Radius

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150

Faculty
of Medicine
1856-2006
Ambition
Inspired by
Achievement

The University of Sydney

Anderson Stuart building under construction - 1880s

150th Anniversary Special Edition

Contents

Note from the Editorial Committee

Radius is published by the University of Sydney Medical Graduates' Association (MGA) and the Faculty of Medicine at the University of Sydney. The publication includes Medical Scripts, the occasional newsletter of the Faculty of Medicine.

We aim to make this an interesting publication and encourage your contribution of news items, obituaries and letters to the editor. We do not object to controversial articles. Indeed we welcome them. The true role of a university is to provide a forum for ideas. Please note, however, that articles should follow conventional journalistic etiquette. We endeavour to publish all articles sent to us.

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Front cover photograph from University of Sydney Archives

Message from the Dean

Professor Andrew Coats

As you have probably noticed by now, 2006 is our 150th birthday as a Faculty. Throughout the year we will be celebrating the achievements of our forebears and some who still grace our corridors.

The achievements of our forebears were acknowledged in the recent Australia Day honours. In particular the lifetime achievement of Charles Ruthven Bickerton Blackburn, a true member of Faculty with a lifetime of service and long family connections to the University was recognised. Ruthven, even in his 90s continues to take an active interest in the Faculty.

Many of our Faculty perform exceptional service and only a fraction are recognised each year. We take pleasure in congratulating, amongst others, David Henderson-Smart on his AO, Ian Hickie and Antony Breslin on their AMs, Michael Noel on an OAM and of course also our well known alumnus Karl Kruszelnicki for his AM.

The theme of our 150th year will be "Ambition Inspired by Achievement". We will recognise and celebrate what we have achieved and we will demonstrate what we are doing now and what we are striving for in the future, from our early Nobel prize winners, John Eccles and Bernard Katz, to the ambitious plans for the future of Max Bennett and Ian Hickie for their Brain and Mind Institute, and Phil Barter and Norbert Berend for their plans to re-house the Heart Research Institute and the Woolcock Institute respectively.

Richmond Jeremy, as our new Associate Dean (Infrastructure and Finance), has never been so busy. The pace of growth in our research is phenomenal and we have recognised the need to invest in the new facilities to house and facilitate this growth, in Camperdown, at Royal North Shore and at Westmead and Nepean.

I recently had the opportunity to visit Bernard Katz's son in London, Jonathan Katz, a classicist from Westminster School, and he remembers the time his father spent in Sydney at the Kanematsu Institute. This spirit is now alive and well again in Sydney, despite the years between the wars when the University, from lack of funds, concentrated solely on its teaching duties.

We are also taking a humorous look back, remembering the wonderful caricatures of the Faculty's leaders commissioned in 1916 of Lionel Lindsay, one of Australia's most famous artists of the early twentieth century. Ninety years later (even though they don't know it yet) the senior members of Faculty will be immortalised by the lawyer turned artist, Simon Fieldhouse. If you've ever bought one of his exquisite architectural drawings with a humourous touch in the form of a greeting card from the Chancellor's shop you will recognise Simon's work. He captures the person and the mood and the wonderful clutter that surrounds the personality. We hope future generations will look at the Faculty and imagine what they were thinking in 2006; what were their ideas, dreams and predictions. No doubt the latter would amuse them immensely in their naivety. We are hoping this may be a legacy for the future; who knows, maybe some future Dean will commission a new set in 2056 when our endeavours are just a memory and the passion of current debates and controversies is long gone.

Do not miss the chance to join us this year and do let us know your stories if you have memories of the Faculty from days gone by. The Faculty will be producing a book of alumni profiles as well as an update on our history; we will endeavour to list every current member of staff and every student along with a "mug's gallery" of the past Professoriate in all their glory. There will be stories, both grand and infamous, but of one thing we can be certain, the story to come will be longer and more varied even than it has been to date.

Portrait of Andrew Coats by Simon Fieldhouse

President's report

Dr Barry Catchlove, Medical Graduates' Association

This edition of *Radius*, centred on the Faculty's 150th celebration, takes both a look back to our past and a look forward to the future. We hope you enjoy our selection of articles and the various events and activities planned by the Faculty for the 150th year.

I continue to be encouraged by the University's interest in developing stronger links with alumni. In the October 2005 edition of Radius, I referred to the Hippocratic tree planting in Dubbo and a concurrent discussion with medical alumni regarding the establishment of a regional alumni group. It was felt strongly there would be greater benefit in a group covering all University of Sydney alumni in the region. As a result the idea has been pursued by the University's Alumni Office and the first activity is planned for March. Details of this gathering appear later in this issue.

Another recent development has been the launch of a new University of Sydney Alumni website. Details of this development are also to be found in this issue.

The recognition of the importance of alumni has coincided with the University having to become more competitive, outcome orientated and commercial. It is good that venerable institutions don't rest on their laurels and assume they will always be the first choice of students, researchers and academics. Institutions have life cycles as do living things and also need to be reborn or they will slowly decay. We can all recall great hospitals which have gone through this process.

Speaking of decay, my own year (1966) is celebrating its 40th reunion in January (at the time of writing this was some weeks away). The organisers Paul Lancaster and Maureen Rogers (McGhee) have put together an outstanding two-day conference program before we degenerate into reflections on the good-old-days at the dinner. Two sessions on passions and hobbies will allow us to be treated to talks on zen golf by Alec Harris, building an aeroplane by Jock Anderson, Ross Kalucy's poetry and Paul Lancaster on the art of reproduction (perhaps a little late for some of us to learn it is an art not a science). Other sessions include the changes which have occurred in GP and specialist practice over the last forty years, probably covering areas such as the invention of the stethoscope and the circulation of the blood (or was that a different Harvey?).

Paul and his organising group have taken up the challenge of the Graduating Year of 1984 and are hoping to establish an MGA scholarship in memory of Doug Baird former Professor of Cardiac Surgery at Royal Prince Alfred Hospital and Chair of the then Central Sydney Area Health Service.

This will bring our total of alumni donated scholarships to seven with the recently established Sheila Nicholas Scholarship and the John Beveridge Scholarship. The demand for these scholarships remains strong with 30 to 40 applicants last year. The scholarships are valued at $5,000 and are awarded through the University's Financial Assistance Office to students in the USydMP who are in financial need. We require a minimum commitment of three years funding, i.e. $15,000. The donation is tax deductible.

MGA has been meeting with the new president of the Medical Society, Andrea Avolio, and exploring ways the two organisations can work more closely.

I hope 2006 is a fulfilling and enjoyable year. I look forward to meeting many of you during the 150th anniversary celebrations.

150

The University of Sydney

Faculty of Medicine
1856-2006
Ambition
Inspired by
Achievement

150 years of achievement

The Faculty of Medicine celebrates

"The Faculty of Medicine at the University of Sydney formally came into being on 13th June 1856 when Senate appointed a Board of Examiners … for the purpose of conducting examinations for award of the degrees of Bachelor and Doctor of Medicine …..The Faculty of Medicine at Sydney is thus the oldest Faculty of Medicine in Australia and New Zealand…."

Young, Sefton and Webb, The Centenary Book of the University of Medicine Faculty of Medicine.

The Faculty of Medicine of the University of Sydney has always been an institution of vision and ambition, 150 years ago, today and will continue to be into the future. From its simple beginnings as an examining body in 1856, the Faculty has produced outstanding graduates leading the country in providing health and medical solutions.

Our staff and alumni have made significant contributions to the understanding, prevention, treatment and cure of skin cancer, sleep apnoea, sudden infant death syndrome and the identification of genes related to prostate and thyroid cancer.

The Faculty of Medicine has also had a powerful impact on public health, addressing issues affecting large numbers of people world-wide and leading to a dramatic reduction in cardiovascular disease, tobacco use and traumatic injuries in Australia.

The Faculty of Medicine is designing innovative solutions to the major health challenges in Australia and beyond. With members of Faculty at more than 40 teaching hospitals, dozens of research centres and connections world-wide, the Faculty of Medicine is working to improve the health of people at every point in the lifespan, answer fundamental scientific questions and translate those to improved patient care, educate the very best physicians skilled in science, technology and communications, shape local and national health policymaking and tackle problems that transcend medicine and geography.

The Faculty of Medicine is reducing the burden of disease by providing leadership in the Asia Pacific region and worldwide, including the "lifestyle" diseases of obesity, diabetes, preventable cancers and heart disease and the epidemics of world concern.

The Faculty is moving forward through partnerships. Our future depends on our ability to continue connecting with the best and brightest people and with organisations who share our vision.

We invite you as our alumni to join with us in celebrating our past, present and further at celebrations from Camperdown to Nepean, from Dubbo to Broken Hill and Lismore throughout 2006.

Welcome to our 150th year.

Professor Andrew Coats
Dean, Faculty of Medicine

Details of events can be found at our 150th website
www.medfac.usyd.edu.au/150years

The Advantages of a Colonial Medical Education for Colonial Youths

Anderson Stuart (left) was the second Dean of the Faculty of Medicine and certainly its longest serving. Arriving in Sydney at the young age of 26, Anderson Stuart served as Dean for 37 Years.

To celebrate the 150th anniversary of the Faculty we reprint here an article written by him in 1895 and published in Hermes, the Journal of the University of Sydney Medical Society.

Reading past the gendered terminology and the Eurocentric view of 'home', this is a deeply affectionate piece showing real concern for his students and their education.

Some things change. One hundred and fifty years on, the world of higher education is unrecognisable. Students now commonly cross borders for their education and international students now make up around 22% of each intake of medical students. With the advent of the USydMP, medical students are now are a little older and therefore less likely to require the succour of home while studying.

Some things remain the same. The Sydney School continues to have "prestige all its own" both here and abroad, our staff still "work like Trojans" and despite global warming, the climate in Europe is still damp.

I have frequently been asked whether I would advise a colonial youth to be sent "home" to pursue his medical studies or to be kept here in Sydney for that purpose. Obviously from me only one answer can be expected. Wicked people would point out that it is to my interest that I should reply – Keep him here by all means. But, without caring to say that I am either better or worse than my fellows with whom interest is not without its influence in shaping their – to them perfectly honest – opinions, yet, if I can give good and sufficient reasons in support of my advice that he should be educated here, the question of my interest may be disregarded and my opinion judged upon its merits only. This publication is read by others than those who have cast their lot with us. On reading this article, the latter may be confirmed in the wisdom of their choice, and the former will have put before them some of the arguments which I have found useful during the past thirteen years and more.

I am strongly against the too early separation of parent and child, and almost as much for the sake of the one as for that of the other. Other things being equal, parent and child should not be so placed that they are practically strangers to each other when, after a prolonged sojourn in Europe for the sake of his education, the son returns to his father's house, which usually he must almost immediately leave again – perhaps to reside a long way from it – in order to earn his living. It is true that the time, as measured in years, is not so very long; but it is hardly less than six years after all. Yet in that time the boy has become a man; from being dependent he is more or less independent. The change altogether is greater than in any other period of six years in his whole life, and I repeat that the meeting is not always satisfactory from every point of view. It may be said that all this is "sentimental." Well, to some extent it is; but, after all, family affections are not to be disregarded with impunity.

A very frequent argument is that the lad will "see the old country" or "see Europe" at the same time as he is getting his medical education, and until one looks into the matter the argument looks very well.

Photo: University of Sydney Archives

The Anderson Stuart Building, early 1900s.

As a matter of fact, however, it breaks down, for while a young man is at the medical school he has quite enough to do to attend to his work: he has not time for sight-seeing, travelling, and the many other things one does when on a holiday. And the result is that if he attends to his work he does not "see Europe," and if he does "see Europe" then he doesn't see his work; he does not pass his examination in as short a time as he might, and instead of trying to do both at once to the detriment of both, it would have cost perhaps less time, as little or less money, and would have been far more advantageous to have done first the one and then the other. This he would do if educated here in Sydney, and then went to Europe. Another advantage of the latter course is that he would go to Europe an older, more experienced, and more independent man: better able to profit by all he sees and hears, and better able to take care of himself. As it very often occurs in the case of lads educated in Europe, by the time the license is obtained, the parents are rather anxious to get their young one back – and he comes back at the very time he is most fitted to stay and profit by his newly-gained freedom from books and crams and exams. Then about taking care of himself. This is not always easy to do, for even medical students have their occasional frailties – being human – and so they sometimes fail. Obviously they are less likely to come to grief when they go away older and wise, and if they do get a bit wrong, well, they have their degree, while if they get a bit astray before their degree, it may never come at all or may come later than it ought to. (The reader will please read between the lines here.)

It is the ordinary things of everyday life that one should know best; and it is a fact that the most valuable clinical teaching work is often done upon the very commonest cases.

A very specious argument often heard is that owing to the larger population and other circumstances, the field of study, the opportunity of seeing rare cases, is very much greater in Europe than here. But it does not require much penetration to perceive that it is not rare cases that are most valuable as studies in a medical education. It is the ordinary things of everyday life that one should know best; and it is a fact that the most valuable clinical teaching work is often done upon the very commonest cases. Certainly some of the best clinical teaching I ever had was on the most commonplace cases; but it is the skill of the teacher that lifts the case out of the rank of the commonplace. Then, again, the field of study that can be made use of is no wider there than here; for it is a fact that, when one goes to a school, to any school or hospital, one generally sticks to it pretty closely, and the other schools are practically non-existent. Moreover, when the student has exhausted all the fields of study in Sydney, I shall be quite ready to listen to his cry for more, but not till then. The opportunities for ordinary medical study in Sydney are unsurpassed in my opinion, and if a graduate wishes to pursue his work in any specialty he must go where these specialties are to be found – perhaps here, perhaps elsewhere. But I am not arguing for Sydney as a place for special study. This, in some respects, I dare say, would be better done after graduating during a post-gradation visit to other lands. Much the same may be said as regards the European graduate, to whom a visit to Australia would do all the good in the world. Medical study is not the only thing needed in the making of medical men. "Men and manners" are of the last importance.

One very obvious advantage in Sydney is the comparative smallness of the classes. In a big school such as Edinburgh University used to be, and to a large extent is yet, when the classes were 300 to 500 or so, what chance was there for the student to be more than one in a crowd? The distinguished students, of course were singled out, and got the best of it – they will come to the front anywhere. But it is the less able who need encouragement and personal help, and these are obviously more likely to be got in a smaller than in a larger class. Then, too, a small school means a small number of graduates; and that implies that, in a place like Sydney, with its many hospitals, all or nearly all the graduates can be, at once after graduation, appointed as

The Advantages of a Colonial Medical Education for Colonial Youths

Photos (left to right):

Examinations in the Great Hall, 1927

J. T. Wilson, J. P. Hill and C. J. Martin in the biology laboratory, 1895

Anderson Stuart Building – upper corridor

resident medical officers in hospitals. Of the intrinsic value of such appointments it would be impossible to speak too highly. A year of such work is almost of as much real value as all the curriculum. There is all the difference in the world, as to fitness for the practical work of the profession, between the man who has been and the man who has not been a resident. When the school began I had the greatest difficulty in getting the newly-fledged graduates to see this. They wanted to get into practice, to begin the work of their life, to earn money, to get married, and so on, and so on; and some who had their way are very sorry for it now. Happily, I think a better understanding on this matter now exists.

Many used to lay much stress on the prestige of having taken a qualification at "home;" and this not only when a famous and reputable institution was under consideration, but also when it might be some very questionable, not to say disreputable, place was in question. In this connection it is worth noting that not all the places of the many that give or contribute towards a reputable qualification in the United Kingdom are respect-worthy, not to say respectable. Even in the same town, side by side, on the opposite sides of the streets, there may be teaching and examining, or one of the two – teaching or examining – bodies, both enabling their men to say that they are, say, "London," or "Edinburgh," or "Dublin" men; and yet the standards of attainments indicative of this respective qualification may be so different that the one is as much a discredit as the other is an honour. Of course, the general public cannot discriminate between the different places, but people who know can. I have entered into this to show that one must not simply assume that, because a school is "at home," it is therefore better than our own.

In conclusion, let the tree be judged by its fruits. The Sydney school is quickly and surely winning a prestige all its own, not in these lands only, but all over the world; and the public are showing their confidence in our graduates in the most practical way by making them its medical advisers. Our graduates are much more than holding their own everywhere. Of course, in a large number some are not doing so well as others. But, after all, there are limits to the powers even of the Sydney Medical School. We cannot be providences to our graduates, who must have those many qualities other than learning that enable a man to make his way in the world – tact, savey (sic) – call them what you will, without which men fail to make the most of themselves and their opportunities.

Our good reputation is in part due to the high standard of work and examination which we have maintained from the start. If we had cared to lower these standards the place might even now be well nigh full, for, when we began, letters came to me from all parts of the world wanting "concessions" and in quest of "degrees." They all found a place in the W.P. basket – one of the most useful pieces of furniture. I do not say that our standard is very high, but it is certainly above the average, and this designedly so. For instance, when we started in 1883 we were ten years ahead of the requirements of the General Medical Council of the United Kingdom. Nevertheless, it does not really make much difference to a man who is willing to work. It is generally found that a man works up to the standard of his school – if it is a slack place he is lazy, and if it is a stiff place he is diligent. Now, in Sydney, the universal testimony of the teachers is that the men work like Trojans, hence, in a measure, the large proportion of men who finally graduate, the success of the graduates, and the growing fame of the school. So far as I can judge the reputed severity of our requirements has not deterred many from coming to us, although, unfortunately for them, it has transferred some to other places of learning. But about this 'twould be unkind to say much. The examinations are pitched for people of average intellect with about average work, and nothing, I think, could be fairer. Deficiency in one may, to a certain extent, be made up for by increase of the other – for the dull man more work, for the quick man less work.

The matter of cost remains to be noticed. It is not easy to give precise figures, because very few who are sent to Europe do it as economically as they might do if they were better acquainted with the local conditions, but I think I may safely say that one way or another the money goes – being made round – so that the cost is generally a great deal more than it is in Sydney. The exact estimate, however, each will have to work out for himself according to his tastes, style, aspirations, and so forth.

Just one word as to the question of climate. To the strong and vigorous the climate of Europe is bracing, and to those I have nothing to say. But to many the cold and damp are matters for serious consideration, and having merely indicated this point I may leave it.

In conclusion, I hope no one will accuse me of fouling my own nest in counselling them to stay away from the place where I myself was reared. I am doing nothing of the sort. Note that the title of this paper is not Colonial Schools versus Home Schools. I am advising colonial youths to stay at colonial schools, at least for a time, as I would advise home youths to stay at home schools. If my reasons are good enough, my advice is well founded, and as I have given some of my reasons the reader can judge for himself.

Anderson Stuart, T. 'The Advantages of a Colonial Medical Education for Colonial Youths' in *Hermes Medical Supplement: The Journal of the Sydney University Medical Society*, 20 August 1895, vol. 1, no. 1. pp. v-vii.

The Sydney school is quickly and surely winning a prestige all its own, not in these lands only, but all over the world...

Anderson Stuart (seated, centre, front row) with his colonial youth.

Photo: University of Sydney Archives

Medical education in the twenty-first century

Associate Professor Chris Roberts, Associate Dean (Education)

There is a fabulous tradition of medical education at this University which began with the establishment of the Faculty of Medicine in 1856, followed by the opening of the Medical School in 1883. Since that time there have been many changes to the way our graduates are prepared for practising medicine. The curriculum change for which we in Sydney are best known around the world was the change from a traditional six-year undergraduate course to a four-year graduate entry program beginning in 1997. We are now delivering the ninth curriculum.

Even as the first new graduates of our current course went to work in the health service, it was recognised that further changes were required. We have good evidence from our research that our graduates are competent in clinical skills and basic science knowledge compared with students from traditional courses both in Sydney and elsewhere. Where they are much better is in interpersonal skills, self-confidence, collaboration with others, holistic care and self-directed learning.

In 2010, the ninth and current curriculum will be 13 years old. When curricula age, they start to ossify, creak and do not do all the things that we would want. It is time for some changes to refresh the curriculum for the next 10 years.

The general principles on which the current curriculum was founded: early clinical experience, the integrated teaching of basic science and clinical practice, small group problem-based learning, scientific enquiry and the promotion of a high degree of professionalism in students will remain. Our current Dean, Andrew Coats, is determined to see the introduction of the tenth curriculum, which we are calling the "2010" curriculum, the year the first students will be enrolled. The tenth curriculum will incorporate newer ideas on teaching and learning in the clinical setting, more authentic assessments which capture what doctors do with patients rather than write down in the examination hall, the greater use of simulation in Advanced Clinical Skills Centres, innovations in the way our rural components are delivered, cutting edge e-learning technologies and a greater emphasis on preparing students for work in the health service.

If educational reform was complicated in the 1850s, then it is more so today. We have the advantage now that there are many more resources to help plan and facilitate complex curriculum changes. The Medical Education Unit was established initially to support the birth of the ninth curriculum, with a particular emphasis on two aspects. First, teaching the teachers, scientists, clinicians and others who were to deliver the new course. Second, evaluating the new course both for the Faculty and to share with the worldwide medical educational community the lessons we had learnt. They did a very good job, and today we have many visitors from around the world who come to see what is special about our curriculum so that they may take those lessons and apply them in




their own universities.

Ten years on, there are new challenges and opportunities which face the Office of Teaching and Learning in Medicine, formerly the Medical Education Unit. I will just list some of them to give you a flavour of the areas where the leading University in Australia should have a say to both inform and shape the future of medical education and training not just in Sydney but across Australia.

There are the rising burden of chronic disease amongst Australians, a growing list of new medical technological innovations, a recognition of the need for rationing of some health treatments, rising community expectations of access to information (the Google factor), shortages of skilled personnel in most disciplines, complaints by employers that universities are not preparing graduates for the modern health service, and concerns amongst Australians (largely expressed in the media) about the competence of their doctors.

The issue of clinical education is a particularly vexed one at present given the changes in medical practice that have reduced the access of medical students to patients in the traditional teaching hospitals. Over the past decade there has been a dramatic shift from inpatient care to same-day or outpatient care for many surgical conditions and a shift of some conditions from primarily being managed in the public system to the private health system. In addition there has been increasing pressure to minimise the length of hospital stay for both surgical and medical patients and a shift of rehabilitation patients from the tertiary teaching hospitals to more specialised units. All of these changes have reduced the numbers of patients available for medical students to see and the length of time for which they are available. There is evidence that this changes the learning experience for students and trainees. Further, the increase in workloads for clinical staff in teaching hospitals has led to a reduction in the availability of clinical teachers, given that clinical work must always take precedence over teaching. This is compounded because clinical teachers are responsible for teaching and supervising training at all levels, undergraduate, early postgraduate and specialty training.

There has always been a tension within the universities between time spent with teaching students and maintaining a high quality research output. Medical education worldwide is an important and highly relevant research field. As elsewhere there is a greater expectation of performance and accountability from public and private funders. At one time there were few funding opportunities for medical and health education research within Australia. Now there are increasing opportunities for priority-driven research into, for example, the performance of overseas trained doctors and the most effective ways to provide clinical placements for medical students. There is pressure in such complex collaborative grant schemes to look for collaborative research consortia with national, international and industry links.

How then has the Office of Teaching and Learning in Medicine risen to these challenges? Remember the ambition of the Faculty of Medicine is to be considered the largest and best Faculty of Medicine in Australia, and to be ranked in the top 10 percent of medical faculties internationally, taking account of staff and student numbers.

Photos (left to right):

- Students practice opthalmic procedures
- Students practice collecting blood from each other
- Computers play an important role in teaching students
- Students practice with state-of-the-art equipment

I believe in medical education we can go one better. In 2006, in the 150th Anniversary Year, we have re-launched ourselves as CIPHER, the Centre for Innovation in Professional Health Education and Research. Our ambition is to be one of the top five medical educational centres in the world. That is a big challenge. We will do it by developing and evaluating our existing world-class medical curriculum. We will put our back into it by continuing a tradition of research and development on projects such as the National Framework for Education on Patient Safety which we developed on behalf of the Australian Council for Safety and Quality in Health Care. But most of all we will succeed because we are investing in a world-class team of people whose passion is medical and health education. I am very proud to lead that team.

The Medicine worse than the Malady

Diana Noyce, Historic Houses Trust

In 1850 Medicine was regarded as a profession 'not fit for a gentleman's son'; however, we have come a long way since the colonial days. To mark the 150th anniversary of the establishment of the Faculty of Medicine at the University of Sydney, this article provides an overview of healthcare in the colony of New South Wales from the arrival of the First Fleet to the establishment of the Medical School in September of 1883.

Brevity compels me to narrow my focus on diseases affecting European settlers only.

In January 1788 eleven British wooden ships limped into Port Jackson after a voyage of eight months from Portsmouth, England. On board each ship was a ship's surgeon who was responsible for the healthcare of the men, women and children who were to become the genesis of a new nation. The majority of the human cargo was convicts, members of the British criminal class of which London wished to be rid. They were referred to as the 'fallen sons and daughters of Great Britain'.

In establishing the new penal settlement the settlers brought with them their cultural traditions, institutions and values to shape their lives in an alien world, which would become known as Australia. They also brought their germs.

Within a few months of sailing, scurvy, the demon of ocean-going travel began to appear amongst the convicts and marines alike. Dysentery was rife. An epidemic of mumps and orchitis as well as venereal disease and one case of cholera were reported. Scurvy, dysentery and venereal disease as well as pulmonary tuberculosis were to plague the colony for many years after settlement.

William Charles Wentworth, known mainly for his exploration of the Blue Mountains, wrote in 1819, scurvy was still a common problem and "abdominal and pulmonic complaints are the two prevalent diseases".

"The abdominal complaints are confined principally to dysentery. This disorder is most common among the poorer classes and new comers. In these it is generally intimately connected with scurvy and in both cases it is for the most part greatly aggravated by the excessive use of spirituous liquors, to which the mass of the colonists are unfortunately addicted. However, there were no infantile diseases whatever, in the colony. The measles, hooping (sic) cough, and small pox, are entirely unknown."

In later years that was to change. With the influx of immigrants during the gold rush days of the 1850s and a rapid increase in the birth rate between 1861 and 1871, the death rate among children rose alarmingly from measles, scarlet fever, whooping cough and diphtheria.

The seeds of health care in the colony of New South Wales were in the British tradition, and in particular, British naval tradition. Three notable surgeons on the First Fleet were John White, William Balmain and Thomas Jamison. Other notable surgeons, who as convicts arrived in the colony a little later, were William Redfern and William Bland. Redfern was in charge of the first medical students at the Sydney Hospital (known as 'the Rum Hospital') and Bland became the first president of the local medical association in 1859.

James Bowman in the 1820s reorganised the Sydney Hospital along naval lines using the latest models in Britain. It was rated at the time as among the best in the world. These men of medicine were all naval surgeons and set the standard of health care in the colony. To become a surgeon in Britain, the only requisite for a young man was to be able to withstand the sight of blood and to pay tuition fees. A career in the navy or military therefore afforded the necessary training.

A surgeon's skill 150 years ago was mostly interpreted by the speed with which he worked. In the absence of anaesthesia, only by giving the patient a stiff drop of alcohol, opium, or a hard hit on the head could he alleviate the agony of surgery. The use of ether, nitrous oxide or chloroform did not come into general use until the second half of the nineteenth century. Of the pharmacopoeia in the nineteenth century, few remedies were effective - quinine for

Left: William Bland, 1859.
Mitchell library, State Library of NSW

Above: Sydney Infirmary, 1870.
Mitchell library, State Library of NSW

malaria, opium (laudanum) as an analgesic, colchicum for gout, digitalis and amyl nitrate. True cures remained elusive.

Treatment for disease of any kind including mental illness was rooted in medical thought of the eighteenth century that sought to treat patient's symptoms by 'depleting' or 'stimulating' the system and nerve excitability. Cures were rudimentary and often brutal. They aimed at ridding the body of disease by cupping, leeching or blood-letting (venesection), and providing emetics for the stomach and purgatives for the bowel. Treatment for dysentery for example consisted of further purging the bowels to rid the body of the cause. Darcy Wentworth recommended,

spontaneous Homorage (sic) always of service even if it be considerable…bleed first by leeches or from the arm, then open the bowels by Castor Oil, after this give large doses of opium and calomel….

Definitely a case of the medicine worse than the malady!

Treatment for venereal disease such as syphilis included applying leeches and mercury to the genital area. Mercury or quicksilver met with some success as mercury is antibacterial, however, 'a night with Venus meant a lifetime with Mercury'. Painful and ineffectual treatments inflicted on patients by doctors gave rise to the 'quack'.

Despite the establishment in 1838 of a regulatory Medical Board, New South Wales was described as the 'Eldorado of quackery'. To meet public demand, their cure-alls, which claimed to cure anything from freckles to leprosy, were widely advertised in even the most reputable journals. The concoctions contained mainly opium, which to led to a degree of addiction. Large quantities of opium were imported legally into Australia as well as grown locally and could be bought over the counter. However, with the opening of the first Faculty of Medicine at the University of Sydney in 1856 and with the subsequent establishment of the medical schools in 1883, the number of quacks 'practising' dropped dramatically.

By the end of the nineteenth century doctors were now University qualified, more stringent regulations were in place, and advances in medical science meant that many maladies could now be treated with effective painless medicine. In the words of Charles Bell, 'the absence of pain' brought 'a change upon the earth and all upon it'. These advances improved the reputation of doctors and medicine was now regarded in the colony as a profession 'fit for a gentleman's son'.

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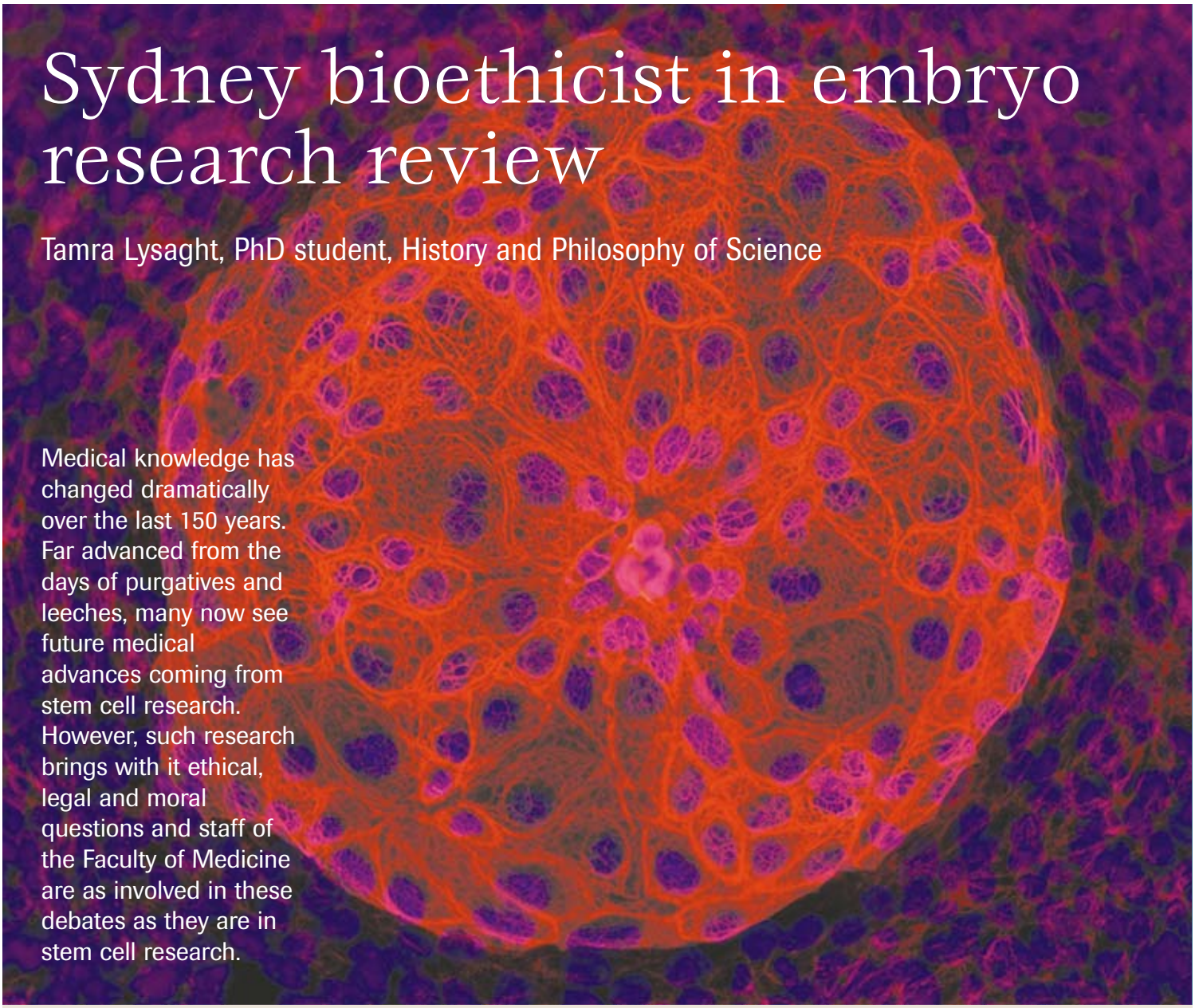
Sydney bioethicist in embryo research review

Tamra Lysaght, PhD student, History and Philosophy of Science



Medical knowledge has changed dramatically over the last 150 years. Far advanced from the days of purgatives and leeches, many now see future medical advances coming from stem cell research. However, such research brings with it ethical, legal and moral questions and staff of the Faculty of Medicine are as involved in these debates as they are in stem cell research.

On 19 December 2005 the independent legislative committee charged with reviewing Australia's Prohibition of Human Cloning Act 2002 and the Research Involving Human Embryos Act 2002 delivered its highly anticipated report to the Federal government. The committee, headed by former Federal Court judge the Hon John Lockhart AO QC, presented its 284-page report to the Hon Julie Bishop MP after consideration of over 1035 written submissions and 109 presentations from an array of community representatives that included scientists, medical professionals, industry leaders, educators, religious groups, ethicists, patient advocates and consumer groups.

Ian Kerridge, Director of the Centre for Values, Ethics and the Law in Medicine (VELIM) at the University of Sydney, was a member of this committee. He was invited to participate because of his expertise in both clinical medicine as a specialist in haematology and bone marrow transplantation at Westmead Hospital and in moral philosophy as an ethicist in the Faculty of Medicine.

Other members of the Lockhart Review Committee (LRC) were: Pamela McCombe, a neurologist from the University of Queensland with expertise in science and medicine; Peter Schofield, a neuroscientist from the University of New South Wales; Loane Skene, Pro-Vice-Chancellor from the University of Melbourne with extensive expertise in health law and ethics; and Professor Barry Marshall, a gastroenterologist from the University of Western Australia who has internationally-recognised expertise in community advocacy and representation and was recently awarded the 2005 Nobel Prize in Physiology or Medicine (while deliberating on the LRC) for his discovery of the link between helicobacter pylori bacteria and gastric ulcers.

The participation of Kerridge and Skene on the LRC, and the invited testimony to legislative review of a number of bioethicists, including Rachel Ankeny of VELIM and the Unit for History and Philosophy of Science at Sydney, was an acknowledgement of the increasingly important role that ethics and law are playing in

public policy decision-making processes relating to the regulation and control of scientific and biomedical research in Australia.

The Lockhart Review was convened as the result of a statutory requirement built into the two Acts. This legislation regulates the techniques and processes used in stem cell research, particularly research involving human embryos and cloning. Prior to the introduction of this legislation, Australia lacked a consistent framework to regulate some types of research associated with assisted reproductive technology (ART) and related technologies. Recent scientific advances, such as the extraction of pluripotent stem cells from human embryos and the creation of the world's first cloned mammals, raised significant ethical questions about how human embryos might be created, what forms of human reproduction should be acceptable and whether human embryos should be used for research.

An inquiry set up to investigate these issues released a report in 2001 recommending nationally consistent legislation governing Australia's research activities using human embryos and cloning techniques. In 2002, this approach was agreed to by State Governments, which saw the creation of the two Commonwealth Acts. The spirit of the legislative scheme was essentially to restrict research involving human embryos to those that had been created for ART treatments prior to 5 April 2002 and ban all forms of cloning. The State Governments agreed to this under the condition that each Act included a requirement for an independent review of its operation in the third year after receiving Royal Assent.

The LRC was given very specific terms of reference: it was required to consider the scope and operation of the Acts, specifically taking into account recent scientific and technological developments, the necessity and feasibility of establishing a National Stem Cell Bank and changes in community standards.

The LRC made 52 recommendations regarding reform of the acts, including the continued use of both somatic and embryonic stem cells with no additional legislative restrictions and greater flexibility to allow research into emerging scientific practices. Most notably, the Committee recommended that access to ART embryos created after April 2002 and the creation of cloned embryos for research purposes be permitted, albeit within a rigorous ethical and legal framework, but that the creation of cloned human embryos for the purposes of reproduction should remain prohibited. The Committee also recommended the establishment of a national stem cell bank and the continuation of ongoing community consultation programs.

…..disputes about science and medicine are often as much about differences in values and perspectives as they are about different interpretations of evidence and data.

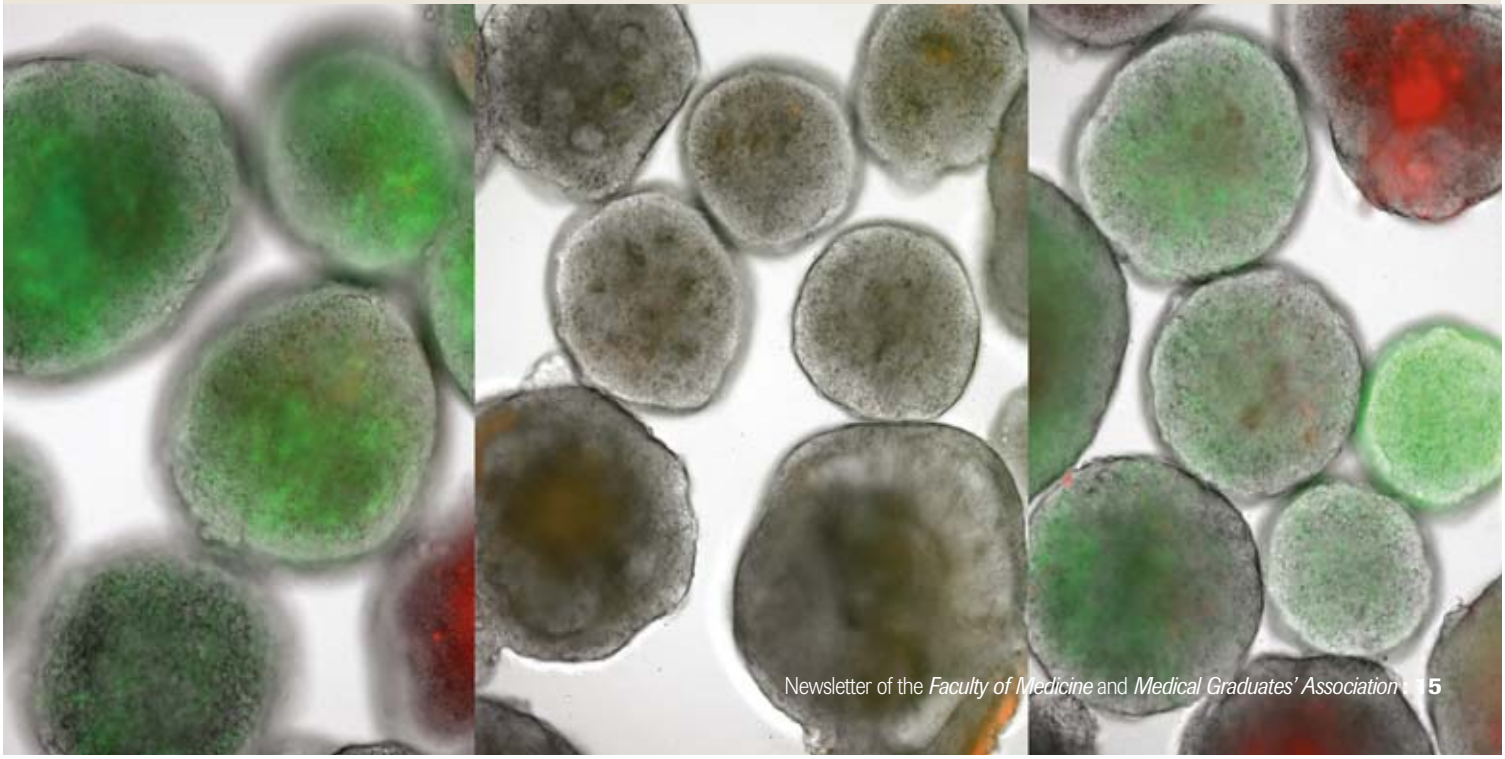
Just how many of the Report's recommendations the Federal Government is likely to adopt once it is tabled in Parliament this year is anyone's guess. As was the case with the parliamentary debates in 2001-2, the Government has declared that the LRC recommendations will be subject to a conscience vote. One thing is certain: the ensuing parliamentary debate is likely to be just as heated, controversial and emotive as the first was, with consensus just as unlikely.

While the LRC recommendations have already generated considerable criticism and public debate, there has been broad recognition that the process by which the report was generated was respectful, rigorous and broadly inclusive. The LRC facilitated a fair and balanced public consultation that did indeed consider a broad range of community views and perspectives. As the report states,"[t]he Committee came to the view that Australian society should not be characterised as being a single, homogeneous community, but instead is composed of many different 'communities,' each of which may have its own perspectives, interests and values, and that any one individual may be a member of many different communities at the same time."

The participation of bioethicists in the development of policy governing scientific and biomedical research is likely to increase in the future, as it is recognised that disputes about science and medicine are often as much about differences in values and perspectives as they are about different interpretations of evidence and data.

For a copy of the report, go to www.lockhartreview.com.au

Photos: Australian Stem Cell Centre



In this our anniversary year we farewell two highly valued members of Faculty; one to retirement, the other to new challenges.

Yvonne Cossart AO Bosch Professor

Associate Professor Ray Kearney

After over 28 years as a distinguished medical, scientific and academic member of the Department of Infectious Diseases, Professor Yvonne Cossart will retire in 2006.

Yvonne Cossart graduated BSc(Med) in 1957. It was then that her interest in virology was kindled by undertaking classical virology research in the Department of Bacteriology headed by Professor Patrick de Burgh. After graduating MBBS in 1959 she started her training as a pathologist at Royal Prince Alfred Hospital. Together with her husband, Ted Wills, her formal specialist qualifications were completed at the Postgraduate Medical School in London.

She was, by good luck during a class excursion, introduced to the virologists at the Central Public Health Laboratories at Colindale where there was a temporary vacancy. She took the job and stayed for 14 years, becoming responsible for the introduction of hepatitis testing into the UK. Yvonne was part of a group which designed effective control measures to contain hepatitis B in renal dialysis units and also participated in the trials of hepatitis B immunoglobulin as post-exposure prophylaxis for needle-stick injury.

Yvonne was thereafter destined to become a world leader in the field of infectious diseases – in issues of causation, diagnosis, treatment, control and prevention of a number of serious infections afflicting tens of millions worldwide. She contributed significantly by an originality of ideas and keenness of observation coupled with quick analytical insights, lateral thinking and an encyclopaedic knowledge. With Jack Nagington she published the first description of reactivation of hepatitis B in an immune suppressed patient.
In 1975 she and her electron microscopist colleague Anne Field discovered parvovirus B19 in the serum of blood donors who were suspected of carrying anomalous strains of hepatitis B. Subsequently the associations of B19 with aplastic anaemia, hydrops fetalis and Fifth Disease were described by her English colleagues.

In 1977, now back in Australia, Yvonne was appointed Senior Lecturer in the Department of Bacteriology, still led by Professor Patrick de Burgh. With inspirational initiative and enthusiasm, Yvonne brought new insights and began to forge a foundational structure for research and teaching of virology. Very soon Yvonne established a research group working on persistent virus infections – hepatitis B and C and papilloma viruses – and their relation to chronic diseases and malignancy. Her return to Australia coincided with the first availability of hepatitis B vaccines and she was involved in studies of the immunisation of health care workers and implementation of prophylaxis of babies of hepatitis-B-carrier mothers. Most recently her group has been involved in assessing the effect of biofilms in efficacy sterilisation and disinfection in laboratory and endoscopy units.

For studies of the effects of drugs and disinfectants on hepatitis B, in collaboration with departmental colleagues, Yvonne characterised the duck hepatitis B model infection using the Australian DHBV strain isolated by one of her PhD students in the Department. This model has been adopted by several other Australian hepatitis research groups as well as the group overseas at Stanford University in California. The model was recently used by a study group from the Departments of Infectious Diseases and Surgery to assess surgical transmission of viruses via instruments and endoscopes.

Promoted to Associate Professor in 1979, Yvonne was appointed Head in 1981, a position which she held for over a decade with distinction amid major financial, managerial and structural changes within the University and Medical Faculty. Yvonne was duly appointed to the prestigious Bosch Chair in 1986.

Teaching medical, dental and science students was a major commitment for Yvonne.
Her innovative ideas and novel approaches to teaching have been an outstanding contribution. Her practical class manuals, based on body systems and case studies have served as a template for similar courses both here and elsewhere. By recognising the contribution that a study of the history and philosophy of medicine could make to student development she instigated and ran a formal first year course staffed entirely from within Faculty. Although this ceased to operate with the introduction of the graduate-entry University of Sydney Medical Program, the impetus led to the establishment of the Master of Medical Humanities course in 2003.

Yvonne continues to have an active role in Faculty and University affairs. She remains an international journal editor and reviewer as well as a member on numerous scientific advisory committees. In addition, Yvonne manages to supervise postgraduate research students at all levels with outstanding success.

In 1999 she was awarded the Order of Australia.

On behalf of her colleagues and her network of friends our sincere gratitude is extended to Yvonne for the outstanding contributions she has made as academic colleague and friend during her distinguished career. Our very best wishes are extended to her in her retirement.

Professor Bruce Armstrong AM

Mark Ragg

Bruce Armstrong is not really sorry to leave the role of head of the School of Public Health. He took it on four years ago, planning to stay five but getting the multiple jobs of leadership, management, administration, teaching, and research all done to the high standards he demands of himself was a constant challenge.

"I've juggled these roles most of my life – for the past 30 years anyway – but what was different was that I didn't feel I was doing a very good job in any of the many things I was trying to do," he said.

As well, he felt there were problems that he couldn't get to in any meaningful way, so he had to pretend they didn't exist.

He had a choice. He could drop research which, for a man whose driving force is to find how things work, and at a time when good results were coming through and throwing up questions that needed pursuit, was not the right solution. Or he could drop administration. Administration missed out.

"Universities do expect a lot of their heads of schools." But he sees management throughout the public sector as difficult – as a former Commissioner of Health in Western Australia, director of the Australian Institute of Health and Welfare, and deputy director of the International Agency for Research on Cancer in Lyons, France, he's in a position to know. These jobs have been interspersed with periods mainly devoted to research – with the NSW Cancer Council, with the University of Western Australia and as a self-employed consultant epidemiologist.

"I've always had that love/hate relationship with management," he says.

"I love my research, but I also see management as a challenge and believe that if you're going to make significant changes, then management gives the best opportunities. I'm not denigrating research, but the opportunity to produce highly significant, life-changing research falls to few, while the opportunity to make lesser but highly worthwhile changes in management is there more often.

"Management also deals with the here and now – you can see the results of what you do. And it really is about trying to get results. But given the daily pressures of administration, it's hard to do it as well as it could be done."

Some positives came out of his time as head of the school. He set out to develop a formally delegated management structure, with senior managers having responsibility for each of administration, research, and teaching and learning. That's come about although, in most cases, he did not have the resources to appoint people who had no other responsibilities.

As a result of this structure, and from an effort to formalise many of the policies and practices of the school, he feels that staff and students have more support and more knowledge of how to get support.

Professor Simon Chapman, as director of teaching and learning, led a review and redevelopment of the MPH program, which is now aligned more closely with the core outcomes of the National Public Health Education Framework.

And the School's use of the internet as a tool for teaching and learning has rocketed over the past four years.

As well, and Professor Armstrong deflects the credit to many others, including a former head of school, Professor Don Nutbeam, the school's research income has increased enormously.

But it's the research he keeps coming back to. As a cancer epidemiologist – seen by colleagues as one of Australia's best ever epidemiologists, and as one of the handful of Australian world leaders in their field – he can see what is needed to reduce the incidence of cancer.

There is a lot known about environment influences (such as UV light and ionising radiation) and lifestyle influences (such as smoking, alcohol and diet), he says. There is a lot known about individual, relevant metabolic processes in the body – some carcinogenic, some protective. But the great unknowns are the way all these interact and how many of them must be tackled to have a big impact on cancer risk.

"We don't know yet whether we could put together some combination of protective

substances and give it to people to reduce the incidence of cancer," he says. "Or is it all too difficult for that?

"So we need to pursue the basic science, although with a greater appreciation of the complexity involved than we have done so far.

"And we need to start doing more targeted, complex interventions, based on what the basic science tells us. We'll need small steps – using biomarkers as outcomes initially – before we get to large trials with cancer as the outcome.

"But if we don't start to do the intervention work now, it'll take us many decades to get there."

Bruce Armstrong takes up the Directorship of Cancer Research to the Sydney Cancer Centre in January 2006.

New research appointments

The Faculty of Medicine continues to attract and recruit world-class researchers from across the globe. Here we profile three of the most recent appointments.

Chair of Molecular Biology

Jürgen Götz, the newly appointed Professor of Molecular Biology at the Brain and Mind Research Institute, researches Alzheimer's disease - a debilitating disease that affects more than 15 million people worldwide. With the Australian population living longer this disorder is already approaching epidemic proportions with no cure or preventive therapy available. The social and economic burden of Alzheimer's disease is enormous, and within less than a generation, the associated health costs will be in the range of 3% of GDP.

The brains of Alzheimer disease patients are characterised by nerve cell loss, synapse loss and the presence of insoluble protein deposits, called plaques and tangles. These lesions were first described 100 years ago by the physician Alois Alzheimer and are a major focus of Alzheimer research.

Götz and his team are working to understand what causes the formation of tangles and neuronal cell death and how the presence of the plaques affects tangle pathology. They have already succeeded in developing animal models and are working on developing a tissue culture system that models aspects of the human Alzheimer's pathology that may be suitable for drug screening. The Götz research team has also made progress in determining factors that impact on the pathology of Alzheimer's such as the role mitochondria (a cellular organelle responsible for energy production) have in the disease.

It is likely that a range of neurodegenerative diseases (including Parkinson's disease) will have similar pathology, making potential drugs that target plaques or tangles likely to benefit more than just Alzheimer's sufferers.

Götz was appointed to his Chair at the Brain and Mind Research Institute in July 2005 following his Habilitation at the medical faculty of the University of Zürich in Molecular Neurobiology.

Plunkett Chair of Molecular Biology (Medicine)

Appointed Professor of Molecular Biology (Medicine) in July 2005, **Juergen Reichardt** brings to the appointment world-class molecular biology research and proven interdisciplinary skills that connect the laboratory with large scale epidemiological research.

"My work involves drilling down into big epidemiological studies to find out what's happening at a molecular level. This approach can help our understanding of the genes involved in important diseases such as cancer and heart disease", said Reichardt. "I also have experience in interdisciplinary research, which is very important in today's research environment."

Jürgen Götz

Juergen Reichardt

Peter Cistulli

With National Cancer Institute funding for the next five years, Reichardt and his team will conduct follow-up work on the large scale Prostate Cancer Prevention Trial (PCPT) that showed the drug Finasteride reduced the incidence of prostate cancer by 25%. Reichardt believes the incidence of prostate cancer could be reduced even further if the drug was given to men susceptible to prostate cancer. He is currently studying the genetic basis behind men with a high risk of developing prostate cancer in the hope that it will pave the way for a targeted approach of individualising therapy for sufferers.

Reichardt will also work closely with scientists at the National Health and Medical Research Council (NHMRC) Clinical Trials Centre (CTC) at the University. Using the results from a large clinical trial which showed that statins reduce the incidence of heart disease, Reichardt aims to determine the genetic characteristics of heart disease in a bid to further enhance the drug's effectiveness in those most susceptible.

Before taking up the position at the University of Sydney, Reichardt worked at the Institute of Genetic Medicine, University of Southern California, for 13 years and completed his post-doctoral work in Savio Woo's laboratory at the Baylor College of Medicine, Texas. He was awarded his PhD at Stanford University working with Nobel laureate, Paul Berg.

Chair of Respiratory Medicine

Peter Cistulli has recently taken up the position of Professor of Respiratory Medicine at the University and Royal North Shore Hospital.

After completing clinical and research training in respiratory medicine and the emerging specialty of sleep medicine at Royal Prince Alfred Hospital, he was recruited to establish the Centre for Sleep Disorders and Respiratory Failure at St George Hospital in 1994. His clinical interests and expertise are in the diagnosis and treatment of sleep disorders, as well as the management of respiratory failure with non-invasive ventilation in a range of conditions including lung, chest wall, neuromuscular and brain disorders. These skills are critical to the new role, which will focus on developing associated clinical services at Royal North Shore Hospital.

Cistulli's research has focussed on obstructive sleep apnoea, a major public health problem in terms of prevalence, morbidity and mortality. He has developed an original themed clinical research program, working at the interface between upper airway anatomy and physiology and orofacial biology (dentistry) in the context of sleep-disordered breathing. Much of this work has involved a productive collaboration with the Faculty of Dentistry. This research program has been evaluating the relationships between craniofacial and upper airway morphology and their relevance to breathing during sleep, and the resultant diagnostic and therapeutic implications of these relationships.

A key outcome of the work has been the development of a novel device for the treatment of snoring and obstructive sleep apnoea, which protrudes the mandible (lower jaw) during sleep to prevent narrowing or collapse of the upper airway (throat). This has proven to be a viable alternative to the current gold standard Continuous Positive Airway Pressure, a University of Sydney invention by Colin Sullivan, Cistulli's PhD supervisor.

Other research interests include cardiovascular and neurocognitive consequences of sleep-disordered breathing and the development of novel diagnostic and therapeutic strategies for sleep apnoea.

Life supporters

Chris Rodley

The 150th celebrations provide a good time to reflect on the role that philanthropy and volunteerism have played in the success of the Faculty. Chris Rodley spoke with a number of people who have been involved with the Medical Foundation and asked what has motivated them to give their time and support to medical research.

In 1991, Robert Storr had a conversation with a close friend that would have profound implications. Recently diagnosed with liver cancer, Mr Storr – who had no close living relatives – was faced with deciding who would be the beneficiary of his estate. Following a conversation with his friend, Helen Breekveldt, a long-time supporter of the Medical Foundation of the University of Sydney, Robert Storr decided to bequeath his money to the Foundation for research into liver disease.

"One of his hopes was that in the future, a cure for liver cancer might be found," explains Mrs Breekveldt, an executor of the Robert W Storr Bequest. "Of course, Robert knew that diseases like cancer are very complex and that he would not benefit himself from any outcomes of his donation. He simply knew that over time, his money would help." Today, the Robert W Storr Bequest continues to support ground-breaking research in liver medicine: just one example of the powerful impact that can be made by supporters of the Medical Foundation.

Since it was founded in 1958, the Foundation has grown to become one of Australia's most significant privately-funded medical research funding bodies: each year, the Foundation provides up to $3 million for University of Sydney research. Keeping the organisation alive is the continued generosity of its donors, whose often-unacknowledged contributions ensure that vital research into Alzheimer's disease, cancer, asthma, eye diseases and other conditions can continue.

What motivates them to provide such extraordinary support? According to former Foundation president Dr John Gregory-Roberts, donors often make the decision to invest in medical research after being personally touched by an illness – as was the case for Robert Storr. "People are often prepared to give money to causes that they have been personally affected by," says Dr Gregory-Roberts. He gives the example of a donation to the Foundation by his friend, the late Jessie Alberti: after the death of her daughter from a brain tumour, Mrs Alberti was prompted to make a $1.3 million bequest that today contributes to world-leading brain research.

But it is not only through being personally touched by a disease that donors are motivated to make a contribution. For a number of donors, family values play an important role in their decision to give their time and money to the Foundation.

"I come from a fortunate background, from a background where giving and supporting causes was part of the family ethic," says Dr Gregory-Roberts. "My father was involved with the Royal Institute for Deaf and Blind Children and a number of other organisations like Barnardos. I carried that torch forward."

Dr Gregory-Roberts remembers being profoundly affected by a visit he made to the Royal Institute for Deaf and Blind Children with his father, who was the Institute's honorary ophthalmologist at the time. During the visit, he met a number of profoundly blind, deaf and intellectually impaired children. "It made you realise how fortunate you were," he says.

Inheriting a strong sense of social obligation from his father, Dr Gregory-Roberts has been a dedicated supporter of the Medical Foundation over many years. As well as serving as council member and president, he and his father Frederick have between them given over $500,000 to the Medical Foundation for the Chair of Ophthalmology. Dr Gregory-Roberts is also Vice-President of the Royal Institute for Deaf and Blind Children, having taken over from his father as the Institute's honorary ophthalmologist in 1978.

A number of the Foundation's supporters emphasise the importance of continuing a family commitment to philanthropy. Bob Mostyn, who has made generous donations over many years, says his generosity continues what his father, one of the original founders of the Medical Foundation, began back in the 1950s. "Supporting medical research was something Dad was involved with, and I just kept it up," he says.

Peter Burrows, a former president of the Foundation, is another who followed in the footsteps of his father. Douglas Burrows, a stockbroker, had served as president of the Royal Alexandra Hospital for Children (RAHC), now generally known as the Children's Hospital at Westmead. On his father's death, Peter Burrows joined the board of the RAHC and was later invited to become president of the Medical Foundation.

Under the 11 year stewardship of Mr Burrows, the Foundation instituted a bold new program to fund researchers with program grants for major initiatives, an achievement which the philanthropist rates as one of the organisation's biggest achievements during his term in office. Modern, well-equipped facilities are also essential for innovative research to flourish and during his presidency Mr Burrows oversaw the purchase of the Medical Foundation Building which houses genetic research teams. "The building is vital to medical research in the University of Sydney. It is a major achievement and a strength of the Foundation," he says.

A recipient of the Order of Australia for his service to the community, Mr Burrows has also

made generous donations to other areas of study at the University, including art and archaeology. Completing the family circle, his mother Valerie was also involved over a number of years with the Women's Committee of the Medical Foundation, which had responsibility for organising fundraising events like charity balls and luncheons.

Two women who were driving forces behind the Women's Committee also echo the importance of family tradition. Anne Field, who served as the third president of the Women's Committee, says one of the reasons she joined the organisation was that her grandfather Professor Arthur Mills, was the first Professor of Medicine at the University of Sydney. "I had no medical experience myself, but I realised it was a great cause and I wanted to do what I could to help," she says. Working with Mrs Field on the Women's Committee was Bunny Gardiner-Hill, a current Foundation council member who says she was also prompted to join the Foundation because of the involvement of her father, Sir Robert Crichton-Brown. Sir Robert had been responsible for establishing the Foundation in 1958 in response to a lack of facilities for research and postgraduate medical education; today, at the age of 86, he continues his involvement with the organisation as an honorary governor.

According to Mrs Gardiner-Hill, the Foundation sees many cases of children continuing the contribution of their parents. "I think it is something subconsciously conveyed in the family," she says. "For me, it was an important part of my upbringing that we find out more about how to cure diseases, and that rubbed off indirectly, without my father ever actually drumming it in."

But while family connection is often a trigger for supporters to become involved with the Foundation, many say that what motivates them to continue donating their time and money is something quite different. They talk of a sense of personal fulfilment that flows from making a difference through their contribution. "I hadn't been president of anything before, so it was a real challenge for me to see what I could do in the position of president of the Women's Committee," says Mrs Field.

Likewise, Dr John Gregory-Roberts speaks of his satisfaction at seeing the ongoing benefits of the strategic plan he put in place during his time at the head of the Medical Foundation, a plan which emphasised specific, targeted fundraising campaigns such as the current appeal for a Chair of Adolescent Medicine.

For Bunny Gardiner-Hill, an involvement that initially had a light-hearted, social component developed over the years into an increasingly serious commitment after she began working in the Foundation's office in the early 1980s. A chance encounter in the office with a medical researcher – the first she had ever met – first alerted her to the importance of the contribution she was making. "I remember thinking: he's wonderful, and we are actually helping him to continue his research. That was when the research aims of the Foundation became real for me."

Whatever the reasons behind their philanthropy, every supporter of the Medical Foundation is rewarded with a sense of personal satisfaction: the knowledge that their donations of time, money and energy are helping to ensure that life-saving research continues to flourish. As the climate for fundraising organisations becomes ever more challenging, it is critical that more new donors come forward to follow in their footsteps.

"I think that the number of people who are able to support charitable organisations is increasing. But there are also more and more charities seeking people's dollars," says Dr John Gregory-Roberts. "In such a climate, philanthropy is essential. Without it, so many charitable organisations would die."

Note: Dr John Gregory-Roberts concluded his term as President in late 2005 and has been succeeded by Mr Richard Caldwell. We will profile him in a future edition of Radius.

Dr John Gregory Roberts

Bunny Gardiner-Hill

Peter Burrows

Obituaries

Emeritus Professor Michael Gleeson Taylor 1926 - 2006

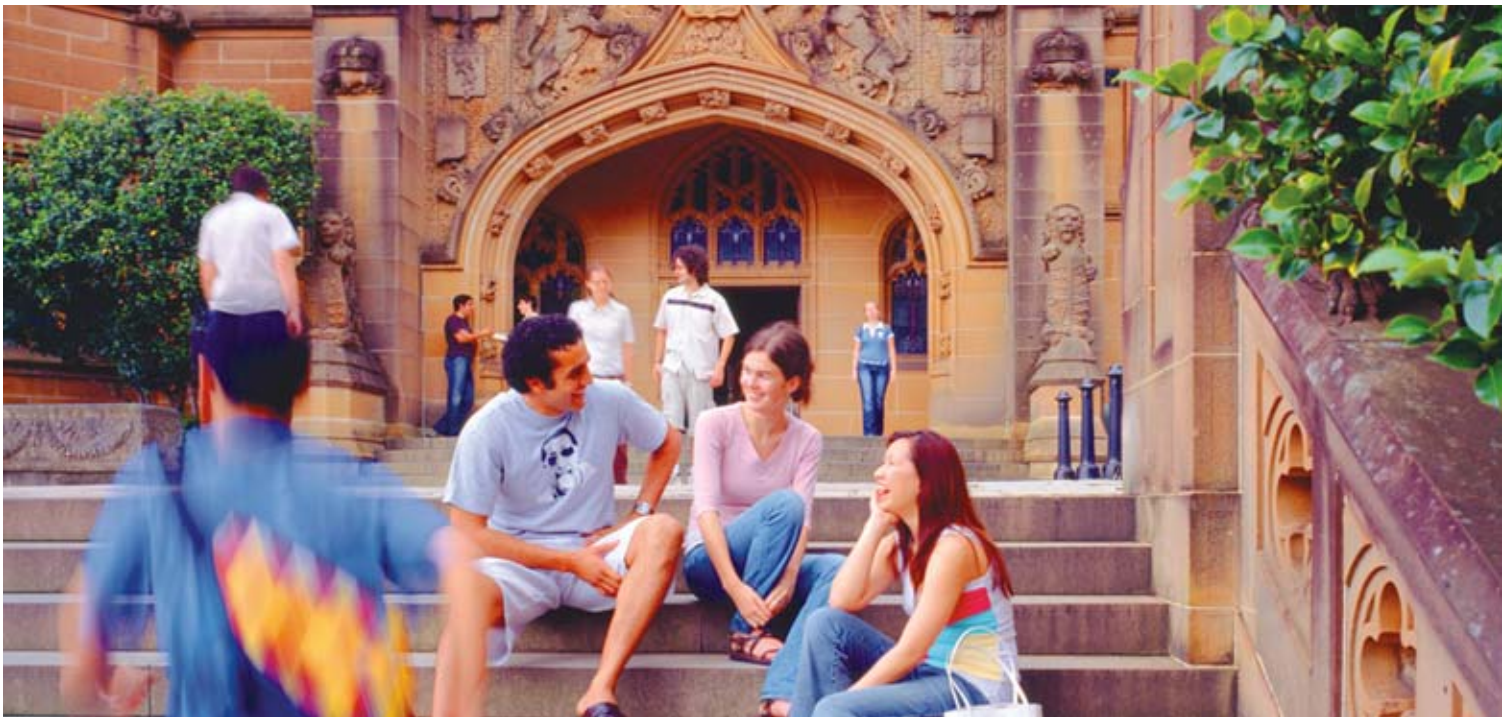
The University of Sydney and the Faculty of Medicine have lost one of their most distinguished members with the death of Emeritus Professor Michael G. Taylor on 10 January 2006. Michael Taylor, a medical graduate of the University of Adelaide, was appointed Senior Lecturer in the Department of Physiology in 1960 and became Professor in 1961. He retained the title until his retirement in 1991 when he was awarded an Emeritus Professorship. From 1969 until 1973 he was Chairman of the Professorial Board, and from 1975 to 1991 he was Deputy Vice-Chancellor.

Prior to coming to Sydney Michael had obtained an MD at the University of Adelaide in 1954. He then went to London on a CJ Martin Fellowship and worked at St Bartholomew's Hospital Medical School with Donald McDonald. This research earned him a PhD in 1959 in the area of cardiovascular physiology. From his earliest years he had shown exceptional mathematical ability and this he applied to problems in haemodynamics, first at Bart's, and later at Sydney. This work of Michael is first-class and of enduring quality. Perhaps the best indication of Michael's talent and early achievements in the field of haemodynamics is the following quotation from the Acknowledgements section in the first (1960) edition of "Blood Flow in Arteries" by Donald McDonald:

"Taylor, with a training in medicine and physiological research has also a passion for mathematics such that he is technically the equal of many professionals in this field. If I do not here sufficiently express my admiration and gratitude for his contribution to this work, it is only because, while we are exhorted to speak only good of the dead, it is deemed fulsome (or at least un-English) to speak too well of the living – especially one's close friends. Let it suffice to say that the organisation of the ideas on wave reflection and arterial input impedance (the chapters in the latter part of this book) are almost entirely due to discussions with him."

Donald McDonald is credited with the practical introduction of harmonic analysis into arterial haemodynamics. His interest was in arterial segments and pressure gradients over short lengths of artery. Michael expanded this limited approach to the whole vascular bed, then to the whole vascular tree, explaining thereby the influence of wave reflections, and neurohumoral control. He expanded Fourier analysis with regular heart rate to frequency spectrum analysis over a wide range of frequencies and used his formidable "passion for mathematics" to model vascular beds and to explain the relationship between blood pressure and blood flow in a wide range of species. He was also a pioneer in applying methods of spectral analysis in the field of neural control of the circulation. Many of Michael's former students have gone on to make major contributions in the fields of haemodynamics, cardiovascular control and clinical medicine.

Michael was an extremely kind, generous and tolerant person. On one occasion a student, working in the laboratory above his office, allowed the sink to overflow with the result that a large quantity of water cascaded down the walls of Michael's office and created an



Supporting Medical Students: Alumni Generosity

Studying medicine is expensive and now, with the graduate-entry University of Sydney Medical Program, students begin their medical studies a little older and more often have additional financial and family commitments.

Thanks to the on-going generosity of you, our alumni, funds have been raised to assist students in financial difficulty. Six scholarships with the total value of $30,000 will be awarded in 2006.

Professor Gene Tang Wang Scholarship

Established in memory of Professor Gene Tang Wang.

Value: $5000

Conditions: Available to a first-generation migrant student, enrolled in the University of Sydney Medical Program, experiencing financial difficulties.

Graduating Year of 1984 Scholarship

Established by the graduating class of 1984 to help students who are experiencing difficulties managing their living costs and whose study is being adversely affected by excessive part-time work.

Value: $5000

Conditions: Available to an enrolled student in the University of Sydney Medical Program experiencing financial difficulties.

The Dubbo Medical Society Scholarship

Established in 2005 by an offer of an annual donation by the Dubbo Medical Society.

Value: $5000

Conditions: Available to students from a rural background (preferably but not essentially from the Dubbo area), who are enrolled in Stage 3 or Stage 4 of the University of Sydney Medical Program who choose to undertake eight weeks of the ICA and/or Rotation terms at Dubbo and are in financial need.

Gaston Bauer Scholarship

Established to honour Dr Gaston Bauer, a founding member of the Medical Graduates' Association and prominent physician and cardiologist.

Value: $5000

Conditions: Available to a student enrolled in the University of Sydney Medical Program experiencing financial difficulties.

John Beveridge Scholarship

Named after John Beveridge, a leading paediatrician who led the way in shaping and reforming child health and the role of children's hospitals.

Value: $5000

Conditions: Available to a student enrolled in the University of Sydney Medical Program experiencing financial difficulties.

Sheila Nicholas Student Scholarship Fund

Named after Mrs Sheila Nicholas, OAM, the driving force behind the Medical Society and its book shop for 40 years.

Value: $5000

Conditions: Available to a student enrolled in the University of Sydney Medical Program who is experiencing financial difficulties.

For further information on these scholarships and on donating towards the support of medical students, contact:

The Medical Graduates' Association

Tel: 9351 8947

Email: mga@med.usyd.edu.au

Students interested in applying for these scholarships should contact:

Financial Assistance Office

Tel: 9351 2416

Email: fao@stuserv.usyd.edu.au

www.usyd.edu.au/stuserv/finances/financial_assistance_office

unholy mess. Most people would have hit the roof. The strongest reaction from Michael was his remark "She didn't even apologise".

Michael was always gentlemanly and he expected others to behave in the same way. The period that he was Chairman of the Professorial Board coincided with a period of considerable student unrest. During this difficult period, he demonstrated tolerance and courtesy, but found it difficult to understand why the same qualities were not always shown to him and others by aggressive academics and students.

Michael married Mary Scott, herself an esteemed physiologist, in 1967 and they set up house in Hunter's Hill. They soon established a reputation for gracious hospitality and eclectic entertaining. Michael was as much at home in the Arts scene as in the Medical and Scientific arenas; he had a passion for literature and languages and had won the Tennyson Prize for Poetry in Adelaide. At the Taylors' parties you never knew whom you would speak to next; it might be a novelist, a chemist, or a music critic. This tradition continued when the couple moved to Burradoo (near Bowral) in 1997.

Michael had an extraordinary range of interests. He played the piano and even composed an opera, which had a performance, albeit by an amateur group. He built a harpsichord from a kit and played this. He learned pottery. Some members of Faculty will remember the Taylors' pottery parties where hospitality was combined with displays of Michael's creations which were for sale but at very modest prices. Many of us are proud possessors of a 'Taylor' pot, a constant reminder of his skill and hospitality. In later life Michael took up Chinese brush-painting and calligraphy.

Michael Taylor leaves an indelible mark on his many students, colleagues and friends. All of us will remember Michael as a very compassionate, gentle, extremely gifted and very humorous person, and he will be greatly missed.

William Burke
Roger Dampney
Michael O'Rourke

23 January 2006

[Emeritus Professor Burke was a colleague of Professor Michael Taylor in the Department of Physiology throughout his tenure. Professors Dampney and O'Rourke were PhD students of Professor Taylor. The authors thank Mr David Coffey, Michael's cousin, for his help in writing this obituary.]

Dr Charles Edward Marshall 1912-2005

Charles Marshall aged 93, of Seattle died peacefully in his sleep at home on November 12, 2005. He was born on July 13, 1912 in Cowell, South Australia but his early years were spent in Scotland and England. In 1929 he re-located back to Australia, settling in Sydney where he worked in a pharmacy for two years. This led to an interest in medicine which he studied at the University of Sydney from 1934 to 1939 when he graduated as a doctor.

During World War II from 1940 to 1946 he served with the Royal Australian Army Medical Corps in various locations in the Middle East as well as in Australia. After two years at the Kanematsu Memorial Institute of Pathology, Charlie began his career as a pathologist at Sydney Hospital. Between 1950 and 1952 he did a post-graduate course at London University, after which he returned to Sydney Hospital.

In 1957 Charlie accepted a position as the first pathologist at Group Health Cooperative in Seattle, Washington, where he worked for the next twenty years. He also served as Assistant Professor of Pathology at the University of Washington during that time. He was a Fellow of the Royal College of Pathologists of England (founding member), the Royal College of Pathologists of Australia and the College of American Pathologists.

He will be remembered as an avid painter and musician, a kind and compassionate person, as well as a great friend to many whose lives he touched. He was a true gentleman at all times with a wonderfully dry sense of humour.

Charlie married Thelma in 1941. She died in 1978, and they are survived by one daughter, Carol MacDonald, one grand-daughter, Diana Tyson, and three great-grandsons, Jack, Charlie and Drew Tyson, all of Orange County, California.

Carol MacDonald

Australia Day Honours

The Faculty of Medicine has again been distinguished by its members in the 2006 Australia Day Honours list.

In our 150th anniversary year it is very fitting that **Emeritus Professor Charles Ruthven Blackburn** was awarded with an AC for his service to the development of academic medicine and medical education in Australia, particularly in relation to the evolving relationship between research and clinical practice, and as a mentor influencing professional development of a generation of leading health care professionals. Professor Blackburn was a member of the Faculty of Medicine from 1957 to1978, during which he played a most important role in the development and expansion of the Medical School, where he initiated many new developments.

Professor David Henderson-Smart, Director of the NSW Pregnancy and Newborn Services Network and Centre for Perinatal Health Services Research, received an AO for his service to medicine, particularly in the fields of paediatrics and neonatal and perinatal care as a clinician, researcher, administrator and educator.

Associate Professor Antony Breslin, Clinical Associate Professor at Concord Hospital, was awarded an AM for his service to thoracic medicine, particularly in the area of respiratory diseases through education, research, clinical practice and professional organisations.

Professor Ian Hickie, Executive Director, Brain & Mind Research Institute, received an AM for his service to medicine in the development of key national mental health initiatives and general practice services in both the public and non-government sectors.

Dr Michael Noel, Clinical Associate Lecturer at Nepean Hospital was awarded a Medal in the Order of Australia (OAM) for service to medicine, particularly in the field of palliative care.

Queen's Birthday Honours 2005

Alumnus of the 1967 class, **Air Vice-Marshal Bruce Hamilton Short** was awarded an AM for exceptional service to the Australian Defence Force in senior appointments within the Defence Health Services, particularly as the Surgeon General to the Australian Defence Force.

At Taronga Zoo with Year 9 students.

The Australian Indigenous Mentoring Experience

Phillipa Sharwood (Med 4) and Hamish Dunn (Med 2)

University of Sydney medical students and Indigenous students collaborate with the local community and schools to develop a mentoring program for Aboriginal high school students.

The gulf in health outcomes between indigenous and non-indigenous Australians is one of the major problems facing Australia's health care system. Its origins lie in a mélange of historical, social and cultural factors that evade a simple solution. Historical disenfranchisement, discrimination, dissolution of traditional social structures, poverty, lower education levels, geographical isolation, substance abuse and violence are some of the contributors to poorer health in Aboriginal people. In recognition of these diverse causative factors, students are engaging in the development of a preventative program that aims to provide educational support and guidance to local Aboriginal high school students.

The Australian Indigenous Mentoring Experience (AIME) was developed by students at the request of Alexandria Park Community School and the local Aboriginal community. It aims to improve the poor retention and attendance rates of Aboriginal school students once they reach Year 10. Aboriginal parents are keen to see their children succeed at school but do not always have the capacity to provide the necessary guidance or help with schoolwork. The mentoring program provides support and guidance from positive role models in a fun atmosphere. It exposes students to possible pathways they could pursue in life and provides an insight into university life as well as engaging them in activities to improve self-esteem and to develop skills that are necessary to succeed in school and at university.

The pilot program began in August 2005 with Year 9 students from Alexandria Park Community School and 28 volunteer mentors from a variety of university faculties. The first 6 weeks involved fun group activities such as a cultural awareness day at Taronga Zoo; workshops with Aboriginal artists, writers and hip hop performers; a rugby league training session and attendance at a game at Telstra Stadium courtesy of the NRL; plus a drama workshop from the Bell Shakespeare Company. This was followed by 6 weeks of one on one mentoring to develop skills such as goal setting, dealing with racism and bullying, self respect, resilience, study skills and team work.

The mentors who volunteered for the program found it stimulating and rewarding to work with the teenagers and the local Aboriginal community. They received training in Aboriginal culture and conflict resolution. Mentors reported:

"It was socially engaging, applicable and emphasised similarities rather than differences."

"It showed the human face of the statistics on aboriginal health and education."

Analysis of the pilot program has just finished with results showing that school attendance improved during the months that the program ran. This is accompanied by anecdotal reports from teachers that the program improved student motivation and provided an incentive not to misbehave so that they could attend the events. The feedback from the local community, the school, the students and mentors has been overwhelmingly positive. As a result there are plans to expand the program to Years 9, 10 and 11 students at Alexandria Park and to introduce the program at Blackwattle Bay High School.

The medical and Indigenous students who developed the program will face ongoing challenges in 2006. In addition to expanding the program, training and coordinating an increased number of mentors they are working to ensure its long-term sustainability. Securing funding to ensure the program is financially viable throughout 2006 and beyond will be the major challenge for this year.

The Australian Indigenous Mentoring Experience has allowed students to gain insight into the complex problems faced by Aboriginal youth. It is hoped that engagement with teenagers during their crucial years of development will encourage them to eventually pursue tertiary study providing a much needed increase in Aboriginal graduates in essential professional fields such as education and health.

For further information on the Australian Indigenous Mentoring Experience or to volunteer or donate to the program contact:

Hamish Dunn
Email: hdun1619@med.usyd.edu.au or
Jack Manning Bancroft
Email: jman5582@mail.usyd.edu.au

In the next issue of Radius, we will profile the work of the two Rowan Nicks Russell Drysdale Scholars, Louise Lawler and Sarita Lawler (not related), who are with the assistance of the generous benefactions of the Rowan Nicks and Lady Maisie Drysdale familes, working on projects to improve the health and welfare of Indigenous people.

Rural Matters

Photo from left: Head of the University Department of Rural Health, Professor David Lyle, University of Sydney Vice-Chancellor, Professor Gavin Brown and Dean of the Faculty of Medicine, Professor Andrew Coats. Photo courtesy of Barrier Daily Truth

Faculty Retreat west

Faculty members dusted off their Akubra hats and headed 'bush' for the annual Faculty of Medicine retreat held on 20 and 21 October 2005.

Hosted by the University Department of Rural Health (UDRH) in Broken Hill, the outback setting was the perfect location to discuss rural issues facing the Faculty such as the recruitment of rural medical students and the retention of academics in rural areas.

Faculty support of Indigenous students was also addressed, with particular attention given to increasing Indigenous enrolments, supporting Indigenous students through to graduation and increasing the number of Indigenous academic and general staff working in the Faculty.

Other topics covered over the two days included: early career support for researchers within the Faculty, the changing nature of postgraduate education and training and proposed changes to research training.

Staff also took the opportunity to speak with local high school students about studying at the Faculty and in the other faculties of the College of Health Sciences, discussing the possibilities of attending a major university and then returning home to work in Broken Hill.

It was the first time in Broken Hill for many delegates who enjoyed the opportunity to visit a regional centre. Maureen O'Donnell, a Paakantji Elder and representative of the traditional owners of Broken Hill, extended a warm welcome and the Mayor of Broken Hill, Councillor Ron Page, hosted a reception for all participants and their partners.

"It was great to have the Faculty in Broken Hill", said David Lyle, Head of the UDRH. "Apart from the success of the meeting, having our Sydney colleagues here had a great impact on the town and it did a lot to raise the profile of the UDRH in the community. We look forward to their next visit."

...topics covered over the two days included: early career support for researchers within the Faculty, the changing nature of postgraduate education and training and proposed changes to research training.

Announcement

Alumni Function - Dubbo

Alumni of the University of Sydney from the Dubbo area will be gathering for an Alumni event on Wednesday 15th March with Robyn Williams (ABC Science Show) as the guest speaker. Details as we go to press are limited.
For more information on this event contact:
Yvette Zuidema, Alumni Relations
Office of University Relations
Room K6 02, Main Quadrangle A14, The University of Sydney NSW 2006
Tel: 61 2 9036 6458 Fax: 61 2 9351 6868 Email: y.zuidema@vcc.usyd.edu.au

Dubbo doctor awarded

This year's Alumni Award for Achievement in Community Service goes to a stalwart of Dubbo, Dr Joe Canalese - for his contributions in the field of medicine and community involvement.

The award recognises Dr Canalese's 20 year contribution to enriching the health and community life of Dubbo and the far west of New South Wales.

Despite a very busy clinical workload as a gastroenterologist, Dr Canalese has been responsible for many invaluable community and cultural projects.

Canalese has worked extensively with West Haven Association for disabled people and has developed a model for similar services in NSW. He is a keen soccer fan and was responsible for bringing SBS and local soccer teams to the region, enriching its cultural and sporting life. He has also initiated major tourism initiatives such as the provision of low-cost visitor accommodation which have helped boost the region's economic development.

Dr Canalese graduated from the Faculty of Medicine with an MBBS in 1973.

The University of Sydney's 2005 Alumni Award for Achievement in Community Service is awarded each year by the Standing Committee of Convocation and the Alumni Relations Office for graduates who have made outstanding achievements and services to the community.

As we go to press Professor Rick McLean has advised the Dean, Andrew Coats, that he has been offered a one-year secondment to the senior position of Principal Medical Advisor in the area of medical education and workforce in the Department of Health and Ageing. The Faculty is delighted that Dr Canalese has agreed to step into Rick's shoes and lead the School of Rural Health during 2006.

Medicine back to its roots

A symbolic tree planting ceremony took place at the School of Rural Health in Dubbo on Friday 9 September 2005.

The tree, a seedling from the island of Kos in Greece, is a direct descendent of the legendary plane tree under which the father of medicine, Hippocrates, taught his students about 2,500 years ago. The seedling was secured under licence and after passing through Australian botanical quarantine and receiving care from the friends of the Botanic Gardens and the local State Forestry nursery it was planted in the grounds of the School.

The acquisition and planting of the tree was an idea of the School's Professor David Tiller and Associate Professor Bruce Harris.

John Anderson MP, Federal Member for Gwydir and former deputy Prime Minister, and The Hon. John Hatzistergos MP, NSW Minister for Health, officiated at the ceremony and planted the tree. Mr Anderson and Mr Hatzistergos are University of Sydney alumni and John Hatzistergos' parents were originally from the same Greek island as the famous tree.

Many local Greek community members and University of Sydney alumni were also present at the ceremony which was followed by a traditional Greek meal and celebration. As part of the ceremony the Hippocratic Oath was read in both English and Greek.

"The Greek community has taken the story to heart and our particular interest in a medical symbol has extended into a wonderful cultural event," said Professor Bruce Harris. "The story of Hippocrates is fundamental in our field and this tree is a serious acknowledgement of medicine's finest traditions."

Links to the history of medicine are now firmly established in Dubbo and seeing the tree on a daily basis will give medical students the opportunity to reflect on the tradition of medicine.

The School of Rural Health is the newest of the University's clinical schools, having been funded as part of the Federal Government's Regional Health Strategy in 2001. Currently 50 students are undertaking medical training at its Dubbo, Orange, Bathurst and Broken Hill campuses.

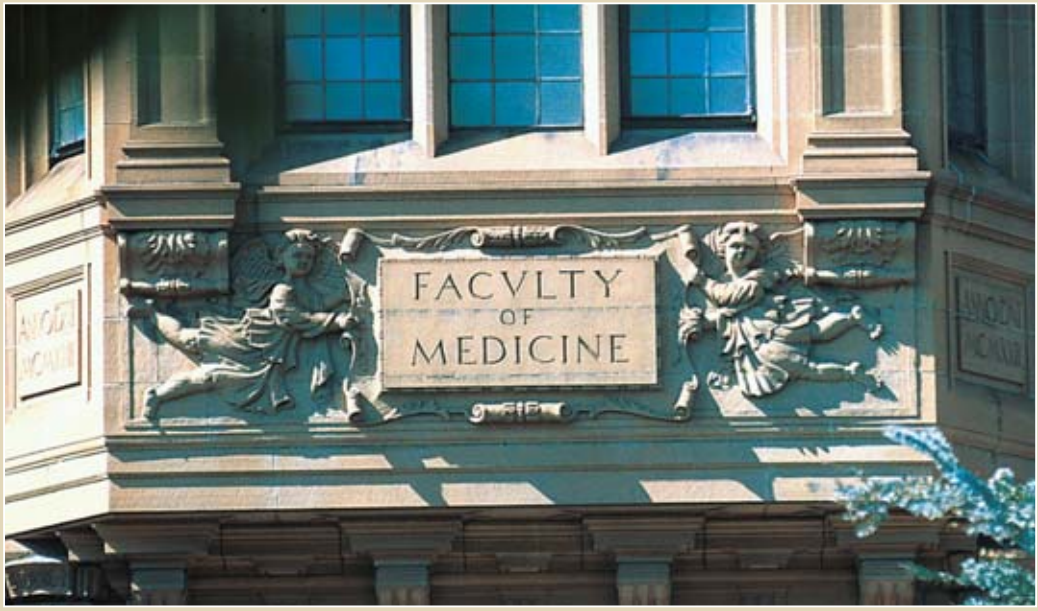
Father Dimitrios Giameos blesses the tree.

With this planting the School will indeed have consolidated its roots and its future role in medical education in the west of NSW.

Anniversary Events

The School of Rural Health in Dubbo, Bathurst and Orange and the University Departments of Rural Health in Lismore and Broken Hill will all be holding events to celebrate the 150th anniversary of the Faculty of Medicine during 2006.

Keep watch at
www.medfac.usyd.edu.au/150years



MGA Service Update

New University Alumni website

On Friday 16th December the University launched their new alumni website.

The new web pages allow you to keep in touch with the University and its alumni activities, register your contact details and look-up a long lost friend. You can read the University's alumni magazine on-line and link thru to the Medical Graduates' Association website. University alumni services, such as life-long email and library access are detailed.

www.usyd.edu.au/alumni

Medical Graduates' Association website

During 2006 the Medical Graduates' Association web pages will be upgraded and improved too. Watch for changes at:

www.mga.usyd.edu.au

Tell us about ...

We'd like to know more about our alumni. Tell us about how you have dealt with major life events, like starting a practice, selling a practice, moving into retirement, etc. Tell us about your achievements and successes.

Tell us about what you'd like to see in the next issue of Radius.

mga@med.usyd.edu.au

New Sydney Bioethics Program

The Faculty of Medicine recently announced a new postgraduate program in bioethics which will begin in March 2006.

Designed to meet the growing need for ethics education among scientists, researchers and health-related professionals, this course will be helpful for those in medicine, nursing, allied health, pharmacy, dentistry, public health, health law and health policy.

This program will also appeal to those with a general interest in the relationships between the biosciences and society such as health journalists, science communicators and researchers in the social sciences.

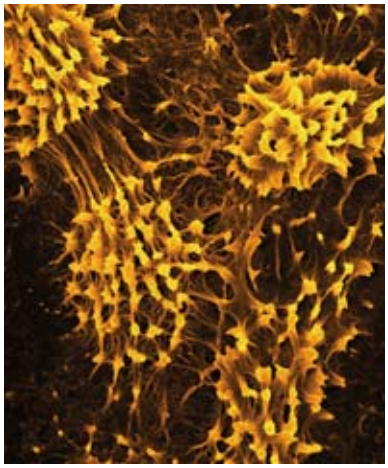
As well as gaining a general overview of bioethics, students will be able to follow their interests in-depth via elective units on biotechnology, research ethics and/or public health. An additional new unit of study in clinical ethics will be introduced in 2007.

Almost all units of study offered through the program are also available as 'stand-alone' subjects and so may be taken one at a time by external students or students enrolled in other degree programs.

Five degrees will be offered through an articulated coursework program:

- Graduate Certificate in Bioethics
- Graduate Certificate in Bioethics (Biotechnology)
- Graduate Diploma in Bioethics
- Master of Bioethics
- Master of Bioethics (Honours)

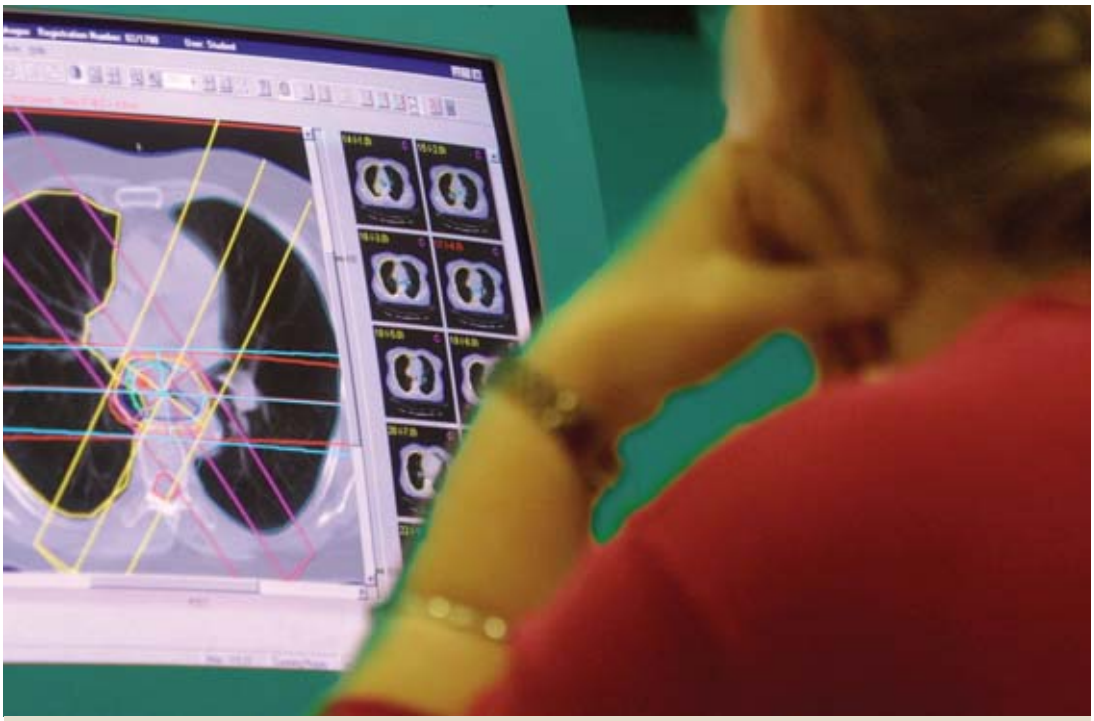
Bioethics is an interdisciplinary field and the development and teaching of this program is shared between the Faculty of Medicine and the Faculty of Science. Instructors in the program are internationally recognised academics and practitioners from a broad range of disciplines.



Photos: Australian Stem Cell Centre

For more information:

Dr Michael Selgelid
Program Coordinator
Phone: +61 2 9351 7652
Email: bioethics@science.usyd.edu.au
Web: www.usyd.edu.au/bioethics



Sydney Professional Master of Medicine Program

With the launch of the University of Sydney's innovative postgraduate medical program, the Sydney Professional Master of Medicine Program (SPMMP) approaching this July, the Faculty of Medicine has introduced further specialty streams to entice physicians.

The SPMMP offers postgraduate study for the busy professional. In July 2006, a total of seven specialty streams will be offered.

- Endocrinology
- Sleep and Chronobiology
- Interdisciplinary Medicine
- Renal Medicine
- Intensive Care
- Paediatric Medicine, and
- Cardiology

Additional units of study are also offered in Medical Education, Ethics, Patient Safety, Leadership and Geriatric Medicine. Further specialties are under development and will be offered progressively from 2007. The program allows for individual units of study to be undertaken in areas of interest and demand.

There has been strong interest shown in the new program with applications being received both domestically and internationally. The flexible, modular structure of the SPMMP is ideal for the physician whose continuing education is often limited by time and/or distance. Delivered mostly online, the SPMMP requires students to attend only one 2-week residential session in Sydney. The Masters can be completed in as little as one year full-time or four years if studying part-time.

The SPMMP provides access to a range of specialist knowledge that can be applied immediately in your own practice. Using case-based and evidence-based learning activities, you will be equipped with the tools to become an advanced practitioner capable of solving complex medical problems. Students study at their own pace and from wherever they are based, without giving up their livelihood to advance their knowledge.

The program facilitates the opportunity for students to build an invaluable network of key contacts within the international medical community while earning an award from a university that is recognised as a centre of teaching and research excellence.

For more information on the University of Sydney's Professional Master of Medicine Program, visit www.spmmp.med.usyd.edu.au

New course in health policy

The School of Public Health (SPH), in close association with the Australian Health Policy Institute (AHPI), will launch a new Graduate Certificate in Health Policy in 2006.

The program will offer a critical perspective on how our health care system operates and help in developing the professional capabilities of those responsible for developing health policy.

Students will gain an understanding of the health policy environment, including the institutions, interests and issues that shape contemporary policy-making. They will learn to develop and implement health policy, come to terms with the political and economic context and examine how to influence the forces of change.

The course also takes a comparative and global perspective, with plenty of scope for students to develop their own areas of interest whether in Australia or beyond.

The program will suit those working in policy who want to extend their knowledge and skills in the health sector; health care practitioners who want to develop policy skills; recent science, medical science or social science graduates who wish to pursue a career in health policy; and managers working in private and public health-related sectors.

The Graduate Certificate in Health Policy is a one-year, fee-paying part-time course.

For more information:
Professor Stephen Leeder
Director, The Australian Health Policy Institute
Phone: +61 2 9351 5211
Email: steve@med.usyd.edu.au
Web: www.health.usyd.edu.au/future/coursework/healthpolicy

Reunions 2006

Are you planning a reunion? Let us help you contact your fellow graduates and promote your event. We will list your reunion on this page and on the Medical Graduates' Association website (**www.mga.usyd.edu.au**). We will update the list of graduates and send out your invitation free of charge.
For assistance contact the Medical Graduates' Association on tel: **+61 2 9351 8947** or email: **mga@med.usyd.edu.au**.
Reunions are based on the year in which you graduate, not the year you finish your studies.

Graduating Year of 1946 – 60 years

When: 5 May 2006
Where: Royal Sydney Yacht Squadron, Kirribilli
Time: 11:30am
Contact: Jack Blackman
Phone: 02 9958 0537
Fax: 02 9958 0321
Cost: $96

Graduating Year of 1957 – 50 years

When: 29 July 2006
Where: TBA
Time: TBA
Contact: Judith Williams
Phone: 02 6367 7358
Cost: TBA

Graduating Year of 1966 - 40 years

When: 27-28 January 2006
Where: Manly Pacific, Sydney
Time: Weekend Conference
Contact: Paul Lancaster
Email: p.lancaster@optusnet.com.au
Cost:
Dinner & Conference: $269
Dinner only: $100

Graduating Year of 1976 – 30 years

When: 5-7 May 2006
Where: The Sebel, Kirkton Park, Hunter Valley
Time: Weekend Conference
Contact: Connie Katelaris
Email: chk@allergyimmunol.com.au
Fax: 02 9879 7528
Cost: Upon application

Graduating Year of 1986 – 20 years

When: 11 March 2006
Where: The Refectory, Holme Building, The University of Sydney
Time: 7pm till late
Dress: Black Tie
Partners: Welcome
Contact: sumed86@yahoogroups.com
Cost: $140 per ticket (for payment before 31 December 2005),
$150 per ticket (for payment no later than 31 January 2006).

The SUMed86 Graduates Reunion

Organising Committee: Susanne Benjamin, Damien Bray, Ben Balzer, Bijou Blick, Mary Dobbie, Melissa Kang, Karl Kruzelnicki, Bill Munro, Mandy Ng, Sharon Reid, Henry Woo.

Graduating Year of 1996 - 10 years

When: TBA
Where: TBA
Time: TBA
Contact: Brindha Shivalingam
Email: randb@froggy.com.au
Cost: TBA

University of Sydney Orthopedic Surgeons

When: 8th April 2006
Where: Anderson Stuart Building
Time: 12 midday to 4pm
Contact: Tom Taylor or David Sonnabend
Phone: 02 9362 9223 or 02 9926 7178
Fax: 02 9362 0505 or 02 9926 6311
Email: tktaylor@med.usyd.edu.au or davidso@med.usyd.edu.au
Cost: $114

Reunion Reports

1995 Reunion

The weekend of 22nd and 23rd October 2005 saw a reunion of the graduating year of 1995. Two events were organised by the committee of Jacqui McKay (Roberts), Kylie Yates, Gretel Davidson and Sondhya Ghedia:

Keith Wong and Yin Wan Ng

a dinner on Saturday night followed by a family picnic on Sunday.

The Saturday dinner was a cosy gathering of 46 in the Sutherland Room of the Holme Building at the University. Even the venue provided a trip down memory lane as we had held our final year dinner in the room downstairs back in 1994.

It was great to see so many turn up and to see that nobody had really changed. Despite the fact that many had now completed postgraduate training and held responsible positions in various hospital departments and a lot of us were also parents, it was great to see that we all still knew how to enjoy ourselves at a University function. The sit-down casual buffet dinner meant that we all got to move around and talk to different people, not just those we had turned up with.

There was a great variety of areas of medicine people had ended up in. Some were predictable and others were a little surprising. A quick survey held on the night and from the responses from non-attenders (a sample group of about 60 in all) gave the following result: 17% GPs, 17% anaesthetists, 15% physicians, 12% paediatricians, 8% surgeons, 7% ophthalmologists, 7% psychiatrists, 7% emergency medicine, 4% other and 6% unknown. Interestingly about 50% of the sample had married doctors and there were at least five couples from the year itself. Between us there were 68 children with more on the way.

Quite a number of the year sent apologies with fairly good excuses such as working overseas, interstate or having babies at the time. It was great that many sent along a picture and told us what they were up to as we were able to display these at the dinner.

Sunday at Centennial Park gave a chance to meet up with everyone's partners and children. It was a really nice day and fun to see our former irresponsible student colleagues in parent mode, running around after their offspring.

It doesn't seem that much has really changed over the past 10 years. Hopefully when we all meet again, possibly in another ten years, things will be just the same.

Jacqui McKay
20 January 2006

Steve Thompson, Catriona McKenzie, Martin Bohm, Gretel Davidson and produce.

Sondy Ghedia, Kylie Yates, Jacqui McKay and Gretel Davidson

James Liew, John Males, Vincent Lee and partner and Jason Koh

A break in proceedings

Bert Sundstrup, Geoff Gibson, Barry Wren, John Yeo and Alan Davis

Geoff Gibson

Marie Bashir

1956 Reunion

The planning of our reunion started in early 2004 under the supervision of John Alam who organised all our previous seven reunions. The committee decided to break our previous tradition and move across the harbour to the above venue with its spectacular views and easy parking; it was a fortunate choice. Tuesday 25th October 2005 was a stunning late spring Sydney day only slightly spoilt by a moderately severe rain storm which was seen coming across the harbour and succeeded in drenching a few of our later arrivals.

The total of 166 who attended this auspicious occasion included: three guests, 86 graduates (with 52 spouses), 12 widows or widowers and 13 children of our deceased graduates. There were 222 students who took the final examinations in 1955 of who 205 graduated in 1956. This was our first reunion when widows and widowers and the offspring of our deceased graduates were invited. These last two groups gave the reunion a new dimension; a sense that though our deceased colleagues were gone they were not forgotten. Talking to these offspring gave one a feeling of talking to their parents. With future reunions and our increasing infirmity we should consider inviting the offspring of graduates. Apologies were acknowledged from nine of our graduates and from 13 widows and the families of the deceased graduates.

Our graduate of honour was Her Excellency Professor Marie Bashir, the Governor of New South Wales the oldest official position in the land. Marie is one of us having graduated with us in 1956; she was accompanied by her husband Sir Nicholas Shehadie, a previous Lord Mayor of Sydney. Our guests included two of our tutors from our undergraduate days viz. Dr SJM (Stan) Goulston (Royal Prince Alfred Hospital) and Dr RJF (Bob) McInerney (St Vincents Hospital). Our third guest was Mrs Willie Lambie, the daughter of our redoubtable Professor (of Medicine) CG Lambie, Willie now lives in Tumut. It was a great pleasure to have these guests with us; they were all given a copy of our Jubilee Book.

Our Luncheon in the Carabella room was preceded by drinks in the ante room. Grace was said by Bob McInerney and the Loyal Toast by John Alam, our Master of Ceremonies. Jim Roche called for a short contemplative silence for our 78 deceased graduates (an increase of 14 in the five years since our last reunion) whose names were listed on the reverse side of the program. Bill Muggridge recalled absent and missing friends and Henry Schutta, who lives and works (still) in Philadelphia detailed news of our overseas graduates.

Marie Bashir proposed toasts to the University and to the Class of 1955 and gave an interesting history of the University. She thanked John Alam and his helpers for their efforts resulting in our delightful function. Geoff Gibson in a humorous speech thanked Her Excellency; he also called for a toast to Jim Purchas and his co-workers, Sue Hepburn and Bruce Benjamin, for giving us our 1956 Graduates Jubilee Book. Jim mentioned some of the problems in putting our book together and especially in finding lost graduates and the families of our deceased colleagues. He found that even when located some colleagues were loath to write about themselves whereas they had always been keen to talk about themselves.

The results of the "No Names Quiz" were given by Michael Owen though some were loath to receive their more outlandish prizes.

Such was the enjoyment that many suggested another reunion in two instead of the usual five years; the committee will consider this request. Our last three reunions were captured on video, it is hoped that this initiative is maintained.

Copies of our 1956 Graduates Jubilee Book in hard cover with 486 pages, 430 photos, (two in colour), 18 lists and tables can be obtained from Jim Purchas (phone: 02 6281 65080).

John Alam and Jim Purchas
22 January 2006

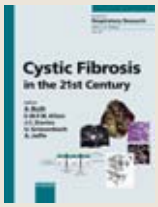
Recent books* by Faculty staff and alumni

Marsupials
Editors: Armati P J, Hume I D and Dickman C
Publisher: Cambridge University Press, 2006
ISBN: ISBN-10: 0521650747 | ISBN-13: 9780521650748
Cost: $70.00

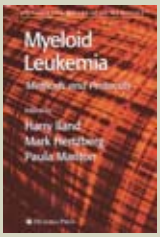
The Neurology Short Case - 2nd Edition
Author: Morris J G L
Publisher: Hodder Arnold, 2005
ISBN-13: 978 340 88516 1
Price: $40.00
Pages: 155

The Ethics of Inheritable Genetic Modification - A Dividing Line?
Editors: Rasko J, O'Sullivan G and Ankeny R
Publisher: Cambridge University Press, 2006
ISBN: ISBN-10: 0521529735 | ISBN-13: 9780521529730
Cost: $24.99

Cystic Fibrosis in the 21st Century
Editors: Bush A, Alton E W, Davies J C, Rosenbach U and Jaffe A
Publisher & Date: Karger Press, 2006
ISBN: ISBN 3-8055-7960-8
Cost: U$180.00
Pages: 330



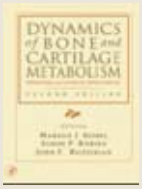
Myeloid Leukemia
Editors: Iland H, Hertzberg M, Marlton P
Publisher: Humana Press, 2005
ISBN: 1-58829-485-4
Cost: $112.50
Pages: 320



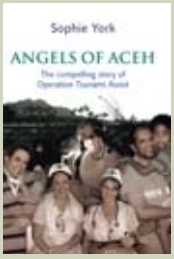
The Circuitry of the Human Spinal Cord
Authors: Pierrot-Deseilligny E and Burke D
Publisher: Cambridge University Press, 2005
ISBN13: 9780521825811
ISBN10:100-521825814
Price: $375.00
Pages: 642

Mosby's Dictionary of Medicine, Nursing & Health Professions
Australian & New Zealand Edition
Authors: Harris P, Nagy S and Vardaxis N
Publisher: Mosby Press, 2005
ISBN: 0729537544
Price: $82.50
Pages: 2200

Dynamics of Bone and Cartilage Metabolism - 2nd edition
Editors: Seibel A J Seibel, Robins S and Bilezikian J
Publisher: Academic Press, 2006
ISBN: 0 - 12 - 634840-5
Price: US$199.95

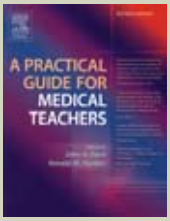


Angels of Aceh - The Compelling Story of Operation Tsunami Assist
Author: Sophie York
Publisher: Allen and Unwin, 2005
ISBN: 1741147468
Price: $24.95
Pages: 270



Serendipitous and Strategic Innovation: A Systems Approach to Managaing Science-Based Innovation
Authors: Liyanage S, Jan Annerstedt J, Gluckman P, Hunyor S, Jones A J and Wilson M
Publisher: Praeger Publishers, 2006
ISBN: 1-56720-487-2
Price: Not yet allocated
Pages: 247

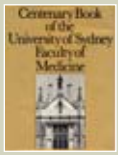
A Practical Guide for Medical Teachers
Editors: Dent John A. and Harden Ronald M, Chapter by Sefton, Ann
Publisher: Elsevier Press, 2nd Edition, Edinburgh 2005
ISBN: 0443100837
Price: $69.85
Pages: 436



Antique Boxes - Inside and Out
Author: Genevieve Cummins
Publisher: Antique Collectors' Club, 2005
ISBN: 1851495029
Price: $99.00
Pages: 432

Publications to celebrate the Faculty's 150th Anniversary

The Centenary Book of the University of Sydney Faculty of Medicine
Authors: Young, J A, Sefton, A and Webb, N.
Publisher: Sydney University Press 1984
ISBN: 0424 001039
Price: $55.00
Pages: 584



This volume documents the history of the Faculty's First 101 Years of Training Medical Students. Available from the Faculty of Medicine and during the 150th celebrations.

Forthcoming Publication

150th Anniversary History Book
This publication takes the history of the Faculty of Medicine forward from the 1980s till present. Chapters by Ann Sefton, Yvonne Cossart, Milton Lewis, David Tiller, Tom Rubin, et al. This publication will be available during the 150th celebrations and will be available for purchase through the Med Soc Bookshop.
Price: TBA

Forthcoming Publication

150 years, 150 firsts – the people of the Faculty of Medicine
This publication profiles the outstanding achievements of a selection of the alumni of the Faculty of Medicine. In addition it lists all the graduates of the Faculty of Medicine since its inception and lists the current students and members of staff. This publication will be available during the 150th celebrations for purchase through the Med Soc Bookshop.
Price: TBA

* Space allows us to include only a selection of the most recent titles

THE ANTARCTIC PENINSULA A Shackleton odyssey

28 February – 19 March 2007

The Medical Graduates' Association, in partnership with the Centre for Continuing Education, invite you to tour the Falklands, South Georgia and the Antarctic Peninsula.

The Antarctic Peninsula is rich in flora and fauna. The waters teem with whales, seals, various species of fish, sea birds and krill. The ice-free areas host numerous breeding birds, including penguins, petrels, skuas and sheathbills. Colour is provided by emerald green moss beds and orange lichen.

South Georgia was first visited by Captain Cook and became well known as a result of the part it played in Shackleton's adventures. It is now renowned as a wildlife oasis. This voyage retraces Shackleton's remarkable journey from the northern tip of the Antarctic Peninsula, past Elephant Island and across the Scotia Sea to the south-western side of South Georgia.

This 20-day voyage commences in Ushuaia in Tierra del Fuego, where we board our ship and head for the Drake Passage. By mid-afternoon of the third day we should be across the Antarctic Convergence, the cold water boundary of Antarctica, and will hopefully see our first icebergs near the South Shetland Islands.

The next few days will be spent in the Gerlache Strait, where we can view whales, seals and penguins. Within the week we should reach the Antarctic Sound, the northern end of the Antarctic Peninsula. Here we begin to retrace Shackleton's path near Paulet Island. Weather permitting, we will land on the steep slopes of Elephant Island, which became the unexpected home for Shackleton's men for many months. The voyage then takes us past the South Orkney Islands and eventually to South Georgia. We spend several days at South Georgia, exploring the remains of the whaling stations and viewing the diverse wildlife.

The next few days are spent at sea. After about 18 days we will visit the southern islands of the Falklands and be able to see nesting birds. Our voyage ends back at Ushuaia after a cruise down the Beagle Channel.

Note that weather conditions can be extreme and timing of the tour may have to be modified to accommodate conditions.

Tour highlights include:

- Fabulous views from Zodiacs of seals, penguins and whales in the Gerlache Strait. This form of transport will also facilitate cruises through the ice and landings.
- Encounters with large numbers of icebergs in the Antarctic Sound at the northern end of the Antarctic Peninsula. This waterway is also a wildlife-rich corridor into the Weddell sea.
- Tracing Shackleton's journey from near Paulet Island to Elephant Island and South Georgia. We hope to stop for a ceremonial landing at Cape Cove, where Shackleton made his first landfall after the epic open boat voyage.
- Several days exploring South Georgia visiting the remains of the historic whaling stations. We will also view the incredibly rich and diverse wildlife, including colonies of King penguins containing up to a hundred thousand birds, hillsides of rockhopper and macaroni penguins, and nesting wandering albatross.
- A visit to the Falkland Islands to see large numbers of nesting birds.

To register your interest and be among the first to receive the full itinerary, contact:

The Centre for Continuing Education
Telephone: + 61 2 9036 4789
Email: info@cce.usyd.edu.au

Centre for Continuing Education
The University of Sydney