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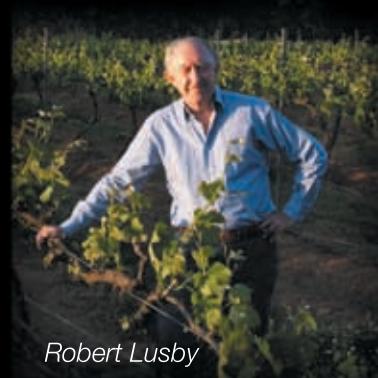
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BUILDING ON OUR RESEARCH STRENGTH

Thank you to all donors to the Dean's Scholarship Fund appeal. With your support, we have been able to establish the first of a new generation of student scholarships. For a full report, please see page 20.

The acquisition of knowledge and its dissemination is one of the key roles of a University. In medicine, the speed with which new knowledge is acquired and applied to improve patient diagnosis and care is becoming increasingly rapid. As a consequence, one has to assume that a great deal of what we teach our students now will be superseded several times within their professional lives. Thus, all students must be equipped to contribute to the acquisition of the knowledge that they and those who follow them will use in medical and public health practice.

Having reviewed our medical curriculum, we have now turned our attention to refining our research goals and strategy. This is driven by our aspiration to do everything we do with distinction and to ensure that our students in medicine, public health and research are able to contribute to improvements in patient care.

Research is one of our great strengths at Sydney. The Faculty has more than 1700 academic staff and this semester we have 950 students enrolled in research higher degrees. Our research programs cover a broad range in basic and clinical sciences, and in public health. Our research output is high quality, and that is reflected in the high ratings we achieve across every national competition measure. Our research also has a direct impact on the community, translating into better healthcare for all.

Our teaching is already research-led, but we also have to make sure that we train students to become inquisitive and valuable researchers.

Recent discussions in Faculty have highlighted the need to support clinical as well as basic research, and for us to ensure that all of our graduates have an adequate level of research competence. To ensure that both of these

aims are achieved, we have made a number of changes to the way we structure our research support.

First, the NHMRC Clinical Trials Centre formally joined the Faculty of Medicine and will occupy three floors of the Medical Foundation Building. The CTC is a valuable resource for anyone contemplating a clinical trial. We are also developing a Paediatric Clinical Trial Unit in association with the Children's Hospital at Westmead.

Second, we have decided to form an Office of Research and Research Training to oversee the development of our research strategy, student experience, supervision, support and recruitment. This office will be responsible for all research matters and will complement our Office of Medical Education (responsible for our medical program) and Office of Postgraduate Medical Education (responsible for our postgraduate coursework programs).

With these and other measures that the new research office will initiate, we will be better placed to train the researchers and research leaders of the future.

I would also like to take this opportunity on behalf of the Faculty to extend a warm welcome to the new Vice Chancellor, Dr Michael Spence, and to thank him for taking time in his first weeks to address senior members of staff on his ambitions for the future.

His view that the University should be elite but not elitist is one the Faculty shares, and we look forward to working with him to provide the quality of education and research to which we aspire.

Bruce Robinson
Dean



INDIGENOUS HEALTH CLINICS COMMENCE

The Poche Centre for Indigenous Health ran its first health clinics in Bourke and Brewarrina in June. A mix of specialist and primary care doctors, allied health professionals and two medical students were transported by the Royal Flying Doctor Service to the western NSW towns, according to the needs identified by the local Aboriginal Medical Services and Greater Western Area Health Service.

The start of the clinics was widely covered in the local and national press, and warmly welcomed by local health service staff.

Participants in the first clinic included Professor Bruce Robinson (endocrinology), Associate Professor Bain Shenstone (rheumatology), Associate Professor Len Kritharides (cardiology), Dr Sue Towns (adolescent medicine), Dr Lilon Bandler (primary care) and Dr Alison Harmer (physiotherapy).

Further clinics are planned for both Bourke and Brewarrina in the remaining months of this year. The program will expand significantly in 2009.

Above: Brewarrina Hospital; Graham Bolton, Aboriginal Liaison Officer, Brewarrina Hospital.

MEDICAL FOUNDATION CARDIOVASCULAR RESEARCH INITIATIVE

At its meeting in July, the Medical Foundation approved grants worth a total of \$600,000 for three cardiovascular research projects.

The funding comes from the Chapman account, one of the Foundation's largest, which was established following a bequest more than 30 years ago. Funds available through the Chapman bequest have enabled the Foundation to increase its efforts in supporting cardiovascular research.

The largest grant was for \$300,000 payable over three years, to Dr Ryuichi Aikawa, Professor John Rasko, Professor David Allen, Associate Professor Chris Semsarian, Dr Eddy Kizana and Dr Tatiana Tsoutsman, to continue their study on gene therapy for cardiac disease.

Dr Martin Ng and Professors Tony Weiss and Marcela Bilek were awarded \$200,000 over two years to fund further work in development of their elastin-based cardiovascular materials (see story on page 18).

A third grant of \$100,000 was made to a collaboration of researchers looking at using cardiac MRI in the pathophysiology and diagnosis of heart disease. Researchers are Dr Rajesh Puranik, Professor David Celermajer, Associate Professors Len Kritharides and Chris Semsarian, Dr Martin Ng, Dr Aravinda Thiagalingam, Dr Tommy Chung and Dr Gemma Figtree.

**PETER CISTULLI
RECOGNISED**

The American Academy of Dental Sleep Medicine has conferred its Honorary Member Award – the highest the Academy offers – to Professor Peter Cistulli (pictured above) in recognition of his contribution to the field of sleep medicine. He is the first individual outside North America to receive the award.

Professor Cistulli is Head of the Department of Respiratory Medicine & Director of the Centre for Sleep Health and Research at Royal North Shore Hospital.

For more than a decade, his research has focused on dental aspects of obstructive sleep apnoea diagnosis and management. Among other achievements, his work resulted in the development of an oral appliance, now marketed by listed healthcare company SomnoMed, for the treatment of snoring and sleep apnoea. The device is rapidly becoming an alternative to CPAP treatment.

COURSE FOR HEALTH COMMUNICATORS

Health communicators make up one of the largest industry workforces in public relations and media. To meet the needs of those working, or planning to work in the area, the School of Public Health and the Faculty of Arts have come together to offer a Master of Health Communication.

The course is tailored to provide both media skills for professional communicators in health and medicine working in public affairs, public relations, community relations and journalism as well as an evidence-based education in public health issues.

Dr Fiona Giles from the department of Media and Communications says the program will provide the most comprehensive and specialised training in health communication in Australia.

"Many of our academics have professional industry experience, either as working journalists or health advocates, and students are assured of cutting edge knowledge, contacts and networking opportunities," Dr Giles said.

For more information on the Graduate Certificate, Graduate Diploma and Master of Health Communication programs contact Felicity Barry on fbarry@health.usyd.edu.au

Below: Fiona Giles.



RESEARCH STUDENTS FROM AROUND THE GLOBE

This semester, across its seven clinical schools and 40 research institutes, the Faculty of Medicine has 950 students undertaking research higher degrees. They come from a wide range of first degrees and include medical and non-medical graduates.

The majority of current postgraduate students are Australian (60 per cent) but overall they come from 39 countries including Kenya, China, Bangladesh, Italy, New Zealand, Brazil, Cambodia, Iran and South Africa. After locals, the largest regional groups are Asia and North America (11 per cent each).

NEW OFFICE OF RESEARCH AND RESEARCH TRAINING

As part of an ongoing review of research, the Faculty has established a new Office of Research and Research Training. Responsibilities of the new Office include focusing on research strategy, funding, postgraduate student recruitment and supervision.

"Having reviewed the medical curriculum in 2007, this year was time to look closely at all aspects of our research strategy, capacity and output. The Faculty is recognised locally and internationally as one of the best research facilities in basic and clinical sciences, and in public health. We felt that having a focused Office of Research and Research Training would give us a structure to drive future efforts," said Professor Bruce Robinson.

Charged with establishing the new Office are Professors David Burke and David Handlesman, and Associate Professors Graham Mann, Brett Hamblin and John Christodoulou. David Handlesman and Graham Mann have both been appointed to new roles as Associate Deans (Research Strategy). Brett Hamblin is Associate Dean (Postgraduate Student Recruitment) and John Christodoulou is Associate Dean (Postgraduate Studies).

RESEARCH SNAPSHOT

"The Faculty of Medicine is the premier research-driven faculty in one of the most research-intensive universities in Australia," said Director of Research, Professor David Burke.

"We have major research programs in cancer, genetics, fundamental and clinical neurosciences, cardiovascular disease, infection and immunity, obesity and exercise, clinical trials of new therapies and devices, public health and health promotion."

"Our activities probe normal and diseased function and span the entire spectrum from the molecular basis of disease to the public health measures to control epidemics."

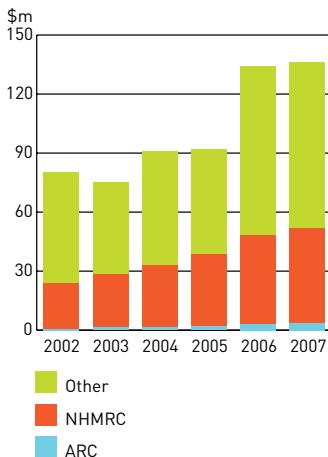
Across every national competition measure, the Faculty's research ranks highly.

Total research income in 2007 (excluding joint venture income) was \$136 million. In 2006, it was \$134 million or \$196 million if joint venture income was included (joint venture income for 2007 is not finalised).

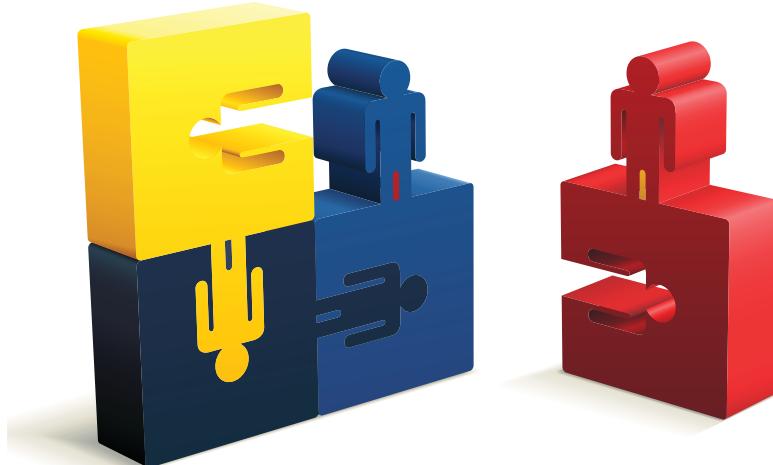
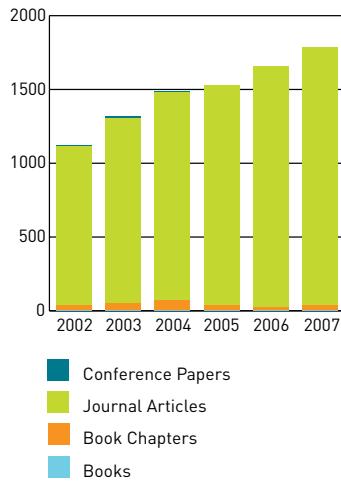
There were 1659 research publications for 2007, more than 50 per cent higher than in 2002.

See tables to the right for a graphic snapshot.

Faculty of Medicine research income 2002–2007



Research publications 2002–2007



SIR GUSTAV NOSSAL AT MEDICAL FOUNDATION'S 50th ANNIVERSARY

Over the past decade, rays of light have crept into the dark area of global health, according to Sir Gustav Nossal in a lecture to mark the 50th anniversary of the Medical Foundation.

Sir Gustav is a graduate of the University of Sydney, and a leading medical scientist and humanitarian. The former director of the Walter & Eliza Hall Institute in Melbourne, he is an advocate for international health and he spoke on the challenges in alleviating poverty and improving health in developing countries.

"Major currents are sweeping through the development aid field. In 2005, the G8 group committed themselves to a new moral imperative of ridding the world of extreme poverty. Academics and other leaders are, I believe, ready for real partnerships," he said.

"It is not all doom and gloom. The number of children dying aged under five years was a record low in 2006, and progress is being made in the fight against the big three

global diseases of malaria, HIV and tuberculosis."

"I'm very proud of the fact that the Medical Foundation has, over its long life, supported programs which have made important progress in the international health field," he said.

Sir Gus' lecture was to mark the celebration by the Medical Foundation of its establishment in 1958 by a prominent group of NSW medical and business people, Sir Victor Coppleson, Sir Frank Packer, Mr Bill Farnsworth, Sir Garfield Barwick, Sir Robert Chrichton-Brown, and Sir Vincent Fairfax.

The University's Chancellor, Professor Marie Bashir, and the Foundation's President, Mr Richard Caldwell, both spoke at dinner in the Great Hall in July of the important role the Foundation has and will continue to play in supporting medical research.

The Medical Foundation has close to \$60 million in assets, and is supporting researchers in areas as diverse as adolescent health, cancer, cardiovascular disease, osteoporosis, ageing and Alzheimer's disease, and diabetes.



Sir Gustav Nossal (above) with Her Excellency Professor Marie Bashir, and below, with Foundation President, Richard Caldwell.



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Co Chairs:

Professor Bruce Robinson, Dean, Faculty of Medicine, University of Sydney
The Rector, Hanoi Medical University

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BUILDING A HOSPITAL IN SIERRA LEONE

Faculty alumnus and Sydney paediatrician, Dr Nuli Lemoh, has set the wheels in motion for a campaign which he hopes will result in the building of a children's hospital in his homeland on the west coast of Africa, Sierra Leone.

Dr Lemoh studied medicine at Sydney, having won an Australian government scholarship offered during the 1960s to African students – he is sure he was the only African in the Faculty at the time.

Following graduation, he did his postgraduate training in the United Kingdom. In the years since then, he has worked in Sydney, mostly in private practice but has also spent more than 10 years in Sierra Leone.

After years of political instability and civil war, health care in Sierra Leone remains in a disastrous state. Life expectancy is 34 years, one in six infants die at birth, one in six women die in childbirth and

infant mortality (children under five years) is 282 per 1000.

"The main causes of childhood death are preventable disease, but there is such a lack of facilities that it is not surprising so many children die," he said. "Providing professional care, water, medication and obstetric care, we hope to vastly improve health and mortality in the Bo region."

It has been his long-term dream to return and build a hospital in the town of Bo, a large rural city in the country.

The Rotary Club of Turramurra has commenced raising funds for the project and Dr Lemoh is also being supported by Sydney University International House Alumni Association. The estimated cost of stage one – an outpatient clinic with 20 beds, diagnostic facilities and an operating theatre – is \$300,000.

For more information contact Alexandra Cordukes on 02 9950 9800 or a.cordukes@usyd.edu.au

Below & Right:
Dr Lemoh in Sierra Leone



FACULTY SUPPORTING BREAST CANCER RESEARCH

THE SYDNEY GLOBAL ILLUMINATION GALA DINNER 16 OCTOBER 7PM - GREAT HALL

The Faculty of Medicine is a key supporter of this year's National Breast Cancer Foundation Sydney Global Illumination Dinner.

Global Illumination marks the start of Breast Cancer Month. In the past, it has illuminated significant landmarks and monuments around the world, including the Niagara Falls, the Torre di Pisa in Italy and Table Mountain in South Africa. Closer to home, it has illuminated both the Sydney Opera House and the Harbour Bridge.

The aim is to raise money for research into the prevention and cure of breast cancer, as well as awareness of the need for early detection.

The Faculty of Medicine has had a long association with the NBCF. This year, across its science and health faculties, there are nine major research projects which have received funds from NBCF.

The dinner will feature cuisine created by Michael Moore of Summit restaurant, complemented by premium wines by Margan. \$400 each or Tables of 10 are \$4000.

Please contact Beth Quinlivan on 02 9036 6528 or bquinlivan@med.usyd.edu.au



APPOINTMENTS

A series of senior appointments and promotions made in recent months ensures high level academic and clinical leadership across a range of disciplines.



MING WANG has taken up the Parker-Hughes Chair of Diagnostic Radiology at the Western Clinical School at Westmead Hospital. Professor Wang is a graduate of the University, he completed his training in diagnostic radiology at Royal North Shore where he was subsequently appointed senior clinical lecturer and staff specialist. Since 1997, he has been a member of the Diagnostic Radiology Department at the National University of Singapore, including Head of Department and Clinical Chief since 2000.



PETER MAITZ has been appointed to the Chair of Burn Injury and Reconstructive Surgery at Concord Clinical School. Professor Maitz trained and worked as a plastic surgeon in Vienna and Boston before moving to Concord Hospital in 2000. The Burns Unit at Concord has in recent years become increasingly recognised for its provision of integrated burns care, clinical excellence and research and teaching strength.



SUSAN HAYES' appointment as Chair of Behavioural Sciences in Medicine follows more than 20 years of work as a clinical forensic psychologist with victims and offenders with intellectual disabilities. Professor Hayes has also undertaken research in the field, a current project is examining the prevalence of people with the dual diagnoses of intellectual disability and psychiatric disorder, presenting before the NSW Magistrates Courts



MICHAEL COX is the new Chair of Surgery at Nepean Clinical School. A graduate of Melbourne University, Professor Cox came to Nepean Hospital in 1994. With the late Professor Chris Martin, he established the upper gastro-intestinal unit at the hospital. In the 14 years since, the unit has increased the number and complexity of cases it performs and has become a tertiary referral unit managing patients from western Sydney and western NSW.



JOHN MITROFANIS has been appointed as the Chair of Anatomy in Medical Education. Professor Mitrofanis is the Stage One co-ordinator for the Faculty's medical program, where he is committed to the strengthening of anatomy and other basic sciences. He completed his PhD at Sydney in 1990, then won a fellowship from the Royal Society (UK) to work at Oxford before returning to the Department of Anatomy. He has taught extensively and is also an active researcher, currently exploring issues related to the survival of cells relating to Parkinson's disease.



HEATHER JEFFERY has been appointed to the new Chair of International Maternal and Child Health. Professor Jeffery was formerly head of the large neonatal complex at Royal Prince Alfred Hospital. She has extensive maternal and child health experience in Australia and in developing countries, and consultancies have included for World Bank, UNICEF, Ministries of Health and various non-government organisations.



GEORGE RAMSEY-STEWART is the new Professor of Surgical Anatomy. A graduate of the University, his career has included periods in Britain and the United States, as well as at Royal Prince Alfred where he worked as a surgeon and is now Emeritus Consultant Surgeon. In the wake of the recent review of the medical program curriculum, he plans to reintroduce anatomy teaching by a Whole Body Dissection Course for Medicine Three students as an option in their elective term from next year. He also plans to emphasise Clinical Anatomy Teaching throughout the expanded anatomy curriculum of the revised course.

LETTERS

Back to Basics: Courtesy and Respect

I read the Dean's piece "Our Medical Graduates: Leading Change" in the Radius of March 08. At the same time in the press I read about "pens on legs", who were junior doctors in one of our tertiary institutions.

The complete contrast stirred my thinking.

While the Medical School firmly believes it is producing highly educated graduates, the system into which these people are then turned treats them as nothing better than a secretarial service. The problem is that the same cohort of senior clinicians is responsible for their education and their subsequent treatment in the hospital system.

I'd like to suggest that throughout the medical fraternity we start to respect each other. When another doctor shares care of a patient with you, you write to them and explain what has happened, and respect their care of the patient. When you disagree with a colleague's care of a patient, you deal with it in an educational manner, so that all parties have an increased knowledge and understanding.

Once we have got back into the old habits of courtesy with each other, it will be so much easier to treat our junior doctors with respect. They deserve to be treated far better than as "pens on legs".

As a profession we need to be Leading the Change. Leadership of the hospitals was given to non-clinical staff who comprehend budgets but not the absolute waste of having medical staff trying to do their work without adequate secretarial and technological assistance, so we pay highly educated staff to write out forms and ring departments for verbal results while general practitioners do all of this through computerised interfaces like other 21st century workers.

Elizabeth Dodd
MBBS 1979
Griffith

Share your thoughts!

Letters to the editor should be no more than 150 words in length. Please include your full name, address (not for publication), daytime phone number and/or email address, degree(s) and year(s) of graduation. Letters may be edited.

Send your letters to: bquinnivan@med.usyd.edu.au or The Editor - Radius Magazine Room 204, Edward Ford Building A27 The University of Sydney, NSW 2006

Opinions expressed in the pages of the magazine are those of the signed contributors or the editor and do not necessarily represent the official position of the University of Sydney.



DOING IT DIFFERENTLY: GPs who break the mould

GPs are right at the front line in Australian health care, and they play a critical role. With a perception that it offers less career scope, though, falling numbers of young medical graduates now choose general practice. Improved career paths may be one solution, providing young graduates with greater exposure to GPs who have interesting medical lives is another.

by Beth Quinlivan

WHEN DON HANNAM graduated from Sydney University in 1983, he expected to follow his father into general practice. His father had established a practice in the Sydney suburb of Eastwood, and he worked there and later on the south coast, well into his 80s.

"I'd assumed it would be my life and for the first ten years, I really enjoyed it. We worked long hours and six or seven days a week, but it was new and interesting. There are wonderful features about being in general practice."

Had his wife not changed jobs, which took the family to the town of Wagga in the central west of NSW for four years, he says he could well have remained working in his Eastwood practice, probably five days a week, until retirement.

As it happened, his medical career has evolved very differently.

He now spends five days most months working in central Australia, primarily in two indigenous communities several hundred kilometres from Alice Springs. For the rest of his time, the work is a diverse and challenging mix. From his home in the Sydney suburb of Mosman, he does regular shifts on call for the Royal Flying Doctor Service where he provides telephone-based advice on emergency retrievals and patient care. He does occasional days in the Emergency Department at Manly Hospital and sessions in two general practices on the northern beaches.

Through it all, he stays sane by surfing and has greater ability to structure his working hours to suit his family life.

"General practice has many wonderful features but especially in the city you have the capacity to become de-skilled. There are specialists around every corner, so when people come and see you with asthma, they want to see a specialist; when they have a skin problem, they want to see a dermatologist. My father used to operate, he did anaesthetics, delivered babies. I didn't do any of that, I spent a fair bit of time working as a referral service for specialists, looking after people's coughs and colds and writing certificates."

"I had to step out of my comfort zone to do the work I'm doing, but the result is a more interesting medical life."

GENERAL PRACTICE UNDER PRESSURE

The rough statistics on general practice are familiar to most medical practitioners around the country. Just under 40 per cent of Australia's doctors work in general practice but the percentage is falling. They work fewer hours than in the past, the workforce is ageing and young medical graduates are less inclined to consider general practice as a career (only 27% of current graduates are choosing general practice).

The most recent data on the GP workforce comes from the Australian Institute of Health and Welfare. In its latest





“A lot of GPs in their 50s are seriously thinking of retiring and I can understand it. After ten years, you’re starting to think ‘Is this it?’”

Don Hannam

Dr Don Hannam
Photography by Ted Sealey

survey, there were 22,589 primary care practitioners in 2005, which accounted for 37 per cent of total medical practitioners. This compared with 20,134 primary care practitioners in 1997, which accounted for 41% of total medical practitioners. Over the period, the average age of GPs had increased from 46 years to 49 years and the average hours worked fell from 45 to 40. The full time equivalent rate of GPs working fell from 108 per 100,000 people to 98 for every 100,000 people.

If the trends cause great consternation, solutions are not easy. The reasons for the marked changes in the GP workforce and reduced interest in general practice among young graduates, are extremely complex.

They are partly the result of the cap on training places imposed by the Federal Government in the mid-1990s as a way of keeping Medicare costs down. The cap has subsequently been increased but one legacy is the current shortage of general practitioners.

INCOME, ROLE MODELS & CAREER PATHS

General practice would certainly be a more attractive choice if there wasn't a significant gap in income when compared with specialists.

But just as important to a generation of clever well trained medical students with high career expectations, is the perception that general practice offers less scope for growth and evolution, than other medical career choices.

In a recent paper published in the Medical Journal of Australia, four members of the Faculty - Professors Stephen Leeder and Michael Kidd, and Associate Professors Tim Shaw and Jill Thistlethwaite - suggest that young graduates might be more inclined

towards general practice if they experienced longer and higher-quality general practice attachments during medical school and the early post-graduate years.

Expanding career pathways in general practice would also help attract students and new graduates, according to Associate Professor Simon Willcock from the Faculty's Discipline of General Practice.

"The two most widely promoted advantages of general practice are flexibility and diversity," he said. Flexibility in being able to control the time spent at work, including the ability to work part-time when children are young or to accommodate other career or personal interests, and diversity in terms of range and variety of clinical work.

"To attract students and new graduates, the appeal of general practice has to be about more than flexibility and diversity," Professor Willcock said.

"Although diversity of general practice is said to be one of its great attractions, the reality is it can be difficult to achieve. Training in anaesthetics, surgery and obstetrics is reasonably easy for GPs to access but their ability to use these skills can be limited, especially in city and regional centres where specialists practice."

"GPs – and many specialists as well – need to have career pathways which allow them to evolve over the course of their career. We have a system of training which involves isolated discipline silos but these can be professional dead-ends and will be increasingly irrelevant in the future."

Professor Willcock suggests the medical profession was lagging behind other professional groups, including engineers and lawyers, in recognising and fostering long



term career development. He believes there should be easy entry and exit options between general practice and other medical career pathways.

One option he supports is encouraging GPs to work to a greater degree in emergency hospital departments. He believes such a move would have many benefits, firstly in alleviating emergency department staff shortages.

"Participating GPs would benefit from an expanded scope of clinical practice and enhanced career satisfaction, and the management of complex conditions in emergency departments could be improved. Bringing GPs into emergency departments might also pave the way for GPs to again become involved in other aspects of care of patients in hospital."

STEPPING OUT OF COMFORT ZONES

Don Hannam acknowledges his choices are not possible – or even of interest – for everyone. "To work in remote medicine, you need to have the support of your medical partners and you need to have a family situation that allows you to be away from home."

On the financial front, he says, it is also no bonanza. Of his sessions in the Emergency Department at Manly Hospital, for example, he says: "At \$64 an hour, including shifts as head of the department, you don't do it for the money. I do it to keep my skills up."

For him, though, the benefit of working his mix of jobs is that he still finds medicine hugely rewarding. "A lot of GPs in their 50s are seriously thinking of retiring and I can understand it. After ten years, you're starting to think 'Is this it?' You become de-skilled and you're underutilised. It's not that patients don't appreciate what you do for them but you lose the confidence to use your skills."

And of his work in central Australia, he says he feels extraordinarily grateful to have been involved. "We do acute care very well, we have improved the nutrition of children, maternal health has improved, we have saved a lot of lives."

"GPs - and many specialists as well - need to have career pathways which allow them to evolve over their career."

Simon Willcock.



DIFFERENT CAREERS...

DR ROSS WILSON OAM (GP, Bathurst)

Young medical students looking for flexibility, diversity and career evolution would have to travel a long way to find a better role model than Sydney graduate and Bathurst general practitioner Dr Ross Wilson.

His schedule is an eye-opener, a mix of days in his Bathurst practice, anaesthetics at Bathurst Hospital and regular visits to the tiny remote towns of Hill End and Sofala where he runs his clinics and calls on patients on the way home. He provides medical care at a local boarding school, and attends local events as medical officer for St John's Ambulance. If that's not enough, he continues to practice obstetrics, he sits on various professional committees and for four to six weeks a year, works as a remote area locum in NSW towns including Brewarrina, Bourke and Moree, in the Northern Territory and in the Kimberley region of WA.

"General practice is as varied as you want to make it," he says with some understatement. "What I notice is that many of the younger doctors are afraid to do new things."

Part of the problem, he believes, is that medical students are trained in a system which doesn't give them a great deal of exposure to GPs who "don't sit in a box from 8 to 4.30."

"I do my four to six weeks a year locum work because it allows me to go back to where it all happens, where you really don't know what to expect from day to day."

But he is also still increasing skills – just recently doing a course to allow him to work in the Care Flight helicopter retrievals. So would he do anything differently? After 30 years, he says he still very much enjoys the patients and the life which being a country GP offers. "I like the variety of work, that you have the ability to do a range of work. General practice gives you the freedom to keep changing and doing the things that interest you, and the flexibility to work as it suits you."

DR LYNDAL TREVENA (Sub-Dean (International) Faculty of Medicine, University of Sydney / Researcher / GP)

"I originally became a GP because of the flexibility, I had a young family and it allowed me to work around them. I loved general practice and did it for 15 years" Dr Trevena said.

Although she continues one day a week with general practice, her main occupation these days is leading the international program for the Faculties of Health at the University and in medical research.

Her path to academia came via an outreach health clinic she set up for homeless people at the Exodus Foundation in Ashfield in Sydney's west. As part of improving the service provided, she received a small research grant which led her to a Master of Public Health and eventually a PhD.

"It is only a day a week but I still love patient contact. To me, general practice is real medicine – the challenge of making a diagnosis is the biggest buzz. People come to you and you start from the beginning, you haven't had someone else partially diagnose the problem. If you want to work 12 hours a day you can but if you want to work a day a week while you do something else, you can do that as well. It also gives you wonderful opportunities to work in other areas of health."

DR JENNY REATH (GP, AMS Western Sydney / GP Education & Training / GP MANAGER, RACGP Aboriginal and Torres Strait Islander Health Unit)

Dr Jenny Reath works one day a week as a GP at the Aboriginal Medical Service Western Sydney, the rest of her time is occupied either in medical education or as manager of the RACGP's Aboriginal and Torres Strait Islander Health Unit.

"Since graduation, I've had a passion for Aboriginal health," she said. "I've always enjoyed the clinical work – the opportunity to get to know Aboriginal people as patients and often friends is a privilege, and the engagement with the community is incredibly rewarding."

"But for the past nearly 20 years, I've mixed the clinical work with medical education and policy development. Working a day a week allows me to keep my hand in clinically, which is important. Each of the jobs I do informs the other, and I couldn't do the education and policy work without having had the clinical experience – it would feel like a fraud."

"For me, what I have loved is being able to do a variety of work. The clinical practice and connection with the community gives you a base for the policy work, which I also enjoy because of the ability to influence the system. Working in education gives you time to reflect on what you do, and you learn from the people you teach."

radius

Left to Right: Ross Wilson (photographed by Chris Seabrook), Don Hannam and Lyndal Trevena



BUILDING BRIDGES: SHANGHAI AND SYDNEY

By Louise Freckleton*

Left to Right: Tu Lin and Huang Xiaojun, Shanghai Jiao Tong exchange students; Dr Bob Bao in Sydney.

THE RELATIONSHIP BETWEEN the Universities of Shanghai Jiao Tong and Sydney began in 2000. Dr Bao Shisen (Bob), a senior lecturer in the discipline of pathology in Sydney, is also a graduate (MBBS 1985) of Shanghai Jiao Tong. He introduced discipline head Professor Nick King from the Bosch Institute to friends and colleagues in Shanghai, and together they hosted a number of fellows from China. Several joint research publications followed, in the fields of atherosclerosis and wound healing.

Dr Bao's personal connections continued to open doors and in late 2006, the two universities held their first discussions about broader and more formal collaboration.

"I'm delighted to see how the relationship is developing," Dr Bao said. "In the beginning, it wasn't easy. Other Australian universities were looking to develop links with Shanghai Jiao Tong so having connections there was important."

What he says he has been really pleased by is that the relationship isn't just superficial, where an MOU is signed and nothing much happens. "With Shanghai Jiao Tong, there are already valuable exchanges and collaborations and I hope these will grow," he said.

The development of the relationship has also been supported from the top. Professor John Hearn, Deputy Vice-Chancellor (International) and member of the Faculty of Medicine, and Professor Wang Yifei, Shanghai Jiao Tong's Senior Advisor, were friends following time spent in the

World Health Organisation together. They identified the cooperative opportunity in the field of education reform and development.

EXCHANGE IS THE KEY

Health professionals are already in demand globally and this will increase in future. One of the key aims of the Faculties of Health International Office is to enable our students to be aware of, and competent in, the diversity and challenges of international health. As part of that, we strongly encourage international student exchanges and increased research collaborations between individuals and institutions outside Australia.

Since 2000, and especially since 2006, there has been a growing program of exchange of medical students and joint supervision and training of PhD candidates.

This July, the first of two Shanghai Jiao Tong medical students began an eight week problem-based learning block in respiratory medicine in the Sydney medical program. Students were fully integrated into classes.

"It is an exciting opportunity for our staff and students to share ideas and build friendships with some of the brightest medical students in China," said Dr Lyndal Trevena, Sub-Dean International in the Faculty of Medicine.

Also in July, the Faculties of Health International Office and the Office of Postgraduate Medical Education hosted



SHANGHAI JIAO TONG

Running in parallel with China's rapid economic development is a massive investment in education.

As a key part of that, the Chinese government is committed to creating a number of world-class universities. With its '985 project', it is aiming to build the international reputation of a number of top universities by raising the quality of teaching and learning, reviewing assessment and evaluation processes and undertaking international cooperation and exchange.

Shanghai Jiao Tong is already acknowledged as one of the leading universities in the

Asian region. As part of the 985 project, it is continuing to benefit from significant investment in infrastructure and human resources.

From Australia, it can be difficult to appreciate the scale of Chinese universities. While Shanghai Jiao Tong's School of Medicine is not large in Chinese terms, Australian medical schools are minnows in comparison.

Shanghai Jiao Tong's School of Medicine (formerly known as Shanghai Second Medical University) was founded in 1911 and is one of the most highly recognised in China.

It has 18 faculties and departments, ranging from basic medicine, clinical medicine, public

health, paediatrics, biomedical engineering and pharmacology; and 12 affiliated hospitals.

It has about 21,500 staff with 595 full time professors and 7,000 full time students. Eleven members of staff are members of the Chinese Academy. Over 30,000 health specialists have graduated from the school, including two ministers of health.

The University of Sydney, and in particular the Faculty of Medicine, is building a strong relationship with Shanghai Jiao Tong. In just a short period, the benefits for researchers, teachers and students of both Universities are already evident. They will continue to grow in the years ahead.



a Curriculum Development Program for clinical and basic medical science teachers from the Shanghai Jiao Tong's medical school.

"The training program allowed our academics to understand the Chinese method of teaching medicine and immerse the Shanghai team in innovations in teaching and learning such as problem-based learning, early clinical experience and an integrated curriculum," said Chris Roberts, Associate Dean (Education).

The leader of the Shanghai group and deputy director of its medical school, Dr Qu Yi said they wanted to understand the underlying concepts and principles of problem-based learning. "The training experience will boost the core curriculum development at our school and will definitely enhance the exchange of medical education between the University of Sydney and Shanghai Jiao Tong University."

According to Dr Huang Rong, deputy director of the Human Resource Department, "We have selected our best teachers from both our affiliated hospitals and basic science college to attend, and we hope that [the program] will be helpful in improving our teaching and will promote our curriculum reform."

FIRST SINO-AUSTRALIAN SYMPOSIUM ON CANCER RESEARCH

The first joint research symposium between the two universities was held in June 2008 in Shanghai. It

highlighted the research being undertaken in the field of cancer - eight cancer researchers from Sydney were joined by nine colleagues from Shanghai Jiao Tong to present their latest work.

While the exchange of up-to-date scientific knowledge was an important part of the symposium, the main aim was to identify areas of mutually beneficial research projects.

As such, it was part of the development of the relationship, hopefully leading to joint research activity, joint publications, joint conference presentations, the exchange of PhD candidates and researchers and applications for research funding for joint projects.

The aims appear to have succeeded. A significant number of collaborative activities have been identified with material and data already being exchanged between us. Plans are afoot to meet on cancer research and other themes again this year in November.

"The quality of the research undertaken and the standard of the facilities at Shanghai Jiao Tong University School of Medicine are truly outstanding," said Professor King. "This is evidenced by the number of their publications appearing in the top international journals. It is not just the quality of their work that makes them great to work with, it is the nature of the staff, their friendliness and openness to exchanging data and information as well as their focus." *radius*

FACULTIES OF HEALTH INTERNATIONAL OFFICE

The Faculties of Health International Office works for the Faculties of Dentistry, Health Sciences, Pharmacy, Medicine and Nursing, and is actively building relationships in India, China, Malaysia, East Timor, Vietnam, Cambodia, the US and Europe.

OUR TEAM:

Professor Robyn Norton,
Associate Dean (International)

Dr Lyndal Trevena, Sub-Dean (International)

Dr Dilhani Bandaranayake,
Manager International Relations

***Ms Louise Freckleton,**
Manager International Relations

Ms Rhondda Glasson, Executive Officer - Hoc Mai The Australia Vietnam Medical Foundation

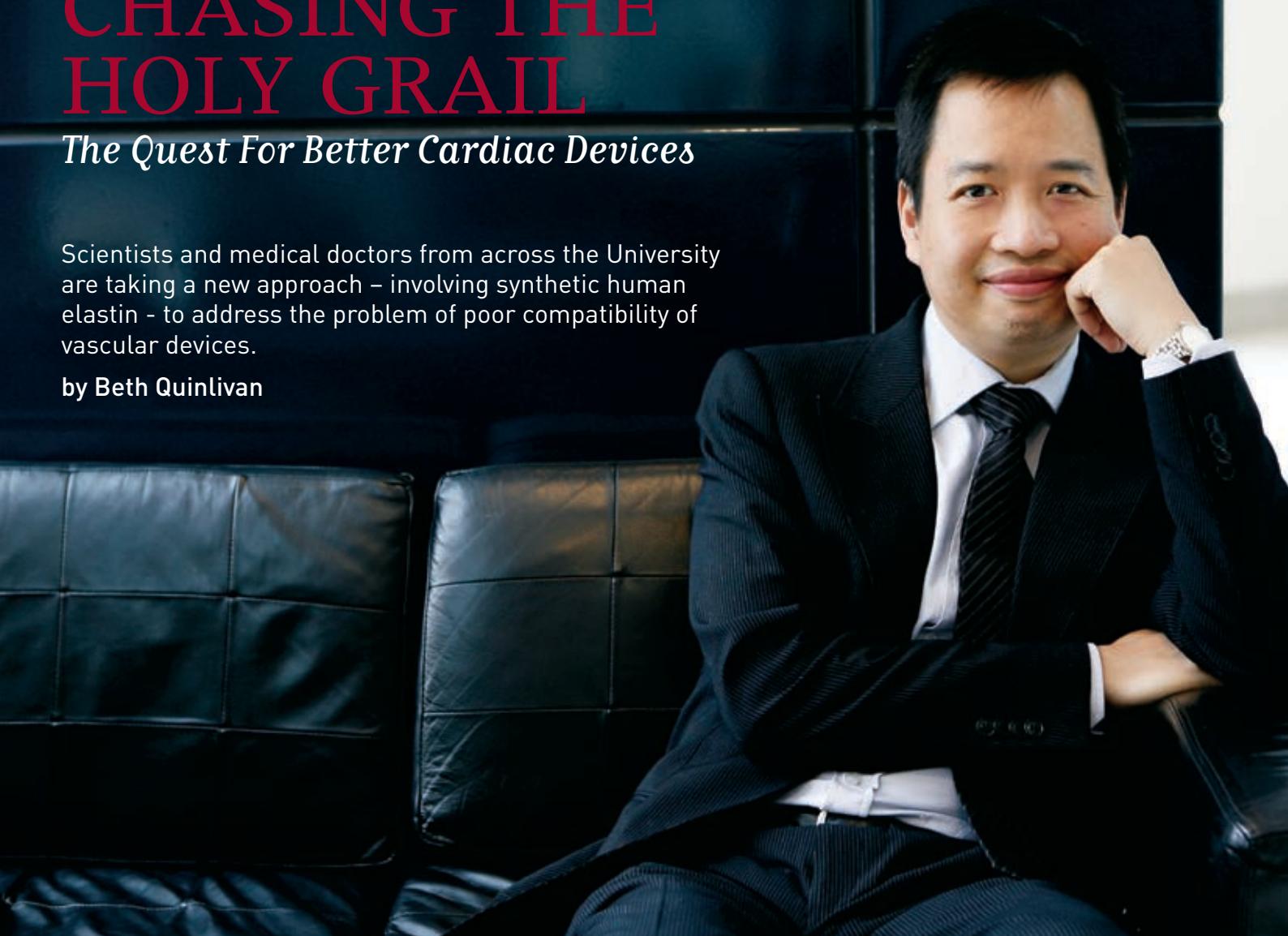
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www.chs.usyd.edu.au/international

CHASING THE HOLY GRAIL

The Quest For Better Cardiac Devices

Scientists and medical doctors from across the University are taking a new approach – involving synthetic human elastin – to address the problem of poor compatibility of vascular devices.

by Beth Quinlivan



THE PROBLEM IS familiar to millions of people around the world who each year suffer from serious cardiac disease and require bypass surgery and/or heart valves, pacemakers or stents.

That is: the materials used in synthetic coronary arteries and medical devices such as stents and valves, are not fully compatible with human tissue and as a result, cause significant medical complications. In some circumstances, there may be alternatives to synthetic devices. Heart valves taken from animals like pigs tend to be more biocompatible than metal valves but they can have other problems – not least of which is they don't last as long, increasing the chance of further surgery down the track.

"The holy grail is devices which last forever and which are compatible with human tissue," said Dr Martin Ng, staff specialist interventional cardiologist at RPA and senior lecturer at the University of Sydney. "It is a major unmet need. Cardiovascular disease is now the leading cause of mortality worldwide and is expected to remain so for years to come. Yet there are no fully effective, biocompatible

synthetic materials which can be used in the treatment of coronary or vascular disease."

When he returned in 2005 from Stanford University, where he had spent a year as a post-doctoral fellow working in the rapidly growing field of tissue engineering, Martin Ng was determined to address the issue of poor biocompatibility of medical devices.

In January 2006, he established the Angiogenesis and Tissue Engineering Research Group at the Heart Research Institute, and has since brought together from across the University a high-level collaboration of scientists and medical doctors. The Medical Foundation provided start-up funding of \$84,040 in 2007 and this July, approved a further \$200,000 payable over two years.

As well as the cardiac researchers in Dr Ng's Angiogenesis and Tissue Research Group at the HRI, the collaboration includes tissue engineers working with Professor Anthony Weiss in the School of Molecular and Microbial Sciences, and Professor Marcela Bilek's Applied and Plasma Physics Group in the School of Physics. They

Angiogenesis and Tissue Engineering Research Group at Heart Research Institute include:
Chi-Jen Hsu (CJ), Sanjay Patel, Mike Byrom, Martin Ng, Louise Dunn, Daniel Sieveking, Patrick Lim, Steve Wise.

are supported by RPA cardiothoracic surgeon and clinical senior lecturer in the Faculty, Associate Professor Paul Bannon.

It is a remarkably high achieving group. Professors Weiss and Bilek are two of the highest profile scientists in the University. Marcela Bilek was appointed Professor of Applied Physics in 2000 at age 32, in the past five years she has won \$11 million in Australian Research Council grants in her field of plasma physics. In recognition of his work, Tony Weiss was awarded a Professorial Personal Chair in 2003. It is awarded only to members of staff who have attained exceptional distinction in their field.

Supporting them in the various laboratories are a growing number of talented – and increasingly prizewinning – young scientists and medical doctors. Dr Steve Wise is a postdoc fellow in the Weiss laboratory, and has played a pivotal role in developing the new generation blood vessels. Dr Michael Byrom, who has taken time out from cardiothoracic surgical training to do his PhD in the lab and is involved with the *in vitro* and *in vivo* testing of the artificial grafts, won the TAG Medical Young Investigators Award at the Australasian Society of Cardiothoracic Surgery annual meeting late in 2007. In the latest Ralph Reader Basic Science Young Investigator Award, members of the lab claimed all three finalist nominations.

The project aim is to quickly move from “bench to bedside”, taking their work in basic sciences into clinical settings. And although it is early days, significant progress has been made. Researchers have developed a suite of new technologies and in May, the first of their new generation vascular grafts were implanted in animals.

A NEW APPROACH - ELASTIN

Heart valves, pacemakers and stents are primarily made of polymers and metal alloys, and cause blood clotting and inflammation at the site of implantation. In the case of mechanical valves, patients remain long term on blood thinning drugs. Metal stents are prone to re-narrowing because of the uncontrolled smooth muscle cell growth or restenosis. The new drug eluting stents suppress restenosis by releasing drugs that reduce cell growth but the drugs then interfere with the blood vessel healing. This leaves the stent's metal alloy exposed to blood and the patient at long term risk of heart attack due to stent thrombosis.

An established treatment for blocked arteries is bypass grafts. These are commonly taken from the patient's body (autologous vein or artery) but this is not always possible. Currently available synthetic blood vessels are highly thrombogenic and induce inflammation. They also lack elasticity and generate further complications as a result of inadequate interactions with the endothelial cells that coat the arterial walls. The result is that these blood vessels are prone to blocking, particularly small diameter vessels such as coronary arteries.

In looking to develop devices which are more compatible, Martin Ng and collaborators are taking a different tack. They are using synthetic human elastin as the building block for their new vascular materials.

Elastin is one of the major structural components of vessels and conduits, making up about 30 per cent of large arteries and is responsible for their elasticity and durability.

“One solution for improving the biocompatibility of cardiovascular devices comes from mimicking the body's own materials,” said Dr Ng.

“Natural arteries are substantially elastic due to the

Dr Martin Ng

presence of elastin. Our work has shown that synthetic elastin, unlike other synthetic materials, is non-thrombogenic and exhibits excellent cellular interactions that promote coating of the endothelial walls. As a result, we believe that synthetic elastin is an excellent building block for the formation of compatible vascular biomaterials with wide applications.”

Enter the brilliant work of Professor Tony Weiss, whose laboratory at the University specialises in synthesising human elastin. His elastin technologies have previously been used in a number of other areas, including treatment of burns, but this is the first time it has been focused on its potential for vascular uses.

COLLABORATIVE EFFORTS

If the need for new compatible devices is clear, the solutions are extraordinarily complex. Researchers are pursuing two basic approaches.

In the first, they are using elastin as the basis of entirely new synthetic materials which hopefully will mimic the physical and biological properties of human vasculature. The new materials include, initially, blood vessels but later provide the basis for heart valves, vascular closure devices, endovascular grafts and more.

“We're extending tissue engineering methods by using elastin to engineer biological scaffolds with biomechanical properties which match closely those seen in the human vasculature. These prototypes then undergo *in vitro* assessment of their mechanical properties, thrombogenicity and cellular interactions, to develop candidates for animal implantation,” said Dr Michael Byrom.

The second approach is to use coating technologies developed by Professor Bilek to improve the biocompatibility of existing cardiovascular devices.

Using proprietary technology developed by her team, the group has started by coating the inner surface of synthetic vascular conduits with human elastin. Professor Bilek's plasma energy treatment technology has achieved permanent attachment of synthetic elastin to the inner walls of these vessels.

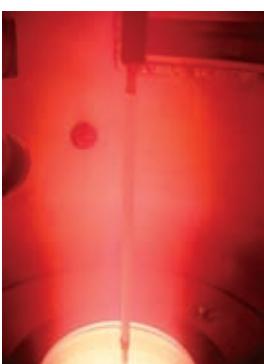
Both approaches have presented problems.

“In the case of the elastin grafts, we faced two primary challenges at the outset,” said Dr Steven Wise. “First we needed to engineer the protein to have enough physical strength to be used as a vascular material. Elastin in other uses is elastic but not nearly strong enough. We also needed to be able to manufacture seamless tubes, something our lab had not attempted previously. We use a technique called electrospinning, which uses high voltage to turn an elastin protein solution into fine fibres. These fibres can be readily manipulated into tough, elastic conduits.”

“As for the coated synthetics, getting the coating to attach and not be washed off by blood flow was the biggest initial challenge. Marcela's plasma technology allows us to activate the synthetic surface and make it receptive to bonding the elastin. The protein is importantly retained in its bioactive state. These synthetics are otherwise chemically inert and resist interacting with proteins.”

The results to date reflect the valuable interdisciplinary collaboration, according to Dr Ng.

“I am extraordinarily grateful to the Medical Foundation for their support, as a result of which we have generated a suite of leading edge technologies which we think will have a significant impact on cardiovascular devices and beyond,” he said. ***radius***



Treating existing synthetic blood vessels to enable permanent attachment of synthetic human elastin.

SUPPORTING OUR STUDENTS



Dr William Inglis.
Photography by Max Dupain.

THE WILLIAM INGLIS SCHOLARSHIP

The Faculty is delighted to report that the family of former alumnus, Dr William Inglis (MBBS 1943), has generously donated the funds for a scholarship in his memory. The William Inglis Scholarship will be awarded to either Indigenous students enrolled in the University of Sydney Medical Program or Public Health courses, or other students studying Indigenous health. The funds will assist with study, living and travel expenses or other associated purposes as considered appropriate by the Dean.

William Inglis was born on 10th December, 1919 and died on 11th October, 2007. He attended Sydney Grammar School and then the University of Sydney where he studied medicine and graduated in 1943. On completion of his residency at Royal North Shore Hospital, he enlisted in the army and went in 1946 with the occupation forces to Japan, where he remained for two years. On returning to Australia, he practised family medicine in Crows Nest for the next 15 years. He then became the first medical director of a pharmaceutical company in Australia when he began work for Geigy. From here, he moved to work for GD Searle and in the late seventies became the International Medical Director for GD Searle based in Chicago. He returned to Sydney in 1982 and worked as a consultant to Medicheck and then as Clinical Director of Besselar, organising clinical trials for the company in Australia. He retired in 1994.

"My father wished to put something back into the profession that he had enjoyed greatly both as a general practitioner and working for large pharmaceutical companies. On attending the 150th celebrations of the Faculty of Medicine at Sydney University, the idea of supporting Indigenous health professionals had great appeal for him. He was brought up by a single mother in the early 1920s and understood 'coming from behind' in his aims of becoming a doctor."

Pamela Wood

“ My father wished to put something back into the profession that he had enjoyed greatly...He was brought up by a single mother in the early 1920s and understood ‘coming from behind’ in his aims of becoming a doctor. **”**

Pamela Wood

THE ORANA SCHOLARSHIP FOR INDIGENOUS STUDENTS

In response to the Dean's Scholarship Fund appeal, the Development Office received a 'phone call from a donor who wanted to contribute \$60,000 for a scholarship to help an Indigenous medical student. We are delighted to report that The Orana Scholarship has consequently been established and will award \$15,000 per annum for four years to an Indigenous medical student in need of financial assistance. We are most grateful to this lady, who wishes to remain anonymous, for her generosity.

TOSHIBA AUSTRALIA DONATE ULTRASOUND TO AID MEDICAL EDUCATION

Our grateful thanks to Toshiba Australia who have generously donated an ultrasound to the Faculty of Medicine.

Dr Noel Young, Head of the Discipline of Imaging, was instrumental in organizing the donation and believes it is essential for students to be introduced to imaging early in their careers. "It is clear that ultrasound will be increasingly important in clinical medicine in the future and for students to gain experience on this imaging modality early in anatomy will be crucial," he said.

EXCELLENT SUPPORT FOR THE DEAN'S SCHOLARSHIP FUND

In October 2007, the Dean, Professor Bruce Robinson, launched the Dean's Scholarship Fund, the first such fund in the Faculty.

"I am aware that many of our students are finding it hard to make ends meet. It is tough for students today as they have already completed one degree and have years of intense study ahead of them. Many are working part-time and live away from home. The aim of the Fund is to provide more scholarships for students in need and to provide opportunities which might otherwise be out of reach.

"I had my first exposure to medical research outside Sydney through a scholarship from the Medical Foundation and have never forgotten how that opened up the world to a young Sydney medical student.

Since October, we have received overwhelming support from our alumni and friends. By the end of June, the Fund had passed \$200,000 and at this stage, money is still coming in.

One of the most exciting aspects of this appeal is the support the Fund has been receiving from alumni, many of whom have never given before. If you have not thought about contributing, please consider doing so.

I am deeply grateful to everyone for their support. As Founding Contributors to the Fund, you have provided a foundation on which we hope to build in the months and years to come. I look forward to meeting as many of you as possible when we hold our Faculty Scholarships and Prizes Night on Friday, 31 October 2008.

It is my sincere hope that the Dean's Scholarship Fund will continue to grow and provide funds to attract the brightest students and to offer support for those in the greatest need.

Thank you to all who donated."

Bruce Robinson, Dean.

Special thanks to Professor Robert Lusby for donating 10% of the purchases from his Tintilla Estate winery made with the coupon in this issue of Radius to the Dean's Scholarship Fund (see ad on page 4).

The Dean's
Scholarship Fund
Supporting Excellence

The University of Sydney
Faculty of Medicine

Donations & Bequests

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

EXPANDING HORIZONS ENGAGING COMMUNITIES

Diversity producing change where it matters

The nature of the Sydney University graduate medical program lends itself to producing doctors who are in touch with the issues of the world, including the political and social topics that affect society as a whole. Allowing such a diverse group of people to study medicine means that from day one, students are getting involved in and informed about these issues and making a difference where it counts. We are very fortunate to have such a dedicated and socially-aware student cohort that is interested in the issues outside the realm of standard medicine.



Laura Eastman,
Julie McCrossin,
Dale Marchant.

Paula Conroy
Honorary President 2008
Sydney University Medical Society

Sorry: from here to 2030

During Reconciliation Week, on May 27th 2008, Sydney University Medical Society and the University's rural health group MIRAGE, hosted the annual Indigenous Health Forum. The central theme of the evening Sorry: From here to 2030 intended to address the NSW Reconciliation Council Week theme of "Sorry: A new beginning" and the recent federal government 'Statement of Intent' to reduce life expectancy gaps between Indigenous and non-Indigenous Australians and to increase access to healthcare by 2030. MC Julie McCrossin steered the vibrant discussion between the panellists and lively audience covering a wide range of concepts regarding this critical issue.

Local Cadigal elder, Mr Charles Madden, gave the official 'Welcome to Country' to the land of the Cadigal people, on which the University of Sydney is located. This year, the audience was drawn from a wide variety of academic, community and student bodies, including arts, dentistry, medicine, nursing, allied health, and Aboriginal Health Service providers.

Dr Marlene Kong, GP and medical officer for the Australian Indigenous Doctors Association, spoke of how the eight-point plan outlined in the Statement of Intent provides a feasible target for the evaluation of measurable outcomes in the public domain and views education as vital in bridging the gap. The importance of addressing deficits in health-workers, particularly Aboriginal Healthcare Workers, who are reactive to the needs of the community, was raised by Shane Hearn, Senior Lecturer in Public Health at the University of Sydney. Members of the audience working in Aboriginal health delivery raised the importance of cultural security and cultural safety while Dr Sandra Meihubers spoke of the "Housing for Health" program as an example of how the social determinants of health are vital to closing the gap.

Overall, the evening was another tremendous success and thanks to Laura Eastman (GMP 2 – Medsoc Indigenous health officer) and Dale Marchant (GMP 2 – President of MIRAGE) for organising such an informative evening.

A meeting of minds

One of the latest interest groups to form under the umbrella of the Sydney University Medical Society is "USyd AMSAC". This group is a 'meeting of minds' started by Sydney University Representatives to the Australian Medical Students Association (AMSA), Australian Medical Association (NSW) and NSW Medical Students' Council (NSWMSC) – Rahil Nagpal, Susanna Lam & Caitlin Corkhill respectively. AMSAC is a forum to discuss the medico-legal and medico-political issues that affect medical students at the University of Sydney.

The group meets regularly to converse about and formulate tangible solutions on these issues - from the merits and shortcomings of shared clinical placements with other allied health students to discussing workforce shortages coupled with increased medical student numbers. AMSAC has already made its way through many varied subjects and managed to encourage students to get actively involved in issues similar to those they will be facing once they have graduated, and to provide each other with the tools and critical analysis skills required to evaluate these matters more realistically. For more information on this group, please contact Rahil Nagpal (GMP2- rnag3154@med.usyd.edu.au).

Rahil Nagpal, Nick Jorgensen,
Ineke Wever and Tim Coughlan.



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Seichur rug from the northern Caucasus, c.1870. Size:170 x 105cm

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alumni news

president's report



One distinctive feature of our University's Faculty of Medicine is its rich history and heritage. Melbourne and Adelaide are the only other medical schools that began in the 19th century. The majority of Australian medical schools started in the last 50 years.

As many of our students and, indeed, some of our Faculty have always come from other countries, we should take the opportunity to inform them and the wider community about the diverse stories of those who preceded them.

Some will be familiar with the published histories of the Faculty of Medicine (in 1983 and 2006) and of the Sydney University Medical Society (1992), and with the book on '150 years, 150 firsts' by Faculty alumni (2006).

Other books tell the stories of major teaching hospitals, including Royal Prince Alfred Hospital, Sydney Hospital, Royal North Shore Hospital, and the former Royal Alexandra Hospital of Children (now the Children's Hospital at Westmead).

Various published biographies or autobiographies of our alumni include Herbert Schlink (1907), Raymond Dart (1917), Rowley Richards (1939), and Catherine Hamlin (1946). These are supplemented by personal memoirs, biographies and obituaries in journals. The life stories of some Sydney alumni are available on the website of the Royal Australasian College of Physicians and we hope to gain access to biographical material collected by other professional Colleges for the Faculty website. The online Australian Dictionary of Biography is an excellent source of biographies of prominent alumni.

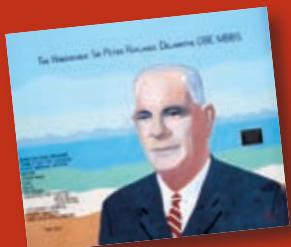
These stories of our medical practitioners and researchers and the communities they serve can be told from many perspectives. The photo of the street mural in Bowen (right), Queensland, pays tribute to Peter Roylance Delamothe. He graduated from the University of Sydney in 1928, had medical practices in Collinsville and Bowen, and served as mayor of Bowen, then as Liberal MP for Bowen and minister in the Queensland Parliament.

The online history of the Faculty and its alumni gives an exciting opportunity to expand on the published work. All our alumni now have the chance to contribute their stories by forming networks of those interested in specific themes such as the role of Sydney alumni in clinical specialties and professional Colleges. Otherwise, we can tell more personal stories from the viewpoint of family dynasties, schools, ethnic background, religious affiliations, University Colleges, military service, or participation in the arts, sport, politics, and community activities.

For example, in informal discussions Bob Wines (1965) and Dennis Arnold (1952) have volunteered to lead on the role of Sydney alumni in establishing the Urological Society of Australia. I am keen to hear from our alumni who would like to set up other similar networks related to their specialty, region or any other theme (contact me at pallancaster@gmail.com or call 02-9427-0112). I intend to organise a symposium early in 2009 to bring together those interested in contributing more ideas and telling the varied stories of our alumni.

Other forthcoming events include the 21st Anniversary Alumni Lunch and re-opening of the Wilson Anatomy Museum on the 1st October and Spring Back to Sydney on November 8 for those whose year of graduation ended in 8. Further details can be obtained from the Faculty's alumni website www.medfac.usyd.edu.au

Dr Paul Lancaster
Medical Alumni Association



President's Report
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Crossword

Visionary care

FRANK BILLSON HAS SPENT 50 YEARS DEDICATED TO PREVENTING BLINDNESS AND OPTIMISING SIGHT

By Beth Quinlivan

THIS YEAR, WHEN Professor Frank Billson vacates his long-held position as head of the University of Sydney's Department of Clinical Ophthalmology and Eye Health, he leaves a considerable legacy.

Appointed in 1977 as Foundation Professor of Clinical Ophthalmology, the "department" at that stage consisted of himself, a lecturer, two technical assistants and a part-time secretary.

By 2008, having established the Save Sight Institute of the University of Sydney as the research arm of Sydney Eye Hospital, it is a very different picture. The Save Sight Institute, with Sydney Eye Hospital, will this year provide care for 80,000 patients. The Department organises and teaches graduate training programs, and coordinates undergraduate ophthalmology training in the University's teaching hospitals. Its research scientists this year generated more than \$2 million in grants and are at the forefront of efforts to prevent and treat vision problems.

That Professor Billson is stepping aside at a time when the Discipline of Clinical Ophthalmology in the University and the Save Sight Institute are on sound footing is no mean achievement. Life has been more certain in recent times but the 1980s and 1990s were punctuated by skirmishes with politicians, bureaucrats and even the University, mainly over funding (or lack of it). If they are now well placed for the future, it is due to some adroit footwork over the years.

But all that is just part of the legacy.

On a personal level, Frank Billson's great skill as a researcher and clinician has improved the lives of thousands of patients, many of them children.

"From 1978, Professor Frank Billson was part of the neonatal health team that provided an excellent weekly clinical service on an honorary basis for assessment and management of visual problems in preterm babies at KGV Hospital Sydney, now RPA Newborn Care," said Professor Heather Jeffrey, previously head of neonatal medicine at RPA Newborn Care and now Professor of International Maternal and Child Health at Sydney University.

"His compassionate care has literally touched thousands of preterm babies and their parents. During his clinical rounds, he provided a unique education in neonatal ophthalmology for both Australian and overseas trainees from low income countries, thereby preventing blindness and optimising sight for so many."

"His record of care for newborns and families is truly legendary and we thank him profoundly for this extraordinary commitment," she said.

His never-failing advocacy of healthcare as a basic right meant his patients could always access the best care regardless of their financial circumstances. Despite increasing privatisation of health services in recent years, he has remained committed to public institutions. He has used his status in the profession and the University to push for public hospitals to include ophthalmology services, arguing that providing essential care is a responsibility the whole community must share.

On top of that has been his extensive work in developing countries and in remote Australian communities, where preventable eye disease is so debilitating.

Finally, as a teacher, he has influenced many of the current leaders in the profession.

AN INDIVIDUAL CAREER

If Frank Billson has never been one to follow the crowd, the writing was on the wall in his school days. Educated at Melbourne Grammar, he didn't win many friends with his criticism of the on-going persecution of younger students. He survived school, partly because of his ability in the boxing ring.

"It wasn't that I was a good boxer but I used my head. If you watched, there were patterns, you could anticipate the moves," he said.

He graduated in medicine from Melbourne University in 1958, planning to follow in the footsteps of his grandfather, a general practitioner in the then working class suburb of Prahran. His grandfather was one of two men - the other was the family doctor - who influenced his decision to study medicine and work as a general practitioner.

"They gave great status to the profession. My grandfather was well known for not charging half of his patients, saying as long as there is a roof over our head we're okay," he said.

After graduation, he commenced physician training at the Alfred Hospital but within a short time was disillusioned with hospital medicine, where patients were often close to the end of their lives and medical interventions provided little help. His horizon changed during a period of neurology training, when he began



Above: Caring for babies at RPA.
Right: Frank Billson by artist Simon Fieldhouse.



interacting with the hospital's eye department.

"I was immediately fascinated, this was different, you were entering a world of magnification."

He also liked the ability of eye surgeons to directly improve people's quality of life. "Patients had cataracts removed and could see again, it was wonderful to be able to contribute to diagnosis or sight saving surgery."

In the event, he chose to pursue ophthalmology and moved to the United Kingdom to complete his training. After stints at Moorfields Eye Hospital and Leeds General Infirmary, he returned to Australia in 1966 to work as a researcher in the Department of Ophthalmology at Melbourne University and as an ophthalmic surgeon at the Alfred Hospital. Within a couple of years, he was appointed as head of paediatric ophthalmology at the Royal Children's Hospital and neonatal ophthalmologist at Mercy Maternity Hospital and the Royal Women's Hospital.

Throughout his career, his greatest research and clinical interests have been in paediatrics.

"I love children, I relate well to them and I was fascinated by the interaction of child development and eye

disease." The idea of early intervention, and the benefits that early diagnosis and treatment could offer for children and their families, also appealed.

Retinopathy of prematurity is a great example. It is an eye disease that affects prematurely born babies and can cause blindness if left untreated.

"I remember the first case of retinopathy of prematurity I saw in 1972. We were powerless to do anything," he said. Cryotherapy and laser are now mainstay treatments, and Professor Billson spent the best part of 25 years as a regular at RPA Newborn Care Unit (and its forerunners) examining and treating new babies for the disease.

"It was wonderful being able to help, to know that what you're doing will allow them to participate fully in life," he said.

No surprise that his work attracted deep gratitude from individual families whose lives would have been very different without his intervention.

In 1977, when the University of Sydney offered him the position of Foundation Professor of Clinical Ophthalmology, where he would also act as consultant ophthalmologist



Above: In Bangladesh 1985.
Below: Frank Billson in 2007



at the Eye Hospital and at Royal Prince Alfred, it was a difficult decision.

"Leaving the Children's Hospital was heart-wrenching. The Children's Hospital was often seen as a career stepping stone but I never had that approach. I'd started with a vision that it was a job in itself," he said. During his time there, the hospital's expertise in paediatric ophthalmology became internationally recognised.

"The only thing I asked for when I came to Sydney was to link with the Children's Hospital."

The 31 years since have revolved around developing the University and subsequently the Save Sight Institute's clinical, teaching and research strengths in ophthalmology. The Save Sight Institute was established in 1985 to incorporate the University's Discipline of Clinical Ophthalmology, the Lions NSW Eye Bank and Foresight Australia (which focuses on international aid). The Institute and Department moved into its current home at Sydney Hospital in Macquarie Street in 1999.

There were rough patches, invariably caused by lack of money. To survive, he lobbied, argued, and wheeled and dealled with bureaucrats, politicians and fellow doctors. It is hard to imagine anyone who could match his encyclopedic knowledge of the recent history of Sydney Hospital.

"A friend recently described me as a pig-headed optimist, and they're probably right. I've always had an unswerving belief that there are solutions to problems and if you have a difficult situation, you have to look for ways to resolve it.

"The amazing thing is that whenever I've really needed money, we found it. When we moved into Macquarie St, we had to find \$1.6 million to refurbish the facilities. Just about that time, a patient died leaving us a legacy of just over \$800,000, and we were able to raise the rest."

INTERNATIONAL AID

Macquarie Street politics are a world away from the largely preventable eye disease that is such a disaster for developing countries and many remote Australian communities. The statistics tell the story: 80% of the world's vision problems are in developing countries and 75% of those problems could be avoided if well-known and cost-effective programs or treatments were in place.

Since the mid-1970s, Professor Billson has been working in Bangladesh, Cambodia and elsewhere, running clinics and training local doctors in cataract surgery and other procedures.

The aim has always been for local communities to develop their own skilled workforce.

In 1978, he was one of the founders of Foresight Australia, a not-for-profit organisation committed to prevention and cure of world blindness, and he remains on its board. Since then, Foresight has run programs in Bangladesh, China, Sri Lanka, Vietnam, East Timor and the Solomon Islands.

Frank Billson never gained the same level of public recognition as the late Fred Hollows, who was widely known for his international and indigenous work. The comparison is often noted but in fact they were contemporaries and friends. Their personal styles were different, but they shared several characteristics.

Neither were afraid to roll their sleeves up to get a job done, and both felt the same responsibility to use their skills to help where they could.

PEOPLE AND PATIENTS

Ask Professor Billson about the highlight of his long career, it is not the awards he mentions but an address to students.

The awards have been numerous and include the Order of Australia, the Sir Edward 'Weary' Dunlop Asia Medal, the Knight of Grace in the Order of St John for services to St John Ambulance Australia, the Claude Worth Lifetime Distinction Medal for paediatric ophthalmology and the Jose Rizal Medal for international excellence. In 2006, he was the NSW Senior Australian of the Year.

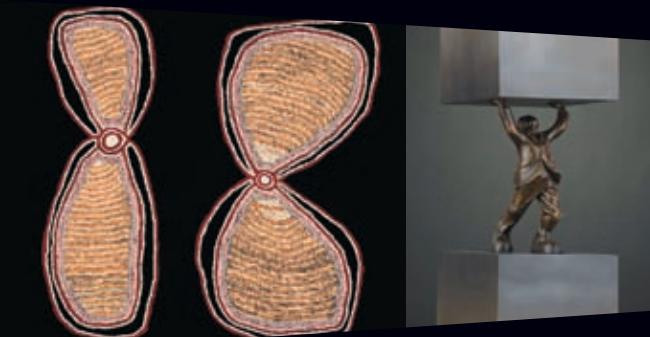
"The time I felt most honoured was when I was asked to give the oration to graduating medical students in the Great Hall. At the end, the whole Hall stood and applauded – it was a very emotional moment."

Just after he started studying medicine, he contracted tuberculosis and spent a lengthy period in hospital. For a young man embarking on a healthcare career, he says it was an important experience.

"Having been a patient, you know what it is like to be treated as a person," he said.

"In 50 years of medicine, I have never forgotten the person behind the disease." **radius**

Trevor Victor Harvey Gallery

**Noteworthy Collectables:**

Paddy Lewis Japanangka

Naata Nungarrayi

Nyurapaya Nampitjinpa (aka Mrs. Bennett)

Mackenzie Thorpe

Markus Pierson

Leigh Hewson-Bower

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Paul Ruiz, *Untitled Man* (detail), 2007, oil on linen, 15" x 12", courtesy of the artist.

Dagmar Berne's Story

The difficult road of the first female medical student.

by Vanessa Witton



In 2008, The Faculty of Medicine has more female students than male. But women didn't have an easy time in the early days of the Faculty of Medicine. Dagmar Berne, the first woman to enrol in medicine at the University of Sydney in 1885, battled deeply entrenched attitudes and was forced to complete her studies in the United Kingdom.

Dr Vanessa Witton works with the Faculty of Medicine on history projects and publications. A relative of Dagmar Berne, she has written her doctoral thesis and a historical novel based on Dagmar's life.

DAGMAR BERNE WAS born in the New South Wales coastal town of Bega on 16 November 1866, the daughter of a Danish-born auctioneer and land owner, Frederick Berne. Her mother, Georgina Witton (who was my great great great great aunt) was born in Hobart.

Dagmar's father died during the Bega flood of 1875 and her mother Georgina remarried shortly after. The family moved in 1876 to *The Lancefield Estate* at St Peters in Sydney.

For several years Dagmar and the younger Berne children attended Newtown Superior Public School. In 1882, the teenage Dagmar boarded at the exclusive *Springfield Ladies' College* in Darlinghurst. The girls were taught French and other 'accomplishments' considered suitable to the education of young ladies in the late nineteenth century. Visiting gentlemen lecturers taught Latin and Mathematics. Chemistry, Physics and Greek were offered to boys at neighbouring schools but were not taught at girls' schools at the time. Dagmar was unhappy during the one term she spent at *Springfield*, and believed that the fees that her mother was paying were too high for the amount of useful learning she was receiving.

The University of Sydney had just opened its doors to women students, and she requested private tuition in chemistry to assist her to pass the *Senior Public Examination* to gain Matriculation to the Faculty of Arts. Dagmar entered the University in 1884. She successfully completed her first year studying Latin, French, Euclid, Algebra, Trigonometry, Arithmetic, Chemistry, Physics and English.

Although no diaries or letters penned by Dagmar remain, we know from her sister and contemporaries that she was intelligent and deeply dedicated to her studies, and someone who was shy, kind, and disliked shallowness and bigotry. She was also ambitious and determined to

take advantage of the opportunities which were becoming increasingly available to women.

By 1885, women students were allowed to study medicine at the University, provided they had completed the first year of Arts. Dagmar was the first and only woman to enrol in the third intake of fifteen medical students in 1885.

The Dean of Medicine, (Sir) Professor Thomas Peter Anderson Stuart and the Vice Chancellor, (Sir) Henry Normand MacLaurin, claimed not to be in favour of women entering the Faculty. On many occasions Anderson Stuart publicly voiced his opposition to women in medicine and his belief that they were unsuited to its study. "... the proper place for women is the home, and the proper function for a woman is to be a man's wife, and for woman to be the mothers of our future generations...within certain limits they have played a useful part in medical life; but there are limits..."

MacLaurin claimed that no woman would graduate in medicine while he was Vice-Chancellor.

In spite of this, women medical students boldly began enrolling in medicine. Three years later, in 1888, Dagmar was joined by Iza Coghlan, with Harriet Biffin and Grace Robinson entering the following year.

Dagmar failed the First Professional Examinations in 1885, repeated the year and then passed in 1886. She failed in the Second Professional Examinations of 1888 and was still studying Medicine IV in 1889. She passed the first two sections of her Second Professional Examinations in the same year, but failed in Pathology and Materia Medica. She was allowed to take deferred examinations in these subjects in March 1890, but she was failed in these also.

In April 1885, Dagmar had met the pioneer British woman physician Elizabeth Garrett Anderson during her





lecture tour on education for women and girls at the *Sydney School of Arts*. The two are believed to have discussed the possibility of Dagmar completing her studies at *The London School of Medicine for Women*. Having inherited an independent income, after her final failure in 1890 Dagmar sailed to London to complete her medical studies.

Dagmar was taught by Elizabeth Garrett Anderson and (Dame) Mary Scharlieb as well as by physicians from the neighbouring *Royal Free Hospital* in Gray's Inn Road, where the women medical students undertook clinical training. Dagmar also worked at Garrett Anderson's all women's hospital *The New Hospital for Women* in Euston Road.

Dagmar lived in damp accommodation in London and suffered from frequent bouts of pneumonia and pleurisy. Despite health problems Dagmar gained her Licentiate of the Society of Apothecaries (LSA), and the Scottish Triple: The Licentiate of the Royal College of Surgeons of Edinburgh (LRCS), the Licentiate of the Royal College of Physicians of Edinburgh (LRCP), and the Licentiate of the Faculty of Physicians and Surgeons of Glasgow (LFPS) in 1893.

During 1893, she was appointed Clinical Assistant at the North Eastern Fever Hospital in South Tottenham. In 1894, she travelled to Ireland for postgraduate study in midwifery at The Rotunda Hospital Dublin before returning to Sydney in December. She registered with the Medical Board of NSW on 9 January, 1895, the second woman in NSW to do so after (Emma) Constance Stone.

As a medical practitioner, Dagmar was never permitted to work in public hospitals in Sydney alongside male doctors and practised privately in Macquarie Street between 1896–8. She was devoted to the cause of underprivileged girls in Sydney, offering her services to *The Working and Factory Girls Club*, lecturing about food

and hygiene. Dagmar also worked with impoverished girls and women in the lower dock area of Woolloomooloo for little or no fees.

By 1898, her health was failing and she was diagnosed with advanced tuberculosis. She moved to Springwood in the Blue Mountains, which was renowned for its health-giving properties. But by January 1900, her health had worsened and she moved to the drier and warmer western township of Trundle in NSW.

The services of a doctor in the town were required and for a time, she practised from *Yarrabundie Station* and also from professional rooms at the southern end of the Trundle Hotel. She was especially concerned with the well-being of women after childbirth, insisting they receive adequate rest away from the demands of their household: in this, she was ahead of her time. Dagmar ministered to people of all denominations, often offering her services for little or no charge. Even on the night of her death she treated a man who had injured himself at the Trundle Hotel, herself so frail that "she could hardly shake a bottle of medicine."

Dagmar haemorrhaged and died of pulmonary phthisis and exhaustion on a bitter winter night on August 22, 1900, aged 34. She is buried at Waverley Cemetery in Sydney.

Dagmar Berne has become something of an icon in the Faculty. Were she still alive, I think she would be astounded that she has been mythologised in this way, that she is viewed as the pioneer who paved the way for generations of women medical students in Sydney to follow. *radius*

Left to right: The author at Dagmar Berne's grave in Waverley Cemetery.

Royal Prince Alfred medical class 1887, Dagmar in the centre.

Dagmar Berne 1890s

Jail For Naughty Medical Students?

By Charles George Mbbs 1966



The University of Tartu

UNIVERSITIES HAVE VARIOUS methods of maintaining order amongst their students whose youthful exuberance so often leads them into unsociable behaviour. German universities in the 19th century tended to deal with these issues by having jails on campus in which offenders could find themselves incarcerated for commission of petty crimes. Social changes during the 20th century resulted in the closure of these jails, although occasional universities have preserved the rooms as quaint historical features. The University of Heidelberg is one example.

Another excellently preserved student jail exists at the University of Tartu in Estonia. The political history of the Baltic republics is complex. Suffice it to say that the University of Tartu (sometimes known to the Germans as the University of Dorpat and to the Russians as the University of Jurjev, depending on the homeland of the rulers at the time and the language of tuition) provides another fascinating example.

Records preserved at Tartu University show that its lock-up operated throughout most of the 19th century in an attic that still exists in the main administrative building. (A comparable situation at Sydney University would be in an attic above the MacLaurin Hall). Interested visitors can now inspect it. An academic court sentenced students to incarceration in solitary confinement for petty offences, with punishments ranging from as little as one day for indebtedness or for creating a disturbance in a theatre to three weeks for deceiving a shopkeeper or for duelling (provided that no-one died). Failing to return books to the university library attracted two days - as did smoking in the university buildings, or concealing one's name and social rank. Breaking a window attracted three days, insulting a lady four days, insulting a cloakroom attendant five days, and fighting six to eight days. Cursing was considered a heinous crime and would earn a culprit between five days and three weeks confinement.

Medical students featured prominently amongst offenders. Incarceration was, for some, almost a badge of honour. A man who later became rector (vice-chancellor) of the university spent two days in 1809 for fighting, locked in the prison that he later controlled; whilst Estonia's first poet to write in his native language, K.J. Peterson, was locked up for three weeks in 1819 for wandering aimlessly in the streets.

Tartu is an attractive city and its university nowadays has a particularly active academic programme. The town and university are well worth a visit by anyone who travels to the eastern Baltic. They are easily accessible from Tallinn by a full-day trip through scenic countryside. A good description of them is available in English in *Millenary Tartu. The City of Youth and Good Ideas*, by Malle Salupere, Tartu University Press, 2006. *radius*

Editor- We would like to reassure readers that Charles was not commissioned by the Faculty of Medicine to research new and exciting methods of instilling student discipline and that whilst many of our students are often seen "walking aimlessly" around campus, there is no current plan to incarcerate them, although this may be subject to review [another job for Professors Goulston and Oates?]

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LATIN AMERICA A JOURNEY OF DISCOVERY

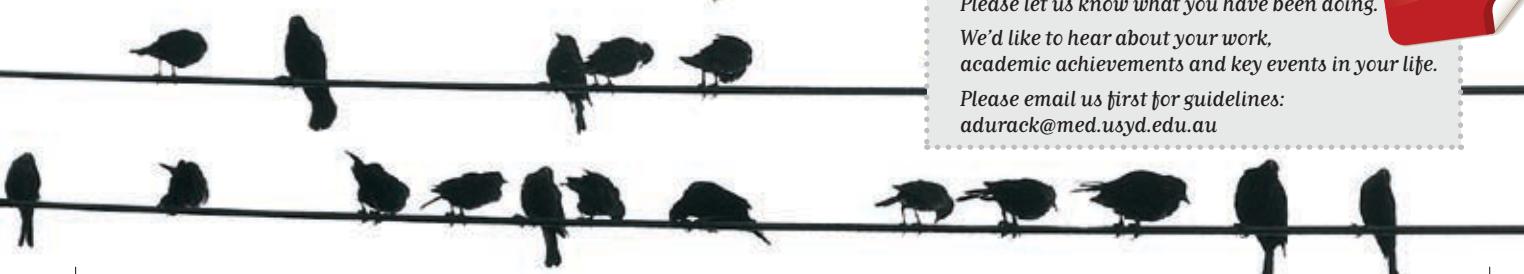
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case notes



1960s

**John Tay
(MBBS 1967)**

Dr John S H Tay is currently the Dean of the Faculty of Biblical Studies at Bethany International University (BIU), Singapore. In 2004, he retired from St Andrew's Cathedral, where he had been Dean and Vicar since 1996. Before that he was on the academic staff at the National University of Singapore for 22 years, as well as Professor and Head of the Department of Paediatrics (1988–1995).

In 2007, he gained his third doctorate (Doctor of Philosophy) at BIU after five years of study. He holds two doctorates in Genetics: Doctor of Medicine (thesis: Dermatoglyphics in Paediatrics) and Doctor of Philosophy (thesis: Genetic Structure of Singapore), both awarded by the National University of Singapore, in 1977 and 1984 respectively. In 2008, he published a book on "God's Destiny for You."

He is married to Ivy, with two children and six grandchildren.



1970s

**Tom Ruut
(MBBS 1972)**

After a lifetime in private practice, I decided in 2004 to take up a position as a staff radiologist at Canberra Hospital, and at the then-new ANU Medical School. It is the best job I have ever had with every day a new challenge. Teaching is a tremendously rewarding activity and I really enjoy the daily interaction with clinicians that I missed in private practice.

It is a great experience to take holidays when you want instead of trying to get locums. Professional life is fulfilling and exciting. I do not miss the hustle and bustle of Sydney. I still race my yacht on Lake Burley Griffin and fly my radio-controlled model aeroplanes. Come and visit me in Canberra. Tom.Ruut@act.gov.au

1980s

**Jeannette Young
(MBBS 1986)**

Jeannette Young has been the Chief Health Officer for Queensland Health since August 2005. She was appointed to the Executive Management

Team in December 2005. In her previous position she was the Executive Director of Medical Services at the Princess Alexandra Hospital in Brisbane for six years where she was responsible for the provision of medical services across the hospital and a member of the executive team. She came to the position following four years as the Director of Medical Services at Rockhampton Base Hospital. Prior to that Jeannette spent nine years at Westmead Hospital in Sydney, working initially in the area of Emergency Medicine, followed by responsibility for medico-legal issues and management of junior medical staff.

One of her major areas of interest has been in medical workforce management and development. Until recently she was the Chair of the Australian Medical Workforce Advisory Council and an AHMAC nominee on the Australian Medical Council. Another area of interest has been in organ and tissue donation and transplantation. Until recently she was the eastern states representative on Australians Donate, the national peak body for organ and tissue donation. In her current role, she is on the Queensland Medical Board, the Radiation Advisory Council, co-chairs the Queensland Emergency Medical System Advisory Committee, chairs the Queensland Blood Advisory Committee and is Queensland's representative on the National Health and Medical Research Council

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and the Australian Health Protection Committee. She has recently been appointed to the newly established AHMAC Clinical, Technical and Ethical Principal Committee.



1990s

**Michael Reade
(MBBS 1996)**

It may be of interest to some: in January 2008, I returned from a 2 1/2 year fellowship/postdoc in Pittsburgh PA, where I also worked as an attending intensivist in the liver transplant ICU. I was recently appointed Associate Professor in Intensive Care Medicine at the Austin Hospital of the University of Melbourne, where my research foci are clinical trials (specifically developing biomarker entry and outcome criteria, as well as individual patient data meta-analysis) and the interrogation of the ANZICS CORE database, perhaps the largest comprehensive dataset of intensive care in the world.

2000s

**Sunil Joseph
(MMBS 2001)**

After a relatively short stint in the hospital system both here in Singapore and

Australia, I have now started my own practice with a fellow GP in Serangoon, Singapore. Setting up one's own practice is something that is not quite covered in medical school. It has been a very rewarding, exhilarating ride. One important lesson I learnt is that "ideal textbook" medicine may not be practical or cost effective. Resources are limited. Being innovative and improvising are key to success as a GP in private practice where healthcare is not subsidised very much. Costs are escalating in an inflationary current world environment and we as doctors need to evolve our practice to suit the real world. We have to think dynamically. I also work in the private hospital A and E departments on a locum basis, which I think is excellent for GPs to maintain their "acute medicine" skills.

**Kyle Shaw
(MBBS 2003)**

I'm finishing specialty training as a Chief Resident in Pathology at the University of Maryland Medical Center, and beginning a subspecialty fellowship in Forensic Pathology at the Office of the Chief Medical Examiner in Baltimore, MD, as of July 2008. I am also recently engaged and we are planning a wedding for the North American spring of 2009 (with hopes of a honeymoon trip back to Oz).



FACULTY AND ALUMNI Queen's Birthday Honours 2008



Congratulations to the following distinguished medical faculty staff and alumni who were recognised in this year's Queen's Birthday Honours.



**The Hon Emeritus
Professor Peter Baume
MBBS '59, MD '69**

AC for service to advancing higher education as an academic, researcher and administrator, and to the community through leadership roles in organisations addressing significant public health and social policy issues.

**Professor
Christopher J Burrell
BSc[Med] '64, MBBS '65**

AO for service to medicine as a specialist in infectious diseases, particularly in the field of virology, as an administrator and educator, and to the community of South Australia through the establishment of the Coriole Music Festival.

**Associate Professor
Geoff Duggin
MBBS 1968**

AM for service to renal medicine and toxicology as a clinician and researcher, and through contributions to professional associations.

**Professor Elizabeth J Elliott
MBBS '80, MD '92**

AM for service to paediatrics and child health as an academic, researcher and educator, and through establishing the Australian Paediatric Surveillance Unit.

**Dr Jacqueline A Morgan
MBBS '55**

AM for service to medicine, particularly in the field of neuromuscular disorders, and to the community through a range of organisations involved in research and support for people with muscular dystrophy.

Associate Professor Ron Walls

AM for service to medicine in the fields of clinical immunology and allergy, as an academic, researcher and administrator, to the advancement of medical education, and to professional associations.

**Dr Robert M Anderson
MBBS '48**

OAM for service to medicine as a general practitioner, and to the community of the Narrabri district.

**Dr Grace J Bryant
MBBS '78,
GradDipSportsSc '87**

OAM for service to medicine as a medical officer to a range of sporting institutions and organisations and through administrative roles with professional associations.

**Dr Carl W Edmonds
MBBS '60**

OAM for service to subaquatic and hyperbaric medicine as a practitioner, researcher and educator, and to the advancement of diving safety.

**Dr John J McGuinness
MBBS '64**

OAM for service to medicine in the field of anaesthesia, to medical education, and through the provision of humanitarian assistance to communities in the Asia-Pacific region.

**Dr Con S H Reed
MBBS '53**

OAM for service to medicine in the areas of oncology and haematology as a clinician, researcher and executive member of professional associations.

**Professor
Philip Sambrook**

OAM for service to medicine, particularly as a researcher and clinician in the fields of rheumatology and osteoporosis



reunions 2008

Does your graduating year have an important anniversary in 2009? Let us help you contact your fellow graduates, issue invitations and promote your event. Please contact your alumni reunion coordinator, Diana Lovegrove, on (02) 9036 3367 or by email at mga.usyd.edu.au. We also have special new low rates for hiring University venues.

GRADUATING YEAR OF 1973

When: Friday 12 September 2008 - Sunday 14 September 2008

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

Time: 7.30pm

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

Contact: Carol Clifford tel 9807 6975, Phil Cocks 9683 1857 pcocks@ozemail.com.au

GRADUATING YEAR OF 1978 (Class of October 1978)

When: Saturday 1 November 2008

Where: The Great Hall, The University of Sydney

Time: 7pm Cost: \$150

Contact: Lyn March [lynmar@med.usyd.edu.au], David Mawter, Roger Boyd, Steve Allwright, Steve Williams, Annie Lim, Carolyn Lechowicz, Phil Hung

GRADUATING YEAR OF 1948

When: Saturday 8 November 2008

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

Time: 12 noon Cost: TBA

Contact: Harding Burns tel 9328 5707 janemburns@bigpond.com.au, Peter Harvey hpharve@tpg.com.au

GRADUATING YEAR OF 1998

When: 8 November 2008

Where: Great Hall, The University of Sydney

Time: 7pm Cost:\$120

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

GRADUATING YEAR OF 1974

When: Sunday 29 March 2009

Where: The Refectory, Holme Building The University of Sydney

Time: 12 noon Cost: \$100

Contact: Jim Wilkinson tel 9858 3156 fax 9804 6409 lochwilk@optusnet.com.au



WED 1ST OCTOBER 2008

Reopening of the Wilson Museum of Anatomy

Following extensive renovation, the Faculty of Medicine invites alumni to celebrate the reopening of the Wilson Museum of Anatomy at 11am on Wednesday 1st October 2008. Established in 1890 by Professor Anderson Stuart, the museum now fuses its historic legacy with a fresh contemporary design.

A Slice of Life – The development of Anatomy and Dissection at the University of Sydney

On display in the Anderson Stuart Common Room, this exhibition traces some of the practices of Anatomy in the Faculty, from Anderson Stuart's arrival to contemporary times. Since Anderson Stuart's time there have been a series of Professors of Anatomy, each who have made significant contributions to Anatomy within the University and elsewhere. Their biographies and achievements are depicted alongside a photo gallery of their prosector. As this is a display for public viewing, no human remains are represented in this exhibit.

Please note: due to the sensitive nature of the exhibits, access is restricted to students and graduates from the Faculties of Medicine, Dentistry and Science.

21st Anniversary of the Medical Alumni Association Lunch

Following the morning's activities, please join the Dean of the Faculty of Medicine Professor Bruce Robinson and the President of the Medical Alumni Association, Dr Paul Lancaster for lunch as we celebrate the 21st Anniversary of the Medical Alumni Association.

Venue: The Great Hall

Time: 12.30pm

Cost: \$60 per person

For all these events, please contact Diana Lovegrove on (02) 90363375 or dlov2095@med.usyd.edu.au for details.

1946

THE 62ND YEAR AFTER GRADUATION REUNION

ROYAL SYDNEY YACHT SQUADRON. 18 APRIL 2008

The day dawned cloudy with showers but this did not dampen the enthusiastic gathering of 31 graduates and 12 partners for our reunion in the Shellcove Room of the Squadron. The room was soon buzzing with talk and laughter as we sipped our pre-luncheon drinks. At midday, the Master of Ceremonies, Jack Blackman, introduced Professor Bruce Robinson, Dean of the Faculty of Medicine, University of Sydney who outlined the new medical curriculum, improved teaching methods and the many and diverse opportunities now available after graduation. The speech and mention of the return to some of the basic topics that we undertook many



reunion reports

years ago was received with enthusiastic acclamation. Bruce was warmly welcomed and spoke with many of us before he left to attend another commitment.

The group photograph was taken after which we leisurely took our places for a delicious lunch accompanied by fine wines. Jack then welcomed all our guests, many from country areas and interstate. He drew attention to the notice boards listing the survivors, our departed friends, and another with apologies and some with interesting anecdotes and letters. 71 members are still alive, 80 are deceased and 2 cannot be traced.

He thanked the Medical Graduates Association for their great help and generosity in the organisation of the reunion, for the University of Sydney tie-pins and fridge magnets given to each of us on arrival and for providing the excellent

and very patient photographer, Clive Jeffery. Victor Bear, Roger Davidson and Alan Young were thanked for the many hours spent in preparing for the big day.

It was noted that nine of our classmates had died since the last reunion in 2006. Babette Stephens and Lew Abbott, who had made a great contribution in helping to organise these reunions over many years, were especially mentioned.

Alan Young conveyed greetings from Gaston Bauer and read out a letter from his wife, Phyllis. He also showed a newspaper clipping of Gaston recently receiving the title of Emeritus Director of the North Shore Heart Research Foundation – a fundraising body he helped to set up 20 years ago.

Roger Davidson gave us the names of the technical staff at Sydney University whose photo

was in our Yearbook and this was greatly appreciated.

John Allsop, John Austin, Grosvenor Burfitt-William, Bill Gilmour, Steve Richardson, Peter Rogers and Kevin White contributed anecdotes and information. Steve also conveyed apologies from Neville Newman who had expected to be with us but had to cancel at the last moment. Ewen Sussman reminded us of Cath Hamlin (Nicholson) and her ongoing medical mission in Ethiopia.

After sweets, coffee and chocolates, the gathering came to a happy conclusion. There seemed to be a desire to have further meetings and the committee is considering the possibility of having a yearly, less formal, luncheon in the future and maybe, later on, the 65th.

John Greenwell

1988

1988 was a big year. With Bob Hawke in Canberra and Barrie Unsworth in NSW, the Bicentenary, the Olympics, the first episode of Home and Away and the proclamation of *acacia pycnantha* as Australia's national floral emblem, many overlooked the arrival of the Class of 1988 on to the theatre of medical practice.

Twenty years later, however, 133 guilty and innocent parties reconvened in the Refectory at Sydney University to rekindle the past, discuss the present, and dream about the future. Larger than life projections of photos from our Yearbook were testimony to the benefits of digital photography, ably assisted by vignettes from a number of colleagues unable to attend.

As the stragglers were escorted from the venue, calls

for another evening in five, rather than the usual ten years were heard. With the internet, email, and the truly exceptional assistance from the Medical Alumni Association, this just might happen.

Profits from the evening will be donated to the scholarship fund of the Faculty to assist today's medical students.

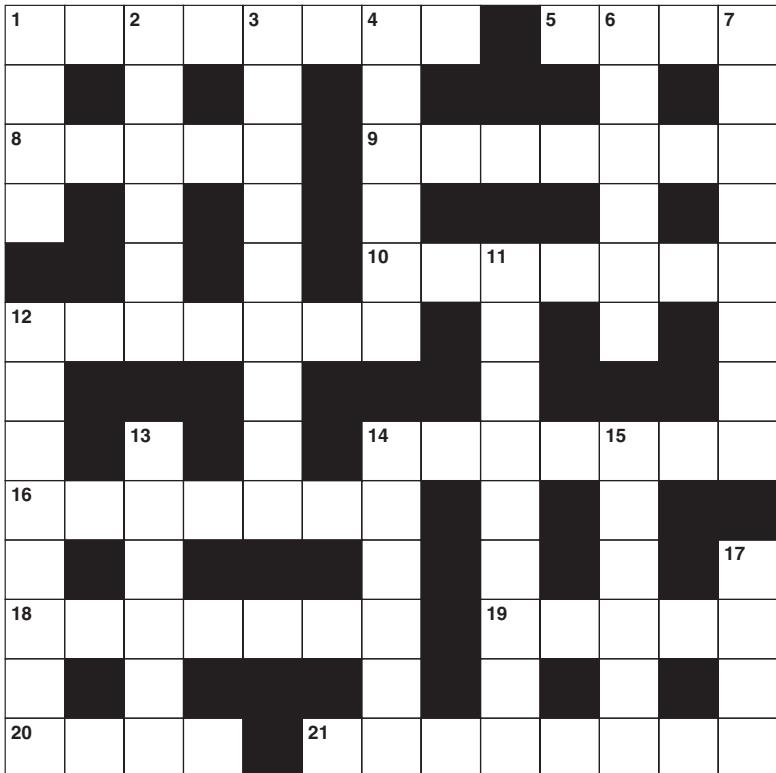
David Barton, Mark Nicholls and Choong Siew Yong

"At 40 (the new 30) a man should know himself like the palm of his hand, know the exact number of his defects and qualities, know how far he can go, foretell his failures - be what he is. And, above all, accept these things."

Albert Camus



radius prize crossword 3



ACROSS

- 1 Can sugar from India be tested? {8}
- 5 Help to include a 100 leaves a sour taste {4}
- 8 Enjoyable US soldier tucks into mushrooms {5}
- 9 Fried chip for tea; good for the liver? {7}
- 10 One hesitation after crane lost direction hurt my head {7}
- 12 Drains north and becomes the insiders {7}
- 14 Find roughage from four fishless siblings {7}
- 16 Curved surfaces force the return of sin for mice {7}
- 18 This column contains blood parts {7}
- 19 Wide bone found at ancient Troy {5}
- 20 Sounds as though this unit mass can be bought {4}
- 21 Mum had an article plus 51 of these animals {8}

DOWN

- 1 That little Edward played loudly; turned out handy {4}
- 2 Non-aim produced a membrane {6}
- 3 I mixed with imps and deer for skin cover {9}
- 4 Medicine follows this moral science {6}
- 6 Listen; sit Little Richard down for a lime flavour {6}
- 7 Tenth's I'm figuring {8}
- 11 I had no balsam for this clot {9}
- 12 Rio's mice raced to a different energy state {8}
- 13 Una; my gal has painted toenails {6}
- 14 Lie to you at Los Angeles? Break a leg {6}
- 15 Opening in Laos; it becomes chaos {6}
- 17 A Jane Austen girl {4}

RADIUS WINTER SOLUTION

S	T	A	R	C	H	A	L	E	X	I	A
P	E	L	E								P
L	C	A	R	T	I	L	A	G	E	N	
E	A	V	V	K	V	O					
E	Y	E	L	I	N	E	R	B	O	N	E
N	S	C	R	L	L	A					
C	A	N	A	L	V	I	R	U	S		
C	R	I	L	D	G	T	D				
U	R	E	A	P	A	R	A	S	I	E	
R	A	U	I	M	O	N					
I	N	E	M	E	R	T	E	A	N	G	
E	B	Y	N	U							
S	T	U	F	O	R						

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

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

Congratulations to our latest winner:
Dr Peter Dawes (MBBS 1954).

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

Dean Professor Bruce Robinson

Pro-Dean Professor Ben Freedman

Director of Research Professor David Burke

Associate Deans and Heads of School

Professor Glenn Salkeld - School of Public Health

Professor Michael Field - Northern Clinical School

Professor Craig Mellis - Central Clinical School

Professor Chris Murphy - School of Medical Sciences

Professor Kathryn North - Children's Hospital at Westmead

Clinical School

Professor Michael Peek - Nepean Clinical School

Professor David Harris - Western Clinical School

Associate Professor Joe Canalese - School of Rural Health

Professor Robert Lusby - Concord Clinical School

USyMP Associate Deans

Associate Professor Tessa Ho - USyMP Curriculum & Chair

Professor John Mitrofanis - USyMP Curriculum & Coordinator Stage 1

Professor Michael Frommer - USyMP Curriculum & Coordinator Stage 2

Clinical Associate Professor Chris Dennis - USyMP Curriculum & Coordinator Stage 3

Associate Deans

Professor David Cook - Associate Dean (Finance)

Associate Professor Chris Roberts - Associate Dean (Educational Development)

Associate Professor Simon Willcock - Associate Dean (Postgraduate Medical Education & Training)

Professor John Christodoulou - Associate Dean (Postgraduate Studies)

Associate Professor Brett Hambly - Associate Dean (Postgraduate Student Recruitment)

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Professor Chris Liddle - Associate Dean (Information Technology)

Professor Michael Kidd - Associate Dean (Professional, Government & Community Relations)

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Associate Professor Graham Mann - Associate Dean (Research Strategy)

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Tom Rubin - Executive Officer Faculty of Medicine

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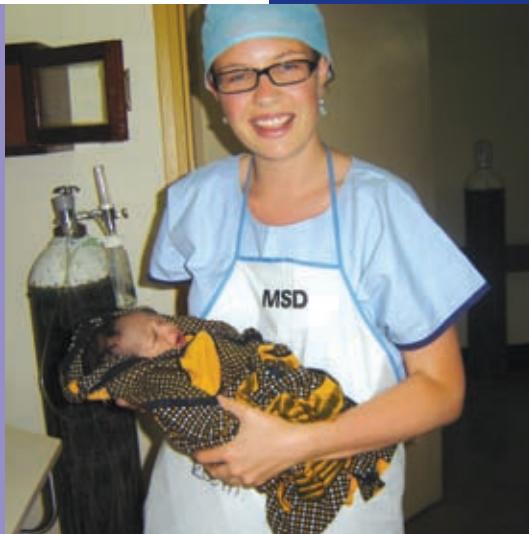
Helen Triantafyllou - Director Student Services.



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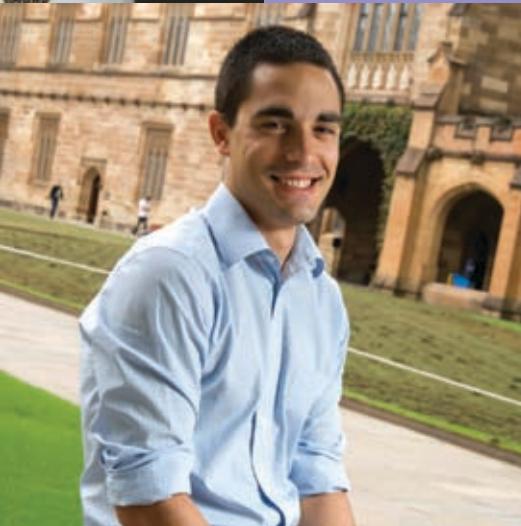


"For my medical elective, I spent eight weeks at Kilimanjaro Christian Medical Centre, a large hospital for North East Tanzania in the department of Obstetrics and Gynaecology. My experience was invaluable in terms of what I learned medically, the cultural and social experience and how I developed personally and professionally. I am incredibly grateful for the Dr Catherine Hamlin Elective Term Scholarship, as without this help it would simply not have been possible to fund this trip."

Sarah-Beth Emerson

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

Ryan Downey



- Financial assistance scholarships
- Merit scholarships
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