

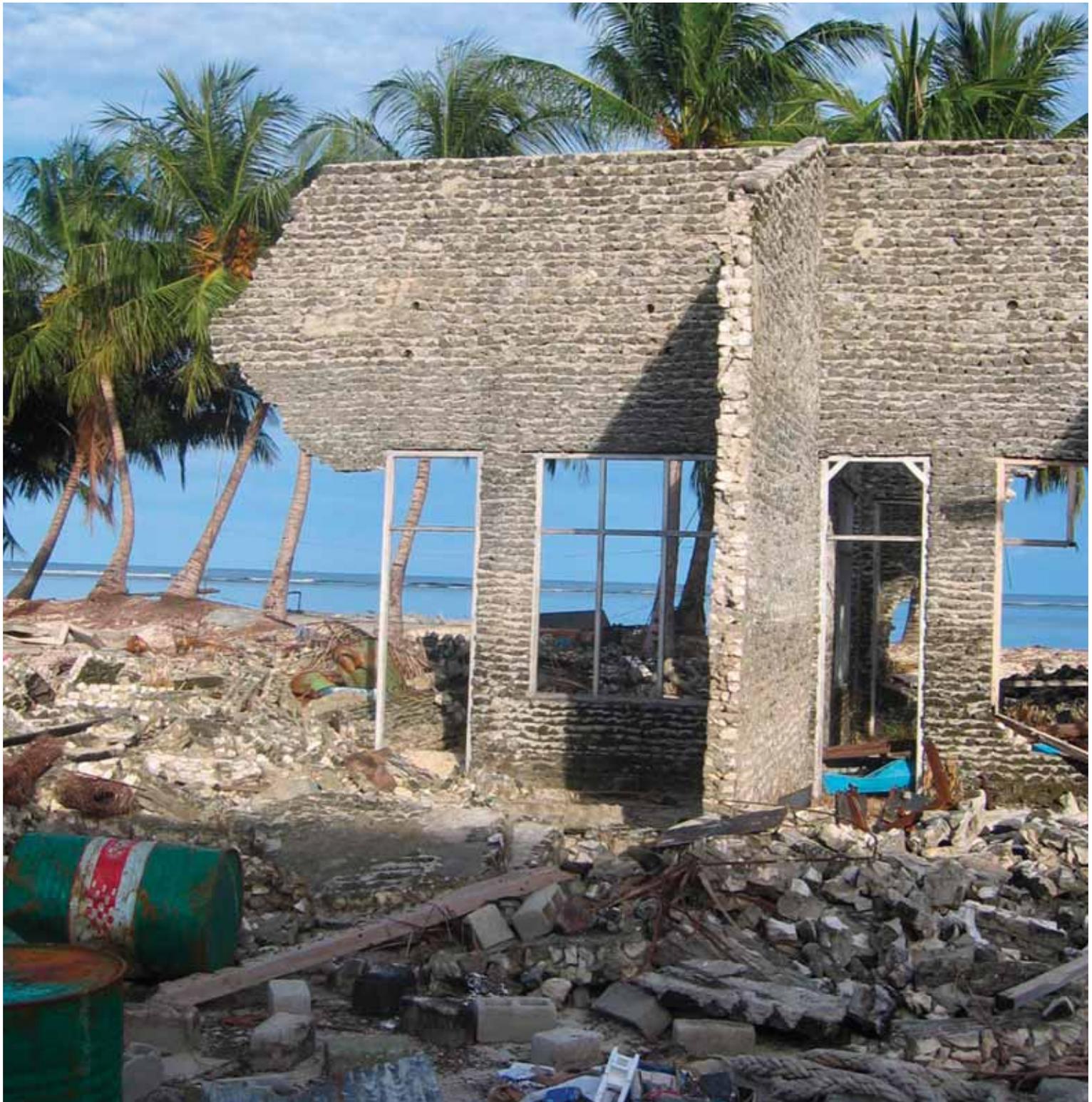


Radius

Newsletter of the University of Sydney *Medical Graduates' Association*

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





Note from the Editorial Committee

Radius is published by the 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, obituaries and letters to the editor. We do not object to controversial articles. Indeed we welcome them. The true role of a university is to provide a forum for ideas. Please note, however, that articles should follow conventional journalistic etiquette. We endeavour to publish all articles sent to us.

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Editorial Committee:

Ms Louise Freckelton
Dr Charles George
Ms Wendy Marceau
Professor Simon Chapman
Dr Choong-Siew Yong

All correspondence should be directed to the Editor.

Email: radius@mga.usyd.edu.au
Mail: Medical Graduates' Association
Edward Ford Building (A27)
The University of Sydney
NSW 2006

Tel: +61 2 9351 8947
Fax: +61 2 9351 3299
Email: mga@med.usyd.edu.au

Web: <http://www.mga.usyd.edu.au>

Front cover: Tsunami torn Maldives.



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Message from the Dean

Professor Andrew Coats



Several recent events illustrate the diversity and complexity of a modern Faculty of Medicine. In the last few months, along with senior university officers, I met journalists from the Australian Financial Review to discuss the increasing interests of the business community in the areas of tertiary education and health. Given that health consumes a double digit figure as a percentage of gross domestic product in most developed countries, their interest in it is not surprising; more recently, however, they have turned their attention to tertiary education which has rapidly become one of Australia's largest export industries.

What is less well known by the financial journalists is that the funding of the University sector is increasingly complex. There still remains a widespread perception that universities are largely government funded and therefore protected from the pressures of the corporate world. Whilst this may have been true a decade or two ago, the modern Australian scene is now very different.

The Faculty of Medicine has risen to the challenge and is one of the most vibrant faculties in the University and the country. For the recently completed year 2004, our faculty income reached an all-time high of \$172.3m, an increase of \$20m over the previous year and of nearly \$40m over the last three years. The largest component is the nearly \$100m in competitive research income, a phenomenal achievement for a faculty with 240 employed, full-time academic staff.

Our general income through the University's funding formula has increased 33% over the past three years and we consistently achieve the top performance in nationally competitive grants from the National Health and Medical Research Council. We have seen double-digit increases in the number of our publications year on year.

It is not only in research, however, that the Faculty is reaching higher levels of achievement. The high standing of our medical education around the world is evidenced by the long queue of universities keen to learn from us and to utilise our material, content management system, IT skills and curriculum design.

Our Centre for Innovation in Professional Health Education (CIPHE) is one of the amazing success stories of which our Faculty can be proud. In its short existence, it has received commissions from numerous external clients for the development of educational products and support, educational framework design and course development. The client list reads like a who's who of bodies keen to establish the latest in educational methodology.

I join with the staff behind the production of *Radius* to wish you enjoyment as you read our pages and hope that you too will take quiet pride in the achievements of our faculty as described in the stories and articles that follow.

President's report

Dr Barry Catchlove, Medical Graduates' Association



As another university year starts and another cohort of Medical Students begin their study, I am sure that you, like me, find your thoughts drifting to those first days of our training. Looking back, I must admit that first year confused me. I still remain mystified at the objectives of the practical classes in chemistry we were subjected to. I personally recall only learning to change purple water into clear water and working out when we had to return from the hotel before the beaker of water we had placed over the Bunsen burner boiled dry and drew attention to our absence.

The structure of the now, not-so-new USyDMP is an interesting contrast to the approach taken when most of us commenced the undergraduate medical program. Now, students are engaged from day one with the real complexities of working with patients.

The graduate-entry model is well established and our University of Sydney program is providing inspiration to other universities, many consulting the Faculty on implementation and curriculum issues. Our 'new' medical program has come of age.

The graduate-entry USyDMP is held in high regard by local and international students too. On 15 February, the Medical Graduates Association hosted a cocktail party to welcome the 275 new students entering the University of Sydney Medical Program. This year's cohort represents all the states and territories of Australia. Our international cohort represents the Middle East, North America and the Caribbean, Europe, South, East and South-East Asia, South America and Africa.

As with any change, there are pros and cons. The obvious consequence of moving to a graduate program is that our students are considerably older

with many more commitments than the average undergraduate student of previous years. This makes them 'wiser' but perhaps burdened, and many now balance family commitments with their study.

The new scholarship program of the MGA aims to assist students with financial difficulties. With the assistance of our alumni, we are currently developing three scholarships. The graduating class of 1984 are leading the way, by generously supporting a scholarship, raising the necessary funds in conjunction with their recent reunion. A second scholarship will soon be available through the Dubbo Medical Society to support students with a rural background. The third scholarship is to be funded by the MGA in recognition of the work of Dr Gaston Bauer.

As you will see from this issue of *Radius* we are proposing another scholarship to honour the memory of Sheila Nicholas. Her death came as shock to some of us as we had subconsciously thought of her as immortal. Ann Sefton's obituary and the supporting words from Sir Gustav Nossal and NSW Governor Professor Marie Bashir describe well her life and contribution.

This issue of *Radius* contains a brochure on the Sheila Nicholas Scholarship and we look forward to your support for the scheme.

While we are honouring the work of our faculty and graduates, we should mention Dr Catherine Hamlin AC. Many of you will be familiar with Dr Catherine Hamlin's story from past editions of the *Gazette* and recent media reports. Catherine, a graduate of the University of Sydney, together with her husband founded the Fistula Hospital in Ethiopia. Their story '*The Hospital by the River*' is a moving account of their life and their incredible contribution to the people of that country.

On the 15 March 2005, The University of Sydney awarded Dr Hamlin an Honorary Doctorate. Following the presentation, the MGA arranged for Dr Hamlin to give a lecture on her work.

Tsunami – The Faculty of Medicine Responds

The first relief team into Aceh.





Faith amid devastation. Photo: Michael Novy



Dr Greg Hollis and Canberra colleagues arriving at Phuket airport.



Dr Andrew Ellis operating in the ANZAC Field Hospital, Banda Aceh.

Tsunami – The Faculty of Medicine Responds

Many doctors and associated health professionals throughout the country, in the days following Boxing Day 2004, were called to arms, not for emergency cover in their 'day job', but to assist with the health, medical and forensic needs of our nearest neighbours.

Amongst the many health professionals doing their bit were several members of the Faculty of Medicine. We would like to acknowledge the work of some of the members of the Faculty of Medicine who responded to the needs of the tsunami victims.

Dr Peter Ellis

Peter, Forensic Pathologist and Director of Forensic Medicine at Westmead, went into Thailand as part of the Australian Federal Police team responsible for initiating the handling of the 'non-Thai' victims and supervising the construction of a temporary mortuary. Peter arrived in Phuket two days after the disaster and participated in the development of the early phase of the Disaster Victim Identification (DVI) program in Khao Lak, Phuket and Takua Pa, which subsequently involved teams from many countries.

Despite having undertaken forensic work in Kosovo and in the aftermath of the Bali bombing, Peter considered his work in Thailand, "the most intense and exhausting 2½ weeks of my career, but it has also been the most rewarding". "This has been, and continues to be the largest DVI program ever undertaken and it has been an overwhelming experience in which to participate."

"With the amazing industriousness and cooperation of the Thai people, an air-conditioned mortuary was operational by 2nd January (4 days after arrival).

After developing the mortuary systems together with forensic dentists from Sydney and Canberra, autopsies commenced. By this stage, forensic teams from over 15 countries had arrived and commenced work in the mortuary. Using this and two other facilities constructed nearby, more than 1,200 bodies were examined in just over 3 weeks," Peter commented.

Dr Greg Hollis

Canberra Hospital emergency specialist Dr Greg Hollis and colleagues got the call to join a medical emergency team with just an hour and a half to pack before the plane left. Once on the ground in Thailand's Phang Nga area, the team was struck by the devastation but impressed by the medical response.

"The Thais had done a spectacular job in the first two days ... patients for the most part were getting adequate care. But the system was under enormous strain," Dr Hollis said.

The Canberra team visited up to 11 hospitals searching for injured Australians. Their brief was to locate, assess and provide advice on the treatment required and, if necessary, arrange for transfer to Australia or elsewhere.

"This was difficult because in the chaos of those first few days many patients had been

misidentified as Austrian instead of Australian and Australian when they were Austrian."

Dr Greg Hollis was interviewed by Lara Cole for the 14th January 2005 edition of The Medical Observer.

Dr Dominic Dwyer

Westmead Hospital Infectious Diseases Physician, Dominic Dwyer, joined the team sent to the Maldives as part of the Australian Government emergency response to the tsunami. The group included emergency, public health and primary care experts, and was asked by the Maldivian Government to provide assessments, public health and disease control advice, and provide primary care where needed.

The team divided into small groups on arriving in the Maldives, and went out by hospital boat to the affected remote atolls and small communities. "The Maldives depends primarily on fishing and tourism, and the infrastructure that supports these activities and the local inhabitants was severely affected. The damage was patchy, depending on which direction the islands faced, but the psychological impact of the wave was dramatic, as the whole country lies only about one metre above the water surface", said Dominic.

"The salt water not only damaged buildings and caused some loss of life, but also has contaminated the small water table on the islands, meaning loss of the breadfruit, guava and banana trees that supply nutrition." Clinics were held on islands that had no medical services, "but fortunately outbreaks of gastroenteritis or respiratory disease were thankfully uncommon," commented Dominic.

The tyranny of distance was evident in the Maldives, with transport of people, food, water and other supplies all undertaken by boat. "But, by the same token," commented Dominic, "the close-knit small communities that characterise the Maldives, precisely because of their isolation, assisted greatly in the management of displaced persons and cleaning up of affected communities."

Dr James Branley

James is the infectious diseases physician and clinical microbiologist at Nepean Hospital and Clinical Lecturer at the University of Sydney.

James was part of the first relief team, a group of 28 doctors nurses, paramedics and firemen, sent to Aceh, leaving Australia on 29 December and arriving on 30 December, four days after the Boxing Day earthquake and tsunami. The team consisted of members from NSW, Queensland, Western Australia, and Victoria.

"We were completely self-sufficient carrying all our own food, water, bedding, as well as medicines and equipment," said James, but this was no camping holiday. "December 31 saw us commence work at the Fakinah Hospital, a small private hospital which, although deserted after the tsunami, was relatively unscathed by the earthquake."

James and team set to work. "Over the next week and a half over 100 operations were performed at this and a second hospital in Banda Aceh as well as a small number in Sigli. My colleagues were involved in running a basic emergency department and I assisted in management of infections amongst the 70 patients in the ward. Unfortunately, most of those patients with head, chest and abdominal trauma had already died, and we found ourselves managing limb trauma, fractures and lacerations and aspiration pneumonia as well as eye and ear infections," James said.

"Particularly prevalent were cases of tetanus and prevention of these cases using vaccination was critical. Our public health colleagues also liaised with other organisations and refugees."

James and the team remained working until their supplies ran out and until they were replaced by others.

The experience had a powerful impact on James and the team, "we felt so much for the people of Aceh and what they had gone through, we were all so impressed with their dignity amongst such devastation".

Dr Andrew Ellis

As an Army Reserve surgeon, Lieutenant-Colonel Andrew Ellis has often answered the call of duty. A veteran of operations in East Timor, Bougainville and the Solomon Islands, he was recently called to serve in Indonesia onboard HMAS Kanimbla. In civilian life, Lieutenant-Colonel Ellis is an orthopaedic trauma surgeon at the Royal North Shore Hospital and a senior lecturer in orthopaedic trauma at the University of Sydney. The Navy team was tasked with providing medical facilities for Defence personnel who may become sick or injured during Operation Sumatra Assist, allowing the Army's field hospital in Banda Aceh to focus on its humanitarian aid task.

The workload for the ship-bound surgeons was thankfully fairly light, so when the opportunity arose for Lieutenant-Colonel Ellis to go ashore and help at the Anzac Field Hospital for a few days he leapt at the chance.

Despite his considerable operational service, Lieutenant-Colonel Ellis found the situation in Banda Aceh totally unlike anything he had seen before.

"The scale of devastation was amazing. I feel very sympathetic to what the people of Banda Aceh have gone through," he said. "To lose such a significant amount of life is beyond my experience and imagination." Working at the field hospital also gave him a chance to see the good work the Australian and New Zealand soldiers had done to make the ruined Banda Aceh Hospital operational again.

"The soldiers were doing a fantastic job," he said. "They were continuously working hard in very poor circumstances. The amount of work they did along with Indonesian Armed Forces personnel to refurbish the hospital, to get the surgical facility running and care for

the very sick patients required them to work long hours. Quite frankly, I'm amazed at what has been achieved here - it's a great tribute to the Anzac Field Hospital."

Andrew Ellis was interviewed by Corporal Cameron Jamieson for the Australian Defence Forces website.

Professor Beverley Raphael

The destruction caused by the Asian tsunami has also had a mental health impact. In order to establish and coordinate Australia's response to mental health needs and to ensure its activities are in line with best practice, the National Mental Health Taskforce for Disaster Response has been established with Professor Beverley Raphael as Chair. Professor Raphael is an Adjunct Professor of the Faculty and the Director of the Centre for Mental Health, NSW Health Department.

"The taskforce, has drawn together internationally recognised Australian experts and state and territory mental health leaders," said Professor Raphael. "This model of national collaboration has proved to be invaluable and will be a major ongoing contribution to future disaster response."

The taskforce has developed guidelines for those Australians directly affected by the tsunami and for the public on coping with its impact. It has also developed advice for general practitioners and agreed principles for response within Australia. These guidelines have also been translated into multiple community languages.

In addition, the taskforce has provided expert advice to a range of national, international and state and territory agencies responsible for the coordination of relief and recovery teams.

Louise Freckelton

Dr Peter Ellis at Khao Lak.



Indispensable to staff and students

Sheila Nicholas, OAM (Mrs Nic) 1913-2004



Sheila Nicholas, circa 1950

Sheila Nicholas, who has died at 89, was for 40 years the mainstay of the Council of the Sydney University Medical Society. Universally known as 'Mrs Nic', she not only managed the society's complex affairs, including its fledgling textbook scheme, she was much-loved by thousands of medical students and highly respected by staff in the Faculty of Medicine.

Gus Nossal, a former President of the Society, wrote in its Centenary Book that "our greatest and most lasting achievement was to find and employ Sheila Nicholas". No one – staff or student – would disagree.

She was born Sheila Mary O'Brien at Watsons Bay to William Henry O'Brien and Jessie McMahon. Her father died shortly afterwards and she maintained that much of her early education came from her grandfather, Morgan McMahon, who was a writer, journalist and editor of a Sydney newspaper. She recalled Robert Louis Stevenson had visited their Watsons Bay home.

Sheila attended Cleveland Street High School in the city, travelling part of the way to and from school by ferry. It was on her way home on the afternoon of November 3, 1927, that the ferry, Greycliffe, was cut in half by the

passenger ship Tahiti. Forty-five lives were lost, including many schoolchildren.

In 1937, on her 24th birthday, Sheila married the Vacluse pharmacist Alan Nicholas at St Michaels's Church, Rose Bay. A daughter, Chloe, was born in 1940 and a son, Stephen, in 1946. Much of Sheila's spare time was spent singing opera and classical songs, and she was runner-up in an early Sun Aria Competition. From her singing, she learned to speak near-fluent German, French and Italian.

When her marriage ended, she found a job with the Australian College of Nursing in 1950 and worked there for 12 months. In 1951 she was appointed as general secretary to the council of the Sydney University Medical Society, where she rapidly became indispensable.

Under her leadership, the textbook scheme, which was



The Medical Society Council (date unknown). Sheila Nicholas is seated at table 5th from right.

one of her responsibilities, prospered. Although there were some difficult times in the 1960s, it is now the largest medical bookseller in Australia. She also managed the affairs of the students' Medical Society with great efficiency, extending its activities to include an effective printing service.

Sheila also supported and gently kept on track those students who were involved with the various council activities at the time – the publications, year dinners, other social functions like the medical ball and representation on different organisations. Those who served on the successive councils respected her sound advice and tactful assistance as she reminded members of their obligations and managed their excessive enthusiasms. Hers was the conscience that ensured that publication deadlines and other obligations were met.

Particularly in the early years, she knew the names of almost all the medical students. She served as a conduit between staff and students, respected and trusted on both sides. At the time of her appointment, there were only limited support

services for students, and she soon assumed a wide range of roles, as friend, counsellor and comforter. Staff, too, found her understanding and knowledge of the students particularly helpful when considering changes or exploring issues.

Sheila was made an Honorary Fellow of the University in 1986 and was awarded the Medal of the Order of Australia “for service to the Sydney University Medical Society” on Australia Day, 1988.

In the early '60s she bought a house in Double Bay. While working full-time for the society, she renovated it herself, and continued to pursue her singing and theatrical interests. As many ball, opera and theatre-goers will recall, she had an extensive collection of fine clothes and evening gowns. She never bought clothes from shops but made everything from patterns, at the same time as working, renovating, leading a busy social life and looking after her family.

She finally retired in 1991 aged 78, after 40 years of service to the medical faculty and its students. Having been a foundation subscriber to the Australian Opera (at the old Elizabethan Theatre in Newtown)

and a supporter, too, of the many Sydney theatres, Sheila maintained her subscriptions and her weekly attendances at the opera or Sydney Theatre Company performances until she could no longer walk independently. Long before then, she had become a well-known identity at the Sydney Opera House.

Sheila is survived by her son and daughter, and the thousands of students and staff who were sustained by her loyal care.

Steve Nicholas and Ann Sefton

“our greatest and most lasting achievement was to find and employ Sheila Nicholas”

In memory of 'Mrs Nic' the MGA has launched the Sheila Nicholas Student Scholarship Fund to provide assistance to medical students in financial difficulty. Donations are welcome and are tax deductible.

See enclosed brochure or call: 02 9351 8947

Catherine Hamlin AC



Catherine herself was to become a gynaecologist who has given hope and happiness to tens of thousands of destitute Ethiopian women whose lives were wrecked by fistulae and consequent incontinence. These fistulae are caused by prolonged labours under primitive African conditions. The women are deserted by husbands, families, and friends. They remain sterile and childless.

It is a long way from Catherine Nicholson's Sydney city life as a Resident at Crown Street Women's Hospital, where she met and married Dr Reginald Hamlin.

In 1959, the Hamlins - with son Richard - arrived, exhausted, in Addis Ababa, to practise gynaecology at the Princess Tsehai Hospital. A stranger appeared and announced

Medical Faculty Senior Year Books have a way with prescience. From 1946 we read that Catherine Nicholson is "sincere, understanding and lives up to her high ideals. We are sure her good influence will always be widespread".

An extraordinary understatement, this.

herself as Sylvia Pankhurst. Soon their lives were intertwined with iconic characters of the twentieth century, not least The Emperor Haile Selassie.

They were stunned by the scale of the misery caused by 'incurable' fistulae. So they began to study, and then to adapt, nineteenth century New York techniques of fistula repair. They incorporated more recent adaptations of the German gynaecologist, Heinrich Martius.

Developed countries have little use for such techniques. But in impoverished Ethiopia the fistula problem had reached 'epidemic' proportions.

In 1975, they established a dedicated Fistula Hospital, destined to become a major teaching institution in north Africa.

The Hamlins did not simply cure their patients; they cared for them. Some patients became their staff. Catherine recalls the amazement with which the visiting President of the Royal College of Surgeons of London observed a fistula repair operation meticulously performed by a village girl and former patient whom the Hamlins

trained. Many others became nursing aides or remained in a home close to the hospital, as part of the extended Hamlin family. Holistic medicine indeed.

After Reg Hamlin died in 1993, Catherine continued their work. She is an Honorary Fellow of the American College of Surgeons. In 1998, she won the annual Rotary Award for International Understanding; the previous year's winner was Nelson Mandela.

Her interests include dress-making and horses. She was an active student member of the University's Evangelical Union. She has a profound sense of divine guidance and destiny.

As the Year Book's Editorialist noted, her year had begun medicine when "France had already fallen, the Battle of Britain had waxed and waned, and our own armies in Greece were doomed". War-time students spent spare moments building air-raid shelters around the site of the present Fisher Library. They were grateful for Sir Howard Florey's lectures on the "wonder of our times" - penicillin.

This remarkable year was to carry responsibilities for peace imparted by sacrifices of a War now ended.

Yet Dr Hamlin's own work was to continue through seventeen years of communist rule and insurrection, with the odd bullet landing in her living room or on hospital pillows, and the dreaded sight of piles of bodies on the way into town.

When that 1946 Year Book quoted Milton's famous line that "Peace has her victories no less renowned than war" the Editor could scarcely have imagined how true that would be for Catherine Nicholson.

The University of Sydney conferred an Honorary Doctorate of Medicine on Catherine Hamlin on 15th March. Her story is documented in the book she wrote with John Little - 'The Hospital by the River. A story of Hope', 2001, Macmillan (reprinted eight times).

Robin Fitzsimons



Public support

The Australian public strongly supports health and medical research

*David Burke
Chair, Faculty of Medicine
Research Committee*

*“the majority of
Australians support
tax concessions for
health and medical
research”*

In discussing issues with politicians, it is often stated that the Australian community supports medical research and believes that it has had a significant impact on the health of the community, far outweighing the investment. While these arguments have much anecdotal support, only recently have surveys been done to provide the necessary data to support the views.

The organisation, *Research Australia*, was formed specifically with a mandate to promote health and medical research and its benefits in Australia, and to provide the necessary data to support arguments with politicians and the public. It surveyed Australian opinion in 2004, and found that 76% of the Australian population are interested in health and medical research and that 72% believe that this research has made a significant difference to *their* lives. 61% of Australians make donations to support health and medical research, with three quarters of donors supporting specific disease-related charities and 27% supporting medical research institutes, but only 5% of donors contribute directly to a university. This is a disappointingly small percentage given that it is the universities and institutes that can drive research rather than charities that act merely to support research in specific areas. Importantly, the community believes that surplus government funds should be directed towards increasing the health and medical research budget, and the majority of Australians support tax concessions for health and medical research and development, with only 22% preferring to receive a tax cut instead.

A disappointing outcome of the survey was that there was little appreciation of the extent of the contribution of Australian health and medical research to the international scene. While modesty is a virtue, perhaps the scientific community needs to take note of this and to champion its successes in terms that the public can understand.

In the health and medical research area, Australian scientists are truly punching above their weight, a fact that underlies the benefits that greater investment could bring. It is worth noting that the research performance of the Faculty of Medicine of the University of Sydney has led the country on important productivity indices over the last five years, and has outstripped the performance of other faculties of medicine within the Group-of-Eight universities on most or all of the productivity indices collected annually by the Commonwealth Department of Education, Science and Training. Support for your Faculty and your University is an investment in the future of medicine and the health of the nation.

Opinion Poll 2004

Research Australia's Health and Medical Research Public Opinion Poll 2004

A review by
Catriona Bonfiglioli

The Australian public strongly supports health and medical research, a study of public opinion conducted for Research Australia has found.

Research Australia Chairman, Professor John Niland, and Chief Executive Officer, Dr Christine Bennett, said: "As we continue to build health and medical research as a higher national priority there is no doubt that the Australian people are strongly backing this vital work."

A majority of Australians support health and medical research through their own personal donations, Professor Niland and Dr Bennett wrote in the foreword to the report, but it is important to use research for practical applications: "Translation into improved products and services that will improve our nation's health and economic gains through new business in the emerging biotech sector is critical."

The report highlights the importance of health promotion; with 43% of respondents saying disease prevention programs had helped them to live a healthier life.

The opinion poll, conducted in August 2004 for Research Australia, also revealed a high level of interest in health and medical research, with more

than three-quarters of Australians interested in such research.

Medical treatments have made an important contribution to people's lives, with 37% of respondents saying they had improved their quality of life or that of a relative living with a chronic disease. One-third of those surveyed said new medical treatments had prolonged their life or that of a relative.

Focusing on specific diseases was shown to be important in fundraising, with 75% of people who donate to health and medical research choosing to give to a charity identified with a particular disease. More than one quarter of donors chose hospitals as their recipients, while 27% of donors gave to medical research institutes. Only 5% gave to universities or other academic institutes.

Almost three quarters of people who did not make donations said they saw funding health and medical research as a government responsibility. About three-quarters said they supported other types of charities, 45% said they had not been asked, 49% said they did

not know which health and medical research organisations to donate to.

The importance of the media and doctors as sources of information about health and medical research was highlighted by the survey which found the most commonly used sources were television (93%), the local doctor (92%) and newspapers (88%). These findings were reinforced by 79% of respondents saying they found their local doctor to be a useful or very useful source of information. Television was a useful or very useful source of information for 75% of respondents, newspapers for 66% and radio for 60%. Almost 60% of people found the internet useful or very useful but 30% said they did not use it to find information about health and medical research.

Many people supported clinical trials, with 59% willing to participate if they needed treatment. Of those willing to participate, 95% saw clinical trials as necessary to the development of new medications, 91% agreed trials might help others even if they did not benefit personally and 81% agreed that Australia's clinical trials were well regulated and ethical. These people who supported clinical trials also saw

Australian Nobel Prize winners in physiology and medicine.



Howard Florey 1945



John Eccles 1953



Macfarlane Burnett 1960



Peter Doherty 1996

The report of the survey which involved 1,005 Australians is available from Research Australia at www.researchaustralia.org.

as important the chance to extend or save their own life (91%), the potential for early access to novel treatments (87%) and their involvement as being in their own best interests (90%).

However, one in five people said they would not want to take part in a clinical trial. More than two-thirds of these people were worried about being used for unproven experimental treatments, 64% said they did not understand enough about clinical trials, and 53% feared there would be no personal benefit. Other concerns were a lack of trust in clinical trials organisations (48%), the time involved (46%) and fears about confidentiality (39%).

Almost one in two Australians said they would be more likely to vote for a political party which was committed to increasing health and medical research funding. Almost half those surveyed said they would rather surplus government funds were spent on health and medical research than on a tax cut. There was strong support for using tax concessions to encourage health and medical research and development. Almost three-quarters of respondents agreed the Federal Government should provide tax incentives for multinational

biotechnology and pharmaceutical companies who conduct research and development in Australia.

The public's lack of awareness of leading Australian scientists was striking. More than half those questioned failed to recognise any of four named Australians who have won Nobel Prizes for physiology or medicine. The news about medical developments was better, with 60% of Australians knowing that the bionic ear was developed in Australia and 55% knowing that Australians discovered how to reduce Sudden Infant Death Syndrome deaths by sleeping babies on their backs. However, 21% did not recognise any of five discoveries which had taken place in Australia.

Most Australians said they thought young research scientists with PhDs should be paid more: 73% of respondents said researchers should be paid more than \$60,000 compared with current salaries of between \$50,000 and \$55,000. Only 15% said such researchers should be paid less than \$60,000.

Good News for Research

- > 76% of Australians are interested in health and medical research
- > 72% believe health and medical research has made a difference to their lives
- > 43% say disease prevention programs have shown them how to live a healthier life
- > 61% make donations to support health and medical research
- > Three quarters of donors support disease-specific charities
- > 27% donate to medical research institutes
- > 43% of respondents found their doctor a very useful source of health and medical information
- > 47% support spending surplus government funds on health and medical research

Room for Improvement

- > 23% of Australians are not interested in health and medical research
- > 26% said health and medical research had not made a difference to their lives
- > Only 5% of donors contribute to a university or academic institute
- > 45% of non-donors said they had not been asked to contribute to health and medical research
- > 69% of respondents said they wanted better access to information
- > 22% would prefer surplus government funds to be spent on tax cuts than on medical or health research
- > 34% did not know Australia was a top publisher of health and medical research

Broken Hill Conference Attracts Leaders in Mental Health



The inaugural Broken Hill Mental Health and Counselling Conference held in November 2004 attracted a calibre of speakers usually reserved for major metropolitan conferences.

ABOVE: Launching 'Alcohol Handbook for Frontline Workers'

BACK ROW: University Department of Rural Health Head Professor David Lyle, FWAHS Director Mental Health and Counselling, Dr Russell Roberts, NSW Centre for Mental Health Deputy Director, Eugene McGarrell, Menindee Health Service Community Development Worker, Mr Justin Files, Broken Hill Skills Centre (BHSC) Training and Placement Officer, Ms Ruth Tonkin.
FRONT ROW: Broken Hill and District Family Support Service Coordinator, Ms Heather Picken, BHSC Manager, Ms Pam Clarke, Alcohol Community Development Project Manager, Ms Kate Gooden
BHSC coordinator, Ms Susan Millstead.

Conference convener and Director of Mental Health and Counselling Services, Far West Area Health Service (now the Greater Western Area Health Service), Dr Russell Roberts, said: "The support given to the event demonstrated that the delivery of mental health services in the rural and remote regions of Australia was a specialty within its own right."

"Because we work across such large distances and with people who live in remote populations, we have to be innovative in our approach to providing healthcare," Dr Roberts added.

Internationally acclaimed singer, songwriter and Aboriginal activist, Kev Carmody,

chaired the conference's keynote session. Mr Carmody spoke about his early experiences and the social and cultural issues relevant to Aboriginal mental health, providing conference delegates with a thought-provoking starting point.

More than 70 delegates attended the conference which was sponsored by the Greater Western Area Health Service, Broken Hill University Department of Rural Health and Maari Ma Health Aboriginal Corporation. The conference was held at the University Department of Rural Health campus.

"The conference addressed a number of topics including: working with young people who have witnessed domestic abuse, working with high multi-problem risk parents, managing depression, children of parents with mental illness (COPMI), developing partnerships for effective care for children and adolescents, forensic mental health and Aboriginal mental health," Dr Roberts said. "It also provided an opportunity for mental health professionals working in rural and remote areas of NSW to discuss issues with colleagues, attend workshops with some of the nation's leading mental health leaders and share ideas and experiences."

"Our staff were also able to develop partnerships with other organisations involved in providing mental health services and support to our communities. Good mental health is about working together to ensure that our clients have access to the best care and support that we can provide. In the Far West, this involves a multidisciplinary approach and includes close relationships between the Royal



Mr Kevin Carmody performing at the conference dinner.



The conference opening.

Flying Doctor Service, general practitioners, private health professionals and non-government organisations such as Lifeline," Dr Roberts said.

Guest speakers and workshop hosts included:

- > Mr Alan Jenkins – Director, NADA Consultants
- > Professor Brian Kelly – Director, NSW Centre for Rural & Remote Mental Health
- > Mr Eugene McGarrell – Deputy Director, NSW Centre for Mental Health
- > Dr John Basson – State Director of Forensic Mental Health (NSW)
- > Ms Elizabeth Fudge – Project Manager for the Children Of Parents with a Mental Illness (COPMI)
- > Ms Leanne Wells – National Director of Mental Health, Australian Division of General Practitioners
- > Mr Philip Robinson – Chief of Mental Health at the Women's and Children's Hospital, South Australia
- > Dr Vijaya Manicavasagar – Black Dog Institute
- > Dr Paul Harnett – Clinical Psychologist

Alcohol handbook launched

During the conference, the Far West Area Health Service launched the *'Alcohol Handbook for Frontline Workers'*, a local production for those providing assistance to people with alcohol problems.

The 184-page illustrated handbook, written and compiled by Alison Laycock, offers workers straightforward, practical information and advice on how to help people reduce the risks of alcohol consumption.

"This guide is a hands-on resource, designed for anyone who, as part of their daily work, comes into contact with people needing help about alcohol issues," Alcohol Community Development Project (ACDP) Manager, Kate Gooden, said.

"Workers using the book will include family support workers, child protection workers, general practitioners, police officers and crisis service workers as well as those who work with youth and mental health clients."

The handbook is based on *'Living with Alcohol: A Handbook For Community Health Teams'*, from the Northern Territory Department of Health and Community Services.

"When the ACDP began in 2001, workers from a range of community and health settings reported that they didn't speak to their clients about alcohol issues," Ms Gooden said.

"This was not because they didn't need to, but because they didn't know how to raise the issue, what to say about alcohol, when

to say it and how to say it. What they needed was education, information and support to address alcohol issues and a simple resource that they could refer to on a day-to-day basis. When shown the Northern Territory edition in 2002, workers said they needed a similar resource with information about local issues and services. This handbook provides them with that resource."

The book includes information about:

- > Pregnancy, breastfeeding and children
- > Domestic violence and sexual assault
- > What alcohol can do in the body
- > Low-risk drinking and safe choices
- > Diabetes
- > Treatment withdrawal

'Alcohol Handbook for Frontline Workers', will be rolled out at different centres across Far Western NSW in 2005. Workers using the resource will be supported by ongoing training and education.

'Alcohol Handbook for Frontline Workers', was an initiative of the ACDP by the Far West Area Health Service, Population Health Unit. It was funded by the Centre for Mental Health, NSW.

The handbook was published by the Broken Hill Centre for Remote Health Research, a partnership between the Far Western Area Health Service and the Broken Hill Department of Rural Health of the University of Sydney.

Anne Bransdon

To order a copy of the *'Alcohol Handbook for Frontline Workers'* contact:

Don Keast
 Broken Hill Centre for Remote Health Research
 Broken Hill Department of Rural Health
 tel: (08) 8080 1210
 fax: (08) 8087 5240
 email: dkeast@fwahs.nsw.gov.au

A new elite course attracts the cream of school leavers

A new offering, the joint Science-Medicine course, will commence in the 2005 academic year. This program is a major collaborative initiative between the Faculty of Science and the Faculty of Medicine.

The then Acting Dean of Science, Professor Merlin Crossley is thrilled with the outcome of the joint course offering. "The Faculty of Science has long been attracting excellent students to our undergraduate programs. We recognized that many candidates for our advanced programs and our Talented Student Program were also interested in completing training in medicine. We have worked alongside the Faculty of Medicine to be able to offer a course that we believe is an excellent opportunity for some of Australia's brightest students to combine studies in Science and Medicine at the University of Sydney."

The aim of this course is to attract the absolute cream of school leavers to the University of Sydney and to provide a clear and prestigious pathway into the graduate entry University of Sydney Medical Program (USydMP) MBBS.

With the advent of the graduate-entry medical MBBS in 1997 the University of Sydney Medical Program was no longer directly available to school leavers.

"This joint initiative allows us to actively promote the Faculty of Medicine to the most outstanding school graduates and to re-establish Sydney within high schools as the place to go for Medicine," Andrew Coats, Dean of the Faculty of Medicine commented.

This course hopes to attract the brightest school leavers and to encourage them to consider a future as a high-level research clinician as an alternative to traditional medical practice.

"This is the perfect environment for the brightest young minds interested in clinical research. We have an exceptional profile as a university in attracting research grants; we regularly attract the highest percentage of NHMRC project grants of any university. In addition, we have over 40 centres of research excellence covering most areas of health and medical knowledge creation. This new course aims to attract those minds to Sydney," Professor Coats said.

The joint Science-Medicine course is a seven-year, full-time program, the first three years of which is completion of either the Bachelor of Science (Advanced) or the Bachelor of Medical Science. In addition to their Faculty of Science degree, Science-Medicine students are required to undertake subjects which aim to increase the students' reasoning and communication skills and also take part in the Faculty of Science Talented Student Program.

"We are expecting a lot from these students, we intend to give them the mentoring and the skills support they need, not only to be great researchers but also to be excellent communicators of scientific achievement." said the Associate Dean (Education) in the Faculty of Medicine, Professor Craig Mellis.



After completing the Bachelor of Science or Bachelor of Medical Science, the next four years is then the standard graduate-entry University of Sydney MBBS. In order to make an automatic transition into the MBBS, students must maintain high grades in their Faculty of Science subjects.

For those who do maintain their grades and successfully transition into the MBBS, however, the pay off is worth it. These students are given a Commonwealth Supported place in the University of Sydney MBBS and are eligible to apply for full Faculty of Medicine Scholarships.

Selection for this course is rigorous. As well as the standard UAC application, candidates were asked to submit an application for the joint Science-Medicine course direct to the Faculty of Medicine. Short-listed candidates were interviewed by the Dean and two other senior members of the Faculty.

“The quality of the candidates was truly outstanding,” said Keith McMullen, Admissions Manager. “I was impressed by their maturity and determination to be at the forefront of medical knowledge creation. We are not just attracting great future doctors to this course but possible future leaders in healthcare and research.”

Competition for admission is fierce. In its inaugural year, 490 school leavers applied for this program, only 30 were selected for interview for up to 10 places in the 2005 entry. As entry to the Faculty of Science Talented Student Program is a requirement of the joint course, a minimum UAI of 99 is required for consideration, as are outstanding results in both science and the humanities.

Louise Freckelton

Teaching Communication: Innovative Approaches

The woman paces nervously in the waiting room of the hospital. The hospital had rung to tell her that her husband had taken a turn for the worse and that she should come in straightaway. A young doctor approaches and goes up to the woman. He seems ill-at-ease, and fumbles for words as he asks her to sit down as he has something to tell her. Her husband has had another heart attack and died shortly before she arrived back at the hospital. He is very sorry. The woman is stunned and queries the news again and again. There is no mistake, the woman is devastated and the young doctor does his best to know what to do in the situation.

Professor Stewart Dunn
Professor of Psychological Medicine
Royal North Shore Hospital



It is the kind of scene that is played out over and over again every day in this country. The location may be a hospital ward, a hospital clinic, a GP's surgery or a specialist's rooms. It may even be on the phone. Wherever it might be, on any given day hundreds of people across Australia are given the bad news of a life-threatening disease or the death of a loved one, and their lives are irrevocably changed.

The young doctor is one of the health professionals who must break this news. The woman, however, is not the spouse of a patient and her husband has not died. She is a professional actor and works with the young doctor to help him become comfortable and competent in carrying out this difficult task.

The actor works as part of a new, innovative program in the Faculty of Medicine at the University of Sydney.

The Pam McLean Cancer Communications Centre was established by the Northern Clinical School at Royal North Shore Hospital to train health professionals around the country to communicate effectively and compassionately with patients. The Centre is named after Pam McLean who lost her battle with cancer six years ago. According to her husband and founding donor of the Centre, David McLean, "Pam experienced some of the best and at the same time some of the very worst communication from doctors. Her years with cancer would have been easier had her experiences with the medical profession been of the highest order".



Above: Students observe the interaction of patient, doctor and staff in a role play.

The Centre is the result of years of research and development of innovative techniques in medical communication. The Director of the Centre is Professor Stewart Dunn, Professor of Medical Psychology in the Faculty of Medicine. Professor Dunn has been working with patient-doctor communication in the area of cancer for many years and sees the Centre as a quantum leap forward in the communications training of health professionals. The Centre has been established “to make a measurable difference in patients’ lives and thus improve the outcome of cancer treatments”, Professor Dunn said.

Research shows that the first experience by a doctor of breaking bad news has a formative effect upon the doctor’s subsequent practice. A good experience will lead the doctor to reproduce the same approach throughout his or her career, even though different patients require different approaches. A negative experience the first time will mean that the doctor will never repeat that approach, even though it may be effective in the vast majority of cases.

“What we offer is an opportunity to explore that first time in a safe situation,” Professor Dunn explained. “The doctor cannot harm the patient and learns to remain flexible and to become confident of his/her own abilities. The actor is able to give immediate and helpful feedback as to what is working and what is not.”

The workshops and multimedia resources are designed by the Centre’s creative director, Dr Paul Heinrich. Dr Heinrich’s PhD is in theatre and drama. He analyses and reproduces common clinical scenarios as accurately as possible and trains professional actors to play the role of the patient. The actors play their parts in such a way that they can respond authentically no matter what the young doctor or nurse may say or do. “In a way we create virtual reality for the doctors,” Dr Heinrich explained. “The doctor enters a scene and no matter which way he or she turns the patient is already there. After twenty or thirty seconds they mostly forget that it is a simulation.”

The work continues because of the positive response of those who go through the workshops.

The actors also report favourably on the experience. “The actors commonly say that it is some of the most demanding work they can do,” Dr Heinrich said. “There is no possibility of cheating or cruising. That’s one of the reasons they like doing it, that, and the opportunity to give something back from their craft.”

The Medical Director of the Centre and third member of the team is Dr Fran Boyle, a consultant oncologist at Royal North Shore Hospital. Dr Boyle checks the clinical accuracy of the role-plays and writes many of the scenarios for the workshops. Dr Boyle is particularly concerned to develop communication skills among members of multidisciplinary teams. The Centre runs workshops for multidisciplinary teams and for groups as diverse as medical students, junior doctors, specialist trainees, genetic counsellors, nurses, surgeons and physicians.

Enquiries about the Pam McLean Cancer Communications Centre can be directed to:

Jennie Dibley, Administrative Officer, on 9926 8494, at pam.mclean@med.usyd.edu.au, or from the website www.mcleancentre.org.

Professor Stewart Dunn
Professor of Psychological Medicine
Royal North Shore Hospital

Budding Research Students Aid Senior Medical Researchers



This summer, top university science students from universities in Australia and New Zealand sacrificed time at the beach to undertake summer vacation research scholarships through the Faculty of Medicine.

Awardees were given the opportunity to participate in an ongoing research project under the supervision of senior Faculty of Medicine, University of Sydney, researchers at one of 7 schools and affiliated medical research institutes of the university.

"The Summer Vacation Research Scholarship program aims to connect bright student minds with our

distinguished researchers," commented Andrew Coats, Dean of the Faculty of Medicine. "With over 40 affiliated centres of research excellence covering most areas of health and medical knowledge creation, we have a lot to offer aspiring young medical researchers," Professor Coats said.

The scholarships aim to offer a challenging environment in which students can evaluate themselves and demonstrate to others their potential for research. Scholarships were awarded to 28 undergraduate students from the University of Sydney, University of NSW, Newcastle University and the University of Otago in New Zealand.

Students undertook research projects on a wide range of issues including arthritis, neuropathy, gene sequencing, antioxidants and stroke. The program was enthusiastically supported by the ANZAC Research Institute, Centenary Institute of Cancer Medicine and Cell Biology, Royal Prince Alfred Hospital, the George Institute of International Health, Sutton Research

Laboratories, Institute of Biomedical Research, Children's Hospital Westmead and the Central, Western and Northern Clinical Schools, who all welcomed students into their laboratories.

Simon Myers, Senior Research Scientist and Co-ordinator of the Summer Vacation Research Scholarship program at the ANZAC Research Institute commented: "Having such talented students here has been such a bonus to our work, they have assisted with pilot studies, helped us to collaborate across research projects and have really added to the atmosphere. The labs are full of activity."

And the students have gained too. Phillip Romo, a Bachelor of Science student at the University said, "I now know I want to do an honours year, and this (Summer Scholarship) experience has meant that I will be able to hit the ground running without wasting any time learning the techniques - it has been a very valuable 8 weeks."

"This was the second year we have run this program at the ANZAC and the first year of the Faculty's scheme," said Faculty of Medicine's Summer Scholarship convenor, Professor David Handelsman, "and preliminary feedback from researchers and students alike indicates great benefits, not only to the students but to the various research teams. Next year, we hope to extend the program and offer projects in additional areas."

Projects offered for the 2004/2005 Summer Vacation Research Scholarship program can be viewed from the website - www.medfac.usyd.edu.au/srs/index.html

Louise Freckelton

Research Supervisors and Summer Vacation Scholarship students based at the ANZAC Research Institute.

Back Row : Phillip Romo (USyd), Dr Charles Allan (Research Supervisor), Robert George (U of Otago). Front Row: Dr Simon Myers (Coordinator of Summer Vacation program at ANZAC), Mackenzie Hadi (USyd), Megan Brewer (UNSW) and Dr Paul Witting (Research Supervisor).



The newly refurbished Medical Foundation Building



The Medical Foundation Building was officially opened by the Premier of NSW, the Hon Bob Carr.

New research facility attracts researchers and promotes collaboration



“Medical research is moving away from people researching in isolation in traditional disciplines – broader, multidisciplinary teams must be formed. These new facilities will help to foster this integrated approach to medical research and development. The excitement of new discoveries will come from experts in different fields working together and sparking ideas off each other. We need to facilitate these opportunities.”

Professor Andrew Coats,
November 2004.

The recently acquired and newly refurbished, Medical Foundation Building has provided a modern, well-equipped space where groups with wide-ranging interests can interact and collaborate to have greater impact on common scientific problems.

Medical researchers at the University of Sydney are dispersed over a wide geographical area, particularly within Faculty of Medicine’s Central Clinical School. Laboratories are often rundown and inadequate for the task. Refurbishment costs of these laboratories, in many instances located in buildings that were not built to house research facilities, are prohibitively expensive.

Geographical dispersal too often means that researchers meet infrequently to discuss their individual research projects, and that they may not have direct access to important scientific equipment, or that expensive, complex equipment, and trained staff to operate it, may be duplicated across campus.

The new research facility, made possible through a \$10million contribution from The Medical Foundation, developed out of the aim of the Faculty of Medicine to expand and strengthen its research base in the post-genome era. Originally purpose-built, with wet and dry laboratories for Worksafe Australia, the updated and renamed Medical Foundation Building has not only relieved pressure on existing infrastructure, its spacious and modern facilities have attracted a number of senior researchers from overseas to Sydney, facilitated collaboration between researchers in different faculties working in different aspects of the basic medical sciences and in clinical medicine, and opened barriers for research students.

“The Medical Foundation Building plays a critical role in providing work areas for the increasingly impressive volume of top researchers attracted to the University,” says Professor David Burke, Dean of Research and Development for the College of Health Sciences, “There is a rapid expansion of the Faculty’s research base, with 12 new high-level recruits last year and a further 16 expected this year.”

Professor Ann Sefton agrees: “Bringing together congruent research is critically important. Modern research needs a multidisciplinary approach.”

The Medical Foundation Building was officially opened by the Premier of NSW, the Hon Bob Carr, on 30 November, 2004. The Premier had the opportunity to view the facilities with Frank Sartor, the Minister for Science and Medical Research, and meet with a number of researchers including Professor Michael Murray (Pharmacogenomics), Juergen Reichardt (Molecular Biology), Simon Hawke (Neuroscience) and Adrian Bauman (Physical Activity and Health).

Reunions 2005 & 2006



Let others know of your planned reunion by contacting the Medical Graduates' Association. We will list your reunion on this page, and on our website (www.mga.usyd.edu.au). We can also assist you by sending your invitation to your fellow graduates.



2005

The University lists reunions in the year of graduation, rather than the year that you finished your studies.

Graduating Year of 1943

When: Monday 21 March 2005

Where: Royal Sydney Yacht Squadron, Kirribilli

Time: 12 noon

Contact: Dr Stefania Siedlecky
ph: 9960 2952

Cost: \$75

Graduating Year of 1945

When: Saturday 30 April 2005

Where: Royal Sydney Yacht Squadron, Kirribilli

Time: 12 noon

Contact: Dr John Goldie
ph: 9332 1624
Dr Thelma Hunt
ph: 9743 1470

Cost: \$115

Graduating Year of 1948

When: June 2005

Where: to be advised

Time: to be advised

Contact: Dr Harding Burns

Cost: to be advised

Graduating Year of 1950

When: Monday 14 March 2005

Where: Concord Golf Club, Concord

Time: 12.00 for 12.45pm

Contact: Dr Gordon Parkin
Ph: 02 9922 4891

Cost: \$85

Graduating Year of 1955

When: Saturday 9 April 2005

Where: Refurbished corridors & courtyard of Anderson Stuart Building

Time: 12 noon

Contact: Dr John Wright
ph: 9357 1106
email: rebjoh@ozemail.com.au

Cost: \$117

Graduating Year of 1956

When: Tuesday 25 October 2005

Where: Royal Sydney Yacht Squadron, Kirribilli

Time: 12 noon

Contact: Michael Owen
ph: 9327 6236
Dr Edward Alam
ph: 9130 5678

Dr Jim Roche
ph: 9940 2999 mob: 0412 661 941

Cost: \$120 approx.

Graduating Year of 1965

When: Saturday 29 January 2005

Where: Intercontinental Hotel,
117 Macquarie Street, Sydney

Time: 7.00pm

Contact: Dr Allan Meares
Tel: 02 9879 7137

Cost: \$135

Graduating Year of 1975

When: Saturday 27 August 2005

Where: Randwick Race Course

Time: 7pm

Contact: Dr Alan Stern
ph: 02 9546 6544
email: medreunion75@yahoo.com.au

Cost: to be advised

Graduating Year of 1985

When: Saturday 29 October 2005

Where: Great Hall, University of Sydney

Time: to be advised

Contact: Peter Barnes
email: peterbarnes99@hotmail.com

2006

Graduating Year of 1996

When: 2006

Where: to be advised

Time: to be advised

Contact: Brindha Shivalingam
Email: randb@froggy.com.au

Cost: to be advised

Class of 1984



Above: Bronwyn Gaut, David Celermajer and Margaret Schnitzler.

Left: The Wagga Boys

"... Riverina, Wagga Wagga, take me home, Country Road" sung by Clayton Barnes, Gerard Carroll, Vince Fernon and Joe McGirr.

On Saturday 20 November 2004, about 150 alumni from the Class of '84 gathered with some partners in the spectacular setting of the Powerhouse Museum in Sydney.

The evening was filled with warmth and nostalgic laughter as many people who had not seen each other for 20 years blinked twice, stole a glance at the nametags and burst into animated conversations all across the Museum halls.

The event was superbly organised by Bronwyn Gaut, one of the many Class of '84 graduates who has managed to combine family with a high-flying career, in Bronwyn's case as Deputy Editor of the Medical Journal of Australia. Guests were presented with a CD compilation of photos and biographies about "what I've done in the 20 years since", compiled by Bronwyn with assistance from Linda Calabresi, Medical Editor of the Medical Observer newspaper.

After two hours of welcome drinks, the guests were reluctantly herded to their tables for dinner, during which some entertaining "speeches" were given.

MC David Celermajer, currently Professor of Cardiology at Royal Prince Alfred Hospital, welcomed guests with the thought that half a lifetime had passed since final exams, but that that half a lifetime seemed to have

treated many of the class pretty well! Some people were doing half-time surfing and half-time anaesthetic jobs, others had left Medicine altogether and forged highly successful careers in business, entrepreneurial pursuits and/or journalism.

Bronwyn Gaut, organiser extraordinaire, then spoke of many of our colleagues who had not been able to attend and welcomed everyone warmly. Kathryn North, now Professor of Paediatrics and Head of the Clinical School at the Children's Hospital Westmead, gave a nostalgic overview of our time together at University, especially "our" Med Revue, the "Toxic Doc Syndrome".

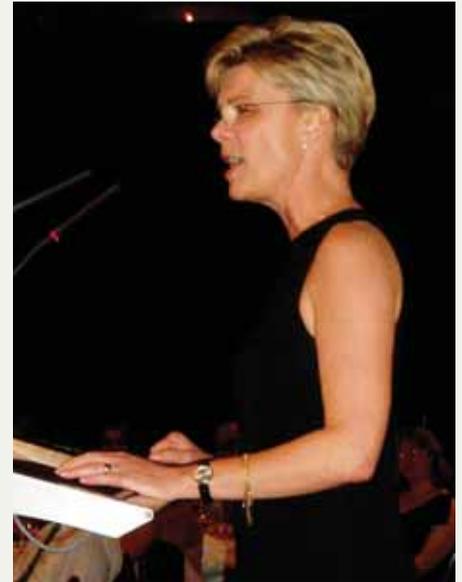
Guests were then "entertained" by the four boys from Wagga; Clay Barnes, an Ophthalmic Surgeon; Gerard Carroll, cardiologist; Vince Fernon, gastroenterologist and Joe McGirr, (predictably) a successful health administrator. The four boys sang "Take me home Country Road, to the place I belong, Riverina, Wagga Wagga" to rapturous applause.

Many of the Year had married, some to each other, and many children had been had; 15 families had had 4 children, 5 had been brave enough to have 5, one had 6 and the extraordinary Jenny Wheatley, now living in Melbourne, had had 7 children while practising as a paediatric surgeon and being married to a Professor of Nuclear Medicine. Jenny explained to a stunned multitude how she'd coped with children, husband and work.

The incomparable Greg Dalley then reprised his famous Med Revue act of reciting the 167 train stations on the Sydney to Melbourne line in just two breaths (he did it in one breath in 1981), and then finished with a footnote about the changes to the line since 1981 and a historical note about one of the old stations that had been closed down.

Continued over

Recent reunions continued



Matthew Cullen, now President of McKesson Australasia, a health care company, spoke about life outside Medicine in the business world. Finally, guests were enthralled by stories recounted by Rick Brennan. Rick is now the Medical Director for the International Rescue Committee, not the Thunderbirds kind but a humanitarian organisation based in New York City. Rick's job is to set up and establish refugee camps all around the world, which he has done over the last 10 years in Afghanistan, Sudan, Bosnia and elsewhere. Most agreed that Rick's name was likely to be one remembered for many years to come, and his dedication to humanity made many of us think of the future directions we would like our lives to take, to repay the community for some of the faith it had shown in us by putting us through our education in medicine.

With that in mind, the Class of '84 has established a scholarship through the Medical Graduates' Association, to try to assist financially disadvantaged young men and women who wish to study medicine at the University of Sydney. As part of an appeal just before and on the night, \$20,000



has already been raised for the "Graduating Year of 1984 Scholarship" with hopefully more to come. We also hope that the establishment of this scholarship could be an example that other years might like to follow in recognition of the great opportunities that our free education at the University of Sydney's Faculty of Medicine provided us.

What a great 20 years it has been for us, and all were warmed by the chance to reflect and relax in the company of old and good friends.

Top Left: L to R, Peter Nash, Stuart Graham, Lisa O'Brien, Michael Jones and Cathie Smillie.

Top right: Kathy North.

Above: L to R, Nicola Coleman, Celina Rappaport, Jane Bleasel, Sally McCarthy and Rick Brennan.



RMOs at Sydney Hospital 1939

Front row - Senior RMOs. Centre: Dr Austin, Medical Superintendent, on his right: Dr Norman Rose, Assistant MS

Middle row - Junior RMOs. Dorrie Rinckh, Stafford Marsh, Tom Le Guay Brereton, Geoff Davidson, Herb Prior, George Read, ? Bob Pilcher, Peter Gill, Harry Cummine, Jean Edwards.

Back row - Junior RMOs. Neville Stewart, ? Jim Delohery, D'Arcy Williams, Bill Campbell, Ron Lockley, Eric Davis

Graduating Year of 1906

Dear Editor,

Thank you for the October edition of *Radius*. I noted in the *Alumni News* (p27) the photograph of medical students in their final year 1911. This led me to search among photos taken during my university days; and I have come across the following:

1. a group of medical students in their final year at Sydney University. This included my father, Theophilus Linnell O'Reilly, who was born in 1879 and died in 1948. I don't know when he graduated in medicine but I'm sure you could find the year in Sydney University records. He did two years of wool-classing before beginning his medical degree. Presumably he graduated about 1905.
2. A group of RMOs at Sydney Hospital in 1939
3. A group of RMOs at Sydney Hospital in 1940
4. A group of RMOs at Sydney Hospital in 1941

I have obtained copies of the photos of these last three groups, which I include with a copy of my father's final year group. As well I have found many names of the RMOs at Sydney Hospital, and include photostat copies of these.

I have also found 3 small photos of the women in the final year of medicine in 1938. If you would be interested in these and let me know, I would get copies of them to send to you.

Yours sincerely,

Margaret L Cleghorn (née O'Reilly)
MBBS 1938

Editor: Dr Theophilus O'Reilly graduated with MBBS in 1906. The 1939 photograph has been reproduced on this page.

Graduating Year of 1941

Dear Editor,

I would appreciate having this obituary of my father, William Hillyer, included in the *Alumni News* of the next edition of *Radius*.

William Hillyer

1919-2004

My father, William Hillyer, born Cumnock, NSW, attended St Gregory's and then St Joseph's College and graduated in medicine from the University of Sydney in 1941. He was a JRMO/SRMO in 1942-43 at the Royal Hospital for Women from where he entered the AIF (2/4 Australian Field Ambulance) and saw service in Australia and Borneo until 1946.

From 1949 until 1951, he was an SRMO, and then Acting Medical Superintendent at the Canberra Community Hospital, following this appointment with a year's sojourn to Townsville, again as Acting Medical Superintendent. He was at the Canterbury District Memorial Hospital as Superintendent until 1958, with a salary commencing at 1,250 pounds pa (with his wife permitted to share his hospital accommodation).

My father entered general practice in Quigg St, Lakemba, in 1958 and continued to devote himself for 33 years to his patients. He finally retired in 2000 when his increasing ill health prevented him caring for others. He died following a subdural bleed on 10 April 2004.

Julie King MPH



Online Library/Journals Service

Thanks to your responses to the Survey in the October issue of *Radius*, the University Library now has a much better understanding of our medical graduates information needs. Over half of the respondents indicated that they would be interested in online library services and that they would be prepared to pay a small fee for such a service. We also found out that the most popular sources of information to support your professional activities were personal subscriptions to journals, followed by the Internet, then libraries, and, finally colleagues. The survey was also seeking information on the journal titles that were of greatest interest to our graduates. Out of this list the following titles were most popular with the respondents; *The Lancet*, *British Medical Journal*, *New England Journal of Medicine* and *JAMA*.

Based on these survey results the University Library is now considering how to progress this issue. On an annual basis, over \$5 million of the Library's annual budget is spent on subscriptions to online databases and journals. The suppliers of these online resources stipulate that desktop access is restricted to University of Sydney staff and enrolled students. To extend this access to graduates requires negotiation with the various content providers to provide access at reasonable cost. This is a challenge but one that we will explore in 2005.

In the interim, the University Library is in the process of developing a web site that will provide links to a selection of the best internet resources available and information on the process for obtaining a Borrower card. These internet resources have been selected, evaluated and described by our specialist subject librarians. This website should assist in locating quality information on the Internet. The website will be available soon on the University Library website www.library.usyd.edu.au.

For more information please contact:

Libby O'Reilly
Director, Health and Medical Libraries
Tel: 9351 3618
Email: l.oreilly@library.usyd.edu.au

Letters to the Editor

Dear Sir,

When we were in final year Medicine in 1948, Harold Dew gave us a special tutorial on carcinogenesis. He said that there are two main factors in the cause of cancer. The first is a carcinogen, an influence which creates mutations in DNA so that a cancer cell is formed. The second factor is accelerated mitosis, from any cause, which can lead to formation of cancerous mutations without the need of a carcinogen, especially in subjects with genetic susceptibility. He said that these two most powerful causes of cancer often act together. As examples he quoted tobacco smoke and ultraviolet light which can both create mutations and also accelerate mitosis.

Then, in 1974, we noticed that skin cancer was becoming more common in people who were changing from animal fat to vegetable oil in their diet. We organised a study of dietary lipids in 100 melanoma patients and 100 controls¹. Our statistician said that the results gave a reasonable indication that cancer is less common in people who eat no vegetable oil.

Then we found the work of Black², Reeve et al³ and Henderson et al⁴. They showed that the feeding of increasing quantities of linoleic acid to mice activates the COX2 enzyme with release of greater quantities of prostaglandins through the blood and appearance of more cancers. Now prostaglandins are known to accentuate inflammation and accelerate mitosis. Therefore it seems that the extra cancers which arise with the feeding of vegetable oil to animals are due to accelerated mitosis caused by high levels of prostaglandins.

Naturally the question now arises whether the same changes occur in humans as in the experimental mice when they are fed increased quantities of vegetable oil. To settle this question we suggest that a survey should be done in humans using a dietary program designed to maintain the action rate of COX2 and prostaglandin release at a moderate level.

This can be done by balancing the intake of omega-6 and omega-3 lipids in moderate amounts. Omega-6 lipid (linoleic acid) is the primary substrate for COX2 so in this study it should

be maintained at 5% of dietary lipid to ensure moderate synthesis of prostaglandins. Omega-3 lipid competes with omega-6 for the COX2 enzyme and this ensures that prostaglandin production is kept moderate. Therefore omega-3 lipid should be maintained at 3% of dietary lipid and this will help to stabilise activity of COX2.

What we suggest then is a controlled survey in which a large group of subjects are kept on this regime and undergo regular examination for cancers. After an agreed period, say two years, they could be compared with the general population for any difference in cancer incidence over that period.

Yours sincerely,

Bruce S Mackie, FACD

Leila E Mackie, BA, BSc

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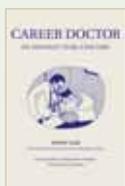
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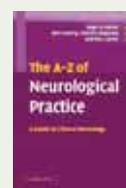
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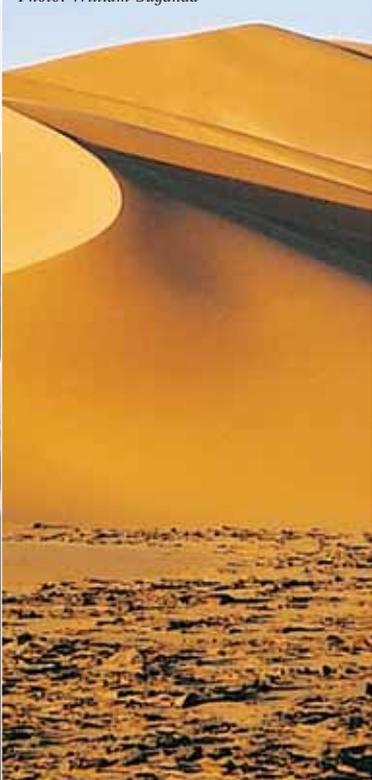
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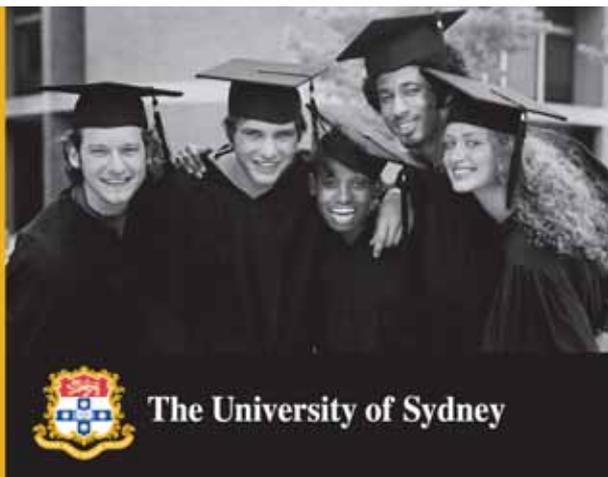


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