

# Radius

Newsletter of the University of Sydney Medical Graduates Association  
and The Faculty of Medicine

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150



The  
University  
of Sydney

Faculty  
of Medicine  
1856-2006  
Ambition  
Inspired by  
Achievement



Iodine deficiency disorders in Tibet

Indigenous communities

Alumni reunions



### 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 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. The opinions expressed in *Radius* are those of the contributors and are not necessarily shared by the University of Sydney.

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Front cover photograph: Dr Mu Li with patients.

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# Message from the Dean

Professor Bruce Robinson



We have just celebrated 150 years of achievement of the Faculty of Medicine at the University of Sydney. Such times may lead to self satisfaction but we must not be complacent; we should take stock and prepare ourselves to change, adapt and take charge of our future.

In all areas of our collective endeavour, research, teaching, clinical service and leadership there are difficulties, but there are also rich opportunities for achievement and contribution.

In our research, the biggest opportunity is the rapid growth in technology which is fuelling our progress in biomedical research and understanding disease pathogenesis and designing new treatments. Our Faculty of basic, clinical and public health researchers, including those in its Institutes and hospitals, is vibrant. Recent grant success and the very significant research infrastructure funding received from the NSW Government are indicative of our value. The University has recognised strength and invested in infrastructure at each of our teaching hospitals. Issues of salary shortfalls still need to be solved and recent negotiations to obtain greater funding flow to Faculty may assist closer collaborations with the Faculties

of Nursing and Midwifery, Dentistry, Pharmacy and Health Sciences. Within the new 'Faculties of Health' we will create new opportunities. Closer links with the Faculty of Science have already been productive and should increase numbers of honours, masters and doctoral research students. International collaborations are flourishing driven, I believe, by our pragmatic approach to getting things done. We, in the Dean's Office, do all we can to encourage these developments.

In teaching of our medical curriculum there has been a creeping discontent. Growing class sizes due to Government announcements of extra medical school places, the need for some fee-paying places and stretched resources in our teaching hospitals and clinics necessitates a rethink. We have commenced a curriculum review to address matters of curriculum content, sustainable methods of delivery, facilities required and the needs of our many teachers. We need to work to develop a co-operative relationship with both public and private providers of health care. In essence we provide their workforce and their supportive role in this is essential. The

review lead by Emeritus Professors Oates and Goulston and supported by educational expertise within our Centre for Innovation in Professional Health Education and Research (CIPHER) will take written and oral submissions and will present a report to Faculty in the first half of 2007 to enable us to decide and implement changes for from 2008.

Finally, we are committed to providing leadership in clinical service in our health system as it is essential for Australia to have the highest standards of care. With our knowledge of the system's strengths and weaknesses we should not shrink from advocating on behalf of best practice, reform and honesty. In so doing we particularly need to work with our colleagues in nursing, pharmacy and allied health in ensuring the 'health' of the systems.

I look forward to your support and hope you will join Faculty in solving the problems and grasping the opportunities locally, nationally and internationally to enrich the educational experience and research achievements of our students and Faculty.





# President's report

Dr Barry Catchlove,  
Medical Graduates Association

The recent celebration of the Faculty's 150th brought together alumni and Faculty to share our rich history and to look to the future. A special graduation ceremony followed by a dinner was the high point of the week's celebrations. At this ceremony, alumni Sir Michael Marmot and Professor John Chalmers received the degree of Doctor of Medicine (*honoris causa*) along with Dr Norman Swan of the *Health Report* fame. Sir Michael and Sir Gustav Nossal (also an alumnus of this Faculty) spoke at the graduation and Norman Swan gave an entertaining after dinner talk.

I am pleased to report that our scholarships program continues to grow. The most recent addition, the Douglas Baird Scholarship, was funded by the class of '66 and fortified by a very generous contribution from Professor John Wong, a close personal friend of Doug. The demand for these scholarships, now seven in number, remains high with over 60 applicants for the recently advertised scholarships.

There has been much talk in the media about medical training and entry to medical schools. Claims of "not enough basics", "too much touchy feely stuff" and a bias against the offspring of medical graduates were

the broad criticisms which preoccupied the popular press. I hasten to say that Sydney was not one of the universities mentioned as showing bias in selection. Nevertheless, I feel duty bound to make some observations on this reporting although some would argue the Paul Keating attitude 'the dogs bark and the caravan moves on'.

Despite the fact that I won a prize for neuro-anatomy (the only one) I feel the two terms we spent dissecting an amorphous mass of formalin soaked brain was the most unproductive part of the course. The black market in second hand brains would today be the subject of a Royal Commission. The red nucleus intrigued me, given everything was grey and looked the same. Perhaps a little more time on psychology and psychiatry might have better equipped me to understand the vagaries of the mind and human behaviour.

Whether the balance between the hard core fundamentals and the softer subjects is an issue on which opinions will continue to differ, who knows. The Faculty is, however, currently undertaking a review of the 'new' curriculum and I am sure alumni comments would be welcome.

As to the selection process, every effort has been made to remove bias and ensure consistency. However, whenever

you move from a purely quantitative process to a qualitative one you inevitably introduce a risk of bias; that is a fact of life. The only alternative is to stick with a marks based assessment which we all agree has significant drawbacks.

The University of Sydney Graduate Medical Program entrance requirement has three hurdles. First, a credit pass or better in an approved undergraduate degree program; second, a cut off score in the GAMSAT entrance exam and thirdly, an interview conducted by a panel of Faculty members, alumni and community representatives. This year the interview program will be changed from a panel of three interviewing each candidate for twenty minutes to one where the applicant is questioned or set a task by seven individual interviewers each for about seven minutes. In a trial last year this method was found to produce more consistent results. You might like to read about changes to the interview process on page 8. Alumni are invited to participate in the interview process. If you'd like to be involved please contact Lily Lee in the Admissions Office (+61 2 9351 7495) or email [lilyl@med.usyd.edu.au](mailto:lilyl@med.usyd.edu.au).

Many of us have been bemused by the increase in the number of

medical student places and the proliferation of new medical schools. Not that long ago medical school intakes were being reduced and there was a moratorium on new schools. This was based on the logic that there were sufficient doctors and that more would only create demand for discretionary care and increase the cost of Medicare. The changed enthusiasm for more doctors raises many interesting questions, which I am sure our political leaders have thought through but not yet shared with us.

- > Will there be enough graduates to teach the increased numbers?
- > Will there be enough intern and registrar posts?
- > Even if there are will there be enough patients to teach with?
- > What will be the impact on health costs?
- > Will increased competition for full fee-paying places create a buyers' market and drive down prices?
- > Will the increased supply of graduates encourage Governments to use provider numbers and training positions to further direct graduates into less attractive specialties and unpopular geographic areas?

Who knows? One thing is certain, however, the pendulum keeps swinging.

# Towards the elimination of iodine deficiency disorders in Tibet

Professor Cres Eastman, Director and Clinical Professor, Institute of Clinical Pathology and Medical Research, Westmead Hospital and Dr Mu Li, Senior Lecturer, School of Public Health







Professor Cres Eastman examines a patient



Dr Mu Li

According to the World Health Organisation (WHO) iodine deficiency is the commonest cause of preventable brain damage in the world today. This ancient scourge of mankind continues to plague our modern world, with impoverished people living in regions of subsistence agriculture being the most affected.

Endemic goitre, high perinatal morbidity and mortality rates, cognitive impairment, neuro-motor disorders, hearing loss and learning difficulties, collectively known as Iodine Deficiency Disorders (IDD), characterise populations living in areas of moderate to severe iodine deficiency. This is the story of the people of the Tibet Autonomous Region (TAR) of the People's Republic of China (PRC).

The TAR is a high altitude plateau, covering a huge landmass in excess of 1.2 million square kilometres, averaging 4000 m above sea level and encircled by the highest mountain ranges on earth. It is a sparsely populated environment, subjected to year-round to harsh extremes of climate and characterised by lack of infrastructure, particularly in terms of health services, basic utilities, roads and transport. Seventy percent of the total population of 2.7 million live in rural and remote areas. Many of these people are nomadic, the rest engaged in subsistence agriculture. The average per capita income of less than US\$200 indicates a severe level of poverty and more than 50% of the adult population is illiterate, with the highest rates being in the older rural inhabitants. This high level of illiteracy is clearly a consequence of multiple factors, including lack of educational

opportunity and minimal educational resources, combined with the effects of IDD and other micronutrient deficiencies on intellectual development.

The severity of IDD in Tibet contrasts with most other provinces in China. Over the decade 1990 to 2000, the PRC has made outstanding progress in overcoming IDD throughout most of the country. Nationally, household iodised salt coverage has climbed from around 10% to over 90% and goitre rates have decreased from 30% to 5%. The contribution of the team from the Institute of Clinical Pathology and Medical Research Westmead in providing support, training and developing strategies for IDD elimination in the PRC from 1985 onwards is well acknowledged by the Chinese health authorities and is the basis for our involvement in Tibet.

In 1998 we responded to requests from the Tibet Department of Health and the World Health Organisation ultimately leading a multidisciplinary team to Tibet to undertake a feasibility study into the development of an IDD elimination program. Our mission confirmed the magnitude and severity of the IDD problem in Tibet, where goitre affected more than 50% of the population, cretinism was highly prevalent (affecting from 2% to 13% of the population in rural villages), more

than 50% of the children were stunted in growth and the average IQ was only 85 IQ points.

The team recommended the immediate implementation of a scripted intervention strategy to provide iodine supplementation to the population and the development of sustainable systems to eliminate IDD from the Tibet Autonomous region. These recommendations were accepted by the Tibet Government, the Ministry of Health in Beijing and the WHO-Western Pacific Regional Office (WHO/WPRO) in Manila. AusAID agreed to provide funding of \$2.5 million for the period 2000 to 2005. The project commenced officially in May 2000 and was managed through the Institute of Clinical Pathology and Medical Research, Westmead Hospital and WHO/WPRO.

The long-term goal was to achieve sustainable, optimal iodine intake for all Tibetans by providing access to affordable, qualified iodised salt replacing the abundant, local, uniodised crude salt. Given the long lead time implicit in achieving the Universal Salt Iodisation goal, we recommended a transitional interventional strategy. The short-term goal was the immediate implementation of an annual iodised oil capsule distribution program to protect the most vulnerable; namely, all infants and women of child-bearing age. One iodised oil capsule, taken orally, provides a depot supply of iodine sufficient for one year at a time. This was a very ambitious goal as we set a target of at least 90% coverage of all the women of child-bearing age in Tibet. Achieving this target would reliably prevent brain damage in 90% of the babies born annually in Tibet.



Iodised salt branding



Public education



Iodised salt factory

*According to the World Health Organisation (WHO) iodine deficiency is the commonest cause of preventable brain damage in the world today.*

#### Elements of the Project

The major elements of the IDD elimination project plan were:

1. to conduct an epidemiological survey to obtain baseline data on IDD in Tibet
2. to develop a multi-sectoral health education and social mobilisation program to create a demand for iodised salt
3. to support and expand the fledgling Lhasa salt factory and develop an iodised salt production facility at Yanjing in southeastern Tibet to provide affordable, qualified iodised salt to the whole of the Tibetan population
4. to strengthen laboratory monitoring and quality assurance capabilities and facilities for both the salt and health sectors
5. to implement a short-term five year iodised oil supplementation program for women of child-bearing age and their infants
6. to provide training for health personnel from county to provincial level and to set up appropriate, sustainable, infrastructural support systems to maintain effective coordination, management and monitoring of the program.

#### Outcomes and Achievements

The project has been very successful even though we have not met all of our targets. While much has been achieved through this project, much remains to be done to eliminate IDD from Tibet. The project has built new ways of thinking, a platform for the future and developed new systems for addressing the huge challenge of overcoming IDD in Tibet. Some of the key outcomes compared with design objectives include:

- > Regular epidemiological surveys are being undertaken to monitor progress of the IDD elimination program.
- > The awareness of IDD and its prevention has improved dramatically through wide-ranging health education and health promotion activities in schools and communities throughout Tibet. IDD education is now part of the school curriculum.
- > Iodised salt production has expanded and the household coverage rate for iodised salt in Tibet is now 54 %. While this is a good result it remains well short of the target of 85% coverage.
- > Personnel have been trained and effective, multi-sectoral, infrastructural managerial and technical systems have been put in place for the future.
- > The iodised oil capsule coverage for women of childbearing age and infants has exceeded expectations reaching close to 100% of the target population of around 1 million women and young children annually.

The question we need to answer is, are there any discernible health benefits to the Tibetan population through this project? The monitoring studies have shown that goitre rates in children have been reduced to 12% and urinary iodine excretion levels have normalised in women and children indicating adequate iodine intake in these population segments. Based upon birth rates in Tibet we can reliably conclude that 170,000 newborn babies have potentially been protected from brain damage caused by iodine deficiency since year 2000. There is unequivocal data from elsewhere in China showing increased IQ levels in children born after iodine supplementation compared with children born to iodine deficient mothers. Therefore, we can expect the current generation of children being born in Tibet will have a much better chance of achieving their genetic potential than their predecessors. Meanwhile we will continue to provide support to our colleagues and collaborators in Tibet, but responsibility for coordination and control of the program now rests with them.

Professor Cres Eastman was awarded the AMA 2006 Excellence in Health Care Award for his work on controlling and eliminating IDD.

#### Acknowledgement

We thank all the people who have made this project possible and who have contributed to improving lives of the future generations of Tibetan people.



# New admissions procedures for the University of Sydney Medical Program



Associate Professor Merrilyn Walton  
Associate Professor of Ethical Practice,  
Centre for Innovation in Professional Health Education and Research



Associate Professor Chris Roberts  
Associate Dean (Education)

The Faculty of Medicine at Sydney University is delighted to announce a new process of admissions for applicants to its medical program, starting in the spring of this year.

The medical program has always attracted bright students from around the world. This will not change under the new system. However of the hundreds of bright students who apply, Faculty will only be selecting those who will have the highest standards of professional behaviours as a future doctor.

There is now good evidence worldwide that doctors, who get into trouble in the health service, with some notable exceptions, do not do so because of knowledge or skills deficits but do so because of their poor attitudes. We cannot measure attitudes, but we can observe and measure professional behaviours. It is paramount that in the admissions process, we only select those students who display a good proportion of the characteristics that we expect of our future doctors. Before we go into the detail of how we propose to do this, and why this is an improvement let us start with some background.

Since its inception, the University of Sydney Medical Program has attempted to look at personal attributes as part of the admission process of its applicants. A structured interview format has been used since 1996, when the graduate medical program began. Medical schools worldwide had been moving away from objective, solely academic criteria for admission, believing that this traditional system of selection didn't necessarily select the best future doctors. The multi-staged entry that was developed to address this issue included interviews as a primary selection tool to evaluate candidates. The intended outcome was to choose candidates with more subjective non-cognitive skills such as interpersonal skills, professionalism, honesty, empathy and community insight and understanding.

There is now good research evidence that the structured interview, while identifying suitable candidates on the basis of more than just academic merit, is not necessarily reliable or repeatable, and therefore misleading and unfair. This perception is now widely shared by both Faculty members and candidates. There are a number of reasons for this.

The structured interview has a number of faults which can lead to selecting students for the wrong reasons. For example, there is a perception amongst students that their chance of acceptance into the medical program is based on how they interact with the interviewers on the day of the interview. The theory goes that if you get 'good/easy' interviewers or interviewers with whom you share certain personality characteristics, then you will receive a higher ranking regardless of your responses to the questions, and vice versa. Can we assure students that this didn't happen under the old system? Other perceived biases may include cultural or ethnic backgrounds, students' parents' background or even the physical characteristics of the applicant.

Since the introduction of the interview, multiple 'coaching' institutions have been established which, for a fee, will coach applicants how to answer the interview questions. The questions remain the same each year, so they are well known and distributed. As a result, general dissatisfaction with the standard interview as a reliable and repeatable tool for choosing students for entry into the Faculty has gradually increased amongst Faculty members, interviewers and applicants.

In response to this dissatisfaction, in September last year the Faculty successfully piloted a multiple mini-interview system (MMI) based on McMaster University Medical Program's new selection process. A locally derived version of the MMI was designed and tested, (developed by Eva et al [1] and adapted to suit the University of Sydney Medical Program), with the aim of assessing the repeatability and reliability of the current interview process, and to assess the reproducibility and reliability of the MMI. The grading of applicants from the 'real' interview was then compared with their performance in the MMI. The study also examined the level of acceptability among MMI interviewers and candidates of the MMI process.

The MMI process aims to broadly sample the candidate's competencies in order to gain a more accurate picture of the candidate's strengths and weaknesses. This is done by having several brief interviews with different interviewers, over a longer period of time. The candidate is presented with scenarios that require discussion of a health-related issue with the interviewer, perhaps interacting with an actor while the examiner looks on, or responding to traditional interview questions. For example, a question can be posed which asks for a response based on consulting, using appropriate health resources, weighing competing issues and taking action in the face of uncertainty. The interviewer might provide further question 'prompts' to seek a wider range of opinions, explore





alternatives, clarify personal needs, assess their appreciation of medicine in the wider context of healing, formulate the issue or take ethical considerations into account.

Involving a third party in the discussion between a single candidate and the interviewer facilitates an evaluation of the applicant's communication skills. The University of Sydney Medical Program is built around a series of cases and uses problem based learning in small groups as a part of its teaching and learning program. A typical interview 'station' might address the candidate's ability to cooperate and solve problems in a small group. This is central to learning and success in the course.

The MMI questions all address a primary skill or behaviour, although some address more than one. The actual questions used will be drawn from a bank of over 100 items written by Faculty. From a statistical point of view, the MMI behaves very much like an Objective Structured Clinical Examination. Although each of the student/interviewer interactions will inevitably contain some context specificity, the variety of different interview/candidate interactions and range of different questions or activities serves to reduce the effect of chance and interviewer/situational bias.

We have good experience of running an MMI from the pilot study which was conducted in 2005 alongside the traditional structured interview. The trial used the criteria (attributes) agreed by the Faculty of Medicine to be important for success in the program and in later practice, as the basis for developing the MMI questions. To begin with, the McMaster questions were scrutinised to see if they fitted in with the aims; if so, the questions were taken and adapted to the local context. If the questions didn't fit in with the stated aims of the Faculty, new questions were developed. It was noted that the key to the aims of the interview is that the interview process is looking for people who will succeed in the University of Sydney Medical Program, not necessarily what will make a good doctor. Although attributes that may be seen to predict success in the program, and be present in a good doctor will frequently overlap, it should be assumed that the Medical Program to some extent will teach students how to be a good doctor.

Given approval by the Sydney Human Research Ethics Committee, the 2005 study offered participation in the trial to all local applicants for the 2006 USydMP intake who had been offered an interview for entry.

It was emphasised that participation in the trial would not impact on their admission to the USydMP.

The applicants were asked to participate in an extra three interviews in addition to their actual entry interview. These were an additional interview using the same structure as the entry interview, and two MMI interviews, using nine 'stations'. Between the two MMIs three of the questions were kept the same, three were changed subtly and three were completely different, to ascertain whether if applicants could 'learn' the right response having done some questions previously. Twenty-seven applicants completed all three interviews, a lower number than planned due to applicant and interviewer issues of commitment. Nevertheless, the results provided a useful basis for assessing the reliability and repeatability of the interviews and the MMI, which was very reassuring. One of the most striking results was the low level of support for the standard interview process amongst applicants and interviewers. Nearly two thirds of both groups preferred the MMI, with most of the remainder undecided as to which was better. Criticisms of the MMI process were generally not about the fundamentals of the system, but were aimed at the specifics of the way it was run, issues that have already been addressed.

Preparations are now well underway for the full-scale adoption of the MMI. Faculty and Alumni have already received invitations to participate in the interview process. We are sure they will find taking part an interesting and valuable experience.

[1] Eva, K.W., et al., An admission OSCE: the multiple mini-interview, *Medical Education*, 2004, 38: p.314-326

Interviews to select our 2007 students will be held in September 2006 and many alumni will be involved in the process both in Sydney and in Vancouver.

If you would like to become part of the interview team contact:

Lily Lee, Admissions Officer

Faculty of Medicine

Phone: +61 2 9351 7495

Email: [lilyl@med.usyd.edu.au](mailto:lilyl@med.usyd.edu.au)



Sarita Lawler (back right) with students at Katherine, Northern Territory

# Forging solutions in Indigenous communities

Chris Rodley

For the young Indigenous people of Dubbo, the end of year 10 is a critical turning point. Some will return to school and go on to receive their HSC, while for hundreds of others, the Christmas holidays are the time when they give up any hope of joining the workforce: they drop out of school and face a bleak future of unemployment. Now, thanks to a University of Sydney fellowship, an innovative program is in place which is intervening with these young people and setting them on the path to a different life.

The Rowan Nicks Russell Drysdale Fellowship was designed to improve the health and welfare of Indigenous people by investing in community-based projects and research. Administered by the University's Faculty of Medicine, the fellowship is not restricted to areas of medical interest but covers issues like education which affect the well-being of whole communities.

## The Dubbo program

The Dubbo program is the brainchild of Louise Lawler, one of the two current holders of the Fellowship, who is working with year 10 students at Dubbo High School. "Some of these kids come from a background with no experience of the world of work – from three or four generations of unemployment," Ms Lawler explains. "What we are trying to do is step in and stop that cycle. We want to put Indigenous people on an equal footing in the workforce with everyone else."

Last year she used her Fellowship to gather data about why students were leaving school and becoming unemployed. This year, Ms Lawler is implementing the Get Real program for year 10 students – a unique scheme which began by asking pupils to sign a pledge that in one year's

time they will either be at school or TAFE, be undertaking training, or hold a job.

Inspired by the work of the Beacon Foundation in Tasmania, Louise Lawler has also asked the local community to pledge its support to help students achieve their goals. The community responded to her call, with many businesses offering casual jobs to give young people experience of employment for the first time.

"To have a casual job and keep it is one of the best things for these kids," she says. "Work becomes demystified: they learn essential skills like turning up on time, who to report to, and how to inform your supervisor if you are going to be absent."

Other local businesses have helped by offering work experience positions, conducting workplace tours and acting as career mentors – for example, a local radio station helped one budding DJ to make his own demonstration tape. "If the community hadn't put their hands up, we couldn't have done all this," she adds.

The dramatic progress of the Get Real program is coming as welcome news to Dr Rowan Nicks, an eminent Sydney heart surgeon who – together with the family of the late Sir Russell

Drysdale – was responsible for establishing the Fellowship.

"We wanted to encourage practical work being done at the coal-face, and Louise is an excellent example of that," says Dr Nicks. "She is also absolutely committed to education, which is marvellous."

A cardio-thoracic surgeon at Royal Prince Alfred Hospital for 20 years, Dr Nicks says he became keenly aware of the importance of education and development during his time as a doctor in developing countries such as Africa and Papua New Guinea.

## How it all began

The catalyst for the fellowship was Professor Miles Little, a mutual friend of Rowan Nicks and the Drysdale family – Sir Russell's widow Lady Maisie Drysdale and her step-daughter Lynne Clarke. "Together, we all discussed the issue and realised we shared the same feeling – that we wanted to put money towards Indigenous health and development in its broadest interpretation," says Dr Nicks.

According to Lynne Clarke, Lady Drysdale – who died in 2001 – funded the fellowship as a way of honouring her late husband's connection with Indigenous people and his contribution to Australian art.



*“To have a casual job and keep it is one of the best things for these kids. Work becomes demystified: they learn essential skills like turning up on time, who to report to, and how to inform your supervisor if you are going to be absent.”*

**Louise Lawler**



Louise Lawler (centre) with year 10 students from Dubbo

The Drysdale family connection with Aboriginal Australia extends back to the 1950s when Sir Russell began painting Indigenous people on Cape York Peninsula. His empathetic series of paintings marked a departure from the cool, detached way in which Indigenous people had previously been depicted.

“People all over Australia know about my father’s paintings: they are an icon,” says Mrs Clarke. “He made that contribution and I think Maisie wanted to give something back in honour of him.”

A member of the committee which oversees the Fellowship, Mrs Clarke says she has become passionate about its potential to make a difference. “Both the current recipients of the Fellowship noticed things that could be improved in their communities, and that is exactly who should apply for the Fellowship,” she says. “What is really exciting about their projects is that they provide ways for others to deal with the same issues, so that they can have an impact wider than one community.”

In another part of the country, Sarita Lawler – no relation to Louise – is using her Rowan Nicks Russell Drysdale Fellowship to tackle the urgent

need for Indigenous students to be better informed about sexually transmitted infections (STIs).

#### **Katherine a catalyst**

It was while teaching a year 9 class at Katherine High School that Sarita Lawler first became aware of how little her students knew about sexual health. While some reported being sexually active, there were some “huge gaps” in their knowledge: many did not know, for example, that condoms can prevent diseases like HIV/AIDS, or that diseases like chlamydia and gonorrhoea can cause infertility.

That lack of awareness coupled with embarrassment about confronting the issues – even among teachers – is now causing serious health problems for the community of Katherine, which has the highest rate of STIs in the Northern Territory.

To tackle the issue, Sarita Lawler is using her Fellowship to complete a Master of Sexual Health at the University’s Faculty of Health Sciences. With the knowledge she has gained, she is now developing a more effective sexual education program for Katherine High School.

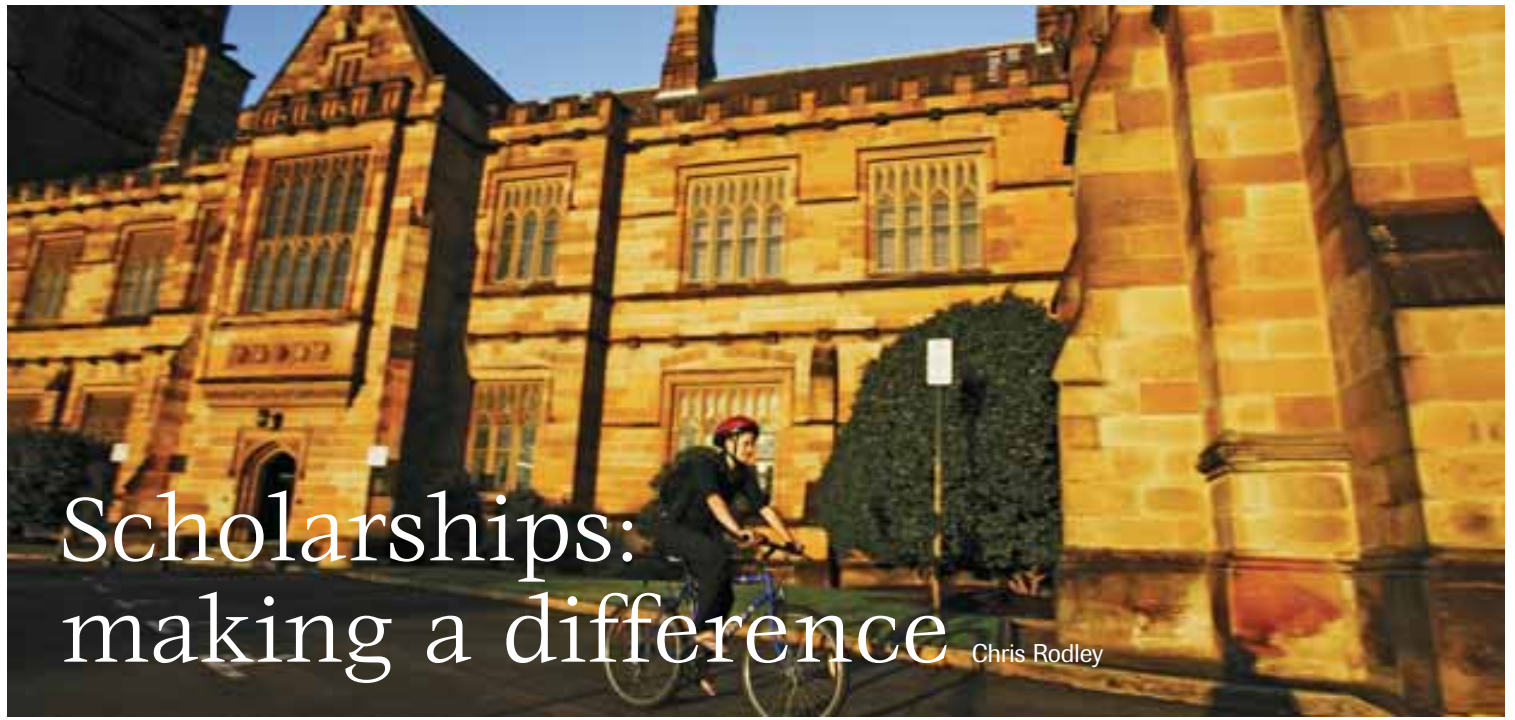
Under her proposal, sexual health clinics would take a much larger role in educating young

people and visit schools on a regular basis – previously, students received only one annual sexual health lesson which was given to the whole school of 500 students. “Rather than having people just come to them, the idea is for these clinics to go out proactively and teach students about safe sex,” she says.

Sarita Lawler believes her project may not have happened without the assistance of the Rowan Nicks Russell Drysdale Fellowship, which – among other things – gave her the opportunity to enrol at Sydney with its broad range of electives and strong academic staff.

She also hopes the Fellowship will bring innovative solutions to other communities across the nation. “The fellowship is great because it caters for such a broad range of projects and is truly open to everyone, including those from small communities like me. I would strongly encourage people to support it and consider taking it up.”

More information on the Rowan Nicks Russell Drysdale Fellowship can be found at [www.medfac.usyd.edu.au/scholarwards/fellowships/nicksdrysdale](http://www.medfac.usyd.edu.au/scholarwards/fellowships/nicksdrysdale)



# Scholarships: making a difference

Chris Rodley

Karen Walsh\* knew her third year of medicine would stretch her financially: what she had not bargained on was the emotional cost of surviving on as little as \$4 a day. With her attention split between her studies and her money problems – including a soaring credit card debt – Karen began to spiral into depression.

“I had saved up enough money to support me during my first two years, and I thought after that I could start working part-time,” she explains. “But third year is the most intensive year of all. Being in hospital five days a week, plus lectures and studying, I just didn’t have time for a job.”

With her family living interstate and her parents unable to support her financially, Karen could neither borrow money nor move back home, so she fell back on her credit card to pay for essentials such as union fees.

For food and expenses she had the small government Youth Allowance, on which she could afford only the barest essentials.

“For example, it would be the night before an exam and I’d be exhausted, but I could never buy take-away like everyone else. I had to cook every meal from scratch to save cash,” says Karen.

One of the hardest things was the social isolation caused by never having money: “People would ask me out for a coffee and I would say no: I had \$10 to last me the rest of the week and I just couldn’t spend a third of that on a coffee. At night, friends would ask me out but I could never afford the cab fare.”

It was a counsellor from the University who suggested Karen apply for one of the Medical Graduates Association (MGA) scholarships. When she discovered she had received the Gaston Bauer Scholarship, Karen’s first reaction wasn’t to celebrate: “it was just pure relief,” she says.

The money made an immediate and dramatic difference to Karen’s life, enabling her to turn her year around: she reduced her crippling debts, was able to connect with friends and see her family at Christmas. Most important of all, her depression lifted and she was able to focus her energies on her degree.

First launched in 2004, there are now seven scholarships offered by the MGA to medical students in financial need, each worth \$5,000. “They grew out of discussions we had with MedSoc about the pressing need faced by today’s students, especially those missing out on study because of casual work,” explains Dr Barry Catchlove, President of the MGA.

A survey of University of Sydney medical students has found that as many as one-third of all students miss classes because of paid work, while 10 per cent of students work more than 16 hours per week. Unlike in the past when students went straight from school into a medical degree, today’s

students are graduates in their mid-twenties who live out of home and sometimes have children of their own to support.

While other scholarships for medical students exist, they are either small amounts of money to cover the cost of textbooks or large scholarships worth around \$30,000.

“We found there was nothing in the middle to take the pressure off students and help them apply themselves better to their studies,” Dr Catchlove says.

The decision was made that the scholarships would last only for a limited period of time, rather than run in perpetuity. “Doing it this way does mean the money will run out, but it has the major benefit that the scholarships are much easier to establish,” he continues.

Many generous alumni offered their support for the plan, while the Faculty of Medicine agreed to fund the cost of administration so that all funds raised would go to the students. The result is a large and successful scheme that now attracts as many as 60 applications for each scholarship. Many of this year’s recipients are, like Karen, burdened with large credit card debts, while others are juggling casual work or parental responsibilities as well as their studies.

The Gaston Bauer Scholarship was the first to be established, using the Association’s own funds: it recognises the contribution of the eminent Sydney cardiologist who is also a founding member of the MGA. More scholarships soon followed to mark the contributions of other significant figures in the medical community, including paediatrician Professor John Beveridge and





Sheila Nicholas – known to staff and Faculty alike as “Mrs Nick” – who ran the Medical Society bookstore for 40 years.

Other scholarships are targeted at specific groups of students, such as the Gene Tang Wang Scholarship for first-generation migrants and the Dubbo Medical Society Scholarship for students from a rural background.

Dr Tom Atkins was Treasurer of the Dubbo Medical Society – now lapsed as an organisation – when it decided to put its reserve funds of \$25,000 towards a scholarship. “Members of the society welcomed the scholarship proposal because it would help encourage more students to consider rural medicine. Of course, our ulterior motive was that they may well come back one day as a medical practitioner!” he says.

The doctors of Dubbo will be pleased to learn that their plan is working. Carla Bremner, who received the Dubbo Medical Society Scholarship last year, says that she enjoyed the area’s “lifestyle and fresh air” so much she intends to return there as a doctor after she graduates.

After working through first and second year of medicine, Carla had difficulty finding time to work in third year and was struggling with expenses like the high cost of petrol in the country and new clothes for hospital placements. Receiving the scholarship not only brought financial relief but made it possible for Carla to complete an honours project in her spare time – something near-impossible for students who work. She also

has the time now to get more involved in university life, writing for the student journal *Innominate* as well as *Radius*. “It was amazing, quite a wonderful gift,” says Carla.

The generosity of University of Sydney alumni has resulted in another kind of scholarship: as a way of celebrating their reunion, alumni from the years of both 1984 and 1966 have contributed to scholarships in the name of their graduating class.

“Some years ago we decided it would be nice to put some of the funds we raise back into the University to be used in different ways,” says Dr Paul Lancaster, one of the organisers of the 40th anniversary reunion for the class of 1966. “We were reading about what students of today experience and saw how a scholarship would help them to meet their goals for the future.”

Following the leadership provided by the class of 1984, graduates from the class of

1966 raised money for its scholarship – named after the renowned cardiac surgeon from that year, the late Professor Doug Baird – to last for three years. Now Dr Lancaster hopes to continue to raise even more. “I would also like to encourage other years to establish their own scholarship because it is such a great way to help,” he says.

As for Gaston Bauer Scholarship recipient Karen, she expects to graduate at the end of the year and is considering a career in emergency or general practice. Karen has also become a passionate advocate for scholarships, and says she wants to make a contribution to the scheme as soon as she becomes a doctor.

“It made such a huge difference to me and I am so grateful,” she says. “My mother calls these scholarships the Fairy Godmother department.”

\* Name has been changed for privacy reasons.

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

The Medical Graduates Association

Tel: 02 9036 3367

Email: [mga@med.usyd.edu.au](mailto:mga@med.usyd.edu.au)

Students interested in applying for these scholarships or other forms of financial assistance should contact:

Financial Assistance Office

Tel: 02 9351 2416

Email: [fao@stuserv/finances/financial\\_assistance\\_office](mailto:fao@stuserv/finances/financial_assistance_office)

# A career in history of medicine?



Dr Milton Lewis, NHMRC Senior Research Fellow  
School of Public Health

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I became an historian of medicine and public health almost by accident.

In late 1976 I completed a PhD at the Australian National University on infant and maternal health in Australia, 1870-1939, a topic suggested by distinguished ANU historian, Barry Smith, but growing also out of my interest in environmental history (which has a long pedigree in the United States but not here) and a heightened, Whitlam-era, social-science interest in urban and health issues. I was keen to do more work in 'health history' and more specifically in the history of psychiatry and psychiatric services – again, much done overseas but not then here. But there was no clear career path in history of medicine in Australian universities and, sadly, this is still largely the case. Fortunately, I heard about Charles Kerr, Professor of Social and Preventive Medicine, School of Public Health, University of Sydney, who had a deserved reputation for assisting new, non-medical researchers to find medical funding. I worked in the School as a Research Fellow,

1982-84, producing my first book, *Managing Madness. Psychiatry and Society in Australia, 1788-1980* (not published till 1988 because it was then very difficult to get a publisher for a book on purely Australian medical history).

I wanted to continue researching the history of medicine, but being unable to secure my own funds, I joined Roy MacLeod, a distinguished historian of science and medicine at the University of Sydney, in a project on 'imperial medicine' (medicine as a tool of modern empire). Our book, *Disease, Medicine and Empire* (1988), like David Arnold's *Imperial Medicine and Indigenous Responses* (1988), has been described as a 'watershed' publication in this field (Marks, 1997: 206).

Now having something of a track record, I was able to find funding for a series of research projects over the next fifteen years which enabled me to range over a considerable number of areas of history of medicine and public health: professionalisation of medicine; sexually transmitted diseases

and HIV/AIDS (and venereology) in the Asia/Pacific and Africa as well as Australia; condom usage for disease control and contraception; alcohol abuse treatment and control policy; urban health; the Australian part of the Western epidemiological and demographic transitions; public health as a discipline and practice, and as state policy, in the Asia-Pacific, the United Kingdom, United States, and Australia; Australian health policy; and palliative care, pain medicine, and cancer services in the United Kingdom, United States, Australia, Canada, and New Zealand. I have recently written on the history of the concept of human dignity, and want to do further work on its application in medicine and health.

One of the highlights of this period was my winning in 1990 of one of the first Australian Research Council Senior Fellowships. This provided five years of salary, freeing me for a while from the frantic search for funds every two years or so. The downside of the career path I had chosen was the need to find research funds to pay my own salary, and this self-funding has continued up to the present.

Unhappily, in the last decade or so, too many others have had to try to develop an academic career on such short-term contracts. The upside has been what I have learnt from working as an historian in a School of Public Health with colleagues from many disciplinary backgrounds – medicine, nursing, epidemiology, sociology, psychology, economics, biostatistics, and philosophy; and as a scholar who relies mainly on a literary and qualitative approach in a sea of quantitatively-oriented researchers who are rightly very concerned about methodological issues. It has also challenged me to think about humans as biological as well as social, moral, political, and economic beings. Indeed, I believe that this is one of the great opportunities the study of the history of medicine presents because medicine sits at the juncture of the biological and moral/social worlds and at the juncture of science and the humanities. Edmund Pellegrino, an American philosopher of medicine, puts it nicely: 'Medicine is the most humane of sciences, the most empiric of arts, and the most scientific of humanities' (Quoted in Engelhardt, 1990: 238).





*...medicine sits at the juncture of the biological and moral/social worlds and at the juncture of science and the humanities.*

In the two and a half decades during which I have been privileged to work in history of medicine, its visibility in Australia has undoubtedly grown. A few pioneers like Bryan Gandevia, first President of the Australian Society of the History of Medicine (ASHM), had been producing articles for the *Medical Journal of Australia* and other publications since the 1950s, and even earlier JHL Cumpston, the great public health doctor, had argued historical knowledge was integral to the practice of public health and had himself produced a series of masterly historical studies of various diseases significant in Australia. Occasional national conferences had taken place since the late 1970s. Finally, the ASHM was formed and the first official national conference took place in Sydney in 1989. At the same time new state associations were formed to foster more frequent meetings at the local level and to complement the work of the long-established, Victorian medical history association. National conferences have been held regularly in cities across Australia and in New Zealand ever since. More recently, a

national journal of high standard, *Health and History*, has been brought into being. Further, university courses are being offered, many more postgraduate theses completed, and more books and articles in learned journals, here and overseas, published. Even the media sometimes concern themselves with historical material.

However, we still lack a strong institutional focus for history of medicine such as is provided by the Wellcome Trust Centre in London and the Wellcome units in British universities. The national conferences, the ASHM, the state associations, and *Health and History* play valuable roles. But they cannot provide the same level of opportunity for ongoing intellectual exchange, postgraduate scholarship, and cooperative pursuit of particular lines of inquiry as well-resourced, dedicated centres. What we lack even more are the benefits of a comprehensive, intellectually compelling perspective on history of medicine like that, for example, brought to the Johns Hopkins University Institute for the *History of Medicine* by Henry Sigerist in the interwar period.

In the tradition of European social medicine, Sigerist saw disease incidence as in part the product of social relations and he sought to link history of medicine to larger cultural changes. Like many social reformers of his time, he believed medicine (and science in general) could contribute much to social progress. He and his Leipzig colleagues approached history of medicine not as some culturally worthy but medically marginal activity. Rather, it was an important means for clarifying current problems of medicine. They therefore addressed areas as diverse as history of disease, the ethics of medical practice, and philosophical issues in medical theory. Further, medical history would mediate between scientific medicine and humanism. The historian of medicine had a significant responsibility to the present as well as the past and to citizens in general as well as professional historians and doctors; as Sigerist declared, 'the medical historian should help prepare the ground for a new humanism which will harmoniously unify the old

humanism with modern science' (Quoted in Fee, 1992: 300). We may be more sceptical about the contribution of science to social (and moral) progress, but I believe the large goals Sigerist had for history of medicine in his time and place are still important and eminently worthy of pursuit by contemporary, Australian historians of medicine.

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# The right balance

Chris Rodley



Mr Richard Caldwell,  
President of The Medical  
Foundation

Medicine has always been in the background for Richard Caldwell – in fact, the successful corporate financier very nearly became a doctor himself.

Three days before term began, Caldwell made the decision to forgo his place in medicine, switching to law and economics degrees. Excited by the new areas of finance and law emerging in Australia at the time, he pursued a career as an investment banker in London and Sydney. Following posts at JP Morgan and Citibank, Caldwell is now Head of Corporate Finance at investment bank and trading house Tricom.

But running alongside his career in finance has been a parallel interest in all things medical. In the 1980s, Caldwell raised money for the Royal Flying Doctor Service by organising the Boomerang Ball, held for Australians in London. Later, he became involved in health technology, sponsoring a new device for non-invasive detection of hypoglycaemia in insulin-dependent diabetics. He also has a number of close associations with ASX listed biotechnology and biomedical device companies. But his most significant commitment – something that would almost become a second-string career – is his ongoing involvement with the Medical Foundation.

Caldwell joined the Foundation in 2001, having come into contact with it through his wife

Fiona's family: her grandfather, Sir Robert Crichton-Brown, was a member of the organisation's first Council, while her mother, Bunny Gardiner-Hill, is a long-time Foundation supporter and current Council member.

Now President of the Medical Foundation, Caldwell says his involvement has allowed him to pursue his long-held interest in medical research – something that fascinates him because of its power to positively influence the lives and well-being of people the world over.

"Medical research gets you the best 'bang for your buck' in terms of changing lives for the better, whether that means finding a cure for liver cancer or supporting the under-resourced area of adolescent health, two of the Foundation's current priorities," he says.

In light of Australia's current debate about how to increase philanthropy, Richard Caldwell's work at the Foundation may offer a useful model. Many with hectic working lives say they would like to undertake community service but simply do not have the time. But according to Caldwell, philanthropic work can help to bring balance to a demanding career by offering a change of focus.

"The City certainly has its limitations. In many respects, my work at the Foundation has become what I do in my spare time. And you find that the more you do it, the more satisfaction you derive from it," he explains.

"It's done before the working day begins and after it finishes, so my golf and tennis games have significantly regressed, if that is possible. At the moment, the Foundation focus is very much on the capital campaign for the University Chair of Adolescent Health."

Key to finding satisfaction in volunteer work, Caldwell says, is utilising your skills effectively to meet the challenges of the task. "My role is to help ensure that our funds are well-managed and directed into research, and I really enjoy that challenge: I am using my commercial skills and applying them to non-commercial ends," he says. He is also keen to emphasise that he works alongside a very skilled and dedicated Board and Executive.

"Medical research is an expensive activity, so it really needs to be focused and filtered well so that the best projects are financed. The Medical Foundation is currently providing

research funding in excess of \$2 million per annum."

According to Caldwell, another aspect of his role that provides an ongoing challenge is ensuring the organisation thrives in an increasingly competitive environment.

"When the Foundation was formed, there were very few similar foundations around. Now, however, there are many other calls on the philanthropic dollar from a range of worthy causes. It is a challenge to flourish and grow our assets in this kind of environment, but I am pleased to report we are achieving that."

Among the recent notable achievements of the Foundation has been the \$10 million contributed towards the Medical Foundation Building, which was refurbished with world-class laboratories and now houses an array of research groups.

"We have increased our financial assets, enabling the Faculty to create new chairs and fund an increasing amount of research. Thanks for that is largely due to a small, but dedicated, group of people who approach their honorary responsibilities with great commitment and passion," he says.

*"Philanthropic work can help to bring balance to a demanding career by bringing a change of focus."*



# Letter from Dien Bien Phu

Professor Elizabeth Elliott, Discipline of Paediatrics and Child Health, The Children's Hospital at Westmead

This note written on behalf of our team is to let you know that we have just returned safe and well to Australia after a very successful trip to Vietnam, albeit without a substantial portion of Profesor Jeffery's luggage.

In Dien Bien Phu we ran a three day, small group, skills-based workshop at the Provincial Hospital for 30 doctors, nurses and midwives from all the districts in the province. Each group of 6 students rotated every 30 minutes to a new room for a tutorial with a tutor from Australia (there were 9 of us in total) and a Vietnamese interpreter (there were 6 from either the National Institute of Paediatrics or the UNFPA in Hanoi).

We used an interactive teaching format with wide use of models (of babies, placentas, pelvises, etc) and other props, which the students all seemed to enjoy. Needless to say this was a huge logistic exercise in which we were well supported by the Assistant Director of the Provincial Hospital, Dr Son.

The topics we covered were those we identified as being of high importance during our previous visits to the province. They included prevention of infection in infants and mothers; resuscitation of the newborn; and management of anaemia and post partum haemorrhage (the major cause of maternal death).

At the end of each day the students were evaluated (by written and practical

assessments) and given feedback on their performance. They were also asked to provide us with an evaluation of each day and to offer any suggestions for improvements to the teaching. We ran a graduation ceremony on the last day with strong branding of both Hoc Mai and the University of Sydney.

We were also able to leave with the students a considerable amount of equipment (bag-and-mask resuscitation sets; haemoglobin test kits; laryngoscopes, etc) to take back to their districts. Most of this was donated equipment, which is absolutely necessary to optimise maternal and child outcomes but is unavailable in the district health centres in the province.

The feedback from students and interpreters was excellent and we have been invited to return to both Dien Bien Phu and Hanoi. The course even appeared briefly as an item on the provincial news.

Following the course four of our group (myself, Heather Jeffery, Jonathan Morris and Cathy Adams) travelled a further 150 km to the Tua Chua district in the north east of the province. We then travelled a further 50km into the mountains along dirt roads to visit the district and commune health services and to interview village health workers.

We were also fortunate to run two focus groups with young mothers to gain information first hand about their experiences of

pregnancy and childbirth. We were distressed to find a large outbreak of measles - an entirely preventable disease - in the district, but not surprised when we found that even the Commune Health Centre had no fridge. We witnessed poor nutrition and lack of access to health workers for both mothers and babies and lack of even basic therapy such as iron for pregnant women.

We also noted the failure to vaccinate or provide vitamin K at birth to infants and heard of children dying of diarrhoeal disease due to lack of oral rehydration therapy. We witnessed widespread severe malnutrition in young infants. The commune health clinic had no water, let alone a fridge in which to store vaccines. One interesting observation was the lack of female health workers - largely a result of the fact that few of the girls in these ethnic groups (mainly Muong and Thai) do not attend school -



even at primary level. This is a particular problem in these remote communities where women are very shy and will not attend male health workers.

Thus, there is much to be done before health outcomes will improve significantly and this will also require input in the areas of provision of clean water, sanitation, education and basic supplies. Nevertheless, our practical medical education course should help improve clinical diagnosis and care and I hope will make a just a little bit of difference for mothers and babies.

We are currently seeking funding to enable another visit to Vietnam.

#### Team members were:

- Professor Elizabeth Elliott
- Professor Heather Jeffery
- Professor Jonathan Morris
- Dr Kirsty Foster
- Dr Adrienne Gordon
- Ms Cathy Adams
- Ms Margie Cochrane
- Ms Kerry Watson
- Dr Jane Hirst

Mother and child, Dien Bien Phu

This project was supported by the Hoc Mai Foundation (the Australian Vietnam Medical Foundation) whose mission is to improve medical education and health care in Vietnam. 'Hoc Mai' is a Vietnamese phrase that translates into English as 'forever learning'.

For more information see [www.hocmai.org](http://www.hocmai.org)

# West is best, say doctors of tomorrow

Chris Rodley

The University of Sydney has brought a new breed of medical students to Western Sydney: born and raised in the local area, these rising stars of the profession are determined to stay on and practise as doctors in the Nepean and Blue Mountains rather than move closer to the city.

According to Dr Therese Becker, who graduated last year and is now an intern at Nepean Hospital, it is the area's tightly-knit community which attracts her the most.

"You get a closer sense of community here than in the city, so people know you," she explains. "Patients will come up to you on the street and tell you how their family is doing, which is lovely."

Dr Becker, who grew up in Hazelbrook and attended Katoomba High School, is part of a talented young generation of students from the Nepean Campus of the University of Sydney who are choosing the west to carve out their careers in general practice and specialist fields. Established 15 years ago, the Nepean Clinical School is the oldest school of medicine in the local area. The school is part of the University of Sydney's long-established Faculty of Medicine, which this year celebrates its 150th anniversary.

"I might leave at some stage to broaden my experience, but I do really enjoy working in the western suburbs," says Dr Becker. "Doctors are needed more here than they are in the city. We students have been given a lot, and I am really pleased to be able to give something back."

The trend will come as welcome news to the local community who will benefit from the injection of expertise as the young doctors take up positions in hospitals and clinics across the region. Figures from the University of Sydney reveal that the number of locally trained medical students choosing to undergo their internship at Nepean Hospital has grown substantially over the past three years, from around 20 per cent of students choosing the hospital in 2004 to this year's figure of almost 40 per cent.

By warmly embracing students during their

training, the community is playing its role in fostering local talent. Dr Becker says she was struck by the number of patients who approached her as a student and told her how much they would like her to stay on and practise in their home suburb. "It was really encouraging. You got that nice sense that people appreciate what you're doing," she says.

The opportunity to develop a closer rapport with patients is another important benefit of working in the Nepean area according to a number of students and recent graduates. "When you're treating people, you understand where they come from. They are your people," says Dr Becker.

Fourth year medical student Ryan Snaith, who was born in Nepean Hospital and has lived in the Blue Mountains his whole life, agrees that making a connection with patients is easier when doctors come from the local region.

"When you start taking a history, you chat to patients," he explains. "So they might tell me where they live, and I will be able to say 'I used to play soccer there'. And if you build up the confidence in people, they do open up more. It might be something as simple as asking them how the Panthers game went on the weekend."

Eventually, Ryan plans to practise medicine in Kenya, where as a first year medical student he used his own savings to establish a free rural clinic in one of the country's poorest rural areas. But Sydney's west will be the first to benefit from his expertise and enthusiasm, with Ryan planning to continue on at Nepean Hospital after he graduates.

Other students say that the reason they will stay in the local region is the increased focus on medicine in Sydney's west, which gives young doctors a strong array of career options.



Left to right: Sinthu Sithamparanathan, Year 2, Ryan Snaith, Year 4, and Dr Therese Becker, Intern.

"I very much doubt that I would move towards the city," says Sinthu Sithamparanathan, a second year medical student who lives in St Marys and attended Penrith High. "I feel that there are more opportunities here in terms of training and working myself up the ladder, especially with the increased allocation of resources towards this region."

In a funding boost that will strengthen medical education in the local area, the Faculty of Medicine has recently allocated three additional academic and support staff, with another four senior positions due to join the school later in the year. The number of first year medical students at Nepean is likely to rise to 64 in 2007 from 40 this year.

Sithamparanathan encourages other medical students to make the decision to stay on in the Nepean region. "There is definitely a need for more doctors to move out here: for some patients, having to travel to the city to see a particular specialist can become very expensive," she says.

"I plan to become a paediatric doctor, possibly specialising in child development. The local area definitely needs more paediatricians: after all, our children will become the backbone of our society and it is vital that they grow up strong and healthy."

# New research prize goes to cystic fibrosis researcher

A novel and effective low-cost treatment for cystic fibrosis has been recognised by the award of the inaugural Sir Zelman Cowen University Fund Prize for Discovery in Medical Research, to a young University of Sydney scientist.

The Prize was established in November 2004 in honour of the Fund's Patron, Sir Zelman Cowen Governor-General of Australia from 1977-1982. To be presented in alternate years at the University of Sydney and the Hebrew University of Jerusalem, the Prize recognises discovery in medical research by a researcher under 40 years of age.

The inaugural recipient, Mr Mark Elkins, is a PhD student in the Faculty of Medicine. He won the \$5,000 prize for his leading role in a long-term trial establishing a novel therapy, which uses hypertonic saline solution inhaled through a nebuliser for the treatment of cystic fibrosis. Administered twice daily over an extended period, the therapy reduces the recurring complications of the disease, improving the quality and duration of life. Mark's successful coordination of a national, long-term, randomised trial - involving 16 tertiary hospitals and 164 patients - has confirmed that the treatment works and offers hope of a better quality of life for patients. The outcome of the trial was recently published in the *New England Journal of Medicine*.

As a physiotherapist, Mark developed a personal interest in the treatment of cystic fibrosis through his close contact with patients. It was the relationships he developed with these patients, and the experience he gained of their battle with the disease, that drove him to investigate the new treatment.

Cystic fibrosis used to be considered a paediatric disease; it was seen only in children, because they died before reaching adulthood. Now the average age at death has risen to approximately 30 years, thanks to the development of life-sustaining treatments. Many experts in the field point to treatments aimed at the respiratory system as the key to preventing early deaths.

Reporting on the trial Mark said, "The results of our trial were revolutionary. We saw a sustained improvement in lung function, a major reduction in the number of acute lung flare-ups, a reduced need for antibiotics to treat the flare-ups, and fewer days off school or work due to illness."

The trial is the culmination of a decade of research overseen by Associate Professor Peter Bye from the Faculty of Medicine at the University of Sydney. Co-incidentally, it was in Jerusalem at the XIth International Cystic Fibrosis Congress in 1996 that Professor Bye made one of the earliest presentations of the concept behind hypertonic saline.

Mark was nominated for the award by Professor Iven Young, from the Department

of Respiratory Medicine at Royal Prince Alfred Hospital. The award will be presented to Mark at a special ceremony at the Hebrew University later in the year.

The Sir Zelman Cowen Universities Fund, initiator of the award, also encourages mutual visits between students and academic staff at the University of Sydney and the Hebrew University of Jerusalem through its Academic and Student Exchange Fellowships as well as continuing to support medical and scientific research at both universities.

**Nominations for the 2006 prize close November 30, 2006.**

Information about the Sir Zelman Cowen Universities Fund and application details for both the prize and fellowships are available at [www.szucf.org.usyd.edu.au](http://www.szucf.org.usyd.edu.au) or by contacting the fund on 9351 6558 or at [szucf@anatomy.usyd.edu.au](mailto:szucf@anatomy.usyd.edu.au)

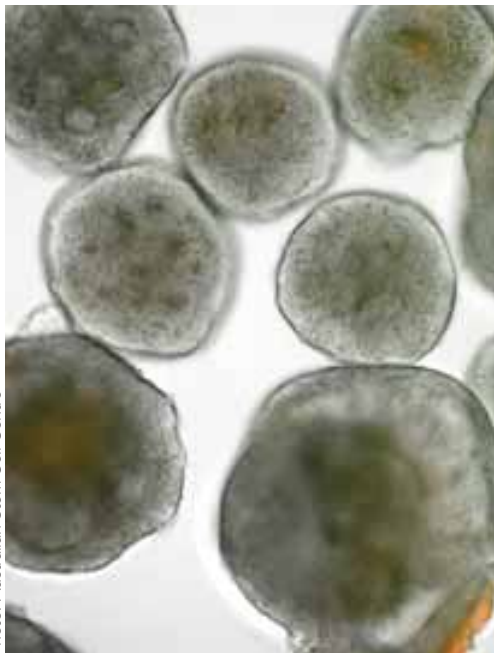


Photo: Australian Stem Cell Centre

## Graduate Certificate in Bioethics (Clinical Ethics)

The Postgraduate Program in Bioethics at the University of Sydney (jointly convened by the Faculties of Science and Medicine) is pleased to announce a new Graduate Certificate in Bioethics (Clinical Ethics) to begin in 2007.

This Graduate Certificate is the first of its kind in Australia. The course is designed to meet the growing need for clinical ethics education among clinicians, ethics committee members, and researchers working in medicine, nursing, allied health, psychology, social work, health law, and public policy. This course also is likely to be of interest to anyone who wishes to explore the relationships between clinical professional work and ethics. All units of study in the Bioethics Program are taught in evening and/or intensive sessions in order to accommodate the needs of working professionals and reflect a unique, interdisciplinary approach to the field.

The Bioethics Program also offers the following postgraduate courses: Graduate Certificate in Bioethics, Graduate Certificate in Bioethics (Biotechnology), Graduate Diploma, Masters, and Masters (Honours).

**For more information, please contact [bioethics@science.usyd.edu.au](mailto:bioethics@science.usyd.edu.au) or visit our website at [www.usyd.edu.au/bioethics](http://www.usyd.edu.au/bioethics)**



# Celebrating 150 years

The Faculty of Medicine celebrated its 150th Anniversary in June 2006. These photos capture just some of the week's activities.

**Photos:**

1. Thank you Dinner - Great Hall
2. Alumnae, Governor of NSW Professor Marie Bashir and Deputy Chancellor Emeritus Professor Ann Sefton
3. Professor Sir Michael Marmot receives his Doctor of Medicine

- honoris causa* from Chancellor, the Hon Justice Kim Santow
4. Alumni participate in the walking tour
  5. *Musicus Medicus* perform at the Conservatorium of Music
  6. Professor Andrew Coats cuts the Anderson Stuart cake

7. Professor Andrew Coats launches the 150th Anniversary
8. Dr Norman Swan gives the Anniversary Dinner address
9. Artist Simon Fieldhouse and Professor Chris Murphy view the Faculty portraits

10. Vice Chancellor and Principal Professor Gavin Brown with Mrs Jan Ruddock-Guerry
11. The Prime Minister John Howard views the facilities at the Brain and Mind Research Institute
12. Professor Graeme Clarke delivers the Lambie Dew Oration





150



The University of Sydney

Faculty of Medicine  
1856-2006  
Ambition  
Inspired by  
Achievement



6



7



8



10



9



11



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# Faculty news

Updating you on activities within the Faculty of Medicine

## Faculty leadership change

In March 2006 the Vice-Chancellor of the University of Sydney, Professor Gavin Brown, announced a restructuring of the senior management portfolios in the University and invited Professor Andrew Coats to take on the role of Deputy Vice-Chancellor (Community). Professor Bruce Robinson was subsequently invited to serve as Acting Dean of the Faculty of Medicine.

Professor Robinson is an endocrinologist and Head of the Cancer Genetics Laboratory in the Kolling Institute at Royal North Shore Hospital. He was appointed Acting Dean of the Faculty of Medicine on 3 April 2006.

Professor Robinson graduated from the University of Sydney in 1980 and then undertook studies for a Master of Science degree. His further molecular research work was performed at the Brigham and Women's Hospital and the Children's Hospital, Harvard Medical School, from 1986 to 1989 and he was awarded a Doctorate of Medicine from the University of Sydney in 1990. He has developed the Cancer Genetics Laboratory since 1990 and has supervised over 20 doctoral and masters' students working on the genetic basis for tumour formation and gene therapy. In 2003, Professor Robinson was awarded the Daiichi Prize by the Asia and Oceania Thyroid Association for his work on the pathogenesis of thyroid cancer.

Professor Robinson also serves on the Council of the Endocrine Society of Australia. He is on the Editorial Board of the international journal, *Thyroid*. He also is Founding Chairman of Hoc Mai, the Australia Vietnam Medical Foundation, which sponsors and supports medical, nursing, allied health and scientific exchanges between Australia and Vietnam.

## New research appointments

The Faculty welcomes Professor Georges Grau, a renowned expert in cerebral malaria. Professor Grau has been appointed Professor of Vascular Immunology in the School of Medical Sciences. In the March 2007 edition of *Radius* we will profile Professor Grau and other new members of our research staff.

## CIPHE leads the way in cancer training

In March 2006 the Commonwealth Department of Health and Ageing awarded a consortium led by the Centre for Innovation in Professional Health Education (CIPHE) a contract to scope and develop Continuing Professional Development (CPD) packages for cancer professionals, general practitioners and counsellors. The consortium members working with CIPHE on this project are the Clinical Oncological Society of Australia (COSA), the National Breast Cancer Centre (NBCC), the Cancer Council of Australia (TCCA) and the Royal Australian College of General Practitioners (RACGP).

Phase one of the project was completed on 30 June following a review of the literature and an extensive process of consultation with stakeholders. The recommendations made as a result of the project's findings centre around building a national framework for the delivery of cancer care CPD aligned with the patient journey and the development of interprofessional workplace-based modules.

"This project offers an exciting opportunity for the Faculty to guide the development of CPD for health professionals and aligns with the strategic aims of CIPHE to increase the role of the University in postgraduate training" said Dr Tim Shaw, Director of CIPHE.

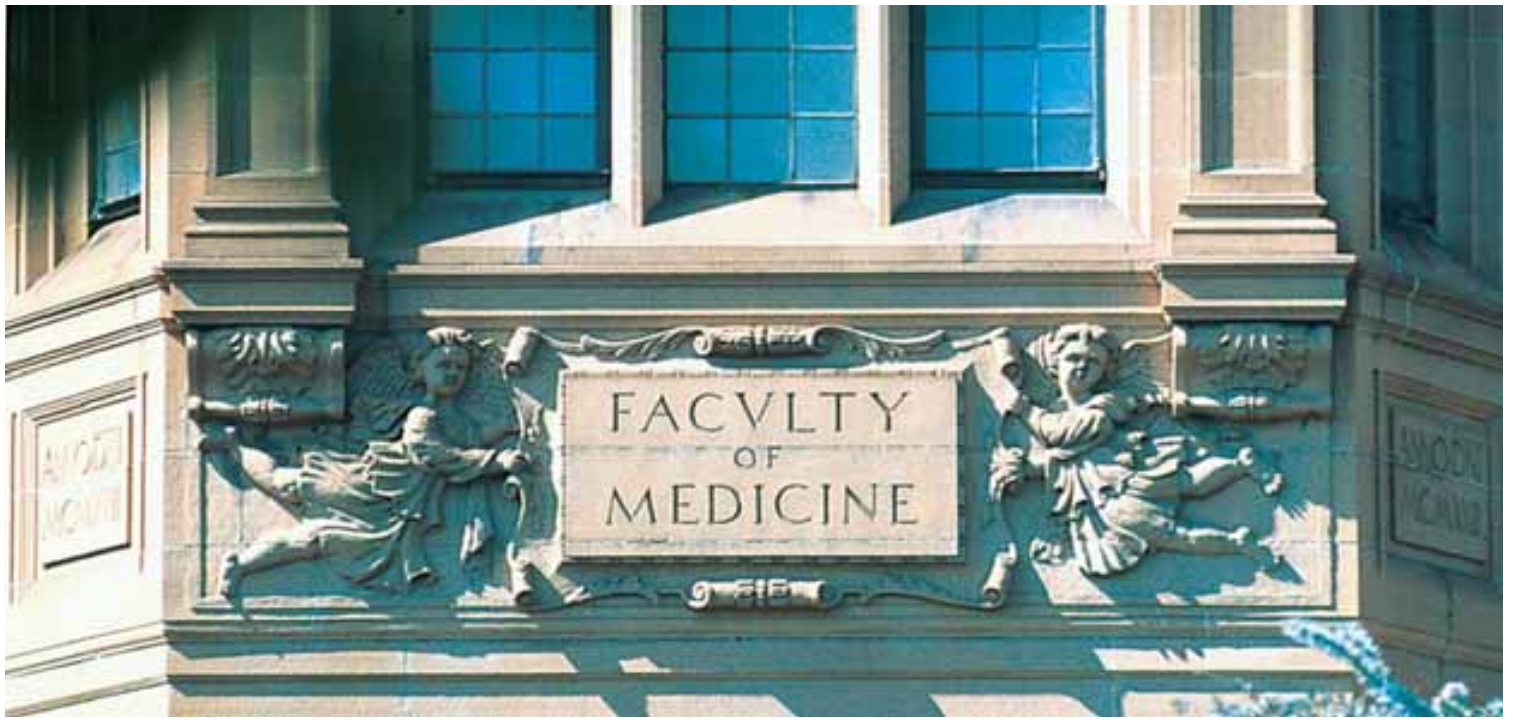
## Magnetic resonance research

The University of Sydney is consolidating magnetic resonance and molecular imaging research on the Camperdown campus.

A 3T whole body scanner and vertical bore spectrometer, previously located at the Institute for Magnetic Resonance Research (IMRR) at Royal North Shore Hospital will be integrated into the imaging laboratories at the Brain and Mind Research Institute (BMRI), Camperdown by the end of August 2006.

There, the instruments will form the basis for a magnetic resonance (MR) laboratory and join the experimental PET, SPECT, pharmacology, medicinal and radiochemistry laboratories, that were formally opened by Prime Minister John Howard on 5 June 2006. Although the IMRR entity will no longer exist, magnetic resonance research will grow from strength to strength under the banner of consolidated molecular imaging.





Moving the instruments is part of a cross faculty and discipline strategy to establish the University of Sydney as an international leader in molecular imaging. Molecular (ie specific ligand-based) imaging technologies, such as Positron Emission Tomography (PET)/microPET, Single Photon Emission Computer Tomography (SPECT)/microSPECT and in vivo MR spectroscopy are emerging specialist technologies that are research intensive and require a particularly high interdisciplinary skill level. At the new site, the 3T and vertical bore instruments will contribute to “an all under one roof” imaging hub that maximizes the use of the infrastructure and expertise and its continual further development. The new site is unique in Australia, providing 2500 m<sup>2</sup> of space dedicated to medical imaging research with a floor plan that includes 2 PET/Computerised Tomography (CT) scanners, CT scanner, SPECT/CT scanners alongside state-of-the-art medical physics, chemistry laboratories and animal imaging.

The molecular imaging research at the BMRI facility complements magnetic resonance research undertaken at the Schools of Chemistry, Physics and Molecular and Microbial Biosciences and adds to the University of Sydney’s existing, internationally recognised strength in the field of magnetic resonance research.

This recent establishment of dedicated research imaging facilities, together with the integration of existing imaging capacity represents the most significant and conceptually coherent research investment at any Australian university into the basic and clinical applications of molecular imaging. In recognition of these investments, the University of Sydney has become a major partner in the National Collaborative Infrastructure Strategy (NCRIS) aimed at enhancing Australia’s capabilities in biomedical imaging.

## Nepean and Concord stand on their own

The increased teaching and research activities of the Faculty of Medicine at Concord and Nepean Hospitals have now been recognised by the establishment of two new clinical schools in these locations.

Activities at Concord Hospital were formally part of the Central Clinical School, which covered both Royal Prince Alfred and Concord Hospitals. “The Central Clinical School has grown significantly, training more medical students than any other clinical school (and

more than many other entire medical schools); it includes a number of large and productive research units and has a very active research profile. Its very size has made it increasingly difficult to manage, especially when Concord itself is growing rapidly in terms of research and training”, explains Acting Dean, Professor Bruce Robinson.

The same is the case for Faculty activities at Nepean Hospital. In the early 1990s when the NSW government provided funds for a clinical school at Nepean Hospital, it made sense for this fledgling school to be fostered by its ‘big brother’ at Westmead. In its early years Nepean did depend on Westmead for much of its teaching but now that is no longer the case. “Research activity is growing at Nepean and it is important that this Faculty be able to cater for the increasing numbers of medical students expected of it”, says Professor Robinson. “It is also critical that we retain our presence and strong identity in the West of Sydney.”

The two new schools will be known as Nepean Clinical School and Concord Clinical School. This will mean that the Faculty of Medicine will have 5 clinical schools in the Sydney Metropolitan area.

## Faculty database

The Faculty of Medicine Research Office in conjunction with the IT team has developed a new section on the Faculty’s website making it easy for you to find our researchers and teachers either alphabetically or by their research interests.

This new facility will assist journalists in identifying spokespeople and research students looking for supervisors.

[www.medfac.usyd.edu.au/people/academics/search.php](http://www.medfac.usyd.edu.au/people/academics/search.php)



# Rural news

Rural health in focus

## Infrastructure funds to rural health education

The Minister for Health and Ageing Tony Abbott, officially opened the new student accommodation in Lismore on 3rd April. The Commonwealth Government funded project provided \$576,290 to renovate two four bedroom houses to allow students of medicine, nursing and the allied health disciplines to study and experience rural health practice in Lismore at the Northern Rivers University Department of Rural Health (NRUDRH), a collaboration between the Faculty of Medicine of the University of Sydney and Southern Cross University.

The additional accommodation will provide extra capacity to accommodate 70 students per year, to add to the 450 students from around Australia already undertaking rural health placements in Lismore. The accommodation adds to the attraction of the campus and encourages more graduates to come and practise in the region when they complete their studies.

Even further west, in Broken Hill the construction of six additional 'motel' like units has recently been completed. There are now 17 units available to medical and health science students. Again, the infrastructure development supported by a Commonwealth Government grant of \$334,000 has added to the capacity of the Broken Hill University Department of Rural Health (BHUDRH) to attract and retain health professionals across a range of disciplines.

The cumulative effect of these funds, adds to the already significant profile that the University of Sydney has in rural NSW. The University, can now boast that in addition to the medical students attracted to the School of Rural Health in Dubbo and Orange, between the two UDRH sites of Lismore and Broken Hill, almost 900 students from approximately 22 universities around Australia are exposed each year to the 'elements' of rural practice.

Alison Birt, Rural Development Officer  
School of Public Health

## Student numbers healthy in Dubbo and Orange

From humble beginnings in 2002 with the first few medical students braving the world beyond the 'sandstone curtain', rural options are now highly desirable. Since the first students to taste the rural experience – six students at Dubbo and a further six at Orange, the rural option in these two cities is now oversubscribed. For the 2007 placement, 79 students expressed the desire to study at the Rural Clinical School campuses of Dubbo and Orange. Under federal funding, the School's obligation for 2007 is to accept at least 50 students. The number of students the School can currently accommodate across Orange and Dubbo campuses is 57-58.

"This is a remarkable achievement over a four year period. Feedback from School of Rural Health students has been so optimistic and positive, that more and more students are anxious to get out of the city and study in a rural setting", says Lyndsay Lowe, Rural Student Placement Co-ordinator.

The students choose the rural option for a number of reasons. The "relaxed lifestyle", "a sense of community", "camaraderie of living in a small community", "getting out of the traffic" are some of the reasons they decided to give rural a try. From positive student feedback there is an awareness that the rural training will give them a more hands on experience, students feel better prepared for long cases and exams and feel they get a better look in with patients. Students appreciate the smaller student/teaching ratio. As one student commented, "We just feel more comfortable out here!"

For more information:

Lyndsay Lowe, School of Rural Health Dubbo Campus.

Phone: 6885 7972 Mobile: 0429 675 155

Email: [llowe@med.usyd.edu.au](mailto:l Lowe@med.usyd.edu.au)

Hon. Tony Abbott and Associate Professor Jeff Fuller, Lismore



Welcome to students in Orange



# MGA service update

## New MGA website

The Medical Graduates Association (MGA) has launched its new website in conjunction with the Faculty's 150th celebrations. The new site provides updated features and links both to the Faculty of Medicine site and the University's Alumni Office. The new site also enables alumni to post reports on their reunions along with photos of the event and allows for easy access to the many alumni chapters around the country and increasingly around the world.  
[www.mga.usyd.edu.au](http://www.mga.usyd.edu.au)

## Library services for alumni

### Off campus database access for alumni

In addition to borrowing rights from any of our print collections, the library now offers off campus access to the Proquest 5000 databases for University of Sydney Alumni. Proquest 5000 is a multidisciplinary databases offering access to more than 3,300 full text journals with indexing and abstracts for a further 4,000 titles. One of these databases is Health and Medicine Complete which provides in-depth coverage from over 1,200 publications with more than 965 available in full text.

For more information on Library Services for Alumni including off campus access to select databases go to  
[www.library.usyd.edu.au/clients/alumni](http://www.library.usyd.edu.au/clients/alumni)

## Faculty of Medicine Final Year Books

During the recent Faculty of Medicine 150th Anniversary Walking Tour the Final Year Books of each graduating year of the Faculty of Medicine proved most popular with visitors. Due to this popularity these yearbooks will be on permanent display in the Medical Library in the Bosch Building.

## Rare Books exhibition

Hippocrates to Harrison; treasures from the University Libraries is an exhibition books recording the development of medicine from Hippocrates (c460 BC - c377 BC), the Greek physician and the "father of medicine", to Harrison, otherwise known as Dr Tinsley R. Harrison (1900-1978), American physician and editor in chief of the first five editions of Harrison's Principles of Internal Medicine, a textbook well-known to medical students and junior doctors. Authors renowned and forgotten are represented from the earliest days of the printing press to the end of the nineteenth century. See the Exhibition in the Rare Books Foyer and exhibition cases on levels 2 and 3, Fisher Library until the 31st October 2006, Monday to Friday, 9am to 5pm.

# Honoured

This year again many of our alumni have been honoured with Australia Day and Queen's Birthday awards.

## Australia Day Honours 2006

Emeritus Professor Charles Blackburn AC  
Dr Ian Vanderfield AO OBE  
Dr Jeanne Collison AO  
Emeritus Professor Patrick de Burgh AO  
Dr Frances Booth AM  
Dr David Bradford AM  
Clinical Associate Professor  
    Antony Breslin AM  
Dr David Brewster AM  
Dr Karl Kruszelnicki AM  
Dr Jean Challice OAM  
Dr Simon Hammond OAM  
Dr Valerie Hill OAM  
Dr Keith Khan OAM  
Dr George Nikolic OAM  
Dr Michael Noel OAM  
Dr Leslie Rae OAM  
Dr William Scales OAM  
Dr Wal Utber OAM  
Dr Peter Zelas OAM

## Queens Birthday Honours 2006

Dr Kay Ellem AO  
Dr Raymond Lowenthal AO  
Dr George Repin AM  
Dr Herbert Freilich AM  
Dr Christopher Ingall OAM  
Dr Francis Lang OAM  
Dr Mikael Macdougall OAM  
Adjunct Professor Marilyn  
    McMurchie OAM  
Dr Francis Owen OAM  
Dr Barry Pearson OAM

## Call for contributions – University of Sydney Medical Program

### Curriculum Review

Submissions are being called for the University of Sydney Medical Program Curriculum Review being conducted by Emeritus Professors Kim Oates and Kerry Goulston.

Details of the Review are available on the University of Sydney Medical Program website at [www.medfac.usyd.edu.au/usydmp-review/](http://www.medfac.usyd.edu.au/usydmp-review/)

### Submissions can be made via:

Website: [www.medfac.usyd.edu.au/usydmp-review/](http://www.medfac.usyd.edu.au/usydmp-review/)  
E-mail: [usydmpreview@med.usyd.edu.au](mailto:usydmpreview@med.usyd.edu.au)  
Mail: USydMP Curriculum Review  
Edward Ford Building A27  
University of Sydney  
NSW 2006 Australia

As the contents of non-confidential submissions may be printed on the website, please mark your submission confidential or non-confidential.

The closing date for submissions is Thursday the 30th of November, 2006.





# Student news



The University of Sydney Medical Society

## Report from the President

Andrea Avolio

Students of the Sydney University Medical Society (MedSoc) are privileged to benefit from Medical Graduates Association (MGA) scholarships. This year's addition of the Doug Baird Scholarship emphasises MGA members' enduring generosity. Nevertheless, support of the student experience is expanding beyond the traditional relationship of financial assistance between MedSoc student members and the MGA alumni.

Career guidance, management guidance of the MedSoc Bookshop, and international alumni contacts for student electives are just some of the ways that MGA is assisting the medical student body.

My own personal experience is but one example. During my elective term in Beijing this past January 2006, MGA contacted alumni of the Sydney University Faculty of Medicine residing in Beijing. Dr Robyn Searl (SU graduate 1978) contacted me shortly thereafter to welcome me to the city. She provided detailed information about transportation, accommodation, social activities, and neighbourhood advice that proved invaluable as I settled into the megapolis of 16 million people. She met with

me at her office at the International SOS and described in detail the various aspects of, and her experience with, the Chinese health care system. We reflected on the contrast between the private health services that the International SOS clinic provided (to western expatriates in English) on the one hand and the public healthcare at Fu Wai Hospital for Cardiovascular Diseases (that serviced the urban majority of local Beijing patients in Mandarin) on the other. It was only through meeting Dr Searl that I was able to gain such insight into the diverse models of healthcare provision in one of the most rapidly evolving economies in the world.

As a result of this constructive introduction, Barry Catchlove, MGA President, attended the annual Electives Evening to introduce MGA's activities to the wider student body. The event showcased a handful of third year medical students' electives from around the globe: Darwin, Papua New Guinea, New York, Vietnam, Kenya, and Scotland. Dr Catchlove addressed the audience of mostly second and third year medical students and reaffirmed MGA's support for contacting alumni on behalf of students pursuing electives around Australia and abroad.

MGA's renewed support of student electives is one of many projects currently in development to supplement its student financial assistance program. In addition to annual support of the final year's Conference Week, MGA is working closely with

MedSoc's Medical Education Officer, Adam Eslick, to develop a careers forum that invites Faculty alumni to provide professional guidance and information to students. MGA is also providing invaluable management advice as the MedSoc Bookshop seeks to secure its legal and financial status as it rapidly expands. The immediate benefit of improved graduate services has already allowed the bookshop to offer 25% discounts to all MedSoc members. We hope to maintain this discount and expand it to include graduate students as well as current students of health sciences and allied health.

The renewed relationship with MGA will assist MedSoc to continue to provide services that enable each student to create unforgettable memories and enduring experiences in medical school.

**Andrea Avolio**, President  
Sydney University Medical Society

# Student news

## Rural health is MIRAGE



A MIRAGE medical student with school students

MIRAGE is the rural health club of the University of Sydney. Now in its 15th year, MIRAGE is the pioneering rural health club in Australia. Membership is open to all students focusing on those studying towards a health degree and the name stands for Multidisciplinary Interest in Rural and General Health Education.

The objectives of MIRAGE are to bring students from all health disciplines together; to provide a forum for the discussion of rural and multi-disciplinary health issues; to facilitate the cultivation of management, leadership and communication skills; to develop links for students to rural health professionals; to promote increased opportunities for positive rural experiences; and to encourage students to pursue a rural health career.

MIRAGE achieves these goals by building and maintaining strong relationships with rural health agencies such as the RDA (Rural Doctors Association) of Australia and New South Wales, NRHN (National Rural Health Network), NRHA (National Rural Health Alliance), CRANA (Council of Remote Area Nurses of Australia) and ACRRM (Australian College of Rural and Remote Medicine). MIRAGE membership offers students the opportunity to meet rural practitioners and

locals, to attend interstate student and professional rural health conferences and to become involved with rural high school students. MIRAGE also brings health professionals from different health careers together and supports students studying at rural campuses.

MIRAGE meets its objectives throughout each year by a mix of events to bring people together.

### Rural High School Visits

MIRAGE is active in the promotion of medical and allied health careers to rural students in their own communities via Rural High School Visits (RHSVs). The first RHSV for 2006 was to the Mid-South Coast. Rural high school students are provided with information in both written and verbal format with sessions that involve a general discussion about university life.

High school students are also involved in discussion activities and workshops which are directly lifted from the Medical Program learning methodology - Problem Based Learning. The case studies focus on scenarios involving Indigenous health and recreation/farming accidents.

The South Coasts visit culminated in MIRAGE being invited to promote rural health careers in June and August at the regional student Career Expos. In the second half of 2006, RHSVs are planned for Orange and Mudgee, Broken Hill and the Northern Rivers region of NSW.

### Crocfest

Crocfest is an annual national Indigenous festival that is run over several months at different locations around Australia and was attended by MIRAGE for the first time in 2005. An initiative of the past President, Vanessa Wood, involved a multi-disciplinary group of students from the University of Sydney as well as a group from the new ANU (Australian National University) medical school attending events in Moree and Kempsey in September 2005. This proved to be a valuable learning experience on both sides as Indigenous students were introduced to medicine in a fun way with plaster casting workshops and role playing sessions.

### Indigenous Health Forum

The annual Indigenous Health Forum is an annual public event held to highlight current challenges in Indigenous health. In 2005, the Forum highlighted the challenge of otitis media within Indigenous communities in both urban and rural Australia. Guest speakers included Dr Kelvin Kong from the Australian Indigenous Doctors' Association along with Ian Thorpe and Jeff McMullen, a director of Ian Thorpe's Fountain for Youth which is partnering with the Fred Hollows Foundation to run the Sunrise Health Service in East Katherine, Northern Territory.

## Rural health is MIRAGE

### Rural health information session

This is an annual event sponsored by MIRAGE and the University of Sydney Medical Society aimed at raising an awareness of the different pathways open to health professionals in rural areas. The opportunity is given to students to gather information and to talk on a one on one basis with people in different Rural Health careers. This year, presenters included representatives from the National Rural Health Alliance, NSW General Practice Education and Training (GPET) and Rural Pharmacy, Surgery and Psychiatry.

### MIRAGE Multi-D night

This is a night where members gather from across the different health disciplines and years to share experiences, bond and generally have a good time. It is an annual event held at different locations at the start of the second semester so as not to coincide with examination periods later in the year. To set the scene for the night an invited speaker from a rural background will speak. In 2005, Dr Marlene Kong, a University of Sydney medical graduate, spoke of her work in Africa for Médecins Sans Frontières.

### Conferences

Also central to MIRAGE's activities is the promotion and support of students at rural health conferences around Australia and in other parts of the world. A highlight is the WONCA (World Organisation of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians. WONCA's short name is World Organisation of Family Doctors) Rural Health Conference that is to be held in Seattle in September 2006 and in Melbourne in 2008. Subject to funding, MIRAGE aims to send two representatives to this conference who will then report back on their experiences to the general membership via a post conference session on the main campus.

### Rural Teaching Committee of the Faculty of Medicine

MIRAGE continued to be represented on the Faculty of Medicine's Rural Teaching Committee. These quarterly meetings provide MIRAGE with an invaluable opportunity to interact with the Faculty and to share information. The Faculty seeks and respects the student perspective and has been of huge assistance to MIRAGE over the years.

In its 15th year, MIRAGE remains a dynamic force in the promotion and support of rural health education. Whilst challenges lie ahead with changing funding priorities and the advent of VSU (Voluntary Student Unionism) which may affect the support that has been provided for events on campus, MIRAGE is set to continue to evolve, supporting medicine and allied health students with a diversity of events annually.

For further information about MIRAGE or to offer support for MIRAGE activities please contact:

**Anthony Sayce**  
MIRAGE President 2006  
asay3234@gmp.usyd.edu.au

# Students lend a hand in Uganda



Many of us have supported the silicon band phenomenon that started with the yellow LiveStrong wristbands to raise money for cancer and the global launch of the white band for the Make Poverty History movement.

There's also been the hugely popular Wave Aid concert to help Tsunami victims and closer to home – designer T-shirts supporting the Pink Ribbon Appeal. The flurry of celebrity endorsed benevolence has been hard to miss with such high profile personalities, their networks of star studded supportive friends and hot wired media connections. Many Australians have long jumped off the humanitarian bandwagon – it's not the current trend, so have discarded their armbands and T-shirts. But students from The University of Sydney have taken it a step further and they're not jumping off the bandwagon, they're creating their own. It's called Hands of Help.

Hands of Help is a true grass-roots effort; completely run by university students, most of

them from Sydney studying medicine. Hands of Help was founded in 2005 by a now-second year med student Phoebe Williams.

In December 2005 Hands of Help sent 21 volunteers to Bufuula, a village in rural Uganda. With the help of a Ugandan foreman and hours of hard labour, together with \$100,000 they raised before leaving Australia, the Hands of Help team accomplished much. Volunteers totally restored a dilapidated school for over 650 children.

Hands of Help founder and president Phoebe Williams reflects, "The walls were crumbling and filled with holes and bats lived in the roof. The floors were dirt and infested with termites and flea larvae."

The team left the community with a fully refurbished and structurally sound school with a concrete floor, windows, and doors and bright paintwork throughout. They also bought textbooks, pens, pencils and sports equipment, and two pairs of thongs for each child (to prevent parasitic infections). Hands of Help has further provided for the restoration of the schools pit latrines and to build playground benches and plant trees for shade.





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With many of the students currently studying medicine, health was an important aspect of the project. Using local interpreters the students conducted a hut-to-hut health research survey in Bufuula village. A total of 202 huts were surveyed, which revealed the following:

- Sadly 36% of families surveyed experienced a death from malaria;
- An astounding 31% of the families surveyed spent more than 100% of their monthly income on malaria treatment;
- Only 18% of families owned a mosquito net for malaria prevention;
- Conditions including as measles, syphilis, diarrhoea and worms were common among children and there was minimal access to clean water;
- The average monthly income was just US\$17 (less than US\$1 a day).

As a result of the survey, research conducted at the local hospital and clinic and a meeting held with Bufuula village council identified malaria as the major health problem in the community. Consequently

the Hands of Help volunteers organised a malaria and water sanitation education session which was attended by over 500 villagers, and sold 480 insecticide treated mosquito nets at a price heavily subsidised by Hands of Help. After the sale, follow up visits were conducted which monitored net use and corrected the hanging of the nets.

In 2006 Hands of Help has over 60 volunteers who plan to return to rebuild another two schools in Uganda and an orphanage in Kenya. Furthermore, Hands of Help has instigated a Community Health Worker Project in Uganda, run by Ugandans, that allows remote communities more easily to access health care.

Not ignoring the vast health inequalities that exist closer to home Hands of Help has instigated the Indigenous Health Initiative, a pilot project commencing this July in far west NSW which, depending its success, could expand to more remote communities around Australia. With both financial support and enthusiastic backing from the University of Sydney's Faculty of Medicine and the School of Rural Health a small team of students will work with the local services and Indigenous

communities to perform health checks and health promotion activities.

Hands of Help is currently organising several fundraising events to ensure our ambitious goals for this year are achieved. Once again, all money raised goes straight to the aid projects; an absolute minimal amount contributes to the volunteers' living expenses. No fundraising money goes toward airfares, travel insurance or travel expenses to maximise the money that goes straight into the lives of the people who need it most.

The Hands of Help volunteers would be thrilled to see Radius readers at our Annual Fundraising Dinner - Friday 29 September, McLaurin Hall, University of Sydney.

#### Photographs:

1. Conducting a health survey
2. Children gather in front of the renovated school
3. School before renovation
4. After renovation
5. Ugandan girl with 'Hands of Help' band

This year's event will surpass the success of last year's dinner with speaker Bryce Courtenay and MC Adam Spencer. Volunteers have confirmed brilliant auction items, huge raffles and superb entertainment. For tickets or information contact [events@handsofhelp.org](mailto:events@handsofhelp.org)

**Hands of Help** is a student initiative which aims to build equality to alleviate poverty, advance education and provide relief from sickness and disability for people living in developing countries and for disadvantaged people residing in developed countries.

For information on this students initiative visit [www.handsofhelp.org](http://www.handsofhelp.org), direct enquiries to [donations@handsofhelp.org](mailto:donations@handsofhelp.org)



# Reunions 2006/2007

Are you planning a reunion? Let us help you contact your fellow graduates and promote your event. We will list your reunion here and on the Medical Graduates Association website [www.mga.usyd.edu.au](http://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 (0)2 9036 3367 or email: [mga@med.usyd.edu.au](mailto:mga@med.usyd.edu.au).

Reunions are based on the year in which you graduate, not the year you finish your studies.

## 2006

### Graduating Year of 1951

When: 3 November 2006  
Where: Royal Sydney Yacht Squadron Kirribilli  
Time: TBA (for lunch)  
Contact: Dorothy Morrison  
Email: [allanbutt@netcentral.com.au](mailto:allanbutt@netcentral.com.au)  
Cost: TBA

### Graduating Year of 1957 – 50 years

When: 4 November 2006  
Where: The Forum Restaurant, Darlington Centre  
Time: TBA  
Contact: Dr Judith Williams  
Phone: +61 (0)2 6367 7358  
Cost: TBA

### Graduating Year of 1961

When: 24 September 2006  
Where: St Andrew's College, Missenden Road, Camperdown  
Time: 12 noon for lunch at 12.30pm  
Contact: Margaret Burgess  
Email: [margarb1@chw.edu.au](mailto:margarb1@chw.edu.au)  
Cost: \$80

## 2007

### Graduating Year of 1950

When: 12 March 2007  
Where: Concord Golf Club  
Time: 12 for 12.30pm  
Contact: Brian Pollard  
Phone: +61 (0)2 9436 3516  
Cost: \$85

### Graduating Year of 1987

When: March 2007  
Where: Intercontinental Hotel  
Time: TBA  
Contact: Dr Anne Horsley  
Email: [horsley.family@optusnet.com.au](mailto:horsley.family@optusnet.com.au)  
Dr Leena Gupta  
Email: [guptal@email.cs.nsw.gov.au](mailto:guptal@email.cs.nsw.gov.au)  
Cost: TBA

### Graduating Year of 1952

When: 23 February 2007  
Where: Royal Sydney Yacht Squadron, Kirribilli  
Time: 12 for 12.30pm  
Contact: Monica Bullen  
Phone: 9969 3206  
Email: [monicabullen@bigpond.com.au](mailto:monicabullen@bigpond.com.au)  
Hugh Patterson  
Phone: 9428 1647  
Cost: TBA  
Note: please contact organisers to indicate your interest

## University of Sydney Orthopedic Surgeons

On April 8th, 54 orthopaedic surgeons who are graduates of our University gathered for lunch in the Anderson Stuart Building, as part of the sesquicentenary celebrations. Drinks were taken in the brilliant autumn sunshine in the courtyard where David Sonnabend welcomed guests. These included former teachers, Philomena McGrath and Bob Munro, together with Mrs Ann Macintosh and Mr Peter Mills.

The toast to the University at the luncheon in the east-west ground floor corridor was given by the distinguished senior graduate and University benefactor, Dr C Murray Maxwell. A toast to the Faculty of Medicine and the Department of Anatomy was proposed by Dr Brian Hsu, an accredited orthopaedic trainee and the most junior prosector of yesteryear.

The occasion raised \$5,000 towards the shortly-to-be-commenced restoration of the Wilson Anatomy Museum. A similar gathering in 1990 raised funds for the restoration of the portraits of Professors Hunter and Wilson which now adorn the ground floor corridor.

Professor David Sonnabend

Professor Tom Taylor

30 May 2006



Orthopedic Surgeons gather

# 1943 reunion

**Well, we did it again.** The 1943 graduates held their 63 year reunion in March 2006, making up for the fact that our first reunion was 20 years after graduation. We have declined in numbers again what with age, disability and distance. Twelve were able to attend including 8 of our graduates and we had 23 apologies. Some were actually too busy with other engagements to make it. We are now meeting annually and we felt that if we could last this long we could probably go another year. So in spite of a few walking sticks, wheelchairs, joint replacements, cardiac surgery and hearing aids we may meet again next year. As has become a habit, we met at the Royal Sydney Yacht Club for lunch. It was a beautiful day,

weather was perfect and the harbour never looked better.

Conversation turned on our senility and disabilities, and the array of diagnoses and medications unknown in our day. Age is a great leveller. Most of us have reached the stage of yearly driving tests, and some have had to give up driving. But we also acknowledged that this year was the celebration of 150 years of the establishment of the Medical Faculty, and that we have participated in Medicine for 68 of those years, hard to believe. In fact this is also more than half the time since the opening of the Sydney University Medical School in 1883. We had gathered some books on the history of our hospitals and were amused at

the photographs of early graduates, replete with bowler hats, waistcoats, watch-chains and canes. No women of course.

We remembered all those who were no longer with us. Some recalled camping trips, sports fields, hospital days, decisions about the future on return from WW2 and what grandchildren and great grandchildren are up to. To those who had sent apologies, sorry you could not make it, but we send our best wishes for your health and comfort. Please contact us if you have somehow missed out. You may hear from us again next year.

As a result of the day we made donations to the Medical Graduates Association and the Medical Benevolent Society.

**Stefania Siedlecky**

11 April 2006

# 1946 reunion

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We gathered at 11 am for about one hour before the luncheon for a 'talkfest and drinks. The Chairman of the Organising Committee, Lew Abbott unfortunately was admitted to hospital a few days before the reunion but we were pleased to hear that he has progressed well. Barry White was another late cancellation. Jack Blackman was the Master of Ceremonies and after welcoming the guests he mentioned the deceased members who now number seventy-one. We had a minute of silence to remember them.

There was an extraordinary array of fine food to cater for everyone's tastes and this was accompanied by excellent wines and later by coffee. The noise level was very high and reflected the 'getting together again' feeling of the group. After the main meal there were other speakers. Kevin White and Peter Rogers set the pace. Kevin told two anecdotes, while Peter reminded us of our abbreviated medical course and told of the difficulties, sadness and pressures of being students during the War years. Other



speakers included John Austin, Roger Davidson, Alan Grant, Bill Gilmour, Harry Moore, Neville Newman, Steve Richardson, Grosvenor Burfitt- Williams and Warwick Williams. Each speaker added to the quality of the reunion with anecdotes, stories of their medical lives, of our teachers and of many of their own problems as students and doctors. As we fell into small groups, much more was recalled. Many messages were received from those unable to attend.

Our thanks go to our specialist photographer, Dick Stephens, who took the group photographs.

The surplus of money after all the costs were covered has been distributed to three charitable organisations; The Medical

Benevolent Association of NSW, the Medical Graduates Association and to the Fistula Hospital in Ethiopia which was co-founded by Cath Hamlin (nee Nicholson) from our year and her late husband Reginald.

By a show of hands at the end of the day it was clear that all our members wanted a further luncheon and this is to be held in 2008.

**Alan Young**  
26 June 2006



# 1948 reunion

On Saturday 17th of June 2006 a party of graduates and spouses met at the Anderson Stuart Building and proceeded to the Darlington Centre for an informal lunch. Earlier in the day we had visited the Universities Museums and Collections to see the portraits of distinguished faculty members and graduates and an amazing display of monographs and publications from the faculty staff and graduates, including *150 years and 150 firsts* and *150 years of the Faculty of Medicine* launched at the Anderson Stuart on June 13th. We also saw among other interesting specimens, a flask of bouillon sent by Louise Pasteur to Professor St Vincent Welsh, the fossil skeleton of the forelimb Pliosaurus macromcrus, and the anatomical model Gladys in the Macleay Museum.

In the University Art Gallery there is a splendid exhibition of drawings and paintings by Professor Wilkinson, who as University Architect and Professor of Architecture laid out and built much of the University landscape and buildings in the 1920s. In the Nicholson we saw marvelous antiquities from ancient Egypt and the Greco-Roman world.

There were apologies and messages from Dick Finch, Bill Charlton, Bruce Hartnett, Tom Nash (overseas), Judith Weaver (interstate) and John Connors, Jack Zamel and Mrs Trudi Nash (late John Nash). During the week of events around the 150th Anniversary of the Faculty, Professors Marmot and Chalmers and Dr Norman Swan were awarded MD *honoris causa*; Professor Marmot gave a seminar on



medicine and social class; there were seminars on the state of research in cancer infection, genetic studies and neuroscience given by present Faculty members and distinguished graduates eg Gus Nossal, and invited speakers from other universities.

Musicus Medicus gave a concert at the Conservatorium, Professor Coats and the Dean of Studies at the Conservatorium announced a new combined degree course, the B Music Studies/MBBS. All together a memorable week!

At lunch and elsewhere, future gatherings/reunions were discussed. When would we next meet? Will it be before our 60th Anniversary Reunion in 2008? Put a note in your 2007 diary planner to talk to others and make enquiry calls and suggestions.

It can be fun. *Et haec olim meminisse iuvabit!*

Harding Burns  
23 June 2006

# 1975 reunion

In August, 2005, the graduating class of 1975 held its 30 year reunion. It was perhaps the best of the three reunions held thus far. It succeeded in recapturing the atmosphere of the lecture theatres we last occupied together so many years ago!

There was meeting and greeting. There was exchange of news amongst old friends who had not seen each other for some time but whom, nevertheless, retained that strong bond of friendship and shared experience that binds us together as a group. There was banter; there were reminiscences; there were tall stories. Legends were re-told and strengthened in the telling. Graduates came from near and far. The food and wine were incidental to the spirit of the evening, as no social lubricants were required (which is not to say that no-one overindulged!).

What were the essential elements of the evening? The graduates were the heart and soul, of course, and a good turn out was the first factor. Over 50% of the year attended. The venue was important. We were at the Australian Jockey Club in a room we had to ourselves, where we could mingle and table

hop and stand or sit as we pleased. The staff were tolerant as they served the food. There was a microphone where the extroverted could share their memories with the room if they so desired. No lecturer came to disrupt the flow of conversation! The function was restricted to graduates only, an important element in setting the scene and recapturing the spirit of Bosch lecture theatres circa 1974.

The centrepiece of the evening was the roll call, a feature established at the 20 year reunion, in which a microphone is passed around the tables from person to person, allowing each one to reintroduce himself or herself to the others with name, and a little personal history or an anecdote. (How did our year produce so many psychiatrists? Professor Madison, take a bow!) We heard of the graduates with the most marriages, the most children and the most fascinating career changes. What surprises is the diversity of interests and experiences encompassed by our group who yet retain the bonds of friendship and the over riding history of those remarkable and life-changing experiences afforded us by the six years we spent as undergraduates.

As the reunion came to an end, I think many of those present would have wished that it were not to be 10 years until the next, but perhaps the 10 year interval is what lends to each reunion its piquancy.

I cannot report upon the 30 year reunion without acknowledging and thanking the organiser for his sterling efforts and the inspiration of the venue and the format of the evening. Alan Stern, take a bow, you have earned the right to organise the 40 year reunion!

So, my friends see you all in 10 years. May you look as well in 2015 as you did last year and may the next 10 years treat you as kindly as the last 30 have done. None of you looked a day older!

*"So here's to all our lecturers, those worthy men and true,  
Although they didn't teach us much,  
They taught us all they knew!"*

Medical Faculty song – fragment (with deep respect)

Christopher Borton  
18 July 2006

A note from the organiser Alan Stern:  
Please remember to stay in touch and send me any changes to your email address. If you haven't sent me your email address, please do so to medreunion75@yahoo.com.au  
Website and notice board coming soon.

# 1986 reunion

Anticipating the twenty year reunion conjured visions of middle age – most of us would be forty-something. Most would have partnered, created families, some would have divorced and possibly re-partnered. Careers should be at or near their peak or on a comfortable plateau, homes would be renovated, children would be doing well at school and some considering careers in medicine themselves, or not. Middle age also has its own aesthetic – the six-pack-turned-spare-tyre among the men; the heading-south-pear-shape and 'tuckshop arms' among the women; receding hairlines; grey hair possibly badly masked by permanent dyes. Middle age can also be a time for cynicism, disillusionment, a regression to adolescence. How would we all see and relate to one another after twenty years, with all that had happened in the meantime? There was some trepidation too about whether we would actually recognise each other. Many of us confessed to having dug out our Year Books to do a last minute cram of who's who, and some actually brought theirs along on the night.

Choosing to hold the reunion in March in the Holme Building was the first decision of the Organising Committee (a team of keen nostalgics including Sharon Reid, Susanne Benjamin, Ben Balzer, Melissa Kang, Bijou Blick, Damien Boyd, Henry Woo, Damien Bray, Bill Munro, Mandy Ng, Mary Dobbie and Karl Kruszelnicki – many of these were also involved in the 10 year

Reunion organising committee). The Holme Building, formerly known as "The Union", was completed in 1913 as the first purpose built building for the men's student union and was intended to "serve as the centre of University life by providing amenities to foster social intercourse...". The Refectory, where the reunion took place, was built in the 1920s in Mediterranean style, and the forecourt and loggia were added in 1940-41 "designed to enjoy a vista across the campus..." Despite the large proportions and dark timber panelling in the main dining hall, the style of the building does create a casual friendly ambience and people moved comfortably in and out of the dining hall and verandah throughout the evening.

One hundred and forty people attended with some travelling from rural NSW, interstate and overseas. Ferdinand Chu won special mention for travelling the furthest – from Hong Kong. We received apologies from a number of people, most of who were living overseas. Allowing for accompanying partners who were not 1986 medical graduates, this was a participation rate of 44%.

The most striking first impression was how great everyone looked. Average BMI well within the healthy range, the men still looked great in a tux and the women redefined glamour. For those who were experiencing any sort of mid life crisis it was obviously doing

wonders for them. What also struck immediately was an incredible sense of warmth and goodwill. People seemed genuinely happy to see one another, even if there was nothing left in common between them except memories of a few youthful years spent studying together. Emails which came to the Committee after the event described people's experiences as 'emotional' and 'moving'.

The formal part of the evening was chaired by Damien Boyd, our reliable and perennially entertaining MC. We had opted not for any after dinner speeches but rather, a quick summary of pre-reunion graduates' survey and viewing a DVD put together for the 1986 reunion by Greg Wilkins (a medical graduate of another year and friend of committee members). The DVD featured hundreds of amusing and mildly incriminating graduand photographs from the years 1981 - 86 against a soundtrack of 80's music. We also had a display of 'memorabilia' outside the dining room, with emails from those who couldn't attend, old and more recent photographs of graduates and their families, and some amusing pieces of miscellany, such as a copy of the front page of old 2nd year anatomy exam papers. The graduates' survey had elicited a rather pathetic response rate (<5%) but findings were still interesting suggesting that most graduates were breeding at the average National rate, a significant proportion were divorced and

some were no longer working in medicine.

We had also decided on a live band to get people up and dancing - a tradition started at the 10 year reunion and one which some of us are not keen to drop as long as our joints still move). The band 'Blue Train Band' were very good - although most opted to stand out on the verandah and keep chatting with only the diehard dancers kicking up their heels into the wee hours (perhaps age is starting to affect our ear drums after all!).

The most telling sign of our age was the 'family day' that had also been planned on the following day at Centennial Park. On the weekend of our 10 year reunion, most who had attended the reunion dinner also turned up on the Sunday with little ones in tow (or in utero) for a picnic. This time around, only two graduates turned up: Ben Balzer and Damien Bray (both committee members) enjoyed a male bonding session on their own. Perhaps age is also affecting our ability to cope with morning after?

Discussion is already underway for a 25 year reunion. Many people requested more notice, and a full weekend of planned activity so that those travelling long distances could really make the most of it. Hopefully, we'll get more along next time. Catching up can be so much fun!

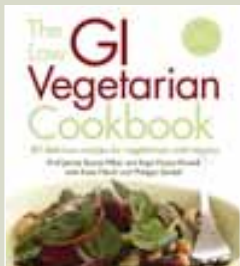
Melissa Kang  
Sharon Reid







# Recent books\* by Faculty staff and alumni



## The Low GI Vegetarian Cookbook

**Authors:** Jennie Brand-Miller, Kaye Foster-Powell, Kate Marsh and Philippa Sandall

**Publisher:** Hodder Australia

ISBN: 0733621201

**Pages:** 192

**Price:** \$29.95



## Good Health in the 21st Century

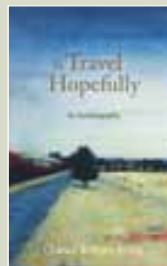
**Author:** Carole Hungerford

**Publisher:** Scribe

ISBN: 1920769 811

**Pages:** 528

**Price:** \$49.95



## To Travel Hopefully

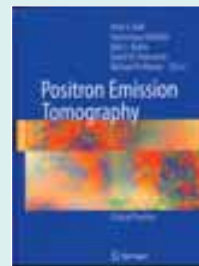
**Author:** Charles Bridges-Webb

**Publisher:** Sid Harta

ISBN: 1921030-26-7

**Pages:** 468

**Price:** \$29.95



## Positron Emission Tomography

**Editors:** Peter Valk, Dominique Delbeke, Dale Bailey, David Townsend, Michael Maisey

**Publisher:** Springer

ISBN: 1-85233-971-3

**Pages:** 482

**Price:** \$129.00



## Publication Bias in Meta-Analysis: Prevention, Assessment and Adjustments

**Editors:** Hannah Rothstein, Alexander Sutton, Michael Borenstein, Chapter by Davina Gherzi and Jesse Berlin

**Publisher:** Wiley

ISBN: 0-470-87014-1

**Pages:** 374

**Price:** US\$100

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



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# Books to celebrate 150 years

The past 150 years of the Faculty of Medicine have been captured in the following publications.



Faculty  
of Medicine  
1856-2006  
Ambition  
Inspired by  
Achievement



## 150 years, 150 firsts – the people of the Faculty of Medicine

Author: Lise Mellor  
Publisher: Sydney University  
Press 2006  
ISBN: 1920898360

*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.*



## 150 Years of The Faculty of Medicine

Authors: Ann Sefton, Yvonne  
Cossart and Louise  
Freckelton  
Publisher: Sydney University  
Press 2006  
ISBN: 1920898352

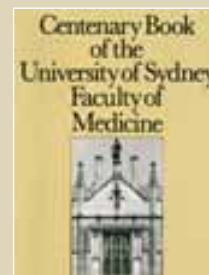
*This publication takes the history of the Faculty of Medicine forward from the 1980s till present. Chapters by Ann Sefton, Yvonne Cossart, David Tiller, et al.*



## Limited Edition of 150 years of the Faculty of Medicine

Authors: Ann Sefton, Yvonne  
Cossart and Louise  
Freckelton  
Publisher: Sydney University  
Press 2006  
ISBN: 1920898352

*Bound in genuine black leather, with silver gilt edging, silk ribbon page marker and a protective slip case, this Limited Edition is a beautiful collector's piece and keepsake to commemorate the 150 year celebrations of the Faculty of Medicine.*



## Centenary Book of the University of Sydney Faculty of Medicine

Authors: John Young,  
Ann Sefton and  
Nina Webb  
Publisher: Sydney University  
Press 1984  
ISBN: 0424 001039

*This volume documents the Faculty's first 101 years of training medical students.*

Quantity	Title	Price	Total
	150 Years of the Faculty of Medicine	\$85.00	\$
	150 Years of the Faculty of Medicine (Limited Edition - only 200 books)	\$295.00	\$
	Centenary Book of the University of Sydney Faculty of Medicine	\$55.00	\$
	150 Years, 150 Firsts: the People of the Faculty of Medicine	\$64.95	\$
	Package 1 150 Years + 150 Firsts (normally \$150)	\$130.00	\$
	Package 2 150 Years + 150 Firsts + Centenary (normally \$205)	\$160.00	\$
	Package 3 150 Years + Centenary (normally \$140)	\$120.00	\$
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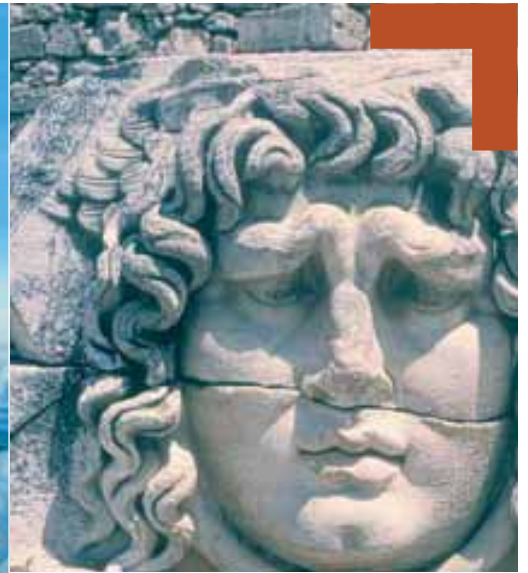
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# ANTARCTIC

presented by The Medical Graduates Association, in partnership with the Centre for Continuing Education

## The Antarctic Peninsula A Shackleton Odyssey

February/March 2008

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. This voyage retraces Shackleton's remarkable journey from the northern tip of the Antarctic Peninsula, to the south-western side of South Georgia.

### Tour highlights

Guided by Grenville Turner, learn the art of documentary, macro, wildlife and landscape photography in the location and participate in open workshops on the digital darkroom and printmaking

Fabulous views from Zodiacs boats of seals, penguins and whales in the Gerlache Strait

The opportunity to photograph icebergs in the Antarctic Sound

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

## Deep Antarctica Exploring the Ross Sea

January/February 2008

Antarctica's Ross Sea coast offers spectacular scenery, prolific wildlife and a glimpse of the Golden Age of Exploration. Massive icebergs break away from the Ross Ice Shelf, while active Mt Erebus and the Transantarctic Mountains provide a glorious backdrop to the expedition huts of Scott and Shackleton.

### Tour highlights

▶ Pass the dramatic Drygalski Tongue, the 150-km-long B15A iceberg deep in the heart of Antarctica

▶ The Ross Ice Shelf, a floating triangle of ice that is about the size of France

▶ Encounters with Adélie and emperor penguins, whales, seals and sea birds

▶ Visiting a number of scientific stations in the Ross Sea

▶ Experienced tour leader Dr Estelle Lazer, the first Australian archaeologist to work on the Antarctic continent

## Asclepius to Galen Archaeology and ancient medicine in Turkey

18 September – 9 October 2006

In association with the Centre for  
Medical Humanities

Straddling the shores of the Bosphorus as it does, Turkey has always been the meeting place of East and West. Nowhere is this more evident than on its Mediterranean coast, which has witnessed the flowering of some of the greatest cultures of Antiquity, including the birth of medicine as we know it today.

### Tour highlights

▶ The ruins of the Mausoleum, one of the Seven Wonders of the Ancient World, at Bodrum

▶ Fascinating Cnidus, most famous for its naked Aphrodite by Praxiteles, and home of Ctesias, physician to the Persian Court

▶ Asclepius and Pergamum, two of the main healing centres in the Graeco-Roman world

▶ The Florence Nightingale Museum in the Selimiye Barracks

To register your interest and receive the full itinerary, contact:

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



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