaccines is significantly more effective than the ordinary BCG," he said. The group is currently investigating the impact of intranasal delivery of this modified BCG directly to the lung.

SUPPORTING TIMOR LESTE

Assisting Timor Leste to develop its health and medical workforce is one of the many international programs of the Faculty of Medicine.

by Beth Quinlivan



ASK DR ODETE de Silva Viegas, the director of Dili National Hospital, about gaps in the hospital's services and then ask what she needs in terms of health and medical support, and she doesn't hesitate.

"Everything, we're short of everything," she says. Trained in Indonesia, Dr Viegas was recently appointed to run Dili National Hospital, Timor Leste's only significant public hospital. Her hope is that in the future she will be able to lift it to teaching facility standard, in the meantime she is realistic about the magnitude of her task.

Hospital management and clinical skills are both in desperately short supply, she says. A rebuilding program is underway and the hospital has a new emergency ward. The Korean government has funded a modern neonatal intensive care unit, but many other facilities are old and very basic. A program run by the Royal Australasian College of Surgeons provides regular visits from surgeons and anaesthetists, but more specialists across the board are needed. Dentists, nursing and allied health professionals are also desperately needed. The hospital - and in fact the country - does not have a qualified pharmacist or pharmacy.

Dili is a bare hour on a plane from Darwin but in terms of population health and in provision of healthcare, it could be on the other side of the earth.

In its latest (2008) review, Timor Leste's Ministry of Health paints a shocking picture of life in the tiny republic. One Timor Leste woman in 16 dies during pregnancy. One in ten women dies from pregnancy or pregnancy-related causes. One in eleven Timor Leste babies does not survive to his or her first birthday. Mortality of children

under five years of age is 130 per 1000 live births. Chronic malnutrition among children is high, as is the incidence of tuberculosis and malaria. Leprosy is endemic in several districts.

In the 2006 Human Development Index, Timor Leste ranked 150 out of 177 countries - one place ahead of Zimbabwe, but behind Haiti, Kenya, Sudan and Bangladesh.

The dire health situation of the Timorese people is inextricably linked to social and economic factors. It is the poorest country in Asia (GDP per capita in 2004 was \$US367), predominantly rural with relatively low levels of adult literacy (under 60%). The turmoil prior to independence in 2002, and the subsequent instability, have destroyed infrastructure and caused significant social dislocation.

But to have any chance of improving population health, increasing the health and medical workforce is a priority.

When the Faculties of Medicine and Pharmacy last year committed to offering two medical and one pharmacy scholarship annually to students from Timor Leste, the move was embraced by Timor Leste's political leaders and bureaucrats.

The initiative was the idea of Professor Bruce Robinson, Dean of Medicine. "We are in a position to make a contribution to improving the health of people in Timor Leste. The country has been through very difficult times in recent years, and I felt this was something we could do to build the capacity of their health workforce."

Two students, Diana Vieira and Nueno Anuno Sarmiento, commenced their first year of the graduate medical program



For information on how to support the Timor Leste Scholarship program, call the Faculty of Medicine Development Office on 02 9036 6528.



this year. The scholarships cover their tuition fees and living expenses for up to five years while they complete the course. Both feel they have lots to offer when they return to Timor. Nueno would like to work at the understaffed Dili National Hospital; Diana would like to cut the number of deaths from preventable diseases and reduce the number of women and children who die in childbirth.

The Dean of Pharmacy, Professor Iqbal Ramzan, said they would provide a scholarship to a Timor Leste student in their Masters program from 2009.

A visit to Timor in March by senior members of the Faculty of Medicine canvassed options with the health minister, Dr Nelson Martins, and vice minister of health Ms Madalena Soares, for expanding the ties with Sydney. Dr Martins is no stranger to Australian universities, having completed his PhD in tuberculosis at the Menzies Institute in Darwin. Both he and the vice minister were very supportive of the Sydney scholarship program.

“The first priority for the Faculties of Health International is to sustain and build the scholarship program,” said Dr Lyndal Trevena, Sub Dean (International) of the Faculties of Health, and in the visiting party. “To do that, we need to be identifying and recruiting good applicants, supporting current students and adding scholarships in other areas where there is an obvious need, including nursing and allied health.”

Dr Trevena said she would also like to encourage student elective placements in Timor Leste, and to work towards developing partnerships with the Ministry of Health, with Dili National Hospital, with the National University of Dili,

and other parties.

Another option discussed was for the Faculty to help with workforce training through the Australian Leadership Awards program. ALA Fellowships are part of a regional AusAid program, and they support short term study, research or professional development for senior or mid-career professionals working in Asia Pacific.

LINKING GENERAL PRACTICES WITH TIMOR

The visit in March provided the opportunity for the formalisation of another Australian health initiative of support – the signing of a memorandum of understanding between Ms Soares representing the Timor Leste Ministry of Health and Professor Michael Kidd on behalf of the Royal Australian College of General Practitioners.

The MOU relates to a program to link Australian general practices with community clinics in Timor, allowing for staff exchange and other resource support.

Professor Michael Kidd, head of the discipline of General Practice at the University, is also the immediate past president of the RACGP and chair of the University’s Timor Leste interest group.

The idea of pairing general practices with community clinics came from a presentation by Kirsty Sword Gusmao, the Australian-born wife of Prime Minister Xanana Gusmao, to the RACGP annual conference in October 2005.

“This is a wonderful opportunity for general practitioners in Australia to develop links with colleagues in Timor Leste and support the strengthening of primary health care,” said Professor Kidd.

Left: Dr Lyndal Trevena, Professor Michael Kidd and Vice Health Minister Soares signing the MOU in Dili.

Right: Medical students Diana Vieira and Nueno Anuno Sarmento

PREVENTION ON THE MOUNTAIN

by Stephen Leeder

A U S T R A L I A



THINKING BIG

THE NEXT TWELVE YEARS

“We can make a change: we can contribute **now!**” cried the Youth Summit, a week before. The ‘Adult’ 2020 Summit that followed one week later allowed the 1002 delegates freedom to say how they, too, would make a change or a contribution to influence the direction of Australia’s life for the next 12 years. Proposed action was mainly about how to shape our response to the future rather than engineering it, although the relative emphasis varied from topic to topic. The twelve years from now to 2020 will be constrained by demographic imperatives, economic realities, and demands of sustainability, Asian development and climate change. Within those constraints we will have choices – how wisely can we make them? What can we do?

AUSTRALIA 2020: FACULTY OF MEDICINE AT THE SUMMIT

Eight members of the Faculty of Medicine were delegates to the 2020 Summit. Their expertise covered a wide range, from Indigenous health, mental health, ageing, childhood health and obesity, research, preventive health and primary care.

Professor Louise Baur

Professor Elizabeth Elliott

Professor Ian Hickie

Professor Hal Kendig

Professor Michael Kidd

Professor Stephen Leeder

Assoc Professor Paul Torzillo

Dr Meredith Sheil

THE 2020 HEALTH STRATEGY

In proposing a national health strategy, major points of agreement emerged quickly among the hundred delegates in the Health Strategy Stream (HSS). The 17 years less life expectancy experienced by Indigenous Australians was unacceptable, and to ensure more equitable care for people in remote socio-economically disadvantaged Australia was urgent. A more energetic approach to IT for a portable, personal medical record was proposed, essential for the decades of care for people with long term continuing health problems such as emphysema. The continuing value of research was acknowledged. Chronic illness scares everyone, especially mental problems, and better linked up care is critical between public and private, health workforce and commonwealth and states.

PREVENTION

I had an interesting, demanding and energetic time in the HSS. Within it I concentrated on the sub-group looking at prevention. The way that the Summit worked was that each of the ten principal streams had several sub-streams within it. These sub-streams were where the ideas were enunciated, refined and summarised. The sub-streams each had co-chairs as well as a professional facilitator who gave their service *pro bono*.

‘SUPPLY SIDE’ PREVENTION

The CEO of Woolworths, Michael Luscombe, told us that Coke Zero and Diet Coke cost one third less to produce than sugar laden Coke. An interesting possibility exists for a conversation with Amatil, of tobacco fame and that now runs Coca-Cola, for preferential pricing for the less health damaging Zero. This, we agreed, was the kind of conversation that the prime minister could have

with benefit with CEOs of major urban developers, food manufacturers and retailers in pursuit of making it easier for people to choose goods that do not screw up their health. Such a forum was recommended. Fresh food costs more for Indigenous and remote living Australians – but soft drinks don’t.

Most preventive effort in relation to the chronic diseases, which are the top agenda worry, has concentrated upon influencing the behaviour of the individual – smoke less, eat less, exercise more. Yet the evidence from occupational health, road safety, and tobacco control is that action that modifies the environment to make healthier choices easier choices, works far better than haranguing and preaching. Safer road and car design make serious accidents less likely. We have much ground to make up in preventing heart disease, diabetes and stroke. We have singled out these as lifestyle diseases, as though consenting adults choose to behave in ways that make them sick. However, the faulty lifestyle behaviours are generally deeply socially conditioned – prices and advertising affect our food choices, urban design determines our physical activity and our work makes us avoid physical activity. You can’t walk and compute simultaneously – not well, anyway – and millions are tethered to keyboards and screens for hours each day. At 2020, the importance of confronting the *supply* side of these ‘lifestyle behaviours’ was recognised. Cities that encourage walking, public transport, sustainability, fresh food consumption and safety are ones that encourage good health. The opportunities for cross-portfolio and cross-industry discussion and action were discussed.

Taxes have not increased on tobacco products for years, those on alcohol are low and non-existent on junk food. Each of these products has its price elasticity. Increasing the price reduces demand for tobacco. It could be tested out on junk food. Food should be labelled with red, orange or green markers (traffic lights) against fat, sugar and salt. There are a dozen easy things that could be done to make the environment more pro health. Income derived from the taxes could be used, Treasury permitting because they have a severe distaste for hypothecated taxation, for preventive programs – not to subsidise luxuries for the upper and middle classes.

MAKING SENSE OF HEALTH AND ILLNESS

Health literacy – the ability to make sense and exercise control over the world of health and health care – was seen as critical by several of the working groups within the health stream, but none more so than by the prevention



Prime Minister Kevin Rudd addresses the delegates.
 Images courtesy of the Australian Government, Department of the Prime Minister and Cabinet

stream. For this literacy to have utility, it must operate upon something, and that something is both knowledge about health and illness and our bodies. We also all need better access to our personal medical records. These should be IT enabled and we should have access to information about the performance of the health system, as should those who invest in it. Research can indicate new and better ways of providing prevention and care, but this needs an evidence-enabled responsiveness both from the community and of course, from health service managers and clinicians. There is, at present, a curious negative attitude to information in many of our bureaucracies about our health: we do not yet conduct regular surveys of what we eat or weigh, in 14 years we have not repeated the original survey that drew attention to thousands of deaths a year by medical misadventure, and we do not make it easy for research to link medical records across hospitals, general practices, prescription data and Medicare.

GETTING DOWN TO TAX

Victoria has led Australia in taxing tobacco, decreasing consumption as a result and generating income for research and services to address tobacco addiction and help people to realise that tobacco advertising, now largely abolished, was seriously seductive and misleading. Building on the Victorian proposal, the prevention group proposed a wider preventive institution that included obesity and alcohol abuse in its brief. Taxes on junk food and alcohol could fulfil the same role as taxes on tobacco: the primary purpose is to make the use of these products less attractive. The preventive institution would also link health to urban planning and private exercise facilities.



Clockwise from top left: Professor Stephen Leeder, Professor Elizabeth Elliott, Professor Ian Hickie, Professor Hal Kendig, Professor Michael Kidd, Professor Louise Baur.

Indigenous health attracted the attention of all sub-groups at the Summit. Diabetes, heart disease and alcohol problems account for a lot of the early deaths that reduce average life expectancy to a level 17 years below that of non-Indigenous Australians. The potential for tobacco control, fresh food security and alcohol control is high, and a proposal for a national commission that concentrated upon program development to bridge gaps in health and life experience in Australia received strong support from many quarters both within health and in the nine other major Summit areas.



MAKING A DIFFERENCE

Nita and Norman Whiteley



NITA WHITELEY BEQUEST TO SUPPORT SURGERY AND CANCER RESEARCH

Having watched a number of friends and family members lose the battle to cancer, including her husband and brother, Mrs Nita Whiteley was determined to leave the bulk of her estate to support cancer research. Initially she was interested in general research into lung cancer but when her brother was affected by pancreatic and stomach cancers, she broadened the scope of her interests.

Mrs Whiteley, a former nursing sister, had a long interest in health and medical research.

She died at the age of 90 in November 2006. In March this year, the Faculty of Medicine received a bequest of \$1.56 million from her estate. The funds are to be used in the discipline of surgery for cancer research generally.

"We are very grateful to Mrs Whiteley and her family for this bequest," said Professor John Fletcher, Head of Surgery at Westmead Hospital. "The funds will be used in the Discipline of Surgery for research into the cause, treatment and cure of cancer, with priority into research into upper gastro-intestinal malignancy."

Supporting and encouraging talented young students is at the top of the list.

"We will be establishing a scholarship to support postgraduate students performing research in this field within the Discipline of Surgery at the University of Sydney as part of a PhD or Masters program," Professor Fletcher said.

Nita Winifred Whiteley was born in Taree in 1916 and did her nursing training at the local hospital. During World War II she met Norman Whiteley, an Englishman who had served during the First World War and who had business interests in Papua New Guinea.

They married and for almost a decade after World War II, they made their home in Papua New Guinea where they established a number of successful agricultural businesses. They moved back to Sydney in the mid 1950s, eventually settling in Darling Point.

They had no children, but were great travelers and adventurers – one of the very few local couples with the combination of finances and the fortitude to fly to the United Kingdom in 1953 to see the coronation of Queen Elizabeth II.

Norman Whiteley died from cancer in 1969, having suffered from diabetes for many years, ultimately losing a leg as a result of diabetic complications.

"In the family, we all knew of her plans to leave the bulk of their estate to medical research," said nephew and executor of the estate, Perce Butterworth. "She decided to leave the funds to the University after she had several discussions with the late Professor Chris Martin, who was the then Professor of Surgery at Nepean Hospital and who specialized in gastrointestinal cancer surgery."

Mr Butterworth remembers his aunt and uncle as a lively, engaging couple, and especially generous to a young nephew who was looking for a break from his rather spartan boarding school conditions.

“My parents strongly encouraged and supported me throughout my medical studies and in giving the prize, I wanted to acknowledge this and to show my gratitude to the University.”

Dr John Laycock

63 YEARS ON: THE LEGACY OF A PRISONER OF WAR



Dr Albert McKern in Malaya, before the outbreak of WW II

Not long before he died as a prisoner of war in Sumatra in 1945, Dr Albert McKern wrote a new will. Earlier this year, as a result of the changes he made 63 years ago, the proceeds of his \$12 million estate were distributed to his three alma maters: Universities of Sydney, Yale and Edinburgh. The money is to be spent improving the health of women during pregnancy and childbirth.

Dr McKern was born in Sydney in 1885. He studied theology at the University of Sydney and engineering at Yale, before finding his vocation in medicine, which he studied at Edinburgh.

Shortly after graduating in 1917, he moved to Malaya and settled in Penang. Over the next two decades, he built up both his medical practice and what was to become a valuable property portfolio.

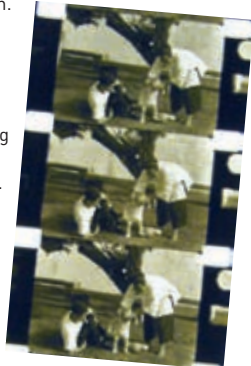
His fortunes changed after the outbreak of war. He was captured in 1942 when the Japanese invaded Malaya, and he spent the next three years as a prisoner of war. Sadly, he died of amoebic dysentery just a couple of months before the war ended.

The will he composed not long before his death stipulated that income derived from his assets should go mainly to his wife and three sons. However, the will then stipulated that ten years after the death of the last surviving son, the assets should be sold and proceeds evenly distributed between the three universities where he studied.

In March, the Faculty of Medicine received two instalments of \$2.5 million and \$1.7 million.

“Of course we are very pleased to have received this money,” said Professor Bruce Robinson. “It is an extraordinary story. Who could have expected that more than 60 years after Dr McKern’s death in a prisoner of war camp, his legacy would be used to improve the health of women during childbirth.”

No decisions have been made on programs to be funded by the bequest, he said. “But we are aiming to work collaboratively with Yale and Edinburgh, including supporting the exchange of researchers between institutions. All three universities are internationally recognised for their expertise in reproductive medicine and this bequest gives us an opportunity to strengthen links.”



JACKSON BEQUEST BENEFITS CHILDREN’S CANCER

In November 2007, the executor of the Estate of the late Lesley Alfred Jackson presented the Faculty of Medicine with a cheque for \$540,109. Mr Jackson had bequeathed the money for cancer and cardiovascular research, leaving the precise purpose to the discretion of the Dean.

After discussions in the Faculty and with the support of Mr Jackson’s family, it was decided to direct a significant part of the money into priority children’s cancer and cardiovascular research projects.

The first initiative to be funded is clinical research which will improve drug treatments for children with cancer and cardiovascular disease. Many prescribed treatments for cancer and heart disease have not been adequately tested in children and as a result, are sometimes harmful even when given at low dosages. The aim of the research, which will be undertaken in the Clinical School at the Children’s Hospital at Westmead, is to conduct trials to determine the most effective drug regimes when treating children with cancer and cardiovascular disease.

Mr Jackson’s bequest is funding the appointment of a Project Coordinator to oversee the development of a children’s clinical trials program.

THE JOHN AND LILLIAN FRANCES LAYCOCK MEMORIAL PRIZE



Dr John F Laycock (MBBS 1944)

We extend our sincere appreciation to Dr John Laycock (MBBS 1944) who has donated \$20,000 to establish this prize in memory of his parents.

Provided the work is of sufficient merit, the prize may be awarded annually by the Dean of the Faculty of Medicine on the recommendation of the head of the School of Medical Sciences, after consultation with the head of the Discipline of Anatomy, for the best dissection by a Stage 3 student undertaken during the Anatomy Option.

Dr Laycock was himself a prize-winning prosector and the knee he prosected to win the prize is on display in the Wilson Museum.

Donations & Bequests

If you would like more information on making a donation or a bequest to support medicine, please contact Amanda Durack or Beth Quinlivan in the Faculty of Medicine Development Office on (02) 9036 7185.

INSPIRATION FROM HOME AND ABROAD



Paula Conroy
Honorary President 2008
Sydney University Medical Society



Inspiration from around the globe

The Medical Society's International Health group, globalHOME, in conjunction with the Faculty of Medicine ran the inaugural "Postcards from everywhere" on March 5. Professor John Hearn (Vice Chancellor, International) opened the event which was attended by over 200 people and featured short anecdotes from students and staff from medicine and international public health about their global health experiences. The evening took the crowd on a journey from outback Australia, to South-East Asia and sub-Saharan Africa.

The event provided a wonderful opportunity to promote the great opportunities that exist internationally, not just for students but for future leaders in the medical and health community as well. The postcard format where each speaker was asked to choose three pictures from their "global health" experience, offered an exotic and varied tasting plate of stories from around the world. The evening entertained and inspired the audience whilst at the same time promoted awareness about current global health issues and the challenges faced by so many on a daily basis.

Thanks goes to Fred Hersch (GMP 3) and Georgia Ritchie (GMP 2) for putting together such a successful evening in conjunction with the Faculty of Medicine. It is hoped that "Postcards from everywhere" will become a regular feature of the Medsoc calendar and will provide students and staff with the confidence to become involved in global health issues.

Above: Christopher Rusnak (GMP 2) speaking at "Postcards from everywhere"



Leading the way as future doctors

The Medical Society's annual medical leadership seminar was held at RPA on March 14 and was another successful day. The event is designed to expose students to various leaders in the medical community and to inspire students to be future leaders in a variety of ways.

Professor David Celemajer spoke about 'Leadership in Health Research' through his work with the Heart Research Institute and in clinical practice as a cardiologist at RPAH. Dr Cindy Pan spoke about 'Medicine in the Media,' Dr Andrew Keegan, AMA (NSW) President, spoke on 'Advocacy and Representation', commenting on the various issues such as salary inequities and the provision of training places for junior doctors encouraging students to get involved in advocating on behalf of their colleagues from the start of their careers. Representatives from the Australian Medical Students Association were also on hand to provide information to students about getting involved in national health issues at a medical student level.

We look forward to the growth of this event and encourage alumni to contact the Society if they wish to be involved in future seminars. Our thanks must go to Tim Coughlan and Ineke Wever (GMP 3) for organizing such a successful and inspiring event.

Above: Dr Nick Coastworth, Dr Cindy Pan, Ineke Wever (GMP 3) and Paula Conroy (GMP 4) at the MLS

Below: Dr Cindy Pan speaking at the MLS



Admissions review

The Medical Society was asked to be involved in potential changes being made to the admissions process. Various models were discussed, with much emphasis surrounding the notion of providing an "easier pathway" for high achieving high-school students to enter the GMP at Sydney University based on an attempt to "catch these high-flyers".

We were happy with the outcome to keep USydMP as a graduate program and are keen to see a low cap put on the numbers of "pathways students" that will enter the program.

Medsoc felt that a larger number of "pathways students" would decrease the diversity amongst the students, something the USydMP prides itself on. It was also felt that equity of access would be diminished and that there was no evidence to suggest that the admissions process required change.

Much discussion has been undertaken in the area and it is clear that there is no "correct" answer as to which process will ultimately produce the "best medical students" and "best doctors".

Ultimately the students would like to see some evaluation of the current admissions process before any major changes are implemented. We are grateful to the Faculty for including the students in the discussion of such an important topic.

Spectacular, Picturesque,
Serene, Photogenic
or should we just say....

Incredible India



Panagong Lake, Ladakh



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Paramedics fighting the influenza outbreak, outside the Blackfriars Depot, 1919
Photo courtesy of State Library of NSW

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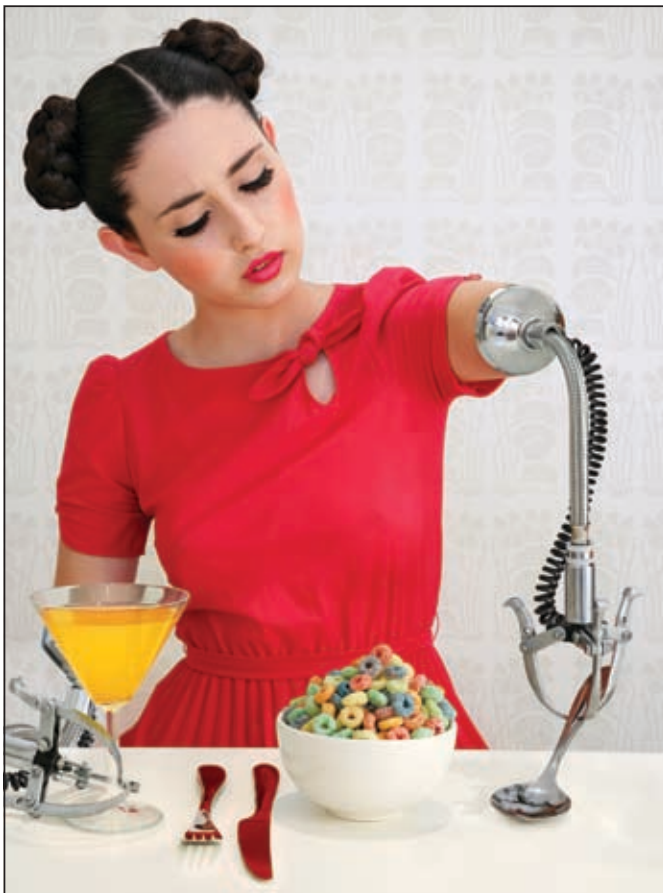
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Brian Walker, *Greasy Spoon* (detail), 2007, Lambda Print, 85 x 130 cm, edition of 5 + AP, Courtesy of the artist and Horus and Deloris Contemporary Art Space.



president's report

The University's main campus is changing rapidly as the Campus 2010 plan proceeds. An exciting new development is the well advanced construction of the USyd Central building that will have considerable space for an Alumni Centre.

Situated on the top floor of the new building on City Road next to the Wentworth Building, the Alumni Centre has wonderful panoramic views across Victoria Park to the city skyline. It will have a lounge, meeting rooms and space for functions for up to 200 people. On its lower levels, USyd Central will provide extensive services and administration for students, as well as having an outdoor plaza and retail shops.

The Alumni Centre will be an ideal venue for reunions and a place to meet with friends and visitors when attending various activities on the University campus. Although no accommodation will be available there, the Alumni Relations Office will provide details of competitively priced rooms nearby.

We appreciate the tireless efforts of Professor Andrew Coats, former Dean of the Faculty of Medicine and now Deputy Vice-Chancellor (Community), Tracey Beck, head of the Alumni Relations Office, and Barry Catchlove, now President of the Alumni Council, in achieving this Alumni Centre, thought to be the first in any Australian university. It is envisaged that the Alumni Centre will open in early December this year. We encourage those planning reunions and other functions to make use of this new facility.

At the annual meeting in February, the Medical Graduates Association changed its name to become the Medical Alumni Association. Almost 100 years after our first graduates gained their MB degrees in 1888, the Medical Graduates Association began in 1987. Gaston Bauer (MB, BS, 1946) was our founding President and Ann Jervie Sefton (1960), the Deputy (and, until recently, the University's Deputy Chancellor).

Now, on achieving our maturity in 2008, the new name of Medical Alumni Association recognises that the Faculty of Medicine confers numerous PhD degrees, as well as degrees and diplomas in public health and other disciplines. This change also assists in standardising the names of many University alumni organisations. While some alumni feel reluctant to use what they perceive as the American term 'alumni', as far back as 1938 in 'The University of Sydney - its history and progress', Robert Dallen included a section called 'University alumni'.

In a major effort to improve communication among alumni groups, the University has recently purchased software called Encompass that will enable an Alumni Web to be developed. This will greatly facilitate contact between people in the same year, same Faculty, or across broader University alumni groups.

The elected members of the Council of the Medical Alumni Association for this year are: Andrew Child (1966), Judith Cowan (PhD, 1985), Robin Fitzsimons (1973), Charles George (1966), Paul Lancaster (1966), Giselle Manalo (MIPH, 2002), Paul Nicolarakis (1999), and Choong Siew Yong (1988). The *ex officio* members of the Council representing the Faculty are the Dean, Bruce Robinson (1980), and Ann Sefton (1960). As we still have several vacancies on the Council, we are keen to hear from other alumni who would like to join the Council, especially any who graduated in recent years.

As we intend to send out regular emails about alumni activities, please ensure that we have your current email address, either by updating your details on the University website www.usyd.edu.au/alumni, or by informing the Alumni Relations Office - alumniadmin@vcc.usyd.edu.au or Diana Lovegrove, Communications & Alumni Officer, Faculty of Medicine - d.lovegrove@usyd.edu.au

Dr Paul Lancaster
Medical Alumni Association



President's Report
Alumni Profile
Alumni Archive
Case Notes
Reunion Dates
Reunion Reports
Crossword

challenging conventions

BRINGING A NEW PERSPECTIVE TO HEALTH RESEARCH

by Beth Quinlivan

NAME: Stacy Carter

LIVES: Inner West, Sydney

BORN: Newcastle, NSW

EDUCATION:

Bachelor of Applied Science,
Master of Public Health with
Honours, PhD
University of Sydney

OCCUPATION:

Qualitative researcher

EACH YEAR, a small fortune is spent advertising and developing promotional literature to emphasise how certain lifestyles or environmental exposures increase a person's risk of cancer. It has often been disappointing to the public health professionals and communicators running such programs, though, that masses of information about cancer risk hasn't translated into more widespread behavioural change. There have been changes, just not always as extensive as hoped for. Bondi Beach is never short of sunbathers in the middle of summer, to name an obvious example.

In an NHMRC-funded research project, one of the Faculty of Medicine's newest members, Dr Stacy Carter, is taking a different tack on cancer risk.

Dr Carter - a qualitative rather than traditional numbers-based health researcher - is canvassing perceptions of cancer risk in the community. The aim is to understand what healthy Australians make of the whole issue of cancer risk, what they think about their own and other's chances of developing cancer and what they take from the volumes of information on cancer and cancer prevention.

"With the health promotional information, you do generally get some behavioural change but often not what you hoped for. We are approaching the problem from a different perspective, asking how people feel about cancer, whether they think about cancer risk at all, and if so, how," she said.

"We are finding that technical health information is far less important than health promoters would probably like it to be. We see participants, in interviews, using all kinds of

information and experiences to make sense of cancer risk.

"They talk about the "kind of person" they are and the "kind of body" they have, the place they live in, their principles and their faith, and especially their experiences of cancer - the cancer of family members and friends, and the cancer narratives passed down through their families," she said.

What is clear is that statistical "facts" about cancer are only a tiny part of the puzzle.


"Cancer stories and cancer archetypes, and people's sense of self are all competing with the "statistics", and these make a lot more sense to the average person. We all use stories to make sense of our lives, and cancer risk is no exception to this rule. For example, cancer stories are used by some participants to demonstrate that cancer is caused systematically by certain exposures. Others use stories to demonstrate that cancer is an injustice, a random, cruel blow that can't be explained. These different framings have huge implications for whether it's worth trying to reduce your cancer risk."

The study will develop a detailed model of what cancer risk means to Australians and how they navigate it, which in turn will guide future communication about cancer risk. If more effective communication could help to improve cancer prevention, then she says it would be a good example of the contribution that qualitative research can make to the medical system and health outcomes.

Appointed in January, with her position jointly funded by the Faculty of Medicine, the School of Public Health and the Centre for Values Ethics and Law in Medicine, Dr



Stacy Carter



There's lots of past events that I count as highlights - being a CI on five grants for qualitative health research projects awarded in a single round (2006 - we were astounded); getting my first grant as CIA; watching my very first PhD student graduate (on 2nd May this year - Mary Assunta, a SPH student who I associate supervised - her primary supervisor was Simon Chapman). However I get the most joy out of the students who rush into my office to tell me about a great new thing they have just discovered, which, lucky for me, happens on a regular basis!

Carter's agenda is to build a core of expertise in qualitative health research. She is developing a masters program in qualitative research methods, which will be available from 2010. And she is using her expertise to contribute to a range of research across the schools and faculties.

Qualitative research is nothing new but it has only found an accepted place in health research in relatively recent times. Established clinical researchers whose experience has been in randomised controlled trials, have been prone to dismissing it as not real science, too soft and fuzzy.

"Qualitative research tries to understand the world from the point of view of people's own experiences, it is a ground-up way of developing knowledge. You're going out asking what is going on, generally asking open ended questions, so it has the potential to be quite innovative," she said.

"It is a challenge for people who have been trained in deductive reasoning to be open to this way of working. Traditional "quantitative" research is absolutely vital and the only way of answering many questions in health and medicine, not least questions about the efficacy of new therapeutic agents. But we all know that there is more to health - not everything can be reduced to a single number. Qualitative inquiry is a way of developing a different type of knowledge which can complement other research."

A graduate of the University's School of Public Health - and described by Head of School Professor Glenn Salkeld as one of its "rising stars" - Dr Carter completed her PhD in the area of tobacco control in 2005. Initially, she trained

as a speech pathologist, and spent seven years working in hospitals in western Sydney, mostly in aged care. In 1997, she moved into research, starting her Master's in Public Health where she met Professor Simon Chapman, who fired her interest in tobacco issues and led to the PhD.

Aside from the cancer risk study, she is working with colleagues on two further NHMRC-funded and two Cancer Council-funded research projects. One is looking at the experience of living with multiple myeloma, a haematological cancer for which treatments have changed in recent years. "It has been really interesting because the advent of new treatment means multiple myeloma has moved from being an acute to a chronic disease. This radically alters the way people with myeloma see themselves and live their lives. There have been very few studies looking at the implications of this change."

One of the NHMRC studies is looking broadly at direct to consumer advertising of prescription pharmaceuticals, the other at issues around patient/consumer consent to high-risk medical procedures.

"In the consent study we are asking how people come to have these procedures, what is the process? We're not presuming that the standard ways of thinking about consent carry through into practice. And we are discovering some surprising things about the path to high-risk treatment" she said.

"That's the great thing about qualitative inquiry. By examining people's experience of health and medicine in detail, you can sometimes turn conventional thinking on its head."

Stacy Carter



MEMOIRS OF DR DA VINCI

Anne Schlebaum in student days

Dr Anne Schlebaum

I STUDIED MEDICINE at Sydney University from 1960-66, an enthralling time of new discoveries and scientific fervour - but also wider intellectual stimulation and exciting social enrichment. My contemporaries included the luminescent Clive James and Germaine Greer, Bob Ellis and Michael Kirby - and the great John Bell played a soul-blazing Hamlet.

Throughout my medical studies I was lucky to live at home with my warm and supportive family. Money was tight, so I survived by scrounging, hitchhiking and holiday work as nursing aid.

Orientation week quantum-leaped my life from my girlhooded nunnery to excited panoramic visions and soaring freedom. I loved the beautiful architecture of the sandstone quadrangle and its immortal jacaranda. I joined SU Film Group (sec, VP), the Bushwalking adventurers and later became immersed in Uni Settlement children's clubs and camps and aboriginal issues. I studied hard but also played, danced and socialised - a delicate balance.

My most memorable teachers were Prof Charles Birch (Zoology) who inexplicably integrated science with religion, rigour with faith; Prof Harry Messel (Physics), an insomniac Colossus; and yankee Prof Hans Freeman, who taught Chemistry with verve and humour, noirly playing Tom Lehrer's nuclear scare-gag "We'll All Go Together When We Go" at our last pre-exam lecture.

I adored Psychology, explored this new world voraciously and wrote controversial critiques of the overworshipped Dr Freud. Expecting punitive failure, I was surprised to get an HD, which inexorably set me on a fascinating career path to Psychiatry.

The next 2 years were difficult. We had many inspiring teachers, but numerically it was a vicious slaughter house, failing 2/3 students in second year, about 1/2 in third year.

We were so overcrowded that many jostled outside the lecture theatre, hearing only fragments. Daily dissection seemed a wasteful way to learn anatomy, so I studied from books and pictures only reviewing cadavers on Fridays. Most of us disliked such excruciating quantities of rote

learning, so entertained each other with comic mnemonics, and Gregorian chants about the smile muscles: "levator labii superioris alaeque na-a-si!"

I was still involved with many delightful extra-curricular activities and gladly exchanged academic prowess for quality of living. I fondly remember the concern of Prof Bill Hensley (Biochemistry) who called me into his office, aghast at my descent from school Dux via Psych HD to outstanding mediocrity in year 2 & 3. Horrified by my film-making, art, music, bushwalking and various other passions (instead of prescribed monomaniacal attention ONLY to sacred Medicine), he gravely boomed the unforgettable words: "Madam, the days of Leonardo da Vinci are over!" That has become my theme song, and my friends quoted it in our final Year Book - a perfect summary of my lifestyle, then and now.

Our last 3 (clinical) years were much more enjoyable and meaningful. I loved the hospital rounds and patient contact. We learned excellent clinical skills and systematic diagnosis. Unfortunately, in 4th year I was randomly stuck by insensitive bureaucrats as the only female in a teaching scrum of brawny footballers and predictably FTT (failed to thrive). In 5th year, we asked to select our own groups, and - happy amongst kindred spirits - I worked with zest and placated Bill Hensley's ghost by coming top in anaesthetics and second in surgery in RPAH exams. Optimal conditions matter, for patients and doctors/students/healers (everybody!) alike. Hippocrates already knew and taught this.

Our final year was a masochist's paradise. I felt frequently overwhelmed by the relentless tsunami of hard work. Most of our group passed, celebrated, had brief respite - then ran a new gauntlet of residency. Mine - 120 hours per week at Blacktown Hospital.

Nevertheless, despite all the hardships, my medical studies were a marvellous and unique part of my life. I still treasure my valuable learning, many delights, some wonderful adventures, lifelong friendships and a deeply fulfilling career.

An ANZAC Alumnus: 90 years on

CLIVE WENTWORTH THOMPSON
BSC MB CHM MC DSO (20.9.1882 – 26.3.1941)

By Elizabeth Elliott

Elizabeth Elliott (MBBS 1980) is Professor in Paediatrics and Child Health at The Children's Hospital at Westmead.



Clive Thompson in 1915

MY GRANDFATHER WAS born in Bathurst, entered Science at the University of Sydney in 1902 and lived in St Andrew's College where he "devoted his earlier years to sport rather than learning" and "figured prominently in some of the humorous escapades of his time."¹ In 1905 he abandoned University for the land, returning in 1908 to "become an energetic and enthusiastic devotee of science" and graduated BSc (1911) and MB ChB (Honours, 1913). While Junior Resident Medical Officer at Royal Prince Alfred Hospital, he became Captain in the Australian Army Medical Corp and President of the Sydney University Medical Society. As Senior RMO in 1914 "his keenness in tracking down the causal microbe of every ailment was a source of dread to, and will always be remembered by, the Pathological Department."¹

At the outbreak of war in 1914 Clive was the first Regimental Medical Officer to enlist with the 1st Battalion in the 1st Infantry Brigade in the Australian Imperial Force and, with the rank of Captain, went to Egypt. He landed at ANZAC Cove on the first day of the Gallipoli campaign in 1915 and in a letter to his mother relates: "the appearance of the country is most forbidding and would lead you to believe it was impregnable. There is a narrow beach backed by precipitous hills about 200 feet high (my own estimation) up which a few zig-zag paths were to be observed."² Of the landing on April 25th he recounts: "Once on shore ... the Turks were using machine gun and rifle fire to great effect... Our casualties were extremely heavy particularly among the officers. I believe that about 70% of these were out of action by the end of the day. The medical units were unable to keep pace with the work."²

The reality of war struck soon after the landing: "Gallipoli, May 13th 1915. After the first four days, due to lack of sleep and to hard work and the cumulative effect of attending to large numbers of wounded, many of them hopelessly maimed, and suffering from hideous wounds, I became quite nervous. I felt that if the chance had offered I would have gone away and deserted the whole concern.

Fortunately the situation eased, this enabled me to get some sleep, and now I do not know when I felt better."² In *The Story of ANZAC*, Australia's official historian C.E.W. Bean describes: "The regimental surgeons of the 1st Australian Division (Thompson of the 1st etc.) were probably as fine a medical staff as ever went into the field. When their battalions went forward and were split into fragments, they followed as fast as the dressing of the wounded, friend or enemy, on their path would allow, and established aid-posts immediately behind the firing line of some part of their battalion."³

Later, Clive wrote to his mother: "Gallipoli, June 27th, 1915 We were glad to get out of the trenches where it was impossible to keep clean. A quart of water per diem was allowed for all purposes. The food consists of biscuits (wonderfully hard), bully beef (sometimes replaced by tinned Irish stew), cheese, bacon and jam. The men do wonderfully on this diet."² The monotony and senselessness of war had set in: "You always expect a great deal of excitement and incident in war... This is the most boring experience imaginable. The same old thing every day. A few casualties which are regarded in the most prosaic manner by everybody. Fatalities are of little moment here and after maybe a few laudatory remarks, you never hear the deceased individual mentioned. War totally alters your valuation of life."²

Clive remained at Gallipoli for the eight month campaign, was promoted to Major in 1916 and Deputy Assistant Director of Medical Services to the 4th Australian Auxiliary Hospital. In this position he went to France and participated in the battles of Ypres and the Somme and the attack on the Hindenburg line. During 1917-18 he was promoted to Lieutenant Colonel and Commander of the 14th Australian Field Ambulance. He was twice wounded in action and in 1917 was transferred to London for treatment but returned to France and resumed his command. In January 1918 he was temporarily detached from the Field Ambulance to be Commandant of the Australian Corps School for Medical



Officers, to run ten day courses for 20 officers at a time.

He is best remembered for his work during 1918 when he: *“developed a standardised advanced dressing station of three wooden huts, built in sections, transportable on three lorries, and capable of ‘leap-frogging.’ Estimating that 2 per cent of casualties held in forward posts could not undertake the long evacuation to surgical facilities, he introduced anaesthetic and resuscitation equipment to the field ambulance so that these men could be stabilized before evacuation; he further recommended that an operating team be provided at a divisional location for deployment forward as necessary. An Australian ‘first,’ the concept was developed by the Australian Army Medical Corps and then by the Royal Army Medical Corps.”*⁶

Clive was one of Australia’s most highly awarded doctors in WWI. In 1916 he received the Military Cross for *“conspicuous bravery”* at Gallipoli. A non-commissioned officer wrote: *“I never saw a man go about his work so coolly as he did... helping wounded men under a withering shrapnel fire.”*⁶ In 1919 the King awarded *“The Distinguished Service Order ‘for valuable services rendered in connection with military operations in France,”* the citation stating *“He showed great gallantry, initiative and organizing ability throughout this trying period. He regularly visited all advanced medical posts, and by his tact and courage and experience was instrumental in coordinating the medical arrangements of his own (Division) and the American Division operating with us.”* The French Government awarded him The Medaille de la Reconnaissance Francaise *“for distinguished conduct during the bombardment of the French town of Bailleul.”* He was also awarded the Volunteer Decoration of the Colonial Auxiliary Forces, promoted Brevet Major for services in the Field, and 5 times mentioned in dispatches (the official report of a military engagement) for conspicuous service. Despite this recognition it was said that: *“He treats the distinction he has gained, which men envy him, as something quite impersonal – something with which he is mildly pleased.”*¹

However the personal accounts tell more about the man than military awards. Clive was a dashing soldier: blonde, good looking, over six feet tall, lightly built and an excellent all-round sportsman. *“Cynical, kindly, and overflowing with dry caustic humour, Thompson was the best of comrades on Gallipoli. To his men he was a martinet. No shirker dared face him, but from the day he landed on the Peninsular his men respected and admired him. Always straight and game, for every minute of every day, unswerving in his affections and his friendships, yet with a cutting irony for those he disliked. Thompson was an excellent doctor and a better soldier, and greater than either – a man.”*¹

After the war in 1918 Clive held medical officer positions at the Royal Alexandra Hospital for Children (RAHC) then Crown St Hospital for Women. In 1919 he acted as Medical Superintendent at RAHC and completed a Masters in Surgery from the University of Sydney. Between 1919-1923 he was a GP in Bathurst; Honorary Surgeon at Bathurst District Hospital; Honorary Superintendent at Bathurst Red Cross Hospital; and President of the Western Medical Association. He moved to Newcastle in 1926 and worked as a GP in Hamilton and Honorary Assistant Surgeon at Newcastle Hospital. *“A dedicated doctor, never sparing himself, he treated many of his poorer patients without charge.”*¹¹

In 1928 Clive married May Davis. He died from rheumatic valve disease in 1941 when his daughter Jane was twelve and son William nine years old. Jane was my mother. She graduated in Medicine from the University in 1952 and married Dr Peter Elliott.

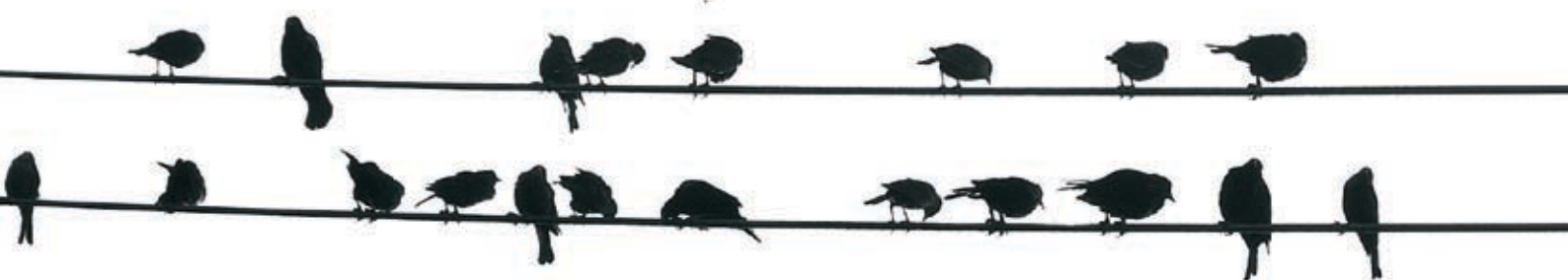
References:

Detailed footnotes are available from the Development Office. Sources include letters from Clive Wentworth Thompson to family, from The Australian Dictionary of Biography, and from CEW Bean’s Official History of Australia in the War.

Clive Thompson, 5th from the right, resting with a group of 1st Battalion officers on 30 April 1915, in Anzac Area, Gallipoli, Dardanelles, Turkey.

Photo courtesy of Australian War Memorial

case notes



1950s

**Samuel Gershon
(MBBS 1950)**

Currently Vice-Chairman, Academic Affairs, Dept of Psychiatry and Behavioural Sciences, University of Miami.

1960s

**John Stephens
(MBBS 1967)**

Following graduation, I stayed on in Sydney doing two years of internship rotations and the third year in general practice which allowed me to do a locum for my dad, Dr Max Stephens (USyd MBBS 1946). In 1970, I travelled to Oxford to the Radcliffe Infirmary to start my MRCOG (1973) training and the following year I joined the Faculty in the Gynaecology Department at Stanford. From 1978-1980, I undertook a fellowship in Obstetrical Genetics at UCSF Medical School leaving there to start the first private practice specialising in and limited to prenatal diagnosis. I was nominated for FRACOG (UK) and also earned FACOG (US). During my time in private practice I developed a concept, later patented, of correlating ultrasound fetal imaging with chromosome analysis obtained by genetic amniocentesis. Currently, I am semi-retired and see patients in my Palo Alto and Blaine, Washington clinics.



Maria Lachs (MBBS 1968)

I came to Australia when I was 10 years old from war-torn France. I was a Jewish child who had been hidden during the Holocaust and I migrated to start a new life and escape anti-Semitism. I have recently written a book "From Paris to Sydney: A Chaotic Roller-Coaster" which describes my life through the war years to my arrival and education in Australia, where life, for me, was still tough. It follows my dream of becoming a doctor, juggling factory work with studies at Fort Street evening college to obtain the required matriculation, my experiences as a hospital resident and the discovery that I had not left anti-Semitism behind when I left Europe. The story is devoid of sex, drugs, rock and roll, car chases or murders but has, nevertheless, been quite well received by those who have read it. Anyone wishing to obtain a copy should contact me at wlachs@hotmail.com.



Frank Leonard "Len" Johnson (MBBS 1969)

Len is currently Emeritus Professor at Oregon Health Sciences University in Portland, Oregon and a student and soon-to-be volunteer lecturer at UCSD. "We started on a long trip with the intention of returning home to Australia, but running out of time and having three progeny now rooted in the US (though, who knows why, given the current administration here).

Looking back on an illustrious career including helping to set up paediatric oncology and bone marrow transplant programs on four continents (Australia, America, Europe and Asia) and leading the team to first cure Sickle Cell Anemia by bone marrow transplantation, (patient, now a 37 year old Child Care Specialist is 25 years

from the transplant and doing well), he still counts being awarded the Robin May Memorial Prize in his final year of medical school amongst his proudest achievements. "Quite an unexpected vote from my peers. You will understand if you see my entry in the Senior Year Medical School Yearbook for 1968!" Len says he considers Sydney University his *alma mater*. "I will always be grateful for the education I received there, be it positive (mostly) or negative (occasionally)."

1970s

Ian Butcher (MBBS 1979)

Ian spent his resident years at RNSH before working in Broken Hill as a Flying Doctor and then a year in Lyon, France in paediatrics. It was there that he met his wife Michele- also a doctor who later obtained an MPH at Sydney. Ian could not decide what path to follow in medicine so then did an LLB at Sydney. He continued to work in medicine part time for a number of years. He practised initially as

a solicitor and then as a barrister in Sydney. Most but not all of his work involves medicine, largely professional negligence, although he has acted recently for immigration detainees and in a malicious prosecution case. Lawyers cannot understand why he could leave medicine, but many doctors understand; the grass is always greener etc...What does he prefer? Not easy. A varied practice at the Bar- not often achieved- is more interesting than anything. But nothing can match the satisfaction of a good clinical practice.

1980s

Gayle Fisher (MBBS 1983)

I am a paediatric dermatologist working in private practice and also at Royal North Shore and the Children's Hospital at Westmead. I am also part time senior lecturer in dermatology at Sydney Uni. I have a special interest in the field of vulval disease and run the Vulval Disease Clinic at RNS. I'm (still) married and have 3 sons aged 13, 16 and 18.

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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



case notes



Left: Kyla in action. Right: Off to Beijing – Kyla and Lachlan

OLYMPIC ALUMNI

Kyla Bremner (MBBS 2007)

Kyla studied for her MBBS (Hons) from 2003-6 and interned at Bankstown Hospital last year. In August, she will become the first female wrestling Olympian for Australia when she competes in Beijing. In April and May, she was based in Schifferstadt, Germany and will spend June and July in Calgary, Canada. She will attend competitions in Gotsiz (Austria), Dormagen (Germany), Sardinia (Italy), Sheffield (UK) and Guelph (Canada) leading up to the Games. She will acclimatise in Tokyo from late July and will then move to Beijing. Before departing on her travels, Kyla locumed at Wagga Base Hospital in the psych ward to save up the money to finance her training. She was also on a SU Sports scholarship for a number of years. Kyla reports that Lachlan Milne, also MBBS 2007, has just qualified in Canoe C2. This will be his second Olympics.

obituary

Thomas Stapleton

1.2.1920 to 16.11.2007

Tom Stapleton was appointed as Professor of Child Health at the University of Sydney in 1960, a position he occupied until his retirement in 1983. During that time he was Director of the Institute of Child Health until its closure in 1982 and was an Honorary Physician at the Royal Alexandra Hospital for Children.

Born in England in the 1920, Stapleton's ancestry included a 14th century member of the Order of the Garter and Lieutenant James King, who travelled with Captain Cook on his third voyage.

In many ways he was ahead of his time. He had strong views about the importance of the family, about listening to children

and about the need to integrate psychiatry into paediatrics. When the opportunity arose to appoint an Associate Professor, he appointed, not another paediatrician, but a Child Psychiatrist, Julian Katz.

At times there were tensions with the hospital administration and some of the hospital senior staff, most likely a combination of Tom's innovative and somewhat unorthodox approach, combined with his lack of diplomacy. He was always passionate about his responsibility toward students and encouraged them to gain experience beyond the traditional confines of hospital paediatrics, such as going into

the community for further experience and working in developing countries during vacation and elective time. When I succeeded him in 1985 he sent me on a brief congratulatory note which included the phrase "whatever happens, never forget the students".

The University of Sydney awarded him an honorary MD in 1995.

Tom Stapleton was a man of great energy and wide interests who displayed kindness and generosity of spirit to families and children, to many professional colleagues and to his students.

Kim Oates, January 2008



GRAND CHALLENGES IN HEALTH & MEDICINE

PUBLIC LECTURE SERIES 2008

SCHOOL OF
PUBLIC HEALTH
& THE MEDICAL
FOUNDATION

21 MAY 2008

Population ageing: What does it mean for the future of health care?

Dr Deborah Schofield, Associate Professor and Director of Research, Northern Rivers University Department of Rural Health (NRUDRH), School of Public Health, the University of Sydney

18 JUNE 2008

Increasing the use of evidence in health policy

Professor Sally Redman, CEO, Sax Institute

30 JULY 2008

The fifty-year revolution in global public health

Sir Gustav Nossal, AC CBE, Professor Emeritus, Department of Pathology, University of Melbourne

20 AUGUST 2008

Rethinking the role of medicine

Professor Stephen Leeder, Co-Director, Menzies Centre for Health Policy, Medical Foundation Fellow, the University of Sydney

24 SEPTEMBER 2008

Lifting the last straw: the challenge of chronic illness

Bruce Armstrong, Professor of Public Health and Medical Foundation Fellow, the University of Sydney

22 OCTOBER 2008

Tackling public health's deadly sins – the epidemiology of gluttony and sloth

Adrian Bauman, Sesquicentenary Professor of Public Health (health promotion and behavioural epidemiology), School of Public Health, Medical Foundation Fellow, the University of Sydney

FOR MORE INFORMATION

Phone **02 9036 7552**

Email grandhealthchallenges@health.usyd.edu.au



The University of Sydney

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 alumni reunion coordinator, Diana Lovegrove, on (02) 9036 3367 or by email at mga.usyd.edu.au. We also have special new low rates for hiring University venues.

GRADUATING YEAR OF 1988

When: Saturday 7 June 2008

Where: The Refectory, Holme Building, The University of Sydney

Time: 7.30pm

Cost: \$115

Contact: David Barton medreunion88@gmail.com

GRADUATING YEAR OF 1973

When: Friday 12 September 2008 -
Sunday 14 September 2008

Where: Parklands Resort and Conference Centre, Mudgee (www.parklands.com.au)

Time: 7.30pm

Cost: \$400 per person includes 2 nights bed and breakfast etc.

Contact: Carol Clifford 9807 6975

Phil Cocks 9683 1857 pcocks@ozemail.com.au

GRADUATING YEAR OF 1948

When: Saturday 8 November 2008

Where: The Sutherland Room, Holme Building, The University of Sydney

Time: 12 noon

Cost: TBA

Contact: Harding Burns tel: (02) 9328 5707
janemburns@bigpond.com.au

Peter Harvey hpharvel@tpg.com.au

GRADUATING YEAR OF 1998

When: 8 November 2008

Where: Great Hall, The University of Sydney

Time: 7pm

Cost: TBA

Contact: Naren Gunja, Rasa Venclovas, Megan Ulrick
Medicine1998@gmail.com

1958

Clockwise from top right:

1. Bruce Robinson in conversation with Mrs Lois Bench
2. Graeme Clark & Ian Summers. Bob Beale & Angus Martin in background
3. Ian Cook and Laurie Coy
4. Earl Owen, Kevin Grant, Helen Woolnough [Grant] and Year Book



1



4



2



3

reunion reports

1958

A toast to the graduating year 1958 in Medicine at the University of Sydney by Graeme Clark

So it's 50 years since we emerged as raw recruits to fight disease. Since then some have moved to the front line in emergency medicine, others to the back line like head, neck, ear, nose and throat surgeons, others have become advisors like the academics, and still others have had to fight the the AMA.

But where would we have got to but for our teachers? Vern Barling taught us that we could not have sex for two weeks before an anatomy exam if we

wanted to pass, Bill Hensley told us that cholesterol had just been discovered as the cause of atherosclerosis and so the fried eggs from the PA kitchen were to be avoided, and the wee mon Charles Lambie instilled the fine points of percussion, palpation, whistles, rhonci and rales that would have helped us if we had settled into practise in Menangatang, or Chinkopook, or Quambatook without facilities.

But we have fought the good fight without palm pilots to hold the whole textbook of medicine at our fingertips, we have made it through without a computer to tell us likely diagnoses, we have made it without being able to practise endoscopic procedures on the pig's kidney in a surgical skills laboratory, and

we have made diagnoses without an instant readout of a blood sample on a silicon chip. For all these reasons we are to be congratulated.

Let us not forget our friends and colleagues who have fallen along the journey and have not made the 50 years. They are just as important a part of the impact made by a group of young enthusiastic medical graduates that cool summer afternoon at the Great Hall at the University of Sydney in 1958. I would also like to express thanks to Brian Parker for rounding us all up and organising this special occasion in his usual inimical way.

May I ask you all to charge your glasses, be upstanding and

continued over...

1968 (Left to Right)

1. Andrew Lloyd James, Trish Richardson & Judy Black
2. Bernard Raffles & Michael Harrison
3. Craig Mellis, Eva Balint, H.E. Professor Marie Bashir & Kristin Kerr
4. Diana Horvath, Marlene Wheeler
5. Karen Kirkpatrick & Sue Coats
6. Tom Wenkart, Christine Wenkart, Charles Charuvastra, Lloyd Ibels & Brenda Ibels



1



2



6

1978 (Left to Right)

7. Annabelle Farnsworth, Bernie Haylen, Catherine Dunlop, Miriam Van Rooijen, Andrew Cole, Marilyn Cole. Standing: Robert Hansen, Arnold Van Rooijen
8. Megan Rathbone, John deLauney, Shauna deLauney, Bob Sebesfi, Vicki Howard, Steve Jurd, Libby Jurd, Jules Egan
9. Elsa Lovell, Clive Lovell, Elizabeth Giblin, Virginia Noel, Andrew Byrne, Agnes Geyer, Leah Port



7

1997 (Left to Right)

10. Divya Sharma, Tarra Shaw, Jasmin Jasani, Kavita Varshney & Danielle Unwin
11. Kavita Varshney & Danielle Unwin
12. Phong Le, Millie Lai, Raymond Kuan, guest & Tomoni Tawonaki
13. Sriram Mahadev & Anil Keshava
14. Suzy Haddad, Jillian Wells & Veronica Yozghatljan



10



11

reunions 2008

drink a toast to all our year, past and present, and to Brian for organising this occasion.

From the organiser – Brian Parker:

Our lunch was able to run at a profit and we were very pleased to donate \$4,274.20 to the Sheila Nicholas Fund which will enable financial support to be given to a needy Medical student. The Medical Graduates Association helps about seven needy students each year; students who may be having difficulty in paying their rent etc. In 2007, the Association was able to help about five such students with an average amount of \$5000 each. Sheila Nicholas was always our Guest of Honour at our reunions where she entertained us with her wonderful memory for names.

At the lunch, we raised \$1200 in 5 minutes for the Sheila Nicholas Fund and the raffle prize of 2 tickets to the musical "Billy Elliott" was won by Charles and Gloria Chow.

On a sad note, we have lost 40 of our year out of 160.

I would like to thank Jann Porges for helping me with organising the lunch, and, of course, the American Club for looking after us so well.

1968

A group of five graduates from the year of 1968 organised our 40th reunion, which took place, despite dire warnings, on the Ides of March – 15th 2008. We were helped considerably by the Medical Alumni Association and administrative personnel associated with the committee members, who helped us track down our colleagues and were generous with their time, advice and assistance with mail outs. The main focus was a dinner at the MacLaurin Hall, preceded by drinks in the Anderson Stuart Courtyard – a most beautiful location since a major renovation. Her Excellency Professor Marie Bashir, Chancellor of the University and NSW Governor

attended the drinks and gave a warm welcoming speech. Some additional events were organised for the Friday before – a golf day and BBQ- a harbour cruise on the Saturday and a lunch for those interested on the Sunday.

We had a series of meetings to organise and discuss aspects of the event. Of those 240 we were able to track down, 101 accepted, some with partners, which made a total of 175. Collecting email addresses was an important task. On the Saturday night we had some entertainment, consisting of a comedy duo who trawled the year book and composed a musical sketch of the famous and infamous. Professor Andrew Coats, former Dean of the Faculty of Medicine and currently Deputy Vice



3



4



5



8



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12



13



14

Chancellor (Community) acted as MC and said a few words. Another popular feature was the scanned photos from the year book provided by the Medical Alumni Association, which ran on a screen on a continuous loop for the evening, much to everyone's fascination. All agreed that it was a most successful evening and that the sense of collegiality and a desire to keep in touch in the future was strong. Our grateful thanks to Diana Lovegrove, Wendy Collins, JoAnne Page and Jocelyn Compacion for their assistance. For more reunion photos, please visit www.40threunion.net

Judith Black, Kristin Kerr, Craig Mellis, Iven Young, Tom Wenkart – MBBS 1968

1978

Our 30 year reunion was held on Saturday 23 Feb 2008 in the MacLaurin Hall, Sydney University. It appears to have been a great success, judging by the many effusive emails I have received since. We had a minimum of formality, with only one speech, by Steve Jurd. He kept to time and subject admirably, speaking about our imminent maturity, increasing girth, unwanted hairs, unwanted bald patches, forgetfulness, grandchildren (5 or so in the year so far and one 6 years old!!!) and other joys of old age.

The food and wine from European Caterers were very good and the evening did not

end until after midnight. There wasn't much heavy boozing and nobody became disorderly to my knowledge! As we had no entrée but a long canapé session downstairs on the parapet/lawn, after lots of mingling, it was a relief to sit down and just have a couple of people to speak to at a time.

There was a 10 year reunion opposite in the Great Hall at the same time. They all looked so young!! For more photos, visit <http://www.redfernclinic.com/reunion2008/>.

Andrew Byrne, MBBS 1978

1997

On February 23rd the 10 year reunion for the graduating year of 1997 was held at The Great Hall – however, it was actually 11 years! We were fortunate to have more than 80 members from our year present to celebrate the occasion. Of those absent, many are working overseas in fabulous destinations such as Geneva and Paris, whilst others are passionately involved in Aboriginal medicine throughout Australia. Interestingly, we managed to establish that anaesthetics is the career of choice for a large percentage of the year of 1997.

The night was a great success, enjoyed by all present, and the

Great Hall was a fantastic venue to catch up with old friends. Many thanks to all those who contributed to "1991-96 in review" – Divya, Angela, Matilda- and to Stephanie McInnes for her words of wisdom. Special thanks to the Dean of Medicine Professor Bruce Robinson for attending our reunion.

Finally, the night would never have happened without the organisation and motivation of Diana Lovegrove and Kavita Varshney. Can't wait to see everyone at the 20 year reunion – hopefully this reunion will be on time!

Danielle Unwin, MBBS 1997

esprit de corps



Faculty dragons led by dragon queen, Ria Deamer (front centre).

The months of early morning training had paid off. The Olympic gold medal-winning rowing coach had been expensive but as I looked down the line of the team, it had clearly been worth it: lean, taut washboard stomachs and sculpted six-packs displayed to best advantage in black spray on lycra – and that was just the girls. Just one problem, the team I was surveying was that of Macquarie Bank, not the Faculty of Medicine. We could only hope their wallets would weigh them down.

We, too, were a stunning sight, decked out as we were in our vivid purple t-shirts, a wide range of middle-aged knees bravely greeting the Darling Harbour sun and 2,000 spectators of the Hospital Challenge to support Dragons Abreast* in the Chinese New Year dragon boat races. We, too, had a mean age and weight around 20 - that is 20 years older and 20lbs heavier than many of the other competitors. However, further enquiry revealed a number of regular City to Surf entrants, and Lise Mellor lent some much-needed street cred in what I took to be weight-lifting gloves, possibly in case some of our number needed to be carried away after the race. After all, we had had the benefit of just one training session the week before- with Tessa Ho optimistically sporting a lifejacket. But surely all that study of anatomy and physiology must count for something? At least we know how the body works, or should do.

We expertly manoeuvred into position under the ever watchful eye of Faculty Manager and dragon boat drummer, Ria Deamer, our very own dragon queen. Resplendent in pink and steely-eyed, she clearly was not going to take any prisoners. "Eyes to the front" was the command and we were off. Reaching and pulling, reaching and pulling, we were poetry in motion- odd rather than ode. For those readers unfamiliar with the sport, dragon boat racing is rather like going through an automatic carwash -only without the car. My trainers are still drying on the line as I type. Shaken but not stirred, we achieved a sensational 3rd out of five, being narrowly squeezed out of the final.

One unkind observer remarked that our fastest sprint of the day was the one some of us made to a neighbouring waterhole for a few refreshing sherbets. These were, of course, for purely medicinal purposes and to plan our strategy and tactics for the next Dragons Abreast. Should any of you be former Olympic rowers, or former Olympic anything for that matter, please contact us.

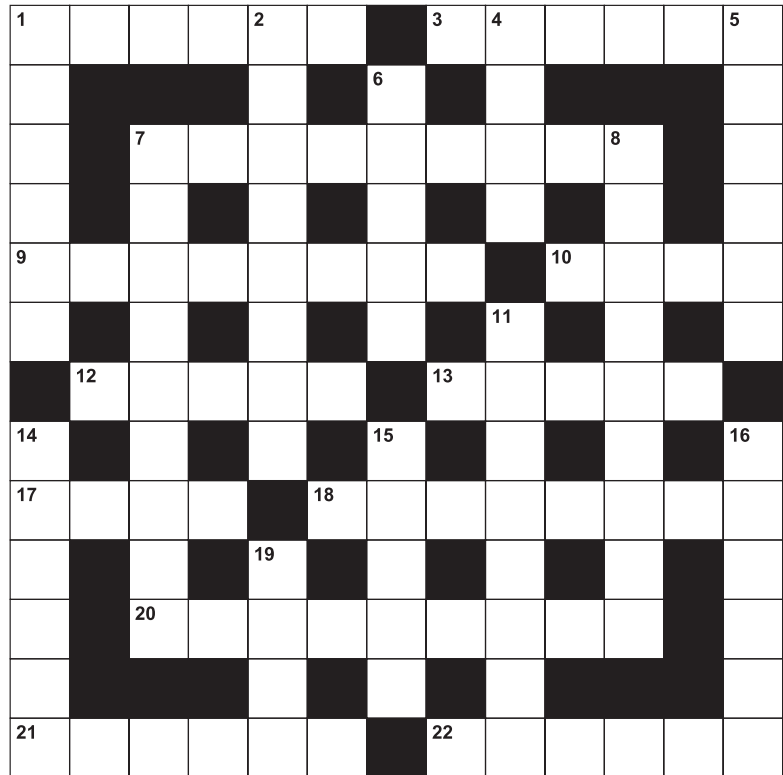
With special thanks to Ria Deamer, trainer Carol Fentoullis and "sweep" Corinna.

*Dragons Abreast encourages early detection and awareness of breast cancer whilst getting fit and having fun. Visit their website at www.dragonsabreast.com.au

Amanda Durack

Images courtesy of Chris Bennett Photography

radius prize crossword 2



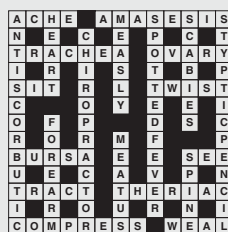
ACROSS

- 1 Broken charts produce carbohydrate (6)
- 3 Young Solzhenitsyn and Ian (lacking direction) unable to understand writing (6)
- 7 Carthage lacked height so added one fifty to its connective tissue (9)
- 9 Ancient Egyptians used this beauty product (8)
- 10 One of 206 in the human body (4)
- 12 This passage can suit little Albert (5)
- 13 Six Russians caught this (5)
- 17 Manure without him remains a waste substance (4)
- 18 Airborne troops send it east as a sponge (8)
- 20 Behaviour like a ribbon worm (9)
- 21 Confused state caused by sprout (6)
- 22 Pet the cat and suffer paralysis (6)

DOWN

- 1 Vent your anger on this organ (6)
- 2 Clerical group lost 50 but gained 5 to join the neck (8)
- 4 Curly kale can cause this hole (4)
- 5 Turning one ape breathless (6)
- 6 Can an organ relive recent tunes? (5)
- 7 A sane race cuts itself at birth (9)
- 8 Headless full circle gives slow development (9)
- 11 Sport included in cotton fibre creates a bandage (8)
- 14 Joint discoverers of radium (6)
- 15 This food unsuitable for coeliacs (5)
- 16 Hidden guerilla fighters transmit tropical fever (6)
- 19 Initially Una's malleus before operating was detached (4)

RADIUS SUMMER SOLUTION



The first correct entry received will win a Faculty history book or a Faculty promotions pack. The winner's name and the solution will be published in our next issue.

Entries to: RADIUS Prize Crossword, The Faculty of Medicine, Room 204, Edward Ford Building A27, THE UNIVERSITY OF SYDNEY NSW 2006.

Congratulations to our first winner, Dr Mark Latt (MBBS 1995) who has received a copy of 150 years, 150 firsts: *The People of the Faculty of Medicine*.



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Sarah-Beth Emerson

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Ryan Downey



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