

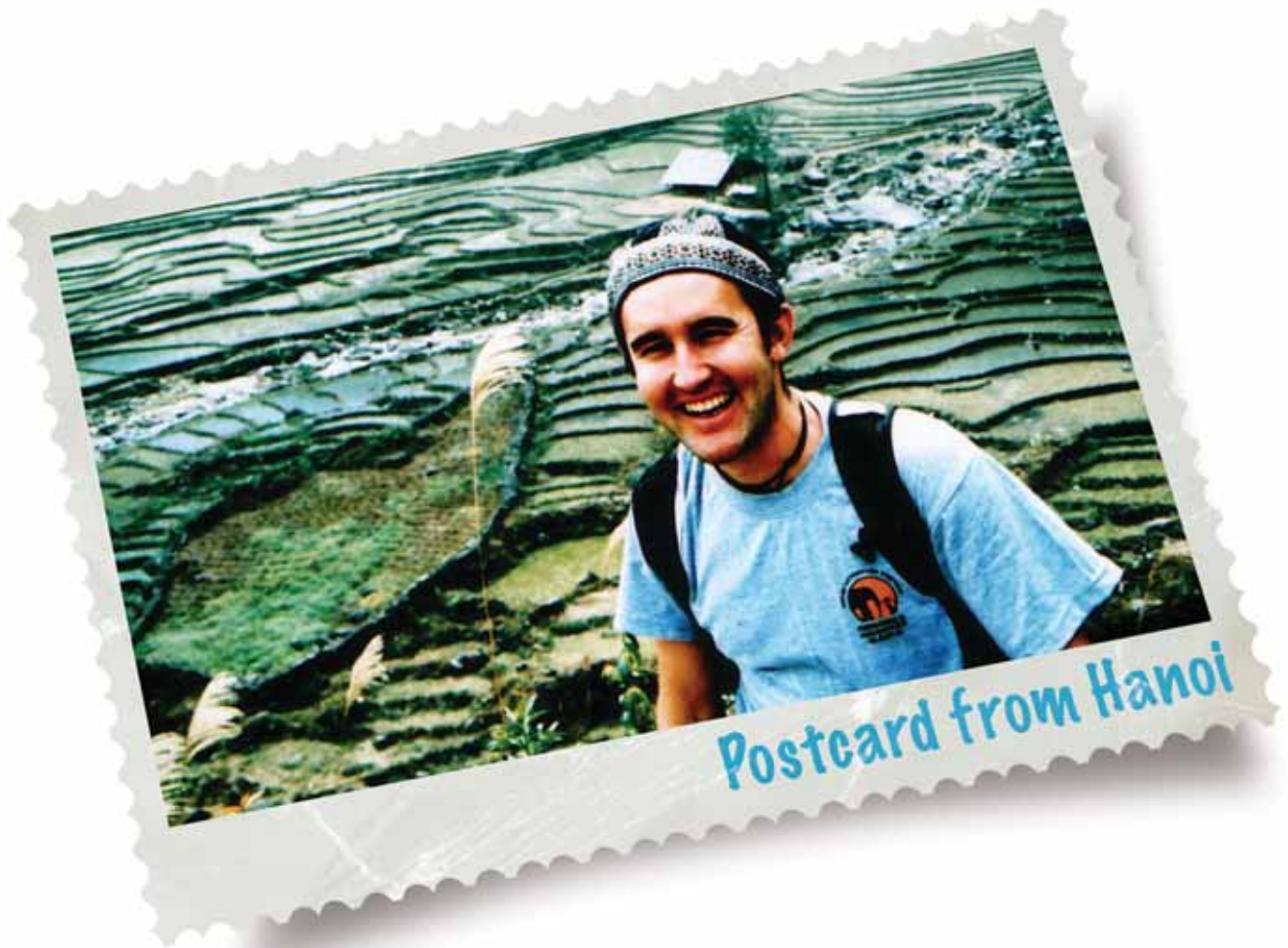


# Radius

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Incorporating *Medical Scripts*, the Occasional Newsletter of the Faculty of Medicine





### Note from the Editorial Committee

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

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

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Front cover: *Postcard from Hanoi*  
By Robert Zielinski



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# Message from the Dean

Professor Andrew Coats



The beginning of my second year as Dean of the Faculty of Medicine at the University of Sydney is a good time to reflect on my observations to date. May I say first of all that it has been fantastic fun to be in Sydney.

It is always much easier to work with a team who clearly are able and enthusiastic and I have been fortunate to work with some very bright individuals within the Faculty of Medicine, individuals who are committed and extremely hard working towards the ends of education, clinical service and research. As we face the inevitable challenges that will arise (there is no point being complacent), I think the skills and resources we have in the Faculty will actually allow us to look forward to a very bright future.

## Changes in the University

Over the last year we have seen some significant changes to the organisation of the University. Many of the senior academic appointments in the University have changed over the last 12 to 18 months and as a result there is some uncertainty but, more importantly, I perceive a great energy and enthusiasm to change things for the future. We have new Deputy-Vice-Chancellors for Research, for Academic and International Affairs, and, in the very near future, for Infrastructure; we have a new Chief Financial Officer and Information Officer, both of whom are committed to finding ways to improve and simplify administrative procedures and release funds for teaching and research. In addition, many of the Deans of our Faculties are

relatively new and, as a result, there is a forward looking aspect for the University that I think reflects itself and is reflected within the Faculty.

## The Faculty of Medicine

Within our own Faculty of Medicine we have been through enormous change over the last five or six years. A completely new curriculum for the medical program was instituted some seven years ago requiring graduate entry and including a greater component of problem-based learning. Coincident with that was a reorganisation of the Faculty, which removed the old subject-based departments and instituted a geographical, schools-based system. I would have to say that this has not been without considerable pain, and many people do look with misty eyes into the past where the old fashioned departments had really been the bastions of medical education for 100 years. However, I think that the overall consensus is that our medical curriculum is now one of the world's best. We are at the cutting edge of educational delivery techniques and the skills and abilities of this curriculum are demonstrated by the fact that it has been bought by overseas universities and other Australian universities who look upon us as being leaders in this area.

Overall, however, the schools are now well settled in. They have a strong culture and act as a coordinating base for the delivery of education and for developments in medical research. We are fortunate to have extremely talented associate deans leading each of them.

## Message from the Dean continued



John Beard

### Rural Health

We look forward to further developments within our newest venture – that of the School of Rural Health, based in the Dubbo region and incorporating Dubbo, Bathurst and Orange, with our new associate Dean, Professor Rick McLean. Rick is making major strides toward developing a viable, efficient and popular clinical school in the regional area. He has partners in even more distant rural areas – Professor David Lyle in Broken Hill, Professor John Beard in the Northern Rivers University Department of Rural Health (NRUDRH) based in Lismore, and Professor Lyn Fragar from the Australian Centre for Agricultural Health and Safety in Moree. The last three units have a strong public health focus and are now likely to reside within the School of Public Health for direct administration. They will however, continue to contribute towards developments of the rural health initiative with other schools within the Faculty and with other faculties within the College of Health Sciences so that we have a vibrant presence in the rural areas promoting the education, research and development of health services not just within medicine.

The Dubbo Clinical School remains a focus for the training of medical students, but all aspects of health education delivery within rural areas will be delivered through the University of Sydney. It is salutary for me to learn that the activities of the Faculty of Medicine at the University of Sydney cover a geographic area about two thirds the size of NSW and about five times bigger than the United Kingdom where I have worked

over the last 16 years. It does mean that many of our Faculty's vehicles tend to be planes rather than cars and it does lay down some amazing challenges for the future – ones in which I believe we are uniquely positioned to score substantial advances for the future.

### Alumni supporting research

There are many other challenges for the Faculty. It is obviously important to have efficient management structures and administration and that we have good functioning financial information. Only in this way can we invest for the future and achieve our full potential. There has been a strong commitment from benefactors to help the University of Sydney, particularly its Faculty of Medicine, and I am very pleased to see that some of the bequest income that has come to the Faculty will enable us to develop our research portfolio extremely well in the future. This is something for which we must be very grateful to our alumni and to other benefactors. The hard work of Foundations, particularly the Medical Foundation, in raising funds to support research is of inestimable value to the Faculty. I think it is something to which alumni have been contributing very quietly for a number of years and we look forward to working very closely with our alumni in the future in order to achieve our full potential.

### The future for medical research

There have been very significant developments in medical research over the last five to ten years. This is an international

development and it is quite clear that the research format is changing. In addition to the small group research headed by the dedicated researcher following his or her own initiative and following curiosity led research, there is now also a much greater effort in coordinated large scale multi-centric, multi-disciplinary and multi-user research. Such research groupings go well beyond the Faculty of Medicine at our University and may include other hospitals, other universities and international partners. With these partnerships comes a greater opportunity for making big leaps forward in medical research, but also a much greater need for resources, requiring very large teams of researchers and equipment that may be priced in the millions rather than the thousands.

The challenges thrown down by our unravelling of the secrets of the genome give an opportunity to apply high level computing and statistical analysis of biological data to give us insights into the fine detail of disease processes at a level completely unforeseeable twenty or thirty years ago. The sheer cost and size of these research efforts, however, require a greater degree of team playing than has been the case in the past. Our biggest challenge is to make sure we are team players and, importantly for significant projects, that we are also team leaders. We must not have a narrow, silo mentality. We must reach out to partners beyond our barriers and encompass research funding agencies, governments, the community, other universities and international partners.



Lyn Fragar



Rick MacLean



David Lyle

Otherwise we will not be fulfilling our potential and we will not be doing our best for clinical research.

### University of Sydney Medical Program

As I have mentioned before our graduate medical program, now called the University of Sydney Medical Program (USydMP), is considered to be a world leader in this field. We have dedicated staff within our Office of Teaching and Learning in Medicine who have worked with many others to develop a high-quality integrated curriculum within a web-based delivery format so that students have access to clinical material and to clinical problem solving from the very first days in the medical course. This is a major step forward and analyses have demonstrated that students graduating from this program are more mature, have a broader knowledge of medicine and work extremely effectively as interns of medicine in their first years post graduation.

We are, however, always looking at our curriculum to make sure that we have adequate processes for renewal, for the revising of cases and to make sure that we are always at the cutting edge of educational development. We depend very heavily on our own Faculty and also on clinical colleagues within the hospitals, who are not formal employees of the University, to do the enormous work needed to train the next generation of doctors. There is enormous good will and commitment with these partners and we pay tribute to their often unsung, and certainly unremunerated, work in this important area.

### New Programs

We are always looking at the profile of our students and have noticed that inevitably they are, on average, older than the historical undergraduate medical program student. This brings with it both opportunities and challenges. It does mean there is a more mature aspect to their medical studies, and it also brings a much greater diversity of knowledge and experience which is extremely beneficial for group work in the program. We must also be aware of the age profile of our graduates because many specialisation areas require many years of study post graduation. We are therefore looking at ways to encourage a cohort of highly talented students to undertake a first degree at Sydney in another discipline and then proceed to join the USydMP. In 2005 a new scheme of Dean of Medicine Scholars will enable students to undertake science or engineering as a first degree with exposure to some medical units to achieve some basic training in medical research, hopefully then leading to a future in medicine with a strong background in research that crosses the disciplines in basic science and engineering. We hope to develop similar programs for other faculties of the University of Sydney in coming years and you will hear more about these schemes in future issues of Radius.

### Sydney Professional Master of Medicine Program

Another major development for the Faculty in the future is a considerable expansion of its postgraduate teaching output. We have dedicated courses delivered by high quality

educators in a number of postgraduate areas but they do not cover the breadth of the major specialities in medicine. We have what I would describe as boutique and highly attractive products in certain areas but not an adequate profile in postgraduate medical education.

We have for this reason launched an ambitious scheme called the Sydney Professional Master of Medicine Program, currently being considered for approval by the University's Academic Board. This program envisages a number, perhaps up to twenty or more, specific courses in medicine for postgraduate study aimed at the doctor who has commenced specialisation and who requires an update both in the scientific basis and clinical application of modern medicine to his/her chosen speciality. It will be a highly modular, modern educational product that involves both face-to-face teaching and considerable web-based teaching resources. The program offers great flexibility so that people enter under the standard Professional Master of Medicine with a sub-speciality interest such as paediatrics, respiratory medicine or cardiovascular disease, but would then have the option to select four elective modules (out of the eight required for the degree) from a choice of 100 or more modules that might cover areas from modern aspects of molecular biology, biostatistics and the ethical basis of medical practice through to areas of complementary medicine. Such a modular design gives an almost infinite array of possible courses that would be attractive to both Australian and overseas

## Message from the Dean continued

graduates. We have also envisaged that these modules could be separately attended, either as part of a graduate certificate or graduate diploma or as individual modules. This may well be attractive to some of our medical practitioners in routine practice who wish to have exposure to the cutting edge of medical developments, or some of our alumni who, even post-retirement, maintain an active interest in the future of medical science and research. We look forward to seeing the development of this Professional Master of Medicine program as it rolls out in 2005 and beyond.

There has been a further expansion of the postgraduate educational programs. We have recently had approval of Master in Medical Education that has been led by Professor Jill Gordon, who for many years ran our Department of Medical Education and, almost more than anyone, Jill was responsible for the success of the University of Sydney Medical Program. We look forward to working with Jill on this Medical Education program. We also have course outlines in Master of Medicine (Ophthalmic Sciences) and Master of Surgery.

### Internationalisation

Lastly, but also very importantly, we are looking very much beyond our shores for international links. We have appointed a new Associate Dean (International), Professor Bruce Robinson, from the Northern Clinical School to help lead our international efforts. We are expanding our international connections and looking for strategic partners amongst similar high quality universities around the world to enable us to have true exchanges, joint PhD programs and significant research and educational partnerships. We believe we have a role to play in the Asia Pacific region, a lead role in helping to develop the health care services and educational practices in some of the less developed countries in our region. We also have a significant public duty to assist them with the major challenges of health care delivery as their populations take on a more western lifestyle with some of the unhealthy aspects of our lifestyle and diet.

We also look beyond the Asia Pacific region to have strategic partnerships with universities in North America, Europe and the Middle East to enable us to expand in our research and

educational directions. The pioneering work of the Hoc Mai Foundation, to which Bruce Robinson has made such a major contribution, has led to significant advances in what we can achieve in cross-cultural communication, in the concept of the education of medical students sharing experiences through video conference links, conducting clinical education and bedside teaching between countries separated by thousands of kilometres. These developments are extremely exciting and a tribute to the hard work of Professor Robinson and colleagues.

Finally, I would like to thank the graduates of the University of the Sydney for their long term support for what the Faculty of Medicine is trying to achieve. I know that alumni have a very soft spot for the Medical Faculty and always look upon our sandstone buildings with affection. In addition the newer generation graduates are beginning to love our modern research buildings in the same way that the alumni of years past relate to the Anderson Stuart Building and the slightly more recent graduates, to the "new" Medical School. I will say for our alumni that during 2004 the Office of the Dean of the

Faculty of Medicine will be moving back to its original home in the Anderson Stuart Building and we looking forward to hosting you in these august surroundings for pleasant events in the coming years.

*Andrew Coats*

# President's report

## Dr Barry Catchlove, Medical Graduates' Association



On 18th February the Medical Graduates' Association hosted a cocktail party to welcome the new students to the University of Sydney Medical Program. Despite the fact they are a great deal older, having completed an undergraduate degree, our new students don't seem very different to the recollection I have of my first year contemporaries. Except there were three times the number! A sea of over seven hundred faces (1959, exceeding the post war intake for the first time) must have been daunting for our lecturers. While the Bosch lecture theatres may be old to some, they are positively luxurious compared to 'The Barn'.

Of the 256 new students, 200 are locals. The majority completed their first degree at Sydney University, and the commonest background is medical science. Nevertheless, there are backgrounds in such things as music and journalism, and a number come from the defence forces. They have all been through a gruelling 12 month process to gain entry to the Faculty. The GAMSAT exam is taken in March followed by application in June and a structured interview process in September for those who make the exam cut.

The overseas fee paying students number 56, with Canada and the USA providing the largest numbers.

I found some of the observations of the students interesting. Despite the greater maturity and long entry process suggesting a real commitment, few seemed to have determined a career path after graduation. Of all the specialties, emergency medicine seems to be the glamour career, (one wonders about the influence of TV). The Americans are attracted to the Sydney program because of its integrated clinical and non clinical structure. It would appear most of the US programs follow

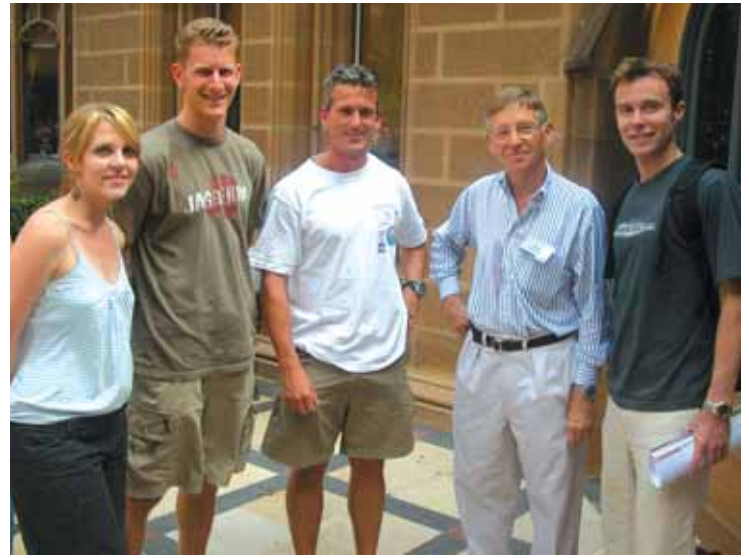


Photo: students (l to r) Rewena Shaw, Joel Hissnick, Bill Bestic and Matt Murray with Barry Catchlove at MGA welcome to new students in Anderson Stuart courtyard

the traditional model of pre clinical years followed by later clinical attachments.

I mention all this because we believe it is important, from an alumni perspective, to become involved with students during their course. We can play a part in creating mutual loyalty which can help maintain contact when graduates disappear into the wide blue yonder.

Also of interest to us is the large number of other postgraduate students in the Faculty. There are approximately 430 involved in course work through the Schools of Public and International Health and a further 620 enrolled as postgraduate research students. This latter group's involvement is often confined within their individual department. It is important we make these students feel part of the Faculty so as graduates they will feel as much part of the alumni as the graduates from the medical program.

We have created an 'associate' membership category to provide access to the MGA for current students.

The other work of the Association continues. We are supporting six reunions in the

first part of the year and we continue to work with Continuing Education on medically orientated tours (the next to Vietnam).

We are also working more closely with the Medical Society, this year supporting the Graduation Ball, the Year Book and the Lambie Dew Oration.

We are also committed to develop further the network of overseas alumni who are able to help both students and graduates.

All this can only be achieved with your help, remembering we rely on donations as membership of the Association is open to all graduates without charge. We are grateful for your support and hope you will continue to support us.

We were all saddened by the death of Professor John Young AO after a long illness. John was a great supporter of the MGA and he will be remembered by generations of alumni through his roles of Professor of Physiology, Dean and latterly Pro-Vice-Chancellor.

*Barry Catchlove*

# A new cluster of prevention researchers

## Adrian Bauman

*Sesquicentenary Professor of Public Health (Behavioural Epidemiology and Health Promotion)  
School of Public Health  
Medical Foundation Fellow*



**Photos:**

1. MTI accelerometer for measuring total physical activity.
2. Skinfold calipers – assessing obesity.

A series of related research groups has been established in the Medical Foundation Building this year. Focusing on prevention research, these linked research groups span public health and clinical sciences interested primarily in physical activity, nutrition, obesity and their relationships to health.

Although having a history of collaboration, they have moved in recent weeks from diverse origins across Sydney, and amalgamated. The current location is in the Medical Foundation Building, which seems a logical base for integrating research efforts, linking to others in public health, and to clinicians interested in secondary and tertiary prevention.

There are four major research groups, and several affiliated interest groups. These are the NSW Centres for Physical Activity and Health (CPAH), NSW Centre for Overweight and Obesity (COO), NSW Centre for Public Health Nutrition (CPHN) and the Centre for Research into Adolescent Health (CRASH). Other affiliated groups include the Australian Centre for Health Promotion, and the Australian Child & Adolescent Obesity Research Network (ACAORN).

There is a strong link to clinicians, including those at the Children's Hospital Westmead treating obesity and overweight among young people.

Between them, their common goal would have you "walking the extra mile to avoid the fast food outlet on your street corner".

The three centres are supported by NSW Health, with CPAH supplemented by NHMRC Program and Public Health Research Capacity grants. Their objectives include pure research around the measurement of obesity and physical activity in population studies, clinical trials, epidemiological studies, as well as applied [or 'real world relevant'] research – creating the evidence base for interventions emphasising weight maintenance or getting people more physically active, or the health effects of children watching too much television.

### How to work in disease prevention

Prevention is of interest to everyone, but seems to be almost nobody's core business. The pre-eminence of clinical costs in health services has been recognised for half a century.



Mackintosh, a post-War Professor of Social Medicine in Oxford eloquently stated that “Everybody says that prevention is better than cure, and hardly anyone acts as if they believed it. Palliatives take precedence over prevention, and the health system is overloaded with salvage. Treatment is more tangible, more immediately rewarding than prevention. Prevention also has little of the motivating reality of pain” (Mackintosh 1953).

Moving into prevention research around physical activity, nutrition and obesity spans disciplines across public health and clinical sciences. Prevention work in this area could impact upon a plethora of common conditions (Table 1). Some of the proposed research will focus on what is ‘primordial prevention’. This is research into the ‘biggest picture’ approach, around the global and environmental threats to health, which may require social, policy and economic solutions. For example, these include research into our “toxic environment”, which includes the food and nutrient environment, and the urbanised and crowded physical environments in which humans now live. Easy access to sedentary options and to unhealthy meals and snack choices seem ubiquitous. One study coordinated by the Centre for Physical Activity and Health will assess physical activity across the world, and the environments in which people are active. Are Australians as active as adults in other developed and developing countries, using a validated epidemiological tool, the International Physical Activity Questionnaire? Or are we leaders in the ‘couch potato index’ across the world?

The next level of ‘primary prevention’ is concerned with reducing the prevalence of risk factors in populations, prior to disease onset. These include biological and behavioural risk



Photo: Marco Del Grande FAIRFAXPHOTOS

factors, such as obesity, inactivity, tobacco use and population shifts in blood pressure or cholesterol. Studies across the centres include community wide interventions to get people walking more, whole community weight loss programs, and studies in schools and childhood settings.

These research groups also have some role in secondary prevention, which is to limit

progression of a high risk state into overt illness. For example, physical activity and weight loss among those with impaired glucose tolerance may reduce diabetes incidence. Tertiary prevention, including the management of obesity and overweight, and the promotion of cardiac rehabilitation for those who might benefit from it, are examples of the research agendas to be pursued.

*“Everybody says that prevention is better than cure, and hardly anyone acts as if they believed it. Palliatives take precedence over prevention, and the health system is overloaded with salvage. Treatment is more tangible, more immediately rewarding than prevention. Prevention also has little of the motivating reality of pain.”*  
Mackintosh 1953

**Table 1. Public Health issues related to inactivity and over nutrition**

Diseases of over consumption
Cardiovascular disease
Diabetes
Some cancers [breast, colon]
Lipid disorders
Obesity and its associated risks
Gallstones
Dental disease
Diseases associated with physical inactivity
Cardiovascular disease
Hypertension
Lipid disorders
Obesity
Diabetes
Lack of well being
Anxiety and depression
Osteoporosis
Arthritis ?
Colon cancer [and breast cancer ?]



### Population risk

There are different objectives for individual health and population health. A clinical approach maximises health for an individual patient, and a population approach maximises benefits for whole communities. If we quantify the 'preventability' of disease, using both mortality and disability which an illness causes, we can describe the overall 'burden of disease'. This is based, in part on the amount of the disease which is attributable to a specific risk factor, and the prevalence of that risk factor. For example, more than 80% of the risk of lung cancer is attributable to tobacco use; this implies that if tobacco were eliminated, more than three quarters of lung cancer cases would not occur. Similarly, the major behavioural cardiovascular risk factors explain about 50-70% of the risk of developing cardiovascular disease. The remainder is unexplained or may be due to genetic factors (heredity), or age or gender. Nonetheless, large health cost savings could be obtained if the population prevalence of sedentary behaviour or obesity were reduced.

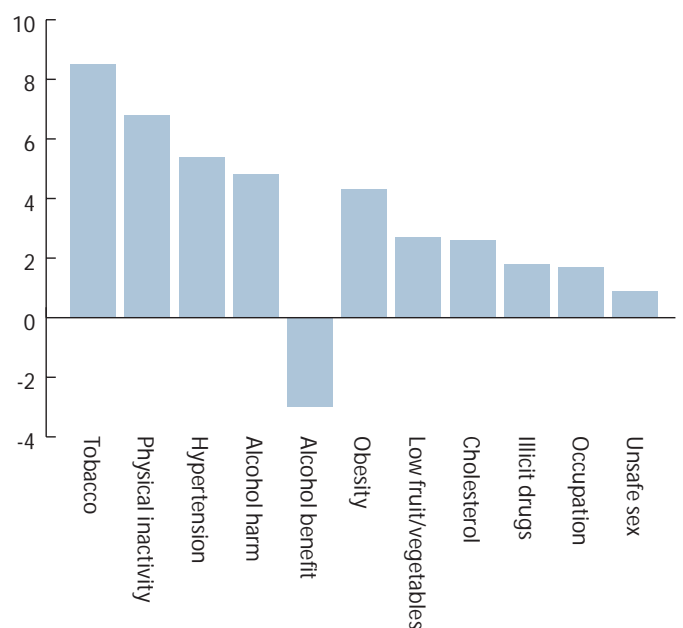
Overall the total burden of disease has been well quantified. About half of the chronic disease we experience is preventable, and this is attributable, in large part, to amenable risk factors. Data from the 1999 Australian Institute of Health and Welfare 'Burden of Disease' study are reproduced in Figure 1.

The leading contributors are tobacco use, followed by inactivity, hypertension, obesity and nutrition-related indices. Note there is both a harm and a benefit attributable to alcohol use. The real challenge for prevention research is to measure and track these risk factors, and to develop and pilot interventions likely to work at the community level to influence them.

### Prevention – the next generation

Prevention research into children and youth is an important theme. Through the conduct of the Schools Physical Activity and Nutrition Survey (SPANS), the Centre for Overweight and Obesity is assessing trends in obesity, anthropometric measures, fitness and fundamental movement skills among a large random sample of school aged children. Examples of measurements of physical activity (using accelerometers) and of triceps skinfold thickness are shown in photos 1 and 2. This study will be complemented by estimates of lipids, fasting insulin and other biochemical parameters in this young population. The study will monitor trends in NSW since 1997, and set benchmarks for assessing future efforts to prevent childhood obesity and its sequelae. Other work, around interventions with young people in the community, as well as in the clinical setting, will keep the research staff in these centres occupied.

Figure 1. Proportion of total burden of disease in Australia attributable to preventable risk factors. (from Mathers et al. 2000).



The work of these prevention oriented research groups is an exciting prospect, to add to the excellent work already being carried out in tobacco control, injury prevention, and the prevention of mental health problems within the University. This is yet another arm to our efforts to improve Australia's health.

*Adrian Bauman*

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### Acknowledgements

The Nepean food study for the pictures on page 8 (courtesy Professor L Baur, Co-director, Centre for Overweight and Obesity).



## Postcard from Hanoi

Robert Zielinski is a Year 2 Medical Student at the Northern Clinical School who went to Hanoi on a Hoc Mai Travelling Scholarship at Christmas 2003

Our time spent at Bach Mai Hospital was, quite simply, great. We saw so much and obtained first-hand experience of medicine and its management from a totally new perspective. It was really quite saddening to witness patients suffer due to their poor financial status. Many patients are simply denied critical investigations and treatment options due to lack of money and one wonders how many patients suffer further complications due to this structure.

Without a doubt, I feel I left Vietnam with an over riding understanding that Australia really is a privileged and wealthy country. Despite the faults in our health system, its overall condition is light years ahead of Vietnam. We are not denied critical medications, nor care when the money runs out. In Vietnam this happens daily. For instance in ICU, when the family can no longer pay the hospital fees, the doctors are instructed to withdraw treatment even if the patients are improving.

However, we had the feeling that the doctors cannot afford to dwell on these unfair conditions because the reality is that they can do little to change it. They lack an association of doctors like the AMA to lobby the government, and this is no surprise given the communist influence within the society.

### Medical Comparisons between Vietnam and Australia

The vast array of antibiotics available to all Vietnamese without a doctor's prescription is damaging the ability of the doctors to combat many infections. Even Vancomycin can be bought across the counter at pharmacies with no prescription. As a result, septicaemia and nosocomial infection rates are, not surprisingly, high in Vietnam.

With farmers' monthly earnings equal to \$12 AUD/month, much of the modern medicines we in Australia take for granted are completely out of reach for the ordinary Vietnamese citizen.

MRI's = \$175 AUD  
Digital Angiography = \$75 AUD  
Bronchoscopy = \$120 AUD

Since chest drain tubes are \$30 AUD, doctors often use nasogastric tubes for chest draining as these are only \$10 AUD.

Vietnam spends approximately 2% of their GDP on health, compared with 6% in Australia.

There are fewer nurses in the Vietnamese hospital system. Hence, much of the daily care of the patients is left to their relatives. Critically this includes nutrition and bathing. Doctors have provided the families with dietary recommendations but one has to question how closely families can match the specific nutritional requirements a patient needs when hospitalised. However, Bach Mai created a dedicated Department of Nutrition in 2002 and significant



inroads are being made in patients' nutritional needs.

Most departments are overcrowded. The respiratory department for instance has 48 beds, but it is not uncommon for 90 patients to be admitted to the department. This is a novel way of solving bed shortages but not recommended when you have a serious leg ulcer or fracture!

There is absolutely no doubting the stoicism and strength of the Vietnamese people. Evidence of this was abundant but never more clearly during bronchoscopy procedures where no sedation was provided or, more generally, with the absolute minimal use of pain relief.

The Vietnamese doctors were proud of the strength of the people. Some of these practices are due to patient beliefs. For instance, some people are afraid of some western medical approaches. This was evident with their refusal of sedation due to a fear of not waking up following a procedure.

Photos:

1. Robert Zielinski
2. Prof David Sonnabend and NCS student Paul Della Torre in the operating theatre at Viet Duc Hospital
3. Dr Dien from Danang who came to study in the Cath Lab at RNS
4. SARS session
5. Prof Bruce Robinson doing a consultation at Bach Mai Hospital
6. The Orthopaedic Ward at Viet Duc Hospital

Traditional medicine is the preferred choice for patients with chronic illnesses. Many stroke patients with minor events are often directly referred to the department for acupuncture and herbal medicines. Doctors there complete the standard six-year medical training and then study for a further three years to specialise in traditional medicine.

Traditional medicines are far cheaper than Western medicines. Patients boil up a concoction of roots and seeds and drink the broth. Lotus seeds are used for anaemia and insomnia. The "snake skin" bark is used for lumbago and hemiparesis. Chinese apples are taken as a general tonic. Acupuncture, with or without electrical stimulation, and pressure point treatment approaches are also heavily employed to treat Vietnamese patients.

Serious public health campaigns exist for HIV, encephalitis and TB.

*Robert Zielinski*



# University aid for Vietnam

## Học mãi - The Australia Vietnam Medical Foundation

In Australia, there is an average of 29 doctors per 10,000 people. In Vietnam, there are 5.6 doctors per 10,000 people. Hoc Mai, the Australia Vietnam Medical Foundation at the University of Sydney, has made a significant impact at major teaching hospitals in Vietnam by training the trainer.

Hoc Mai, which literally translated means Forever Learning, is driven by the Chairman, Professor Bruce Robinson, a senior clinician at Royal North Shore Hospital in Sydney. What began as an informal medical exchange between the University's Northern Clinical School and Hanoi Medical University in 1998 has grown into a major philanthropic program with support from the International Development Fund at the university, a major US organisation, donations and fundraising events.

The Foundation was formally established in 2001 with the NSW Governor, Professor Marie Bashir AC, as Patron. Hoc Mai's success is due, in part, to Professor Bashir's passion and interest in Vietnam through her experience working there as a paediatric psychiatrist. Many of Hoc Mai's board members also have a special interest in Vietnam. People like Tom Uren a member of the Whitlam Cabinet, Michael Mann, former Australian Ambassador to Vietnam and now President of RMIT Vietnam, the Hon Meredith Burgmann, leader of the NSW Upper House, have all contributed to the growth of the program.

It now encompasses:

- > telemedicine
- > a unique e-health link
- > an expanded scholarship program for medical students
- > an educational nursing and allied health exchange
- > an ethics/governance project run by Assoc Prof Merrilyn Walton.

In addition, Hoc Mai freights medical equipment and text books to Vietnam.

While the core business of Hoc Mai is medical exchange, the Foundation's work has diversified. Projects planned for this year include a fundraising campaign to build a hostel for the relatives of patients at Viet Duc, the major surgical hospital in Hanoi. Up to 300 relatives have been sleeping in the grounds and on the streets near the Hospital each night.

With the help of the Australian business community in Vietnam, Hoc Mai plans to build a hostel which will provide these relatives with

clean water and basic accommodation. An education/seminar room will be incorporated in the building so that the people can be given advice on such basic issues as hygiene, diet and medication.

An infection control campaign in the Hanoi hospitals is also planned for 2004-2005 since this has been identified as a priority by the Ministry of Health in Vietnam. Hoc Mai is sending an expert from the Department of Health to assess infection control issues and this will become part of the Foundation's focus for the next few years.

Other projects proposed for the next two years include a train the trainer trauma management course and a multi-disciplinary mental health program, focusing on acquired brain injury and neuro-developmental issues. This mental health program will be run in conjunction with the Royal Children's Hospital in Melbourne which has an impressive track record in medical aid in Vietnam through its Royal Children's Hospital International (RCHI) division.



### Hoc Mai Contacts

For information about the Hoc Mai program, contact Prof Bruce Robinson on 02 9926 7267. email [bgr@med.usyd.edu.au](mailto:bgr@med.usyd.edu.au)

To make a donation, please contact Maggie Drummond on 02 9926 6408. email [mrummon@med.usyd.edu.au](mailto:mrummon@med.usyd.edu.au)

Hoc Mai has an excellent website with links to the Faculty of Medicine and University websites. Go to [www.hocmai.org](http://www.hocmai.org)

# The Northern Rivers University Department of Rural Health (NRUDRH)



The Northern Rivers University Department of Rural Health (NRUDRH) is another of the Faculty of Medicine's exciting initiatives in Rural Health, run in collaboration with Southern Cross University. The NRUDRH is based in Lismore on the north coast of New South Wales, and aims to create a multidisciplinary centre of excellence in health education and research that is relevant to regional health needs.

One of the key strategies of the Department is to support student placements of all disciplines within the region, and to provide a positive experience of rural health that will encourage students to practice in rural areas once they have graduated. The Northern Rivers is a popular site for students, and the Department supported 263 student placements in the last 6 months of 2003.

A further aim of the Department is to help local health services and clinicians develop and evaluate innovative models of care, and to foster world-class health research in the Northern Rivers region. A cornerstone of the NRUDRH research program is the Department's close relationship with the Northern Rivers Area Health Service. This not only ensures the continued relevance of the research, but also provides direct financial support.

The Department has significant programs in each of its three main areas of research, Clinical and Health Services, Mental Health, and Environmental Health, and has recently been awarded two sizable competitive grants. Along with the Department of Rural Health in Broken Hill and the Australian Centre for Agricultural Health and Safety at Moree, the Department has established the

Australian Rural Health Research Collaboration supported by \$1.5 million infrastructure funding from NSW Health. NRUDRH also recently received an ARC linkage grant (total \$435,000 ARC and industry funding) for a spatial analysis project that will explore the influence of a range of environmental and social factors on the incidence of childhood leukaemia, deliberate self harm and adverse birth outcomes.

The main campus of the Department is in Lismore, directly opposite the Lismore Base Hospital. This site is currently being redeveloped to include a 60-seat tiered lecture theatre, other educational facilities and student accommodation.

The Department also has smaller campuses run in conjunction with the Northern Rivers Area Health Service in Murwillumbah and Grafton. Both of these facilities are in the process of renovation and will include high quality, air conditioned, student accommodation.

All three campuses link to each other and the Faculty's Sydney sites, through state-of-the-art, broadband videoconferencing equipment. This equipment allows students to link in to Sydney teaching sessions, clinicians to link in to grand rounds and other professional development sessions, and for the Department to deliver innovative multi-site postgraduate programs such as the Graduate Certificate of Population Health Research Methods.

Despite only being established in 2001, the Northern Rivers UDRH is rapidly becoming one of Australia's most exciting academic centres in rural health.

*John Beard*

Feedback from students placed in the region is overwhelmingly positive:

*"Very good variation in cases"*

*"Teaching by consultants, registrars and RMOs was excellent"*

*"More than met expectations"*

*"Above and beyond what I would have learnt in Sydney"*

Year 3 ICA students

Photos:

1. 'University House' - Northern Rivers University Department of Rural Health main office in Uralba Street, Lismore (opposite Lismore Base Hospital)
2. Prof Berry teaching via videoconference to postgraduate students in Lismore undertaking the 'Graduate Certificate in Public Health Research Methods'
3. USyd medical students on rural rotation to Lismore keeping up with Northern Clinical School lectures via videoconference.
4. Mirage is a rural health club run by students. A focus of the club is the promotion of careers in rural health. Mirage stands for 'Multidisciplinary Interests in Rural and General Health Education'
5. Lismore High School students attending an open day with Mirage members
6. Mirage medical student and school student



#### RURAL OPENINGS IN THE AIR

After much work by a lot of people, the capital works program of the Dubbo Clinical School Campus in the grounds of the Dubbo Base Hospital is nearing completion. Generous federal funding has allowed the completion of teaching and administration buildings together with 5 accommodation modules catering for 20 single students and 3 couples. State of the art information and communication technology will be installed allowing broadband internet access and

video conferencing with a number of metropolitan sites and with the fellow Clinical School campus in Orange.

The official opening is planned for mid August and it is anticipated that both the Vice Chancellor and the Commonwealth Minister for Health and Ageing, Mr Tony Abbott, will be in attendance and of course medical students who will reap the rewards of this new and exciting development.

For further information call: +61 2 6995 7977

# The Medical Foundation

## Mr Peter Burrows - President



After 10 years at the helm of the Medical Foundation, Peter Burrows, AO, plans to stand down as President at the AGM in April. RADIUS asked Mr Burrows to reflect on the Foundation's achievements since he became President in 1993.

"The most outstanding achievement of the Medical Foundation in the past decade has been its ability to attract new talent to the University and to retain its talented medical researchers" Mr Burrows says. "The key has been the introduction of the Medical Foundation Program Grants which enable scholars to embark on major research projects at the University".

One sign of the Foundation's success in backing research talent is the number of grantees who go on to win NH&MRC and international medical research funding. "When we give somebody a program grant we expect that grant to have a serious multiplier effect. We anticipate that the recipients of our grants will subsequently receive serious NH&MRC funding," he explains.

A good example of how Foundation grants bear fruit is the story of Professor Stephen MacMahon. Mr Burrows described how he heard that a brilliant researcher was planning to leave New Zealand for Oxford but might be lured to Australia. The University of Sydney wanted him but had no funding available. The Foundation's Program Grant of \$495,000 over three years enabled Professor MacMahon

to move to Australia and found the Institute for International Health. "It just couldn't have happened without the Medical Foundation," Mr Burrows said, "and that Institute now employs more than 100 staff and has an annual budget of \$10m." Professor MacMahon has since won the Eccles Award from the NH&MRC.

The Medical Foundation has also funded Professor David Celermajer, now University of Sydney Scandrett Professor of Cardiology. Professor Celermajer, who is a cardiologist and Director of Research at Royal Prince Alfred Hospital, has since won NH&MRC and international funding for his cutting-edge research into cardiovascular disease.

Professor MacDonald Christie was made a Medical Foundation Fellow from 1998 to 2002 to pursue research into pain pathways. Mac Christie is now a NH&MRC Senior Principal Research Fellow and is Director, Basic Research of the Pain Management Research Institute at Royal North Shore Hospital.

Mr Burrows says the support of research projects such as these would not be possible without the generosity and foresight of individuals who donate regularly to the Foundation or

who leave a legacy to the Foundation in their wills.

Mr Burrows has been a Governor of the Medical Foundation since 1986 after making a donation to the Foundation in honour of his late father, stockbroker Douglas Burrows. Douglas Burrows was president of the Royal Alexandra Hospital for Children until he died after which the RAHC invited Peter Burrows to become a director and, from 1986 to 1994, honorary treasurer. After 10 years with the RAHC, including chairing the campaign to raise \$33.7m to equip the New Children's Hospital at Westmead, Mr Burrows felt it was time for a new direction. In 1993, he was invited to become president of the Medical Foundation.

Mr Burrows believed that the Foundation needed a new focus on cutting-edge medical research. Funds previously spent on post doc travel grants were pooled with other moneys to make it possible to provide researchers with program grants for major medical research initiatives. The Foundation formed a Research Advisory Committee to provide peer-review assessment of applications for grants over \$50,000.



Above: The Medical Foundation made possible the purchase of the Medical Foundation Building



“Virtually every dollar you give us goes straight into peer reviewed research. The funds are well managed and well accounted for.”

The proof is in the balance sheet with the Foundation's assets rising from \$16.7m in 1992 to about \$40m today despite dispensing more than \$14 million in grants since 1995. The Foundation is now the largest in the University.

In addition to the support of medical research through its grants scheme, the Medical Foundation made possible the purchase of the Medical Foundation Building which has provided a home for post-genome research at the University and a physical presence for the Foundation. “The building is so vital to medical research in the University of Sydney... It is a

major achievement and a strength of the Foundation.

“The new building will house new professors of bioinformatics, proteomics, genetic epidemiology, and pharmacogenomics and their research teams.

The Foundation also supports the R W Storr Chair of Hepatic Medicine and the Burrows Chair of Paediatrics & Child Health.

Last year Peter Burrows was made an Officer in the Order of Australia “for service to the community through the provision of expertise and support for medical research, education and cultural organisations, and to business, particularly through the investment sector”.

*I don't think I would have had the opportunity for my career to take this direction were it not for the Foundation. The Foundation has undertaken very substantial initiatives in the past few years and I would hope they don't forget the benefit that can be derived from funding senior fellowships to allow successful academics and others to move into full-time research.*

Professor Mac Christie, Director, Basic Research of the Pain Management Research Institute, Medical Foundation Fellow 1998-2002.

*The Medical Foundation, under the stewardship of Peter Burrows, has made an immense contribution to research life at the University of Sydney. By instituting the Medical Foundation Program Grants, the most generously privately funded medical research grants in Australia, the Foundation has enabled the University to attract some of the “best and brightest” research minds. Often these grants allowed physicians and scientists to embark on a career in research instead of having to abandon research for clinical or teaching practice.*

Professor David Celermajer, University of Sydney Scandrett Professor of Cardiology, Medical Foundation Fellow 1996-2002.

Professor Stephen MacMahon said the Foundation's support was ‘pivotal’ in his decision to move to the University of Sydney rather than universities in either the UK or the US. “My decision to come here was in no small part due to the support I received from the Medical Foundation.” Professor MacMahon said that Medical Foundation funding for his Chair of Cardiovascular Medicine and Epidemiology helped win him an Eccles Award from the NH&MRC. These funds were critical for the initial establishment of the Institute for International Health.

In the five years since its establishment, the Institute has grown to 100 Sydney-based staff with operations in 30 countries worldwide. From April 2004, the Institute will move to the King George V Building in the Royal Prince Alfred Hospital campus and be renamed The George Institute for International Health. Professor MacMahon said Mr Burrows, who chairs the Institute's Board of Directors, had been “a tremendous source of support, advice and encouragement. It was Peter who really made it possible for us to come here and establish this Institute.”

Professor Stephen MacMahon, Professor of Cardiovascular Medicine and Epidemiology, The George Institute of International Health.

# Jill Gordon

## A fond farewell



Photo: Professor Michael Field and Professor Jill Gordon at her farewell.

A wide cross-section of Faculty members gathered at the Darlington Centre in June last year for a function to farewell Jill Gordon from the Faculty of Medicine.

Jill was recruited in 1994 to head the Medical Education Unit which was to play such a crucial role in the development and implementation of the new Graduate Medical Program. She was already known to the Faculty at that time for her earlier consultative work in Medical Ethics, and she had an impressive track record of leading educational innovations in undergraduate and postgraduate medical education at other places. She quickly put her stamp on the style and philosophy which was to characterise our new medical course, and she worked creatively with Faculty members from all departments and schools to build support, interest and enthusiasm for the new program. Later on, as Head of the Department of Medical Education, she built a loyal and dynamic team who made the program happen, particularly in the area of IT developments where we were amongst the first in the world to use the web as a flexible mode of delivery of course materials. From this team has emerged the Centre for Innovation in Health Professional Education, based in the Faculty.

With the course on a steady-state, and our first cohorts of graduates emerging successfully into the medical workforce, Jill decided to resign from her job in Medicine and look for other challenges. By the end of 2003 she was offered an academic position in the Faculty of Arts as coordinator of the new Masters of Medical Humanities program. She has already put her mark on this rich and stimulating program, which has attracted medical graduates and others from all walks of life to explore the interface between the arts, history and medicine (see [www.medicalhumanities.med.usyd.edu.au](http://www.medicalhumanities.med.usyd.edu.au)). She is currently directing her considerable enthusiasm for postgraduate courses and lifelong learning into a new Master of Liberal Studies program, designed to allow graduates to select from the rich smorgasbord of course units available in the University to fashion a Masters program of their own design. Jill would be delighted to be contacted by anyone interested in pursuing this idea ([jill.gordon@arts.usyd.edu.au](mailto:jill.gordon@arts.usyd.edu.au)).

*Michael Field*

# Major surgical scholarship

## Mitchell J Notaras Fellowship in Colorectal Surgery

Mitchell Notaras, a graduate of Sydney University and a resident at the Royal Prince Alfred Hospital, has founded a scholarship in perpetuity in colo-rectal surgery. The University has received a donation of \$1.1 million.

Mitchell is the son of a Greek immigrant. His father came from the island of Kythera and settled in Grafton, in NSW. The family became prominent citizens in the town. Mitchell was educated at Grafton high school and Newington College in Sydney. Drs Mulhearn and Harris, who were doctors in the town stimulated his interest in medicine. Both of them had sons who later joined the staff of RPAH.

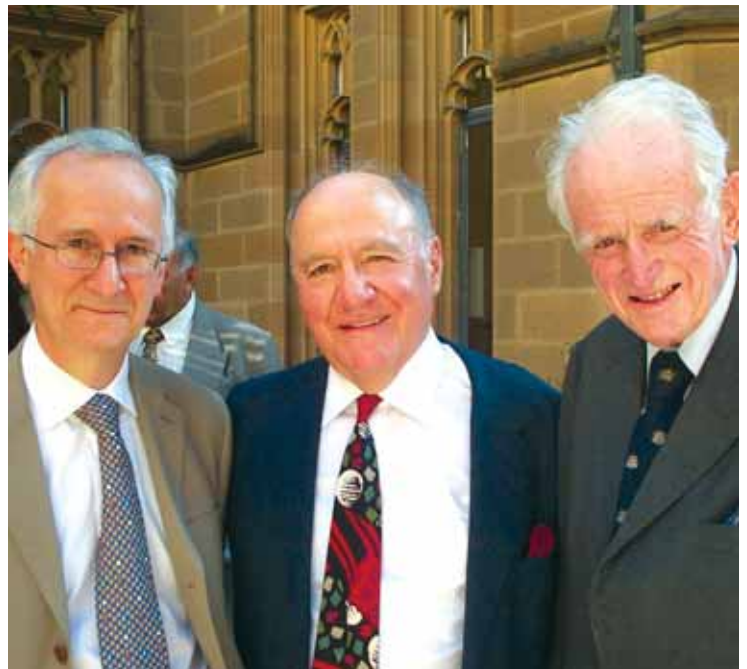
After graduation he spent two years as resident medical officer at the hospital. During that time he became interested in surgery and met various visiting surgeons including Rodney Maingot with whom he was associated later in London. Mitchell travelled as a ships surgeon to England where he obtained jobs at Hammersmith, St Marks and University College Hospital. After obtaining his Fellowship he became Senior Lecturer and Consultant Surgeon at University College Hospital.

Mitchell was appointed Consultant Surgeon at Barnet and Edgware General Hospitals where he met and assisted Australian trainees. He was a teacher in surgery at the University of London. He visited and lectured in many countries and was a named visiting Professor in Norway, Brazil and the Sudan.

Throughout his surgical practice his main interest was colo-rectal surgery. This was stimulated by his time at St Marks. While there he described and published the operation of lateral anal sphincterotomy which remains the procedure of choice for the treatment of anal fissure.

Despite having a busy surgical practice he established, with others, a company, Abgene, which became a leader in Europe, specialising in the manufacture of molecular biological reagents, instrumentation and, through collaborations with universities and industrial partners, gene and DNA technology. After some years Abgene was taken over by the Apogent Corporation of the USA.

Dr Notaras studied medicine in Australia with the help of a Commonwealth Scholarship. He has remained grateful for the education he received at the University and the Hospital. He also had a desire to contribute to education, particularly in the field of colo-



Left to right: Professor Ben Freedman, Mitchell Notaras and Rowan Nicks at a recent function to announce the Fellowship.

rectal cancer. As a result he has established a three-year scholarship which will be available to post fellowship scholars. The program is for one-year research at the University of Sydney, a year in an approved overseas unit of excellence and a year as a senior registrar in colo-rectal surgery at RPAH. The recipients will be selected jointly by the University and the Colo-rectal Surgical Society. The scholars will be expected to proceed to a higher degree at the University.

To fund the scholarship, Dr Notaras has donated \$1.1 million. A scholar will be appointed every two years.

*Brian Morgan AM MS FRACS*

**The 2004 Fellowship has been awarded to Dr Chris Byrne.**

# The Sydney Professional Master of Medicine Program



The Sydney Professional Master of Medicine Program (SPMMP) is the latest initiative in postgraduate education in the Faculty of Medicine at the University of Sydney.

Commencing in first semester 2005 the SPMMP will offer stand-alone modules across a diverse range of medical specialties, enabling students to tailor a program of study according to their background, intended career path and interests.

The SPMMP is designed to meet the professional development needs of:

- > specialists
- > general practitioners
- > public health professionals
- > allied health professionals
- > government personnel

The program will combine face-to-face, online and other distance teaching methods to offer busy professionals flexible learning options. Students who wish to study full-time will be able to complete a masters program in two semesters, i.e.

one academic year. All modules will also be available as one-off, non-award continuing education courses.

## Degrees awarded

- > Professional Graduate Certificate of Medicine (4 units)
- > Professional Graduate Diploma of Medicine (6 units)
- > Professional Master of Medicine (8 units)

## Benefits

The SPMMP is designed to meet the needs of medical practitioners and other health professionals for a qualification that will:

- > extend and update knowledge and skills in their specialisation
- > provide an opportunity to extend their skills and knowledge into other areas, e.g. management, ethics, research, law

- > enhance career opportunities
- > provide formal recognition of professional standing
- > provide a qualification from an institution with international standing
- > facilitate professional contacts and networks with key professional opinion leaders
- > meet the needs of many students for both specialist and more general professional development, facilitating cross-discipline learning and collaboration

To be placed on a mailing list to receive further information about the units of study that will be available in 2005 please email [jross@med.usyd.edu.au](mailto:jross@med.usyd.edu.au). Please indicate the subject(s) that interest you.

# Graduate Program in Medical Education



Masters degree  
Graduate diploma  
Graduate certificate

## Who can apply?

Although focussed on medical education, the course is available to students from a wide range of health professional backgrounds. It caters for those who have an interest in curriculum, implementation and/or evaluation at undergraduate or postgraduate level or in continuing medical education: those wishing to develop their teaching abilities; and anyone who is interested in improving the practice of medical education.

## What is the time commitment?

Initially, the basic pattern will be one three-hour session per fortnight on the Camperdown campus, as well as interactive off campus on-line teaching and learning at other times. Units of study are also to be offered by the Faculty of Health Sciences, the Institute for Teaching and Learning, and the Faculty of Education and Social Work. Their programs will vary. The program will take 2-4 years part time for the Masters Degree, up to 3 years part-time for the Graduate Diploma, and up to 2 years part-time for the Graduate Certificate.

## What could I learn about?

Topics will include teaching and learning in medicine, curriculum and development and evaluation, reflective practice, assessing learning, adult learning, clinical teaching and supervision.

For more information visit the website:  
[www.dme.med.usyd.edu.au/mmeded](http://www.dme.med.usyd.edu.au/mmeded)

Or contact: Dr Greg Ryan,  
Program Coordinator

Email: [gryan@med.usyd.edu.au](mailto:gryan@med.usyd.edu.au)  
Tel: 02 9351 3888

# John Atherton Young AO FAA FRACP



**Emeritus Professor John Young died on 10th February 2004 after some years of recurrent illness, leaving behind him a legacy at the University of Sydney that few would be able to match. I have known him throughout his career at the University.**

*The University will be holding a memorial ceremony on Wednesday 12 May at 10:30 am in the Great Hall.*

*For catering purposes, reply to: [events@vcc.usyd.edu.au](mailto:events@vcc.usyd.edu.au)*

John graduated in Medicine at the University of Queensland, obtaining his PhD at Sydney Hospital, then undertaking postdoctoral work in Berlin. He was initially appointed as a Senior Lecturer in the Department of Physiology at the University of Sydney in 1966, and Professor in 1976. His passionate research interest was in ion transport in epithelia; his ground-breaking studies of salivary glands has been nationally and internationally acclaimed. Many of his papers and books are still regarded as classics. His excellence in research was recognised within the University, and confirmed by his membership of the Australian Academy of Sciences, the Council of the International Union of Physiological Sciences and his Presidency of the Federation of Asian and Oceanian Physiological Societies. In addition, he served the Australian community of physiologists as Treasurer, Editor, National Secretary and President of the Australian Physiological and Pharmacological Society.

Within the Department of Physiology, he taught undergraduates in Medicine and Science, but undoubtedly one of his greatest contributions was in attracting highly intelligent students and supervising their successful research for an Honours or higher degrees. His mentorship ensured that many are now in significant senior academic or clinical positions. He also provided encouragement and support to many other students and to staff in the Department.

As Head of the Department of Physiology, his administrative skills became apparent. He introduced new management strategies, and the department – already quite collaborative – became more efficient and cohesive. He was keen to advise and

nurture junior staff, giving them opportunities to take on some responsibilities and to develop new skills.

John's influence extended out into the Faculty of Medicine. The first of my many collaborations with him was writing the Centenary Book of the Faculty of Medicine in the late 1970s and early 1980s. His involvement extended from the Faculty to the wider University, to the Academic Board, the Staff Association and the Senate with their many committees. In addition, he made a major contribution to the Central Sydney Area Health Board. He was a force on all of those entities, serving in diverse committees, in management and in policy development. Maintaining some traditional values, he was able to effect considerable change, rationally and in an orderly manner, so as to improve many aspects of the university. For example, he became convinced of the need for support for female staff and for transparency and objectivity in promotion and appointment processes more generally. As Dean, he led the Medical Faculty into the 21st century, enhancing communications, encouraging cooperation, strengthening the research base, and supporting the development of the Graduate Medical Program. As the first Pro-Vice-Chancellor of the College of Health Sciences, he established its processes and procedures, initiating a new era of cooperation between the different constituent faculties in research and teaching.

John was widely read and scholarly, with interests in classical art, archaeology, architecture and music. He is sorely missed by his many friends and colleagues.

*Ann Sefton*

## Reunions 2004, 2005



Let others know of your planned or past reunion by sending in a notice or short report (and photos!) of your celebrations. The MGA can assist in organising your reunion by publishing the date of your reunion, contacting graduates from your year and sending invitations.

Contact the MGA by: Phone: 02 9351 8947  
Email: [mga@med.usyd.edu.au](mailto:mga@med.usyd.edu.au)

### Upcoming reunions

#### 2004

##### Graduating Year of 1944 – 60 years

When: Saturday 20 Mar 2004  
Where: The Withdrawing Room, Holme Building,  
University of Sydney  
Time: 12 noon  
Contact: Drs Lewis & Stuart tel:02 9567 4191  
Cost: \$90

##### Graduating Year of 1947

When: Saturday 1 May 2004  
Where: Royal Automobile Club of Australia, Sydney  
Time: 12 noon  
Contact: Kevin Byrne tel:02 9816 1475 fax:02 9817 3070  
Cost: \$95

##### Graduating Year of 1954 – 50 years

When: Friday 26 March 2004  
Where: Royal Sydney Golf Club, Rose Bay  
Time: 12 noon  
Contact: Brian Shearman tel:02 9498 2724 fax:9924 3359  
email: [bmshearman@pip.com.au](mailto:bmshearman@pip.com.au)  
Cost: \$100

##### Graduating Year of 1984

We would love your help in organising or providing suggestions for our next reunion later in the year.  
Please contact: Bronwyn Gaut email: [Bronwyn@ampco.com.au](mailto:Bronwyn@ampco.com.au)

##### Graduating Year of 1993

When: 8 May 2004  
Where: Great Hall, University of Sydney  
Time: 7pm  
Contact: Katrina Moore tel:02 9415 2144 mob:0414 332 323  
email: [superdad@bigpond.net.au](mailto:superdad@bigpond.net.au)  
Cost: to be confirmed

##### Graduating Year of 1994 – 10 years

When: Saturday 13 Mar 2004  
Where: Sebel Pier One, Sydney  
Time: 7pm  
Contact: Katrina Ison tel:02 9634 5229  
email: [katrinaison@optusnet.com.au](mailto:katrinaison@optusnet.com.au)  
Website: [www.members.optusnet.com.au/~obeidj](http://www.members.optusnet.com.au/~obeidj)  
Cost: \$110

#### 2005

##### Graduating Year of 1956 - 50 years

When: July 2005  
Where: to be advised  
Time: lunch  
Contact: Dr Michael Owen tel:9327 6236  
Dr Edward Alam tel:9130 5678  
Cost: to be advised

##### Graduating Year of 1975 - 30 years

When: 2005  
Where: to be advised  
Time: to be advised  
Contact: Dr Alan Stern tel:02 9546 6544  
email: [medreunion75@hayoo.com.au](mailto:medreunion75@hayoo.com.au)  
Cost: to be advised

##### Graduating Year of 1985 - 20 years

When: 2005  
Graduates interested in helping to organise the reunion for the graduating year of 1985, please contact the MGA on 02 9351 8947 or by email: [mga@med.usyd.edu.au](mailto:mga@med.usyd.edu.au)



Graduates of 1948 at their reunion.

### 1948 medical graduate reunion held on 15 November 2003

The 55 year reunion of the medical graduates of 1948 was held at the University Union. Of 114 who graduated, 35 graduates and guests attended. Apologies were received from 33.

39 deceased colleagues were recalled with affection and respect, and four widows were present. Two members who had been listed among the deceased were reclassified, and one was at the lunch!

We had drinks in the Withdrawing room and conversation swelled for an hour or so before lunch.

There was an exhibition of memorabilia, including photographs of undergraduate days, and a list of those graduates we had not been able to contact. By any measure a reunion after 55 years must be a great occasion. Why did we come? For various reasons: to see old friends we don't see very often; to see how we all look; to recharge; to reaffirm something we did not know much about, and only vaguely perceived when we were young graduates in 1948, much less as freshmen in 1943 in the Zoology Department next door, the life of the doctor.

For a "bit of fun" and scientific interest, the committee had devised a brief questionnaire. Analysis of the responses was presented at the lunch by Peter Harvey.

Other questions which should or might have been included were body mass index, smoking histories, honours and awards received. There was some discussion about a question on other substance use, but this was not pursued.

It must be remembered that these are survivor experiences and opinions many of which could be greatly altered by including posthumous responses from the dear departed.

> Five of us continue to practise full-time. These graduates must be 80 years of age or thereabouts, and all are GPs.

> Only six had been sued; nine had been reported to the Health Care Complaints Commission- which seems low for the 55-year working life of the 67 respondees.

> Cataract is the most common health problem; 15 have survived neoplasm, and 15 have been depressed – a small number by national standards.

> Only seven of the 67 are not on regular medication, and only two have no regular medical advisors, though 13 have no GP.

> Only five have been divorced compared to the average of almost 50% in the Australian community. This says something for the tolerance of our partners.

> We averaged nearly 4 children per graduate, compared to the national average of 1.7.

> Work stress, satisfaction, and marital stress were reported

equally between specialists and GPs. None of us considered work a chore. All derived satisfaction in some degree.

> Only one third (22) could recommend medicine unreservedly as a career to a young person, and there were two specialists for every GP so doing.

Our guest for the reunion was Professor David Tiller, AO who spoke on "Do we need doctors in the bush? – Rural Clinical School Dubbo". David Tiller described this imaginative project of the Faculty in the planning and development of the Dubbo School, and the opportunities this will offer to medical students who may seek a different career path from what most of us knew about in 1948.

Tom Nash proposed the toast to the year of 1948.

"We began our medical course on a beautiful autumn day, 5 April 1943, with a lecture by Dr Biggs on the amoeba proteus in the middle of a world war, the outcome of which at that stage was by no means certain.

We were the first quota year in medicine, a restriction imposed by the government because of manpower shortage and limited to 146 students of which 45 were women, chosen solely on the results of the Leaving Certificate examination.

It was also the first time that government scholarships were awarded by the Chifley Government. The scholarships

were for 165 pounds a year, with a 10 pound allowance for books and full payment of university fees. It was quite generous considering the cost of a whole year at St John's College was 33 pounds for a 10 week term, 99 pounds for the year. In return for accepting a scholarship we undertook to work for the government in either the army, navy or air force for a period of three years after graduation.

By the end of our first year the tide of war was beginning to change. The Germans were defeated in Tunisia and 250,000 captured, thus ending their North African campaign, and the Russians had recrossed the Volga.

1944, our second year in medicine, was to be the greatest change. D-Day occurred on 5 June. The Battle of Leyte Gulf, fought between the US and Japanese navies from 22 to 27 October, proved to be the greatest naval battle in history, inflicting a major defeat on the Japanese. This effectively ended any chance of the intended invasion of Australia.

However, war in New Guinea was still in full swing and many of our former school colleagues were being killed. On 8 August 1945, during our third year, the atom bomb was dropped on Hiroshima. During our third year exams we were informed that the Japanese had unconditionally surrendered on 2 December 1945. Rather than

*Continued over*

## Recent Graduate Reunions continued

join in the celebrations it was suggested that it was probably in our best interests to continue with the exams, which we did.

On 24 September 1948, 113 graduates, including 15 women, attended Graduation Day. This was one of the smallest graduation day numbers on record. Then followed the wonderful period of residency. I believe for most of us these were the most enjoyable years of our lives. We were fortunate in starting our careers in probably the most productive period and when we were to be associated with our part of enormous changes taking place. The curriculum vitae of 1948 graduates is documentation of this."

We finished off the afternoon while there was still plenty of wine circulating. As we age we are more abstemious. There was a general feeling that it had been a great occasion, and that our next reunion should not be too far off, perhaps in 2005.

It is a great pleasure to express our wholehearted thanks to Wendy Marceau, Medical Graduates' Association, for her help and advice, and to the staff of the Sydney University Union.

On 23 January 2004 Dr David Chen, on behalf of the Medical Benevolent Association of NSW gratefully acknowledged our donation of \$400.

*Peter Harvey, Tom Nash,  
Harding Burns*

### 1964 medical graduate 40 year Reunion held on 24 January 2004

As per our Year's tradition, the reunion was held over the Australia Day long weekend on Saturday the 24th of January, 2004 at the Shangri-La hotel. This enabled non-Sydney resident alumni to attend from five Australian states, NSW country areas, as well as the UK, Switzerland, USA, Canada and NZ. Several of the ladies in our

year attended an afternoon tea prior to the dinner creating an opportunity for those friends to meet who were not staying for the main function. On the following day alumni from at least one teaching hospital held a well-attended picnic in Centennial Park.

As with other recent reunions, e-mail and the fax machine proved most invaluable in speedy communication and updating the membership database, resulting in 198 attending, comprising 114 of 219/240 surviving members plus partners. Five of our alumni attended for their first ever reunion and it was great to see them.

A feature of our reunions is their elegant informality. Lounge suits and cocktail dresses are the order of the day. The dinner has no formal seating arrangements to permit maximum circulation to meet and greet everyone. A splendid buffet is spread out over the evening.

There were no speeches and everyone expressed the ability to circulate as a prime feature of the success of the evening. A notice board had letters and e-mails with apologies and greetings from around the globe, and even one of our former professors sent us a lovely message having seen our reunion dinner advertised in *Radius*. Also posted up were some of our final year exam papers. I wonder if we would pass them again today!

Having organised the 10, 20, 30 and now the 40th reunions, the advent of the new privacy laws in the last 10 years has made it much harder to track everyone down, even if just to update their details in our database. I discovered some members have placed a bar on all University correspondence, and our Medical Board to which we paid annual fees for 40 years to

keep our addresses could only be approached by the University even for such legitimate purposes. I must thank the Sydney University Medical Graduates' Association (MGA) who were helpful to the maximum and we availed ourselves of their reunion service in that the MGA paid for the mailout of the first announcement. When some letters inevitably bounced back to the Uni, and if then the Medical Board could not provide a newer address, a few extra alumni could be reached by word of mouth. Placing an

Clearly as the years go by more alumni will have e-mail.

However, when you get to the 40th reunion, already many of your members will have retired or are semi-retired. In turn they will doubtless give up their office machines such as the fax; they will drop out of the Yellow Pages, making it harder to keep a track of everyone.

As a foundation committee member and past-president of SUMGA, I have observed that individual years do vary in terms of their cohesiveness and bonhomie, and in feelings of



Bruce Roberts, Joe McGuinness, Jules Black, John Dwyer and Ruth Hippisley at the 1964 graduate reunion.

announcement in the MJA and in *Radius* also got us a few extra people.

Having written the original manifesto for the MGA on "How to Organise a Reunion Dinner", I take this opportunity to update future reunion organisers with the new things we've learned. E-mail will become increasingly important, provided the spam situation is conquered. Almost half of our year had e-mail addresses which proved a boon. Not bad for our year which started in an era when there were only primitive mainframe computers and when SILLIAC was just installed in Physics. It filled a large room, had one radio valve per kilobit of memory, and it had 12k of memory, (ie 12,000 valves)!

allegiance to their Varsity. We were one of the more closely-knit years. Maybe it's because we were one of the last "horror years" starting with 600+ students in First Year, and were given the chilling instruction at our first orientation lecture, "Look to the right of you, look to the left of you, one of you is going to get through!" We were whittled down to 240 in Final Year, by which time 3 of us had repeated a year along the way. Maybe that made us bond more strongly as we needed each other to pass?

Be that as it may, by the end of our function we did make a modest profit and this will be donated to the MGA.

*Jules Black*



# Alumni news

## Robert William Rodieck (1937-2003)

Medical students from the early 1960s to the mid 1980s may well remember a tall, rather imposing teacher with an American accent in the Department of Physiology. Bob's research interests were in the visual system and neuroscience more generally. His lectures were models of clarity, logically constructed, providing significant insights. He was a dedicated teacher, always striving to encourage the understanding of principles. Particularly in the practical classes, he developed novel methods, encouraged interaction and delighting in providing surprises that challenged thinking.

Bob graduated in electrical engineering from MIT; his interests in neuroscience were aroused by some distinguished colleagues there. He came to Sydney where he obtained his PhD under the supervision of Professor P O Bishop. He contributed in many ways to the Department of Physiology, not the least being his enthusiasm for bringing the staff up-to-date on new developments, in particular, in the early applications of computers. He left Sydney (and his many friends and colleagues) to take a Chair at the University of Washington in Seattle.

Bob was a distinguished visual physiologist; he tackled significant and difficult problems, often generating new ways of looking at the visual system. His experiments were beautifully designed and he often resolved longstanding confusions or questions. The resulting papers were models of clarity, logically developed and many would be regarded as classics. Perhaps his most influential work was the book *The Vertebrate Retina* in which he synthesised a great deal of information in an elegant and deceptively simple way. More recently, his book *The First Steps in Seeing* brought novel insights on the basis of new results.

Outside the laboratory, Bob was well read, enjoyed a range of music and enjoyed lively scientific and political debates. His outdoor interests included his kayak in Middle Harbour; he was the organiser of bushwalks and picnics, and he enjoyed the skiing in Perisher Valley.

*Ann Sefton*

## Graduating Year of 1953

### Dr John Martin Bosler

It is my sad duty to advise you that my father, Dr John Bosler, formerly of 31 Dowe St, Tamworth, died suddenly on 24 December 2003.

I am aware that my father was a member of your organisation, and was very proud of his

association with the University of Sydney.

My father graduated in medicine from the University of Sydney in 1953, then after spending three years as a hospital resident and locum, settled in Tamworth in 1956. He was to practice there for the next 48 years, firstly as a general practitioner, then as a specialist in musculoskeletal and manipulative medicine.

As well as devoting himself to his practice and the wider medical fraternity, Dad was heavily involved with the community of Tamworth, particularly in St John's Church Tamworth, Rotary and the Scouting Association.

My father had planned to retire finally from his practice on 12 December 2003, on his 76th birthday. However, a coronary angiogram performed a few days earlier revealed severe coronary occlusion, necessitating major cardiac surgery in Sydney on 5 December 2003. Although surgery was initially successful, complications led to his sudden death on Christmas Eve.

*Greg Bosler*

## Graduating Year of 1960

Professor Ann Sefton was elected Deputy Chancellor of the University of Sydney at the Senate meeting on Friday 20 February 2004.



## Coppleson Committee for Continuing Medical Education (CCME) courses for GPs

The Coppleson Committee for Continuing Medical Education (formerly the Postgraduate Committee in Medicine) has a new course for general practitioners in November 2004. The program has been designed by general practitioners for general practitioners. Application will be made to the RACGP Continuing Professional Development program for 2 points per hour.

Saturday 6 November  
2004 Dermatology Update  
for GPs.

Eastern Avenue Lecture  
Theatre, Eastern Avenue,  
University of Sydney

For more information  
please contact the  
Coppleson Committee for  
Continuing Medical  
Education on;  
Ph: (02) 9351 3526  
Web:  
<http://www.coppleson.usyd.edu.au>

# Letters to the Editor

Professor Young's occasional address brought back memories of the one and only staff-students meeting in my course in the 1950s, which event I recall being billed as a great innovation at the time. It may be of interest to your readers.

My recollections of the meeting are outlined in the attachment to this email. I do hope that I have reported the good Professor's statements correctly, acknowledging how fickle memory can be. However, his statements did make an unforgettable impact on me.

*Dr Tom Gavranic, 1962 graduate*

Could I add a historical anecdote to Professor Young's address of 10 May 2002 on the history of the medical curriculum (Radius, October 2003, page 19)? His address brought back memories of a third year staff-student meeting in 1957, arranged by the then professor of physiology, Peter Bishop, in response to student dissatisfaction with the course. The question was asked as to why after 3 years we had not been exposed to any clinical medicine. More particularly, he was asked why the scientific material we were being taught, especially in physiology and biochemistry, seemed to have

so little medical relevance.

His answer both astounded and angered me. However, many years later, on the shores of distant Arnhem Land, as I was grappling with the vexing issues of Aboriginal health, I had cause to reflect on his words. The question I was mulling over was: "How do you choose who are the appropriate people from a community, with a very different culture to one's own, to become health workers or doctors in the long run?"

So what was it that Professor Bishop said in reply to our questioning that made such a deep impression on me, that I could recall it so many years later, in such different circumstances? His claim was that the fundamental purpose of the medical course was not to train doctors, but to choose the most suitable doctors for our society. Once this was achieved, the rest was relatively easy to do and best done in hospitals and postgraduate studies. The question then became as to what were the qualities one was looking for and how was one to determine which students exhibited those qualities.

Here now is Professor Bishop's wish list and his method for finding the qualities he was

looking for, as best I can recall:

1. Intelligence.

Obviously you needed intelligence to cope with the demands of being a doctor. Passing the entrance exams to university was sufficient evidence of possessing it.

2. Ability to perform effectively under pressure.

The public did not want doctors who fell to pieces when confronted with an emergency. This was most easily tested by seeing how you coped with the hurdle of doing time-limited examinations. The content of the examination was not of primary importance. In fact any subject would do!

3. The public wanted doctors they could trust to apply themselves to the task at hand and who would comply with accepted social norms of behaviour.

This was achieved by making the course arduous, difficult and long (the longest university course, in fact). Students who were unable to last the distance and knuckle down to what was expected of them would obviously be weeded out by this process of attrition. Indeed the failure rate in the first 3 years was quite staggering.

Generally, 1 out of 3 passed the first year exams, of the successful ones only 1 out of 3 passed the second year exams, and of these successful ones, only 2 out of 3 passed the third year exams. After that most students were able to pass in the clinical years.

The reason why I became so angry was that, coming from an immigrant rural background with English as a second language, I considered that I passed these requirements just by getting to university. I did not take too kindly to being subjected to such a pointless exercise and wasting my life's opportunities.

However, in Arnhem Land, I began to see parallels between Aboriginal initiation ceremonies and our own initiation ceremonies of which the 1950's medical course was a prime example. I was able to make my administrative decisions with much more confidence once I realised this fact, thanks to Professor Bishop.

*Tom Gavranic*

## Recent books by faculty staff and alumni

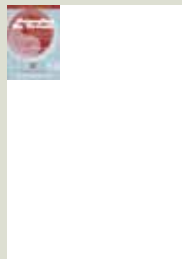
### A Pocket Guide to Chest X-rays

Author: Greg Briggs  
Publisher: McGraw Hill  
ISBN: 0 074 71336 1  
Published: 2004  
Type: Paperback  
Price: \$32.95  
Extent: 120pp  
Illustrations: 50 chest x-rays



### Untangling the Threads: Perspectives on Mental Health in Chinese Communities

Authors: Wai-On Phoon and Ian Macindoe  
Publisher: Transcultural Mental Health Centre  
ISBN: 1 74080 040 0  
Published: October 2003  
Type: Paperback  
Price: \$44.00  
Extent: 336pp  
Contact: general@tmhc.nsw.gov.au  
www.tmhc.nsw.gov.au



### A Companion of the History of Medicine in Australia 1788-1939s

Author: A J Proust  
Publisher: Self published  
ISBN: 0 646 42592  
Published: October  
Type: Paperback  
Price: \$25.00  
Extent: 328pp  
Available from: A J Proust  
10/38 National Circuit  
Forrest ACT 2603

### Sydney University Medical Journal

The Sydney University Medical Journal 2004 was launched on Tuesday, 9th March. Originally published by the Medical Society (Medsoc) in 1905, the Journal enjoyed an unbroken run of annual editions that lasted until the early 1970's. The past thirty years have seen only a handful of issues, however, and this year marks the first Journal to go to press in over a decade. In that time, the teaching of medicine has undergone a transformation, with the introduction of the graduate Sydney Medical Program. The launch, to be held at the Nicholson Museum, will be an exciting event for all who wish to be involved with the revival of this important publication. What can we expect, then, from the new Journal? Well, in the first place, the Journal 2004 signals a departure from previous years in that it focuses squarely on student writing. Essays addressing current issues in medical research and clinical practice reveal some of the insights and experiences we have gained in the course of our studies. In particular, many students have chosen to write on some of the social aspects of medicine, including Indigenous health, refugee policy and the treatment of prison populations. This merely reflects the interest which we

have in a wide range of social issues, beyond the sometimes narrow confines of a medical curriculum.

If this all seems a bit serious, we've also included many pieces whose relation to medicine may not at first seem clear. Thus the Journal features poetry, fiction, travel writing, photography, interviews, funny cartoons and even recipes! We've wanted to share some of our interests, because we believe that medicine is just a part of life, which should involve fun and inspiring stuff of all sorts. We hope that by tapping into some of our creative and artistic passions, the way we approach our lives, and medicine, will also be more creative.

One final innovation is the title we've given the Journal this year. The Greek word *aetia* means 'origins' or 'causes', and is familiar to many in medicine through the term 'aetiology' (or 'the investigation of causes'). The origins of the Journal go back, of course, to the earliest days of medical students at the University of Sydney, setting aside time from their studies in order to write. So the Journal's new title reflects its history as a publication. But it also looks to its future, and it is in this sense of *aetia* - 'a new beginning' - that we wish the Journal to be read and enjoyed by all. We've been very lucky in having a preface written



for us by Dr Karl Kruszelnicki who, as a former medical student featured in the 1983 Journal, was happy to lend his support to its revival. We also wish to thank the NSW Health Department, without whose generous support the Journal would not have been possible.

**The Journal is available at the Medical Library, Blackburn Building, phone 9351 2482 or by email at [bookshop@medsoc.usyd.edu.au](mailto:bookshop@medsoc.usyd.edu.au) Cost: \$5**



The Medical Graduates' Association and the Centre for Continuing Education joined forces in 2002 to offer overseas and domestic tours to medical graduates. Groups of medical graduates and their friends have travelled to Turkey in 2002, and Arnhem Land and the Top End in 2003.

In 2004 we will again be offering the very popular Aboriginal Art and Culture in the Top End tour. Numbers for this tour are limited to 12 participants so be quick to book your spot.

A new trip Saigon, Luang Prabang, Hanoi: along the Mekong River is scheduled for November 2004. This trip includes visits to hospitals in Hanoi, hosted by members of the Hoc Mai Foundation of the University of Sydney. See below for further details. Where and when would you like to travel to? Email the MGA at: [mga@med.usyd.edu.au](mailto:mga@med.usyd.edu.au) with your suggestions.

Let us know if you would be interested in having a medical doctor accompany the travel group. Remember, we can tailor the trip to the needs of medical graduates.

#### Aboriginal Art and Culture in the Top End 2004

##### Overview of tour

Dates: 22 June to 1 July 2004

Tour Leader: Dr Garry Darby

Price guide: \$6,900

Maximum group size: 12

Tour code: 046 0703

Centre for Continuing Education and the Medical Graduates' Association will again be travelling to the Top End in 2004.

This ten day tour will visit some of the most significant art-producing communities in Arnhem Land and the Kimberley. We travel in comfort and style in twin-engined, air-conditioned aircraft. During the tour, we visit Bathurst Island, Yirrkala, Maningrida and Ramingining. Meet the artists, see them at work and discuss what you see with an expert.

##### Tour highlights:

A two-day 'safari camp' at Mt Borridale.

A day at Elcho Island where superb painting on bark and paper will be seen and discussed.

Overnight stay at the wonderful Bungle Bungle Ranges in a comfortable, modern camp with all facilities.

Meet the painters from Turkey Creek, some of whom continue to paint in the style established by Rover Thomas.

Opportunities will arise throughout the tour for those interested in purchasing the works of various artists.

For booking information please contact the Centre for Continuing Education by phone 02 9351 2907 or email: [info@cce.usyd.edu.au](mailto:info@cce.usyd.edu.au)

#### Saigon, Luang Prabang, Hanoi: along the Mekong River 2004

##### Overview of tour

Proposed dates:  
6-22 November 2004

Tour Leader:  
Dr Milton Osborne

Price guide:  
\$7,000 - \$7,900 person  
(twin share, economy air travel)

Maximum group size: 24

Tour code: 046 0102

This tour offers the opportunity to experience the varied and fascinating world of the Mekong River, Southeast Asia's largest river and the 12th largest in the world. The tour commences in Ho Chi Minh City, better known by the name still used by its inhabitants, Saigon. After travel through the Mekong Delta we travel up the river to Phnom Penh, Cambodia's capital. Next the tour moves on to Laos's capital, Vientiane before reaching Luang Prabang, Laos's former royal capital and, in the judgment of many, the jewel of all cities along the Mekong. The tour concludes in Hanoi with an orientation visit around the Old Quarter, Hoan Kiem Lake and Van Mieu (Temple of Literature).

There will also be an opportunity to visit a western and an eastern hospital in Hanoi, hosted by the Hoc Mai Foundation, University of Sydney. An optional four – night extension to Central Vietnam is available.

Hoc Mai Foundation:  
[www.hocmai.org](http://www.hocmai.org)

##### Tour leader

Dr Milton Osborne has been associated with Southeast Asia since being posted to the Australian Embassy, Phnom Penh, in 1959. A graduate of Sydney and Cornell Universities, he has lived in Cambodia for long periods and travelled widely in that country and in Laos. He is the author of eight books on Southeast Asian subjects, including *Southeast Asia: An Introductory History*, now in its 8th edition, and most recently *The Mekong: Turbulent Past, Uncertain Future*. Milton led a highly successful tour to Phnom Penh and Laos for the Centre for Continuing Education in 2002.

To register your interest and to receive a full travel itinerary, please contact Continuing Education on ph: 02 9351 2907 or email: [info@cce.usyd.edu.au](mailto:info@cce.usyd.edu.au) and quote tour code 046 0102.



Top: Novice monks, Cambodia Photo: Robert Veel

Bottom: 'Malangi' Photo: Dr Garry Darby