

SEPTEMBER 2009:
AT THE FRONT LINE
→ PREPARING FOR
THE NEXT PANDEMIC
→ MAKING SENSE
OF THE MESSAGE
→ ENHANCE
YOUR CAREER
AND LEARNING
→ MYTH BUSTING
PROMETHEUS

radius

SYDNEY MEDICAL SCHOOL MAGAZINE



The
University
of Sydney



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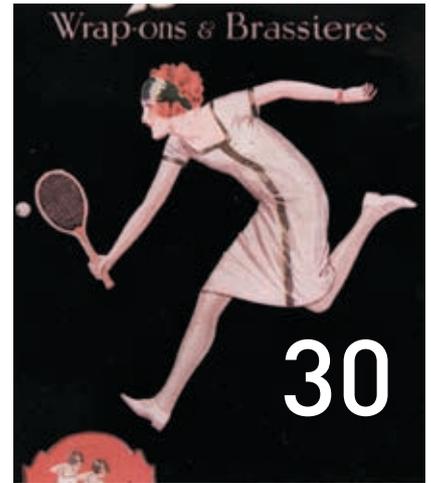
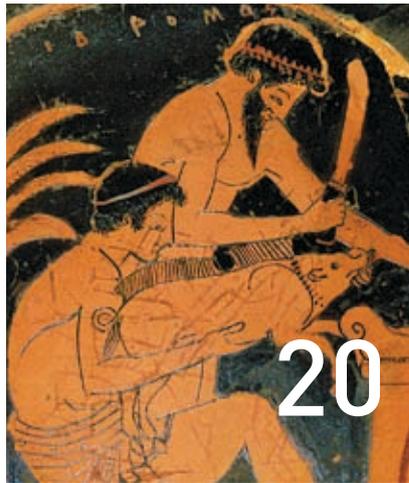
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COVER: Dominic Dwyer - Medical Virologist.
Photography by Ted Sealey



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SYDNEY MEDICAL SCHOOL MAGAZINE
SEPTEMBER 2009

radius

The magazine of the University of Sydney Medical Alumni Association and Sydney Medical School

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Bruce Robinson
Dean

THE NEED FOR FLEXIBLE AND IMAGINATIVE TRAINING

In recent months, there has been an apparent sudden revelation in government that postgraduate training places are in short supply. As a result, for the first time ever, our international students have not been guaranteed intern places in NSW.

For students, the consequences of this decision are extremely difficult, leaving them scrambling to consider other options at the same time as preparing for exams. It also reflects poorly on a country which supposedly welcomes international students.

But is the premise on which it has been taken even correct?

Work being undertaken in our Medical School suggests not. Our investigations suggest training places are abundant if those who designate them think laterally about where medicine is practised.

Traditionally, postgraduate training has taken place in our public hospital system. We have all trodden the path of intern, resident and registrar through a public system where we have been trained by senior colleagues who have seen their roles as both a responsibility and an honour. Changes in the way medicine is practised, the growth of the private hospital sector and the shift of people from hospitals into the ambulatory care setting, necessitate a major rethink in the way we continue to provide high quality postgraduate training.

Several myths need to be dispelled. The first is that private hospitals and private patients do not want to be involved in postgraduate training. The Epworth Hospitals in Melbourne have already established themselves as leading academic, teaching institutions and many of our private hospitals in Sydney have embraced the opportunity to participate in teaching. Professor John Horvath and Ms Jackie Ross have been helping to increase opportunities in these hospitals both

for medical students and postgraduate trainees. These are hardly negotiations but positive discussions with immediate positive outcomes. The Royal Colleges recognise the need to change quickly and to accredit these training positions.

The second myth is that training that is not undertaken in a hospital is in some way inferior. The reality is that a huge amount of medicine in Australia is now practised in general practices, specialists rooms and health centres. That is where our graduates will spend most of their practising lives. That is an environment for which we need to prepare them. The challenge in this sector is to provide the facilities to enable a decent learning environment. Patients generally love meeting younger trainees and are quite happy provided they are being properly supervised by a more senior colleague.

The third myth is that training that is not supervised by an Australian within our country could not possibly meet our standards. This presupposes that our trainees are not able to separate good from bad, and that health systems in other parts of the world are all inferior to our own. That type of arrogance will be our downfall. International education which offers new perspectives, comparative experiences and new cultural experiences will produce more enlightened practical doctors ready to meet the health needs of our community.

Sydney Medical School is forging new partnerships locally and internationally which will provide better educational opportunities for our students. There is a real urgency to this endeavour as new medical school graduates emerge. We need to cut through the bureaucratic forest and have the training of our graduates occur in settings which will make them ready and relevant to contemporary medical practice.



Michael Peek, Bruce Robinson, Nicola Roxon, David Bradbury, inspecting plans and with local media at Nepean.

→ INNOVATIVE EDUCATION AND SPECIALIST CARE AT NEPEAN'S NEW CLINICAL SCHOOL

Plans for the new \$25 million Nepean Clinical School were on show early August, as Minister for Health and Ageing Nicola Roxon and the Federal Member for Lindsay, David Bradbury, visited Nepean Hospital and Clinical School.

The University of Sydney secured \$17.2 million in federal funding for the new Clinical School from the Health and Hospitals Fund, announced in the May budget. A new three-level facility will be built on land purchased by the University of Sydney, opposite Nepean Hospital.

While the new building will include all the latest student education facilities to cater for the 200 local medical students based at Nepean, in a new and different approach, it will also include a suite of consulting rooms for VMOs at Nepean Hospital. Patients visiting specialists in the new Clinical School consulting rooms will be bulk billed and in return, medical students will be present for consultations.

Speaking after reviewing plans, Nicola Roxon described the integration of medical education and specialist clinics in the new facility as a "win win".

"It is a win for patients, a win for the local community and a win for students. I hope to see it become a model for the future," she said.

The new facility would build research capacity in the area, it would provide better teaching for students and better outcomes and opportunities for patients, she said.

David Bradbury was also supportive of the "innovative program" which brought together training and delivery of health services. "We know if we have good training here in the local community and hospital, then young doctors will stay."

The head of Nepean Clinical School, Professor Michael Peek, estimated construction would take 18 months from the time they received funds.

"What has been funded is more than a building, it is a co-ordinated approach to the delivery of affordable specialist care in a setting that promotes research and education for medical students, specialists in training and other allied health staff. Such training options under the current systems are difficult to deliver," he said.



The University of Sydney Sydney Medical School

→ A NEW ERA: SYDNEY MEDICAL SCHOOL

On 15 June, Senate approved a recommendation from the Vice-Chancellor that the Faculty of Medicine change its operating name to Sydney Medical School.

We are hoping that in making this change, Sydney Medical School will be more widely recognised and understood both locally and internationally.

The name "Faculty of Medicine" on its own does not tell people we are part of the University of Sydney and usually, both have to be used for outsiders to know which organisation you are talking about. In the USA, "faculty" means staff while "medical school" is internationally known and understood.

Students do not use the term 'Faculty of Medicine' with any sense of "belonging" and asked where they are studying will say "I'm at Sydney Uni doing medicine" or "I'm at Sydney doing med." We hope that with time, they will say "I'm at Sydney Medical School."

In one sense, the change re-connects the Faculty's with its roots - this was The Medical School when founded in 1883 and was so called for many years. Many of our senior alumni still use the terms "old medical school" and "new medical school." Sydney Medical School immediately identifies us with the University of Sydney, an association we are proud to have, and foregoes the need to explain which medical school you are referring to. We were also the first medical school in Sydney.

Students, alumni, staff, educators, clinicians, health networks, the media and the community in general are gradually being made aware of the change. The new name will continue to be used in conjunction with the University of Sydney coat of arms and name and will be introduced progressively as new issues of publications fall due and stocks of items run out. Our own changes will fit in with the changes and extensive re-branding of the broader University, due to be increasingly incorporated from early next year.

This is an exciting new stage in our history, and we hope you all will engage with and support these changes. Bruce Robinson, Dean, Sydney Medical School.



Hoc Mai scholars and Sydney Medical School educators

→ VIETNAMESE MEDICS: Largest international exchange

Since late July and over two different programs, the Hoc Mai Australia Vietnam Foundation has brought 55 senior Vietnamese medical professionals to Australia to participate in medical education and training programs. It is the largest exchange and aid program organised to date by Hoc Mai – and the largest within the University.

In the first group, 25 experienced Vietnamese specialists spent two weeks in intensive medical education workshops at Royal North Shore Hospital. Those attending included some of Vietnam's leading cardiologists, nephrologists, obstetricians, surgeons and health bureaucrats. They were taught by Sydney Medical School's clinical academics, who shared their knowledge and experience of medical education, including latest teaching techniques.

The second group of 30 Vietnamese health specialists were funded under AusAID's Australian Leadership Awards. Individual programs were created for each of the participants, with the objective of boosting their clinical and leadership skills.



Michael Cousins, PMRI researchers

→ **PMRI'S NATIONAL PAIN SUMMIT PUTS CHRONIC PAIN ON AGENDA**

The release of the Access Economics Report 2007: *The high price of pain - the economic impact of persistent pain in Australia*, has led to plans for a National Pain Summit to be held in March 2010.

The report, produced in collaboration with MBF Foundation (MBFF) using Pain Management Research Institute (PMRI) epidemiological data and other research, revealed that around one in five Australians live with chronic pain, with this number expected to grow to one in three as the population ages. The total economic cost of pain

was estimated to be around \$34 billion dollars, which places it in the top four most costly health conditions.

The Summit process was initiated by the PMRI in collaboration with MBFF and is being led by the Australian and New Zealand College of Anaesthetists, the Faculty of Pain Medicine, the Australian Pain Society and consumer group, Chronic Pain Australia.

Chair of the Summit Steering Committee, and Director of the PMRI Professor Michael Cousins, said:

"The prevalence of chronic pain in the community and the astounding costs to the health system, to the individual, their families and carers and the loss of productivity within the

workforce is not recognised by health policy makers and therefore pain remains one of the most neglected health problems in Australia."

"The summit aims to elevate awareness of pain as a national health priority and make more effective and cost-effective solutions available to all Australians through the development of a National Pain Strategy" said Professor Cousins.

"It has taken a long time to get chronic pain on to the healthcare policy agenda, but we now have a huge groundswell of effort from consumers and professionals, determined to ensure chronic pain is better recognised and better managed.

Professor Cousins took up a Chair of Anaesthesia and Pain Medicine at the University of Sydney in 1990 and established the Pain Management Research Centre, which encompasses clinical treatment and clinical research. The Pain Management Research Institute, located in the University's new Kolling Building at Royal North Shore, was initiated to encompass additional basic research and an international education program in pain management, which is now delivered in over 20 countries.

→ **ANATOMICAL DRINKS THANKS TO YOU – OUR VOLUNTEER TEACHING STAFF**

In recognition of the immensely important but mostly unsung contribution made by clinicians and general practitioners who donate their time to the teaching of students, Sydney Medical School is inviting volunteer teachers to a cocktail party and guided tour of the Anatomy department, including the recently refurbished Wilson Anatomy Museum. There are two dates to choose from, please follow the link below.

www.medfac.usyd.edu.au/functions/2009/

→ **STUDENTS CAMPAIGN ON PHARMA INFORMATION**



Pharma Phacts is a new campaign by medical students to raise awareness about the pharmaceutical industry and its interactions with the medical profession.

The campaign was started by a group of medical students attending the International Federation of Medical Students Association General Meeting in March 2009 in Tunisia. Pharmaceutical sponsorship of this meeting was introduced two days before the event and resulted in a uproar from countries who are strongly opposed to pharmaceutical sponsorship, such as the United States (see AMSA's PharmFree Campaign).

The issue of pharmaceutical sponsorship was not new to the Australian delegation, we have had this debate many times before and seen the same arguments. What we have set out to do is change the way this debate is framed. Instead of arguing on an organisational level, we decided to make it about individual medical students making their informed choice about how they interact with the pharmaceutical industry.

We decided that every medical student should be informed about the evidence that shows how and when

doctors accept pharmaceutical sponsored educational events, they are more likely to prescribe the sponsors medication and have non-rational prescribing practice.

Medical students should also know about the most recent evidence released in May 2009 which shows that even subtle small branded promotional items has a positive effect on medical students. In this randomized control trial medical students exposed to clipboards and notepads had a significant implicit preference for the promoted drug as compared to the control group, while they were self-reporting as the promotions having had no effect on them.

The PharmaPhacts website will provide an easy reference to the evidence for medical students to make up their own minds about their future practice as doctors.

Pharma Phacts was officially launched at the Global Health Conference in July 2009 and will launch at each individual medical school before the end of the year. PharmaPhacts relies on the enthusiasm and passion of medical students to run and needs more advocates at each university so that every medical school is represented. Please contact pharmaphacts@gmail.com if you would like to be involved.

Pharma Phacts would like to thank Healthy Skepticism for their support thus far in our campaign. <http://healthyskepticism.org/pharmaphacts/>
Ineke Weaver

→ CALLING ALUMNI VOTERS

Following recent recommendations by the NSW Parliamentary Inquiry that university governing bodies be free to appoint - rather than elect - alumni members, Dr Barry Catchlove, has urged alumni to participate in the coming University Senate election.

The University of Sydney's election of five alumni Fellows of Senate will be held on November 11.

The origin of the NSW Parliamentary recommendation was the bitter fight between the Chancellor and Vice Chancellor at the University of New England. The majority of members of the Inquiry committee supported the view that alumni elections attracted too few voters, making it easy for interest groups to gain representation and prevent well qualified candidates from success.

Dr Catchlove, the former President of both the University's Alumni Council and the Medical Graduates Association, is standing for Senate in the November election.

"I don't believe it would be in any way beneficial for appointments to be made by existing members of the Senate, a number of whom have themselves been appointed based on affiliations with political parties or business interests. A good turnout by alumni in these elections would demonstrate that this recommendation does not have widespread support," he said.

Dr Barry Catchlove



To see the First Evaluation Report on Sydney's recently revised Medical Program, go to www.medfac.usyd.edu.au

→ MEDICAL FOUNDATION COUNCIL CHANGES

After three years in the role, Mr Richard Caldwell has stepped down from the position as President of the Medical Foundation. Mr Caldwell will remain on the Council.

The new President is Mr Roger Corbett AO. Mr Corbett has a distinguished business career, including as Chief Executive Officer of Woolworths until his retirement in 2006. He holds a number of directorships, and is on the boards of the Reserve Bank, Fairfax Media and Wal-Mart Stores, Inc. He has had a long association with the Children's Hospital at Westmead, and is Chairman of its Advisory Board, and has been a member of the Dean's Advisory Group in Sydney Medical School since 2007.

Other additions to the Council include Mr Leigh Minehan, who takes on the role as Treasurer. Mr Minehan has been a partner of PricewaterhouseCoopers for 27 years and is presently leading a major change management program within the firm. He is a keen yachtsman and former Commodore of the Cruising Yacht Club of Australia.

Professor Diana Horvath AO has also joined the Council. Professor Horvath has recently retired after a 40 year career in medicine, including 14 years as CEO of Central Sydney Area Health Service and two years as CEO of the Australian Commission on Safety and Quality in Health Care.

The Dean of Sydney Medical School, Professor Bruce Robinson, thanked Mr Caldwell for his work as President.

"Richard is leaving the Medical Foundation in a very sound position, and we thank him for all his efforts. A great achievement of his period in office - and one which will have a very important impact for the University and for the health and wellbeing of young people around the country - was securing \$4.5 million to fund the establishment of a new chair in Adolescent Medicine."

→ BROKEN HILL MOVES TO LONG TERM STUDENT PLACEMENTS

The new student placement program offered by the Broken Hill University Department of Rural Health provides a mix of learning experiences that are just not available elsewhere, program director Dr David Garne believes.

From next year, a smaller number of medical students will complete clinical rotations in Broken Hill but they will stay longer (up to 40 weeks), be better integrated into the community and gain a broader exposure to health and medicine in a remote part of Australia.

"The students who come here under the new program will gain experience in rural and remote medicine. They will be linked to a General Practice while they're here, but will also work in the Base Hospital, with Indigenous communities and medical service providers, and in outlying communities including Menindee and Wilcannia. Through the Royal Flying Doctor Service they'll be able to participate in aero-medicine," Dr Garne said.

"In big teaching hospitals, it is harder for students to get the experience that we can offer here. This program supports the concept of community-based training and students get a better understanding of the continuity of health care."

Broken Hill was established as a University Department of Rural Health in 1997. Under the leadership of Professor David Lyle, it has built a strong reputation for its provision of high quality education and health care in a remote setting.

Each year, approximately 300 medical, nursing and allied health students come to Broken Hill for clinical training.

The new program was launched by the Chancellor, Professor Marie Bashir, in June.

Professor David Lyle (TOP), Broken Hill Clinical School





Left to right: David Van der Poorten, Daniel Sieveking, Scott Byrne.

→ **DEAN'S RESEARCH PUBLICATION PRIZEWINNERS TACKLE HEART AND LIVER DISEASE**

The new Dean's Research Publication's Prize has two winners, both PhD students, David Van der Poorten and Daniel Sieveking.

The prize, offered for the best research papers published in a peer-reviewed journal in 2008 by postgraduate or honours students, aims to support to encourage students to publish their research and participate in scientific meetings early in their research careers. Winners were selected based on the applicant's contribution to the paper, the quality of the journal, the level of innovation, originality and scientific rigour of the research, and the clarity of organisation and writing style.

Both researchers have been awarded \$500 plus a further \$500 towards the cost of meeting registration or travel to present the research at a scientific meeting.

Daniel Sieveking says he will use the prize money to help cover costs of travelling to the United States to attend the annual meeting of the American Heart Association.

"Cell therapies, where a person's own cells can be collected and used to promote repair or regeneration of damaged tissue is a hot topic in medicine," he said. "One particular cell, the endothelial progenitor cell (EPC), has been a candidate cell for use in cell therapy in the context of repairing damaged hearts

following a heart attack. However, some confusion has existed regarding the true identity of this cell and how it behaves in the process of angiogenesis or the formation of new blood vessels, which is important for this recovery. My paper describes a new method of testing angiogenesis and has helped characterise these cells, which should help in the optimisation of cell therapies for heart disease."

David van der Poorten will use his prize money to present his work at Australian Gastroenterology Week later this year. "It's a great honour to win this prize. My work has focused on the pathogenesis of fatty liver disease; what makes someone develop fat in their liver and why do some people develop severe inflammation and even cirrhosis, despite not drinking any alcohol. In these people the fat itself becomes inflamed and causes scarring on the liver. The paper re:visceral fat proved that having too much fat around your organs (visceral fat, or fat around the belly) is a major determinant. We measured this by MRI."

The papers are: Sieveking, Daniel: *Strikingly Different Angiogenic Properties of Endothelial Progenitor Cell Subpopulations: Insights From a Novel Human Angiogenesis Assay*, was published in the Journal of the American College of Cardiology. 2008 51 (6): 660-668. Van der Poorten, David G. Visceral fat: a key mediator of steatohepatitis in metabolic liver disease. *Hepatology* 2009 Jun;49(6):1926-34.

→ **AWARD-WINNING DERMATOLOGY RESEARCH**

A paper published by three researchers from the Dermatology Research Foundation, has been named the 2008 Publication of the Year by journal Immunology and Cell Biology. The research, led by Dr Scott Byrne, Professor Gary Halliday and research student Matthew Knox, detailed their findings linking the action of the immune system to skin cancers.

People on immune-suppressive therapy are more prone to getting skin cancers.

What Dr Byrne and his team's research shows is that skin tumours escaping the immune system do so by secreting a compound called transforming growth factor, TGF-beta.

"Identifying the tumour-derived compounds responsible for subverting the anti-tumour immune response will enable us to target them therapeutically. This will hopefully lead to novel immune-based therapies designed to make every skin tumour regress, and therefore reduce the ever increasing incidence of skin cancer."

The paper, by Scott N. Byrne, Matthew C. Knox, and Gary M. Halliday, is titled *TGFbeta is responsible for skin tumour infiltration by macrophages enabling the tumours to escape immune destruction*. It is published in Immunology & Cell Biology (2008) Volume 86, Number 1, pages 92-97.

Dr Scott Byrne is supported by the Dermatology research

Foundation. The Foundation is celebrating its 21st anniversary on November 18 2009 in the Kerry Packer Auditorium at RPAH. If you would like to join us or receive further information, please contact Jackie Stratford on j.stratford@usyd.edu.au or (02) 9036 5119

→ **OTHER AWARDS**

Dr Narinder Singh, Clinical Senior Lecturer in the Sydney Medical School and ENT surgeon at Westmead, subspecialising in disorders of the nose, sinuses and anterior skull base, has been awarded the John B Moore Research Scholarship (USyd), the Vernon Barling Research Fellowship (USyd) and The Garnett Passe and Rodney Williams Foundation Grant. His research was on "Allergen-Specific Cytokine Responses in Cells Derived from Human Nasal Polyps".

"Asthma and allergic rhinitis are areas of considerable research activity, particularly as the incidence of both diseases continues to increase in developed countries. Effective treatment requires a thorough understanding of the exact cellular mechanisms of the allergic process. A critical missing-link in this knowledge has been data regarding the ex vivo allergen-specific cytokine responses in human respiratory cells. My research involved harvesting of nasal polyps in the operating theatre which were then processed and analysed in the lab. Through a series of experiments, I was able to demonstrate that IL-10 producing T cells regulate Th2 cytokine production in nasal-polyp derived human airway cells. These findings may prove useful in the development of novel treatments for allergic airways disease," Dr Singh said.

news

→ QUEENS BIRTHDAY HONOURS

Congratulations to all the Faculty staff, alumni and supporters who were recognised for their contribution in this year's Queens Birthday Honours.

Mr Greg Poche AO, who was appointed an Officer in the General Division in recognition of his philanthropic support for health and medical causes, including Indigenous health. Mr Poche's donation in 2008 enabled the Faculty to establish a Centre for Indigenous Health, subsequently named in his honour.

Professor Chris O'Brien AO (MBBS 1976) was posthumously appointed Officer in the General Division for his service to medicine and to the community through advocacy and fundraising roles for the development of integrated cancer care and research facilities.

Cancer specialist **Professor Richard Kefford AM (MBBS 1976)**, Chair of the Division of Medicine at Westmead Hospital, was appointed Member in the General Division, for service to medicine in the area of oncology research, to professional organisations, and as an educator.

Associate Professor Lynne Pressley AM was recognised for service to medicine, particularly cardiology, as a clinician, teacher and mentor, and to the community through the Heart Foundation.

Dermatologist **Dr Anthony White AM**, Clinical Senior

Lecturer, was recognised for his contributions to remote area practice, including the management of skin disease in the Pacific Islands, and education.

Westmead cardiologist and long term medical director of the City to Surf run, **Associate Professor David Richards OAM (MBBS 1974)**, was awarded the medal of the Order of Australia for his medical and community contributions.

Professor Alan Ng OAM died in November last year, and was recognised for his lengthy contribution, particularly in the field of pathology.

Among alumni to be appointed Member (AM) of the Order of Australia was **Associate Professor John Zeigler AM (MBBS 1966)** for service to paediatric medicine in the areas of infectious disease, HIV/AIDS, and immunology and allergy as a practitioner, researcher and educator.

Dr Michael O'Connor AM (MBBS 1971) was recognised for service to medicine in the fields of obstetrics and gynaecology, particularly Indigenous maternal and perinatal health and through professional organisations.

Dr Helen Creasey AM (MBBS 1975) was appointed Order of Australia for service to medicine as a geriatrician and neurologist, and through advisory roles with professional and community organisations.

The Medal of the Order of Australia (OAM) was awarded to **Dr Ian Francis OAM (MBBS 1972)** for service to medicine

as an ophthalmologist, also to **Dr John Howe OAM (MBBS 1973)** for service to medicine as a general practitioner.

Dr John Robinson OAM (MBBS 1977) was recognised for service to medicine as a general practitioner and to the community through the City to Surf fund run, and **Dr Trevor Tierney OAM (MBBS 1971)** for services to medicine as a general practitioner, and to the community of Bonalbo.

Although not still on staff following his appointment this year as Executive Dean, Faculty of Health Sciences at Flinders University, congratulations also to **Professor Michael Kidd AM**, appointed Member in the General Division for service to medicine and education in the area of general practice and primary health care, and through a range of professional organisations.

Apologies to **Dr Brian Pezzutti (MBBS 1970)** who we left off the Australia Day Honours list earlier in the year. Dr Pezzutti was awarded a Conspicuous Service Cross for outstanding achievement as a specialist anaesthetist and adviser to the Defence Health Services Division.

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“An absolute madhouse.” Dominic Dwyer



AT THE FRONTLINE

By Beth Quinlivan

How our virologists, microbiologists, ICU clinicians, epidemiologists have been leading the charge against the latest pandemic.



Dominic Dwyer -
Medical Virologist.
Photo Ted Sealey

“An absolute madhouse”, said Dominic Dwyer, staff specialist and medical virologist based at Westmead Hospital, describing the months since April when a young boy in far flung La Gloria, Mexico, fell ill with a mystery flu. The virus, which was quickly identified as swine influenza A (H1N1), is a medley of swine, bird and human flu, and the story of the swine influenza pandemic began to quickly unfold.

In the months since then, Dwyer and colleagues have put in long hours and a few seven day weeks in their laboratories and offices in the Centre for Infectious Diseases and Microbiology (CIDM), part of the Institute of Clinical Pathology and Medical Research (ICPMR) at Westmead Hospital.

A Clinical Professor at the University of Sydney, his interest in infectious diseases began during the early days of HIV/AIDS when he was working at St Vincent’s in Darlinghurst. He moved to Westmead in the mid-1980s and began to specialise in viruses “because that’s where all the emerging things were happening.” Aside from clinical practice and research at Westmead Millennium Institute, he is in charge of the Virology section within the Centre for Infectious Diseases and Microbiology

“The role here is to provide laboratory services to Sydney West Area Health Service, which covers 1.5 million people living in western Sydney. We are the prime laboratory service for much of western New South Wales, regional towns including Dubbo and Orange. We are also the major public health laboratory in the state, with responsibility for development of specialised testing for diseases of public health importance,” he said.

In that capacity, the Centre for Infectious Diseases and Microbiology Laboratory Service had the prime responsibility to develop, validate and perform tests for the

rapidly spreading virus. As the major state laboratory with virology expertise, they have been on call to provide testing services for smaller laboratories which lack the necessary technology and scientific expertise.

They have had to process an enormous volume of swabs and an equally enormous volume of paperwork. Throughout much of the period has been the added pressure that one quarter of NSW’s Intensive Care swine flu patients have been in Westmead Hospital, a percentage of them pregnant women, requiring accurate rapid turnaround in results.

As a research and reference group, Dwyer and Professor Lyn Gilbert, director of CIDM, were in regular meetings with other microbiologists and virologists, with local and national infectious diseases groups, with hospital administrators, and with Government and Department of Health public health officials and advisors.

And on top of that were the requests from the media. He, along with Professor Robert Booy, a paediatrician and infectious diseases specialist based at the Children’s Hospital at Westmead, were frequent expert commentators called upon by journalists across the country, trying to come to grips with and explain the implications of a new and contagious disease.

“At the height of it all, the staff were here working from 7.30 to 10.00pm, seven days a week. We’re lucky to have terrific laboratory people who worked well beyond what they’re paid to do,” Professor Dwyer said. “The vast scale of the testing that was done in the early stages created an incredible block of work, one of the people here estimated that if we laid all the swabs end-to-end, we could have covered the distance from the CBD to the Harbour Bridge.”

“The media is terribly time consuming, but it is important that people have information and that they get the message about hygiene and safety,” he said.

At Westmead, as in other big public labs, testing is now limited to those defined as clinically at risk. The volume of work is well down on the more than a thousand samples a day they were processing at their peak in June.

“Ten weeks ago, we were scrambling to get the testing up and running, that’s manageable now. But I think we’ll be at the pointy end for some weeks to come.”

REVERBERATIONS

Across the health and medical sector, the reverberations from the rapid spread of swine influenza A (H1N1) have been enormous. The speed at which it has covered the world, that it primarily affects the young rather than the old, its severity among Indigenous communities and pregnant women, have all created a sizeable gulf between swine and regular seasonal flu.

Those at the front line in hospitals, general practices and big public laboratories, have had to deal with a surge in demand at a time when the system has almost no spare capacity.

Even though swine flu has not been as severe to date as initially feared, still, by the end of July in Australia there had been close to 22,000 laboratory verified cases and 62 people had died. Since most people are no longer being tested when they get sick, the real number of people who have contracted the virus is much higher. There are innumerable anecdotes of schools, university colleges, military facilities, other workplaces, shutting down because so many people have been infected. Somewhere between 60-80% of people being tested because they are thought to be "clinically at risk" have swine flu. Even pigs in a piggery in western NSW have acquired this new influenza strain from infected workers.

At July 31, there were over 400 people in hospital including more than 100 in ICU. As would be expected, swine flu is likely to be more serious for people who are immuno-suppressed – estimated to be about 10% of the population. Still, according to Dr Dwyer, about 30 per cent of people who have been sick enough to be in ICU are otherwise healthy people. The average age of people who have contracted swine flu is their 20s.



Professor Robert Booy
and Professor Lyn Gilbert

RE-THINKING RESEARCH

It's no surprise that the emergence of swine flu has sparked a re-think about influenza research, including how pandemics are defined and planned for.

"This pandemic has provided a greater opportunity to undertake research into risk factors, clinical presentations, complications, effects of treatment (including surveillance for antiviral drug resistance and genetic changes in the virus) and methods of prevention than has been possible in previous pandemics," said Professor Lyn Gilbert.

An infectious diseases physician who moved into microbiology research, Professor Gilbert has been the director of CIDM Laboratory Service and its R&D arm CIDM Public Health since 1991.

"The two primary reasons we have these new research opportunities are that laboratory tests are more sophisticated, faster and more sensitive than previously and the clinical environment is more manageable than it would have been had the disease been more severe," she said.

The response to swine flu over the past few months has been a good training run "if we do have a worse case," she believes.

"But absolutely nobody knows what the future holds," she said. "Health is just one component, if you look at the multitude of other issues raised such as the economic impact and the ethical questions involved, it is a complex but fascinating scenario."

AT THE FRONT LINE

Professor Robert Booy, a paediatrician and epidemiologist at the Children's Hospital at Westmead, is also head of clinical research for the National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases.

He and other University researchers and clinicians, have a number of influenza-related funded projects and are at the front line of efforts in the area. Among the 41 swine Influenza A H1N1 research projects funded by a special NHMRC grant in early July, Professor Booy was awarded two, one with Dominic of \$150,000 to look at resistance to the two anti-viral drug, Tamiflu and Relenza; and another with Professor Elizabeth Elliott, based at the Children's Hospital at Westmead, for a surveillance project on children hospitalised with the virus. Dr Bin Wang and his colleagues at the Centre for Virus Research at the University's Westmead Millennium Institute, secured \$183,000 in the same funding round, also for research into resistance of the flu virus to antiviral drugs.

"The pandemic has made a huge difference to research," he said. Treatment, prevention of transmission of disease, and surveillance would be some of the big themes in research in the future, he said.

But there were other not-so-obvious effects.

"The ability of ethics committees to cope with increased demands is also something we need to think about. The current state-based system is a millstone, committees can't cope with the increased loads even now and that is holding up projects that should be starting immediately. We need a system where an ethics committee in Sydney or Perth can provide clearance for national projects."

Professor Booy's flu projects relate either to vaccines (safety and effectiveness) or treatment of swine and other flu with anti-virals. He is involved in trials looking at flu vaccines for children (both existing and new swine flu vaccines); also to observe whether doubling the Tamiflu dose prevents resistance to the drug developing.

Although the swine flu story only began to build in April, he says in all likelihood there must have been a large number of mild cases in Mexico from at least February, which had gone unnoticed.

"Since then, there has been a polarisation of opinion. There is a vocal group who say that that this is a mild disease, not much worse than a cold, so we should not be so concerned. But when we get large numbers of people infected, even if the case fatality rate is low, then the death rate will still rise."

"Each year we expect about 2,500 deaths a year from influenza, based on the numbers of people infected with the virus, forecasts of 6,000-10,000 deaths would not be unreasonable. In the UK just recently, they have scaled up the upper levels of their forecasts considerably – originally very cautious but not in the latest figures."

By the end of June, there were a lot of children starting to come into ICU, he said. "Although it is largely a mild disease, recent research indicated that the new virus has been able to invade the lung more severely than standard flu."

Robert Booy, also, has spent many hours since April talking to journalists and making trips to television studios, both in Australia and more recently in the UK, including recently in a BBC Panorama special on swine flu.

"It forces you to make sense of it, to go through the literature and look at the more subtle trends. Plus there are important public health messages and information

needs to be conveyed sensibly. In terms of stopping the virus spreading around the world, well we cant do that. But in terms of protecting yourself, there are measures that individuals can take.”

WILL THE LESSONS OF SWINE FLU SAVE US?

The big question, of course, is the future trajectory of the virus.

In its current state of evolution, it has not been as deadly as many feared. But there are many what-ifs. What if it reassorts with the H1N1 human flu virus which circulated in 2008, a new strain of which was introduced into the country during World Youth Day, and is resistant to the most commonly used antiviral Tamiflu? What if it follows the pattern set during major flu outbreaks in the past, particularly the epidemic in 1918-19, where the initial wave was modest but followed by an enormous surge in incidence and mortality? The health system has coped so far, albeit at some cost – including to people who have had elective surgery cancelled and health professionals working double shifts - but what if the severity increases?

Despite some criticism over the Government and health sector’s response to the challenges of swine flu, Professor Lyn Gilbert believes overall the system worked reasonably well.

“The sequence data for the H1 gene was published early and once we had that, we were able to get the test done. Initially, it was only CIDM at Westmead and the South Eastern Area Laboratory Service (SEALS) at Prince of Wales Hospital which were able to do the swine flu PCR tests.”

“Our group has collaborated with a commercial diagnostic company to rapidly develop automated PCR tests that detects and types influenza virus at the same time and is suitable for testing large numbers of specimens. Commercially available rapid “point-of-care” tests are also used to make a rapid diagnosis of influenza A in high risk patients. They are not 100% sensitive, so they are followed up with conventional specific PCR test for human influenza A and specifically for swine flu.”

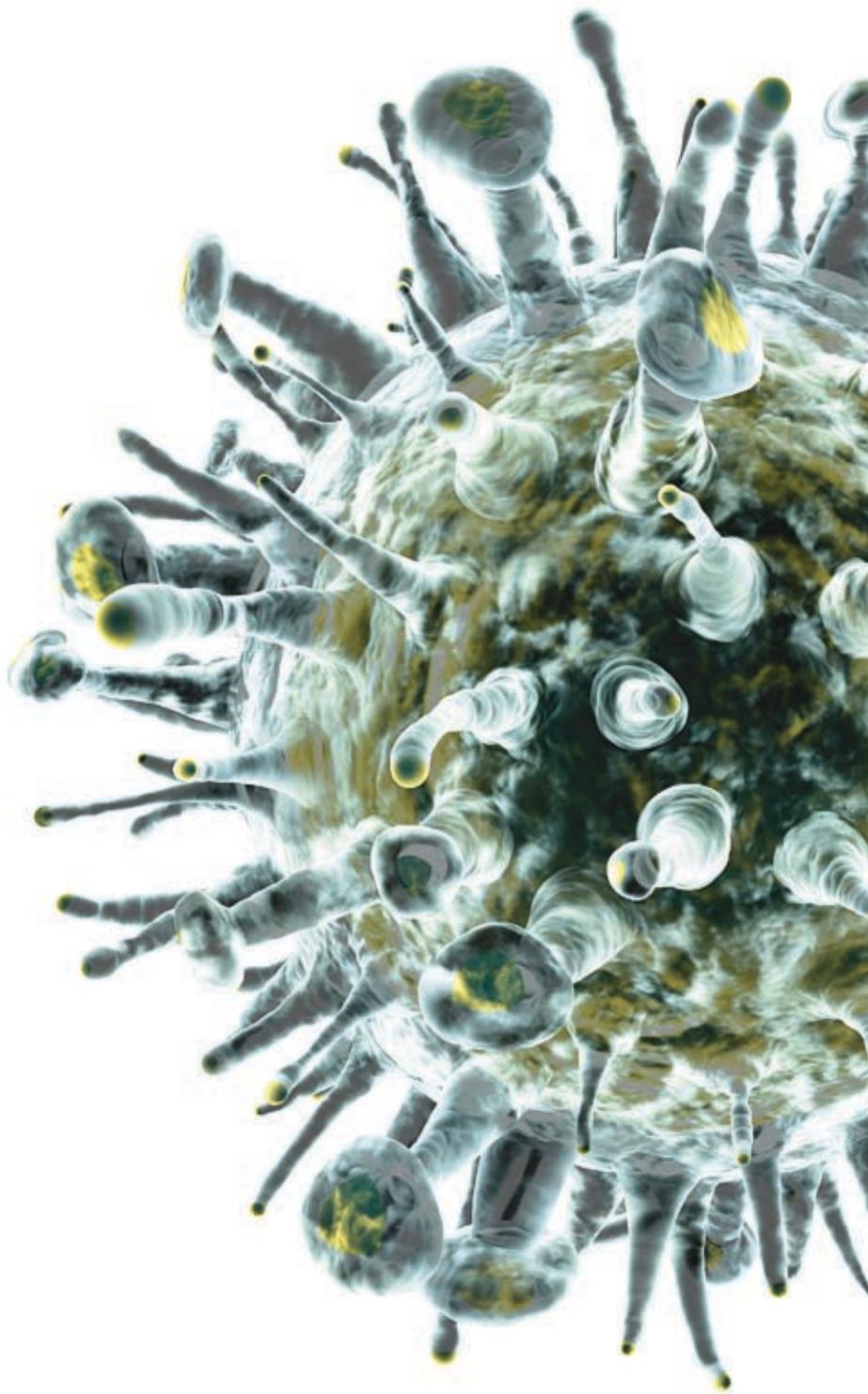
“Although a lot of the details of the existing Australian Management Plan for Pandemic Influenza (AMPPI) were modified once the pandemic became established, it was still a useful starting point and the networks and systems developed to cope with SARS, avian influenza, even the anthrax attacks, have been valuable.”

She believes professional networks such as Public Health Laboratory Network (Dominic Dwyer is current Chair, she was its first Chair), which was established in 1997, have been invaluable in promoting communication between public health laboratories, infectious diseases specialists, laboratories, public health officials and health authorities.

If swine flu has been a mostly benign training run for the future, what have we learned?

“So far this pandemic has emphasised the importance of high quality laboratory diagnostic facilities, which are able to rapidly redeploy multi-skilled staff and researchers to develop new tests and cope with a surge in demand for handling large numbers of specimens.

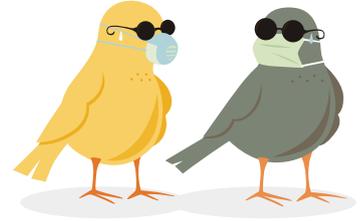
“It has also demonstrated the importance of rapidly identifying risk factors for severe disease and quickly moving to a stage where limited resources are channelled to the protection of people most at risk rather than attempting to contain spread in the community.”



PREPARING FOR THE NEXT PANDEMIC

Sydney Medical School's new initiative will bring together experts from human and veterinary health, law, engineering, communication and more, to maximize the response to emerging and re-emerging infectious diseases

By Beth Quinlivan



Well before April this year, when it became clear that viruses transmitted by birds and pigs had managed to merge with an existing human flu strain to create the latest global influenza pandemic, Sydney Medical School's infectious disease and public health experts were talking of the need to increase the capacity, both in Australia and in the region, to respond to new or resurgent infectious diseases.

As a result, at the same time that H1N1 swine flu was dominating newspaper headlines around the world, plans were underway to establish a new cross-disciplinary institute within the University focused on epidemic and emerging infectious diseases, and which would be linked closely with a number of key institutes and individual researchers in Asia and beyond.

"There are other infectious disease institutes and centres nationally but they focus on human health," said Professor Tania Sorrell, who has been leading the initiative.

"What makes this new institute different is that we're bringing together expertise from a range of disciplines in the University, including veterinary health, law, communication and engineering. As we've seen with H1N1, where the source of the epidemic was the re-assortment of viruses of animal, bird and human origin, there is a close link between human and animal health. If we are to be able to quickly respond to new infectious disease outbreaks, we certainly need to be working closely with experts in animal health."

Controlling or reducing the impact of epidemics also requires an understanding of issues related to human behaviour, law, the environment and technology, she said.

"At the moment, within health, we have virologists, microbiologists, epidemiologists and clinicians working in the area of infectious diseases. We also have better networks than we've had in the past which bring these people together to share knowledge.

"But what we haven't had is a single centre with expertise in both human and animal disease control, which could bring in people from other disciplines, and which has an extensive international network of partners, including in the Asia Pacific region," said Professor Sorrell.

THE NEED

The emergence or re-emergence in recent years of HIV, avian flu, SARS, drug resistant tuberculosis, dengue and others, have all provided proof that new diseases will continue to develop, and that others will reappear. If anything, there are now more factors facilitating the development of new epidemics than in the past - climate change and growing

number of drug resistant organisms, to name just two.

It has also become clear that every country is vulnerable to epidemics, and neither a high standard of living nor access to modern medicine can eliminate that threat. Australia escaped SARS by good fortune rather than any well thought out process for monitoring and detection. (In Canada, the reference case for SARS caught the disease while staying in a hotel in Hong Kong. A young German couple, who had also been at the Hong Kong hotel, then came into Australia undetected. They travelled up the east coast of Australia and at one point visited a hospital, but fortunately did not pass on the disease.)

Although H1N1 swine flu virus has so far been relatively benign, the speed at which it spread around the world has brought home to politicians and the broader community the difficulty of insulating domestic populations from infectious diseases from abroad.

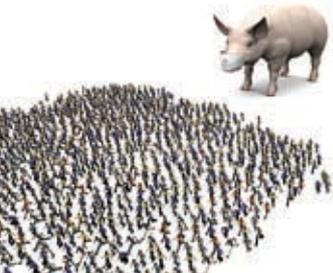
With multiple drivers of potential epidemics and emerging resistance in the densely populated developing countries on our doorstep, Australia's close proximity to Asia Pacific countries means it is likely to be right at the front line of future infectious outbreaks.

Further, the widespread loss of life that accompanied pandemics such as the Spanish Influenza in 1918-19, is unacceptable in the modern era. Even where the number of deaths is relatively minor, like with SARS and avian influenza, the financial and social consequences of infectious disease outbreaks have the potential to destabilise economies and governments.

"New and resurging infectious diseases, for which individuals have limited or no immunity, are nothing new," said Tania Sorrell. "Descriptions of pandemics and plagues, resulting in major loss of life and enormous social and economic upheaval, date back centuries."

Professor Sorrell has taken on the role of getting the new institute up and running having spent most of her career as a leading infectious diseases clinician and researcher. She is Professor of Clinical Infectious Diseases and Director of the Centre for Infectious Diseases and Microbiology at Westmead, and has served on numerous national and state committees advising governments on infectious diseases, drug evaluation and research. A graduate of University of Adelaide with an MD in Clinical Immunology, she pioneered the establishment of infectious diseases as a discipline of internal medicine in Australia.

"There is no doubt that there will be ongoing epidemics. The recent emergence of SARS and pandemic influenza illustrate how quickly major health crises can develop and interfere with community and national functions. Other





Professor Tania Sorrell

equally serious but more slowly developing problems such as drug resistant tuberculosis and multi-resistant bacteria, fungi and parasites, attract less attention but have major impacts on affected patients and communities.”

Historically, one of the main drivers behind the emergence of new or resurgent infectious diseases were the mass population movements following wars and natural catastrophes, and subsequent exposure of non-immune populations to new or mutated micro-organisms. For years, epidemiologists have been observing the annual pilgrimage to Mecca which attracts millions of people from all over the world, as a likely seeding ground for new infectious diseases.

“Other causes include the exchange and adaptation of pathogens as a result of close proximity of human and animal hosts or insect vectors, poor compliance with preventive strategies such as vaccinations or infection control practices, uncontrolled availability of anti-bacterials and other antimicrobial drugs in developing countries, and lack of money in developing countries to provide vaccines or other drugs,” Professor Sorrell said.

“Newer threats include the potential impact of climate change on distribution of communicable diseases, and that new antimicrobials have not been developed at a rate commensurate with the development of resistant micro-organisms.”

INSTITUTE FOR INFECTIOUS DISEASES

It is early days for the new infectious diseases initiative but the list of people from across the University who have expressed interest in contributing is growing rapidly – aside from those already part of Sydney Medical School, they include those with expertise in international security, law, anthropology, entomology, and veterinary health.

Internationally, the initiative is also developing existing and new partnerships and collaborations in Asia and Europe.

An early example of how those connections are improving information exchange was the television conference on H1N1 at the end of August, part of grand rounds at Royal North Shore. Cases were presented from Sydney, Tokyo and Hanoi with leading researchers in each region then taking questions.

Global Health Day 2009, also held at the University in late August, was another initiative. Sponsored jointly by Sydney Law School and Sydney Medical School, the objective was to bring together leading national and international experts on key health issues facing the global community – including infectious diseases. Speakers

included the Hon Michael Kirby on the third phase of the HIV/AIDS pandemic; Professor Lawrence Gostin, Professor of Global Health Law at Georgetown University in Washington, on pandemic preparedness under the rule of international law.

Professor John Mackenzie, chair of WHO’s International Health Regulations Emergency Committee for Influenza H1N1 and one of the key advisors to Federal and State governments on viral diseases, spoke on emerging disease surveillance and response.

GOALS

“We aim to conduct basic, applied and translational research which would allow us to increase understanding of the causes of emerging infectious diseases and their control,” said Professor Sorrell. “We also aim to understand the social, legal and political drivers of responses to infectious diseases, and to develop strategies for prevention, diagnosis, treatment and control.”

Capacity building and education are both also critical to the future initiative. There are relatively few experts in infectious diseases in Australia and in the region, she said. The pressure on local testing capacity was demonstrated in the early months of swine flu, but in nearby developing countries, expertise and capacity was even more limited. The new Institute aims to provide education opportunities for graduate and postgraduate students, also to run professional courses. Training programs and support in laboratory methods, safety and management, both in Australia and with international partners, are also being planned.

“We also see the new institute being able to provide rapid expert advice to governments, other relevant bodies and the media on issues of public health policy and practice as they relate to infectious diseases and disease threats in our region and beyond.”

Already, there are a number of areas of expertise and pathogens they would like to target. These include multi-resistant organisms, respiratory and other viruses with potential to develop into a pandemic, the veterinary aspects of emerging zoonoses including climate change and antibiotic use in animals. Development of new diagnostic tests and high throughput platforms for surveillance and rapid identification of new diseases, is also a focus.

“This is an exciting initiative and the interest and support it has created across the University show it is also timely,” said Tania Sorrell.

Anyone wanting information about the new institute should contact Joanne Elliot, Sydney Medical School:
joanne.elliott@usyd.edu.au

MAKING SENSE OF THE MESSAGE

Media coverage of swine flu: what are the messages that people are getting?
By Simon Chapman

Simon Chapman is Professor of Public Health, Sydney Medical School



On June 11, ABC radio ran back-to-back items on the H1N1 (swine flu) story. The first reported that the director-general of the world health organisation, Margaret Chan, had declared there was now a global H1N1 pandemic saying "We are satisfied that this virus is spreading ... and that it is now unstoppable." The very next item reported that Brisbane Bronco's fullback Karmichael Hunt would be playing that weekend despite being diagnosed with H1N1.

Recently I bought my son and his partner Bev tickets to see the legendary Australian rock band the Angels. A month before the concert, and after I bought the tickets, Bev had a pregnancy confirmed. Two days before the event, the Sydney Morning Herald ran its page one lead on a series of pregnant women who were in intensive care with severe respiratory distress as a result of having H1N1. Health authorities warned that pregnant women should avoid crowds and if possible should work from home. Bev called me for advice. I consulted several colleagues with expertise in infectious disease, and while most of them thought the risk would be extremely low, all qualified this by saying that they really didn't know and couldn't give firm advice. Bev decided to stay at home but still goes to work each day on public transport.

These two incidents, one public and one private, epitomise both the very mixed messages being broadcast to millions of Australians and the confusion that many are feeling today, some four months after the first case of H1N1 was diagnosed in Mexico. The public is well used to advice from health authorities on health risks. Repeated advice on "don'ts" like smoking, drink driving, and unprotected sex and "do's" on physical activity and immunisation has often been associated with spectacular behaviour change across large sections of the population. With these messages, large evidence bases provide reliable bedrock on which to base public awareness campaigns.

But newly emerging infectious diseases like H1N1 where disease surveillance experts can only make educated guesses as to the endemicity and emerging seriousness of the disease present huge challenges to public health authorities. Where scientists are faced with large-scale uncertainty, the mass communication of official and expert advice can be daunting.

The Australian Health News Research Collaboration (AHN of the RC) - based at the School of Public Health in the University of Sydney and led by myself has received five years funding from the National Health and Medical Research Council to develop Australian research capacity in the study of the ways in which news media cover health issues. Our group -- consisting of researchers from the Universities of Sydney, Melbourne and Canberra has also received an additional grant from the NHMRC to study how the news media is covering the unfolding epidemic, and how key news media audience groups are negotiating meaning from this coverage.

The H1N1 story has already rocketed into the top 50 of all health news coverage in the AHNRC's now 18,000 strong database of health coverage recorded and archived since May 2005. Our research group is concentrating on two broad questions: what are the ways in which the seriousness (or otherwise) of the H1N1 is being framed and communicated in news media coverage; and what are people actually being advised to do to reduce transmission? While these questions will be addressed through textual and discourse analysis of the news coverage, they will also be addressed through audience studies conducted via interviews and focus groups. Early analysis of news coverage has shown a wide range of "take-home" messages being given by infectious disease experts and authorities. While some are emphasising that the disease is mild and not something which should cause concern or radical change in people's lifestyles, others are forecasting via what communication scholars call "quantification rhetoric" catastrophic levels of death and serious morbidity. Because these messages are vacillating over time and between authorities, fascinating questions arise as to how ordinary citizens, inexperienced in disease epidemiology and virology, negotiate a sense of meaning about whether the disease is something they should take seriously or whether their daily lives should simply be business as usual.

Our group plans to interview cross-sections of the general population as well as special populations such as pregnant women, older people and parents. We will explore the ways in which people have decided their own meanings of the disease and how they have translated this into decisions to change any aspect of their behaviour. *radius*



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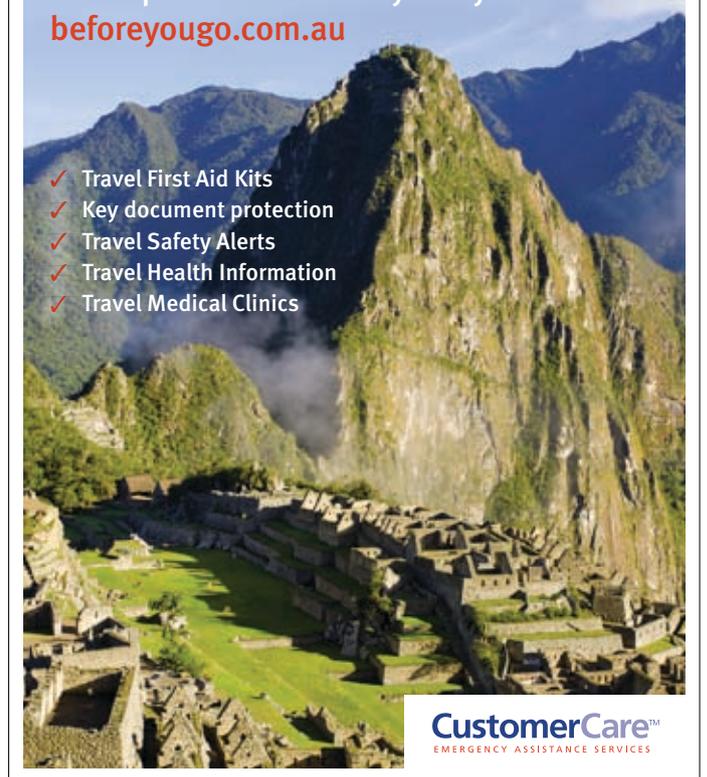
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LEFT TO RIGHT: David Lester-Smith, Jo Wild, David Chapman.



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SLEEP MEDICINE, PAIN MANAGEMENT David Lester-Smith

"Working as a staff specialist in general paediatrics and lecturer/academic fellow at the Children's Hospital at Westmead, education is integral to my working life. I foresee my future career being comprised of both a clinical and educational role and I suspect this will become increasingly the norm in public hospitals in response to the Garling report."

"With these thoughts in mind, I sought to formalise my own teaching and learning in medicine by starting a part-time Master of Medical Education at the University of Sydney in 2009, having previously graduated with a Master of Public Health in 2006. It was reassuring to be informed by a number of work colleagues, who had either recently graduated or were currently enrolled, that the course was relevant, rewarding and not too onerous, even when working full time."

"So has semester one lived up to expectations? I certainly feel that it has. Content is delivered both on-line, with reading available and via discussion boards, and during face-to-face workshops. It's a great way to learn, interactive, good fun and of course, based on sound and current adult education learning principles. The time commitment is manageable, assignments 'real world' and work-related."

THE MASTER OF PUBLIC HEALTH COURSE Jo Wild, Project Officer, Central Sydney GP Network

"The core subjects certainly opened up my thinking and my electives created the opportunity to start to put what I was learning into practice. Doing a special project as part of the course offered the opportunity to work with an excellent team at the Health Promotion Unit at Ryde Hospital."

"This experience was critical in enabling me to bridge the gap between working as a clinician and working in public health."

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"After graduating with a Bachelor of Science in 2006, I completed a Graduate Diploma of Science in 2007 and found the year of concentrated research both challenging and rewarding. I continued my research training through a Doctorate of Philosophy and have enjoyed the experience every step of the way."

"The topic of my thesis is to investigate the role of airway closure and ventilation heterogeneity in the pathophysiology of airway hyperresponsiveness in asthma. Through my research, we have gained a further understanding of the mechanisms which lead to asthmatic airways responding too easily and too much to stimuli."

"The opportunity to stand at the forefront of medical research each day far surpasses any problems I have faced during my work. Indeed, it has often been during those most challenging times in which the most exciting developments have been born. Studying at the Woolcock Institute of Medical Research at the University of Sydney has not only exposed me to world class researchers and facilities, but I have also been exposed to the international research community through the Institute's many collaborations."

"I have had the opportunity to present my work at several national and international conferences, and have been invited to present at two North American research facilities. I am currently in the final year of my PhD and am looking forward to continuing my research career during my post-doctoral training." David Chapman

HOW TO FIND A RESEARCH SUPERVISOR

Before you can enrol for a research degree you must find a supervisor with expertise in the field that interests you.

There are two ways you can search for a supervisor at Sydney Medical School:

- **Research Supervisor Connect (RSC)** is a unique web-based tool developed at the University of Sydney to help you find PhD projects and supervisors. It gives information about available projects and the research interests of supervisors and allows you to make contact with them through the website and track your enquiry. Potential students can search this site using keywords or supervisor names to find research projects available to them in their area of interest. A student can submit an enquiry for any listed project and this will be directed to the relevant contact person.

Visit www.usyd.edu.au/research/opportunities

If you don't find a project or a supervisor on RSC who shares your research interests you can search for an appropriate academic from Sydney Medical School through the research website.

- **Find a Researcher** allows you to search for researchers within Sydney Medical School by theme or keyword or by the researcher's name. It also provides information about their research activities, the current grants they hold, recent publications and international collaborations. It also provides their details so that you can contact them directly.

Visit www.medfac.usyd.edu.au/people/academics/search.php for full details.

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To help you find out more about pursuing a research career Sydney Medical School has developed a website called Research Career Pathways. This takes you through the questions of why you would want to do a PhD, which career options it could open up for you and what are the different paths you can take to this goal.

Visit www.medfac.usyd.edu.au/research/rcp for more details. *radius*

Myth Busting Prometheus

Carl Power and John Rasko argue that the Greek god Prometheus is not the poster boy for regenerative medicine that some make him out to be.



OPPOSITE: Detail from Prometheus Bound, by Peter Paul Rubens, 1612–8. Courtesy of the Philadelphia Museum of Art.

ABOVE: Babylonian clay model of a sheep's liver, 1900–1600 BC. Reproduced with permission from the British Museum. The Trustees of the British Museum.

The Greek god Prometheus is the poster boy of regenerative medicine. Countless articles on the science of regeneration—especially liver regeneration—begin with his story, or at least its most gruesome episode. As punishment for defying Zeus, Prometheus was bound to a crag in the Caucasus Mountains where, each day, an eagle feasted on his ever-renewing liver. It's a terrible image, one that has inspired artists throughout the ages. In recent times, it has also become a great emblem for regenerative medicine because the liver, as we now know, has a remarkable capacity for self-repair. But many doctors and scientists think that the Prometheus myth is more than just an emblem. They take it as evidence that the ancient Greeks actually knew about the liver's regenerative powers. If so, then they glimpsed a natural marvel that would not be scientifically verified until the late 19th century and which, today, stem cell research is just beginning to explain. That the Greeks were prescient in this matter is a very appealing idea. But to decide how plausible this is, we must explore the origins of Greek myth and medicine.

READING THE LIVER

How might the Greeks have learned about liver regeneration? An answer frequently given concerns the art of liver augury, also known as hepatoscopy, which was widespread in the ancient world. Whenever the Greeks sought the favour of a god, they would sacrifice an animal—often a sheep—and then carefully inspect its liver for some sign of the god's intentions. For instance, if you were soon to go into battle, liver augury might tell you whether one or other god was on your side; from this, you could gauge the likelihood of your victory or defeat. Archaeological evidence suggests that the Greeks borrowed hepatoscopy from their neighbours in the Near East, from whom they probably also borrowed elements of the Prometheus myth. The famous bronze liver of Piacenza, Italy, (3rd century BC) bears a remarkable resemblance to more ancient clay livers (1900 BC) of Mesopotamian origin. These liver models were designed to help seers practice and teach their craft. While the Greeks may not have used such models (so far, none have been found), their literature and iconography prove that they held hepatoscopy to be a major form of divination.

It has been said that the science of anatomy began with the careful and repeated inspection of livers for divinatory purposes. Even so, the art of augury has in-built limits which would have prevented its practitioners from

discovering the liver's regenerative powers. Hepatoscopy focuses exclusively on the surface of the liver. It does not delve into the organ's interior. Nor does it disclose the liver's vital function. This is not just because *post-mortem* examinations are generally insufficient for the study of physiology. More importantly, the whole art of hepatoscopy depends on *not* viewing the liver in naturalistic terms. Divinatory expertise blocks scientific inquiry. In the eyes of a Greek seer, the liver was a divine text in which the will of the gods was written. An irregularity in its shape, structure, or colour was understood not as an effect of past natural causes (eg the sheep having previously suffered and survived some injury to its liver), but as a sign of what the gods planned for the future. For this reason, we very much doubt that a Greek seer would have been able to recognise the evidence of liver regeneration even if it were right before his eyes.

FROM THE BATTLEFIELD TO THE DISSECTION TABLE

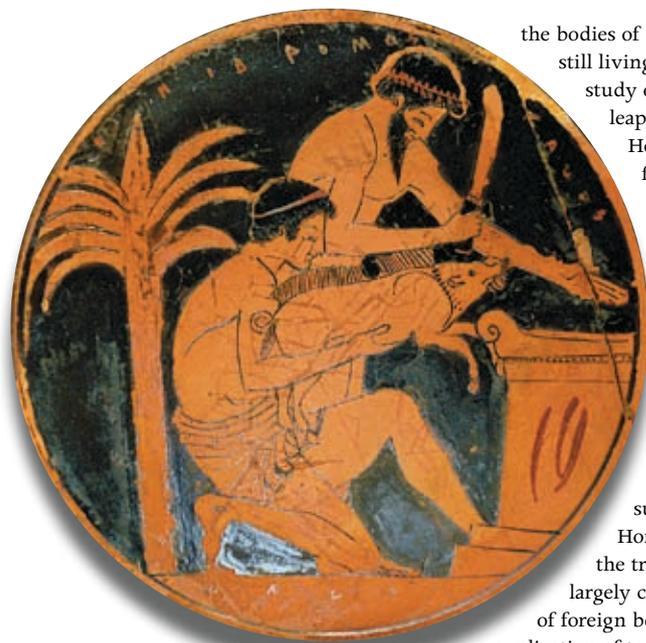
If hepatoscopy is unlikely to have revealed the truth of liver regeneration, what about Greek medicine? On this topic, the best evidence comes from the early poets, particularly Homer (8th century BC). His famous Trojan War epic, the *Iliad*, depicts war wounds in striking detail, including several liver-injuries—all of them fatal. Historians once credited Homer with the knowledge of a skilled anatomist, but nowadays a less extravagant view prevails. Homer and his contemporaries had a very limited understanding of anatomy. They could name the main organs, and they knew how to injure them, but little more. Their knowledge came not from the dissecting table, but from the battlefield, the sacrificial altar, and the kitchen. In fact, apart from those relatively rare occasions when the Greeks desecrated the bodies of their enemies, they did not cut open cadavers. Human dissection was taboo. And it remained so long after Homer's era—which is also when Hesiod composed the first literary version of the Prometheus myth (though the myth itself was probably much older). That is why the Greek pioneers of anatomy, such as Aristotle (384–322 BC), were able to give only fanciful descriptions of the human liver. They had to rely on educated guesses based on the dissection of animals. It was not until the 3rd century BC that Greek physicians living in the frontier colony of Alexandria dared to map the human interior. Members of the Alexandrian school, like Herophilus and Erasistratus, felt less constrained by the Greek taboo against dissection. Moreover, their passion for anatomy was encouraged by an Egyptian king who supplied them with

This article is based on a more detailed and fully referenced work recently published by the authors: Power C, Rasko J. Whither Prometheus' Liver? Greek Myth and the Science of Regeneration, *Ann Intern Med.* 2008; 149(6): 421–26.

Professor John Rasko is a Haematologist who directs Cell and Molecular Therapies at Royal Prince Alfred Hospital and heads the Gene and Stem Cell Therapy Program at the Centenary Institute of Cancer Medicine & Cell Biology, University of Sydney.

Dr Carl Power works at the Gene and Stem Cell Therapy Program, Centenary Institute, where he undertakes research in the history of medicine.





Sacrifice of a young boar, with kalos inscription. Tondo from an Attic red-figure cup, ca. 510 BC–500 BC. The Louvre Museum.

the bodies of convicts—some perhaps still living. Not surprisingly, the study of anatomy took a great leap forward; and it is to Herophilus that we owe the first accurate description of the human liver.

Of course, one could argue that it wasn't necessary to know much about anatomy in order to discover the secret of liver regeneration; surgical experience might be enough. But here again the available evidence suggests otherwise. In

Homer and Hesiod's time, the treatment of wounds was largely confined to the removal of foreign bodies, washing, and the application of topical remedies. The early

Greek healers certainly knew how dangerous internal injuries could be—they knew, for instance, that wounds to the liver bled profusely and usually resulted in death—but they lacked the skills to undertake major surgery. Centuries later, in the era of rational medicine, the Greeks developed some surgical procedures for treating liver ailments. For instance, Hippocrates (460–370 BC) recommended the incision and drainage of liver abscesses and, in Alexandria, Erasistratus cut open patients in order to apply drugs directly onto the liver. Obviously, these treatments appeared far too late to have shaped the Prometheus myth. Moreover, even had they existed centuries earlier, it is very unlikely that they could have revealed the liver's regenerative powers. To appreciate this, you need only consider how recently liver regeneration was scientifically established and how much systematic labour this demanded. Jean Cruveilhier and Gabriel Andral accumulated a vast amount of anatomical and physiological knowledge before they were prepared, in the 1830s, to speculate about the liver's capacity for self-repair. These conjectures lacked proof until the end of the nineteenth century when experimental scientists like Tillmanns, Gluck, and Ponfick succeeded in performing liver resections on rabbits and other animals.

THE LIVES AND LIVERS OF THE GODS

To properly understand the Prometheus myth, it must be considered within its mythological and cultural context. Doing so provides further reasons to doubt that the ancient Greeks knew about liver regeneration. Here we will mention just two. First, the Greek gods were said to enjoy an immortal vitality. They could be wounded, weakened, tortured, imprisoned, put to sleep, even consumed by another god, but they could not be killed. Moreover, their immortality was often extended to their bodily parts. Take, for instance, the story of Dionysus who (according to the Orphic cult) was torn to pieces and eaten by the Titans. Fortunately, the goddess Athena rescued his heart and from it grew a whole new Dionysus. Greek mythology abounds in marvellous tales of regeneration. Viewed in this light, there is nothing remarkable about Prometheus' liver being able to regrow. On the contrary, it would have been astonishing

had the Greek myth-makers decided that his liver *lacked* this capacity. In other words, the Prometheus myth does not prove the Greeks believed the liver to possess a special regenerative power that made it stand out from the rest of the 'splanchna' (their word for innards).

Second, there are many ways to explain why the Greek myth-makers singled out Prometheus' liver for abuse. Scholars have been arguing about this for centuries, and the most plausible explanations they have come up with do *not* rely on the idea that the Greeks knew anything about liver regeneration. Some claim that the Greeks considered the liver to be the seat of life, a privilege they would later transfer to the heart. In that case, Zeus sent an eagle to feast on Prometheus' liver because he wanted to strike at the very core of his enemy's being. Others claim that the myth-makers regarded the liver as the seat, not of life, but of the passions. On this interpretation, when Prometheus defied Zeus, he committed a crime of passion, and his poetic punishment targeted the bodily source of his impulsive behaviour (though just which passion drove Prometheus to crime—spite, anger, or even oedipal lust—is itself a matter of scholarly debate). In our view, Jean-Pierre Vernant provides the best explanation. He argues that the whole myth of Prometheus is about sacrificial cuisine. Consider the two crimes for which Prometheus was punished. First, Zeus gave Prometheus the task of slaughtering a great ox and dividing it into two portions, one for the gods and one for men (women did not yet exist). With characteristic cunning, Prometheus gathered all the bones together and hid them beneath a beautiful, shiny layer of fat. All the meat and tasty innards went into the other portion which he wrapped in the ugly, slimy sac of the stomach. Prometheus was trying to trick Zeus into choosing the bones, and Zeus (though not fooled) went along with the deceit and thereby established a precedent. Henceforth, whenever an animal was sacrificed, the bones would go to the gods while men would keep the edible share. This was a fortunate outcome for humans, but it angered Zeus. So he deprived men of something previously available to them, something that the Greeks regarded as one of the hallmarks of culture—fire. Men could have meat, but they would have to eat it raw like wild animals. To avert this catastrophe, Prometheus stole fire from the heavens to give to men, thereby incurring Zeus' wrath. Because Prometheus had acted as a mediator between the gods and men, Zeus had him bound to the summit of a mountain, midway between heaven and earth. And because he had procured meat for men, he became meat for Zeus' eagle. But why did the eagle eat his liver? Like Prometheus himself, the liver was a kind of mediator: it was that part of the sacrificed animal in which the share of the gods overlapped with the share of humans. Having cut the animal open, the sacrificer would reach first of all for the liver, a delicious morsel that was also a message from the gods. Before it could be eaten, it had to be read.

THE VERDICT

When we began our research, we shared the popular view that the myth of Prometheus is not just a marvellous emblem for regenerative medicine, but proof that the ancient Greek myth-makers had somehow glimpsed the liver's remarkable powers of regeneration. Unfortunately, all the evidence we have uncovered points to the opposite conclusion, forcing us to declare this myth *busted*. *radius*



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Taking you from the heart of the ancient Byzantine world to the vibrant capital of modern Russia, this unique journey traces the remarkable cultural influence of the Byzantine Empire on the Slavic world. Our 18-day trip begins in Istanbul, where Byzantine and Ottoman architecture compete for attention in a spectacular waterfront setting. Eight days are spent in Ukraine, exploring Kiev and the Crimea. Situated on the Black Sea, with direct access to the Bosphorus and the Mediterranean, Ukraine was the gateway through which foreign ideas and commerce passed into the Russian world. From Yalta we fly to Moscow, exploring the historical and cultural treasures from the golden years of the Russian Empire, when the figure of the Czar continued to embody many of the ideals of the long-vanished Byzantine world.

SOME HIGHLIGHTS

- Four nights in Istanbul, exploring the imperial Byzantine tradition and visiting key sites such as the Hagia Sophia and the extraordinary mosques that were inspired by it.
- Four nights in Yalta on the Crimean Peninsula, a fashionable seaside resort in the 19th century favoured by Tolstoy and Chekhov.
- Excursions to beautiful sites on the Crimean Peninsula such as Balaklava, Chersonesos and Bakhchisaray.
- Three nights in Kiev, capital of Ukraine and a charming mix of the old and new. We visit the cathedral of St. Sophia, built to rival the Hagia Sophia in Constantinople and decorated with outstanding mosaics and frescoes.
- Five nights in Moscow, investigating Russia's imperial tradition, with guided tours of Moscow's Red Square, the Kremlin complex and much more!



Russian-born tour leader Marina Campbell provides in-depth historical and cultural commentary on the tour and uses her Russian heritage to provide unique insights and experiences. Marina holds an MA in Russian Studies from the University of NSW and has spent many years teaching Russian language and culture at the University of Sydney. She has led many successful tours to Russia and Central Europe.

Image: Mosaic of Constantine and Helen, Hagia Sophia, Istanbul.

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GRADUATE CHAOS: LOCALS NEXT?



Ineke Wever

President
Sydney University Medical Society
iwev6767@med.usyd.edu.au

If you would like to get in contact to discuss any MedSoc related matters, please email Ineke.

→ MEDICAL STUDENT'S TRAINING THREATENED BY GRADUATE TSUNAMI

The medical student tsunami has crashed early onto NSW shores. We were under the impression that all medical graduates would have jobs until crunch time in 2012 in NSW, so it was a surprise when, on 20 July, in the first round allocations for internships next year, international students did not get places. While the unofficial word is that international students will be allocated a spot once local students accept interstate offers, this offer may not come until much later in the year, leaving them scrambling to do USMLE, to apply for programs back home or to work out their options for a year of unemployment. MedSoc has been working hard on this issue, facilitating meetings with the Faculty and international students to work out how best to cope with 56 potentially unemployed international students.

The Australian Medical Students Association and NSW Medical Students Council have also been campaigning hard for international students this year and also for all medical graduates into the future as this is just a sign of things to come. From a total of graduates in 2007 of 1900 to a projected total of 3400 five years later in 2012, this situation is going to get worse. Initially affecting our international students, eventually there may be a situation where local medical graduates also do not get an internship in any state to complete their training.

→ THE PHARMA SPONSORSHIP DEBATE

MedSoc's investigation into pharmaceutical sponsorship of its academic and social activities is well underway. We are receiving submissions from students, Faculty, alumni and relevant organizations into the issue of whether it is ethical to accept pharmaceutical sponsorship. I have already heard from those alumni who are vocal on the issue and have invited them to make a submission. The deadline for submissions is September 10, 2009. If you are interested in this issue, please get in touch.

→ INSPIRING TEACHERS & SPEAKERS

I have just come back from the Australian Medical Students Association Annual Convention up in Brisbane. I'm sure alumni who have attended this week long extravaganza will know just how amazing it is to hear from inspirational speakers such as Charlie Teo, Vinay Kumar, Sally Cockburn and meet 800 medical students from around Australia. I have just started my Paediatrics rotation this week and have been impressed by the quality and enthusiasm of Sydney University teachers. The Sydney Medical School has been a great experience for me over the last four years and I'm a little bit sad to be graduating soon!

→ SEEKING ALUMNI INVOLVEMENT IN MEDSOC BIRTHDAY CELEBRATIONS

MedSoc is having its 125th birthday next year and we are busy generating interest from students to organize this celebration. We would be interested in having alumni be involved in this event who could share their experiences of being involved in MedSoc over the last 125 years. In particular we are looking at reinvigorating the spirit of MedSoc. If you have a particular story, song, poem or reputation from your days at MedSoc please share it with us so that we can preserve the history of MedSoc and feel proud of our shared traditions

MedSoc Councillors at MedBall



LIFELINE FOR BABIES, ADOLESCENTS AND STUDENTS



Nick Catchlove

SCHOLARSHIPS AND SUPPORT

NICHOLAS CATCHLOVE SCHOLARSHIP FOR INTERNATIONAL STUDENTS.

Dr Barry Catchlove (MBBS 1966), former President of the Medical Graduates Association (now Medical Alumni Association) and responsible several years ago for the establishment of alumni-supported scholarships for students experiencing financial hardship, has funded a new scholarship to assist international medical students. It will also target students who are in need of financial support.

The scholarship will be named in memory of his son, Nick Catchlove, a commercial pilot who was killed in a plane crash in 1994.

The problems of international students doing their medical studies in Australia has been under the microscope recently. Most of the attention has focused on the Government's refusal to guarantee them internships in NSW public hospitals, leaving them in an extremely difficult position. But they also fare badly in other areas.

"International students make a great contribution to the University and to the Faculty of Medicine, but they can have a very difficult time here," Dr Catchlove said. "They don't have the support other students have available to them. The University provides some financial assistance for students in need but international students are mostly not eligible to apply. They are not able to obtain concessions for public transport, which makes a big difference if they have to travel from the university to Westmead Hospital, for example, each day."

Dr Catchlove was President of the MGA from 2000 until 2006, when he was elected president of the University's Alumni Council. He says his most important achievement during the period was the establishment of alumni-supported scholarships for students facing financial difficulties.

SCHOLARSHIPS PROVIDE FINANCIAL ASSISTANCE TO MEDICAL STUDENTS

The Dean's Scholarship Fund has recently made four awards worth \$5,000 each to medical students in financial difficulty. It says a great deal about economic times and the significant need for such support, that there were 66 eligible applicants for the scholarships.

The Babak Shahidi Memorial Scholarship to assist a medical student in financial need has also recently been awarded.

Our sincere thanks to the Shahidi family, and to all alumni and friends, who contribute to these scholarships.

LIFELINE FOR CHRONICALLY ILL ADOLESCENT SUPPORT GROUP

Thanks to the generous support of an anonymous donor, an important adolescent peer support program which was facing an uncertain future, is able to continue. Reaction to the donation has been overwhelming from both participants and staff.

ChiPS (Chronic Illness Peer Support Program) is an initiative for young people aged 13-18 years who have been diagnosed with a diverse range of chronic illnesses, including asthma, cystic fibrosis, diabetes, neurological and renal disorders.

The program is based in the Department of Adolescent Medicine at The Children's Hospital at Westmead. It aims to provide peer support for young people with chronic illnesses, most of whom just want to be "normal", be with their friends, become independent, but instead have to face challenges including frequent hospitalisation and enforced dependency on their parents.

At least 20% of young people have a chronic illness. It can impact on self esteem, cause social isolation and loneliness. Uncertainty about their future, difficult and time consuming treatment which often takes them away from school and their friends, can increase their sense of frustration.

The ChiPS program aims to empower the adolescent to gain control over their health status, increase self esteem, encourage a positive attitude towards living with a chronic illness and decrease social isolation and loneliness.

ChiPS is based around a five-tier model of youth participation. The tiers are: peer support (consisting of discussion groups either as a monthly program while adolescents undergo medical treatment or a weekly program as an outpatient), social activities, leadership training, group facilitation and a reference group.

Each level allows the young participants to balance illness and adolescent life while achieving specific objectives.

The program is run by a part time nurse coordinator who oversees the program, is a trained peer group leader who develops new ways to engage and support adolescents with a chronic illness.



DONATIONS & BEQUESTS

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



“*ChiPS isn't about sitting around discussing our personal grievances or sorrows, it's about deciding we want to live the life we have been given and offering each other support to accomplish this goal.*”

ChiPS peer leader aged 18 years

HELP FOR BABIES AT RISK

Research into the diagnosis and prevention of hypothermia and hypoglycaemia in newborn babies has received a substantial boost with the donation of US\$120,000 for a new diagnostic tool known as the *Pea Pod*. Funds were donated by two anonymous donors.

The research, led by Professor Heather Jeffrey, aims to investigate the hypothesis that babies who do not grow properly in the womb are more likely to die from stillbirth or, once born alive, have a much greater risk of suffering from potentially life threatening hypothermia (low body temperature) or hypoglycaemia (low blood sugar).

“It is known that body composition assessment provides a much better gauge of infant growth and nutritional status than length and weight measurements. The *Pea Pod*, with the newest technology, is able to measure efficiently and non-invasively the fat levels for the first time in a newborn baby, thus alerting clinicians to potential problems,” said Heather Jeffrey, Professor of Maternal and Child Health.

“Simple measurements will be devised using the *Pea Pod* as the gold standard, which can be applied simply, cheaply and effectively in communities and health facilities in low income countries.”

Currently located within RPA Newborn Care, the *Pea Pod* will also be used within the Poche Centre for Indigenous Health as an essential diagnostic tool in the assessment of newborn Indigenous babies.

BOND FOR THE BUSH

Congratulations to MedSoc President Ineke Wever and her team for hosting *Bond for the Bush*, a fabulous night of fundraising fun in Manning Bar on 13 August. By the end of the evening \$1500 had been raised to be shared equally between the Poche Centre for Indigenous Health and The Australian Indigenous Mentoring Experience (AIME).





2009-2010 TOURS INCLUDE

- # **Bhutan: Himalayan Fortress of the Gods** with Dr Alex McKay
26 October - 10 November 2009
14 October - 29 October 2010
Natural Landscapes & Gardens of New Zealand with the Friends of the RBG Melbourne, led by Andrew Laidlaw
9 - 20 November 2009
- # **Ancient Egypt and the Oases of the Western Desert** with A/Prof Colin A Hope & Dr Gillian Bowen
22 November - 16 December 2009
Al-Maghrib al-Aqsa: Islamic Civilisation in Morocco
7 - 25 April 2010
Gone with the Wind: The Confederate States from Virginia to Louisiana with Kenneth W. Park
17 April - 4 May 2010
- # **Wild China: Guangxi, Yunnan, Sichuan and Tibet** with Ann Roberts & Dr Alex McKay
20 April - 13 May 2010
Along the Via Egnatia: Macedonia, Albania and Corfu with Chris Wood
26 April - 14 May 2010
Andalucia: Christians & Muslims in Southern Spain
26 April - 10 May 2010
Barcelona ext. 10 - 15 May 2010
Gardens in Spanish Culture: from the Alhambra to Gaudí incl. Córdoba Patio Festival with Sabrina Hahn
27 April - 20 May 2010
- # **Exploring the Literary Landscapes of England** with Susannah Fullerton
30 April - 20 May 2010
Turkey: The Ages of Anatolia with Dr Susan Aykut
14 May - 4 June 2010
Crimean Peninsula ext. 4 - 11 June 2010
- # **Gardens, Villages & Historic Homes: Ireland, Sth England & the Chelsea Flower Show** with Josh Byrne
23 May - 12 June 2010
Great Houses and Gardens of East Anglia with Richard Heathcote
1 - 21 June 2010
- # **Gardens, Villages & Châteaux of North Western France** with Stephen Ryan
5 - 25 June 2010
- # **Gardens, Villages & Historic Homes of North East England & the Scottish Borders** with John Patrick
15 June - 8 July 2010
- # **Designing Britain: Victorian Visions** with Kenneth W. Park
20 June - 10 July 2010
Heritage Cities of the Baltic: Vilnius, Riga, Tallinn, Helsinki & the Savonlinna Opera Festival
29 June - 20 July 2010
Discovering Le Grand Nord: Eastern Canada & Rebellious Boston with Kenneth W. Park
31 August - 20 September 2010
New York extension:
20 - 26 September 2010
Silk Route Beijing Extension
20 - 24 August 2010
- # **The Silk Route: from Xi'an to Tashkent** with David Brophy & Anthony Garnault
24 August - 20 September 2010
The Habsburg Cities: Budapest, Vienna, Prague & Bohemia
3 - 24 September 2010
Uzbekistan: The Silk Road Cities with Laura Jovic
21 September - 6 October 2010
Ferghana Valley extension:
6 - 11 October 2010
Gardens of Italy: The Italian Lakes, the Veneto, Tuscany & Rome with Sabrina Hahn & David Henderson
13 September - 3 October 2010
Art and Culture in Spain
25 September - 16 October 2010
The New Berlin with Kenneth W. Park
27 September - 5 October 2010
The Wine Dark Sea: Southern Italy & Sicily with Chris Wood
18 October - 10 November 2009
3 - 26 October 2010
Gardens of Paradise: A Cultural Tour of South America
4 - 25 October 2010
Syria and Jordan: a Cultural Bridge between East & West with Ross Burns
9 - 26 October 2010
A Paris Affair with Kenneth W. Park
6 - 13 October 2010
Art and Gardens of Provence & the Côte d'Azur with Kenneth W. Park
13 - 24 October 2010
- # **Iran: Art and Culture of the Persians**
27 October - 16 November 2010
Gardens of Japan with John Patrick
23 October - 6 November 2010
Tunisia & Libya: Glories of their Ancient Past with A/Prof. Colin A. Hope & Dr Gillian Bowen.
Approx. 24 Nov - 15 Dec 2010

= Limited Places remaining

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Gardens, Historic Homes: Ireland, Sth England & the Chelsea Flower Show - John Patrick

Sunday 11 April 2010

The Silk Route: from Xi'an to Tashkent
Tunisia and Libya: Glories of their Ancient Past - A/Prof. Colin Hope
Syria and Jordan - Ross Burns

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president's report

Beth Quinlivan, editor of Radius, and I have discussed some changes to Case Notes in future issues. We think that many readers are likely to find more interest if these emphasise hobbies and passions outside professional work.

Two recent media stories gave interesting insight into some passions of our alumni. The national Doctors Orchestra was featured in an ABC Radio National program in July. Initially set up by Michael Pohl (1973) in the 1990s, it now has more than 100 members, including medical students. Brian Shearman (1954) is the orchestra's most senior member.

Another story told how Genevieve Cummins (1967), probably our first female paediatric surgeon, has written a book on 'How the watch was worn: a fashion for 500 years' (Sydney Morning Herald, 4 August).

At our reunions (1966) held over a weekend, talks by our colleagues on their passions and hobbies have proved very popular. At our 40th reunion, we were regaled with a video of a still active member of a rock band and tales of a pilot building planes in his backyard, an avid art collector, a keen photographer, and several poets, among many others. One session concluded by us tasting wine provided by a proud vigneron!

So tell us about your own passions and hobbies, either for a full story or for brief notes in Radius, by contacting Beth (b.quinlivan@usyd.edu.au).

I recently enjoyed discussions with two groups of alumni keen to share their experiences with their colleagues. No doubt there are other similar groups that meet informally too. Former senior administrators of Sydney teaching hospitals have been getting together for many years and reflected on issues and controversies occurring during the last four or five decades.

Retired obstetricians and gynaecologists were having their inaugural meeting. Among topics discussed was the importance of obtaining

individual histories of the closed Crown Street Women's Hospital and King George V Hospital, now relocated within Royal Prince Alfred Hospital.

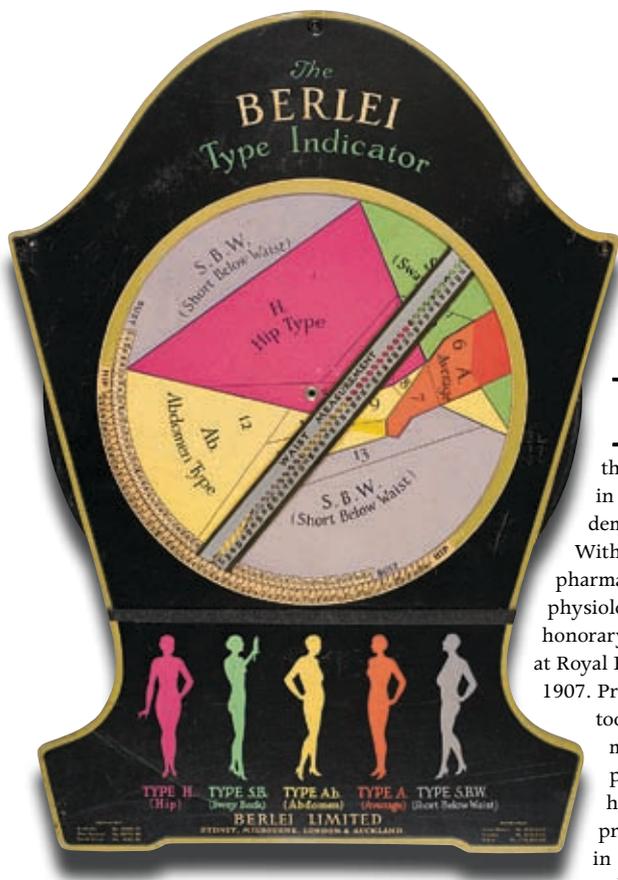
At the History of Medicine and Health Symposium at the University on 11-12 September, the Chancellor, Professor Marie Bashir, will give the opening address on Governor Lachlan Macquarie, leading into talks on early colonial doctors and surgery in the 18th and 19th centuries. Several sessions on the plague will bring together speakers from different disciplines within the University, followed on the second day by aspects of hospital and specialty histories in Sydney, future prospects in the history of public health, and biographies of some alumni.

We hope this symposium will be the forerunner of more frequent meetings which aim to:

- build a network of those interested in developing projects related to Sydney Medical School's achievements over more than 120 years of alumni in their professional careers and their other interests
- provide a forum for regular discussion
- enhance interdisciplinary projects within our University
- encourage student projects on these historical themes
- raise the profile of the history of health and medicine within Sydney Medical School.

I am completing these notes in Philadelphia after a conference on the sprawling University of Pennsylvania campus. My visit to Alumni House where alumni can relax in a comfortable setting or appreciate the memorabilia of bygone eras gives fresh ideas of what could be achieved at our University. An evening visit to the historic College of Physicians has one musing again about what is the most engaging way to develop medical museums. There will be more on that theme next time!

The Shape of Things To Come



The story of Professor Henry George Chapman is one of ultimate disgrace. Our medical school history records that after being caught embezzling cancer research funds in 1934 he took to his room in the Physics Building and committed suicide by taking a mixture of well chosen poisons. Chapman's early work, however, was interesting for its time and deserves to be noted for its worth. Strangely, there is an omission in our history thus far in that there is no mention of the work that Chapman and his research team carried out with Berlei Limited in 1926, in particular the medical school's claim to the world's first anthropometric study of women's measurements

Henry George Chapman (1879 – 1934) came to the University of Sydney in 1903 as a lecturer and demonstrator in Physiology. With a keen interest in pharmacology and plant physiology, he was appointed honorary pathological chemist at Royal Prince Alfred Hospital in 1907. Professor Anderson Stuart took a liking to Chapman, making him his favourite protégé and facilitating his graduation to assistant professor of physiology in 1913. Chapman also established a strong interest

in public health and its connection to industry. He made a name for himself and was often asked to consult or give evidence in industrial cases.

Chapman accepted the Chair of Pharmacology at the University of Sydney on invitation of the Senate in 1917. Two years later, when the Senate amalgamated Pharmacology into Physiology, Chapman succeeded in his application for Chair, after Professor Anderson Stuart.

In 1926, the underwear and corsetry manufacturer, Berlei Limited, commissioned the Sydney Medical School to undertake the world's first anthropometric study of women to determine more accurate body shapes and sizes for the designs of their corsetry and underwear. This project has been overlooked in our medical school history although the results have strongly influenced the standards of women's fashion and design.

An Australian manufacturer, Berlei commissioned a team, led by Professor Chapman to measure 6000 Australian women and to provide a tabulated analysis of the findings. Carried out from October 1926 through 1927, the measuring was done around the country in locations such as factories, sea-side holiday resorts and Turkish baths, which were popular at the time. The payment for carrying out the project was ten thousand pounds, paid in Berlei shares.

Chapman led the team and enlisted anatomy colleague Dr Stewart Arthur Smith (younger brother of Grafton

THE UNORTHODOX PROFESSOR WHO LED THE FIRST NATIONAL CENSUS OF AUSTRALIAN WOMEN'S MEASUREMENTS

by Lise Mellor

Elliot) and the services of two science students as research assistants. One of them, Mr R Tannahill, a Bachelor of Science (Hons) student was appointed in charge of the collection, classification and correlation of the data obtained. The age of the survey participants was between 15 and 65. Twenty three different measurements were taken from each woman, barefoot in a bathing costume.

Directions for measuring were as exact as possible so that uniformity was attempted. Shoulder height, for example, was defined as the height of the upper aspect of the right acromion process; the gluteal fold as the junction of the gluteal muscle with the posterior aspect of the thigh, and the height to the thigh fold as the line of Poupart's ligament between the trunk and the thigh when the subject sits. Various callipers and rulers were designed to carry out these tasks. At the culmination of the project, Berlei provided their data to the Department of Health and the survey became known as the National Census of Women's Measurements.

From the findings, Berlei developed their five figure-type classification scheme – 'Sway Back', 'Hip', 'Average', 'Abdomen', and 'Short Below Waist'. The second research assistant, Della Lytton Oakley (nee Pratt, BSc 1928 USyd) worked alongside Tannahill and invented a device which allowed the team to measure and determine these figure types with more precision. This 'nomogram' became known and patented as the Berlei Figure Type Indicator, patented under the name of Della Pratt. After the study the nomogram was produced and sent out to retailers enabling them to take the customer's exact measurements and then use them to classify the woman's figure for product selection. The five figure-type classification scheme and the Berlei Figure Type Indicator were in use for decades until corsetry as an undergarment declined in popularity.

In 1957, Berlei again commissioned the University of Sydney, this time medical school alumnus Henry Oliver Lancaster (MB BS 1937 MD 1967 DSc 1971 PhD 1953 BA 1947), then Professor of Mathematical Statistics, to review the findings and publish a summary and a series of anthropometric graphs from the original data. This summary is published in Medical Journal of Australia, (December 1957). Reading through Lancaster's report, it seems that Berlei Limited were keen to revisit and publish their original findings in the light of further anthropometric studies completed in the United States, England and Australia.

FAR RIGHT: Model wearing Berlei girdle product number 84 and brassiere, c1930. All photos from the archives of Berlei Australia, courtesy of the Powerhouse Museum.

RIGHT: Side-on view of a model shown wearing Berlei girdle product number 50, c1930. Photograph from the archives of Berlei Australia, courtesy of the Powerhouse Museum.

OPPOSITE: The Berlei Type Indicator. C1930, designed to be hung on a wall of a corsetiere and approximated the shape of the female torso.



In 1941, O'Brien and Shelton had produced a standard for "Women's Measurements for Garment and Pattern Construction" which became the benchmark for clothing manufacture in the United States. Two years later in the United Kingdom, W F Kemsley conducted a comparative survey known as the "Weight and Height of a Population in 1943" which was used to dictate the sizing of British produced women's clothing. Here in Australia, a Dr J M Woodhill conducted a survey in 1950 which resulted in "A Standard of Weight for Height and Age of Australian Women". In Lancaster's précis of this work he found that Woodhill's results were very similar to the original Berlei data. Woodhill gives normal weights by height for women of child-bearing age and the mean for each state. Woodhill suggests that the differences in height weight ratio "may have a basis in the dosage received at ground level of ultra-violet light, growth being favoured by the larger doses in areas closer to the equator."

Kate Kennedy, a clothing designer of 25 years, is completing postgraduate studies in Textiles at RMIT University as part of her "quest to find the perfect fashion fit for the modern Australian body." Ms Kennedy's work has focussed on the problems of women's clothing sizing in Australia and she has reviewed the original Berlei Limited data in the light of current sizing standards. Some of her work in this area has been presented at the Human Factors and Ergonomics Society of Australia Conference last year and the Cultural Studies Association of Australasia's Annual Conference 2006 (see www.unaaustralia.com/proceedings). She argues that the Berlei survey still has validity today in terms of both its data and methodology. In addition, she says "her research also cites the Berlei Limited collaboration with the Sydney Medical School as an example of how collaborations between science and industry facilitate innovation." Kate Kennedy's thesis is forthcoming.

The Berlei Limited archives are held at the Powerhouse Museum, Sydney. The anthropometric graphs drawn up by Henry (Oliver) Lancaster are included in the collection, but not the original data cards which we are keen to locate (contact Lise Mellor 02 9114 1164). For a biography of Henry George Chapman see the Sydney Medical School Online Museum and Archive.

Thanks to Kate Kennedy for alerting me to this project.
radius



case notes

1950s

Maurice Patrick Cleary OAM MBBS 1958

I graduated with a Bachelor of Science in Pharmacy at the University of Sydney in 1938, and in 1939-40 completed years I and II in the Faculty of Medicine.

I enlisted in 1940, in Australian Infantry Forces and served as Pharmaceutical Officer on 2/1 Hospital Ship "Manunda" entering numerous War Zones including Darwin, Middle East, New Guinea and the Pacific.

I was discharged in 1945 from the Services and resumed pre-war occupation as a self-employed Pharmacist. In 1952, I resumed studies in the Faculty of Medicine, graduating in 1958 and engaging in Hospital and General Practice.

I was appointed General Superintendent and Chief Executive Officer, St Vincent's Hospital, Sydney serving in this capacity for 22 years. This appointment involved responsibility for the Hospital's Medical Services and other Clinical Services as well as the financial and numerous general supportive services that are essential for the maintenance of a large University Teaching Hospital. It involved also constant liaison with Ministers and Politicians and spirited lobbying to break through the entrenched bureaucracy of the Health Department to ensure improved funding. During this period, the first major building development program since pre World War 11 years was undertaken and, in the interest of undergraduate Medical Education in Sydney, St Vincent's acceded to the request from the Commonwealth and State Governments to sever its 40 years allegiance to the Medical School of the University of Sydney and transfer to the University of New South Wales to provide clinical facilities for its fledgling Medical School.

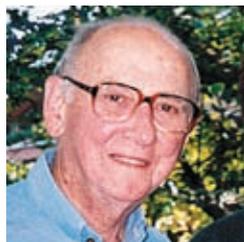
I retired from St Vincent's in 1983 and undertook part time work as a Medical Officer with Qantas Airways, with the RAAF at Richmond Air Base and the RAN at HMAS Nirimba.

In 1985, I was awarded Order of Australia Medal for service to the public hospital system, and I retired from Medical Practice in 2002 at the age of 84 years. Now, aged 91 years, I spend my time supervising or being supervised by three sons, two daughters-in-law, eight grandchildren and seven great grandchildren

Outside of medicine, in 1973 I established and continued an orchard farm property at Somersby on the Central Coast of NSW.

I have also published "The Way It Was" – A Story of My Life through Eighty Years of the Twentieth Century and Thereafter; and "The Way They Were" – A Story of People, Prayers and Places at St Vincent's 1950 – 1980.

George Repin AM MBBS 1952



The references to the Alma Ata Conference on Primary Health Care in Professor Michael Kidd's paper in the Medical Journal of Australia, issue of 20 July, 2009 (devoted to General Practice), brought back many memories.

I attended this International Conference, organised by WHO and UNICEF, in September, 1978, as a member of the Australian Government delegation, led by Dr Cyril Evans, then Deputy Director

General of Health.

From my early days as a member of the Secretariat of the Australian Medical Association I had been receiving invitations from the Medical Workers' Union to visit the USSR to see the operation of their health care system. I refrained from accepting the invitations because, although I was born in Australia, my parents were Soviet citizens before leaving Russia in the early 1920s and, accordingly, under Soviet law I was technically a Soviet citizen.

However, the provision by the Soviet Government of diplomatic immunity to those attending the conference gave me the opportunity to accept the invitation from the union and at the conclusion of the meeting I travelled extensively through the country with a small group of other guests. In addition to Kazakhstan we visited Uzbekistan, Georgia, Latvia and Moscow. We were able to see facilities and services at all levels of the "referral chain" from the feldsher stations in sparsely populated areas where the people were nomads, through the regional and district hospital and health clinic levels to the major institutions in Moscow.

Needless to say I could recount many interesting personal experiences – and comments I overheard by my hosts in institutions we visited when they either did not know – or forgot – that I spoke Russian. I did not conceal my fluency but certainly did not flaunt it.

I did not return to Russia until 2005 – this time with my wife.



William (Bill) D. Walker MBBS 1954



After graduation in 1954, I worked at Cessnock Hospital where I met and married my wife Doris. We have two sons and eight grandchildren.

Further hospital experience was at Parramatta, at Princess Margaret Childrens and Royal Perth in WA, followed by solo GP in Tara in Queensland, after which I moved to UK for 6 years doing general surgery in Glasgow and plastic surgery in Glasgow and Manchester.

I returned to Newcastle NSW as its first plastic surgeon in 1968 until retirement in 1994. I now do medico-legal consulting one day a week.

I began overseas surgical trips with Interplast to Fiji in 1997/8 and then 8 self organized trips to Africa, Malawi, Mozambique, Uganda and Ghana following which I was awarded an OAM in 1999. I have now made over 30 trips to Pacific areas, PNG, Bangladesh, West Timor, Peru, China Philippines - about 2 per year and still going.

Other interests include: cello, which I leaned at age 40 yrs, and played in orchestras locally and with Australian Doctors Orchestra and chamber groups.

I joined Aussimasters swimming in 1999 and compete at national and international level, winning top 10 international medals in my age group at breaststroke and butterfly, and was voted Male NSW swimmer of the year in 2004 after breaking 7 national records. I am competing in the world masters games in Sydney in October.



THE NOT-SO-SMOOTH ROAD FOR AN EARLY INTERNATIONAL STUDENT MOHAMMAD HANAFI MBBS 1973

Mohammed Hanafi, or Han as he is called, graduated in January 1973. He was a Colombo Plan student who came to Australia from Surabaya, Indonesia. At the time there were very few international students at all – about 150 across the University – and no other medical students from Indonesia.

He graduated in 1973, did his residency at Royal Prince Alfred Hospital then began what was supposed to be one year at Royal Prince Alexandra Hospital for Children but ended after four months when he was called to return home.

While he was studying in Sydney, politics in Indonesia had changed dramatically. The country's (first) President Sukarno lost power following a failed coup in 1967 and was replaced by President Suharto.

"Indonesian new policy did not recognize my degree so I had to return to University for two years to do my clinical term. It was very frustrating moment," he said.

Eventually obtaining local qualifications, he was offered a fellowship for doctoral degree in biochemistry in the United States in 1978, but didn't complete it because of financial reasons.

Back in Indonesia, he was penalised by not being allowed to ascend in rank as a civil servant for three years.

He obtained his master's degree in 1985. Since then, his mornings have been spent working as a lecturer in biochemistry at the Department of Biochemistry in the Medical Faculty at Airlangga University. Until 1998, we worked afternoons as a medical officer (or GP) in a nail factory, and as a private GP in the evenings.

"I will retire as civil servant May next year, but in the evening I will be working as GP for many years to come," he says.

He has never been able to attend alumni reunions because there is no-one to replace him in his clinic – even closing for one night is a major event. As a devout Muslim, also, his obligation, if funds allow, is to undertake the pilgrimage to Mecca, then assist his wife and other family members to go.

But he recently rekindled ties with his old University, meeting the Dean, Bruce Robinson and Executive Officer Tom Rubin, who were in Surabaya to foster links with regional research institutes and universities.

Although his career progress has been anything but easy, he is not complaining.

"I have two daughters both of them married, and I have three grandchildren. I am very happy, enjoying my life, helping poor people in their health. My hobby is swimming and table tennis."

I joined Rotary in 1981 and have a Paul Harris fellowship with bar and a service above self and other awards and am involved with RAM (Rotarians Against Malaria) supplying preventative bed nets to needy countries .

I played field hockey until 49 yrs and then took up golf achieving a best handicap of 12 and play a reasonable game of social tennis.

Since 1981, I have been a committed Christian and a member of a local church group, and will continue Gods work overseas while I am still able.

James C Biggs AM MBBS 1955



I trained in Medicine and Pathology for 5 years after graduation at St Vincents' Hospital, Sydney obtaining post graduate degrees,

then travelled to Oxford to work as a Research Fellow in the Nuffield Dept of Clinical Medicine supported by an Adolph Basser grant (RACP) and later by the Wellcome Foundation. I obtained a D.Phil. and returned to Sydney as physician to St Vincents and the Mater Hospitals, and as Research Fellow in the newly opened Garvan Institute in 1963. Subsequently became Director of Haematology at SVH and A/Prof of Medicine at UNSW.

I established the first adult bone marrow transplant unit in Australasia in 1975 and the unit attracted many patients from inside and outside the country and continues to flourish today. Produced many publications and presentations here and abroad in the transplant area and in other areas of iron metabolism, thrombolysis, novel anti-cancer drugs and cell separation technology. Served on many committees here and overseas. Past President of HSA and TSANZ.

I was involved for many years with overseas aid projects and was Chairman of the Australian Foundation for the Peoples of Asia and the Pacific for 17 years. That involved many trips to Asia and the Pacific on behalf of grass roots projects. I received an Order

of Australia (AM) in 1999 for contributions to medical research and overseas aid.

In 1955, I married Margaret Hayes who was a great support, partner and mother until she passed away in 1997 after a long illness. We have 5 children, including one who graduated in medicine and is a Neurosurgeon at Royal North Shore Hospital.

Since retiring, I have been teaching medical students at UNSW and enjoying it!! Im currently catching up on reading (novels, politics, climate change, science), attending concerts and plays, and spending some wonderful time with my children, 8 grandchildren, friends and my partner Elena.

Other Passions?

Radius will be running regular stories on "other passions". If you have particular interests outside health and medicine, let us know. We will also continue with regular Case Notes, and hope alumni will still keep us up-to-date with news of their career, family and other developments.

radiuseditor@med.usyd.edu.au

Nell Muirden (née Cruikshank) MBBS 1955



Following a 2 year "locum" as Acting Medical Superintendent of the Paton Memorial Hospital, Vila, Vanuatu (1956-7), I married John Muirden, a Melbourne medical graduate (physician, then radiologist) and together we spent 15 years with the Health Department at several locations in Papua New Guinea. My positions included obstetrics at Mt Hagen Hospital, Western Highlands for two years and at Port Moresby in charge of the PNG Family Planning Program for six years. We greatly enjoyed our time in PNG and value the many friends we made, both local and expatriate, during PNG's "best years".

Returning to Melbourne, I worked at the Peter MacCallum Cancer

Institute (1980-1998) first in the Pain Control Clinic, then as Head of the Palliative Care Unit for 11 years.

After retiring, I spent 10 years as a senior fellow (distance learning coordinator) with the Melbourne University Centre for Palliative Care, which conducted a Post Graduate Diploma in Palliative Medicine and a Graduate Diploma of Psycho-oncology.

My other retirement interest has been to promote Palliative Care in PNG, beginning in 2001 with a traveling fellowship from the International Association for Hospice Palliative Care. I have also returned one or more times per year to conduct workshops, present papers at the annual Medical Society Symposium and produce (together with the PNG Chief Anaesthetist and Professor of Paediatrics) a "Pain Management Guidelines" for pain in cancer and AIDS. John and I were both awarded "Independence Medals" and made life members of the PNG Medical Society.

We are happily married and have three sons (one a medical graduate) and four grandsons. jmuirden@melbpc.org.au

1960s

David Gibb
MBBS 1964

I would like to report a hobby which I developed during the fourth year of my medical course. During pathology lectures I wrote a number of songs related to the topic of the lecture. One of these, The Nutmeg Liver, was written in 1960 and sung to the tune of "On Yonder Hill There Lives a Maiden".

THE NUTMEG LIVER

*Why little liver look you mottled ?
Why your nutmeg nom-de-plum
And why is it that you are bottled
In the morbid musee-um
And in the morbid musee-um
He looked at me with gaze suprising
His swollen sinusoids were red
I saw his hyperaemia rising
He mopped his portal tracts and said
He mopped his portal tracts and said
Ten times today I'm sure no fewer
Have I been asked that silly question
Why don't you go and look at Muir
It's on page five - venous congestion!
It's on page five - venous congestion!*

1970s

Tom Ruut
MBBS 1972



My lifetime consuming passion is building and flying radio-controlled model aeroplanes. When I was 7 years old I was confined to bed with a rheumatic fever and one of the activities which occupied my time was plane building. The planes were sticks of balsa wood and covered with tissue paper. A large rubber band in the fuselage drove a wooden propeller. The flights in our back yard in Oatley were not long but enough to motivate me to go further and take the next step which was power.

Then we began flying control line planes in a circle; you could go up and down and even do loops. The engines were tiny 1.5cc diesels. The fuel was a mixture of kerosene, castor oil and ether which I used to knock off from dad's surgery [he was a GP]. We had many hours of fun flying our little planes in the local parks. If there was a major prang, the planes were ceremoniously incinerated on the ground. Radio-control in those days was beyond our wildest dreams due to the expense.

Then from those teenage days the passion lay dormant till my forties when I took up model boating in a small creek in Monterey in Sydney's southern suburbs. One of my friends there, Ken Postill, thought that boating was pretty much one dimensional and suggested that we took up flying.

We learnt on a small plane called a Hepcat on the rifle range at Malabar. Then we joined up with the Blacktown Model Aero Club, where I flew till I moved to Canberra 4 years ago. The hobby is so absorbing .I always can't wait to get home and do more work to complete a project. I always wondered what people do in their spare time when they don't have a hobby or other consuming passion.

I fly 3 days a week if the weather is good, for about 3 hours. I belong to the Canberra Model Aero Club on the Monaro Highway leading out of Canberra. You get to meet a very broad spectrum of people by going the fun flies and competitions. I haven't met too many docs though.

These days putting a plane together is much faster as they are already built and covered. All you have to do is install the engine, fuel tank and radio-control gear. You can put a plane together in a few nights. Model flying is great fun. Come and try it one day.

Diana Weston
MBBS 1979



I have been working in general practice in Manly part time, now reduced to only 3 morning sessions, in order to pursue my passion for music. I remain committed to my present practice without wanting to increase it. My patients know of, and often share as audience members, my musical interests.

This year I completed a Masters in Music Research with a thesis on styles of harpsichord accompaniment in the baroque period. In 2008 I founded and direct a baroque ensemble called Thorough Bass consisting of countertenor, recorder, cello and harpsichord. We regularly draw upon other musicians of the highest standards. We have a regular concert series performing every 2nd month in Mosman, as well as at festivals, art galleries, regional centres and other events. As a harpsichordist I also take part in larger orchestral events, and partner another harpsichordist as a duo ensemble.

My medical skills don't go to waste in music as organisation and people management are all part of it. In my practice, I love to hear of other people's passions and encourage everyone to foster an interest that excites them, as I believe this is one of the best ways to stay mentally well and intellectually stimulated.

1980s

Tony James Chu
MBBS 1986



After graduation, I trained at St Vincent's Hospital & Sydney Children's Hospital, and am currently working as a part-time paediatric registrar at Wollongong Hospital while also acting & filmmaking.

As an Actor, I have appeared on stage, TV and film including guest appearances on TV shows: 'Packed To The Rafters', 'All Saints' and 'White Collar Blue'.

As a Film Producer, I have produced more than 30 short films [directing 20+] and also co-produced one feature. My comedy short film 'General Practice in 2012' won the RACGP Best Fiction in 2007 and I intend to direct & produce his first feature film soon.

I founded NAFA (Networking Action for Filmmakers & Actors) in 2002 and convene their monthly networking meetings (Choc Tops), short film festival (Show-Fest) and monthly script workshops.

I also founded the AMA (NSW) Creative Doctors Network (CDN) in 2007. The CDN welcomes all doctors, inclusive of whatever their creative interests, for the purposes of networking, showcasing their artistic work and collaborating on new projects. Their gatherings revolve around four themed nights: Films, Visual Arts, Readings and Performing Arts. The CDN also organize a yearly DOC ART Festival and monthly Creative Doctors writing group. More info: tonycdn@gmail.com

2000s

Scott Stanners
PhD in Medicine 2008



Following completion of my PhD under Professor Carol Pollock at the Kolling Institute of Medical Research (USyd Department of Molecular Medicine, Royal North Shore Hospital), I moved to Vancouver, Canada in March 2008 and undertook consulting contracts in the biomedical sector, completing a feasibility study for a stem cell business opportunity in addition to a market assessment for a synthetic genomics organization.

The Graduate Certificate course in Innovation and Enterprise at Sydney Uni gave me a foundation in the commercialisation of biotechnology which can be effectively applied to the bioenergy industry. Fortunately, I accepted a contract with a bioenergy funding organization called the British Columbia Bioenergy Network, and then assumed a full-time role as the Director of Research. I am currently assembling an advisory board involving the four research intensive universities in the province in addition to a technology institute. Facilitating and funding collaboration between academia and industry stakeholders is one of our strategies to accelerate the

development of a greener future.

Outside of work, I have been training for the Vancouver Triathlon and adjusting to ocean swimming in a much cooler part of the Pacific. I remember swimming in speedos at the Noosa triathlon, whereas a full wetsuit is highly recommended here. I proposed to my partner Cindy while on Fraser Island and then we married in May this year at St Augustine's Church followed by a reception at a historic house on University of British Columbia campus. Cindy and I are looking forward to spending 3 weeks in Australia later this year, to catch up with friends and then spend two weeks honeymooning around WA.

Leanne Michelle Poulos Master of Public Health (Honours) 2008

At the moment I am the Project Manager at the Australian Centre for Asthma Monitoring (ACAM), which is based at the Woolcock Institute of Medical Research in Glebe. The purpose of ACAM is to produce asthma information for public health purposes, including monitoring trends and identifying

target risk groups. My current role involves managing population health information, interpreting and analysing data and producing reports to guide activities in asthma throughout Australia and I've found it to be both challenging and rewarding.

Alex Rosewell Master of International Public Health 2004



I'm working as an epidemiologist for the World Health Organisation in Papua New Guinea. The MIPH course gave me a good grounding in public health and the epidemiology and biostatistics components were particularly beneficial. I still keep in contact with many of my former classmates who are now living and working all around

the world in Spain, Switzerland, Canada, Lesotho, Belize, Democratic Republic of Congo and more."

Jason Lee Master of International Public Health 2006



I'm now working in the Timor Leste Ministry of Health as the HIV research and surveillance advisor. Some of my main responsibilities include: designing and conducting the integrated behavioural surveillance surveys and other research studies to assess sexual practices and drug taking behaviour in sub-populations considered at risk for HIV; implementing the sentinel surveillance for HIV; and facilitating the development of the national strategic plan for HIV.



LINDA CRISTINA MAYER MBBS 1989

I have been working in Emergency Medicine as a CMO for approximately 17 years interspersed with short periods in General Practice. I have recently commenced work with Defence and will undertake the 5 week fulltime Aviation Medicine course in August (I love flying). On my return, I will also be tutoring for The University of Wollongong Medical School.

Before I studied Medicine, my passion was horses, specifically purpose bred Olympic quality show jumping horses. I rode and bred show jumping horses.

In the past, Australia relied on reject racehorses for their show jumping horses. There was the occasional chance variation that was capable of competing at international standard but in general our results were poor and unpredictable. The Germans, with their precision and disciplined approach were breeding horses specifically for the Olympic disciplines. Government controlled, they could monitor everything from feed efficiency to jumping traits.

To obtain these genetics, I imported frozen semen from some of worlds best show jumping sires in 1996. As I lived in a small country town and there was no local vet with the necessary equine reproduction skills to utilize frozen semen, I set about training myself. I purchased an Aloka 630 SSD ultrasound. It took about 2 years to fine tune my skills however, I caught the "veterinary bug" and, with dwindling supplies left of the original semen, was one of the first to utilize low dose deep horn AI as a routine practice.

My passion grew and my interest extended into neonatal equine medicine (very similar to human neonatal medicine) and soon I was treating and saving ill equine neonates. I sought the expertise of human medical

specialists (including pathologists), read copious amounts of human related and equine related literature.

I am especially proud of a recent successful case of field management of a grade one mid shaft oblique compound fracture of the near hind metatarsal in a neonatal Warmblood filly. Warmbloods are very large horses and this filly was huge. This case was managed by an all medical team, and after 5 weeks, 3 anaesthetics and minimal use of antibiotics, we deemed it a success. This project has shown that it may be feasible to manage such a case without the need for a tertiary institution (or a gun.)

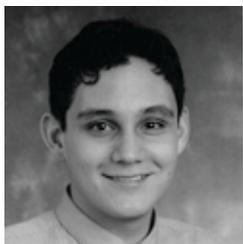
I have had many other equine (and a few bovine) projects that were successfully managed with a good mix of human and veterinary medicine. I usually seek the expertise of my medical colleagues who generally find my projects an interesting (and amusing) interlude. For example, I have managed and performed minor surgery on a severe eye injury with the telephone help of a specialist ophthalmologist and prior to any recent publications, I initiated a dry mare to lactate, successfully raising an orphan foal. For this project I sought the help from a pharmacist friend and Dr. Angus Mckinnon, a specialist equine vet.

I believe that my medical training along with my life long history with horses has given me an eclectic advantage in diagnosing and solving problems. In the emergency department, a huge advantage is how I manage children. I do not use restraint but approach them with the same momentum, timing and body language as I do with horses. I rarely have a non-compliant child.

When I was a medical student, I was unable to indulge my horse passion and in a fit of sensory deprivation took up motorbike riding, including racing, until graduation. After having my daughter (who has counted equine sperm under a microscope since age 5 and who now helps with the stud reproduction), I had a yearning (or mid life crisis) for another bike. From a Ducati 900 SS, to a 748R and now an 848, I have my first track day in 6 years coming up.

10 YEARS ON

ORGANISERS OF THE 1999 REUNION REFLECT ON THE DECADE



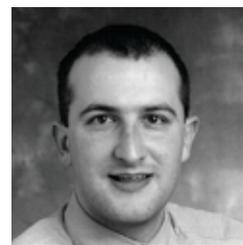
PHILIP ROME

Visiting Medical Officer in Plastic & Reconstructive Surgery at Concord and RPAH, with a private practice in the city. Work includes major post-oncological reconstruction, trauma reconstruction, hand surgery, breast reconstruction and cosmetic surgery.



TIM SHORTUS

Working as a GP in an inner suburban practice in Sydney, doing some research and teaching in primary health care at the University of NSW, and caring for my 11 month old daughter. Otherwise my wife and I are busy renovating our house, and cooking – my most recent obsession is sourdough bread-baking.



PAUL NICOLARAKIS

Working as a health informatics/health services design consultant, most recently on a project using technology to improve the way medical care is delivered to residents in nursing homes.



CAROLYN SEIN or NORTHEILASSA

Working part-time in general practice in Sydney and studying Masters of International Public Health – back at Sydney Uni part-time – I just couldn't stay away!

What have been the highs and the lows of the decade since graduation?

PR: The highs have included a relatively painless progression from internship to a career that I love and would do again lovingly – even if I had my time over. Accompanying this has been the spectacular digital and Internet revolution – it has meant that I can always be 10 seconds away from finding an answer to any question, or reviewing a patient's CT scan emailed to me by the registrar. Without sounding too sombre, the lows of the decade include the mobile phone (a corollary of the above) and email, and with them the expectation of always being contactable. Other lows include the slow attrition of friends from university days as we all chose our own separate adventures. Also lost was the innocence and optimism of being a student.

TS: The past ten years have been varied and interesting, with few professional lows. The worst moments have been when bad things have happened to patients. My highs are not related to making particularly clever diagnoses or delivering successful treatments, it is simply the realisation that I have found a job that provides a great deal of satisfaction and enjoyment, while allowing me the flexibility to pursue many other interests. And finishing my PhD. That was a very good moment.

PN: Compared to most of my medical peers, my career path has laid at the less travelled end of the spectrum. I left clinical medicine after completing internship at RPA and was recruited into an eHealth start up which provided a fantastic introduction to entrepreneurship and set me on course for where I am today in health informatics. Along the way, I've also worked in various managerial roles across the entertainment, medical indemnity and mobile technology industries.

CS: There have been pockets where "clouds heaped upon clouds and life darkened". I was caught alone in Colombo with nowhere to stay on my first night in Sri Lanka – I ended up spending the night in a brothel. From a self preservation and safety perspective

this was certainly a distressing experience. On a broader platform, as an independent self supporting woman – witnessing the issues of global gender impoverishment firsthand in that damp squalid place really punctuated the start of my trip. The rest of my month there however was utterly magnificent.

Bathurst Island a few years ago – in the short time I had there I encountered some of the worst and most complex and challenging health outcomes, my waning optimism was buoyed by the dedication of the elder women and the two nurses that I had the privilege of working closely with.

Special moments include travelling to Eastern Turkey's border with Armenia to pay homage to the oldest squatting toilet discovered to date – I come from a long line of squatters and this was a humbling encounter of the baby steps involved in civilisation. It really took me back to my yearly school holidays travelling to the refugee camps on the border of Burma-Thailand – sit down toilets were not a luxury – they weren't even available.

In 1999 what was your dream career and what is it now?

PR: In 1999 my dream career was to be a provider of superb health care to the sick and needy, so long as it could be done in a 40-hour week. These dreams were partially shattered by the sheer drudgery of internship but returned soon in residency. My skills were in Surgery, and with Plastic and Reconstructive Surgery, I could help with all parts of the body, both form and function, and with all ages and demographics. Volunteer work was also possible to some of the neediest communities on earth. My current career involves all this but my dream career now, is quite frankly, retirement with the occasional charity Plastic Surgery trip and frequent courses at university to learn all the other things I missed being taught around the university as I sat in Bosch lecture theatres day after day...

TS: I left medical school intending to become a GP, thinking this would be the best way of developing a broad and varied clinical practice, and allowing me to provide continuing, whole-

of-life care. I feel like I'm where I wanted to be, and I'm relieved to discover that I actually enjoy doing it. I have no clear picture now of what I will be doing in ten years – I think I'll always work as a GP, as I still think general practice is the best job in medicine, but I'm hoping that my work and life will continue to provide new opportunities within and around that. I'm a little older now and excited by my life in general, not only my work in particular.

PN: I have always been interested in technology but in 1999 health information technology was a relatively fringe area of interest, particularly in Australia. As the sector has developed, so have the opportunities. It is an exciting place to be as our understanding of Health IT's ability to improve safety, efficiency and efficacy of health care delivery continues to evolve.

CS: In 1999 my "dream job" did not exist. I was probably sub clinically depressed and totally overwhelmed by the degrading effects of the hours undertaken by interns. There was no "dream career" just survival. My perception of a "dream job" is always evolving but the common motifs have always been: a part time clinical component, flexibility, creativity and the ability to develop personally. Through continuing education I have met incredible people involved in health both locally and in the international arena. Personally I am working towards working in developing countries and being involved in humanitarian work – focusing on women's health in particular. I would love to head back to Burma/Myanmar in this capacity – watch this space!

Your best memories of medical school?

PR: Easily - the people. From my fellow students who endured all manner of lectures, prac classes and subsequent practical jokes in prac class to the stoic and unwavering lecturers who battled-on under such adverse circumstances. The administration staff who kept things running smoothly at all times except when things weren't running smoothly, and the clinical

tutors, some of whom are now my esteemed colleagues. Memories of great moments always involve the great people that made them so.

TS: Perhaps it's because ten years have passed that I have sufficient distance to feel overwhelmingly positive about my time in medical school. It's hard to remember how tedious or grueling much of it was – instead I feel ridiculously sentimental about Bosch lecture theatres, chemistry pracs, brutal exam periods, the Med Revue band, surgical tutes, heart murmurs, writing discharge summaries, free lunches at grand rounds – the works.

PN: Medical School was amazing time. Being exposed to the full gamut of human experience and scientific advancement through a degree of such breadth is a rare privilege. To have shared this with so many fantastic teachers and fellow students over six formative years made it a life changing experience. These feelings have only been reinforced by recent involvement in the belated production of our cohort's Senior Year Book ahead of our 10 year reunion in October.

CS: Much of medical school was a blur. The memorable moments for me – were the moments discovering that there was more to medicine than medicine!

Looking back - I now realise what a privilege and incredible opportunity it was to have studied medicine - at Sydney University. Not only has it provided the chance to be involved in a plethora of challenging roles - it has really provided the means to embrace a vocation which is personally rewarding and enriching. Having seen first hand the poverty of opportunities and education which the majority of young people in developing countries face - I think having a safe environment to form friendships, develop mentorships and to learn - is something all of us I'm sure appreciate deeply. *radius*

reunions 2009 - 10

Does your graduating year have an important anniversary in 2009 and 2010? Let us help you contact your fellow graduates, issue invitations and promote your event.

Please contact your alumni reunion manager, Diana Lovegrove, on (02) 9036 3375 or by email at d.lovegrove@usyd.edu.au.

GRADUATING YEAR OF 1946

When: Friday, 25 September 2009
Where: Concord Golf Club, Majors Bay Road Concord NSW
Time: 11am for 12noon
Cost: \$75
Contact: alanyoun@bigpond.com

GRADUATING YEAR OF 1970

When: Saturday 20 February 2010
Where: The Great Hall, The University of Sydney
Time: 6pm
Cost: TBA
Contact: d.lovegrove@usyd.edu.au

GRADUATING YEAR OF 1948

When: Friday, 25 September 2009
Where: University Art Gallery followed by lunch in the Withdrawing Room, Holme Building, University of Sydney
Time: Art Gallery from 11am, lunch from 12.30
Cost: \$85

Contacts: Harding Burns fhardingburns@bigpond.com.au or 02 9328 5707. Peter Harvey hpbharve@tpg.com.au. Judy Weaver 02 6331 5074 Tom Nash 02 9247 4950

GRADUATING YEARS OF 1990 AND 1991

NOTE DATE CORRECTION
When: Saturday 27 February 2010
Where: The Great Hall, The University of Sydney
Time: 6pm
Cost: TBA
Contact: reunion1990@live.com

GRADUATING YEAR OF 1960

When: Saturday 13 March 2010
Where: The Great Hall, The University of Sydney
Time: 6pm
Cost: TBA
Contacts: Ann Sefton and Steven Kovacs (via) d.lovegrove@usyd.edu.au

GRADUATING YEAR OF 1965

When: 30 January 2010
Where: The Taronga Centre, Taronga Park Zoo
Time: 11am
Cost: Further details available in Oct/Nov by email. Send contact details to r.wines@hcn.net.au

GRADUATING YEAR OF 1955

When: Saturday 10 April 2010
Where: The Royal Sydney Golf Club
Time: 11:30am
Cost: TBA
Contact: John Wright rebjohj@netspace.net.au

GRADUATING YEAR OF 1999

When: Saturday 24 October 2009
Where: The Anderson Stuart Courtyard
Time: 5pm
Cost: TBA
Contact: d.lovegrove@usyd.edu.au

GRADUATING YEARS OF 1980

When: Saturday 1st May 2010
Where: The Great Hall, The University of Sydney
Time: 6pm
Cost: TBA
Contact: d.lovegrove@usyd.edu.au

GRADUATING YEAR OF 1964

When: Saturday 24 October 2009
Where: The Great Hall, The University of Sydney
Time: 6:30 pm
Cost: \$130
Contact: d.lovegrove@usyd.edu.au

Howard Roby

ANAESTHETIST
OCEAN SWIMMER

Howard Roby

B.Sci (Med) 1975
MBBS (Hons) 1978
D. Av Med (Otago) 1994
FANZCA 1992
FJFICM 2002

Pictured here at Rottneest



When Howard Roby came third in his age group in one of the original Cole Classic ocean races at Bondi Beach, the trophy – an embossed dinner plate – recording his triumph replaced his numerous medical testamurs in the prime place above his desk.

“I played a lot of water polo as a student and it helped me retain some semblance of sanity through that period. But once I started working, the long hours and being on call, it all became too difficult. As an anaesthetist, you don’t always have control over your time and inertia gradually took hold. Ten years later, I was unfit, overweight and grumpy, when my wife one day suggested I take myself for a swim until my mood improved.

“It was good to be back in the water but like many in my profession, I am very goal directed. It was difficult to maintain enthusiasm without a challenge, and that’s where ocean swimming came in. It provided the challenge and a focus.”

Most doctors, he believes, are obsessive compulsive – although long distance swimmers are possibly further along the scale than most.

In 1988, an 11 man relay team of which he was a member won a place in the Guinness Book of Records for continuous distance swimming. They swam 900 kilometres continuously in 233 hours in the 25 metre pool at the Sydney Football Stadium.

In 2002, he teamed with a friend to swim in the race

from Perth to Rottneest Island. For people unfamiliar with the event, the 21 kilometre distance between Perth and Rotto covers a frequently choppy strip of water with the added attraction of occasional (big) sharks. Swimmers mostly compete in teams but there is also a solo category.

Determined to attempt the event as a solo competitor, he returned to successfully complete the race in 2004. A later arthroscopy on his shoulder (and a few additional twinges in his knees) was a small price to pay.

His current swimming is a moderate three to four mornings a week, part of a group which includes some medicos but a greater number who are not. Through the summer months, and depending on children’s sporting commitments and other demands, he participates in ocean swims at some of the great Sydney beaches, Bondi, Bronte, Manly, Whale and Palm Beach.

“Swimming has been an important part of my life. I enjoy the exercise and the fitness, being able to eat what I like without worrying about weight. I sleep well at night, and it is an outlet for competition.

“It has also given me a whole life outside medicine, which I appreciate enormously.”

inquisitive [in-kwiz-i-tiv]

-adjective

1. given to inquiry, research or asking questions; eager for knowledge; intellectually curious: *an inquisitive mind*.

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