

# Radius

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

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**The  
University  
of Sydney**



| Hoc Mai: forever learning

| Curriculum change

| Child health in Cambodia



### Note from the Editorial Committee

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

We aim to make this an interesting publication and encourage your contribution of news items and letters to the editor. We do not object to controversial articles, indeed we welcome them. The true role of a university is to provide a forum for ideas. Please note however, that articles should follow conventional journalistic etiquette. The opinions expressed in *Radius* are those of the contributors and are not necessarily shared by the University of Sydney.

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Editor in Chief:

Ms Louise Freckelton

Intern for this edition:

Mr Robert Flawith

Mr Flawith is a fourth year Media and Communications student at the University of Sydney.

Editorial Committee members assisting with this issue:

Dr Charles George

Mr Tom Rubin

Ms Erika Ansa-Mosman

Dr Raema Prowse

All correspondence should be directed to the Editor.

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

Mail: Medical Graduates Association  
Medical Foundation Building (K25)  
The University of Sydney  
NSW 2006

Tel: +61 2 9351 8947

Fax: +61 2 9036 3343

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

Web: [www.mga.usyd.edu.au](http://www.mga.usyd.edu.au)

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# Message from the Dean

Professor Bruce Robinson

The last six months have been exciting ones.

Our long planned curriculum changes, which will better prepare graduates for the rapidly changing medical environment, have been ratified and are being implemented by Faculty. Our international efforts, including new programs in China, are being consolidated and our research activities are being brought into focus by the implementation of the Government's Research Quality Framework.

At an historic meeting of the Faculty on 4 April, almost all the changes proposed by the Curriculum Review were endorsed. Others were discussed in more detail by working parties and were finalised when the Faculty met again on 24 July. These changes will result in the reintroduction of grading into Years 3 and 4 of the course and the award of Honours will be on the basis of a research project and grades. Importantly, the course will begin with an intense period of learning in basic anatomy, physiology, biochemistry and pharmacology. Linkage between anatomy, surgery and radiology will be facilitated by the recent offer of appointment to the Parker-Hughes Chair of Radiology and a yet to be advertised Chair of Surgical Anatomy.

These changes are a direct result of the strong sentiment expressed to our reviewers, Emeritus Professors Kerry Goulston and Kim Oates, by our teachers and students. The changes will be carefully integrated into our course, which is being modified in many other ways to reflect the time constraints of our valued clinical teachers and the need to produce graduates ready to practise and learn in our changing environment.

Some of the newer subjects to be given space within our course include genetics, complementary and alternative medicines and spirituality. While this is not going to be a major focus, our graduates must have some knowledge of these forms of care which we know are sought by many patients.

The changes include acknowledging the scientific basis of medical practice in updating the University of Sydney Medical Program. The four key themes are strongly maintained: basic and clinical sciences, the patient-doctor interaction, public health and personal and professional development. To implement these changes, over 500 people drawn from alumni, staff, students and colleagues in the health care system, have joined working parties. It is a massive Faculty-wide commitment. This issue of *Radius* contains an article on the

curriculum changes which I hope you will take the time to read.

On matters international, I recently had the pleasure of attending the opening of the offices of the George Institute for International Health in Beijing. In many ways the activities of the George epitomise the bringing together of researchers investigating major public health issues and treatments, which are rapidly being translated into medical practice. Enormous questions can be answered in partnership with our colleagues in China providing outstanding research opportunities for our students and postdoctoral researchers.

In my absence the Pro-Dean, Professor Ben Freedman joined discussions led by our former Dean, Professor Andrew Coats and Professor Nicholas King from Pathology, with colleagues from Shanghai Jiaotong University. This was our second meeting and it resulted in a range of exchanges that will benefit both Sydney and Shanghai students and researchers. In all of our international relationships I am impressed by the breadth and depth of expertise in this Faculty and the University in general. Part of my role is to harness and link people in new ventures that will enrich their academic lives and that of our students. The commitment and enthusiasm of so many people

makes this task both easy and a great pleasure.

The Faculty has been engaged in discussions on the new Research Quality Framework. This new method of determining research infrastructure funding to universities is being introduced by the Federal Government in 2009. The Deans of Australia's leading research universities are concerned to see that the research efforts of our colleagues not on the University payroll are included in the research calculations. Together we are lobbying to ensure the RQF reflects the true nature of medical research activity in our institutes and clinical schools.

Finally, a special thank you to everyone who generously donated to our appeal for funds for the Medical Foundation. This has been our most successful appeal in recent years. I recognise that you are pulled in many directions for many worthy causes and am sincerely grateful for your assistance.

I look forward to the continued support of Faculty and students in advancing the Faculty of Medicine on all fronts, particularly as we implement our curriculum changes and research challenges. I also look forward to developing closer relationships with more of our alumni in the months ahead. We do live in exciting times.

# President's Report

Dr Paul Lancaster, Medical Graduates Association



I am privileged to succeed Barry Catchlove (MBBS '66) in this challenging role of MGA President as the MGA, the Faculty and the University seek to engage all our alumni in the many activities available to our graduates. We warmly thank Barry for his leadership in developing closer links between the MGA and the Faculty, in raising funds for student scholarships and in enhancing closer ties between alumni and current students. These accomplishments give us a sound platform for the future.

We are delighted to congratulate Her Excellency Professor Marie Bashir, Governor of New South Wales on being elected as the University's new Chancellor. As I entered the majestic Great Hall for the welcome reception, I wondered whether any other university has matched Sydney in having two of its women medical graduates as Chancellor and Deputy Chancellor. Her Excellency Professor Marie Bashir (MBBS '56, MD '02) and the Deputy Chancellor Emeritus Professor Ann Sefton (MBBS '60, BSc(Med) '57), have both been wonderful role models during their many years of service to the University. The Great Hall ceremony was preceded by inspirational notes from the War Memorial Carillon, played by another of our women medical graduates, Honorary Carillonneur Jill Forrest (MBBS '61, MD '75).

Professor Bruce Robinson (MBBS '80, MD '91), Acting Dean for the past year, has now been confirmed by the University's Senate as the Faculty of Medicine's new Dean. We congratulate Bruce and look forward to working productively with him in the years to come. Other alumni and academic colleagues who have recently achieved distinction are

Professor John Wong (BSc(Med) '64, PhD(Med) '72, MD '95) and Adjunct Associate Professor John Gullotta (Central Clinical School), recipients of the University's Alumni Awards for Community Service 2007, and Simon Chapman (PhD(Med) '86) Professor of Public Health, a newly elected Fellow of the Senate.

In recent months your new MGA Council has started discussing with the Dean and Medical program student representatives as to how we can develop a program of mentoring for students and how we can attract more experienced clinicians as problem-based learning tutors. The MGA is keen to seek broader representation from those with PhDs and graduates in Public Health.

We are also seeking the input of our alumni in the immense task in telling the story of our Faculty and its graduates through the generations since 1856.

The lecture series '15 Greatest Milestones in Health and Medicine' has attracted many Sydney-based alumni and other participants back to the rapidly changing University Campus.

On a personal note, my family has a long association with the

University of Sydney. My paternal grandfather, Llewellyn (MB1896, MS 1901), was among the first 100 graduates in medicine; my father, Oliver (MB '37, BS '52, MD '66), my brother, Andrew (MBBS '74) and my wife, Raema Prowse (MBBS '66), were all medical graduates. Our three children – Richard (Arts/Law), Geoffrey (Science) and Jane (Arts/DipEd) – all graduated from Sydney, as did many other members of our extended families. As the University's Alumni Council strives to strengthen cohesion among all its graduate groups, it has been a pleasure to work with people from many disciplines in promoting these links.

My professional career has included training in paediatrics under John Beveridge (MBBS '47) at UNSW teaching hospitals, clinical work as a neonatal paediatrician at the Royal Hospital for Women in the 1970s and subsequently work in public health, epidemiology, and teaching at the University of Sydney, then at the University of New South Wales. Raema's work as a GP and now doing locums in rural regions, opens up many new opportunities to meet alumni and colleagues in the diaspora beyond Sydney,

across New South Wales and other states, and worldwide.

Among some recent changes to the MGA website, we have added a section on Tributes. We have included obituary notices for Emeritus Professor Gerry Milton, Babette Stephens (MBBS '46), and Roland (Rag) Holmes (MBBS '41).

Emails and websites improve greatly our efforts to communicate with you effectively and in a timely fashion, recognising that many will still depend on *Radius* and the *Sydney Alumni Magazine*. We hope you will feel encouraged to complete your personal details on the University's Alumni website and to send us information about our 12,000 living colleagues that should be more widely known. We would welcome your suggestions for improving communication through the MGA website and hope that you keep checking the website to stay in touch! Please send your ideas and suggestions to the Medical Graduates Association [mga@usyd.edu.au](mailto:mga@usyd.edu.au).



# Hoc Mai

## Forever Learning with Vietnam

Robert Flawith

Hoc Mai, the Australia-Vietnam Medical Foundation, is a Foundation of the University of Sydney established in 2001 to improve medical education in Vietnam. The brainchild and one of the special interests of Professor Bruce Robinson long before he became Dean, Hoc Mai is based primarily at Royal North Shore Hospital. Hoc Mai is a Vietnamese phrase meaning 'forever learning', reflecting the ongoing bilateral exchange of medical students and health professionals between Australia and Vietnam which is the core endeavour of the Foundation.

The Hoc Mai Foundation recently secured \$360,000 from AusAID under its Australian Leadership Awards scheme, which will be used to assist 24 health professionals (at this stage doctors, nurses and medical scientists) from Vietnam to travel to Australia to observe medical practice at a range of teaching hospitals in Sydney (Royal North Shore, Royal Prince Alfred and the Children's Hospital at Westmead), Melbourne (Royal Children's Hospital), Tweed Heads, Adelaide and Tasmania. On Monday 11 June the three most recent recipients of the Hoc Mai Foundation's scholarships, Dr Nguyen Anh Tuan, Dr Cao Viet Tung and Dr Nguyen Duc Chinh, arrived in Sydney to commence their three month training period to learn new skills and new perspectives on the practice of medicine to take back to their home country.

The Hoc Mai Foundation's scholarship program is part of a proactive campaign to improve the level of healthcare for

Vietnam's 80 million strong population by 'training the trainers'. By providing the opportunity for young Vietnamese doctors and allied health professionals to come to Sydney to train for three-month periods, Hoc Mai not only provides state of the art medical training for the lucky few, but also hopes to initiate a flow on effect whereby those who come to Sydney pass on their knowledge to their colleagues when they return home.

Dr Tuan, a specialist in emergency health care, said that he was very excited when he found out he had been accepted to come to Australia for medical training. "I would really like to learn about the health care systems of developed countries such as Australia and observe the differences in operation from my home country; that is why I applied to the Foundation." Dr Tung, a pediatric cardiology specialist, said that he was really interested to see how patients are treated in Australia. "Australia

*Not all the practices used in Australia can work in Vietnam, however some can be applied directly or with minor modifications.*

is a leader in the use of new technology in hospitals and I want to find out how this technology is used in the treatment of patients. I feel very lucky to have this opportunity to come here and find out how things are done in Australia."

Dr Chinh expressed his delight at having the opportunity to come to Australia, not only for the medical training he and his colleagues will be able to undertake and the improvement in bilateral understanding and assistance each scholarship ensures, but also for the chance to travel around the 'kangaroo country'. "I will train for half my time in Adelaide and then move to Tasmania to complete my training, so I hope I will have the

chance to see lots of this amazing country and make lots of friends."

Dr Chinh continued: "As my area of specialisation is trauma, this opportunity to examine the operation of the health care system of a developed country is extremely beneficial. Trauma care is a large problem in Vietnamese hospitals and is where we have the greatest number of fatalities. I feel that another serious problem in Vietnam is the lack of properly skilled medical practitioners and professionals and this is an area which Hoc Mai's scholarships help to address directly."

Dr Tuan added: "Efficiency is also a very big problem in Vietnamese hospitals and the health care system in general. That is why it is so important and so useful that we can come to train in Australian hospitals so that we can observe the organisational features of the health care system here with a view to improvements that can be made back home."

The International Monetary Fund, in a 2005 report on the state of health in Vietnam, stated that the country's healthcare system was in the process of a massive transformation from the public sector to the private sector. The report also stated that despite attempts by the government to introduce better health care for poorer families and compulsory health insurance, many medical facilities charge extra unofficial fees and prefer customers who pay their fees up front to others, and this placed a heavy burden on households. All three doctors said that they would constantly be on the lookout for possible ideas and improvements that could be made to the Vietnamese healthcare system when they returned home. Dr Tuan said: "Not all the practices used in Australia can work in a country like Vietnam. However some improvements and ideas can be applied directly, or with minor modifications."

Dr Chinh explained that in a recent meeting with the Dean of the Faculty of Medicine, Professor Bruce Robinson, they had discussed the expansion of the Hoc Mai Vietnamese scholarships to include other health professionals. "I think this is an excellent idea," Dr Chinh said, "training more nurses in Australia will be very helpful in improving the overall state of the healthcare system in Vietnam."

Each Vietnamese scholarship costs \$15,000 covering airfares, accommodation, medical registration and basic expenses. These scholarships rely on the goodwill of Australian health care professionals to host and train their Vietnamese colleagues and are only made possible through the support of grants and donations. Dr Tuan described the Hoc Mai Foundation as incredibly beneficial for Vietnam and the improvement of the practice of medicine in developing countries. "This Foundation is very helpful and very necessary," he said. "I would encourage anyone with an interest in making a difference to developing countries to donate!"



Vietnamese Health Minister Mrs Tran Thi Trung Chien, Professor Bruce Robinson, Professor Michael Field and Associate Professor Heather Jeffery welcome the Hoc Mai trainees.

## Solving the chemotherapy puzzle with the help of Hoc Mai

Chris Rodley

Chemotherapy has developed a notorious reputation for its harrowing side-effects. Patients often suffer from nausea, fatigue and hair loss, and can be at risk of severe infections due to a low white blood cell count. Yet one of the mysteries about chemotherapy is the way it affects individuals in very different ways – some patients have very few side-effects while others suffer from life-threatening toxicity.

Now a University of Sydney PhD student is exploring whether the ethnic background of patients – specifically whether they are Asian or Caucasian – might be playing a role in how they react to cytotoxic drugs. While he stresses that his research is still at an early stage, Dr Viet Phan hopes that it may eventually help to reduce the side-effects of chemotherapy by enabling doctors to tailor drugs more effectively to individual patients.

In recent years, a number of researchers – including a group based at the Sydney Cancer Centre – have found evidence of significant differences in the way Asians and Caucasians respond to chemotherapy. In one study, the treatment was found to produce more side-effects for Asian patients but also proved more effective in treating cancer. Yet the issue is far from settled, and there is other evidence from Japanese drug trials which found no differences in the way the two ethnic groups respond.

"That is why we want to confirm whether there is a difference, and if there is, we want to determine what the cause of the difference is," says Dr Viet, who is based at the Cancer Pharmacology Unit within Concord Hospital. Dr Viet aims to recruit around 200 Asian and Caucasian patients for his study from both Australia and Vietnam, selecting those undergoing chemotherapy for breast and lung cancer. He is now gathering data with the aim of creating a detailed picture of each patient's response to the drugs.

### Why ethnicity makes a difference

In order to understand why ethnic background might affect chemotherapy, Dr Viet is pursuing a number of research avenues. He says one possible reason for the variation between Asians and Caucasians could be that the two groups metabolise drugs in different ways due to mutations in their genes.

"One well-known example of this is alcohol, whether there are ethnic differences in the genes that encode alcohol dehydrogenase (ADH), an enzyme responsible for the metabolism of alcohol by the liver," the researcher explains. "These differences have been shown to be responsible for the different way that Asian and Caucasian people tolerate alcohol."

In a similar way, Asians and Caucasians also have differences in the genes that encode enzymes responsible for metabolising anti-cancer drugs. These could be responsible for the different reactions.

# Hoc Mai, medical education for both Australians and Vietnamese

Providing the opportunity for Vietnamese health professionals to train in Australia is only part of the work that the Hoc Mai foundation undertakes to improve healthcare in Vietnam.

Hoc Mai also runs teaching programs in Vietnamese hospitals, provides long distance education for Vietnamese doctors with its

telemedicine program as well as doctor-to-doctor consultations through its E-health link.

Additionally, Hoc Mai arranges for University of Sydney medical students to travel to Vietnam to broaden their hospital experience. Each year a limited number of scholarships are offered to University of Sydney medical

students to spend time at hospitals in Danang, Hanoi or Ho Chi Minh City during their summer break to experience first hand the reality of health care in a developing country.

**To learn more about the work of the Hoc Mai Foundation contact Rhondda Glasson [rglasson@med.usyd.edu.au](mailto:rglasson@med.usyd.edu.au) or visit [www.hocmai.org](http://www.hocmai.org)**



Dr. Viet Phan

“For example, the enzymes might be breaking down the drugs too fast or too slow in certain patients, making them more or less effective,” says Dr Viet.

Another potential factor is variation in the genes that regulate inflammatory processes, which might be increasing the risk of cancer-associated inflammation. Nutrition is also a possible cause of the inter-ethnic disparity: researchers who compared the diets of Koreans with US Caucasians found major differences in their intake of fat and carbohydrates, and such differences might affect the way patients tolerate chemotherapy.

By determining the reasons behind the different response patterns, Dr Viet’s research could help target the dosage of cytotoxic drugs more effectively to individual patients, whatever their ethnic background. As he explains, getting the dosage right is a critical issue when administering chemotherapy. “The treatment has a very narrow therapeutic window – the dose that is effective is very close to the dose that is toxic. In some patients, even giving the standard dose can produce life-threatening side-effects.”

At the moment, drug dosage is

only adjusted for a patient’s body surface area; no other traits are taken into account. Allowing doctors to fine-tune their dose selection further could potentially reduce the harmful side-effects of chemotherapy and make the treatment safer and more effective.

Dr Viet’s research could prove particularly important for Asians because there is so little information available on the right dosage of chemotherapy for Asian patients.

“Most of the drugs are developed in Western countries so the doses are normally for Caucasians,” he says. “Asian countries then follow the instructions of the drug companies because we don’t know what the right dose is – the research just hasn’t been done yet.”

## **A passion for medicine**

Dr Viet’s passion for medicine has been kindled by a personal experience of serious illness. At the age of eight, he contracted dengue fever and nearly died – his heart stopped at one point and he was revived by CPR. He spent much of his childhood and adolescence in hospital, where he gradually recovered his strength and learnt to use his legs again. At the age of 18, Viet

*“We want to confirm whether there is a difference, and what the cause of the difference is.”*

Phan had finally recovered and was determined to become a doctor in order to help other patients.

His interest in cancer is also the product of a personal ordeal. When Dr Viet’s father developed a rare form of cancer, doctors in Vietnam were unable to recognise the condition. It was only by flying to Taiwan that he was able to have the cancer diagnosed as leiomyosarcoma of the coronary artery and receive treatment. Later, as his father approached the end of his life, he received no palliative care because it simply was not available at the hospital.

Both experiences have left an indelible mark on the 32-year-old doctor, who is passionate about using his clinical and research skills to make tangible improvements to cancer treatment in his home country. “Dr Viet has a selfless attitude and he is determined to contribute his knowledge back to the people of Vietnam,” says Professor Bruce Robinson, Dean of the Faculty of Medicine and

Chair of the Hoc Mai Foundation, which promotes collaboration between Australian and Vietnamese health workers.

Professor Robinson played a pivotal role in supporting Dr Viet’s bid to study at the University of Sydney, helping him to source the PhD scholarship which he currently holds.

In the future, Professor Robinson hopes that more Vietnamese doctors will be able to follow in Dr Viet’s footsteps thanks to the close ties that exist between Vietnam and the University. “There are many other bright, committed people like Dr Viet who need the support of Hoc Mai and the University of Sydney to be properly trained,” he says. “It is essential that we support the development of PhD researchers like Dr Viet so that the Vietnamese medical and scientific community will be able to research their own specific health problems.”

# Staying ahead of the pack: Re-engineering the Medical Program

Robert Flawith

To many past graduates of the University of Sydney Faculty of Medicine, the current Medical Program may seem unfamiliar and the experiences of current medical students quite different to time they spent at University.



When past graduates are asked to recall the tertiary education they received and cast their minds back to their years as students, they may remember long hours spent in the dissection room or in lecture halls, studiously trying to memorise the large amounts of information being forced upon them. They will remember a University curriculum which placed emphasis on a didactic teaching style and lessons which often involved little opportunity for student-teacher interaction.



By contrast, the University of Sydney's current graduate-entry Medical Program, implemented from 1997 onwards, sees students engage in web supported learning, accessing case studies via the Faculty's intranet, and encourages the majority of learning to take place in group situations during Problem Based Learning (PBL) tutorials. Integrated teaching is now the norm with basic sciences taught alongside clinical exposure from one. Whereas in the past teaching was focussed primarily on the rote learning of scientific knowledge, today's curriculum, in addition to clinical science skills, also focuses on patient-doctor and community-doctor relationships as well as the



personal and professional development of the students.

Now, more than ten years after the curriculum review which led to the implementation of the current Medical Program, the Faculty of Medicine is again examining and refining its course structure with a new set of curriculum recommendations set to take effect from Semester 1, 2008. After a lengthy process of consultation with hundreds of students, academics, past graduates, numerous focus groups and special input from other Australian and international medical schools, the new curriculum recommendations were ratified by the Faculty on 4th April 2007.

But what do these recommendations mean for the future direction of medical education at the University of Sydney, and how will they improve on the success of the current Medical Program?

The authors of the curriculum review recommendations, Kerry Goulston, Emeritus Professor of Medicine, and Kim Oates, Emeritus Professor of Paediatrics, say that the concepts of the current medical program are basically sound, but the fact that a decade had past since the last review meant that there was a need for reevaluation of the

*“Even leading medical programs require constant reassessment and renewal in order to stay in touch with the latest trends in curriculum design.”*

curriculum. Professor Goulston explained that a decade ago the University of Sydney Medical Program was a pioneering course but even leading medical programs require constant reassessment and renewal in order to stay in touch with the latest trends in curriculum design. “The Medical Program stressed self-learning with an emphasis on how to find information and was a leader in its use of information technology,” he said. “However upon starting the review process we encountered overwhelming support for an update of the curriculum and the submissions received by the Faculty revealed clear, emerging themes which helped inform the recommendations.”

Professor Kim Oates elaborated: “We were thrilled with the level of cooperation we received during the review process and I feel the whole process has really refocused the entire Faculty.

We left no stone unturned in our consultations and investigations for the review, and the Faculty's support for the new recommendations is evidenced by the fact that over 500 people in 36 working parties have volunteered their time to help implement the changes".

These changes include a refocussing on the basic sciences, which will be emphasised in the early stages of the course. Stage 1 (formerly Year 1) students will receive a comprehensive overview of medical science which will provide them with a firm base for the rest of their studies. "In the current curriculum medical sciences are taught in a segmented manner. What we aim to do with the new recommendations is give students a good foundation from the start, particularly in areas such as anatomy, from which they can then engage in self-learning," Professor Oates said. This scaffold of medical knowledge will also include an emphasis on pharmacology, immunology and pathology, as well as the basic concepts of physiology, biochemistry, molecular biology, medical genetics, embryology, ethics and ageing, teaching areas which have been identified as needing more emphasis in the current course. The recommendations also provide that the current curriculum's signature PBL system be retained and strengthened, with a particular focus on interaction with patients.

Increased assistance will be given to those students entering the University of Sydney Medical Program from a non-science background. It is proposed that this assistance may include special bridging courses provided free of charge and mentors to monitor the students progress and ensure that they are not at a disadvantage. These recommendations are designed to reinforce the Faculty's emphasis on accepting students and graduates from diverse

backgrounds, one of the University of Sydney Medical Program's distinctive features.

Stage 3 students (formerly years 3 & 4) will benefit from a concentration of their formal teaching to one day per week, leaving the rest of the week free for continual and unbroken clinical experience. While the curriculum review acknowledges that differences in the clinical experience gained at different clinical schools, such as Royal Prince Alfred, Westmead or Concord Hospital, can be beneficial, there will be an increased attempt to keep the core experience similar for all students, and to ensure equal distribution of teaching staff between different clinical schools.

The review's recommendations also aim to further encourage student involvement in the Faculty's commitment to community service by including a community service component to the electives open to Stage 3 students. A reference group will also be established to explore ways that students can contribute to the well-being of the local community and a prize will be introduced for the student who is judged by their peers to have made significant service to the community and/or their colleagues. Additionally the review recommends that the Faculty itself should be seen to have a strong public voice in contemporary issues and be active in its engagement with the community.

Governance issues are another important component of the curriculum review's recommendations. This has resulted in the creation of new senior academic positions known as 'Stage Coordinators'. These Stage Coordinators will each be responsible for coordinating the content, delivery and assessment of one of the curriculum's stages and together will have the authority for the management of the curriculum.

*"The Faculty's support for the new recommendations is evidenced by the fact that over 500 people in 36 working parties have volunteered their time to help implement the changes."*

These Governance recommendations will also see a separation of the policy and operations components of the Faculty through the creation of two major committees, an Operations Committee and a Policy Committee. The Operations Committee will be responsible for implementation and overall management of the curriculum, including assessment delivery, administrative support, IT support and student support and will be tasked with the implementation of recommendations from the Policy Committee.

The Policy Committee will be responsible for the content and scope of the Medical Program, and will be engaged in constantly examining the relevance of the curriculum, maintaining innovation and responding to changes in health care. This will help ensure a process of regular renewal and review of the curriculum. "One of our recommendations which I feel is very important is the need for a mechanism for ensuring the continuous, rolling review of the curriculum in the future. We can't wait another 10 years for the next catch up. If the University of Sydney Medical Faculty wants to maintain its

leading position in the medical community we need to be flexible and sensitive to the changing practice of medicine," Professor Goulston said. "Genetics is an excellent case in point," Professor Oates continued, "Here is a field of medicine which has only really emerged after 1997, when the last review was conducted and we found a significant need for modification of the level of Genetics taught in the course. The Medical Faculty needs to keep on top of these new developments in medicine and constantly update what we are teaching our students."

The current University of Sydney Medical Program has succeeded in producing outstanding graduates and, with the implementation of the curriculum recommendations in 2008, the Faculty will continue its tradition of providing world-class medical education.



# Child Health in Cambodia

Robert Flawith

In 2006 the University of Sydney and the Children's Hospital at Westmead began providing their Diploma in Child Health at the Angkor Hospital for Children in Siem Reap and this program has already started to benefit paediatric healthcare in Cambodia. Dr Kathryn Currow, who personally developed and facilitated this initiative, has been overwhelmed by the response to the course which confirmed the importance of medical education in developing countries like Cambodia.

"In Australia we take education for granted, but you have to remember that in Cambodia there are no formal postgraduate studies," Dr Currow said. "In a situation like Cambodia, where there were only 34 doctors alive in the entire country at the end of Pol Pot's regime, any opportunity for education can have a tremendous impact on the community. This is especially true in the case of medical education because improving the knowledge of doctors improves the healthcare of patients."

The Diploma in Child Health is a postgraduate course in paediatrics for doctors jointly awarded by the Children's Hospital at Westmead and the Coppleson Committee of Continuing Medical Education, a Committee of the Faculty of Medicine of the University of Sydney. The Diploma provides a comprehensive overview of paediatrics that is highly relevant to doctors practising in the frontline of child health care and aims to improve the knowledge, skills and confidence of doctors as well as the health outcomes for children and their families.

"Child mortality is high in Cambodia and one in seven children will die by the age of five from a preventable cause," Dr Currow explained. "The commencement of the Diploma in Child Health at the Angkor

Hospital for Children has been very well received by those undertaking the course because it directly addresses this problem and is of immediate relevance to the day-to-day practice of paediatrics." The program utilises evidence based case studies and this has ensured its appeal to both senior and junior doctors in Cambodia. Senior paediatricians at Angkor Hospital in particular have enthusiastically embraced this new program as it has been their first opportunity to undertake any postgraduate international course."

The Diploma in Child Health was first offered at Sydney's Westmead Children's Hospital in 1992 and since then it has not only expanded Australia-wide through a distance education program but is now also offered in several overseas locations. "We first began offering the course in Hong Kong," Dr Currow said, "but one day after a meeting with those undertaking the course in Hong Kong I realised that we really should be providing this course in places where there are limited education opportunities, where the Diploma in Child Health could make a real difference."

"I began casting about for funding to offer this course in Cambodia, where I had worked in a refugee village from 1980 to 1981," Dr Currow said. "Eventually out of the blue I received a very generous donation from Mr and Mrs Commerford, former patients of mine and this was the catalyst we needed to start providing the Diploma in Angkor Hospital."

The Angkor Hospital for Children works in close collaboration with The Children's Hospital at Westmead to provide the Diploma in Child Health in Cambodia. Each week a 3-hour DVD with the latest lectures from Sydney is sent to Angkor Hospital with printed handouts. Participants receive regular emailed newsletters with cases, questions and answers and web-linked references and are encouraged to email questions to lecturers in Sydney. Additionally, since 2007, senior Angkor Hospital for Children doctors who have



**Top: left to right**

1. Mother and child
2. Inquisitive children outside the hospital
3. Dr Sophy, one of the surgeons
4. A Diploma in Child Health participant class notes secured on the bike

**Bottom: left to right**

5. Dr Leakhena Neou – Director of Medical Education
6. One of the ICU nurses
7. A child of Cambodia
8. Our 2007 DCH participants with Dr Leakhena

*“Child mortality is high in Cambodia and one in seven children will die by the age of five from a preventable cause.”*

completed the course can now assist participants with specific queries.

Dr Chanpheaktra Ngoun, Medical Director of the Angkor Hospital for Children and one of the first Diploma in Child Health graduates from Cambodia, said “as all Angkor Hospital for Children doctors are given the option to attend the course, it has raised the hospital’s reputation as a highly regarded facility.” But the program’s benefits have proven to be more than just continuing education. “Participants are given the opportunity to improve their medical skills and to learn about the latest trends in international paediatric medicine and this has greatly improved our hospital’s patient management.”

Angkor Hospital for Children was established in 1997 by the charity group ‘Friends Without a Border’, founded by Kenro Izu, a Japanese photographer based in New York who was deeply moved by the appalling sight of children injured by landmines at nearby Angkor Wat. Since its establishment the hospital has developed an excellent reputation locally and has become an official teaching hospital of the Cambodian Ministry of Health with increasing international recognition. The Hospital treats 300-500 patients a day through its outpatient and emergency departments and cares for approximately 1000 HIV positive children.

“It’s really important to recognise the impact that medical educators can make in third world countries,” Dr Currow said. “I have visited the Angkor Hospital for Children personally during my annual leave these past two years to try and get a feel for the realities of offering the Diploma in Child Health there. The facilities are very basic, but it is in an environment such as this that medical educators can make a real difference.”

Dr Maureen Rogers, an internationally renowned paediatric dermatologist and University of Sydney Medical Faculty alumna accompanied Dr Currow on her most recent visit to the Angkor Hospital for Children in Siem Reap. “The doctors do a wonderful job under very difficult circumstances,” Dr Rogers said. “The facilities are very limited: there are just one operating theatre, two ventilators, two humidicribs and no air conditioning in the wards. They have plenty oral and intravenous antibiotics but no facilities to culture organisms so treatment is all hit and miss. They have virtually no dermatological preparations, oral or topical. They have only had antiretroviral drugs for AIDS in the last year or so and only one doctor has real experience with their use. Despite this, the doctors, junior and senior, were desperate for knowledge. It is easy to see why the Diploma of Child Health has been so enthusiastically received there.”

“While the hospital may lack first world medical technology, the provision of the latest medical education can help improve not only Cambodia’s healthcare system, but also the lives of average Cambodians and the doctors are so eager to learn in order to make this a reality,” Dr Currow said.

Currently the Diploma in Child Health is undergoing further development and discussion is underway to offer the course in several other countries. It is hoped that this will help improve the health of children not just in Cambodia, but in other similar locations around the world.

For more information on the Diploma in Child Health being offered in Cambodia, contact Dr Kathryn Currow on [kathrync@chw.edu.au](mailto:kathrync@chw.edu.au) or +61 2 9845 2421.



# Supporting Indigenous Medical Students

Robert Flawith

*The establishment of this new scholarship is another proactive step towards the improvement of Indigenous health care.*

Herbert and Valmae Freilich are widely acknowledged as outstanding Australian citizens and generous philanthropists.

By sponsoring a new scholarship for Indigenous Australian Medical Students they have again demonstrated how a willingness to help can be transformed into a tangible and valuable benefit to society. The new Herbert and Valmae Freilich Scholarship for Indigenous Australian Medical Students provides \$5000 each year to Indigenous medical students, with preference given to applicants who display an interest and commitment to Indigenous health and welfare.

The new scholarship came into effect in Semester 1, 2007 and was awarded to two mature-age Indigenous medical students, Ms Robyn Shields, currently completing Stage 2 of the University of Sydney's Medical Program, and Mr Gregory Spice who is in Stage 4. It is hoped that the scholarship will help make participation in the Medical Program more accessible to Indigenous Australians.

"We've always been worried about those less advantaged than ourselves and feel we are all responsible for those we

coexist with; that is why we wanted to start this scholarship," Dr Herbert Freilich explained. "We didn't do this for recognition of any kind," Mrs Valmae Freilich added, "rather we wanted to fund this scholarship because we feel it's the duty of everyone to help those around them, its an obligation."

The state of Indigenous healthcare in Australia is a major concern at all levels of government and across all sections of the community. Statistics show that Indigenous Australians have a 20 per cent lower life expectancy than the general population and, as of 2005, there were only 70 Indigenous doctors nationally. Dr Freilich observed, "if the level of health care and welfare is to be improved in the Indigenous community, then it has to be done with the participation of Indigenous Australians. This means we need more Indigenous medical graduates and health professionals." Mrs Freilich said she would describe the state of health and welfare among the Indigenous community as "benevolent neglect on the part of the rest of Australia. To quote Nobel Peace Prize winner Elie Wiesel, the opposite of love is not hate, it's indifference."

The University of Sydney Medical Faculty has for many years supported the enrolment of Indigenous medical students through the facilitated entry of Indigenous people into the Medical Program. Additionally a major section of the curriculum is devoted to training graduates in the specific issues and challenges that face the practice of medicine in Indigenous communities. The establishment of this new scholarship is another proactive step towards the improvement of Indigenous health care. "We know that the problem of Indigenous health is very big and any possible solution is going to take a long time but we have to start somewhere and we hope that by creating this scholarship we have contributed to that solution in some way."

Herbert and Valmae Freilich are well known for their participation in charity organisations and their philanthropic work; Herbert Freilich was recently appointed a Member of the Order of Australia for his generous support for a number of organisations and as a medical practitioner. Herbert Freilich is also an alumnus of the Faculty of Medicine, having graduated from the University of Sydney in 1947. These two highly



esteemed philanthropists are also widely known for their establishment of the Freilich Institute at the Australian National University which promotes research into the causes, histories and effects of ethnic, cultural, religious and sexual bigotry and the exploration of how co-existence can be promoted. "We hope that the scholarship will complement the work of the Institute, in that both these endeavors aim to help people learn how to co-exist".

When asked what advice they would give to anyone considering sponsoring a scholarship at University of Sydney or elsewhere, they replied, "if they can afford to do so and it stems from the kindness in their heart, then I would encourage them to do the same."



# Enhancing health research in China

## Building excellence in clinical, population and health systems research

An opening ceremony to mark the launch of The George Institute, China was held on 22 May 2007.

The new Institute is a significant milestone in the development of research and capacity building in support of China's health priorities. Based in the Haidian District of Beijing, the facility will address major health problems in China such as hypertension, stroke, coronary heart disease, obesity, diabetes and injury.

Special guests at the ceremony included Professor Han Qide, Vice-Chairman of the Standing Committee of the China National People's Congress; Professor Huang Jiefu, the Vice-Minister of Health, China; His Excellency Dr Geoff Raby, Australian Ambassador to People's Republic of China; Professor Ke Yang, Executive Vice-President of Peking University; and Professor Bruce Robinson, Dean of the Faculty of Medicine.

Guests were welcomed by Dr John Yu, Chairman of the Board of Directors of The George Institute and were introduced to the Institute's future plans in

China by its Director, Professor Wu Yangfeng. Professor Wu outlined the considerable achievements over the past five years which have placed the Institute in a favourable position to establish a permanent presence in China.

Dr Yu noted that "the formal opening of the Beijing-based Institute is a significant step in the Institute's long term commitment to China and is the key platform for future research. I'm also pleased that today will mark the extension of our Memorandum of Understanding (MOU) with Peking University Health Science Center."

A plaque to commemorate the re-signing of the MOU between The George Institute and Peking University Health Science Center was unveiled by Professor Ke Yang and Dr Yu. The MOU signifies a joint commitment to postgraduate education, research and clinical services by both organisations.

Distinguished guest, Professor Han Qide recognised that 80% of deaths in China are caused by chronic disease, an unprecedented health challenge yet providing a huge opportunity for real health improvements.

The new George Institute, China is looking forward to applying national and international expertise to China's health issues, according to Director Professor Wu. "The new institute will be working closely with the research and support services of The George Institute in Australia. Our networks will also allow vital research projects to be directed by leading specialists in both China and abroad."

Joined by Deputy Vice-Chancellor (International), Professor John Hearn, the Dean Professor Bruce Robinson, reminded guests of the strong affiliation between The George Institute and the University of Sydney. Professor Robinson announced two University funded fellowships to be offered at the George Institute, China in addition to the University's intention to jointly occupy office facilities with the Institute.

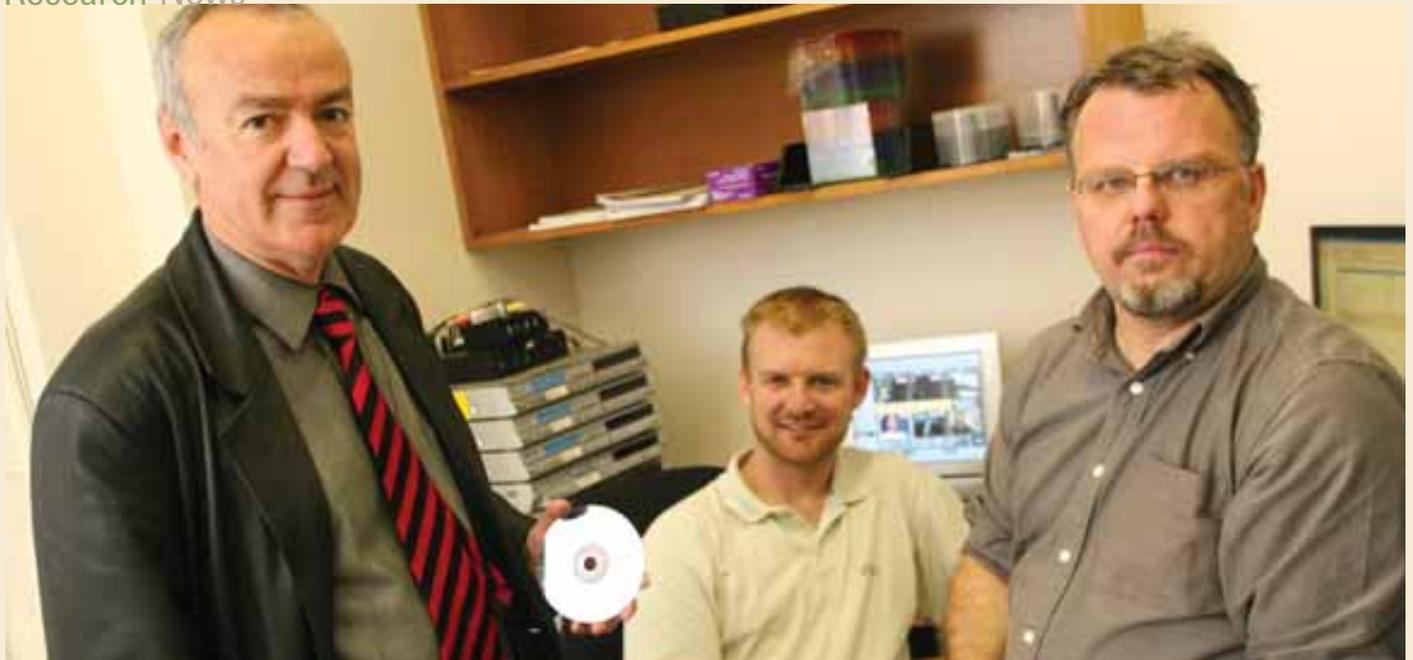
In response, Co-Principal Director of The George Institute, Professor Robyn Norton acknowledged that partnerships are an integral part of achieving results. "We are working together with

academics, healthcare providers, international agencies such as the World Health Organisation, local and international corporate partners, community groups and government departments. The Institute's work covers a broad spectrum of Chinese health issues. Working in partnerships helps us to prioritise research and deliver better health outcomes for the population."

In April, the Institute released results of a seat belt intervention study in Guangzhou, which showed a significant increase in seat belt use. As China accounts for around 15% of the world's total number of deaths from traffic injuries each year the project showed the potential to significantly increase the use of seat belts and how cost effective such a strategy is.

In addition to work enhancing road safety, the Institute also has major research activities in vascular disease, the leading cause of death in China. A recently completed large-scale trial has shown the huge potential for a simple dietary intervention. More widespread use of a salt substitute could have a huge impact on blood pressure and stroke risk in poor rural populations.

For more information on the George Institute visit [www.thegeorgeinstitute.org](http://www.thegeorgeinstitute.org)



# Studying the news on health

Simon Chapman

There are few more influential institutions in contemporary society than the news media. In totalitarian nations, news media are state-controlled. In democracies, efforts to maximize positive news coverage preoccupy those in politics, industry and popular culture.

There is abundant evidence that media coverage influences consumer behaviour, voting, and cultural preferences. Many health agencies have staff dedicated to generating media coverage favourable to their policy, program and research funding interests. Globally, the pharmaceutical industry spends billions on PR to influence consumer demand and doctors' prescribing practices as well as government scheduling policy.

A major research initiative now into its third year in the School of Public Health is developing a unique data base by recording all health and medical news broadcast on the five free-to-air TV channels in Sydney. Over 11,500 items have already been recorded on to two terabyte hard drives. Professor Simon

Chapman has established the Australian Health News Research Collaboration to build Australian scholarship on both how health issues are covered in the media and to investigate the effects of this coverage.

Health and medicine have long been leading news themes. The volume of health news coverage greatly exceeds that of even high-budget social marketing health campaigns run by governments. Increasing scholarly attention is being given to news reportage as a critical variable to be considered in understanding both personal health behaviour and health policy priorities.

## Influencing behaviour

A large research literature shows people repeatedly acknowledge news as their primary source of information about health, particularly in areas in which they have limited personal experience. Media coverage can influence personal agenda about health: what health issues matter, what to avoid or fear, and

what preventive actions to take. Widespread negative news reporting about hormone replacement therapy saw dramatic decreases in hormone replacement therapy use. News on Kylie Minogue's breast cancer generated a sustained 101% increase in women who had never been screened before booking mammograms. Prominent and explicit coverage of suicide has been shown to stimulate "copycat" behaviours. Even minimal news coverage of iodine deficiency disease has been shown to be associated with statistically significant increases in sales of iodised salt, which is never advertised or price discounted in Australia.

The media play a central role in the way new medical treatments (drugs, surgical procedures and diagnostic tests) are perceived by the public and health professions. News has been crucial to the phenomenal rise in consumer use of complementary medicine and to the rise of anti-immunisation rhetoric. Stories can be used to 'spruik' new



*Increasing scholarly attention is being given to news reportage as a critical variable to be considered in understanding both personal health behaviour and health policy priorities.*

medical treatments where direct-to-consumer advertising is banned. Product launches and the release of clinical research have become media events, managed by PR companies.

**Influencing policy**

Media coverage can foment beliefs about research and policies that should be supported or opposed, positioning research or medical specialties as variously heroic, essential and worthy of continuing support, or marginal, unimportant or even to be discouraged. Media coverage can affect community opinion about government priorities. Almost all high priority public health issues have been the focus of intensive and extended media coverage. A former federal health minister compared HIV/AIDS research (then attracting \$13m in research funding) with prostate cancer (\$150,000) thus: "It isn't fashionable, it's not at all in the front pages, it's not sexy to have testicular or prostate cancer, so you don't get a run." The Sydney Daily Telegraph campaigned over

17 days in 1998 against the proposed ACT heroin trial, which subsequently never commenced, and in a 2004 campaign advocated the introduction of graduated licensing schemes for young drivers which was partially adopted in 2006.

News can influence the attitudes and actions of policy makers. This is rarely studied because of their understandable reluctance to admit being persuaded. However, a MPhil thesis by Californian Fullbright scholar Katie Bryan-Jones involving interviews with health ministers, politicians and their staff repeatedly elicited comments about the vital role news coverage plays in increasing and consolidating political interest in particular health issues. A third of Australian politicians nominate news media as "highly influential" on their opinions, ranking this above other politicians (25%), representations from business representatives (23%) and research and opinion polling (16%).

A three year grant from the Cancer Council NSW has recently resulted in the formation of a panel of experts, Simon Holding, Ross McKenzie and myself, to study how cancer is depicted in the news. The team has produced two papers examining the coverage of prostate cancer screening in the news. While all but one major international cancer, screening and medical technology agencies do not support population screening for prostate cancer, news coverage of the issue in Australia is overwhelmingly positive, reflecting the organized efforts of interest groups to promote screening. The Cancer Council funded investigation has shown that news coverage rarely mentions that almost all agencies do not support screening for the disease, that serious side effects of intervention (incontinence and impotence) are typically downplayed and that the benefits of early detection for breast, cervical and colo-rectal cancers are rhetorically conflated with the claimed benefits of prostate cancer screening.

The group is currently examining the typical age of women shown in news items on breast cancer after noticing that young women who are well below the

recommended screening age group of 50-70 are often featured.

The Australian Health News Collaboration has attracted interest from all states with active collaborations now occurring with obesity, nursing and road injury researchers. Until now, researchers wanting to examine news coverage of health and medical issues have, for cost reasons, confined themselves to studying print media coverage. Television is immensely influential and attracts far large audiences than those who read newspapers.

Professor Simon Chapman is a Professor of Public Health as well as the Director of Research and Pro-Dean Communications Public Health at University of Sydney's School of Public Health.

**For more information or enquiries on this article contact Professor Chapman at [sc@med.usyd.edu.au](mailto:sc@med.usyd.edu.au).**

# The Bosch Institute

A new vision for biomedical research



The Faculty of Medicine's strategic plan identifies the need for larger thematic research groupings of relevance to the whole spectrum of research from basic to translational to clinical. The Bosch Institute's mission is to focus fundamental research on better health outcomes

Established in April 2006 as a joint initiative of the University of Sydney and the Sydney South West Area Health Service (SSWAHS), the Bosch Institute is one of the largest medical research institutes in NSW.

The Institute was named in honour and recognition of one of the most significant supporters of the University of Sydney and, to date, the greatest benefactor of the Faculty of Medicine, Mr George Henry Bosch, a Sydney businessman. Through Mr Bosch's generosity, full-time chairs in histology and embryology, medicine, surgery, and bacteriology were established between 1927 and 1930.

The Bosch Institute brings together researchers from the School of Medical Sciences (SMS), the Central Clinical School (CCS) and other key groups from across the University of Sydney and SSWAHS. It is home to more than 300 scientists, students and support staff in more than 60 laboratories. Many of the 75 Laboratory Heads and Senior Researchers are recognised worldwide for the quality of their research.

The Bosch Institute's research spans the following five major research themes:

- > Nervous system, senses and movement
- > Circulation and respiration
- > Cancer, cell biology and development
- > Infection, immunity and inflammation
- > Organ & tissue replacement.

Through these five broad themes the Bosch Institute undertakes basic research into the normal functioning of the human body as well as a number of significant diseases and health issues. The emphasis is on finding new ways of detecting, preventing and treating human disease and discovering the factors essential for the health of the individual. To this end, the Bosch Institute carries out "from bench to bedside" research with projects that range from basic research at the molecular level right through to the application of research findings in a clinical setting.

The Bosch Institute supports and encourages collaboration and cooperation across disciplines. We believe that our diversity of skills and knowledge is a great strength of the institute, especially as this is coupled with a cohesive approach within our major themes. Since 2006 the Bosch Institute has expanded its state of the art core facilities including advanced microscopy, molecular biology and flow cytometry.

The Bosch Institute is currently housed in five buildings, Anderson Stuart, Blackburn, Bosch, the Medical Foundation and RPAH, but once the new biomedical research development "The Sydney Arc" is completed

Bosch researchers will be located in this one facility.

Executive Director Professor Nicholas Hunt commented "this development will make a significant difference to the future of biomedical research within the Central Hub" and commended the University for its vision.

The Bosch Institute prides itself on being one of the preeminent centres for the training of future researchers in the intellectual, practical and ethical aspects of biomedical research. We will continue to further develop "The Bosch Student Experience" and hope to establish a number of scholarships over the next 3 - 5 years.

Our goal is to be one of the top 10 medical research Institutes in Australia, to be the Institute of choice in NSW for young investigators seeking excellent research training, and to significantly improve the health and quality of life for all Australians.

For more information on the work of the Bosch Institute or to request a visit of our laboratories contact Kathleen Evans on [kathleen.evans@bosch.org.au](mailto:kathleen.evans@bosch.org.au) or +61 2 9036 3338. [www.bosch.org.au](http://www.bosch.org.au)



The range of disease specific research within the Bosch Institute includes the following:

- > Alcoholism
- > Malaria
- > Alzheimer's disease
- > Melanoma
- > Atherosclerosis
- > Memory impairment
- > Birth defects
- > Motor Neuron Disease
- > Breast cancer
- > Muscular Dystrophy
- > Cataract
- > Night blindness
- > Cystic fibrosis
- > Osteoporosis
- > Diabetes
- > Parkinson's disease
- > Genetic disorders
- > Progressive supranuclear palsy
- > Loss of hearing
- > Prostate cancer
- > Heart attack
- > Retinopathy of prematurity
- > High blood pressure
- > Schizophrenia
- > Inflammatory bowel disease
- > Skin Cancer
- > Infertility
- > West Nile virus
- > Leukaemia



The 2007 crop of Bosch Young Investigators

# Dr LEF Neill: scholar, athlete and gentleman

Kyla Bremner

There is an old carved sandstone fountain by the Grandstand at the No.1 Oval on the University of Sydney's Camperdown Campus. It is in a state of disrepair with many broken pieces of stonework, cracks beginning to show and severe damage to one of the corner cisterns. It is obvious that water has not run through it for many years.



LEF Neill taken for JAK Shaw's commemorative album of the 1889 first grade football team. The inscription in the album reads: "To John AK Shaw, BA from the Sydney University Football Team of 1889. As a Memento of many victories under his leadership, and an unrivalled record during his Captaincy of Three years. Sydney, 5th Nov, 1889".

A metal plate bearing an inscription is tarnished green and is coming away from the stone below. There is no date on the fountain but it reads:

ERECTED TO THE MEMORY  
OF L.E.F. NEILL B.A., M.B., CHM (SYD)  
SCHOLAR, ATHLETE & GENTLEMAN

THIS MEMORIAL WAS ERECTED BY HIS COMRADES IN THE  
MEDICAL PROFESSION AND FOOTBALL FIELD AND OTHER  
FRIENDS

I must have walked past this memorial dozens of times before I noticed it. It wasn't until I was in my second year of graduate medicine that I stopped to look and it and read the inscription. It made me curious to know what type of man would engender such a memorial. I began to wonder who he was and how he died and why everyone loved and admired him so much.

I began to ask around the campus if anyone knew anything about LEF Neill or his memorial. No one at Sydney University Sport knew anything, and no one in the Medical Faculty had any idea even of the date it was erected. My curiosity became fuelled by a sense that a significant part of university history had perhaps been lost, and so I began to research the life of this LEF Neill so that his story could be remembered and told. This is what I found...

Leopold Edward Flood Neill was born on May 13, 1866 to parents William and Helen Neill at their family home, Chapelton Cottage, in Surry Hills. He was the seventh in a family of eight surviving children with two older brothers and five sisters. 'Leo' attended Sydney Grammar School as a boy and was a popular pupil who was active on both cricket and football teams. In 1882 Neill played school cup cricket and was the top scorer for a team that won 6 of 7 games and won the cup. He is also mentioned as having played in a great football game in 1883 against the crew of the HMS Diamond at Moore Park: "Clapin, Kenna, Neill and Wood played well and the School won by 23 points to 9". Neill continued to play in Old Boys cricket and football games for Grammar and as part of university teams against Grammar after matriculation.



Royal Prince Alfred Hospital staff and Medical School students taken in 1887. Neill is seated centre back row with the hat, to the left of AE Mills, his comrade from the Medical School and Sydney University Medical Society, his doctor at his deathbed, to whom he bequeathed 10 pounds, and who served as the secretary for the LEF Neill Memorial Fund. Another friend and bequeathee, HVC Hinder, is standing at the left end of the third row from the front. Courtesy of Anderson Stuart Building Archives.

In June of 1883, Neill began his studies at the University of Sydney. He was regarded as an excellent scholar and won a number of prizes and scholarships during his university career. In 1884 he won the Lithgow Scholarship for Classics (shared) for his work in his first year of his Bachelor of Arts and in his second year he won the Cooper Scholarship No 1 for Classics (shared). He also won the University Gold Medal for Classics for his final year Bachelor of Arts examination in March 1886. Neill completed a Bachelor of Medicine with a Masters of Surgery with second class honours in 1890 as one of the first graduates of the new University of Sydney Medical School. He was also very active in extracurricular campus life as one of the founding members and later the 5th president of the University of Sydney Medical Society.

Neill played football for the University of Sydney first XV from 1884 to 1890. The Sydney University team dominated during Neill's time and went undefeated in its regular season games between 1887 and 1889. Neill was a key team member during this time, playing on the wing, and was well respected for both his athletic talent and his sportsmanship. Football reports from this time printed in the student magazine *Hermes* speak glowingly of Neill and his teammates. A review of the 1886 football season celebrated that, "of the first fifteen, unstinted praise can be given to Lee, Neill, Tange and Jenkins. Lee and Neill, on the left wing of their scrimmage, blazed the twin comets of the season; their precision, rapidity and unselfishness were always the features of the game". Nicknames were given to team members, with Neill, Wood, Lee and Tange known as the "monosyllabic quartet". Neill scored four tries in a game against Oxford in 1888 and was mentioned as being especially conspicuous on the field.

Neill also participated as a football referee; in a game between Firsts and Burwood in August of 1887, "Neill gave satisfaction as sole umpire". Off the oval he was elected to the First Grade Selection Committee and the General Committee of the Football Club in 1886 and was re-elected to these committees until he left the team in 1890. Neill succeeded JAK Shaw as Captain of the Football Team in 1889 when Shaw left to practise Law in Scone. He remained in this position until his graduation in 1890.

Neill was a state representative in Rugby Union for NSW from 1884 to 1890. He is named as a former NSW Captain by Dr Thomas Hickie in his book *A Sense of Union: A History of the Sydney University Football Club*, and is also mentioned in an anecdotal newspaper article as having captained the inter-colonial team in 1887. In *They Came to Conquer: International Rugby Union Tours to Australia 1884 to 1966*, Neill is listed as playing for NSW against New Zealand in the second game of their Australian tour on 31 May 1884. The much bigger New Zealand side defeated the NSW "Cornstalks" by 11-0 in that game, which was played in perfect conditions at the Sydney Agricultural Ground and attended by over 4000 spectators. *They Came to Conquer* claims that, "Neill was a first choice player until 1890 and represented NSW against Great Britain in 1888", and that he was one of the "pioneers of representative rugby in Australia". The Secretary of the NSW Rugby Football Union wrote that "[Neill] was looked upon as the soundest man in our Union, whose good common sense, sound views and temperate judgment, were as a guiding star in all our Council and General Meetings".

It seems surprising that with all his sporting achievements, Neill was never awarded a football Blue for the University. Neill missed out despite being Captain of the first XV, a regularly outstanding player and a state representative and captain. This is because the football team did not become affiliated with the Sydney University Sports Union until 1890, the year Neill graduated from medicine. Had he been eligible during the time he played, however, it cannot be doubted that Neill's outstanding football career would have meant certain selection as a University football Blue.

After graduation, Neill went on to work as a medical resident and then as one of the first anaesthetists at Royal Prince Alfred Hospital. He travelled to the United States in 1891 and had a short but distinguished career as a surgeon in Double Bay, then a suburb of 500 people. He was involved with the NSW Branch of the British Medical Association and the NSW Medical Union and had articles published in *The Australasian Medical Gazette*. He also had surgical appointments at the Women's Hospital and Sydney Hospital, and was a surgical tutor to fifth year students at Prince Alfred Hospital. He was involved with the Woollahra Presbyterian Church, the Sydney

Sydney University's undefeated first XV 1887.  
 Back row (from left): B Newell, CL Tange, JR Wood,  
 JAK Shaw (Captain), JF McManamey, P Flynn, HH  
 Lee. Middle row: HE Britten, W Belbridge, PB  
 Colquhoun, HH Hungerford, L Veech. Front row:  
 TP Maloney, S Stokes, LEF Neill, FJ Belbridge, GP  
 Barbour. SUSport Archives



Grammar School Old Boys' Union and many charities. However, Neill's promising medical career was cut short when he died suddenly of pneumonia in January 1901, aged 34.

His obituary in the Australian Medical Gazette described him as "a fighter alike for the rights and dignity of the profession and for the claims of the sick and poor" and commented that he "left behind a record almost unequalled for one of his age...the profession has lost one of its most valued members". Lord Mayor of Sydney, Dr James Graham, who taught Neill as a student lamented, "No man in the [medical] profession gave more promise, and the Medical School turned out no more distinguished graduate. While making rapid progress, he at all times retained the regard and esteem of his fellows, who in no wise misplaced their confidence". Neill is represented in many obituaries as the ideal 'gentleman' of his time and it seems from all that was said of him following his death that Neill was an extraordinary man who, like many of his medical school classmates, no doubt would have become a key figure in early 20th Century Sydney medical and surgical circles.

Soon after Neill passed away the LEF Neill Memorial Fund was established for the purpose of erecting a memorial in his name and in June 1902 a working drinking fountain was unveiled at a University football game with great fanfare by the Chancellor of the University and many other Sydney dignitaries. Today the fountain still sits, crumbling and seemingly forgotten, by the No.1 Oval. It has been removed from its original pedestal and looks as though it will soon be so damaged that it will be unsalvageable.

Should such memorials be allowed to rot into oblivion, or should we place greater value on the history of our university community and preserve such relics? If you get the chance, go and have a look at the LEF Neill Memorial Fountain yourself and decide if we should continue to let this piece of history fall apart and be forgotten, or if it should be restored in remembrance of Leopold Edward Flood Neill, a true scholar, athlete and gentleman.

A more detailed biography of LEF Neill will be available on the soon to be launched Faculty of Medicine History website: [www.medfac.usyd.edu.au](http://www.medfac.usyd.edu.au)



*Dr Kyla Bremner (MBBS 2007) is currently an intern at Bankstown Hospital. She obtained a BA and a BSc from the Australian National University and then completed honours in English literature and Biochemistry at the University of Sydney. She completed her MBBS (Hons) in 2007. Dr Bremner is also a Blue in wrestling and has been very active in the University rock-climbing and mountaineering club.*

### **Radius Wants You!**

As newsletter for the Faculty of Medicine and the Medical Graduates Association, *Radius* is always looking for article contributions from alumni to include in our next edition. If you have an idea for an article that could be included in *Radius*, then contact Editor in Chief Louise Freckelton at [lfreckelton@med.usyd.edu.au](mailto:lfreckelton@med.usyd.edu.au), or on +61 2 9036 3366, to discuss further.

We look forward to hearing from you.

# Our Rich History: The Faculty of Medicine Online Museum

Building on the momentum of our 150th anniversary celebrations in 2006, the Faculty of Medicine is presently developing an online museum which will be housed on the Faculty of Medicine web site. The museum will be a multi-media site designed to present a range of text, images, sound and video that highlight the history and achievements of our Faculty and alumni. We are aiming to have the initial phase of the site live in the first semester of 2008. Some of the things you will find the online museum are:

- Historical overview of Faculty
- Key Dates
- Biographies of Faculty Deans
- Biographies of selected Alumni and Faculty members
- Digitised Senior Year Books
- Virtual Tours of Faculty buildings
- Oral history interviews of senior alumni and Faculty members
- Articles or history of medicine articles
- Image gallery of artworks and artefacts
- Photographic slideshows
- Photographic database
- Medical examination papers by decade
- Sound files of lectures, talks and recollections
- Alumni graduation lists
- Obituaries

## Invitation to submit

We invite submissions of biographies of our alumni and Faculty members and scholarly articles of historic interest to the Faculty. These may be about medical or research achievements of our alumni or Faculty members but not limited to their time at the University of Sydney.

The preferred word length for biographies is 1000 to 1500 words. For this context, we are interested mostly in their achievements as health professionals, researchers and academics; however, please provide some information in the following areas:

- Family background
- Education/qualifications
- Pathway of career
- Significant achievements as practitioners
- Significant achievements as academics
- Community contributions
- Significant awards received
- Other passions and interests

The preferred word length for articles of historic interest to the Faculty of Medicine is 3,000 to 5,000 words. We also accept obituaries and authors should follow the guidelines for submission of biographies. Please send submissions electronically to the managing editor providing any necessary references. If providing us with a photo/s, please give the details for copyright clearance and approval. Original photos will be scanned and returned to you. We will edit your work and seek your approval for the changes as a courtesy before publication. Please feel to contact the managing editor to discuss ideas for submission.

Project Manager: Dr Lise Mellor  
Email: [lisem@med.usyd.edu.au](mailto:lisem@med.usyd.edu.au)  
Telephone: +61 2 9036 3374  
Address: 6th Floor, MFB K25  
University of Sydney  
Camperdown NSW 2006

## Advisory Committee:

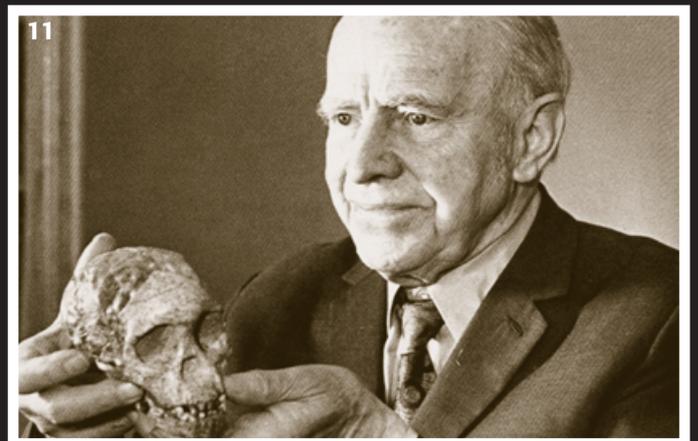
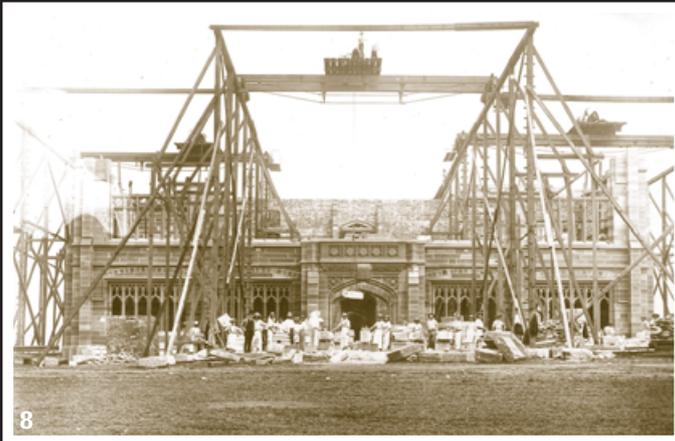
- > Professor Yvonne Cossart
- > Mr Clive Jeffery
- > Professor Paul Lancaster
- > Dr Milton Lewis
- > Dr Jim Purchas
- > Dr James Roche
- > Professor Ann Sefton

## Photos:

1. Professor John Beveridge (MBBS '47) with patient. Photo courtesy of Les White
2. Sir Charles Bickerton Blackburn (MB ChM 1899, MD 1903) in procession for the occasion of the visit of Sir William Slim, Governor General, 1953. Photo courtesy of the University of Sydney Archives
3. Flask of Louis Pasteur's broth held on display in the Pathology Museum, University of Sydney. Photo Clive Jeffery
4. Students protesting on the front lawn of the main quadrangle, the University of Sydney. Photo courtesy of University Archives
5. Alice Sarah Newton Tabret (MB 1898). Photo courtesy of University Archives
6. Norman Macalister Gregg (MB '15) in military uniform. Photo courtesy of University Archives
7. Osteology Class circa 1927. Photo Harold Cazneau. Photo courtesy of University Archives and Cazneau family
8. Anderson Stuart Building under construction in the 1880s. Photo courtesy University Archives
9. Sir Charles Bickerton Blackburn and Queen Elizabeth The Queen Mother 1958. Photo courtesy University Archives
10. Victor Chang (BSc (Med) '61, MBBS '63) and his mentor, Harry Windsor. Photo courtesy of The Victor Chang Cardiac Research Institute
11. Raymond Arthur Dart (MB '17, MSurgery '17, MD '27) holding the skull of a Taung child. Original source of photograph unknown



# OUR RICH HISTORY



# Faculty Alumna Elected University Chancellor

Richard North

FACULTY NEWS

Her Excellency Professor Marie Bashir AC CVO, an alumna of the Medical Faculty, commenced her four year term as the new Chancellor of the University of Sydney on June 1, 2007.

Professor Bashir, who also continues in her role as Governor of New South Wales, was formally elected to the honorary position by the University Senate on April 30. She took up her new role as the University's seventeenth Chancellor in June, replacing Justice Kim Santow who stepped down after five and a half years in the position.

One of Australia's most prominent academics and public

figures, Professor Bashir has a long and active association with the University of Sydney.

Professor Bashir graduated from the University of Sydney with a Bachelor of Medicine and Bachelor of Surgery in 1956 and has been a Fellow of the Royal Australian and New Zealand College of Psychiatrists since 1971.

"The University of Sydney community is delighted to be

welcoming her home," said Vice-Chancellor Professor Gavin Brown. "Professor Bashir has made an enormous contribution to this University over many years since her days as a pioneering student and academic and we look forward to working with her in her new role."

Prior to her appointment as Governor on 1 March 2001, she held a senior position as Clinical Professor of Psychiatry in the Faculty of Medicine at the University from 1993 to 2001.

During that period she was also the Area Director for Mental Health Services in the Central Sydney Area Health Service and from 1996 to 2001 was Senior Consultant Psychiatrist with the Aboriginal Medical Service in Redfern and Kempsey.

As well as her extensive professional involvement in community and indigenous health, juvenile justice and mental health issues, Professor Bashir has always found time to be involved with a range of activities at this University.

From 1972 to 2000 she was a teacher, lecturer and mentor to medical undergraduates and postgraduates at the University of Sydney and other universities. She was actively involved in supervising and mentoring international postgraduate

medical scholars from Thailand and Vietnam.

Professor Bashir is also the Patron of Hoc Mai, The Australia-Vietnam Medical Trust, established between the Hanoi Medical School and the University of Sydney as a collaborative program of higher education in clinical medicine and research. She is also Patron of the Australian Lebanese Foundation which provides scholarships and supports academic and student exchange between the University of Sydney and the Lebanese University.

She also has had a long association with the Women's College at the University of Sydney, initially as a student from 1950 to 1955 and then as a member of the College's Council for several years, where she was Chairman from 1983 to 1992.

Professor Bashir has a strong interest in music and studied violin for many years at the Conservatorium of Music and is Patron of both the Conservatorium and the Graduate Choir of the University.

Professor Bashir was awarded an honorary degree of Doctor of Medicine from the University of Sydney in 2002 to mark the 150th anniversary of the inauguration of the University.





# Scholarships aid East Timor's health

From left: the Dean of Medicine, Professor Bruce Robinson, Timor Leste's Ambassador to Australia, HE Mr Hernani Coelho da Silva and the University's Deputy Vice-Chancellor (International), Professor John Hearn.

In July last year, Bruce Robinson was on an aeroplane on his way to Asia when he read an article in an in-flight magazine. It described East Timorese students travelling to Cuba in order to study medicine. The article inspired him to take action.

"It didn't make sense that East Timorese medical students – students on our doorstep – should be travelling that distance to get training," explained Professor Robinson, Dean of the University's Faculty of Medicine.

Professor Robinson's initiative led to the signing of a formal agreement in March, under which medical students from East Timor will now be able to study in Australia – at the University of Sydney. Two students each year will benefit from scholarships allowing them to join the University's four-year graduate medical program. The University will cover all fees, living expenses and other costs for up to five years.

"As the major provider of health and medical education and training in Australia, the University of Sydney is committed to assisting with health care education and delivery in our region, especially in one of its poorest nations," said Professor Robinson.

"Training doctors is a very practical way of helping improve people's quality of life.

Our aim is to eventually train a specialist workforce who have the skills and understanding to lead a first class health care system in East Timor," he said.

The medical program would also give the East Timorese doctors expertise in specific diseases affecting the region, he said.

The scholarships are part of the University's ongoing commitment to East Timor. A number of academic staff have been working voluntarily in the country for several years in areas such as ophthalmology, mental health, sexual health and general practice.

The first East Timorese students to come to Australia under this new program will start in 2008. The Faculty of Medicine will provide extra funds for the purchase of text books and reading materials, as well as extra tutoring if required.

The memorandum of understanding was signed by Timor Leste's Ambassador to Australia, HE Mr Hernani Coelho da Silva, the Dean of Medicine, Professor Bruce Robinson, and the University's Deputy Vice-Chancellor (International), Professor John Hearn.

Courtesy of Uni News

# New Appointments

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

Robert Flawith

FACULTY NEWS

## Professor Roland Stocker

In late December 2006 Professor Roland Stocker was appointed the new Chair of Biochemistry in Vascular Medicine, at the University of Sydney's Bosch Institute. Professor Stocker, who is simultaneously a University of Sydney Professional Research

Fellow, University of Sydney Medical Foundation Fellow and a National Health and Medical Research Council Senior Principal Research Fellow, says that he has taken up this new position with genuine enthusiasm.

Professor Stocker has been recruited to the Bosch Institute to provide additional strength to

the University of Sydney's cardiovascular research. "Reinforcing cardiovascular related research will rely primarily on strong work coming out of our laboratories here and an active engagement with other researchers both at the University of Sydney and elsewhere," Professor Stocker said.

"My team and I are trying to understand the processes which lead to atherosclerosis, which is the single major cause of heart attacks in Australia." Atherosclerosis is a hardening of blood vessels and Professor Stocker and his research team are working on the development of new classes of compounds which deal with the underlying causes of this condition. "Eventually we hope to produce drugs which can help to combat this major cause of heart disease. These drugs would initially be used on heart patients at a secondary intervention stage, but their use could conceivably be broadened to more a widespread population," he said.

Professor Stocker added, "As my new position at the University of Sydney is a permanent one, my goals tend to look to the medium and long term benefit of the University and its cardiovascular research program." Professor Stocker stressed his appreciation and excitement at the facilities and funding which have been provided by the University of

Sydney as part of his appointment as Chair of Biochemistry in Vascular Medicine, which included the construction of a completely new laboratory. "These new facilities and funding make this a very exciting time research-wise for us."

Professor Stocker graduated from the Federal Institute of Technology in Zurich in 1981, and completed a PhD at the Department of Biochemistry at the Australian National University in Canberra in 1985. He has been published in over 200 journal articles and held many academic and research positions at numerous institutions and Universities including the School of Medical Science at the University of New South Wales. Professor Stocker has also attracted several hundreds of thousands of dollars in grants from industry sources and government organisations such as the National Heart Foundation and the Australian Research Council and the National Health and Medical Research Council.

The Medical Foundation awarded a grant totalling \$1,050,000 to eminent research scientist Professor Roland Stocker. He began his new role with the Faculty of Medicine as Professor of Biochemistry in Vascular Medicine in late 2006 and is located at new laboratories funded by the Medical Foundation in the Medical Foundation Building.



## Professor Gin Malhi

Professor Gin Malhi is the newly appointed Head of the Academic Department of Psychological Medicine, at the Northern Clinical School.

Professor Malhi is an internationally renowned researcher and, with a wealth of experience in diagnosing and managing affective disorders, is a valuable new addition to the Faculty of Medicine. "My role as Head of the Academic Department of Psychological Medicine is essentially threefold and includes research, teaching and clinical responsibilities and these three factors are all integrated with one another," Professor Malhi said. "My primary goal in this position is to reinvigorate clinical psychiatry at the Northern Clinical School and Royal North Shore Hospital as a whole: we have already started by establishing the Cade Clinic."

The Cade Clinic (named after famous Australian psychiatrist John Cade) has been established at Royal North Shore

Hospital to provide care for individuals with mood and anxiety disorders within a clinical research environment.

Professor Mahli added "I also really want to use my appointment in this position to get more students engaged in research, especially in the field of cognitive neuroscience. This is an exciting and expanding field of research and we are offering more PhD and Honors scholarships for students in this field."

Professor Mahli's extensive research into bipolar disorder was recently highlighted in an article in *Time* magazine and in the *American Journal of Bipolar Disorders*. "My research team is recognised nationally and I myself am recognised internationally: however, it is my goal to have this recognition assigned to the Northern Clinical School," Professor Mahli said. "This is a process that will take quite a few years, but my aim is to set up the Northern Clinical School as a world leader in psychiatric research."



Professor Malhi graduated with degrees in science and medicine in the UK and then undertook postgraduate studies in psychiatry, first at Cambridge University and then later at the Bethlem and Maudsley Hospitals in London. Professor Malhi moved to Australia from London in late 1999 and in 2003 he was made a Chief Investigator on a

National Health and Medical Research Council program grant. Professor Malhi is also the Editor in Chief of the international medical journal *Acta Neuropsychiatrica* and is the author of two textbooks; *Management of Depression*, 1998 and *Neurology for Psychiatrists*, 2000.

## CALL FOR NOMINATIONS

### Sir Zelman Cowen Universities Fund Prize for Discovery in Medical Research

Nominations are sought for the award of the Sir Zelman Cowen Universities Fund Prize, which recognises discovery in medical research at the University of Sydney. Nominations should be made according to the Prize guidelines, and sent to the Fund's Office at the University of Sydney, F13 NSW 2006 by Friday 26 October 2007.

#### Summary Guidelines:

- The Prize, which will comprise an award of \$5,000 and a medal, will be for discovery in medical research performed principally at the University of Sydney.
- Nominees should have made a major contribution to the understanding or treatment of disease.
- The nomination should identify the potential or achievement of the discovery for therapeutic outcomes.
- Nominees should be under 40 years of age at the time of close of applications.

It is anticipated that the award will be announced in April 2008.

Nominations should be completed following guidelines and following a pro forma available from the Fund's Office.

#### Enquiries:

Ms Sue Freedman-Levy Administrative Officer

Ph/Fax: +61 2 9351 6558

Email: [sueflevy@anatomy.usyd.edu.au](mailto:sueflevy@anatomy.usyd.edu.au)

*The 2008 Award of the Sir Zelman Cowen Universities Fund Prize for Discovery in Medical Research will be sponsored by the Schwartz Foundation.*



# Strengthening Cancer Care

Guy Healy

FACULTY NEWS

University of Sydney educators and researchers are to lead a national push to help improve treatment, care and support of people affected by cancer through an innovative new professional development project.

A consortium from The University of Sydney, the Clinical Oncological Society of Australia, the National Breast Cancer Centre, The Cancer Council Australia and the Royal Australian College of General Practitioners received a \$2 million Australian Government contract for the project. The project is part of the Government's Strengthening Cancer Care initiative, now being managed by the new national cancer agency, Cancer Australia.

The Deputy Director of the University of Sydney's Centre for Innovation in Professional Health Education and Research (CIPHER), Associate Professor Tim Shaw, said the project aimed to support the medical specialists, general practitioners and health professionals providing cancer care.

*"It's really about making sure that all the people that are giving you cancer care are working together in the best way they can to ensure you get the best outcomes; essentially making sure the patient is at the centre of that care."*

"It's really about making sure that all the people that are giving you cancer care are working together in the best way they can to ensure you get the best outcomes; essentially making sure the patient is at the centre of that care," he said.

Cancer kills more Australians than any other single cause. At current rates one in three men and one in four women will be directly affected by cancer.

However five-year survival rates for the most common cancers affecting men (prostate cancer) and women (breast cancer) are now more than 80 per cent. Australian cancer survival rates are second only to the US with death rates in Australia falling on average by almost two per cent per year in the last decade.

Cancer requires highly specialised care in a number of settings by different health professionals and through varying modes of treatment but increasingly care is delivered in the community, with the involvement of general practitioners and primary care providers, rather than in acute hospital or tertiary care settings.

"More and more patients are telling us that while they receive very good care, many of the problems they face occur in the spaces between their care and this is one of our key challenges," Tim Shaw said.

The National Service Improvement Framework for Cancer acknowledges that services are organised and resourced very differently in different parts of Australia with rural and remote people being disadvantaged, a situation worsened by the shortage of health professionals. People with lower socio-economic status are also known to have worse outcomes.

"We are using the National Service Improvement Framework as a guide to the gaps identified by people with cancer and working to develop education and training initiatives to improve care and support in those areas."

Clinical Oncological Society of Australia President Associate Professor David Goldstein said the medical workforce desired educational opportunities but they had to cope with an increasingly demanding service environment and limited time.

"This means that the project will have to find innovative solutions to overcome existing access challenges," Professor Goldstein said.

National cancer advocacy group, Cancer Voices Australia, says GPs don't have clear referral pathways, patients often have to travel to



*“This is a real and precious opportunity for us to work with the lead organisations in cancer care to really change the way that professional development is delivered to our health professionals.”*

“A multidisciplinary approach means coordinating the care so that the different practitioners are talking about your care. Your oncologist is talking to the surgeon, sharing their knowledge about how the patient is going, ensuring they all know about the different aspects of the care the patient is receiving. And not just their treatment but the emotional and practical support they and their caregivers are getting as well,” he said.

The CIPHER team are excited to be leading a project aimed at the continuing education of health professionals in Australia working in cancer care.

“This is a real and precious opportunity for us to work with the lead organisations in cancer care to really change the way that professional development is delivered to our health professionals.”

“This project is all about ensuring that cancer services are integrated not fragmented. We are trying to create a system of seamless care to ensure that cancer patients are managed and supported effectively, from their first diagnosis and throughout their journey with cancer.” he said.

other states to receive multidisciplinary care and some teaching and other hospitals offer different therapies for the same cancer. Patients also don't know where to go to receive up-to-date treatment where national guidelines are observed.

Professor Shaw says the primary aim of the continuing professional development project is to directly improve patient outcomes.

The new activities designed by CIPHER would ‘flow through’ the work of time-poor health practitioners to encourage professionals working in different areas to do education and training activities together.

This is expected to help improve the continuity of care for people with cancer and ensure they are referred to the most appropriate services.

“Managing the care between primary and tertiary health care providers, making sure people get referred to the most appropriate person, ensuring the patient gets all important continuity of care, improving their psychosocial support, or how they are coping are the keys,” Professor Shaw said.

The Continuing Professional Development project is focused on promoting multidisciplinary care, which is acknowledged internationally as the best and most effective way to treat and support people with cancer.

For more information contact Ms Jackie Ross, Senior Project Manager at the Centre for Innovation in Professional Health Education & Research (CIPHER), on [jross@med.usyd.edu.au](mailto:jross@med.usyd.edu.au) or +61 2 9351 8799, or visit [www.cancercpd.org.au](http://www.cancercpd.org.au)



## Federal Health Minister opens rural health training facility in Lismore

Sue Page and Jeffery Fuller

A new training facility at the University Department of Rural Health (UDRH) in Lismore was opened on the 16th April by the Federal Minister for Health and Ageing, Honorable Tony Abbott as he cycled through the region on the annual 'pollie pedal'.

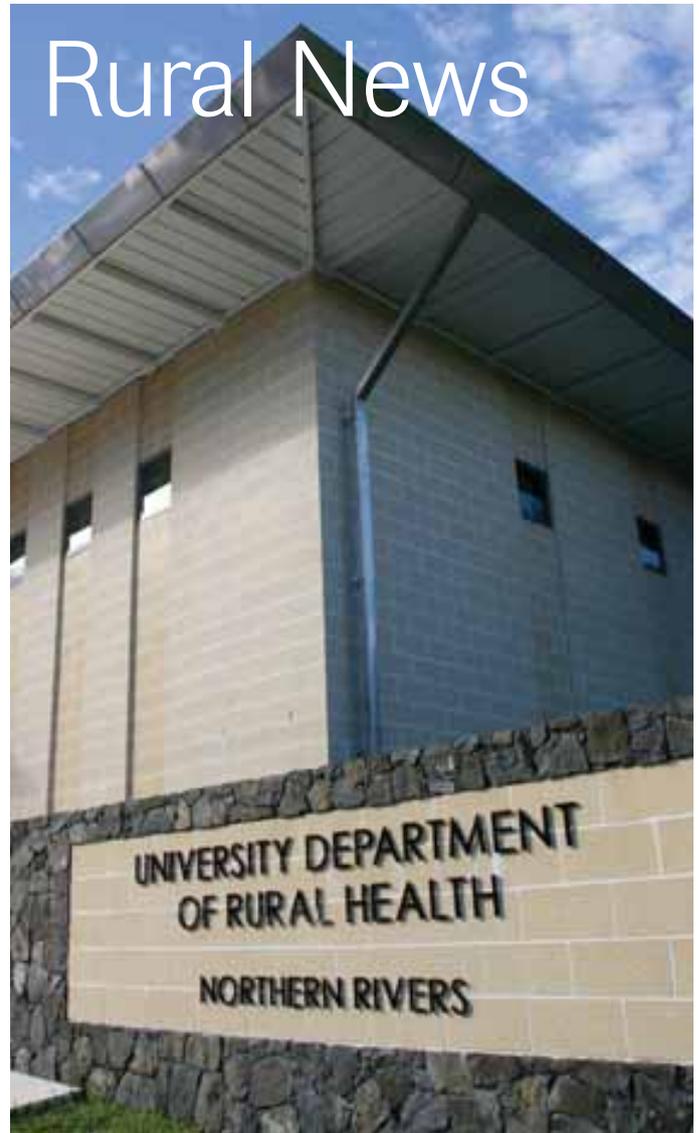
The Minister commended the commitment of the local community in working with the University of Sydney and Southern Cross University to secure the Australian Government funds to develop the UDRH to its current capacity. With over 40 university staff employed at the UDRH, the new \$2.2M building provides state of the art teaching and research infrastructure and this will bring greater numbers of health science students and local clinicians into the rural activities of the university.

The new facility, designed by local architects and constructed by local builders, includes a 60 seat lecture theatre. The "in the round" circular seating design has created a more intimate atmosphere than the traditional lecture theatre in order to enhance interaction between students and teachers. Two adjacent tutorial rooms seat up to 30 in various configurations. Both the lecture theatre and tutorials rooms include videoconferencing. The Minister also announced that further Commonwealth funding of \$0.5M was being provided to

the UDRH in Lismore to expand student accommodation in the region.

The new facility passed its first test at the opening, with over 100 guests taking part in a series of lectures given by staff from the UDRH, the University of Sydney, Southern Cross University and the North Coast Area Health Service. The lectures and official opening ceremony were followed by an evening barbecue for local health staff, government and community representatives, university staff and visiting politicians.

With campuses at Lismore, Murwillumbah and Grafton the UDRH in the Northern Rivers Region has rapidly established a high quality program in education and research relevant to rural health. Around 500 health science students use the UDRH annually in order to undertake clinical placements in the region. Longer term placements in medicine are being planned with an innovative \$1M collaboration between the medical schools of the Universities of Sydney,



Wollongong and Western Sydney.

In research the UDRH with its partners attracted just under \$3 million in competitive grants in 2006 in areas of ageing and the health workforce, spatial epidemiology, mental health and health services research in chronic disease. The Northern Rivers UDRH is amongst the most productive of the rural health departments in Australia, publishing over one quarter of

the national output during 2005. The UDRH head, Professor John Beard, said that "the new facility gives us the scope to continue to expand from what was previously inadequate and cramped facilities and this will help boost the quality of rural health service training and also our contribution to local, national and international research relevant to rural health".

# Student News

## Report from the President The University of Sydney Medical Society

As we move into the second semester of 2007 the Medical Society is already having a very successful year. Through the generous support of the faculty and our sponsors we have managed to negotiate the difficulties posed by voluntary student unionism and find ourselves in a strong position. We have had several very successful events so far this year and look forward to some more headlining events still to come. There has been extensive student involvement in the curriculum review and a recent survey on the changes received in excess of 300 responses. The other important issue of note relates to the nascent mentorship program, which entered its early stages through promotion by Associate Professor Paul Lancaster.

In the past two months we have had a number of excellent educational evenings. Dale Marchant and Jo Dargan, first and second year medical students respectively, put on the very informative Rural Health Forum where interested health care students from a range of backgrounds found out about working in the health care sector in a rural setting. Speakers including Dubbo's own Associate Professor Joe Canalese mounted a convincing argument regarding the merits of rural practice.

Fred Hersch (year 2), organised an informative evening on local and international electives. He was ably supported by final year students who had returned from the four corners of the globe.

Talks included one student's experiences hunting bush tucker in remote NT, trauma medicine in the world's busiest trauma unit, life with the high flyers in NYC and many experiences from less well resourced settings such as PNG, Vanuatu, India, Tanzania, and Argentina.

The Indigenous Health Forum had its most successful year on record. Coinciding with NAIDOC Week the event was attended by over 300 people, who were treated to a very informative and varied presentation. The Forum was compared by Julie McCrossin who kept a tight rein on the panel which included amongst others Jimmy Little, Jeff McMullen, and Dea Delaney Theile (CEO National Aboriginal Community Controlled Health Organisation). This amazing event was put together by the very hard working Medical Society Indigenous Health Representative Ineke Wever, a second year medical student.

In mid June the medical students celebrated their annual Medical Society Ball. This year's theme was Casino Royale and the venue at Dockside, Cockle Bay was decked out in a casino theme right down to the professional craps, blackjack, roulette and poker tables. Second year student Hugh Harricks and his able team have received some of the highest praise, with most of the fourth years describing the event as the best ball in memory.

Coming up we still have several major events to come. As this goes to press we have

confirmed Professor Chris O'Brien as this year's Lambie Dew Orator. This annual event will be held as always in the Great Hall of Sydney University and the date of the event has been confirmed as the 5th of September. Medical graduates and members of the public are more than welcome to attend. Our annual Medical Leadership Seminar and Women in Medicine Dinner are also in the advanced stages of planning.

In terms of the curriculum review, there has been extensive student involvement thanks to the encouragement of Emeritus Professors Oates and Goulston. A recent survey of the student body revealed overwhelming support for most of the changes suggested, and the passionate responses resulted in several hundred pages of comments and opinions. Of particular interest to the MGA were the very positive comments about recruiting both practicing and retired clinicians to facilitate the Problem Based Learning (PBL) process. Students consider the PBL process one of the best aspects of the course and gaining insight from clinicians facilitating the process was welcomed extremely enthusiastically by almost 90% of respondents. The most contentious aspects are focussed around the shift to grading, which was opposed by a slight majority (52% to 48%) and elicited the most heated debate on both sides.

My final comments are directed towards a very interesting and promising development which



*There has been extensive student involvement in the curriculum review and a recent survey on the changes received in excess of 300 responses.*

has come from both the curriculum review and the current MGA President. Currently in its early planning stage, the Medical Society is hoping to work closely with the MGA to develop a positive and worthwhile mentorship program. We are aiming to have a pilot program running by the end of the year before expanding into a much wider program in 2008. Obviously running a mentorship program won't get off the ground without the backing of the graduates and current students, so please stay posted for announcements as we roll out the program and look for support.

**Chris Andersen**  
Honorary President  
Sydney University Medical Society



# Students go global

Michelle Nicholson

## Photos:

1. Medical student Michelle Nicholson speaks with children from a rural village in Central Vietnam as part
2. Medical student Shaun Francis gains an international perspective from Dr Dan Murphy at the Bairo Pite Clinic in East Timor



Many students enter medicine with the aspiration of engaging with the international community, understanding global health issues and providing healthcare across national boundaries and it is this ambition that unites the students of Global HOME, the University of Sydney's student international health group.

The name 'Global HOME' reflects the group's vision: encouraging and inspiring medical students to provide Health Opportunities and Medical Equality, Globally.

Global HOME is a relatively new organisation, holding its first meeting in 2006. The group was founded after the inaugural Developing World Conference of the Australian Medical Students Association (AMSA) in 2005, which was co-convened by the University of Sydney and the University of New South Wales. The conference, which initially planned to attract 50 to 100 students, received expressions of interest from over 700 students from across Australia in one week. This staggering response made it clear that the practice of medicine in the developing world is an area deeply relevant to medical students, as the doctors of the future. This realisation prompted a handful of University of Sydney students to form Global HOME and create an ongoing forum that would promote awareness, opportunities and inspiration for students interested in international health.

Global HOME recognises that while some students are able to engage with global health issues directly by participating in overseas electives or voluntary aid projects, this opportunity is not available to all and there are other ways to make a difference in this field. The group places emphasis on an educational approach, conducting information sessions and sharing resources to enable students to engage with global health issues throughout their training. Global HOME believes that the benefits of understanding international health issues will manifest in the careers of medical students. The hope is to foster a generation of doctors sensitive to the health challenges in developing communities and the significance of equitable health care in Australia and abroad.

At the launch of Global HOME in August 2006, students had the opportunity to hear from Dr John Hall from the School of Public Health who shared his experiences working in the Pacific region and Dr Mu Li who provided insight from her work with the Iodine Deficiency Program in Tibet.

Subsequent events focused on the benefits and problems of emergency relief efforts, with Dr Nick Coatsworth presenting an account of his work with Medicine Sans Frontiers in the Democratic Republic of Congo. This presentation evolved into a dynamic discussion with students debating many issues including the short term provision of anti-retroviral medications to African refugees.

As Global HOME has become more established it has begun linking University of Sydney medical students with other international health groups in Australia. In conjunction with AMSA's nationally based International Health Network, Global HOME hosted the Sydney visit of Dr Sujit, the founder of the Calcutta Village Project. Dr Sujit began this work from an abandoned stable in India and today his hospital and surgeries treat 5,000 children per month and 50,000 people each year. His project also facilitates sanitation, education and micro-credit lending for the lasting benefit of these communities. Dr Sujit delivered his inspiring story to more than 200 students who attended the evening and this event not only demonstrated an excellent example of sustainable community development, but also initiated valuable links for students

interested in undertaking an elective term in India.

The activities of Global HOME are supported through the generosity of The University of Sydney Medical Society with logistical support provided by the Medical Faculty. This cooperation has resulted in the development of a valuable partnership, enabling students and staff to collaborate on several international health functions. The group's immediate plans include expansion of the resources available on Global HOME's website, hosting an evening dedicated to health in conflict situations and presenting a photographic exhibition depicting issues in developing communities. Professionals with an interest in international health are invited to work with us as event speakers, contacts or mentors for interested students.

In a time when health challenges are increasingly regarded as global responsibilities, future medical professionals will be entering an increasingly internationally-oriented workplace. It is hoped that student initiatives such as Global HOME will assist in equipping incoming doctors with the skills and understanding to operate effectively in this environment and contribute to the practice of healthcare across national divides.

For more information regarding Global HOME, please visit [www.globalhome.redbrick.com.au](http://www.globalhome.redbrick.com.au) or email [globalhome.usyd@gmail.com](mailto:globalhome.usyd@gmail.com)





# Reunions 2007/8

**Greater support for reunions:** In recognition of the growing popularity of alumni reunions, we are increasing the support we can provide to volunteers who take on event organising roles. Graduates who would like more information about the program of reunions, should contact the Medical Graduates Association on **+61 2 9036 3367** or by email at **mga@med.usyd.edu.au**. Visit the MGA website for more reunion photos at **www.mga.usyd.edu.au/reunions/photos/index.php**

## 2007

### Graduating Year of 1972

When: 30 September 2007  
Where: Astral Restaurant, Star City  
Time: 6pm  
Contact: Harry Merkur, Les Schrieber and Tony Eyers, hmerkur@bigpond.net.au  
Cost: TBA

### MBBS Graduates from 1963 - 1972

When: 6 November 2007  
Where: Great Hall, University of Sydney  
Time: 12noon  
Contact: www.mga.usyd.edu.au to register

### Graduating Year of 1977

When: 24 November 2007  
Where: Great Hall, University of Sydney  
Time: 7pm  
Contact: Tony Joseph  
tjoseph@med.usyd.edu.au  
Cost: TBA

## 2008

### Graduating Year of 1958

When: 16 February 2008  
Where: American Club, 131 Macquarie Street Sydney  
Time: 12 noon  
Cost: \$125  
Contact: dr-brian@bigpond.net.au

### Graduating Year of 1978

When: 23 February 2008  
Where: MacLaurin Hall, University of Sydney  
Time: 6.00pm (TBC)  
Cost: TBA  
Contact:  
Michael Giblin emgiblin@ozemail.com.au  
Andrew Byrne ajbyrne@ozemail.com.au  
Howard Roby macroby@ozemail.com.au

### Graduating Year of 1968

When: 15-17 March 2008  
Where: The University of Sydney  
Time: TBA  
Cost: TBA  
Contact:  
Craig Mellis craigm@med.usyd.edu.au  
Judy Black judblack@pharmacol.usyd.edu.au

Kristin Kerr kristin.kerr@email.cs.nsw.gov.au  
Iven Young iveny@med.usyd.edu.au  
Tom Wenkart twenkart@machealth.com.au

### Graduating Year of 1988

When: 7 June 2008  
Where: The University of Sydney  
Time: TBA  
Cost: TBA  
Contact: David Barton  
medreunion88@gmail.com

### Graduating Year of 1955

When: 12 April 2008  
Where: The Royal Sydney Golf Club  
Time: 12 noon  
Cost: \$80  
Contact: John Wright +61 2 9357 1106  
Tom Taylor +61 2 9362 9223  
Vera Gallagher +61 2 4929 4554

Talk to the MGA about the new cheaper rates for hiring University venues for your reunion!  
[mga@usyd.edu.au](mailto:mga@usyd.edu.au)

## Spring Back to Sydney reunion in 2007

Years of 1927 | 1937 | 1947 | 1957 | 1967 | 1977 | 1987 | 1997 |

### SAVE THE DATE! Saturday 27th October, 2007

*Relive the memories of your university days and celebrate your anniversary graduation with family and alumni colleagues.*

To RSVP, please complete the registration form available online at:  
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## 1942 graduates celebrate 65 year reunion, July 2007

On Monday 23 July the 65th anniversary of the graduates of 1942 – and, incidentally, the 70th anniversary of commencing our medical studies at the University of Sydney (March 1937) – were celebrated in ideal surroundings at the Mandalay Receptions on Lane Cove, once again with equal success.

Of 210 who commenced in first year, 153 graduated but, alas, only 29 of us survive (the funeral of the 30th was held only three days before); and of these only 13 were able to attend with 7 of our wives and a widow of a recently deceased colleague making 21 in all.

Once again with the able assistance of Bob Mc Inerney as the MC there was no shortage of conversation from the outset as we partook of pre-luncheon drinks.

Looking at all the original examination papers from each of the first to the sixth so-called 'Degree Examinations' together with a few of the 1936 Leaving Certificate Examinations coupled with sets of lecture notes from those days prepared by Professor Whiteridge Davies and Dr H G McQuiggin's course on the ductless gland to mention just two, certainly brought back vivid reminiscences of our undergraduate days, climaxed by the enemy submarine attack in Sydney Harbour on 31 May mid-way through our final 6th year examination, which was brought forward by six-months because of the desperate shortage of doctors required to cope with both civilian and defense needs.

Although unknown to us at the time, the two critical battles of the Coral Sea and Midway were taking place ensuring the 'turn of the tide' of the Pacific War.

All 153 of us were awarded Junior Resident appointments at hospitals from Queensland to Tasmania before our turn came to enlist in the Services which saw the loss of four to medical illness but fortunately, none to actual war injuries.

At war's end the return to civilian life was not easy as we doctors, having no previous permanent employment, were not covered by any

Returned Soldiers employment legislation. Some of us went overseas for further training, almost all going to the United Kingdom. The military chaplains were in a similar employment predicament. I shared a room with one of them on Perth on my last posting before demobilization when I wrote to London University and - no I am not joking - he wrote to the Bishop of Burma, seeking employment.

So, after an excellent luncheon and the taking of photographs accompanied by still further conversation, we departed concurring that it was a most successful reunion enjoyed by we graduates, all of us now in our late eighties or older, hoping that we might yet have further meetings.

However the writer as organiser was cognisant of the comment made by Sir Charles Bickerton Blackburn as guest of honour at our 20 year reunion. In his nineties, when he as organiser of his year's reunion discovered that, as the last one, he saw no point in inviting himself alone! Perhaps annual reunions might temporarily allay the risk?

**Amiel Christie**

Left to right : Ted Gibson, David Pope, Jack Gallagher, Amiel Christie, Horace Norton, Norman King, Bill Kennedy, Joan Fotheringhame, David McGrath, Bill Richards, Bob McInerney, Cedric Barrett





## 1943 graduates celebrate 64 year reunion, March 2007



It hardly seems possible that another year has passed and our 2007 reunion has come and gone.

We had again 12 people but some faces were different. For

the first time we had an equal number of men and women graduates. In our final year we had 32 women and 104 men. But some are as far away as Darwin, Perth, Adelaide, and Rockhampton and travel is not so easy. One was too busy! Congratulations. We send best wishes to those who were unable to attend.

Once again we had a very pleasant lunch with our old friends the Royal Sydney Yacht Squadron, who know us so well and cater to our tastes. Very little alcohol this year and the weather was perfect. We no longer have formal speeches, just old classmates having a good old chat. We reminisced about our student days, the many directions our career paths have taken, what has happened to whom, and of course our current disabilities, failing vision and joints. "Do you still play golf?", seems to be the benchmark for the men. This year we managed to remember to take a few snapshots, and who knows, we might manage another reunion next year judging by the resilience of those who were able to attend.

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

Best wishes to those who did and also those who could not attend.

Stefania Siedlecky AM

## 1950 graduates celebrate 57 year reunion, March 2007

On 12 March a successful lunch was held at Concord Golf Club to celebrate 57 years since graduation, attended by 43 of those who graduated in January 1950.

Some interesting statistics were produced on the day: 54% of the original 162 graduates are still alive and the whereabouts of all survivors are known, a tribute to the careful record keeping of Gordon Parkin, our organiser for many years and still going strong. Of the 88 survivors who received an invitation to the lunch, 43 attended, apologies came from a further 32, making a response rate of 73%, considered pretty good from a group with an average age of around 81 years.

Our first reunion was held at ten years, when the previous practice had been to wait until 21 years – a reflection of our eagerness to meet up again without undue delay, and this set a pattern followed by most subsequent years. It was enjoyed so much that our reunions were then held at five yearly intervals until the 50th, which was marked by two days of events and the production of a Jubilee Year Book by the late, much lamented, Sep Owen, to which all were invited to contribute their own synoptic story, together with a contemporary photograph.

At the 55th reunion, which maintained the usual high levels of conviviality, it was decided to meet again in two years, bearing in mind the hastening steps of the old codger with the scythe. So, we have just had our 11th reunion and, while not ignoring statistical probabilities, have resolved to "give it a go" in another three years.

The secret of our success is firstly, no doubt, the quality of the company but the quality and location of the venue are also outstanding, we think, and can be highly recommended.

Brian Pollard

# 1952 graduates celebrate 55 year reunion, February 2007

The beautiful venue of the Royal Sydney Yacht Squadron at Kirribilli saw a very happy 55 year reunion of the medical graduates from 1952.

Of the 332 students (including overseas trained doctors) who graduated that year, 92 were present at lunch and we received 41 apologies. A large year means it becomes difficult to exchange greetings with everyone present, so it has been graduates only at previous reunions. However, the consensus of opinion was that this time it seemed appropriate to invite partners and we were delighted to welcome 40 friends and partners of graduates.

After the initial announcements, the microphone was turned off so that we could get on with the talk-fest and eating, in that order. The Squadron organized a most delectable buffet lunch and the staff kept our glasses charged with whatever we fancied.

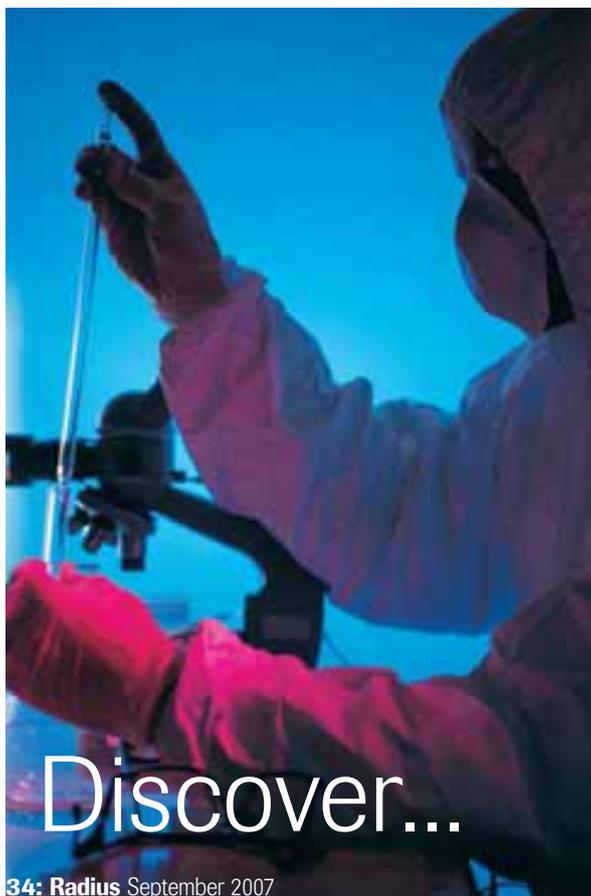
We were pleased, and in some cases surprised, to see how well we had survived the last 55 years. Quite a few are still working, even if part-time, and at least one graduate found it difficult to arrange time away from his practice. We play

bridge, bowls and golf; we garden, read, do sudoku and crosswords. Bill Lyons is building a wooden Boston Lobster Boat and is interested in the Exploration of Mars; Gil Wallace works on the separation of gases from a high temperature plasma which may lead to the development of hydrogen energy and also enjoys Scottish country dancing; Pam Donnelly, among a host of other things, is a tap dancer.

Most members of the year would like another reunion within 5 years, and the committee of Hugh Patterson, Joyce Law, Joan Croll and Monica Bullen hope to arrange it for early 2010. Please keep the University advised of any change of address.

This report would not be complete without acknowledging the kind and generous help of the Medical Graduates Association. Photographs from the lunch can be viewed on the MGA Reunion Photos web page.

Monica Bullen



## Discover opportunities for further study in health and where they can take you –come to the University's Health Postgraduate Information Evening, on Thursday 10 October.

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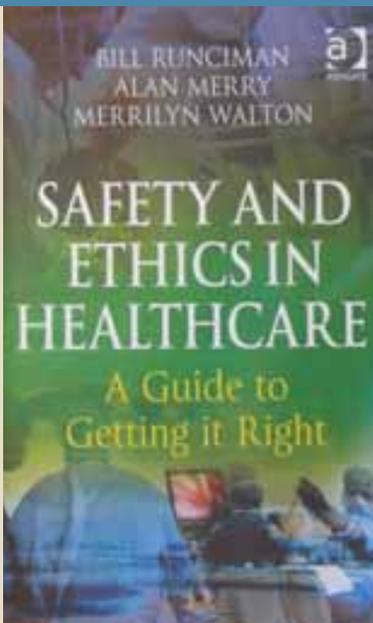
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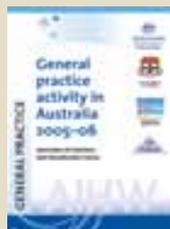
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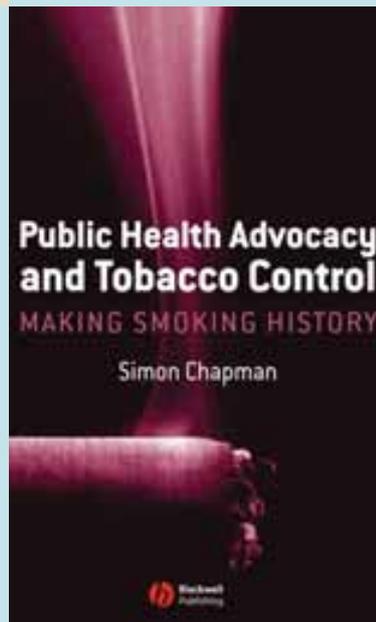
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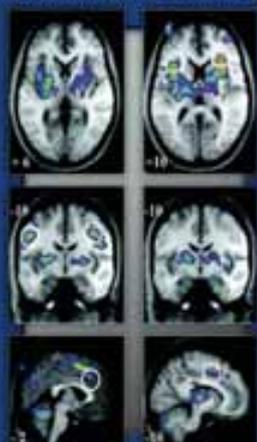
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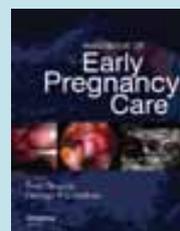
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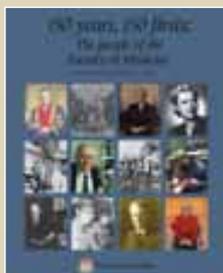
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Author: Lise Mellor  
Publisher: Sydney University Press 2006  
ISBN: 1920898360

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**150 Years of The Faculty of Medicine**

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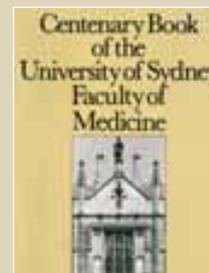
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