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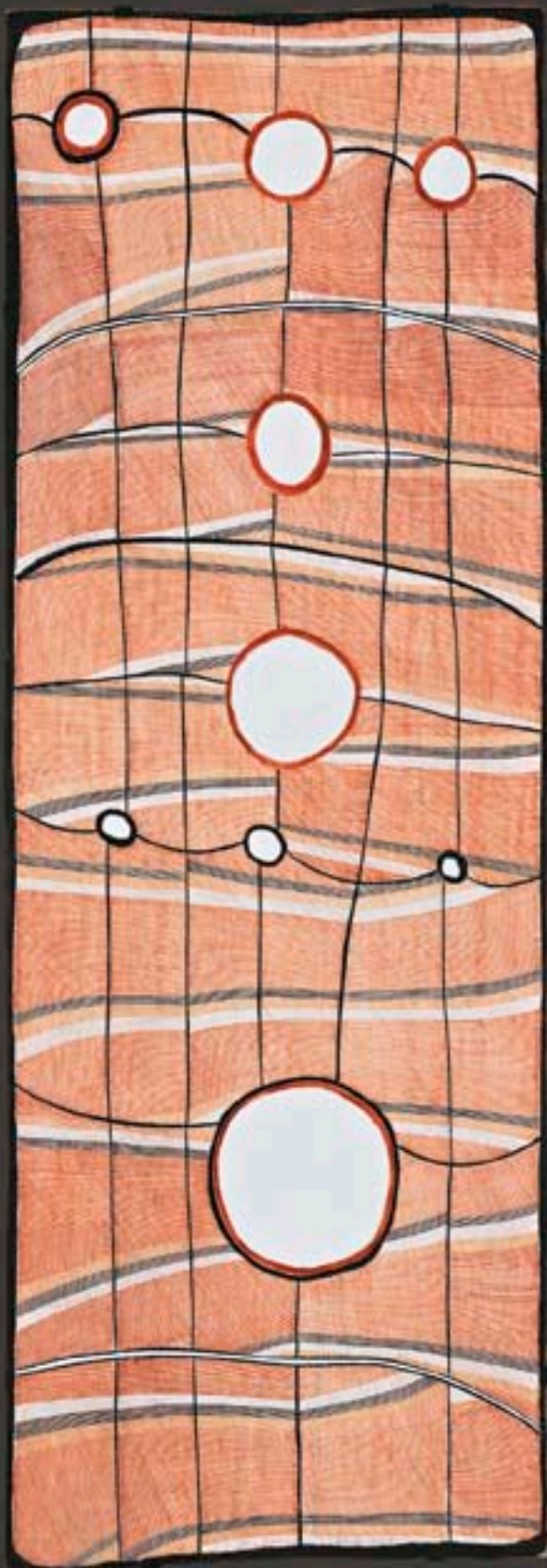
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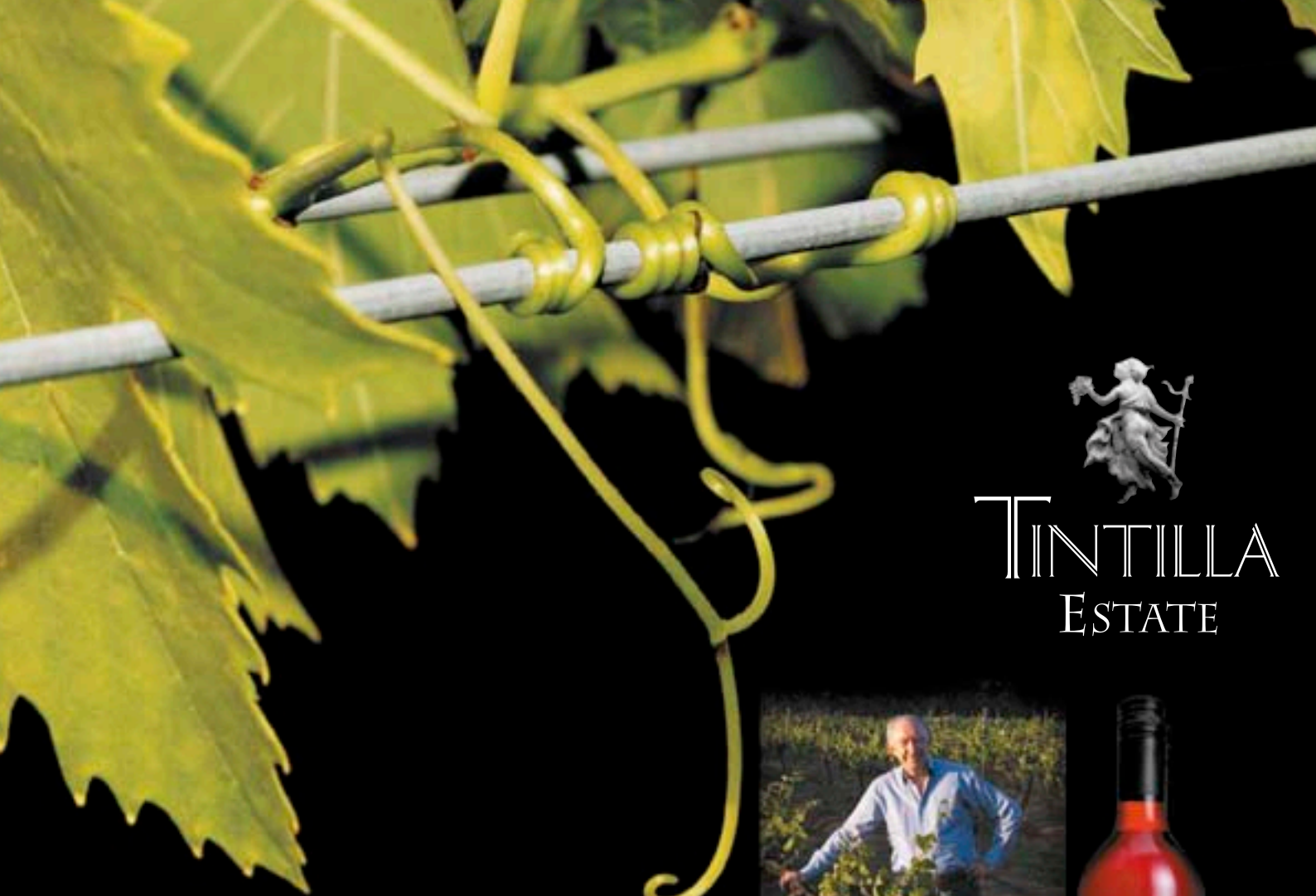
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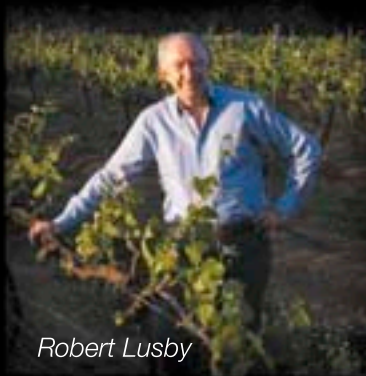
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INSPIRING ELECTIVE EXPERIENCES AN IMPORTANT GOAL

"Elective" terms in medical school are a time when students have the opportunity to pursue their own interests, to do something or go somewhere that is out of the ordinary. The world over, medical students venture to other countries or immerse themselves in new situations for their elective term.

They are frequently formative experiences. They offer cultural as well as medical experiences. Hospitality is provided and friendships forged.

Giving our students inspiring educational experiences during their electives is an important goal.

To achieve this, we have agreements with medical schools around the world to offer reciprocal placements and more partnerships are being developed. About 60 per cent of students spend some or all of their elective term overseas. In some instances, they go to prestigious Medical Schools in North America or Europe, where significant fees are charged for the elective. Other schools charge modest or no fees.

Our own clinical schools provide electives for more than 500 overseas students each year. Some come from schools with which we have exchange agreements; equal numbers of students travel to Cornell, Karolinska and Shanghai as we have here. The system, as usual, relies on the goodwill of hospital supervisors both within Australia and overseas.

The establishment last year of the Dean's Scholarship Fund, and the support it has already received from alumni and friends, means we have been able to increase the assistance we can provide for students who wish to travel overseas or within Australia.

There is no set formula for elective terms.

Many students travel to third world countries where they are able to immerse themselves in medical environments (or even crises) that we can barely imagine. Their reports are frequently inspiring.

Others use the time to try working with doctors in remote and rural Australia to see if this type of practice might suit them in the future.

We know of many students for whom the elective experience has significantly influenced their choice of career.

From recent discussions in the Northern Territory, for example, we know that students and young doctors who spend some of their placements working in remote or rural medicine, are more likely to return after graduation, than those who have not had such an experience.

All electives share some common features. Students decide what they want to do and where to do it. They have some life altering experiences. They meet some extraordinary role models. Their eyes are opened to different ways of doing things. They are enriched by the experience.

In our difficult financial times, students who frequently need to work to support themselves and sometimes their families, struggle to find the money to buy an airfare to travel to remote Australia - let alone overseas. Any support and guidance we can give them will be rewarded many times over. Our young doctors will be better grounded by the experience.

Bruce Robinson
Dean

ALUMNI AWARD FOR CRES EASTMAN

Congratulations to Professor Cres Eastman (MBBS 1965, MD 1980) who has won this year's University of Sydney's Alumni Award for Professional Achievement.

The award is in recognition of a career spanning more than 40 years, combining clinical and laboratory research, clinical care, teaching and public advocacy. Professor Eastman is probably best known for his pioneering work in reducing the burden of iodine deficiency - a major public health problem in many developing countries as well as in parts of Australia.

His interest in iodine deficiency disorders arose from his work as a clinical endocrinologist. Having started his research career at the Garvan Institute, since 1979 his main appointments have been at Westmead Hospital. From 1989 to 2006, he was Director of the Institute of Clinical Pathology and Medical Research

Iodine deficiency is the single most important and preventable cause of mental retardation. It causes endemic cretinism, goitre and in diminished production of thyroxine from the thyroid gland. The main adverse effects occur during fetal development and in early childhood. But these disastrous consequences can be prevented by ensuring an adequate dietary intake of iodine, usually by adding iodine to salt.

His international work has focused on countries in Asia, particularly China and Tibet, where he has directed a number of research and prevention programs. In the past decade, he has been a Consultant in Iodine Deficiency Disorders to the Tibet Autonomous Region, Principal International Consultant to the Ministry of Public Health in China, and Consultant on iodine deficiency disorders to the WHO Western region, Manila. Since 2006, he has been Deputy Chairman of the International Council for Control of Iodine Deficiency Disorders.

Right: Cres Eastman in Tibet and Australia



VIETNAM AWARDS

The Dean, Professor Bruce Robinson and Professor Kerry Goulston have been awarded Vietnam's highest health honour, the People's Health Medal.

The medals were awarded for their achievements in improving the protection, care and health of the Vietnamese people through the Hoc Mai Foundation. The medal was also awarded to Maggie Drummond, former executive officer of Hoc Mai.

Hoc Mai Foundation was established in 2001 to foster exchange of medical education and knowledge between Vietnam and Australia, and has become a major part of the Faculty's international programs. This



year, 30 Vietnamese health professionals were funded by AusAID for three month fellowship placements in Australia. The inaugural Hoc Mai Foundation conference, Changing Patterns in Vietnamese Healthcare, was held in October in Hanoi.

CELEBRATING SUCCESS: PRIZES, SCHOLARSHIPS AND GRANTS

The Faculty of Medicine's first prizes and scholarships ceremony acknowledged both the achievements of students and the contribution of alumni and friends in establishing the various awards. The ceremony also celebrated winners of Medical Foundation grants and scholarships.

The Faculty offers over 40 prizes and scholarships for students in the Graduate Medical Program. The oldest - the Renwick Prize No 2 in Physiology and won this year by Jacqueline Huber - was established in 1877 following a donation by a former Vice Chancellor of the University and

former Dean of Medicine, the Hon Sir Arthur Renwick.

Speakers at the ceremony included Faculty Dean, Professor Bruce Robinson; the Governor of the Medical Foundation, Dr John Gregory Roberts; and president of the Medical Alumni Association Dr Paul Lancaster. Ms Rebecca Saunderson, recipient of the Dr Catherine Hamlin Elective Term Scholarship, also talked about the value of her experience and the lasting impact it has had on her career plans.

A number of new scholarships and prizes have been established in the latest year. These include scholarships and prizes which provide financial support for students in need, scholarships awarded on merit, scholarships for Indigenous students in Medicine and

Public Health, and to assist with travel costs for elective terms. Other scholarships have been established to reward and encourage researchers in specific fields, including cancer and medical humanities.

A full list is available at www.medfac.usyd.edu.au

Rebecca Saunderson





From top, left to right:

1. Tom Calma, Sally Farrington, Lesley Podesta
2. Ngiare Brown
3. Bruce Robinson, H.E. Professor Marie Bashir, Greg Poche, Kay Poche
4. Alan Cass
5. Staff & students of the School of Public Health
6. H.E. Professor Marie Bashir, Dr Diana Horvath
7. Sandra Bailey, Auntie Sylvia Ingram
8. Don Hannam, Reg Richardson
9. Rowan Nicks, H.E. Professor Marie Bashir
10. The Poche Family with University staff


The University of Sydney
 FACULTY OF MEDICINE



THE POCHE CENTRE
 FOR INDIGENOUS HEALTH

Working together to improve
 Indigenous health

From Foley, Black, Cochrane (1992)

news

LAUNCH OF THE POCHE CENTRE FOR INDIGENOUS HEALTH

The University of Sydney Chancellor, Professor Marie Bashir, officially launched the Poche Centre for Indigenous Health on September 23. Established earlier this year following a donation to the Faculty of Medicine by businessman Mr Greg Poche, the Centre has three primary areas of operation: delivery of remote health and medical care, research and education of medical and allied health students.

The launch provided an opportunity for the Dean, Professor Bruce Robinson to

introduce the Centre's recently appointed Directors, Associate Professor Ngiare Brown and Professor Alan Cass.

Ngiare Brown is one of the first Aboriginal medical graduates in Australia, and an advocate for Indigenous health and social justice. Her interests lie in human rights, Indigenous affairs and bioethics.

Alan Cass was previously Director of the Renal Division of the George Institute for International Health, and a national leader in the development of policy regarding the co-ordinated delivery of chronic disease prevention and management services for Indigenous Australians.

GLOWING PINK FOR BREAST CANCER RESEARCH

The University's historic Clock Tower joined the list of landmark Australian and international buildings to glow pink during Breast Cancer Month. Lighting the Tower was part of the Global Illumination campaign, initiated to raise awareness of breast cancer. The focus of this year was been on recognising the role that research plays in increasing understanding and eventually curing the disease.

The National Breast Cancer Foundation is a significant sponsor of the University's research. Associate Professor Christine Clarke, who leads the Breast Cancer Research Group at Westmead Millenium Institute, is chief investigator on a number of projects which receive funds from the NBCF. Among them is the Breast Cancer Tissue Bank, a NSW-wide initiative to collect breast cancer tissue and clinical information for use by breast cancer researchers. In other NBCF funded research, Professor Clarke is leading a team looking at nuclear receptors and their role in breast cancer.

The Faculty of Medicine was a key sponsor of the NBCF Global Illumination Dinner, held in the University's Great Hall in October. Speakers at the dinner included Mrs Sarah Murdoch, the Hon Ros Kelly, and the Faculty's Professor John Boyages.



University clocktower, pink to support cancer research. John Boyages speaking at the Illumination Dinner.



NEPEAN'S FALLS AND FRACTURES CLINIC WILL HELP WESTERN SYDNEY

The new Falls and Fractures Clinic at Nepean Hospital – an initiative of the University of Sydney and Nepean Clinical School – will have a significant impact on the reduction of fall injuries among older people in western Sydney.

The Clinic is lead by the Faculty's Associate Professor Gustavo Duque. It incorporates a multidisciplinary team of health specialists, who work together to identify older adults at high risk of falls and fractures, and to implement appropriate interventions.

The Clinic provides in-hospital assessment and also runs an outpatients clinic. Patients are assessed for balance and

gait using the most advanced equipment available.

Gustavo Duque is the Head of the Discipline of Geriatric Medicine and Director of the Ageing Bone Research program at Nepean Clinical School. His major research interests include the effect of Vitamin D on bone and muscle mass, and the mechanisms of age-related bone loss. A medical graduate of the University of Caldas in

Columbia, he completed his PhD at McGill University, before taking the position at Nepean in 2007.

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Peter with Katherine Wilkinson and portrait.

ANATOMY MENTOR PETER MILLS

Generations of science and medical students remember Peter Mills, who has recently retired after a long and important contribution to anatomy research and teaching at the University of Sydney.

To mark his retirement, a portrait of Mr Mills was commissioned by Head of Discipline, Professor Bill Webster. The painting, by artist (and part-time employee in Anderson Stuart) Katherine Wilkinson, was unveiled in June.

In a speech to mark the event, Professor Jonathon Stone noted: "Peter Mills has been a remarkable figure in the history of the Department and the University. What made him remarkable was his mastery of his discipline. He became the best anatomist among us. Peter pursued the excellence of our teaching, ran workshop after workshop for postgraduate training, and mastered each new technology."

Peter joined the University staff over 40 years ago, soon after leaving high school. A gifted anatomist, policymaker and manager, he worked well beyond his official responsibility as Professional Officer. He has been a mentor to many past and current anatomy teachers, and a number of his own prosections are on display in the Wilson Museum. Aside from his anatomy and teaching skills, he leaves a physical legacy. He was a driving force behind many of the improvements made to Anderson Stuart.

POSTGRADUATE COURSES MORE POPULAR

In an environment where health and medical discoveries occur ever more rapidly, where much of what is learned during a medical degree is superseded well before the end of a normal career span, postgraduate course enrolments are growing.

To meet the demand, the number and range of postgraduate courses offered by the Faculty of Medicine has increased, enrolment numbers in postgraduate education continue to climb.

In 2009, the Faculty will be offering 68 courses across 22 disciplines. New programs in Medical Humanities and Qualitative Health Research help bring a human side to the practice of medicine and to medical research. They complement more traditional courses in public health, international public health, epidemiology, medical education, surgery, infectious diseases, and more.

Health communication has also been added to the course line-up for 2009, in a program aimed at providing skills for communicators in health and medicine, and developed in conjunction with the University's Department of Media and Communication.

In 2008, a total of 1,115 students enrolled in Faculties of Dentistry, Medicine and Pharmacy postgraduate programs. The majority of students undertook coursework programs (65 per cent), over half were female and 15

per cent were international students from 48 different countries.

Master of Public Health

The School's public health courses remain popular. Associate Professor Alexandra Barratt believes this is because the courses "allow students to diversify their career possibilities and possibly steer them in new career directions. There's a huge variety of career options available to them; everything from public health practice through to research."

In 2009 students will be able to undertake studies in Qualitative Health Research. This new unit is coordinated by Dr Stacy Carter and will provide students with a unique insight into qualitative enquiry and its use and value in health research.

Master of International Public Health

Students from all over the world attend the School's courses in International Public Health, and past and present students are the program's strongest advocates.

From 2009, international public health students will have the option of studying about health systems in developing countries. Also new in 2009 is a more comprehensive nutrition studies unit which incorporates both assessment and intervention components.

PROGRAMS EXPANDED IN MEDICAL HUMANITIES

The recent donation by US-based Dr Rhonda Soricelli, has given a significant boost to the recently established programs in Medical Humanities (see story on page 23)

Dr Soricelli has been teaching medical humanities as part of mainstream medical education in North America for more than a decade. She is keen to see medical humanities better understood and more widely incorporated in Australia, and part of the funds she has contributed are likely to be directed into lectures which explain and promote its philosophy and practice. She is thrilled that the program, led at Sydney by Dr Claire Hooker, is the first of its kind in Australia.

"Medical humanities is about integrating the views of health and illness offered by non-medical disciplines including philosophy, history, art, literature and music," Dr Soricelli said. In her courses in the US, she uses the language of the arts – films such as *The Diving Bell and the Butterfly*, released last year, about French fashion magazine editor Jean-Dominique Bauby who aged 40 suffered a stroke that left his mind functioning perfectly but his body almost completely paralysed – to make health and illness more understandable.

"Medical students are so focused on the facts that they can have trouble focusing on the whole of human life," she said. But the programs are also aimed at people who have long passed med student days.

Many Medical Humanities students have previously undertaken science-based courses and not had the opportunity to explore the humanities as they relate to medicine while studying their undergraduate degrees. The Medical Humanities courses allow them to pursue their professional and personal interests in this field. It is also a way for graduates from non-medical backgrounds to develop their interests in areas where science and arts intersect.

news



Ask medical graduates about their elective term experiences, and it is often one of their most vivid and favourable education memories. Elective terms are one of the rites of passage for medical students. They provide opportunities for medical, cultural and personal experiences. They allow students to pursue their own interests. They expand horizons, they are frequently important in career decisions.

by Beth Quinlivan

ELECTIVE TERMS: Defining moments at home and abroad

Sophie Berkemeier, GMP 4.
Photography by Ted Sealey

IN THE TU DU maternity hospital in Ho Chi Min City, there are more than 70,000 babies born each year, that's nearly 200 every day or about eight an hour. To put it in perspective, about 5,500 babies were delivered at RPA in the past 12 months.

As an experience in obstetrics and newborn care in a developing country, Tu Du is hard to beat. The Hoc Mai Foundation's scholarships, which are awarded annually to students who are interested in spending their elective term in Vietnam, are keenly sought.

In the latest year, one of the recipients was Paula Conroy, recent President of MedSoc and graduating this year. She spent four weeks at Tu Du and a further month at the Viet Duc surgical hospital in Hanoi.

"We were able to participate in the deliveries, and were taught delivery methods by the wonderful midwives who ran the delivery room. In Hanoi we took part in ward rounds, were encouraged to scrub into theatre and become involved in treatment of badly injured motorbike and car accident victims, a legacy of the city's dangerous and congested roads.

"It was a fantastic experience. The whole of Vietnam has been quite humbling, and as far as plans for the future, it has made a difference. I have been inspired to work overseas as a way of assisting those in developing countries, and also to experience different cultures."

Sophie Berkemeier's elective placements provided dramatic contrasts in cultural and medical experiences. In December and January, she divided her eight weeks between Siberia and Swaziland. In Siberia, she practiced speaking Russian and helped in operating theatres and the neurology department of a modern(ish) hospital. From there, she travelled to the Good Shepherd Hospital in rural Swaziland, a country on the border of South Africa with the dubious distinction of having the highest HIV rates in the world (39 per cent of the population). On latest WHO figures, life expectancy at birth is 37 years.

"I wanted to do something different. Getting from Russia to Africa was difficult and expensive, but I couldn't

see any other time in the near future when I'd be able to have such an experience."

She was interested to spend some of her elective in Russia because she had visited before, and was keen to improve her language skills and see how medicine was practised.

"I didn't go to Africa expecting to make a difference, I wanted to learn about a culture that was different to our own, to see medicine at its worst, and to learn about things I would never see in Australia. The four weeks opened my eyes to the suffering of people from potentially curable diseases, I saw horrible things but I met wonderful people who love what they do and love their country."

"You learn a lot travelling, and even more when you're immersed in hospital in a different country and culture," she said. She is hoping eventually to do specialist training in Obstetrics and Gynaecology. "Being in Siberia then Africa made me think a lot about what I want in medicine in the future."

rites of passage

All over the world, elective terms are one of the rites of passage for medical students. They provide opportunities for new, interesting medical, cultural and personal experiences. They allow students to pursue their own interests. They expand horizons, they are frequently important in career decisions.

The vast majority of students report that their elective term placements have been positive experiences. For many, their elective is one the highlights of their medical education.

Sophie Berkemeier and Paula Conroy's experiences in Russia, Swaziland and Vietnam are among dozens of inspiring and engaging stories of elective term experiences by this year's graduating students.

On the local front, Matthew Stanowski spent four weeks at Santa Teresa, a community of about 600 people about an hour's drive south west of Alice Springs. He passed the time either with the GP who ran clinics two or three days



a week, with a community nurse, with one of the Aboriginal health workers, or just playing with children and talking about day-to-day events. "I'm not sure I learned much medicine, although it was interesting to see the range of health problems and the age at which they were occurring. But I learned a lot about Aboriginal people and society."

It was his first experience of remote health care. For someone used to city medicine, that was absolutely eye opening, he said. "None of the reading or lectures prepared me for the reality of being there. It was mid-summer and over 40 degrees most days. Some of the housing was substandard - you realise that you don't have to go to Africa to see third world living conditions.

"But being there was also inspirational, for example watching the mums so proactive with their kids health, making sure they were up to date with their vaccinations."

And not everyone leaves Sydney. For a variety of reasons - family commitments, a desire to pursue research or test career interests, but most frequently lack of money - a significant number of students spend some or all of their elective close to home.

Lucy Wynter spent four weeks at the Royal London Hospital then a month in the Emergency Department at Liverpool Hospital. It was a financial decision to limit the overseas part of her elective, but her month in Emergency was a valuable experience, she said.

"I chose EM because it was a way of getting lots of experience, and I chose Liverpool Hospital because its' Emergency is so big, it was well organised for teaching and provided so many opportunities to learn."

Yen-ni Yu also opted for emergency medicine, although at Westmead.

"I was in the Emergency Department for my Integrated Clinical Attachments as a third year medical student, and I had a great time. I met Dr. Rachel Boddy when I was doing my ICAs, and she was a great teacher. She had such a positive influence on me that ED became one of my potential career choices. So I decided to do my elective in

ED again to gain more hands-on experiences.

"Doing a four week elective term in ED back at Westmead Hospital was fun, the clinical exposure and practical experiences were definitely helpful in consolidating the clinical knowledge I've learnt so far. And because I was there during the ICAs, it was a rather familiar environment that I felt comfortable working at."

ELECTIVES WITH CAREERS IN MIND

In Sydney's Graduate Medical Program, elective terms sneak in between the third and fourth year of studies. Students decide, organise and fund their own elective, which is spent doing clinical or community work, or research. About 60 per cent of this year's graduating students spent some or all of their time overseas, and their choices ran from developing countries to research in prestigious centres in North America and Europe. Locally, rural and Indigenous placements are popular.

"For many students, an elective term is seen as the last opportunity to combine medicine with travel and fun before the hard yards of internship and residency take hold," said Ms Karen Garlan, the Faculty's Academic Co-ordinator for Elective Terms.

They are also important for students as a way of investigating career options. Over last summer, 60 per cent of students selected their elective with a career in mind, and this was particularly the case among students who chose to stay in Australia.

Data from Northern Territory General Practice Education (NTGPE) bears this out.

NTGPE provides a gateway for medical students wishing to do electives in remote and/or Aboriginal communities in NT. Its Medical Student Co-ordinator, Ms Margaret Vigrants, says about 150 students are placed in NT a year but demand for placements in communities is growing and opportunities are decreasing.

Among students who participate, the response is very positive.

Sophie Berkemeier in Swaziland; Matthew Stanowski in Central Australia; At Hospital Regional, Cusco Peru, by David Gordon GMP4; Rona Francisco GMP 4, Phillipine General Hospital, Manilla. "It was the first baby I delivered as a medical student."



“Ninety six per cent report having achieved their objectives for their placement. In their open ended responses, the overwhelming comment was ‘a fantastic placement’,” she said.

Sixty eight per cent of students undergoing a placement in the NT report that this placement has elicited more interest in rural practice. “To June 2008, and bearing in mind the program commenced in 2005, 17 per cent of Junior doctors placed in the NT had undergone a student placement with us, 13 per cent underwent GP training with us, and 28% of all GPs trained in the NT have undergone an undergraduate placement with NTGPE,” she said.

EXPLORING OPTIONS

In an era when medical courses are comprehensively measured and assessed for their educational benefits, elective terms have so far escaped close scrutiny.

“Students overwhelmingly report their elective as a positive experience but there is very little in the literature to support the elective term as an effective educational tool,” said Karen Garlan.

“Apart from students demonstrating some improvement in clinical skills, evidence to uphold the educational benefits of the term is largely anecdotal and not matched by rigorous assessment and evaluation.

“In an elective, the dominant modality is experiential, where the learning is not planned or guided but simply occurs in the course of the term. It is not to say experiential learning can’t yield valuable outcomes but it is hard to assess.”

Still, she says, the Faculty will continue to support elective terms and encourage students to explore their interests in all aspects of medicine.

“In the four year medical program, which so often seems to run at a frantic pace, elective terms give students a chance to explore their options and think about the future careers. The term can offer a defining moment, and for that reason alone, it should never be underestimated.” *radius*

BRIGHT MEMORIES

Years after graduation, elective term memories continue to burn brightly.

Associate Professor Chris Roberts is the head of the Faculty’s Office of Postgraduate Medical Education and has an impressive international career in medical education and assessment. He still has his elective report from 1979 when he did clinical placements in and around Johannesburg, South Africa, in Obstetrics and Gynaecology.

“It was towards the end of Apartheid. I was working in mainly black hospitals, and my experiences there made a profound and lasting impression on my professionalism in my career as a clinician and an educator,” he said.

Michael Peek, Professor in Obstetrics and Gynaecology and Head of the Nepean Clinical School, says his elective at Rockhampton Base Hospital in Obstetrics and Gynaecology, was great fun and great experience.


“There was great fishing and the midwives held fantastic parties. But it was also where I had my first taste of rural medicine and the first time I had felt part of a multidisciplinary team.”

Kathryn North is the Douglas Burrows Professor of Paediatrics and Head of The Children’s Hospital at Westmead Clinical School; and Deputy Head of the Institute for Neuromuscular Research at the Children’s Hospital at Westmead. Her elective term was an important point in the development of her research career. It also marked the start of an important and enduring professional and personal relationship.

“I did my elective in Paediatric Neurology with Robert Ouvrier at the Children’s Hospital. It was Robert who made me determined to become a paediatric neurologist, when it came to my elective I asked if he would be my supervisor. He has continued as my mentor throughout my career - and I am about to succeed him as Head of the Institute for Neuromuscular Research.”

Michael Kidd is Professor and Head of the Discipline of General Practice.

“I was a medical student at Melbourne University. I spent my final year elective in rural Western Australia spending time with the Royal Flying Doctor Service in Kalgoorlie and the western desert region in the south, and in Wyndham in the Kimberleys. It was my first intense experience of Indigenous health and remote medical practice. I was privileged to be invited to spend time living with the Aboriginal Community in Kalumburu, the northernmost settlement in Western Australia, where I gained some insights and practical experience of traditional lifestyles and also current healthcare beliefs and challenges. I experienced the wonderful work of health professionals dedicated to ensuring that high quality care is available to all people in Australia, and I also gained understanding of the need to respect traditional health beliefs.”



When Faculty of Medicine researchers recently analysed data from RPA and the NSW population, collected according to best clinical practice guidelines, they found a striking link between late term stillbirths and inflammation and infection. The problem is, there is a gap between best evidence and practice, and too many stillbirths are never fully investigated or explained.

by Beth Quinlivan

Understanding stillbirth

LOSING A BABY late in pregnancy is a traumatic event, terrible for the parents, for families and friends, for medical professionals, for counsellors and for the entire community.

One unfortunate consequence of the pain and despair associated with losing a baby, though, is that in a significant number of cases, the cause of death is not fully investigated. Doctors and counsellors, not sure of how to raise the question of autopsy or how to manage the grief, opt to leave families alone rather than risk imposing further trauma by asking for autopsies and placental examination.

If that response is understandable, from a public health perspective it is far from ideal.

Despite improvements in other areas of health care, the rates of stillbirth have not changed significantly over the past decade. Many stillbirths remain unexplained, especially those which occur in later stages of pregnancy.

"You can't begin to tackle the problem of stillbirth until you better understand the causes," said Heather Jeffery, Professor of International Maternal and Child Health and previously head of neonatal medicine at RPA Newborn Care. "Unexplained stillbirth is one of the biggest public health issues in maternal and perinatal health and it needs a whole-of-Australia approach."

While the incidence of stillbirth in Australia has declined in the past 30 years, numbers in recent years have actually increased. In 2005, the latest year for which ABS data is available, there were 1,411 stillbirths recorded - an increase of nearly 5 per cent on the 1,347 in the previous year. Stillbirth, or fetal death, is classified as the death of a fetus weighing at least 400 grams or at least 20 weeks gestation. Perinatal deaths comprise stillbirths and neonatal deaths (death within the first 28 days of life), stillbirths account for about two thirds of the 2,213 perinatal deaths in 2005.

In just under 30 per cent of cases recorded by the ABS, the cause of stillbirth is unknown. The highest rates of unexplained antepartum death occur among later term babies - from 28-31 weeks gestational age, 25.5 per cent are unexplained; from 32-34 weeks, 31.4 per cent are unexplained; and 29.4 per cent of stillbirths from 37-41 weeks are unexplained (2005)¹.

In New South Wales, the situation is worse with 41 per cent of deaths from 2002-04 unexplained, including 60% of term stillbirths².

"It should never be unexplained," said Heather Jeffery. "It is shocking for parents, shocking for everyone involved."

My experience of SIDS is that if you cannot explain to mothers why their babies died, they are more profoundly affected than if you can tell them the cause."

"There is so much we don't know about stillbirth, the way to start is to get the initial classification right. If we can do that, then we're in a better position to direct prevention efforts, health services, and research."

Where the clinical practice guidelines developed by the Perinatal Society of Australia and New Zealand are implemented, as at RPA, there has been a large reduction in the number of unexplained deaths, Professor Jeffery said. At RPA, the number of unexplained deaths fell from 34 per cent to 13 per cent, especially when autopsies and placental pathology examinations were performed. Deaths initially listed as unexplained were reclassified as due to infection, fetal growth restriction, spontaneous preterm with chorioamnionitis, hypertension and congenital abnormality³.

The main objective of the clinical practice guidelines is to assist clinicians in the investigation and audit of perinatal death. The classification of stillbirths incorporate antecedent causes, and therefore target prevention and appropriate counselling, she said.

"Our recent experience with population data in NSW evaluating 1264 stillbirths has shown us that, overall, the guidelines are not well implemented," Professor Jeffery said².

"When we examined placental histological data for both RPA and the NSW population, we found a striking increase in inflammation - and thus likely infection - at early gestation (20-28 weeks) but also at term gestation⁴. This research indicates that extensive investigation for infection of stillborn babies at term is important. When the guidelines for investigation were followed, the commonest reason for an apparently unexplained stillborn baby was inflammation and infection."

PROGRAMS FOR HEALTH PROVIDERS

What Professor Jeffery is pushing for - funds permitting - is to roll out a training program for health providers which she and her team have successfully used previously to achieve other goals in rural NSW, and in Macedonia, Malaysia and Vietnam.

In April this year, with colleague Associate Professor Janet Vaughan and a health team largely from University of Sydney, they ran a trial of the program in Darwin. The specific goal was to increase information on stillbirths in the Indigenous population, where the incidence is almost twice that of the non-Indigenous population.

In the SCORPIO program - as it is called - small groups attend five or six teaching stations. Each station addresses a different issue, each of which is contained within a separate chapter of the clinical practice guidelines. They include how to discuss an autopsy, how to examine a placenta, why investigate a stillbirth, how the perinatal death classification is used, and how to examine and photograph a baby⁵.

"We know the program works, what we really need is for the government to support it. Stillbirth is one of the most common adverse outcomes of pregnancy but the least studied." **radius**

MORE INFORMATION

More information on stillbirth is available from:

- Australia and New Zealand Stillbirth Alliance www.stillbirthalliance.org/anz/
- Stillbirth Foundation www.stillbirthfoundation.org.au

Darwin Perinatal Clinical Practice Guidelines Education Team:

- Associate Professor Janet Vaughan - Obstetrician and Maternal Fetal Specialist.
- Dr Susan Arbuckle - Paediatric Pathologist.
- Dr Jane Hirst - Obstetrician.
- Dr David Hill - Medical Educator.
- Professor Heather Jeffery - International Maternal and Child Health.
- Ms Vicki Flenady - Midwife and Epidemiologist.
- Ms Ros Richardson - Midwife and Manager SIDS and KIDS NSW

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Professor Heather Jeffery.



SUSTAINABILITY: What's health got to do with it?



Population health and environmental sustainability are closely linked. Increased consumption, environmental degradation, resource depletion, and changes to natural systems, have direct health impacts. The University of Sydney's recently established Institute for Sustainable Solutions brings together researchers and educators, to tackle pressing issues relating to sustainability. The Faculty of Medicine's Associate Professor Ruth Colagiuri leads its health programs.

By Ruth Colagiuri and Renee Slade

"So, let us not be blind to our differences – but let us also direct attention to our common interests and to the means by which those differences can be resolved. And if we cannot end now our differences, at least we can help make the world safe for diversity. For, in the final analysis, our most basic common link is that we all inhabit this small planet. We all breathe the same air. We all cherish our children's future. And we are all mortal." John F. Kennedy, Commencement Address at American University in Washington. June 10, 1963.

Forty years on, these poignant words spoken by JFK resonate louder than ever. Our common interest, shared concern and immediate challenge is sustainability. It moves beyond global financial markets and the war on terror; its impact will be felt by every single living organism on the planet, and by the planet itself.

But what's health got to do with it? For many people, the mention of health and sustainability conjures up visions of mosquito-borne superbugs and death by flood or heat stress. While these fears are not to be discounted, the reality is far more insidious. Population health and environmental sustainability are inextricably linked. Our insatiable appetite for consumption is unprecedented and places excessive pressure on the planet. Environmental degradation, resource depletion, and disturbances to the structure and function of natural systems have direct health impacts¹. Then there are the consequences, such as environmental refugees and conflict around scarce resources, that flow from social, economic and demographic disruptions¹. The negative impact of these changes on physical and mental health, poverty and disadvantage, social cohesion, and inter-generational inequity are immeasurable.

Health is a critical input and output of sustainability, and can enhance or jeopardise sustainable development. At the risk of oversimplifying, let us consider some of the issues around health and sustainability using one of the

largest public health concerns confronting Australia – the obesity epidemic.

Over 60 per cent of Australian adults and one in four children are now overweight or obese. The increasing prevalence of obesity coincides with technical and environmental changes which have unbalanced energy intake and expenditure and literally 'tipped the scales'. The result is aptly illustrated by the cartoon currently circulating showing the change, over 30 years, from thin people watching fat TVs to fat people glued to super slim plasma screens!

The fat epidemic parallels and underpins the exponential growth in conditions like type 2 diabetes, certain cancers, arthritis, sleep apnoea, and mental ill health. It affects quality of life and impedes productivity through absenteeism and presenteeism (where people are at work but significantly underperform due to physical or mental lethargy and impairment). Proponents of the 'new nutrition science' quickly point out that the way we eat is not only harming us, but that the way we produce, transport and store our food is harming the planet through excessive use of natural resources, carbon emissions and soil degradation.²

SEARCHING FOR SUSTAINABLE SOLUTIONS

There has never been a more important time to find answers to tough questions. What sort of environment will our children inherit? How will we feed the 9 billion people predicted to populate the world by the middle of this century? Will our cities implode from sheer congestion? Will we explode as a result of obesity? What is the role of universities in debating these questions and finding actionable answers?

The University of Sydney is making a substantial investment in tackling these issues through the establishment of the Institute for Sustainable Solutions

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(USISS). The Institute was launched in July 2008, in association with a lecture by Columbia University's world renowned macroeconomist, Jeffrey Sachs. Sachs concluded by citing the JFK quote which begins this article, highlighting the urgent need for cooperation and collaboration across all sectors and at all levels of society to secure the future of the planet and of future generations.

Through USISS, the University aspires to make a significant contribution to the global challenges of sustainability by drawing together and optimising intellectual mass for sustainability research. USISS aims to cross disciplinary boundaries and bring together areas such as renewable energy, climate change, population growth, health, food and energy security, as well as operational aspects of the University. It will also reach out to the broader community, to tackle complex problems with innovative, multi-dimensional solutions across its four key areas of *energy, environment, development/productivity, and health*.

HEALTH AND SUSTAINABILITY

The health programs of USISS have a good head start. Since 2005, the Australian Health Policy Institute has hosted the Oxford Health Alliance (OxHA) Asia-Pacific Centre led by Ruth Colagiuri and Stephen Leeder. This international think-and-action tank is dedicated to confronting the epidemic of chronic diseases and takes a macro approach to protecting health and human capital by mitigating environmental disease determinants. The 2008 OxHA Sydney Summit, '*Building a Healthy Future: Chronic Disease and Our Environment*' was co-hosted by the University of Sydney and resulted in the Sydney Resolution (www.oxha.org) which highlights the link between epidemic chronic disease and climate change, and calls for global action on five imperatives for sustainability: healthy places, healthy food, healthy business, healthy public policy, healthy societies.

Health is the most valuable of all societal assets and has everything to do with sustainability. Indeed, a modern prophet might well ask "*what would it profit us to save our planet if we destroy ourselves?*"

So, how are the Faculties of Health responding to the establishment of USISS and the challenge of health and sustainability?

Immediately following the USISS launch, a roundtable was convened by the Dean of Medicine, Professor Bruce Robinson to explore health and sustainability. This was fleshed out at the Faculties of Health '*From Cell to Society*' conference at Leura in November when the Deans of each Health Faculty described what sustainability means to their area. A Sustainability and Health Forum for staff and students is scheduled in December to assess opportunities and lay the foundations for a strategic approach to future activities.

As we write, we are preparing to hold a Dialogue Meeting on 'Sustainability and Advertising' – a \$30 billion industry – jointly convened by the Australian Association of National Advertisers, the USISS health group and OxHA Asia-Pacific

We are off to a good start. The stakes are high and the risks are great – but the risk of not acting on what is possibly the biggest challenge the world has ever faced is far greater. What has health got to do with it? Everything.

radius



Ruth Colagiuri

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FUTURE LEADERS



Paula Conroy
Honorary President 2008
Sydney University Medical Society



Alumni leads the way for students

The link between medicine and leadership is an important one. As students, we are taught to act as leaders in our day-to-day work and also as advocates for those less fortunate. In our course work, we are taught indirectly about many aspects of leadership through the use of teamwork and goal-setting.

At a recent luncheon held by the Medical Alumni Association, I had the pleasure of discussing many aspects of medicine with Sydney University alumni. A number of leading medical professionals were in attendance, and the concept of doctors as leaders was raised a number of times, both from the speakers and the floor. The Dean of the Faculty, Professor Robinson, highlighted the importance of doctors as leaders, stressing the significant role doctors have in helping one's patients and also the wider community.

As a consequence of meeting these influential and inspiring people, I hope that we will be able to formulate a way for alumni to meet regularly with students. The aim is to provide students with the opportunity to discuss avenues one can take in medicine, and also to learn about medical leadership. We're fortunate to have alumni with such a depth of knowledge and experience. There is a limit to what can be learned in textbooks and tutorials – providing students with the ability to talk with alumni is a wonderful way for their considerable wisdom to be passed on. The Medical Society is looking forward to working with the MAA to foster these relationships, and to help students be leaders during their medical careers.



Shaping future leaders

The AMSA National Leadership Development Seminar held in Canberra each year is a fantastic opportunity for students to enhance their leadership skills. Three students from the Graduate Medical Program were selected to attend the three day event, which provided an informative and inspirational program. Phoebe Williams (GMP 4) shared her thoughts on the speakers:

"The seminar opened with an address by the Hon Nicola Roxon MP, which raised the major issues facing medical students today. These included the recent rise in student numbers and subsequent pressure on pre-vocational and vocational training positions. She also spoke about the National Primary Care Strategy, which aims to emphasise prevention and to enhance the use of the evidence-based medicine in the management of chronic disease. Dr Vasantha Preetham followed with an insightful discussion of the role GPs play as leaders in the community and medicine, as well as touching on the issue Australia currently faces with its GP shortage and the resultant importation of overseas-trained doctors.

The Hon Joe Hockey MP impressed many with his skills in circumstantiality and tangentiality in a question and answer session. Professor John Horvath addressed the factors affecting medical students with reassuring figures ensuring the number of intern placements will increase, just as they have in the past decade. The Rev Tim Costello raised the imperative issues of health in a global context, whilst the Hon Dr Brendan Nelson gave a personal speech on the leaders and influences in his own life, both as a doctor and politician. The Hon Jeff Kennett spoke candidly about his journey to Chairman of Beyond Blue, the need for improved mental health training in doctors, as well as awareness of our own mental health needs.

As seminar attendees, we were also given sessions on public speaking, goal-setting and working with the media – issues not covered in the already packed medical curricula but invaluable for future medical leaders. Members of the ADF also offered their thoughts on the interaction of leadership and ethics, using the situation of leading troops in Rwanda amid the 1994 genocide as a timely example of making incredibly difficult leadership decisions.

Overall it was a fantastic learning opportunity and I would like to pass on my thanks to the Faculty of Medicine and AMSA for making the USyd contingent's attendance at the event possible".

ALUMNI SUPPORTING POSTGRADUATE STUDENTS

philanthropy



THE JOHN LOEWENTHAL SCHOLARSHIP

One surgeon salutes another

A gift of \$200,000 from alumnus Professor John Wong BSc (Med) '64, PhD '72, MD (Honorary doctorate) '95, Chairman of the Department of Surgery at the University of Hong Kong, has recently established a postgraduate scholarship in surgery in memory of Sir John Loewenthal. Sir John was the former Bosch Professor of Surgery at the University and Dean of the Faculty of Medicine.

Professor Wong wished to establish the scholarship as a measure of his high esteem for Sir John, whom he had known from his student days at the University. Sir John was widely credited with building the Department of Surgery from very modest beginnings to one with a worldwide reputation; working hard to improve surgical teaching and expand research facilities. Beyond his visionary leadership at the University, his many achievements included serving as President of the Royal Australasian College of Surgeons. He was also one of the founders of the National Heart Foundation of Australia, of which he became President in 1975.

The John Loewenthal Scholarship will be awarded to a student enrolled in the Master of Surgery by research or coursework or in a Doctor of Philosophy in the Discipline of Surgery. It will be tenable for one year for Master of Surgery by coursework, up to two years in the case of a Master of Surgery by research and up to three years for a Doctor of Philosophy.

Professor Wong is a longstanding friend of the University and was the inaugural President of the University's Hong Kong alumni chapter.

Sir John Loewenthal
Photo courtesy of the Royal
Australasian College of
Physicians

“My parents were honest, fair-minded, and deeply loving people. Education was always at the top of the priority list for their children who were raised with the belief that they could be and do anything they set their minds to.”

Dr Rhonda L Soricelli

A BOOST FOR MEDICAL HUMANITIES

The Medical Humanities program at the University of Sydney has received a gift of \$US250,000 from the University of Sydney USA Foundation. The gift was made possible through a donation by Faculty of Medicine alumnus, Dr Rhonda Soricelli (MBBS 1972). In 2002, through the USA Foundation, Dr Soricelli established the Harold and Gwenneth Harris Fund for Medical Humanities in honour of her parents, who enabled her medical education at some sacrifice to themselves.

The Harris Fund has contributed to the medical humanities program over the past five years, covering the cost of bringing in guest speakers and supporting local events. Through this recent gift, the Harris Fund is now endowed on a permanent basis. It is anticipated that it will support an annual Medical Humanities Scholar, who will be seconded from clinical practice to pursue a small project, a biannual conference and special exhibitions, programs and speakers.

“This is an exciting opportunity,” said Dr Claire Hooker, the program co-ordinator. “This is the only the only postgraduate program in medical humanities in Australia. The high quality of our teaching and the additional events, such as those supported by the Harris Fund, are already attracting interest from local and international students and practitioners.”

Born and raised in Sydney, Dr Soricelli graduated in 1972 then moved to the United States for post-graduate medical training. She completed a residency in internal medicine and fellowship in nephrology in Portland Oregon. Following her marriage to a fellow nephrologist in 1984, she embarked on a new career path in academic internal medicine, focusing on the teaching of basic clinical skills, clinical ethics, and the medical humanities. Among other work, she established and directed a long-standing evening seminar series in Literature and Medicine, one of the first such programs in the country. In 1991-1992, she was awarded a National Endowment for the Humanities Fellowship in Literature and Medicine for her work in the field.

Since 1994, Dr Soricelli has been an independent scholar. She lectures and teaches medical humanities courses on topics such as death and dying, aging and end-of-life decision-making, the experience of illness, humanistic issues in home care, gender issues in the physician-patient and physician-colleague relationship, and on physicians' and medical students' perceptions of themselves and their chosen profession. In addition to numerous publications, she is the co-author of a play about physicians in professional crisis that has been used extensively in readers' theatre format to educate medical groups. She is currently working on an anthology of readings in family caregiving and a text on teaching Medicine and the Arts.



Harold and Gwen Harris being farewelled on the Contship Jork.

Naming of Scholarships

Naming a scholarship after a family member or an esteemed colleague is a wonderful way for their memory to be valued in perpetuity. If you would like to discuss the possibility of establishing a named scholarship, please call the Development Office on (02) 9036 7185

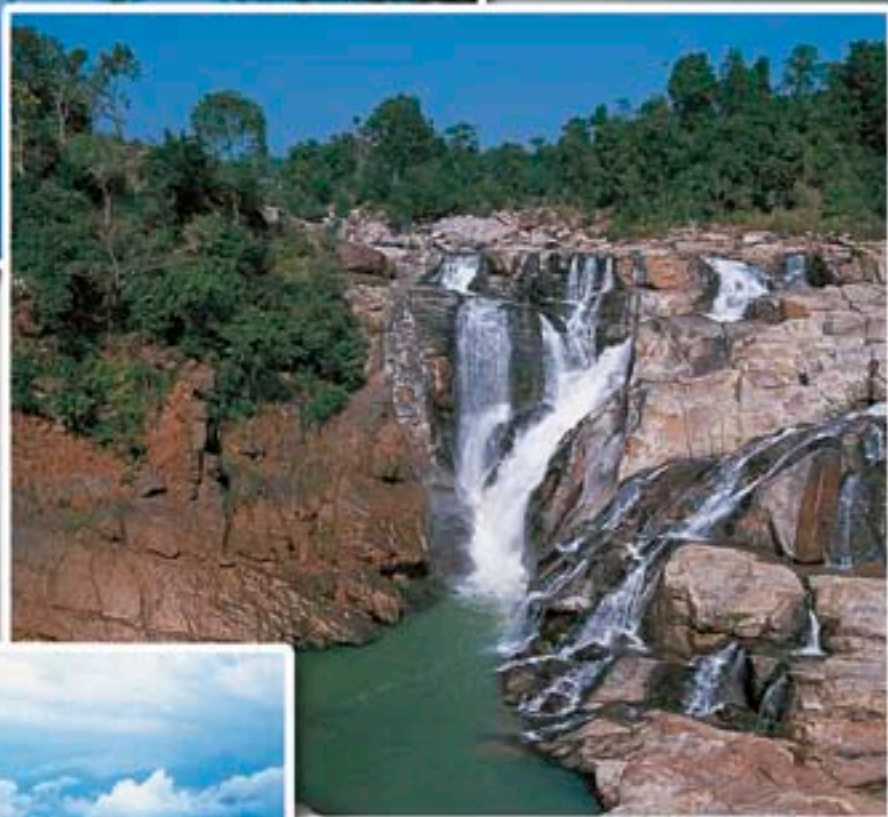
Donations & Bequests

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.



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president's report

On 1 October we celebrated the Medical Alumni Association's 21st anniversary with a lunch in the Great Hall. We were delighted that our indefatigable Chancellor and NSW Governor, Her Excellency Professor Marie Bashir, could join 150 other alumni, partners and student representatives.

We also welcomed Cres Eastman, recipient of the University's Alumni Award for Professional Achievement.

Earlier that day, many former prosectors, donors and other alumni enjoyed the opportunity to view anatomical specimens in the newly renovated Wilson Anatomy Museum.

The first MAA e-Newsletter was sent on 30 September to all alumni for whom we have current email addresses and to the Faculty. If you did not receive this e-Newsletter, please contact Diana Lovegrove (d.lovegrove@usyd.edu.au).

The MAA is also spreading its wings. With the Faculty, I co-hosted an alumni function in Singapore in early September. After receiving a suggestion from Derek Raghavan (1974) to have a conference or other event for medical alumni in North America, we have begun preliminary discussion about a possible function there next year.

As an example of the networks that we hope to establish for 'Sydney's medical mosaic: telling our stories' (see the e-Newsletter or website), I gave a talk in Singapore on 'The Asian medical diaspora from the University of Sydney', highlighting some of our alumni who have Asian ancestry.

It is a huge task to identify alumni from any ethnic group as this information is not held in University records.

Earl Ming-Teh Lu (1952) was among the first of our medical graduates with Asian ancestry. Born in Hong Kong in 1925, after graduating from Sydney he trained as a surgeon and later joined the Singapore Armed Services. He was a fine artist and art patron, becoming the first chairman of the Singapore Art Museum.

John Yu AC (1959) was born in Nanking in 1934 and settled here with his parents three years later. Educated at Fort Street Boys High School, after graduation he became a paediatrician, then CEO of the Royal Alexandra Hospital for Children (now the Children's Hospital at Westmead)). John was Chancellor of the University of New South Wales in 2000-2005.

Victor Pannikote (1959), of Indian descent, was the first Asian resident at St Andrew's College. He captained the Australian Universities hockey team and, after postgraduate training in obstetrics and gynaecology, he was Medical Superintendent of the former Women's Hospital, Crown Street, Sydney.

The late Victor Chang AC (1963) was born in Shanghai to Australian-born Chinese parents in 1936. After arriving in Australia in 1953, Victor completed his secondary schooling at Christian Brothers College, Lewisham. He established the National Heart Transplant Program at St Vincent's Hospital in 1984.

Hu Jin Kok (1965) had his high school education in Kuala Lumpur, opened the first Chinese medical practice on Sydney's North Shore, and is now conducting an anthropological and historical study of the Chinese in Australia, based on documentary records and cemetery inscriptions.

Tessa Ho, director of the Office of Medical Education, was the first medical graduate in Australia from the Philippines.

Among many others, John Wong (1966) has been Head of the Department of Surgery, University of Hong Kong, since 1975; John Tay (1967), University medallist, was Professor of Paediatrics in Singapore; and Robert Pho (1967), hand surgeon and reconstructive microsurgeon, is Emeritus Professor of Surgery, National University of Singapore.

These are just a few examples of our medical alumni of Asian ancestry. I hope this snapshot will encourage you and colleagues to consider telling us the immensely varied stories of our graduates from many ethnic origins and what became of them in later life.

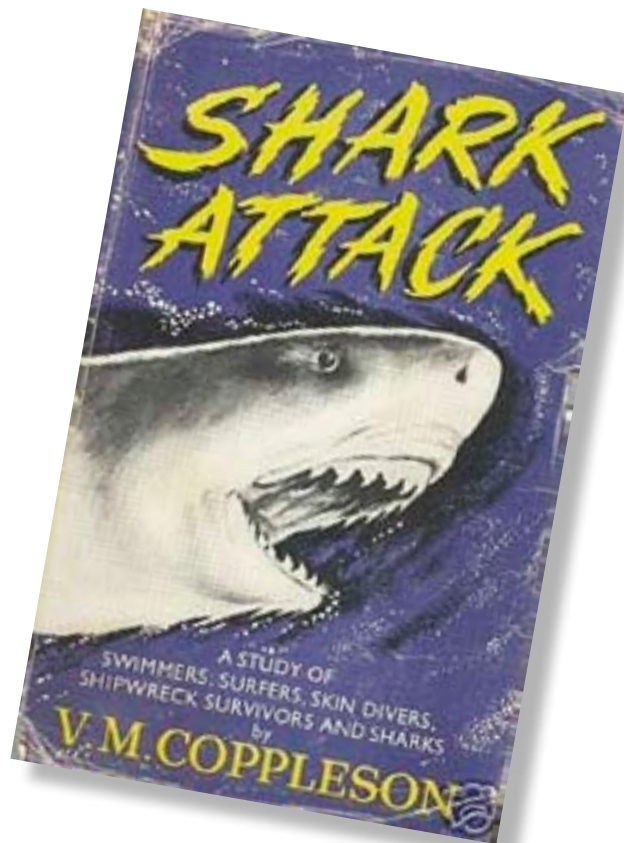


President's Report
Alumni Archive
Faculty Profile
Case Notes
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Reunion Reports
Crossword

Victor Coppleson Doing it all

SURGEON, RESEARCHER,
EDUCATOR, AUTHOR.

By Paul Lancaster



Pioneering Sydney surgeon Victor Coppleson was a man of wide interests and boundless energy. He is best known as the father of postgraduate medical education. In 1958, with business and community leaders, he was a key figure in the establishment of what is now the Medical Foundation, to raise funds to support medical research. That same year, he published *Shark Attack* - a meticulously researched account of the circumstances and outcomes of attacks in Australian waters.

SEVENTY-FIVE YEARS ago, in an era when medical practitioners rarely did any research, Sydney surgeon Victor Coppleson published a landmark descriptive study on *Shark Attacks in Australian Waters* in the Medical Journal of Australia on 15 April 1933. Twenty five years later, in 1958 Coppleson's book entitled *Shark Attack* brought him international recognition and acclaim. Subsequent editions appeared in 1962 and, after his death, in 1968 and 1976. It was also translated into many languages.

In his initial lengthy 19-page article, Coppleson reviewed reported shark attacks from around the world and tales from the classical writers Herodotus and Pliny. He then gave precise information on the circumstances of 37 shark attacks occurring in Australian waters between 1919 and early 1933. Most of them were on the more heavily populated eastern coastline but specific details were obtained from all regions in Australia. He not only sought facts about the attacks from medical colleagues but also from experts at Sydney museums and from references in the Sydney Morning Herald, making extensive use of its library.

His article included vivid photographs of man-eating sharks, shark jaws and teeth, and body wounds of victims. In his meticulous reports of individual attacks, he described the clinical findings and noted the time of day, the date, where on the beach the attack occurred, whether other swimmers were nearby, and sea temperature. About three in four of the victims in that era died. From his evidence

Coppleson deduced the possible climatic and other circumstances leading to shark attacks, using the classic epidemiological features of person, place and time.

As a direct result of Coppleson's study, as well as the report of the Shark Menace Advisory Committee (chaired by Judge Adrian Curlewis, a graduate from Victor's alma mater) and a nice piece of investigative journalism by a reporter from a Sydney newspaper (who found gaping holes in ordinary netting and, indeed, sharks in areas supposedly protected for swimming!), mesh netting of Sydney and other beaches was introduced and has been highly successful in preventing shark attacks.

In 1960, the first International Convention on Life-Saving Techniques was held in Sydney. Coppleson, having been the honorary medical adviser to the Surf Life Saving Association of Australia since 1926, helped Adrian Curlewis – the President of the Surf Life Saving Association of Australia from 1933 to 1974 – to organise this convention at which mouth-to-mouth resuscitation was universally adopted.

But, in fact, Victor Coppleson is best known as the 'founding father' of postgraduate medical education in Australia and was a world leader in this field. The same year his book on shark attacks was first published – 1958 – marked the culmination of Coppleson's efforts in promoting the importance of postgraduate medical education and research. In partnership with notable Sydney business and community leaders, including Frank Packer, Garfield



Barwick, Robert Crichton-Brown, and Vincent Fairfax, he established the Postgraduate Medical Committee (now the Medical Foundation) at the University of Sydney to raise funds for medical research.

This work dominated all his other activities. Through various NSW and national committees and the then British Medical Association, Coppleson had laboured tirelessly for several decades to promote research studies both in the medical specialties and in general practice. He encouraged grants for overseas postgraduate travel and for bringing prominent international researchers to Australia. He became the founding Honorary Director of the Postgraduate Foundation at the University of Sydney.

ACHIEVEMENTS

In these days of stringent criteria for selecting entry into medical schools, would he have gained a place? Could it have been predicted that this eldest child of Russian émigrés fleeing from the pogroms would achieve so much?

Victor was born in Wee Waa in 1893. His father, Albert, born in Mitava, Courland, Russia (now Yelgava, Latvia), was an itinerant hawker in the north-west of New South Wales and later opened a general store at Wee Waa with a partner. Active in the local Namoi Shire, Albert was also a Talmudic scholar and Yiddish poet.

Victor was educated at Wee Waa Public School and Sydney Grammar School. He was resident in St Andrew's College while a medical student at the University of Sydney,

graduating in 1915. He served in New Guinea, the Middle East and France during the First World War, was wounded at Bullecourt in May 1917, and was promoted to major in 1918.

After the war, he gained further surgical training in London and became a Fellow of the Royal College of Surgeons in 1921. On returning to Sydney, his surgical practice was in Macquarie Street. He was an honorary surgeon at St Vincent's Hospital and Royal North Shore Hospital.

Among his many other achievements, he was the Australian correspondent to the prestigious medical journal, *The Lancet*, in the 1930s; served as a Lieutenant-Colonel in the Middle East and Greece in the Second World War; was a board member of Prince Henry Hospital and the Benevolent Society of New South Wales; and was active in many professional and scientific groups. He was an excellent swimmer, played golf at the Australian Golf Club, was a keen gardener and was renowned for his collection of orchids. He was knighted in 1964.

After an incredibly active life, in his last hours when dying from kidney cancer in 1965, Victor's final words spoken in anger to his eminent medical son, Malcolm, were: 'Damn it – I didn't get it all done!'

Even in his early 70s he obviously still had numerous new ideas and unfulfilled projects. What a role model for young scientists embarking on a career in medical research!

radius



Victor Coppleson with unknown colleagues, believed to be at an early Postgraduate Medical Committee meeting.

Victor Coppleson about 1917

FORENSIC SCIENTIST DENISE DONLON IS INVOLVED IN JUST ABOUT EVERY HIGH PROFILE EXCAVATION OF AUSTRALIAN REMAINS, LOCALLY AND INTERNATIONALLY.

By Beth Quinlivan

IT MUST BE the ultimate cold case mystery: identifying a body recovered from an unmarked grave on Christmas Island in October 2006 and believed to be a member of the crew of HMAS Sydney, the warship which sank on 19 November 1941 at a cost of 645 lives.

For two years, until his recent burial 67 years to the day after the Sydney's disappearance, the skeletal remains of the unknown sailor were among the exhibits in Dr Denise Donlon's workroom in the Faculty of Medicine's Shellshear Museum. A senior lecturer in the Faculty, Dr Donlon is Shellshear's curator and one of the country's leading forensic scientists. She was among the party which identified the grave site and excavated the sailor's remains, and she has since been overseeing all manner of tests to determine his identity. Efforts will continue post-interment.

"It is a perfect forensic case," Dr Donlon said. "On the basis of height and age, the possibilities were narrowed to 100 of the crew. There were dental records of 300 of the crew, so we were also able to eliminate those. The fabric found in buttons on his clothing was identified as the same weave as worn by officers, so investigations have concentrated on officers. We've been able to get DNA from his teeth, and that process involves tracing relatives and looking for matches."

In February 1942, three months after the Sydney disappeared, a raft with a badly decomposed body was found floating near Christmas Island. The man was identified as from the Sydney and buried but a few weeks later, before a headstone was placed on the grave, the Japanese invaded. The burial site disappeared from memory, and attempts to discover it were only revived much later as part of the efforts to understand the Sydney's final hours.

In 2001, a defence forces forensic team – of which she was a member - made their first attempt to find the sailor's remains on Christmas Island. While the MV Tampa sat offshore and a bitter debate escalated around the country over refugees and responsibilities, Dr Donlon and others were scouring the Island's old cemetery for the grave site. Initially unsuccessful, they returned in 2006. With the benefit of different eye witness reports, there were able to locate and excavate the sailor's remains. From then until his burial on the 17th November this year, he was in the Shellshear Museum.

UNCOVERING HISTORY

Denise Donlon's CV includes just about every recent high profile forensic excavation of Australian remains, locally or internationally.

In June, she was in Fromelles in northern France for the investigation of mass graves of British and Australian soldiers who died in the disastrous battles of 1916. She has been part of defence force groups who, in 2007 and this year, found and repatriated the remains of four members of the Australian Army who disappeared during the Vietnam War. In December, she will be in New Guinea and next year



Bringing

in Borneo, on both occasions looking for remains of service men from World War II.

Aside from the military identifications, she works with NSW police and is called in to identify skeletal remains brought in to Sydney Morgue. She spent a week in August this year underneath a suburban home in Lane Cove, attempting to shed light on another of Sydney's enduring mysteries – that of Tegan Lane, the baby who has not been seen since just after her birth more than a decade ago.

Plus she is involved in many of the big archeological discoveries. Among these was the 4000 year old skeleton of an Aboriginal man, the oldest found on the east coast of Australia. It was excavated – amazingly – in 2006 from under a bus shelter in Narrabeen on Sydney's northern beaches and has been in the Shellshear for the past two



the past alive

Dr Denise Donlon in the
Shellshear Museum

years. Another job was the recent excavations underneath Sydney's Town Hall, which was built in 1868 on the location of the city's first cemetery.

"The wonderful thing about forensic work is the problem solving. There is so much information in a bone, apart from the gross anatomy," she said.

The Aboriginal skeleton, for example, was radio carbon dated to put its age at nearly 4000 years. A chemical analysis of the bone revealed he had a marine, not terrestrial, diet – suggesting he was a local in the Narrabeen area.

So what else?

"Bones and teeth may show signs of stress as a result of poor diet and/or infectious disease," she said. "There was evidence for slight cribra orbitalia which is thought to represent an anaemic response probably as a result of

nutritional deficiencies, infectious disease and/or parasitism on the left orbit.

"Malnutrition and infectious diseases can produce abnormal enamel such as enamel hypoplasias during dental development. Mild dental enamel hypoplasia was present on both lower canines. The low incidence of stress indicators suggest this man may have had a good diet and suffered little from infectious disease as a child.

"This man showed evidence of being speared. Two backed artefacts were found lying in his vertebral column. The first was seen during the excavation when the vertebral column was exposed. The backed artefact was lying on the left lateral and slightly anterior side of the area where the intervertebral disc would have been between the 2nd and 3rd lumbar vertebrae.

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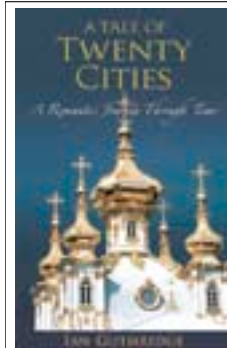
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Denise Donlon

“Just above it there was damage and a brown staining to the body and pedicle of the 2nd lumbar vertebra. The spear probably entered the body on the left hand side, just above the blade of the left hip bone. It would probably have passed through the large intestine and the bottom of the left kidney. It may have come very close to the left renal artery and the aorta.

“The right humerus has very strong muscle attachments for the deltoideus, teres major and pectoralis major muscles. These muscles are used in the actions of lifting and retracting the upper arm around the shoulder joint. Both humeri, but especially the right one, show strong torsion of the shaft. The left humerus was slightly longer (370 mm) than the right humerus (365 mm). The muscle development was similar on both humeri. Given the greater degenerative changes to the left elbow it is possible this man may have been left handed.”

FORENSIC CAREERS

A science graduate from Sydney, Denise Donlon majored in zoology and physical anthropology - the latter run by the legendary William Neil MacIntosh, otherwise known as ‘Back Mac’, the Challis Professor of Anatomy. Post-university, she taught science in schools for ten years before deciding to again pursue her interest in anatomy and anthropology.

Forensic science has become enormously popular in recent years, in part because of the ever increasing number of novels and television series on (generally) criminal forensic investigations. In the mid-1980s, that wasn’t the case. When she decided to pursue her studies, the only place which offered forensic anthropology was the Faculty of Arts at the University of New England. She did her PhD studying the evolution and variation of Aboriginal skeletal remains.

In 1992, she returned to Sydney University for a visit

and ended up staying on to work. She teaches a second year course in Comparative Primate Anatomy and a third year course in Forensic Osteology. The Shellshear, tucked in the roof of Anderson Stuart, is one of the lesser known museums on campus. Still, it is or has been home to some of the most exciting forensic recoveries of recent years.

Her now-extensive excavation and recovery work has evolved over the years.

“I was approached by a forensic anthropologist at the Morgue, and that was the start of it. I’m now called in to review all skeletal remains that come into the Morgue. One of the forensic dentists at the Morgue is with the Air Force and does their disaster relief identification. Through him, I was recruited into the Airforce Specialist Reserves and help with their specialist recoveries.”

She is part of a Disaster Victim Identification (DVI) Defence Force team from the Air Force, Navy and Army. If the work is interesting, it has also had some less enjoyable moments. She was involved with the Sea King helicopter recovery, the already sad story compounded by earth tremors on the Island of Nias where the recovery team were camping.

“In France, the purpose was to identify if the bodies of Australian and British soldiers were there, not to excavate them. I was there as an official observer on behalf of the Australian Government, the work was being done by a Scottish Group and they did it very well. The decision has been made since that all the bodies will be excavated and buried in individual graves. There are believed to be about 400 individuals, 170 of which are Australian and the rest from the UK.”

“A wonderful part of forensic investigations is the problem solving. Everyone has different story, you’re piecing together information which tells you something about them. And hopefully assist families when a missing person is identified.” *radius*

FORENSIC MEDICINE AND SCIENCE NETWORK

Denise Donlon is part of a new initiative in the University - to develop a network of people interested in all aspects of forensic medicine/science, and ultimately establish the University of Sydney Institute of Forensic Medicine and Science. The initiative is being driven by Ron Trent, Professor of Molecular Genetics at RPA. A project manager Dr Bronwyn Ross was appointed in October. Refer to the website for details.

case notes

1950s



Richard Haber
(MBBS 1957)

We live in Point Piper, Sydney. I still work nearly full-time in consultant general physician private practice, specialising in cardiology. I am on the staff of Westmead Hospital and Auburn Hospital, where I am Head of Department of General Medicine and Cardiology. I enjoy my family and travelling, especially being interested in different cultures and people.

Helen Barbara Skellett
(MBBS 1959)

Living in Perth, Western Australia. Currently trying to raise funds to build a Hostel for Secondary School Girls in Riroda, Tanzania, East Africa, to enable them to complete their schooling and go on to tertiary education for their families' and their country's advantage. No provision is made for accommodation for students at the local high school in Riroda, leaving the girls in a particularly vulnerable situation. My friend, Sr. Zabibu Ndimbo OSB, a very competent midwife, is building this hostel almost singlehandedly

while running a clinic and birthing unit in Riroda. The walls of the hostel are up so money is urgently needed for the galvanised iron roof. If anyone would like to support the school, please contact me at helenskellett@westnet.com.au

1960s

David Abramovich
(MBBS 1960)

Retired and have just organised to live 9 months of the year on the Gold Coast and 3 months of the year in Aberdeen (Scotland) but will be moving to London early next year for the 3 month's sojourn in the UK. So far fit & well & playing a lot of tennis.

Robert Claxton
(MBBS 1961)

Living in Ashfield NSW. Consultant general surgeon and Head of Surgery at Canterbury Hospital. Easing into semi-retirement, grandchildren, tennis, church.



Jules Black
(MBBS 1964)

Living in Manly, Brisbane, Qld. Doing part-time O & G VMO locums in rural areas of NSW, QLD and VIC. Am format shifting my

entire photographic, movie, video, vinyl record & open reel and cassette audiotape collections to the digital format. I am digitising my life!

Kevin Lawrenson
(MBBS 1966)

Living in Leura. Completely retired from Medicine and don't miss it at all! Now busy with golf, travel, photography – all the things I didn't have time for as an Obstetrician & Gynaecologist.

Bill Firth-Smith
(MBBS 1967)

Living in Melbourne. Retired from practice as an ophthalmic surgeon in 2006. Involved in humanitarian work in India over many years. More recent academic studies- MA with progression toward a MTh degree. Studies in human rights, refugees and Church History.

Sally Velzeboer
(née Jasprizza)
(MBBS 1969)

Living in Johannesburg and working in Anaesthetics (FFARCS), MBA (Wits University). Started a Managed Health Care Company (Qualsa) and a Cosmetic Medicine Practice. Went to experience the gorillas in the wild in Uganda.

1970s



Jill Gordon
(MBBS 1971)

Private practice (psychotherapy) plus an honorary academic appointment in the Centre for Values, Ethics and Law in Medicine at the University of Sydney. This year, with colleagues at Avondale College, I organised a series of poetry writing workshops for people who had faced a life-threatening illnesses. It was taught by distinguished Australian poet Judith Beveridge, from the Department of English, at the Sydney Adventist Hospital where Dr Leon Clark (Uni Syd 1967) is CEO. The response was overwhelmingly positive and resulted in the production of an anthology of poems, with contributions by workshop participants and established Australian poets. Copies of the New Leaves Anthology can be obtained by linking to <http://purl.library.usyd.edu.au/sup/9781922136403-7> or ordered through your favourite bookshop from Darlington Press (an imprint of Sydney University Press). October to December 2008: Visiting Fellow at the Institute of Advanced Studies, Durham University

exploring the theme "Being Human" in relation to humanising professional practice (www.dur.ac.uk/ias/). December 11-13: I will be speaking at the conference Frontiers in Medical and Health Sciences Education at the University of Hong Kong.



Darryl Hodgkinson
(MBBS 1972)

Cosmetic plastic surgeon. During my Residency in Plastic Surgery in the United States at the Mayo Clinic, I was exposed to cleft lip and palate surgery. I also spent time in Mexico City, furthering my experience with cleft lip and palate surgery as well as craniofacial surgery. When I began practice in Virginia, U.S.A., I set up a local cleft lip and craniofacial clinic. I gained extra experience by working in Guatemala, India and Nepal. Back in Australia in 1990, I researched setting up a cleft lip and palate foundation for indigenous children in the Philippines. Since 1992, I have established Operation Restore Hope which has now gained AusAid support and this charity conducts three missions a year and supports local surgeons in the Philippines performing cleft lip and palate surgery for indigenous children.



Stephen in his global headquarters at North Ryde

Stephen in trying circumstances at the Peruvian border

Stephen Scholem (MBBS 1978)

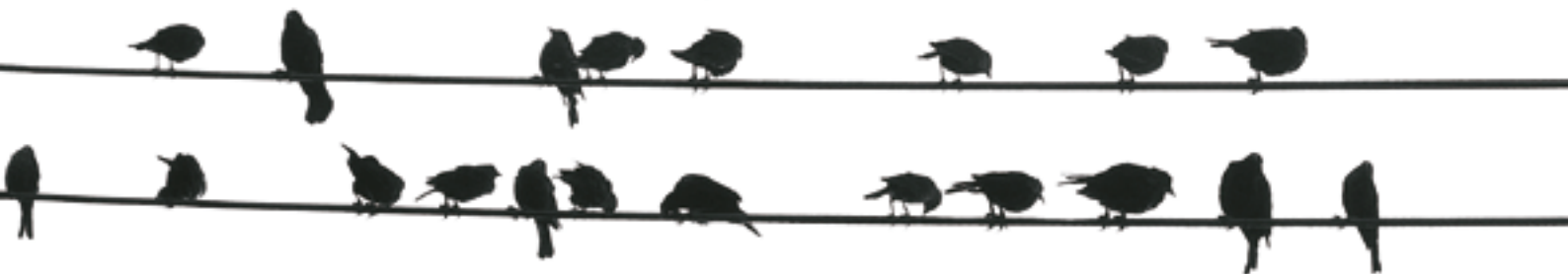
After his internship and residency at Hornsby Hospital, Stephen did the family medicine program and in 1982 set up a solo general practice in his home in North Ryde. He has remained there ever since, acquiring a violinist wife, Debbie and three daughters, the second one of whom he delivered in the family car when he failed to get Debbie to the hospital in time, after coming back late from a house call. He has watched his daughters grow into beautiful, charming, intelligent and talented adults. He has watched his patients grow up, grow old, grow tomatoes and lemons and produce grandchildren, some of whom he now enjoys giving vaccinations to. He spends his spare time lamenting that he never gets to finish reading the paper. He has also served on the board of his local synagogue for what seems like eternity. He is much sought after by his two cats and Maltese/Schnauzer cross at dinner time.

But seriously folks...

Having got into very heavy debt to pay the doppelganger senior registrar to do his final exams for him, Stephen looked for a branch of medicine lucrative enough for his needs. He considered surgery but couldn't stand the sight of blood. He considered paediatrics but couldn't stand the sound of screams (his own at hyperactive children). He considered sports medicine but couldn't stand the smell. He tried anaesthetics but didn't like the taste of them. He often thought about gynaecology but didn't like the feel (of latex gloves). Finally he went into academia, becoming a professor at the University of West Dakota in the newly created field of theoretical medicine*. The main task was to raise funds from rich and generous donors for his ground breaking research. One example he used to give of his research achievements was the discovery of Canis Syndrome. He explained that sufferers of this surprisingly common condition were born with 39 pairs of chromosomes, had hypertrichosis, microdactyly, coccygeal hypertrophy, persistent quadrupedal gait, dysphasia, glossal protrusion on exertion or affection and a pathological loyalty to their perceived families. Despite having to cope with all these disabilities, affected families were generally extremely supportive of their Canis Syndrome members and grief stricken when they died at the usual tragic age of 11 to 16 years. Stephen was highly successful in his fund-raising and was awarded the Prix de Filou D'or by the Liechtenstein Institute of Financial Health for his work. He was also highly successful in his personal life, marrying no less than seven pecuniously endowed and pulchritudinally challenged women during the last 30 years and giving deeply touching eulogies at the funerals of six of them (the seventh wouldn't drink the coffee). However, some difficulties in relation to his fund-raising and matrimonial activities led to his judicious emigration to Argentina in 2005. He was arrested in 2006 while allegedly trying to smuggle counterfeit llamas into Peru. However after extensive negotiations with the Australian Government he was released back to Australia in an exchange for twenty nine Shining Path guerrillas and a gold plated Cadillac (later found to be twenty eight impounded Indonesian fishermen, a Nauruan pastry cook and a yellow painted Leyland P76). He was last seen donating his expertise to the Matthew Talbot hostel as a lecturer in residence.

* The University of West Dakota Institute for Theoretical Medicine Research is one of the world's leading facilities in pre and post-clinical, empiric, evidence-based, health related, inductional framework think tank processes. Based out of its North Ryde global headquarters, it has cross-purpose links with many outstanding international academic institutions and is fully independent of government, pharmaceutical companies and cognitive coherence and relies entirely on private funding from you and other far-sighted generous philanthropists.

case notes



Operation Restore Hope, has operated on over 1,300 children and it continues to expand with support nationally and internationally from surgeons and support locally from the Filipino medical community. It is sustainable, ongoing and now has branches in New Zealand, the United States and Germany. The charity has been generously supported also by the 1972 Sydney University Medical School Graduate Reunion Committee.

Richard Hill (MBBS 1973)

Recently retired after 27 years at the Children's Hospital in Perth- 24 years as head of Pediatric Gastroenterology and in

private practice and last 3 years as visiting consultant. Following graduation I had a year at Royal Hobart Hospital then 4 years at Royal Alexandra Hospital for Children, Camperdown. Then 2 years at The Hospital for Sick Children Toronto, Canada doing clinical gastroenterology and research in Cystic Fibrosis.

Activities: Sailing in local waters also Perth to Bali 1991 and Sweden to Perth 1993. Fishing, interest in Margaret River winery (Watershed Premium Wines) and truffle growing in Manjimup WA, reading, swimming, cycling, travel, French, garden etc now that I have the time! Great to catch up with members of the class of 74 at the 35 year reunion in Mudgee recently.

Derek Raghaven (MBBS 1974)

Director of the Taussig Cancer Institute at the Cleveland Clinic; have been in the USA since 1991; team has 250 physicians and scientists, focused on cancer research and treatment. Previous professorial appointments at University of Southern California and at Roswell Park Cancer Institute in medicine/oncology. Write the Cancer Blog for the NY Times, published 8 books on various boring topics, plus the usual grants and peer reviewed manuscripts. Married, two kids off the pay-roll, collect small amounts of good wine, occasionally play tennis. Working on a 1974 SU Med School reunion in Sydney with some colleagues and

a possible medical faculty alumni reunion in the USA for 2009.

Robert Hampshire (MBBS 1975)

Living at Finger Wharf, Sydney. In private practice as a Psychiatrist. Enjoying lots of sport, music and farming with my family.

1980s

Ben Fong (MBBS 1983, MPH 1989)

I am the Director of University Health Service at the Chinese University of Hong Kong, with clinical, management, teaching and some research in primary care and health promotion. Starting in January 2009, I shall take up a Professorship

in Health Sciences in a newly founded Faculty, which is running the Master of Public Health and Doctor of Public Health programs. I am heavily involved in community services, including being a Sha Tin District Councillor, and a senior officer in the Auxiliary Medical Service. I was responsible for part of the medical and first aid deployment for the Equestrian Events of the Olympic and Paralympic Games held in Sha Tin. I am the President of the Australian Doctors & Dentists Association of Hong Kong, founded in 1998.

obituary

Carl Richard Jackson 20.04.78 to 21.07.08



Carl during his elective in Cambodia

Carl Jackson was renowned for his generosity, his quirky sense of humour and his determination. This determination was never more manifest than in his long-held ambition to become an orthopaedic surgeon.

This ambition will not now be fulfilled. Carl died of cardiac arrest, at age 30, on the afternoon of 21st July 2008, while sleeping prior to his evening shift as a Resident Medical Officer at Gosford Hospital.

Carl was a gifted and dedicated student. In 1995, he was Dux at De La Salle College, Cronulla but in 1998, having completed only one year of Physiotherapy it looked like his career path had come to an end, when he suffered severe head injuries in a motorcycle accident. After a year of convalescence, despite still suffering from his physical injuries and memory

loss, Carl resumed his studies. To help overcome his memory problems, Carl adopted technology. He recorded lectures, electronically organised data and accessed on-line databases and quickly became the resident IT guru for his fellow students. In 2002, Carl graduated with a Bachelor of Applied Science (Physiotherapy).

Carl then proceeded to medicine and in his final year completed a medical elective at Rose Hospital, Cambodia. He was deeply affected by the plight and stoicism of the Cambodian people, and hardened his resolve to specialise in Orthopaedics. He graduated with a Bachelor of Surgery and Bachelor of Medicine with Honours in 2007. Carl retained his passion for motorcycles and rewarded himself with an MV Augusta.

Prior to his death, Carl was working on a research project at Gosford Hospital,

analysing the effectiveness of using a variable angle volar locking plate in distal radius fractures. His co-author, Dr Jonathan Negus, has submitted the paper for presentation at the 2009 EFORT (European Federation of National Associations of Orthopaedics and Traumatology) conference in Vienna.

In a fitting ceremony, made possible through the support of the University and the Faculty of Medicine, Carl made a third and final visit to the Great Hall on 2nd August 2008, where his funeral service was conducted.

A scholarship fund has been established in Carl's memory. Anyone wishing to contribute to the Dr Carl Richard Jackson Scholarship Fund should contact Amanda Durack on 9036 7185 or visit www.drcartjackson.com

reunions 2008

Michelle Cahill (aka Carter) (MBBS 1988)

Living in Wahroonga, working in part-time GP practice in Gordon. I've been writing and editing and my poetry collection *The Accidental Cage* was short-listed in the 2007 ACT Premier's Literary Award. I have received an ASA Mentorship with the poet Judith Beveridge and a CAL grant to attend the 2008 New Delhi Poetry Workshop. I edit the on-line journal *Mascara poetry* www.mascarapoeetry.com.

1990s



Tanya Pelly (née Drinkwater) (MBBS 1996)

Living in Tamarama, Sydney. I am the Medical Education Director of The PEER Group - dedicated to enriching medical networks through education and effective peer-to-peer communications. I have

combined my medical degree with experience in adult-education and now work with specialists and GPs to design and deliver RACGP accredited clinical skills workshops. Our participants benefit from a practical, interactive learning environment, and GPs and specialists get to interact in a collegiate, interdisciplinary and informal way. Younger specialists in particular are benefiting from involvement in our programs by building their networks and forming strong professional relationships with their referral partners. It's been great working with old uni friends in this capacity- both GPs and specialists! I am deliriously happily married to Warwick Pelly, and doting mother of Denver - our gorgeous 2 year old. I spend a lot of spare time singing Wiggles songs, building towers and reading *Dr Seuss*.

Yeen Wing Choy (MBBS 1998)

After graduation, I did my postgraduate clinical training briefly in the UK, then in the USA for the entire general surgery and cardiothoracic surgery-eight years in total, leading to board certification by

the American Board of Surgery and the American Board of Thoracic Surgery. Currently, I am back in my home country Malaysia and work as a Senior Lecturer/ Specialist in Cardiothoracic Surgery, at the Universiti Malaya Medical Center in Kuala Lumpur.

2000s

Brett Levin (MBBS 2004)

Living in Sydney and working as an ENT registrar.

Anthony Byrne (MBBS 2006)

We are currently living in Geneva, Switzerland. Am currently completing an internship with the World Health Organization. Specifically, I am working with the Green Light Committee Initiative of the Stop TB Department of the TB, HIV, Malaria section of the WHO. This is an initiative which helps with procurement of low cost, high quality drugs for the treatment of multi drug resistant tuberculosis in resource limited settings. I will start as a basic physician trainee at RNSH next year (2009) and my wife and I have a 2 year old son named Sebastian.

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 3375 or by email at d.lovegrove@usyd.edu.au. We also have special new low rates for hiring University venues.

GRADUATING YEAR OF 1989

When: Saturday, 21 February 2009
Where: The Great Hall, The University of Sydney
Time: 6.30pm Cost: \$150
Contact: Ramy Mezrani ramymezrani@live.com.au

GRADUATING YEAR OF 1954

When: Friday, 20 March 2009
Where: Royal Sydney Golf Club
Time: 12 noon Cost: TBA
Contact: Brian Shearman bmshearman@optusnet.com.au

GRADUATING YEAR OF 1959

When: Saturday, 28 March 2009
Where: The Great Hall, The University of Sydney
Time: 12pm Cost: TBC
Contact: Bill McCarthy billmcca@bigpond.net.au
Diarmid McKeown dcmdesig@internode.on.net
James McLeod j.mcleod@usyd.edu.au

GRADUATING YEAR OF 1974

When: Sunday 29 March 2009
Where: The Refectory, Holme Building, The University of Sydney
Time: 12 noon Cost: \$100
Contact: Diana Lovegrove tel 02 9036 3375 or d.lovegrove@usyd.edu.au

GRADUATING YEAR OF 1969

When: Saturday 4 April 2009
Where: The Great Hall, The University of Sydney
Time: Cocktails from 6pm, followed by dinner at 8pm
Cost: \$150
Contact: Ellie Smith ellies@chw.edu.au
Paul Curtin paulcurtin@optusnet.com.au

GRADUATING YEAR OF 1979

When: Saturday 16 May 2009
Where: The Refectory, Holme Building, The University of Sydney
Time: TBC Cost: TBC
Contact: Marcella Roman mroman@bsp.com.au

GRADUATING YEAR OF 1999

When: Mid to late October 2009
Where: The University of Sydney
Details: TBC
Contact: Paul Nicolarakis pauln@med.usyd.edu.au

Send Us Your News!

Please let us know what you have been doing.

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

Please email us first for guidelines: adurack@med.usyd.edu.au



SINGAPORE ALUMNI REUNION

Left to right: Cong Li, Elaine Wong, Weng Kwok, guest, Paul Lancaster, Marcus Wong and Richard Tan.



WILSON MUSEUM OPENING

1. Left to Right: Bruce Robinson, Abhi Pal, John Mitrofanis, Chris Murphy.
2. Mary d'Arbon, Paul d'Arbon, Robyn Ryan.
3. Albert Pfeifer, Hyam Emdar, Richard Tooth, Rodney Clark.
4. Kevin Keay.



reunion reports

INAUGURAL SINGAPORE MEDICAL ALUMNI REUNION

On the 2nd of September 2008, the Medical Alumni Association reunited with many of our Singaporean alumni in the first Medical Alumni event to be held in the country. The evening was hosted at the Shangri-La Hotel by the President of the Alumni Association, Dr Paul Lancaster, who paid tribute to the many successes of our Asian medical diaspora, alumni of the University of Sydney. The event was also attended by prospective students who had completed a series of interviews for entry

into the medical program for next year, a perfect blending of old and new. Most of our alumni had not seen each other for many years and we, along with them, enjoyed an evening of reminiscing. We hope to join with our Singaporean alumni in future events as we continue to reconnect with each other.

1973 REUNION

Fifty 1973 Graduates ('72 Final year) and 30 partners enjoyed a weekend reunion at Mudgee in September. We managed to infuse an active program amidst

lots of reminiscing. Highlights included a bus trip to several vineyards, a spectacular lunch at Rosby Estate and Tai chi each morning. Many felt that it was one of the best reunions yet and all pledged to do their best to be present in the Great Hall in 5 years time.

Carol Timmins (Clifford) and Phil Cocks

REOPENING OF THE WILSON MUSEUM

Following extensive renovation, the Wilson Museum was officially reopened by Associate

Professor Kevin Keay and the Dean, Professor Bruce Robinson on 1st October 2008.

Beautiful display cabinets, state of the art lighting and the most extensive collection of specimens drew the admiration and appreciation of those who attended. The Faculty is sincerely grateful to the donor whose outstanding generosity enabled the renovation to occur.

Originally named the Museum of Human and Morbid Anatomy, the museum's origins can be traced to 1882 when Thomas Peter Anderson Stuart from Edinburgh University was appointed to the

1973 REUNION

1. All aboard for the winery tour.
2. Still on their feet- Tai Chi the next day.



1



2



3



4

21ST ANNIVERSARY LUNCH (below)

1. John Laycock, George Ramsey-Stewart, Gordon Sandes.
2. Paul Lancaster, H.E Professor Marie Bashir.
3. Sarah Tolerton, Thomas Nash.
4. Gwendoline Fitzpatrick and Monica Bullen.
5. Paula Conroy, Garry Scarf.
6. Lunch in the Great Hall.



4



5



6

newly formed Chair of Anatomy and Physiology and given the task of organising a medical school and curriculum at Sydney University.

In 1887, Dr James Thomas Wilson arrived from Edinburgh to take up the position of Demonstrator. Three years later, Anderson Stuart appointed Wilson to the foundation Challis Chair of Anatomy and he started a massive accumulation of specimens. Anderson Stuart's pride in the Museum was obvious when he mentioned that it "possesses 24,000 specimens and is well worthy of a visit".

Wilson's greatest contribution to

the collection was the appointment of Prosectors, originally 4th or 5th year medical students, to provide high quality specimens for the Museum and to act as Demonstrators. Approximately 700 specimens were derived in this manner. The oldest remaining specimen in the Museum is a dissection of the heart by Dr G.H.S. Lightoller in 1908.

The Prosector's Competition continues to this present day and many prize-winning prosectors from over the years attended the re-opening, pleased to see their work displayed to best advantage for

future generations.

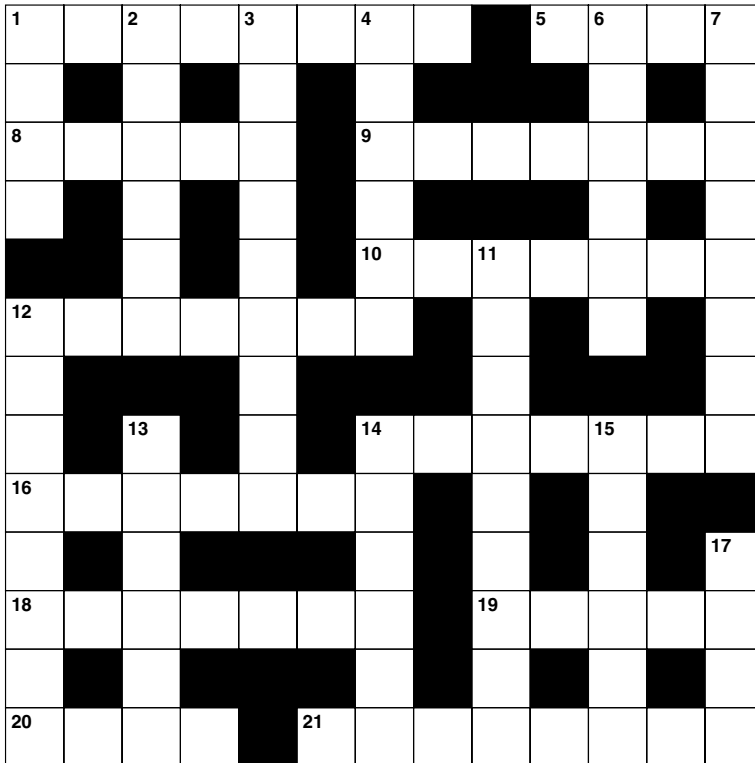
Historical background courtesy of The University of Sydney Discipline of Anatomy and Histology.

21ST ANNIVERSARY OF THE MEDICAL ALUMNI ASSOCIATION

After attending the reopening of the Wilson Museum and viewing the exhibition *A Slice of Life* (which traces the development of anatomy and dissection in the Faculty of Medicine) in the Anderson Stuart Common Room, alumni joined with the Chancellor Marie Bashir, Bruce

Robinson and Paul Lancaster for lunch in the Great Hall. A fitting ending to a beautiful day – the Great Hall splendid in its welcome of alumni who took the opportunity to meet up with friends and hold mini reunions at their tables. We were honoured to be joined by two of our most senior alumni from the 1943 graduating year Dr Gwendoline Fitzpatrick and Dr Stefania Siedlecky and Dr Hyam Emdar, a 1941 graduate. We hope to continue to enjoy the privilege of the company of our alumni at future events.

radius prize crossword 4



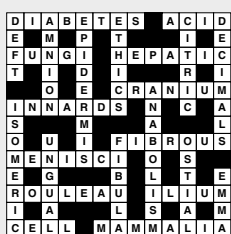
ACROSS

- 1 Painful rash on these beaches (8)
- 5 Swing your arm said the playful nanny (4)
- 8 Ancient Rome's harbour has openings here (5)
- 9 Got away (7)
- 10 Finish for confused mice is always there (7)
- 12 Result of too much time outdoors! (7)
- 14 Go for the throat! (7)
- 16 Cruel NE wind blows in this part of Switzerland. (7)
- 18 The wicked senator betrayed his country (7)
- 19 ___ and crossbones; pirate's head (5)
- 20 Thrust without direction is a breath of fresh air (4)
- 21 Masculine group is for the country (8)

DOWN

- 1 Broken pots in this place (4)
- 2 Paint Ernie asked the young doctor (6)
- 3 ___ fever; mononucleosis (9)
- 4 Number of deadly sins plus four (6)
- 6 Dad left the diploma on the fatty paper (6)
- 7 The kidnapper used this muscle (8)
- 11 The aiding sos confused identification (9)
- 12 The scattered lakelets made a hard framework (8)
- 13 A check up is needed for the censer (6)
- 14 Discoverer of vaccination (6)
- 15 A broken caul covered the sodium cavity (6)
- 17 There are 24 of these (4)

RADIUS SPRING SOLUTION



The first correct alumni entry received will win a Faculty history book. The winner's name and the solution will be published in our next issue. **SPECIAL STUDENT PRIZES: The first three correct student entries will receive a \$15 voucher for Ralph's Café.**

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

Congratulations to our latest winners:
Dr Chris Jones (MBBS 1993) and Dr D Trousdale (MBBS 1952).

THE FACULTY OF MEDICINE, EDWARD FORD
BUILDING A27
THE UNIVERSITY OF SYDNEY NSW 2006
www.medfac.usyd.edu.au

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Professor Craig Mellis - Central Clinical School
Professor Chris Murphy - School of Medical Sciences
Professor Kathryn North - Children's Hospital at Westmead Clinical School
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Sarah-Beth Emerson

"Receiving the scholarship has provided huge relief to me financially as well as having broadened my medical experience by allowing me to afford and enjoy the rural placements required by my degree."

Ryan Downey



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