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Contents

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Editorial

'Melbourne Medical Women — 100 Years' seminar, l. to r. Dr Judith Whitworth, Dr Elizabeth Turner, Dr Lorraine Dennerstein, Professor Graeme Ryan, Ms Sue Chapman, Dr Jill Rosenblatt.

Guest Editorial

The report on page 32 of the Seminar held to celebrate the Centenary of the admission of women as medical students in The University of Melbourne records some of the interesting historical events of the past hundred years in this Faculty.

Perhaps the most pertinent comment is Dr Whitworth's anticipation of a similar meeting devoted to the topic of 'Men in Medicine' presided over by a Dean of the Opposite Gender. I fear that we have to wait at least another hundred years for such an occasion. Dr Whitworth's comment highlights what women wish to achieve in medicine, namely, unequivocal recognition of equality at a professional level.

Even in 1987 one is constantly reminded how few women occupy positions of authority in medicine. On the numerous boards and committees on which I sit I am frequently included as one of the 'gentlemen' when the chairman addresses the meeting and I am more often than not the only woman on a committee of men.

As a medical student in South Africa I was blissfully unaware that I belonged to a disadvantaged group. Perhaps the obsession with race in that country was sufficiently distracting to divert attention away from that other group, namely women, perceived by men to be 'inferior in mentality and irresponsible in character'.[1]

I cannot recall being disadvantaged in any way as a student: in retrospect I suppose it was unusual for my male colleagues to elect me as their Class Representative, but I can't remember considering this at the time, and it demonstrates that there was little prejudice based on gender in my medical year. Even in the urology wards I do not recall being rebuffed by male patients in the manner recounted by medical student, Sue Chapman, at the Seminar in November.

I had to go to the United Kingdom to discover that there were two types of doctors, the normal sort and the 'lady doctors'. Apart from this subtle difference in terminology however, there seemed to be little prejudice against women in medicine in the United Kingdom in the 1950s. For example, when I applied for a post at the Royal Postgraduate Medical School, Dr Lavinia Loughridge and I were appointed out of 60 applicants, most of whom were men.

After six years in London I came to Melbourne shortly after my marriage, and here I quickly discovered a few home truths. Even though doctors were in short supply to do GP locums I had some difficulty in securing a locum position. This was easier to understand once I started work when one patient after another indicated that they did not wish to see the 'lady doctor' and would see Dr So-and-So down the street.

This attitude among patients was reflected at other levels in Melbourne society at that time. It was assumed by many of my colleagues that I would follow the example of many talented women graduates of The University of Melbourne who gave up medicine as soon as they married. There were almost no women in senior hospital posts in Melbourne at that time, and no married women on the staff at Queen Victoria when I was appointed there as an Outpatient Physician in 1959. Dr Janet Greig wrote in 1950 of the Queen Victoria Hospital that each women who qualified, even those who married, could get a position as a Clinical Assistant.[2] However, it seems that married women were not usually promoted above the grade of Clinical Assistants which was the bottom of the ladder. The Queen Victoria Hospital was not a teaching hospital at that time and there were virtually no women in hospital posts outside

the Queen Victoria Hospital. Thirty years later the scene has not altered greatly: there are still very few women in senior medical staff positions in teaching hospitals in Melbourne.

So often married women who abandoned medicine for the traditional role, 'a help-mate for a man,'[3] graduated with distinction and carried off all the prizes, but they, nonetheless, were lost from the medical workforce, mainly due to social pressures.

I was often taken on one side at a dinner party and told that I was not doing the right thing by my husband and children, although in those early days I only worked for three hours a day while the twins were asleep! A woman with young children is exquisitely sensitive to any suggestion that what she is going may in any way disadvantage her children in the future, and I believe that this is the most powerful of all forces that keeps a woman out of the medical workforce during those critical years which determine one's future career. The stage for a medical career is set during the first ten years after graduation and it is very difficult to regain a place on the ladder and thereafter achieve senior status in the medical field if these years are lost.

I strongly advise young women graduates to continue working towards a final goal in these critical years even if only in a part-time capacity. I worked part-time for seven years but managed to retain sufficient profile in my field to permit me to regain a place on the academic ladder at the end of that time.

Some of the attitudes towards women have undergone considerable change over the last twenty-five years. In 1959 my husband, Dr Kenneth Fairley, and I applied for posts in the government medical service in New Guinea. There were hardly any physicians and no qualified pathologists in New Guinea at that time and, even though I had specialist qualifications in both fields, I was not eligible, as a married woman, for other than a temporary (three months) appointment. At least that type of discrimination no longer exists in 1988.

Why So Few ?[4] – the book by that title reporting on women academics in Australia showed that they were much less likely than men to be married or to have children. Among women academics who were married, a husband's career normally took priority and only in a small group was there reciprocity and mutual support by each partner for the other's career. I am lucky enough to belong in that small minority. Indeed this is probably the most important factor of all in the path to success for 'lady doctors' who also choose to marry and have children.

Priscilla Kincaid-Smith
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References

1. M. Hutton Neve, *This Mad Folly!* The History of Australia's Pioneer Women Doctors, Library of Australian History, Sydney, 1980, p.63.
2. Ibid., p.48.
3. Ibid., p.11.
4. B. Cass, M. Dawson, D.Temple, S. Wills & A. Winkler, *Why So Few?* Women Academics in Australian Universities, Sydney University Press, 1983.

Nostalgia isn't what it used to be

With this issue, *Chiron* moves into a second 'volume', in good health and with sound prospects. Once again the amount of material available has made it a difficult task to keep within our budget of pages (and money), and raised the possibility of two issues a year. That in turn points to a need to re-examine the purpose and objectives of what began as a newsletter and has developed the pretensions of a journal. Ideally it should look backwards to the roots and personalities of the past, report on the present, and look forwards to the continuing changes and challenges of an exciting future. This issue contains elements of all three, but there may be a feeling that *Chiron* should cater more or better for our younger graduates. Every year will be the 10th, the 25th or 50th year since graduation for one of our 'classes', and we would welcome a report of a 10th year reunion, to balance the 25th and 50th. *Chiron* should not be, or be seen as, an exercise in geriatric nostalgia, so let us have more news from senior students and recent graduates, reflections on suddenly perceived gaps in the curriculum, an exciting or humorous description of an 'elective' abroad, in adverse or dangerous circumstances, or suggestions for new kinds of sections in *Chiron*. One issue a year tends to inhibit the desirable dialogue which could come from a 'correspondence' column, but the letter from Dr Lawrence (p. 29) has already led to an invitation to compose a fuller account of the 'Mildura campus', an important if temporary part of the Faculty's history. Incidentally, if any readers have good (reproducible) photographs of their Mildura days, or copies of *Dust*, we would appreciate an opportunity to select some for our next issue.

Once again, *Chiron* salutes women graduates and the centenary of their contributions to medicine, in the report of the 125th anniversary dinner in August, the seminar in November, and who better than the distinguished President of a Royal College to reflect upon her own times in an invited editorial.

May I again thank all those authors, lecturers, members of the Faculty, my associate editor, and many others who work behind the scenes to make *Chiron* a success. As a self-indulgent footnote, and to prove that 'nostalgia' is not what it was originally — it first appeared in 1802 in a list of causes of death in Napoleon's recently established hospitals for veterans in Paris. For some of the barefoot, homesick conscripts from the wilds of the Auvergne or Haute Savoie, the savagery of war, from Toulon to Egypt, proved too much; without external evidence of wounds, they turned their faces to the wall and died, probably of '*melancholie*,' but that didn't sound or look right to Baron Larrey's colleagues who invented a more acceptable quasi-classical category to appear in lists of deaths in hospital: '*nostalgie*.' The word was new, but the concept was not; in the parish records of St Bottolph without Aldgate in the 1580s, a recognized cause of death was: 'Taken of a Thought'.

Peter Jones

The 32nd Halford Oration

Professor Halford's descendants inspect his gown in the Medical History Museum. l. to r. Vivienne Brown, a great granddaughter, holding Professor Halford's candle; Mr George Halford, a grandson; and Mrs Helen Garvey, a great granddaughter.

An early comparative physiologist.

George Britton Halford (1824-1910) was one of the most gifted comparative physiologists and experimental cardiologists of the mid-nineteenth century. His association with Australia began in 1862 when he was appointed, on the recommendation of Professor (later Sir James) Paget of Saint Bartholomew's Hospital, London, to the foundation chair of Anatomy, Physiology and Pathology in the first medical school to be established in the Colony at the University of Melbourne. By that time he had already gained a reputation as a distinguished medical scientist. Whilst still a medical student he demonstrated that the first, as well as the second, heart sound could be abolished by preventing venous return to the heart and thus confirmed that both sounds were of predominantly valvular origin. These results were published in *The Lancet* in 1851 (Halford, 1851) — more than half a century later investigators of lesser calibre have been credited with the same observation. Halford was an ardent visitor to the Zoological Gardens of London where he examined the hearts of the ostrich, apteryx, eagle, python, elephant and antelope. At times he would stealthily approach the animal in the still of the night, accompanied only by the keeper, and listen with transfigured fervour to its heart beat. The results of his researches were published in two monographs 'The Action and Sounds of the Heart — a Physiological Essay' (Halford, 1860) and 'On the Time and Manner of Closure of the Auriculo-Ventricular Valves' (Halford, 1861) both of which make interesting reading to this day:

> 'In prosecuting my own inquiries asses and dogs have been subjects of experiment and the following method has been adopted: Chloroform was first administered to produce insensibility, then the trachea divided and the nozzle of a bellows inserted into the lower position, and artificial respiration maintained, the anterior position of the thorax removed or turned upwards. In this process it is necessary, occasionally, to drop some chloroform into the valve of the bellows, otherwise the animal may become conscious and disturb the operations.'

On his appointment Halford was described by Sir Redmond Barry, foundation Chancellor of the University of Melbourne, as 'conscientious, earnest, efficient and industrious' though lacking in 'showy and shining' abilities (Osborne, 1929). According to his own testimony he was scornful of speculation and fancy — 'scientific advancement must not be left in such hands, it must be brought back and tested, both theoretically and experimentally.'

In 1864 he delivered at the Melbourne University three 'Lectures on the Heart' which were reprinted in the *Australian Medical Journal,* Volume 9 in the August, September and October issues of the same year (Halford, 1864). They remain a model of clear exposition, simple humour and good literary style and represent the first major contributions to cardiology in Australia. Halford recorded observations on the function as well as the structure of the pericardium, studied the mode of production of the apex beat by thrusting long pins through the thoracic wall of dogs and beautifully described the motion of the heart valves in great detail and with astonishing accuracy.

Later Halford became the first dean of the Melbourne Faculty of Medicine and when he retired from university life in 1896, he as very much the 'old professor', his blazoning discoveries all but forgotten by new generations of students and teachers.

(Extract from: G.E. Bauer, 'Four chapters in the history of Australian cardiology', *Postgraduate Medical Journal,* (April 1970) 46, pp. 229-30).

The Interface between Medicine and Science

Professor Emeritus Sir Michael Woodruff*

The Halford Oration
The University of Melbourne
25 August 1987


Sir Michael Woodruff

It is for me a great pleasure to be once again in Melbourne, and a great honour to be invited by the University to deliver the Halford Oration for 1987, the year which happens to mark for me the 50th anniversary of my graduation in medicine.

As you may recall, the University was founded in 1853, less than twenty years after the first permanent settlement at Port Phillip. Nine years later the Medical School was founded, and in the following year G.B. Halford, whose name we honour today, arrived to occupy the Chair of Anatomy, Physiology and Pathology.

Halford was born in Petworth, Sussex, in 1824. He studied medicine in London at St George's and Westminster Hospitals, becoming M.R.C.S. in 1852, and subsequently L.S.A. and M.R.C.P. (London) and M.D. (St Andrew's). He was chosen for the Melbourne chair from a short list of five by James Paget and Richard Owen, and was described by Paget as 'one of the most distinguished physiologists of the day'. He left England, with his wife and four daughters, on the *Agincourt*, a vessel of some 950 tons, on 6 September 1862, and arrived in Melbourne 108 days later. In the course of the voyage their son was born.

It is difficult for those of us who today can, if so minded, travel from England to Australia in twenty-four hours, to imagine what the journey must have been like. I am still amazed at the spirit of adventure which prompted my parents to leave London for Melbourne where my father occupied a Chair at the Royal Veterinary College in 1913, but this pales into insignificance in comparison with the Halfords' adventure.

When he took up his position in the Medical School here Halford was the only full-time member of the staff. Even in those days, when biology was in its infancy — Darwin's *Origin of Species*, for example, had been published only four years before Halford's arrival — and scientific medicine can scarcely be said to have begun, this must have been a formidable responsibility and he must have been mightily relieved when a second professor was appointed in the person of H.B. (later Sir Harry) Allen, who had been a demonstrator in Halford's department. Allen assumed responsibility for pathology and anatomy, and Halford was able to concentrate on physiology, including histology and physiological chemistry.

It is not surprising that with his heavy lecturing commitment, Halford did not resume the important research on the action of the heart which he had been engaged on in London, which Professor W.A. Osborne described so eloquently in the first Halford oration in 1928.[1] He did develop a new and topical research interest, namely the toxic effect and treatment of snake bite, but his greatest achievement was to establish the reputation of the School as a centre of excellence for teaching medical students, a reputation that has never faded.

Halford retired in 1896 but, as Russell has recounted in his remarkable history[2], without actually resigning, and his place was filled by C.J. (later Sir Charles) Martin as locum, with the rank of Lecturer. Although he was later made Acting Professor, it is not surprising that Martin, who was a brilliant physiologist, resigned after a few years when invited to become the first Director of the Lister Institute in London. In 1903 W.A. Osborne, from whom I first heard of Halford, was appointed to the Chair of Physiology. The next in this distinguished succession, I need hardly remind you, was R.D. Wright, now Sir Douglas Wright and Chancellor of the University.

Since Halford's day, biology and scientific medicine have grown in an exponential way and, as I will try to show, the advance in both fields has depended in no small degree on good communication at the interface between them. This accounts for my choice of title for this oration, but it may be helpful to explain my terminology.

The Penguin Dictionary of Science[3] defines *interface* as 'the surface that separates two chemical phases', but I have in mind a broader use of the term, based on today's computer jargon, where a *user interface* is something that allows a user to 'talk' to a computer via an operating system language, and by extension an *interface* is, in general, a boundary region across which messages pass. *Medicine* I use in the broad sense allowed by the *Oxford English Dictionary* to denote 'the science and art concerned with the cure, alleviation and prevention of disease, and with the restoration and preservation of health'. It thus includes surgery, and many of the illustrations I shall give relate to surgery rather than medicine in the narrow sense of the term. As for *science*, the O.E.D. definition of this as 'a branch of study . . . which is concerned with demonstrated truths or observed facts systematically classified and more or less colligated by being brought under general laws, and which includes trustworthy methods for the discovery of new truth within its own domain', though somewhat ancient (1725), still serves very well.

The *raison d'être* of medicine is to help people who are sick in body or mind. Such people want, first and foremost, to be made well (although at the time their disease may prevent them from realizing this) or, if they cannot be fully restored to health, to be sustained and comforted, so that their burden is lightened and their passing made easier; in short, they want *treatment*, which may range from simple reassurance to elaborate medical treatment or a major surgical operation. In addition to treatment a patient may, or may not, want to be given a *prognosis*, that is, to be told about the probable outcome of his illness. In every case, a patient needs a doctor or doctors who are imbued with concern, indeed with love, for their fellows, and possess the appropriate knowledge and skill. While I do not believe that all knowledge lies within the domain of science, it seems clear that knowledge about disease processes and how they may be corrected, does. In consequence, and this is the first of four propositions I want to put to you, medicine must be rooted and grounded in science, and in particular in biology.

My second proposition is that one cannot know at the start of a scientific investigation whether or not it will lead to results which have a practical application in medicine or any

other domain, and even if they have, this may not be found for a long time.

My third proposition, which some scientists are still slow to grasp, is that clinical practice generates important data for biological study, and that the passage of valuable information across the interface can occur in both directions.

My last proposition is that communication across the interface cannot occur unless people who work on different sides have some understanding of each other's language and lifestyle, and is greatly facilitated if there are at least some who work on both sides.

Let us consider these in turn.

1. Sound medicine is based on biology

You may well regard this as self-evident but there are two objections which it would be unwise to ignore:

Firstly, it is said quite correctly that there are patients clamouring for treatment whose illness cannot be diagnosed or for which no effective treatment is known.

Secondly, there are many members of the public who will say that in putting forward this proposition I have, with the arrogance expected from those who practise orthodox medicine, left out of account all forms of treatment that constitute what has come to be termed 'alternative medicine'.

The answer to the first objection is clear; we must do the best we can in the light of what we know, and strive by research to extend the frontiers of knowledge. The second objection appears at first sight to gain strong support from the undeniable fact that a considerable number of patients derive benefit from practitioners of one kind or another who are not medically qualified. Where protagonists of alternative medicine so often go wrong however is in failing to recognize that this should stimulate scientific investigation of the methods used, in order to define their range of usefulness and their limitations, assess their dangers, if any, and find out how they work.

2. Applications of basic research are unpredictable

Medawar[4] has repeatedly asserted that scientific discovery cannot be premeditated. I do not believe that this is universally true, but it is certainly clear that a piece of pure research often has applications that were not, and could not have been, predicted at the time. What happens is to some extent a matter of luck, but as Louis Pasteur has said, chance only favours the prepared mind[5]. Two examples must suffice:

(i) *Steps toward the conquest of bacterial infection*

Everyone knows that our understanding of the role of bacteria in infection stems from the work of Louis Pasteur, but it is perhaps less well known how his discoveries began. Pasteur was trained as a chemist, and discovered that in solution the two isomers of tartaric acid rotate the plane of polarized light in opposite directions. But a mould — curiously, in the light of subsequent developments, a *penicillium* — grew by accident on a solution containing both forms of tartrate, and Pasteur found that as it grew it selectively destroyed only the form producing right-handed rotation of the plane of polarized light. This alerted him to the notion of selective fermentation due to the action of living multiplying organisms, and his subsequent work on the causes of the variable results encountered in the production of vinegar and wine, and on diseases of silkworms, led him to identify the organisms responsible. And thus, as Sir Henry Dale[6] has said:

> the train was laid for the great revolution in the pathology, and eventually in the treatment of infectious diseases through the further work of Pasteur himself and his immediate pupils in Paris, of Koch in Germany, of Lister . . . and of their followers . . . who have caught and carried forward the flame first kindled from the interest of a man of genius in the crystallography of the tartaric acids and in the accidentally observed effect of a mould which grew on them.

Louis Pasteur, 1822-95

Many years after Pasteur and Lister, as all the world knows, a *penicillium* again played a decisive role in history when Fleming made the accidental discovery that the growth of a culture of staphylococci on a solid nutrient medium contaminated with *penicillium notatum* was inhibited. Fleming did not discard the plate, as so many of us would have done, but cultured the fungus and showed that it produced an antibacterial agent he named penicillin.

The subsequent development of penicillin as a therapeutic agent by Florey and his colleagues I will not presume to recount to a Melbourne audience; you can hear it, if you have not done so already, from Sir Douglas Wright, who was there at the time.

(ii) *Medicine and the new genetics*

The discovery of how genetic data is encoded in DNA, followed by the discovery of reverse transcriptase and of restriction endonucleases, paved the way for astonishing developments in molecular biology with far-reaching implications for clinical medicine, of which we have as yet seen only a small sample. I will mention only developments in the diagnosis of genetic disease and our understanding of carcinogens, and comment that in both these fields clinicians have contributed significantly to the advance of scientific knowledge. For further information I would refer you to Weatherall's book[7] on the subject, Nossal's book *Reshaping Life*[8] and the Mathison Lecture given in 1985 by David Danks[9].

3. Communication across the interface is two way

The notion that science and medicine are interdependent was expressed over three hundred years ago by William Harvey[10] when he wrote:

> Nature is nowhere accustomed more openly to display her mysteries than in cases where she shows traces of her working

apart from the beaten path; nor is there any better way to advance the practice of medicine than to open our minds to the discovery of the normal law of nature by the careful investigation of cases of rarer forms of disease.

In 1896 Lord Lister took as the title of his Presidential Address to the British Association 'The Interdependence of Science and the Healing Art'.[11] Fifty years later, Irving McQuarrie[12], who was for many years Chairman of the Department of Pediatrics in the University of Minnesota, again drew attention to the scientific value of clinical observations in a remarkable essay entitled 'The Experiments of Nature'.

In addition to providing data, clinicians can contribute technical skills which are needed in particular experiments and, believe it or not, ideas. I say believe it or not because basic scientists are sometimes sceptical about this, but this can scarcely be the case in Melbourne where the Chairs of both Physiology and Pathology have been filled with great distinction by men who had been practising surgeons.

To give further support to these claims I would like to cite some examples, and some of what I shall have to say will be based on personal experience.

(i) *Tissue and organ transplantation*

(ii) *Some aspects of human cancer*

(a) *Hormone dependence*

(b) *Metastasis*

(i) *Transplantation*[13]

For many years after the development of free skin grafting in about 1870, surgeons used autografts and what are now called *allografts* (that is, grafts from another person other than an identical twin), more or less indiscriminately. Both types of graft often took, but the allografts were destroyed within a week or so. This was initially attributed to technical errors, but surgeons gradually realized that there must be a deeper reason. Studies of multiple grafts, including successive grafts from the same donor, notably by an American surgeon, Emil Holman, in 1924, pointed to the conclusion that allograft rejection was an immunological phenomenon. A well documented case reported by a Scottish plastic surgeon, Thomas Gibson, and an English biologist, Peter Medawar, almost twenty years later, provided further strong evidence and stimulated Medawar to embark on the now classic experiments in rabbits that clinched the matter.

While Medawar's work was in progress I was a prisoner of war in Changi. After we had dealt with the acute battle casualties and before deficiency diseases appeared on a massive scale, doctors in the camp had both time and energy to read, and fortunately, due in large measure to the effort of Lieut.-Col. Glyn White, we had salvaged quite a lot of books from the University and Medical School in Singapore and transported them to Changi on trucks pulled and pushed, since we had no fuel, by human power. So it came about that one day I was reading Rodney Maingot's *Postgraduate Surgery* and happened on the statement that skin grafts from another person behave initially like autografts but are sooner or later rejected. I should, I suppose, have known this, but I did not, and I resolved that, in the unlikely event of my still being alive at the end of the war, I would investigate the matter. When the war ended and I got back to Australia I discussed this with Professor Wright and learned from him of Medawar's work. As soon as possible I made a pilgrimage to Birmingham, where Medawar had just been appointed Professor of Zoology, and I quickly became addicted to transplantation immunology.

In those days some people believed that in man allografts would not be rejected if the donor and recipient were of the same blood group. It soon became clear that compatibility in respect of ABO and Rh was not sufficient to prevent

Sir Peter Medawar (left) and Sir Macfarlane Burnet

rejection, but as new blood group systems were discovered it seemed possible that compatibility in respect of many different red cell groups might suffice. This became very unlikely in 1953 when, with the help of a colleague in the Blood Bank in Aberdeen, we identified two people on the list of donors who were compatible in respect of all the grouping systems then known (including ABO, Rh, MN, S, Kell, Lewis, Duffy and Lutheran), and they allowed me to exchange skin grafts between them (after a variety of tests to exclude the risk of transmitting malaria, syphillis and other infectious diseases). The allografts took, but began to show signs of rejection after 7 days and by 21 days were completely destroyed, whereas control autografts were still present months later.

The search for transplantation antigens on leucocytes has, as you know, proved much more rewarding. For our present purpose it will suffice to note that the results of this search have implications far beyond the domain of transplantation. The discovery of the Major Histocompatibility Complex (MHC), named HLA in man, has indeed been of benefit to transplant patients and their doctors, but this is, in my view, much less important than the effect the discovery has had on the development of basic immunology. Even the name MHC now seems ill-chosen for a supergene which is concerned with the regulation of T-cell activity in general, and only incidentally with allograft rejection. Having on two occasions transplanted a kidney from an identical twin donor without immunosuppression, I can assure you that the level of compatibility is many orders of magnitude greater than that seen with an HLA identical donor who is not an identical twin. I conclude from this that the so-called 'minor' histocompatibility antigens are, collectively, much more important than their name suggests.

Another discovery in the area under discussion that well illustrates communication in both directions across the interface between biology and medicine is that of immunological tolerance. Again I hope you will forgive me if I introduce a bit of personal history.

As you know, tolerance was predicted on theoretical grounds by Burnet and Fenner, and recognized by Owen as occurring naturally in dizygotic cattle twins. In 1948 Burnet visited Aberdeen, where I was then working, and stayed in our house. We discussed his prediction that an animal (or person) that encountered a foreign antigen sufficiently early in development would thereafter treat the antigen as 'self' and not react to it, and my wife and I set out to test this by grafting a small piece of skin from an adult rat of one strain to a rat foetus of another strain. This proved to be a fairly effective way of terminating the pregnancy, but some continued to term and some of our small grafts appeared to be still in place when the offspring were born, though this is not certain. To our surprise and great disappointment however, when these animals grew up they rejected grafts from the donor strain just as quickly as did untreated controls. It is easy to see by hindsight why this experiment failed, and why the experiments of Medawar and his colleagues, in which instead of grafting skin they injected spleen cells into mouse foetuses, were so brilliantly successful.

The mutual tolerance of each other's tissues that is often found with dizygotic cattle twins is due, as Owen showed, to the fact that they have exchanged haemotopoietic tissue during intrauterine life and become permanent blood chimaeras. Blood chimaerism is rare in man, but one pair of human chimaeric twins was reported in 1953 and two more in 1957. In 1959 one of these pairs agreed to allow me to interchange test skin grafts between them and these have persisted ever since, except for small fragments removed for histological examination. The twins were clearly dizygotic since they were of opposite sex. In one twin 86% of the red cells in the blood were of Group A and the rest of Group O; in the other twin 1% were Group A and 99% were Group O. This demonstration that complete tolerance of allogenic tissue can develop in humans as the result of an experiment of nature, though not unexpected, was at the time very encouraging.

Induction of specific unresponsiveness to donor tissue in adult animals is also possible nowadays, and although safe ways of doing this in patients are not yet available it is reasonable to expect that they will one day be found. But whether this is achieved or not the discovery of tolerance, which was to a large extent the result of a desire to solve a clinical problem, has been of decisive importance in the development of immunology.

Yet another illustration of communication across the interface is provided by the development of methods of non-specific immunosuppression. I do not have time to discuss this in detail, but it is worth pausing to note briefly the steps which led to the introduction of azathioprine and anti-lymphocytic globulin (ALG) for immunosuppression in organ transplant recipients[14].

Before azathioprine, although corticosteroids were used to some extent, transplant donors relied mainly on whole body irradiation, and this was far from satisfactory because it proved impossible to achieve effective immunosuppression without reducing the blood leucocyte and platelet counts to dangerously low levels, with consequent severe risk of infection and haemorrhage. The possibility of something better appeared in 1958 when two haematologists, Schwartz and Dameshek, showed that a purine analogue, 6-mercapto-purine, synthesized in 1952 by Hitchings and his colleagues, suppressed the antibody response to a soluble antigen in rabbits. Two years later they showed that the same drug prolonged the life of skin allografts in rabbits, and in the same year two surgical teams showed independently that it would also prolong the survival of kidney allografts in dogs. As the result of collaboration between Hitchings and two of the surgeons concerned, Calne and Murray, a related drug, azathioprine, was tested, first in dogs and then, in 1962, in humans, and proved so satisfactory that it is still widely used today. A patient of mine, who in 1962 at the age of eleven received a kidney graft from his father and was treated with azathioprine kindly donated by Dr Murray, is still living, though his graft ceased to function in 1984 when it was well over sixty years old. It is of interest that R.Y. Calne, one of the surgeons who had played a leading role in the introduction of azathioprine, was responsible for the introduction in 1978 of a new immunosuppressive agent, cyclosporine A, which had originally been developed as an anti-fungal agent.

The possibility of using antilymphocytic serum (ALS) or ALG as an immunosuppressive agent occurred to me after reading the remarkable monograph[15] by J.B. Murphy published in 1926 concerning the role of lymphocytes in relation to, among other things, allograft rejection, and two papers[16 17] which reported that injection of ALS in rats caused a marked leucopenia. Our first ALS, produced in 1950, was not sufficiently immunosuppressive to prolong allograft survival significantly, but in 1963 we raised a satisfactory serum and showed that its effect was potentiated if the recipient was further depleted of lymphocytes by drainage of the thoracic duct[18], a procedure first used in an immunological context by Gowans. Subsequent experiments in our own and many other laboratories[19] confirmed that conventional ALG can prolong the survival of allografts of various tissues and organs in several animal species, and it soon began to be used clinically, though only in combination with other agents for routine immunosuppression or for the

treatment of rejection. It has also proved to be a useful tool for immunological research and has paved the way for current studies with monoclonal antibodies which recognize different categories of lymphocyte.

(ii) *Some aspects of human cancer*

(a) *Hormone dependent cancer*[20]

In 1896 George Beatson reported that removal of ovaries had been of benefit in two patients with cancer of the breast. This was six years before the discovery of secretin and the introduction of the concept of hormones by Bayliss and Starling, and some forty years before the isolation of oestrogen from ovarian tissue, so it is not surprising that Beatson's observations attracted little attention at the time. In 1937 Loeser began treating patients with testosterone after mastectomy for breast cancer in the hope of preventing recurrence, but it was a Chicago surgeon, Charles Huggins, who first obtained convincing evidence that hormones can influence the growth of tumours when he showed that orchidectomy, or the administration of oestrogens, could inhibit the growth of carcinoma of the prostate whereas administration of testosterone stimulated growth of the tumour.

Dr Charles Huggins

Huggins turned his attention next to carcinoma of the breast. He confirmed that oophorectomy sometimes inhibited tumour growth and that after it ceased to be effective a further remission might be produced by adrenalectomy. It was soon found, however, that these procedures were not always effective, and that in some women breast cancer regressed, at least for a time, after administration of stilboestrol. Huggins set out to resolve experimentally what he called 'this vexatious paradox'. The mouse turned out to be unsuitable for his purpose, but chemically induced mammary cancer in rats proved to be an excellent model. From these experiments and his clinical observations Huggins developed the concept of hormone dependent cancer, which earned him the 1967 Nobel Prize for Medicine, and dispelled forever the dogma that cancer is 'necessarily autonomous and intrinsically self-perpetuating'.

There is an interesting sequel to this story. Following the discovery of factors which stimulate the growth of various neoplastic and normal tissues, and the demonstration[21] that some tumours produce growth factors for which they also possess receptors, a cancer physician, M.E. Lippman, and his colleagues[22] have shown that oestrogen dependent human breast cancer cell lines secrete a variety of growth factors (IGF 1, TFG, PDGF) if, but only if, they are stimulated by oestrogen, whereas oestrogen dependent lines secrete these factors in the absence of such stimulation. The tumour cells possess receptors for the first two factors but not for PDGF. This may however influence the tumour indirectly via its effect on stromal cells. Secretion of another growth factor, TGF, which makes fibroblasts become anchorage independent but inhibits the growth of epithelial cells, is normally increased by anti-oestrogens. This did not occur with a mutant cell line that was resistant to anti-oestrogens, and further evidence indicates that becoming anti-oestrogen resistant is associated with loss of the ability to make TGF.

(b) *Metastasis*

Were it not for metastasis cancer would lose many, though not all, of its terrors. Today, however, we shall be concerned not with metastasis as a clinical problem but with two features of the metastasis of human tumours that are of special biological interest.

The first of these is latency, that is, the fact that a long time may elapse between dissemination of malignant cells and the presence of recognizable metastases. Two patients will serve to illustrate this[23].

The first presented with a typical schirrhus carcinoma of the breast four years after the removal of a malignant melanoma on the leg. She was treated by radical mastectomy followed by radiotherapy. Within a few weeks subcutaneous melanoma metastases appeared, first in the field of irradiation, and four months later the patient died with metastatic melanoma in the liver, lungs and brain.

The second patient, who had an enormous carcinoma in the right kidney, was referred to me in 1965 by a urologist. The reason for the referral was that the patient had had his left kidney removed for a carcinoma four years previously. The prognosis seemed so poor that we felt unable to accept his wife's offer to donate a kidney and we therefore used a cadaveric graft from an unrelated donor — something I had not previously undertaken. In those days chronic dialysis was not a well established procedure, at least in Edinburgh, so I left the patient's own kidney in place until it was clear that the graft was working. After ten days I performed a nephrectomy, and at operation found that the tumour had invaded the renal vein and extended along it as far as the vena cava. In view of this, plus the fact that the patient was given standard immunosuppression, the prognosis seemed poor in the extreme, but the patient, who spent most of his time playing golf at St Andrew's, remained alive and well for six years. He then began to feel off-colour but nothing amiss was found on examination and a chest radiograph appeared normal, though by hindsight we seem to have missed early evidence of metastasis in his lungs, and after a further four weeks he died with metastases in the liver as well as in the lungs.

What was happening during the long period between the ablation of the primary and the appearance of metastases? It seems likely that the cell population was stationary for much of the time, but this could be because the cells were not cycling or because cell production was balanced by cell loss.

Why does this happen, and what eventually stimulates the cells to proliferate rapidly? In the first of the cases described, the radiation, helped perhaps by the surgical trauma, seems to have acted as a trigger, but in the second case there is no evidence as to what precipitated the change, and in neither do we know anything about the mechanisms involved. Animal models now available may help to solve the puzzles provided by these clinical observations.

Another even more puzzling clinical observation was reported nearly twenty years ago by a Bristol surgeon, D.C. Bodenham who, by the simple expedient of taking serial black and white photographs of patients with multiple subcutaneous malignant melanoma metastases, showed that some metastases regressed while new ones were appearing in their vicinity, though the total number increased as time went on[24]. I have cited Bodenham's work on many occasions, but it has never been properly investigated, let alone explained. There are many other known instances of the regression of metastases, notably after ablation of the primary tumour, which may well have been due to changes in host resistance or deprivation of growth factors produced by the primary tumour, but neither of these explanations can account for Bodenham's phenomenon. Here, therefore, we have an example of a clear message from the clinical side of the interface, to which people on the other side have been extraordinarily deaf. Even when the phenomenon was first reported it would have been easy to study the histology of progressing and regressing nodules by light and electron microscopy. Today, investigation at the molecular level is possible, and might well be rewarding.

4. Why communication is difficult

I have, I hope, convinced you that it is important for people who work on different sides of the interface between science and medicine to be able to communicate with each other, and that such communication is made easier if there are some people who work on both sides. It is not easy to do this, partly, of course, because it is difficult to find sufficient time. As Wilfred Trotter[25], who was himself a great surgeon-scientist, has pointed out, however, there is another and deeper reason. To quote his words:

> The scientific worker among other qualities must have an especially severe standard of evidence and proof; he must draw no conclusion that is not strictly justified by the evidence, and he must be content to leave in suspense any decision for which the materials are not quite complete. Now the last thing a doctor is free to do is to exercise the scientific suspense of judgement, and he scarcely ever makes a decision that is justified on strictly scientific grounds. The advice to think scientifically would seem, therefore, to risk paralyzing his judgement rather than activating it.

If it was difficult to be both a scientist and a clinician in Trotter's day, it is even more so — indeed much more so — today, but that is no reason for not trying. A former Prime Minister of Australia has gone on record as saying that 'life wasn't meant to be easy'. I would not disagree, but a Melbourne poet, Furnley Maurice, known to students of my generation as Frank Wilmot, manager of the Melbourne University Press and the University Bookshop, in his poem 'Wage and Work'[26] reveals a deeper understanding of the truth that nothing worthwhile is achieved without hard work and sacrifice, and that the labour is its own reward:

> Accept your toil; watch haggard dawns awake,
> Or take the drugged reward inducing sleep . . .
> The common fact is any fool's to take;
> The secret things are secret, buried deep,
> That you must go out hungrily to reap.

I gratefully acknowledge the help I have received regarding the life of Professor Halford from Professor Harold Attwood, and from reading K.F. Russell's splendid history of the Melbourne Medical School.

**Sir Michael Woodruff was born in the United Kingdom, but migrated to Australia at an early age when his father was appointed Professor of Veterinary Pathology, and later Professor of Bacteriology, at The University of Melbourne. Sir Michael was educated at Wesley College and at Queen's College of The University of Melbourne, graduating M.B. B.S. in 1937, M.D. in 1940, M.S. in 1941, and D.Sc. in 1962. During the Second World War he was a Captain in the Royal Australian Army Medical Corps and was a guest of the Japanese for much of that period. He then returned to the United Kingdom as Tutor in Surgery at the University of Sheffield and later as Senior Lecturer in Surgery at Aberdeen University. He became Professor of Surgery at the University of Otago in 1953, and was appointed Professor of Surgical Science (later Surgery) at the University of Edinburgh in 1957. He made major contributions to the early development of transplantation immunology and to clinical renal transplantation and was President of the Transplantation Society from 1972 to 1974. He also contributed in large measure to our current understanding of tumour immunology and has spoken and written widely on the ethics and philosophy of science and medicine. His appointment as the Halford Orator for 1987 is the latest in a series of honours which have included the Lister Medal, a Hunterian Professorship, and Fellowship of the Royal Society of London.*

References

1. W.A. Osborne, 'The Halford Oration. George Britton Halford: His Life and Work', *Medical J. Australia*, 1929, Vol.1, pp.64-71.
2. K.F. Russell, *The Melbourne Medical School 1862-1962*, Melbourne University Press, 1977.
3. A.B. Uvarov, D.R. Chapman & A. Isaacs, *The Penguin Dictionary of Science*, 5th edn, Penguin Books, Harmondsworth, 1979.
4. P.B. Medawar, *The Limits of Science*, Oxford University Press, 1985, p.52.
5. L. Pasteur, letter to M. Chapuis. Cited in R. Dubos, *Louis Pasteur*, Gollancz, London, 1951.
6. Sir Henry Dale, 'Accident and Opportunism in Medical Research' in *An Autumn Gleaning. Occasional Lectures and Addresses by Sir Henry Dale*, Pergamon Press, London, 1954.
7. D.J. Weatherall, *The New Genetics and Medical Practice*, 2nd edn, Oxford Medical Publications, 1985.
8. G.J.V. Nossal, *Reshaping Life. Key Issues in Genetic Engineering*, Cambridge University Press, 1985.
9. D.M. Danks, 'Double Helix — Double Joy, The 1985 Mathison Lecture', *Chiron*, The Journal of The University of Melbourne Medical Society, Vol.1, No.4, 1986, pp.13-8.
10. William Harvey (1657). Letter to Dr John Vlackveld of Harlem. Translated from Latin by Robert Willis, in *The Works of William Harvey*. Printed for the Sydenham Society, London, 1847, pp.616-7.
11. Lord Lister (1896). 'The Interdependence of Science and the Healing Art', *Collected Papers*, Vol.2, The Clarendon Press, Oxford, 1909, p.489.
12. I. McQuarrie, *The Experiments of Nature and Other Essays*, Porter Lectures, University of Kansas, 1944.
13. M.F.A. *The Transplantation of Tissues and Organs*, C.C. Thomas, Springfield, 1960.
14. R.Y. Calne, *Renal Transplantation*, Edward Arnold, London, 1963.
15. J.B. Murphy, *The Lymphocyte in Relation to Tissue Grafting, Malignant Disease and Tuberculous Infection*. Monographs of the Rockefeller Institute for Medical Research, No.21, 1926.
16. W.B. Chew & J.S. Lawrence, 'Antilymphocytic Serum', *J. Immunology* 33, 1937, pp.271-8.
17. A.M. Cruickshank, 'Antylymphocytic Serum', *Brit. J. Exper. Path.* 22, 1941, pp.126-31.
18. M.F.A. Woodruff & N.A. Anderson, 'The effect of lymphocyte depletion by thoracic duct fistula and administration of antilymphocytic serum on the survival of skin homografts in rats', *Ann. N.Y. Acad. Sci.*, 120, 1964, pp.119-28.
19. M.F.A. Woodruff, 'Antilymphocytic serum', *Antibiotica et Chemotherapia* 15, 1969, pp.234-49.
20. M.F.A. Woodruff, *The Interaction of Cancer and Gost*, Grune & Stratoon, New York, 1980.
21. M.B. Sporn & G.J. Todaro, 'Autocrine secretion and malignant transformation of cells', *New Engl. J.Med.* 303, 1980, pp.878-80.

22. C. Knabbe, M.E. Lippmann, L.M. Wakefield, *et al*, 'Evidence that transforming growth factor is a hormonally regulated negative growth factor in human breast cancer cells', *Cell* 48, 1987, pp.417-28.
23. M.F.A. Woodruff, 'Latent metastases', *Nature* 258, 1975, p.776.
24. D.C. Bodenham, 'A study of 650 observed malignant melanomas in the South-West region', *Ann.Roy.Coll.Surg.Engl.* 43, 1968, pp.218-39.
25. W. Trotter, 'General ideas in medicine', *Brit.Med.J.* 2, 1925, pp.609-14. Reprinted in The Collected Papers of Wilfred Trotter, F.R.S., Oxford University Press, 1941.
26. *Poems by Furnley Maurice (Frank Wilmot)*, Selected by Percival Serle, Lothian Publishing Co. Pty. Ltd., Melbourne, 1944, p.11.

Wage and Work

Dream out your dream and thereby you shall live,
Or part of you flow onward and not die;
Accept men's gold and the soft looks they give,
And fall among the mass that passes by:
The stubborn mob that's neither you nor I.

Accept your toil; watch haggard dawns awake,
Or take the drugged reward inducing sleep . . .
The common fact is any fool's to take;
The secret things are secret, buried deep,
That you must go out hungrily to reap.

Accept the simple joy that is your task,
Or take the gold you may most simply earn . . .
But wages plus the joy you may not ask;
That's law, choose now before the planets burn,
For time and flame and ardours never return.

1988 Highlights

Special Bicentenary Lecture

The Future of Medical Practice in Australia

Professor Priscilla Kincaid-Smith
(University Department of Medicine and Department of Nephrology, Royal Melbourne Hospital)

5.30 pm Tuesday 21 June 1988
Sunderland Theatre, Medical Centre Building
The University of Melbourne

Seminar

Contemporary Issues in Medical Ethics — A Review

An afternoon will be devoted to the discussion of contemporary issues in medical ethics. The fields will include medical practice, forensic medicine and medical research. Discussion will be led by a lawyer, a moral theologian and a biomedical scientist.

2.00 pm Friday 24 June 1988
Sunderland Theatre, Medical Centre Building
The University of Melbourne

Dean's Lecture Series

Continuing Medical Education Courses

UMMS Annual General Meeting 1988

For details see inside back cover.

The University of Melbourne Expo 16-17 April 1988

The University of Melbourne will be holding a Discovery Weekend in 1988 in the form of an 'Expo'. The main features of the Expo will be displays, exhibitions, alumni reunions, sporting events, cultural activities and a full range of course and careers advice.

Emerging Trends in Education for General Medical Practice

Professor Ross Webster

Dean's Lecture Series
University of Melbourne
10 March 1987


Professor Ross Webster

There are three reasons for selecting this title: I came into this medical school with a brief to establish a new discipline. There was, needless to say, no room in the students' timetable to introduce any new subject matter, much less new concepts. This initial stalemate served only to increase my interest in medical education, already a matter of some attraction in my pre-academic days and in the light of a long experience in professional practice.

Secondly I have been a member of the Academic Committee of this university for many years. During this time it has become apparent that there is an increasing community demand on the university to provide a broad education for professional service which in itself is in conflict with much of its specialist teaching. Furthermore, students become bored with breadth and the superficiality and irrelevance thereby engendered. Nevertheless, there is a need for all of us to review the depth of teaching in all subject areas and this requires much greater co-operation between departments than is currently to be observed.

My third reason is, as we all know, that there is a national inquiry into medical education. There is undoubtedly a degree of unease in the medical schools, not because of the fact of the inquiry, but because of the structure of the committee where only two of the membership are in mainstream medical education and only two who actually see patients. There is also, I believe, a concern that the committee may not give sufficient emphasis to what we see as the prime function of medical education, that is, the identification and management of illness in the community. Such concerns are now to an extent irrelevant because the inquiry is underway and sooner or later the recommendations arising are likely to affect all of us.

Furthermore, there is to be a major world conference entitled *Medical Education for the Future*, sponsored by the World Federation for Medical Education and officially recognized by the World Health Organization, which takes place in Edinburgh in August of next year, and I acknowledge that I have incorporated some of the issues which have been canvassed in the preliminary papers circulated for this conference[1]. If equity in health care is to become a reality (and this has been adopted as the official policy of the World Health Organization) I would anticipate that a major change will be demanded of medical schools with considerable organizational and educational implications.

Hence it seems appropriate for me to address the emerging trends in education for general medical practice. It will not take long for my own prejudices to emerge although I stress that is not my intention, but rather I wish to examine the issues which are likely to surface during these two major events.

The technical resources for health care have never been greater than they are today, but the last five years have demonstrated that the discrepancy between potentially available and actually delivered health service is increasing to the extent of becoming intolerable, at least to some sections of the population. The perceived lack of monetary resources is only one aspect of this problem. Health delivery in Australia is facing many other difficulties such as the care of the elderly and disabled, the increasing number of stress factors in a technological consumer society, occupational health, and lifestyle problem areas, particularly the abuse of drugs and alcohol.

A common theme emerges from many contemporary commentaries on modern medical care: the tools for the job at hand are inappropriate and over-specialized. Underwood *et al.* suggest that the focus is on the tasks for the fortunate few, rather than the needy many, and that without some conscious attempt to re-direct priorities — and this should come from medicine itself, but if not it will come from consumers and governments — we can expect only more of the same with the risk of a widening gap between medical expertise and the real needs[2].

If this view is correct then undergraduate medical education must accept some responsibility. In my opinion there are two philosophical problems related to the current structure of undergraduate education. One is that the purpose of the medical course seems to be the production of graduates who are capable of providing the best medical care to those who become their patients. But the reality is that best medical care never has been, and in the future is very unlikely to be, available to all.

The second problem is that to ensure that graduates are capable of providing such care, they are given a solid grounding in biological science so that they are able to harness the best of modern technology and therapeutics and use this in the most effective manner for the benefit of their patients. The weakness of this principle is well illustrated by AIDS — a disease which, in the absence of a biological solution, will by the next century be devouring an extraordinary part of the health dollar. Its immediate control will be dependent upon the application of public health measures incorporating political, bureaucratic and sociological skills — in all of which doctors appear to be singularly untrained by the medical school.

I should clarify my position quite explicitly. In any comments that I make I am in no way decrying the outstanding advances which have been made in biomedical research, particularly since the Second World War, a period which spans my own professional career. Moreover I fully recognize the pre-eminent position which this medical school holds in research and that all progress in the management and prevention of disease results therefrom.

In the past research and service funds have been directed primarily by a mechanistic concept that defines illness in terms of specific causes located inside the individual. The result is a high technology, treatment oriented medicine of considerable technical power and high economic cost[3]. In contrast, however, the concept of social medicine, which examines the origins of illness in the individual's social and

physical environment, has been the poor relation. This is despite strong evidence that improvements in mortality rates have largely resulted from social change and that factors such as class, the working environment, food distribution and income, directly influence current levels of morbidity and mortality. At the same time there is an enormous and increasing cost of health care which is not correlated to a similar betterment of public health. It follows from this that our present healthcare system is inefficient and it is an inescapable fact that this is due, at least in part, to a lack of competence of our medical graduates in these important areas. I believe the question must be addressed as to whether our present system produces doctors who are ideologically committed to the institutional status quo, and medically committed to the biomedical hospital oriented concept of disease, leaving them inadequately equipped to deal with the complicated health problems of modern society.

If alternative health care strategies are to be developed, which I believe to be inevitable, then the medical task needs to be re-defined so that medicine can be seen as the major influence in the several responses required to improve health status. I am bold enough to suggest that this re-definition requires an analysis of the dominant conceptual model of contemporary medicine. Included in this is a new concept of primary medical care (as opposed to secondary and tertiary care) which calls for a serious concern with prevention of illness and appropriate treatment of common health problems.

Educational priorities

The educational strategy employed by this medical school is designed primarily to assure systematic coverage of well-established biomedical disciplines through sequential preparation by individual departments. Instructional content and teaching methods are selected by these special interest groups, under the broad supervision of the Faculty through its Curriculum Review Committee; but to a large extent they act alone since they are presumed to be the best qualified to determine what needs to be taught. Such autonomy means that these decisions are often made by those who have only a limited acquaintance with the range of problems that must be dealt with by most medical graduates. Nonetheless, this content-based, discipline organized educational plan has a long and honoured history and it has produced not only large numbers of well-qualified medical practitioners, but also many outstanding research scientists of whom this university can be justly proud. The question I now raise I realize is a very substantial one which I believe demands realistic consideration as medical care and health services move into a new age: and that is, whether this is still the most efficient and effective pattern for medical school education.

Is it our purpose to prepare a doctor who will be already competent to practise independently on graduation, or one who is simply prepared for postgraduate education? I suspect most of us would like to think we are doing the latter but in reality, while the majority of our graduates seek higher qualifications and/or training, many of them do not. For those who do not and regrettably for some of those who do, society will sheet home responsibility for incompetence to the medical school.

Within our own school there seems to be agreement about the knowledge to which students should be exposed during the undergraduate years, no matter what responsibilities they will face after graduation. The priority given to producing graduates who are well informed (or have at least been informed) leads to domination of the teaching programmes by established biomedical disciplines, each concerned with covering its special field and assuming the need for students to be exposed to recent advances and possibly high technology, that is, medicine as science[4]. Are we justified in making the assumption that students who experience this kind of education will be prepared either to deliver good high quality medical care on graduation or to go on to postgraduate training?

I question whether this priority allows adequate attention to be given to the equally important obligation to medicine as service. If service is a high priority (and I now come back to my opening remarks regarding the increasing pressures on universities to provide education for professional service) then undergraduate education should be planned in accordance with a determination of those services required by the population at risk, and the role that doctors play in the delivery of this service (always bearing in mind the limits imposed by available resources and competing social needs). The place of traditional biomedical disciplines, in meeting defined health service needs would then receive greater attention with the implication that the full coverage of the content each might claim would require rationalization.

Such a shift might be subsumed under the general label of primary medical care. Here I discount the argument that the tasks involved should be assigned to other health professionals and that doctors should devote themselves entirely to the delivery of secondary and tertiary medical services and to the advancement of medical science. Such a policy decision would be looked upon askance by the medical profession, so that it seems reasonable to continue the present expectation that medical school graduates will follow many career paths but that, on graduation, all will have the skills appropriate for them to deliver or participate in the delivery of medical care, and to continue their own education. All of them, regardless of career directions, will need to refine further the professional competence acquired in undergraduate education.

In a deeply conservative medical profession which firmly defends so called clinical freedom, and in a conservative medical school, I am perfectly conscious that there are no short cuts for renewing and revitalizing approaches to medical care. As far as the difficulties in deciding priorities are concerned, part of the blame is attributable to our system which I believe does not teach students the skills necessary for participating in teamwork and the development of shared aspirations. It is quite naive to assume that intelligent people with seven or more years intensive training have the innate ability to organize both their own lives and those of their colleagues[5].

Notwithstanding the difficulties I would like now to focus more directly on the emerging trends in education for general medical practice and address some of the issues as I see them.

We should be spending more time on the teaching of skills such as communication techniques, integration of knowledge, reasoning-analytical skills (problem solving), data gathering and evaluation, and many others. I do not propose to discuss these in detail except to say that, as Moss and others point out in a recent article in the *Lancet*, communication is a basic but unsung medical skill. Talking with and listening to patients is a central part of medical students' training and their eventual practice. Discussion about communication techniques, both verbal and non-verbal, should help students to understand their patients and to understand their own difficulties when trying to talk with ill people[6].

Since 90% of medical consultations take place in the community it is essential that as students start a hospital-based and hospital-biased clinical education, they have a correct perspective of the different aspects of health care.

They should therefore be taught about the role of the general practitioner and other health care professionals.

Lack of competence of medical graduates in these areas cannot be divorced from the general dissatisfaction with, and inefficiency of, the health care system. Competence for general medical practice is by no means required only of general practitioners as such but also for vast numbers in private or salaried specialist practice. To address these deficiencies a number of crucial issues require examination:

1. Teaching

The pre-clinical phase of medical education continues to be too much of a fact learning enterprise with insufficient time devoted to the development of reasoning in terms of biological knowledge along well-founded scientific principles. Many would say that it is currently still not the exercise in a working knowledge of the integrated function of the human body in heath and disease that we would wish it to be. We expect our students to develop scientific thought processes and critical evaluation skills but insufficient attention is paid to teaching these skills. The biomedical model of man being divided up into several categories (subjects if one will) is propagated through the thought-limiting attributes of rote learning.

To be fair, we are making considerable progress with the introduction of the advanced study units and the new proposal to alternate third and fourth year students between the pre-clinical and clinical disciplines.

2. Student motivation

One has the distinct impression that the major driving force behind the students' study is the desire to pass examinations. If that is true then we should reflect as to what this means. Does it mean that students' working efficiency in study time is poor? Is it due to lack of interest in related fields, or would it even be disillusionment with the proposed career and/or the profession itself?

As is well known a different method adopted by some medical schools — and still regarded with some scepticism by their older brothers — is that of organizing the curriculum around body systems instead of biomedical disciplines, since structure and function, diagnosis and therapy seem more readily grasped and retained if correlated and integrated in some logical fashion, rather than pieced together from isolated fragments. This instructional format has the appeal not only of logic but can be supported also by research on the learning process.

However, it does not necessarily ensure that students will acquire facility in using the knowledge they have gained, although it is the achievement of that goal which has been at the heart of efforts of those medical schools which employ the problem-based educational strategy.

Newble and Clarke, writing in *Medical Education,* have reported a comparison between students attending a traditional medical school and an innovative problem-based school, that is, Adelaide and Newcastle respectively. They claim that their study is one of the first to provide evidence that shows a difference between students at a traditional school and a problem-based school. They further claim that students at the problem-based school have an approach to studying which closely approximates the aims of most medical schools, while the approach of those from the traditional school was far from ideal. I do not wish to place too much emphasis on the significance or otherwise of this finding except to say that it just may be that we are at risk in ignoring it[7].

We do not, however, have to undergo radical surgery of the medical school or its curriculum to teach problem solving. Problem solving may be learned as a purely intellectual skill, which is essential if a medical graduate is to fill successfully the role required in contemporary society. It is only in this way that fundamental elements of professional performance can be addressed. These include: the ability to gather information with sensitivity and insight; to make judgements and take action on the basis of probabilities even in the absence of complete data; to make compromises that acknowledge reality without violation of principle; to be part of a medical care system when individual entrepreneurship is no longer appropriate; and to continue independent learning after undergraduate education has been completed. I suggest that the importance of these broader responsibilities should lead us at least to consider the adoption of a strategy of organizing our curriculum around the professional competences which must be acquired by the time of graduation.

3. Curriculum questions

So far as clinical teaching is concerned I am not underrating the difficult task of determining the areas of endeavour that are appropriate as clinical study or experience in the undergraduate course. This task has traditionally been carried out by specialists resulting in an effective system of clinical teaching which emphasizes secondary and tertiary care (with the latter generally taking the larger part of the available time), at the expense of experience at the primary care level. I submit that this sort of emphasis does not assist the students' motivation for preventive care. While we have a highly satisfactory and effective specialization system, it should now be abundantly clear that an effective primary care educational system is one prerequisite for increasing student motivation for entering the primary care area.

Not surprisingly, therefore, I would advocate a more appropriate balance of teaching content than is now the case. This involves parallel changes in the theoretical content so that students are introduced to medical problems at all levels in an integrated fashion. More attention needs to be paid to those areas I for one, consider to be under-represented in our course, particularly some aspects of behavioural science and public health. Although it is spelled out in our objectives that we should be producing doctors with basic scientific and practical skills and who are at the same time familiar and comfortable with the need for lifelong learning and the further deepening of skills and knowledge for their specific professional areas, the experience of the last decade or two does not fill me with confidence that we are in fact achieving this.

4. Adequate teaching methods

All of this leads to consideration of another central issue in establishing educational strategies, that is, are we as medical school teachers adequately prepared for such a role? Expertise in some biomedical content area is the principal, if not the only criterion for academic appointment or promotion. But just as those scientific fields have undergone progressive expansion as new knowledge has been generated and new technologies developed, so too has the emerging science of education. If we as members of the teaching staff are to represent more than an informational resource, if we are to be effective facilitators of active student learning that will continue throughout an independent professional life, then it follows that we may need to know more than most of us do now about the dynamics of learning and the varied technologies of instruction and evaluation, to supplement and complement our knowledge in our own subject areas.

5. Learning venues

Finally a major factor in overall educational strategy is the relative value of the sites where learning is to occur. Debate over the merits of the lecture theatre, the laboratory and small group teaching has raged for many years, but without satisfactory resolution since more fundamental questions of educational priorities and curriculum strategies have yet to be answered. Now a new debate is heating up, one that is fuelled by the growing sophistication of medical technology, and the excitement that accompanies employment of these tools in the diagnosis and management of complex illnesses encountered in major medical centres where most of our clinical teaching is carried out. Yet epidemiological data keep pointing to the growing importance of care (for the old, the infirm, the undernourished, the chronically ill, the worried well) rather than cure; needs that are far more widespread in ambulatory settings outside university clinical schools than within their walls. If our graduates are to gain the knowledge and skills required to deal with these problems then decisions about the most appropriate settings for clinical instruction, in institutions and in the community, will need review.

The importance of teaching in general practice

To make a claim for the place of general practice in medical education is not an attack on specialists nor a criticism of what they teach. But there are things which I believe students must learn which cannot be learned properly, or even learned at all, in hospital but which can be learned from consultations in general practice. The contact with patients in general practice is the equivalent of bedside teaching in hospitals, except that the environment is different and the type of illness reflects this difference, just as it does within the various hospital based disciplines. Apart from the fact that care and teaching in the hospital directed at the pathophysiology of patients is bound to be reductionist, little or nothing can be demonstrated of the patient's environment and behaviour.

Professor David Metcalfe in his William Pickles lecture asserts that 'diagnosis' as a concept has certain dangers which are important to avoid in medical learning. First, the word itself has a ring of finality and absolute truth about it which is misleading. Carl Popper showed us that a statement only has scientific value if it is refutable (it can never be proved to be ultimately true)[8]. Secondly, precise definition and measurement of pathophysiology is not always an appropriate objective, either because the illness is too minor to justify intensive investigation, or because in patients with chronic disease the diagnosis was made long ago but the decisions need to be made today. Thirdly, diagnosis is not a 'pure' statement inasmuch as not all the components of assessment contained within it have the same degree of validity or reliability, so that they will have to be handled differently. Lastly, the fundamental duty of medical education is to teach students to evaluate evidence scientifically. A particular 'diagnosis' is necessarily often imprecise but carries a spurious connotation of scientific value[9].

Professor James McCormick goes further when he refers to the fashionable view that diagnosis is based on a hypotheticodeductive method. This he says suggests a respectable, scientific and vigorous enterprise, appropriate to the high calling of medicine. The reality is much more pedestrian and a deal less Popperian. Most diagnosis of physical disease is achieved on the basis of recognition, supported by perfunctory confirmation; diagnosis by imaginative and refutable hypothesis does not exist or is extremely rare[10].

Metcalfe elaborates on this question by contending that, even if the basic skill of diagnosis — that is the acquisition of data and their incorporation into a sustainable hypothesis — is accepted as the central goal of clinical instruction, teaching it in a hospital has serious limitations. Firstly, most patients' illnesses have been diagnosed before they are admitted, so that the student cannot observe the whole process. Secondly, even in undiagnosed patients, much prior screening and selection have occurred before they appear on the ward, or even come to the outpatient department, so that the students form a very limited range of hypotheses. This limitation is compounded by the gross difference between the pattern of morbidity in the hospital and that in the community, which in turn seriously distorts students' appreciation of the probability of the complaint. Thirdly if, as is generally accepted, the consultation is the basis of medical practice, it seems odd that the student will seldom experience one in hospital. The person is always ill, is usually seen by a doctor whom he or she does not know personally and has only the most general reasons to trust, and is most unlikely to be afforded real privacy. Finally the patient's understanding about him or herself and the illness is less than adequate, judging by the questions they ask when they come home. This important part of the caring transaction, therefore is not clearly seen or properly valued by the student.

These four limitations to what can be taught in hospital are compounded by four features of conventional medical education. First there are the mis-matches between the pattern of learning and the nature of the medical task which include: learning inductive diagnosis, but using the hypothetical deductive approach; learning in high certainty areas, but working in low certainty situations; learning on passive materials including horizontal, undressed and non-autonomous patients, but working with vertical fully-dressed and very autonomous people outside, and learning in a doctor-controlled environment, but providing care, whether specialist or general practitioner, in a patient-controlled environment.

Secondly, the exponential growth of bioscience has promoted a reductionist approach, which in turn dictates the balance between knowledge, skills and attitudes.

Thirdly, the fierce constraints on hospital finance have altered the learning environment: patients have short stays, so students do not have time to get to know them as people; the activity is very intense so that students often cannot get to their patients to take histories and do physical examinations because patients are attending for x-ray, physiotherapy or special investigations; investigations are done on a 'shot gun' basis to save time, rather than sequentially which precludes the student's ability to assess the strength of evidence. The result is that students often feel they have no real role, and are just getting in the way — a feeling which is sometimes compounded by the attitude of an unsympathetic charge nurse.

Lastly, time needs to be devoted to helping the student come to terms with his or her feelings about ill people, their suffering, the limitations of care, and the distressing physical effects of both disease and treatment (perhaps because medical staff have their own problems with these stresses).

What then is the reaching role of the general practitioner? It is well accepted that patients like a doctor with a broad range of understanding who is familiar to them; this highlights his or her generalist skills and the continuity of care that he or she provides. Certain medical trends have strengthened the general practitioner's role. The cure of acute illness, especially infections, now occurs mainly outside hospitals, as does the life-long care of patients with chronic illness. The importance of psychosocial problems as major factors in illness is well recognized by both patients and doctors and most of these clinical problems are dealt with by

the community-based medical practitioners. The developing emphasis on the educational and preventive roles that the new doctor must perform are clearly functions for all doctors and, in particular for the non-hospital doctor. In contrast, the fragmentation and the rising costs of specialized hospital care are increasingly recognized, and are strong arguments against the focus of all medical education on the hospital model[11].

It is now reasonable to claim that learning in general practice should be an integral part of every clinical attachment (and I should emphasize, provide the framework for pre-clinical learning in the behavioural sciences). The student should spend enough time there, taught by general practitioners and specialists, but most importantly by the patients, to be able to establish a comprehensive model of clinical reality within which the powerful learning opportunities available in hospital attachments can be properly accommodated.

Conclusion

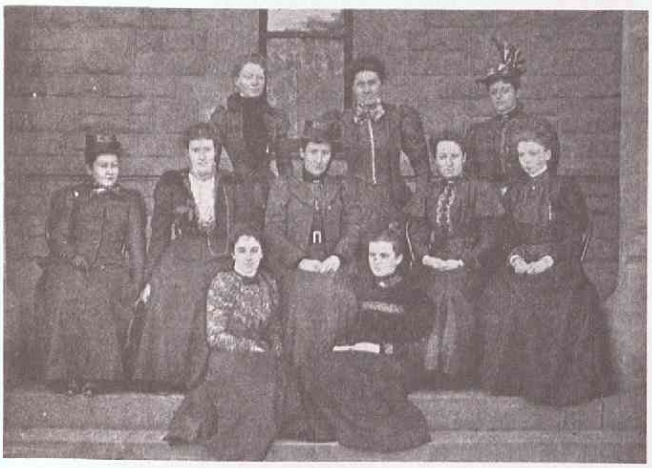
No part of this lecture should be construed in any way as a criticism of the excellence of this medical school. It has an enviable record in research and has produced many very eminent medical scientists and distinguished clinicians. At the same time we are responsible for all our graduates, providing them with an education which will enable them to contribute more effectively to the health care system. While we must zealously preserve academic standards we must also be sensitive and responsive to the demands of society expressed through government policy. I have been accused before today of being 'trendy' in respect of external pressures which are applied to medical education. If that is your assessment then so be it, but I remind you that the resources available for health care in the foreseeable future will not be enough to meet demand. New technology will continue to develop and produce significant effects on the professional activities of doctors and the private lives of their patients. Consumerism, including the wish of patients to know and to be involved more, will continue to increase. These changes have major implications for medical education.

The distribution of interest, concern, expertise and activity between specialists and generalists is entirely justifiable and desirable for the delivery of care, in order to achieve a rational health service and provided that we achieve a common interface; it cannot however be justified in the present balance of interests in medical education. Here the stated objective is to give the student a thorough understanding of health and illness as a basis for further professional development. Teachers in the specialties pursue depth (of knowledge) at the expense of breadth, and demonstrate their skills on highly selected patients leaving a gap in education which should be filled by generalists, thus providing a more central role for learning in general practice.

Hence a more even balance of interests in medical education is advocated and it is based on three considerations: First, the current flurry of activity in reviewing medical education both nationally and world-wide will result in new responsibilities which undoubtedly will necessitate changes; secondly, conventional clinical teaching is increasingly compromised by the financial stringencies to which all hospitals have become subject; and lastly general practitioners, as the main providers of the consultation, can introduce students to this fundamental transaction of medical care.

References

1. International Federation of Medical Students' Associations, Policy Platform on Medical Education, 1985.
2. P. Underwood, A. Owen & R. Winkler, 'Replacing the clockwork model of medicine' in *Comm. Health Studies*, 1986, X, pp.275-83.
3. R. Taylor, *Medicine Out of Control. The anatomy of a malignant technology*, Sun Books, Melbourne, 1979.
4. Editorial, *Medical Educaton*, 1986, 20, pp.377-89.
5. I.M. Richardson, 'Principles and principals' in M.L. Kellmer Pringle (ed.) *Caring for Children*, Longman, London, 1967.
6. F. Moss, J.P.S. Cochrane & J.S. Judkin, 'Introducing medicine to tomorrow's doctors' in *Lancet*, 1987, 1, pp.203-5.
7. D.I. Newble & R.M. Clarke, 'The approaches to learning of students in a traditional and in an innovative problem-based medical school' in *Medical Education*, 1986, 20, pp.267-73.
8. C. Popper, *The Logic of Scientific Discovery*, Hutchinson, London, 1968.
9. D. Metcalfe, 'The crucible' in *J. Roy. Coll. Gen. Pract.*, 1986, 36, pp.349-54
10. J.S. McCormick, 'Diagnosis: the need for demystification' in *Lancet*, 1986, 11, pp.1434-5.
11. N.E. Carson, 'General practice in the undergraduate curriculum' in *Med. J. Aust.*, 1986, 146, pp.182-3.



Women's Medical Association, 1896.

'Melbourne Medical Women — 100 Years' seminar, 1987.

To Speculate on Speculum
Professor Harold Attwood

Dean's Lecture Series
The University of Melbourne
5 May 1987

It is an honour to be asked to give a Dean's lecture and a privilege to deliver one. The problem comes when the lecturer has done nothing original and has therefore nothing to say. This was my predicament. However, this year we celebrate the 125th anniversary of this medical school — the oldest and arguably the most vigorous in Australia. We also have *The Speculum*, the oldest medical students' journal in Australia. *The Speculum* is one of the richest sources of archives this faculty has. I have decided to be an interlocutor — to let *The Speculum* speak for me and use, as fellow conversationalists, Professor Russell's book on the history of the school[1] and Bryan Gandevia's booklet on the Melbourne Medical Students[2]. 'To Speculate on Speculum' will be simply me looking in *The Speculum* and a sharing with you of some of the pages I enjoy looking at. To avoid making the lecture seem like one overlong meeting of faculty I shall avoid mentioning the recurring problems dealt with in *The Speculum* — changes in curriculum, inadequacies of budgets, teaching and facilities or the difficulties of getting contributions from fellow students. I congratulate the MSS on what it has achieved — of course some of the student contributors may be sitting in the audience as distinguished old boys or gals, for example, I shall not dwell over John Hayward's 13-page article on, believe it or not, the functions of the cerebellum[3].

This medical school was founded and for some forty-two years largely administered by Dr Anthony Colling Brownless (1817-1897) who came to Victoria in 1852, was appointed to Council in 1855 and immediately began to lobby for the establishment of a medical school. In 1858 Brownless became Vice-Chancellor and led an unsuccessful deputation to the Government. Further unsuccessful deputations followed. In 1861 Brownless, as Vice-Chancellor, suggested a general retrenchment of university expenditure to obtain funds to maintain a medical school. The lecturers in law (R.A. Billing and H.S. Chapman) and civil engineering (James Griffith) 'gave up' part of their salaries and this is recorded in the annual report (1861-62) as 'called for by the interests of the university and the public, those gentlemen cheerfully acquiesced'![4] Council passed the regulation for the medical school in December 1861.

In January 1862 Dr John Macadam, M.D., M.L.A., was appointed Lecturer in Chemistry and Practical Chemistry and on 3 March 1862, began a series of lectures in the Government Analytical Laboratory behind the Public Library. He had three students, Patrick Moloney, William Carey Rees (who later became our first medical graduates) and Alexander Mackie.

The first professor, George Britton Halford (1824-1910) arrived from England on 23 December 1862 and gave his introductory lecture in the Mathematical Theatre in May 1863. Dr James Neild, first lecturer in forensic medicine, gave this account of Halford in *The Speculum* 1900:

> When he arrived here, the Medical School was not built, and his lecture room and dissecting room consisted of a stable and coach-house at the back of his house in Madeline Street. I had the honour and privilege of being his pro-sector, and it was my further great privilege to work with him in his enquiries into many subjects . . . In all these and other allied subjects Professor Halford showed a zealous spirit of investigation which has entitled him to rank as one of our foremost scientific workers . . . Of his teaching powers I cannot speak too highly. He was always master of his subject, and his class thoroughly understood what he taught.

That our students should understand all that we teach must be the wish of all teachers, but how seldom do we achieve this?

The first Medical School was completed in 1864 and it had a floored courtyard.

The courtyard of the medical school in 1881. The teacher is Dr John Drummond Kirkland, a graduate of the medical school, who became Professor of Chemistry in 1882 and died in 1885.

The Speculum was founded twenty years later in 1884 by which time the school had produced about one hundred graduates, one of whom, Harry Brookes Allen (1854-1926), had become the second professor. In the university there were 390 students of whom 190 were medical students. Much had been achieved but then, as now, the medicals were a race apart. Indeed, the 1884 medical students referred to the non-medicals as 'the others' or 'the intellectuals'. For their part, 'the intellectuals' looked disparagingly on 'the medicals' and had even suggested that a B.A. should be a prerequisite for the study of medicine. The intellectuals also planned to produce the *Melbourne University Review* which, by sheer literary erudition, would overwhelm the medicals. These were spurs which goaded the Medical Students' Society, founded in 1880, to act on a two year old proposal to develop a journal.

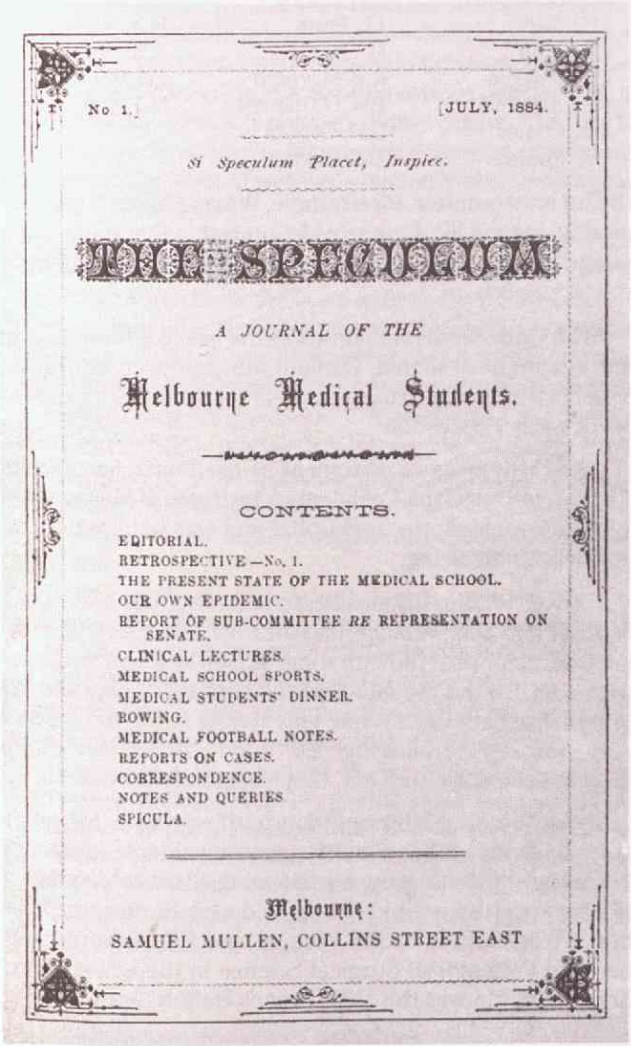
Early in 1884 a committee to run *The Speculum* was formed. H.R. Salmon had proposed the move to produce the journal and, not surprisingly, became the first editor. With Salmon there were A.W. Rinder, W.L. Mullen, B.A. (Sub-editors), C.P.W. Dyring, B.A. (who succeeded Mullen before publication of the first issue), and S.T. Howard, B.A. This committee worked well together in Carl Dyring's house in Parkville and the first issue appeared in July. Single copies (1/6d.) could be obtained from booksellers, but the members of the MSS got three issues for that princely sum. The first issue of *The Speculum* preceded the first number of the *Melbourne University Review* by a few days. *The Review* went out of business in the 1890s from lack of contributions.

In recent years some concern was expressed by the women students who found *The Speculum* a repugnant title because of an assumed gynaecological connotation. This was never intended, nor is it true. The first editorial makes this clear:

> The name *Speculum* in its widest sense has been chosen as it is intended that this journal shall reflect the ideas of the Melbourne medical students among his fellows and some light be thrown on the mind of the outside public which we fear has remained hitherto in total darkness as to his social condition and sort of education he has the opportunity of obtaining.

For a century *The Speculum* has mirrored the ideas of the Melbourne Medical Students' Society and has never been sullied by them.

Of the men who formed the first committee it is the personality of Alfred William Rinder that shines brightest through the years. At this time he was twenty. Alfred William Rinder did not graduate from Melbourne but obtained the triple qualification from Edinburgh and Glasgow in 1886. However, it was Rinder — generally known as Cooley — who acted as a yeast for the young Medical Students' Society. It was Cooley who suggested the name *The Speculum* and it was he who 'after five hours buried in the library' produced from Terence (190-159 BC) *Adelphi* 3. 3.62, *'Inspicere tanquam, in speculum, in vitas omnium jubeo; atque ex allis sumere, exemplum sibi'.* (Benham translates — 'I bid you look into the lives of all men, as into a mirror, and to take example to ourself from others.')[5] From this he derived the motto *'Si speculum placet, inspice'* which adorned the first cover, much to the annoyance of 'the intellectuals' who couldn't trace it.



No 1. [JULY, 1884.

Si Speculum Placet, Inspice.

THE SPECULUM

A JOURNAL OF THE

Melbourne Medical Students.

CONTENTS.

EDITORIAL.
RETROSPECTIVE—No. 1.
THE PRESENT STATE OF THE MEDICAL SCHOOL.
OUR OWN EPIDEMIC.
REPORT OF SUB-COMMITTEE *RE* REPRESENTATION ON SENATE.
CLINICAL LECTURES.
MEDICAL SCHOOL SPORTS.
MEDICAL STUDENTS' DINNER.
ROWING.
MEDICAL FOOTBALL NOTES.
REPORTS ON CASES.
CORRESPONDENCE.
NOTES AND QUERIES.
SPICULA.

Melbourne:
SAMUEL MULLEN, COLLINS STREET EAST

Copy of the first cover of *The Speculum* reprinted as cover of *The Speculum* 164, 1959, the 75th anniversary number.

Group of medical students, 1884-5. A.W. Rinder (arrowed) gave the name and motto to the journal; H.R. Salmon, the first editor, is in a chair on the left and Crawford Mollison looks over Salmon.

Cooley had an infinite capacity for parody. Possibly the most famous was his summary of a mistaken diagnosis. In 1884, Dr R. Youl, then President of the Board of Health, refused to accept Dr James Robertson's ('Old Robbie') diagnosis that a man in the Melbourne Hospital had smallpox. On this occasion Robbie was right, the disease spread and caused considerable expense, including the building of a sanatorium at Cut Paw Paw (now Laverton). Youl was demoted. Cooley summed up the consequences in a poem in which he pictures Dr Youl by his fire, and seeing a vision of the woman Variola (smallpox) who sang thus:

> When other meds with wiser heads, their diagnoses trace
> In language which the imprint bears of truth upon its face;
> When Doctors differing as they will, prove clearly you're at sea
> And a strange form YOUR place does fill
> Then YOUL remember me.[6]

Cooley Rinder went off to Britain and gained his diplomas. *The Speculum,* August 1888, recorded that 'Cooley Rinder is in Melbourne and a high hat'.

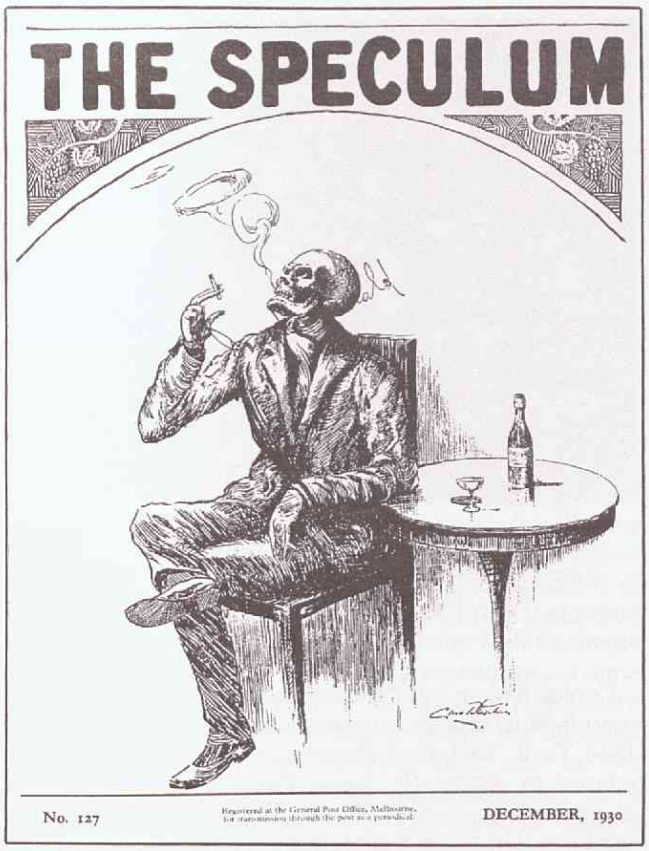
In later life Cooley spent much time on non-medical matters. He was active in politics, an advocate of federation and twice unsuccessfully contested federal seats. For a short time he was proprietor of a country newspaper and an occasional contributor to metropolitan journals. Having as a student enlivened the Melbourne Medical Students' Society, he delighted his fellows of the Yorick Club, of which he was secretary for some time.

> It has been well said of him that, as no effort was needed, he sauntered through life in a very easy going way, he never wounded sensitive feelings and he caused the gravest to smile. Had serious effort been called for, he would have undoubtedly made his mark in the literary world.[7]

We sadly lack Cooley Rinders today.

The covers

The original *Speculum* (204 x 130 mm) had a light blue cover, the title, motto and index all enclosed within a decorated border. This design persisted until 1921 since when changes in size and format have been many. In the 1920 and 30s a macabre series of skeletal remains were used, including one strangely prophetic of a skeleton smoking a cigarette. The most recent, 1984, is in sepulchral black, but this should not be considered to be an epitaph as a 1987 number is in gestation.



A prophetic skeletal portrait as the cover of several numbers of *The Speculum*.

Entry of the lady medical students

1987 is the hundredth anniversary of the entry of women into the medical course — women had been admitted to other courses seven years before. Their entry is noted in *The Speculum* and comments made about the impossibility, for financial reasons, of having separate lectures. However, the ladies insisted on a separate dissecting room which Harry Allen reluctantly provided until 1895 when, despite protests, he withdrew this privilege. In the October 1887 number an article by the future physician Sir Richard Stawell put forward the quaint idea that as the ladies would almost certainly specialize in obstetrics and gynaecology they were not dangerous competitors. Apart from scattered letters, some abusive, about difficulties in the clinical schools — for example, the women's habit of standing in front of men at operations — *The Speculum* is quiet. The number of women has steadily increased over the years and they now form 47% of the first year students. It is fitting that Susan Carden was the editor of the 1984 *Speculum*.

Harry Allen has been captured lecturing to a group of students with three ladies sitting in the front row. It is fitting that the format of such a lecture should be recorded here. The students would have been summoned to the lecture by the ringing of a hand bell. Attendances were recorded simply by noting which student was present in his or her numbered seat. As each student sat in the same position throughout the course there was ample opportunity to carve elaborately the desk tops. Many of these carved desk tops were preserved by Professor Ken Russell and some adorn the wall outside the Wright Theatre. Once the lecturer arrived the doors were locked and there was no opportunity for the laggards or the ill-mannered to enter whenever it pleased them to do so. The reintroduction of this custom could well improve the atmosphere in present day lectures.

The war years

These years were marked by sombre editorials, lists of dead and wounded, first hand accounts of experiences, and the advertisements were often for uniforms. There was always the leavening of Spicula.

During the 1914-18 war there was much discussion about, and disapproval of, men eligible for military service starting the medical course. At the 1918 Annual Meeting of the Medical Students' Society a motion was carried that 'no medical student during the war years be accepted as a member of the MSS unless he could justify his position to an independent tribunal'. Harry Allen supported this proposal to the extent of overruling a request for a secret ballot. Harry Allen also contributed poems to *The Speculum* about 'Alma Mater and the War' and 'Australia's Dead'.[8]

From the many lists of casualties and dead it is invidious to select only one name but only a few names survive from any generation. Dr Gordon Clunes Mackay Mathison died of wounds as so many others did at Gallipoli. Mathison was the first director of the Clinical Laboratories in the Melbourne Hospital, now included in the Walter & Eliza Hall Research Institute, of which Mathison might have been the first director. The Mathison lecture is given to honour this man.

In *The Speculum* September 1942 there appears this list of prisoners of war in Malaya, Java and New Guinea:

J.F. Akeroyd	R.W. Cooper	H.A. Phillips
B.H. Anderson	T.P. Crankshaw	J.J. Searby
H.L. Andrews	A.P. Derham	H.E. Summons
V. Brand	E.B. Drevermann	H.F. Tucker
K.B. Burnside	H.H. Eddey	F. Vincent
J.F.J. Cade	J.L. Frew	H.A. Watson
F.J. Cahill	I.C. Heinz	E.R. White
I.T. Cameron	R.B. Maynard	J.G. White
J.P. Catchlove	P.N. O'Donnell	M.F.A. Woodruff
A.E. Coates	C.H. Osborn	
V.A. Conlon	D.C. Pigdon	

The list is incomplete, for example, Weary Dunlop's name is missing, but the list does provide interest in that quite a few named went on to do great things despite the vicissitudes of imprisonment:

J.F.J. Cade went on to promote the use of lithium salts in the treatment of mania. Lithium has produced enormous benefits world-wide in the treatment of psychiatric disorders, particularly depression.

J.L. Frew became President of the Royal Australasian College of Physicians, President of the Board of Management of the Royal Melbourne Hospital and was knighted for his services to medicine.

J. Glyn White, physically a small man, but with much courage and perseverance, had the unenviable task after the fall of Singapore of moving some 12,000 sick and wounded to Changi. For this the Japanese allocated seven days and five ambulance cars. Glyn White tells vividly of this experience and how by scrounging '20 3-ton trucks, 55 motor ambulances and a staff car' they eventually set out.

Glyn also tells of **Michael Woodruff** who with degrees in both medicine and engineering gave invaluable assistance in Changi by setting up a processing plant to produce a riboflavin rich brew which greatly reduced the ravages of beri beri.[9] Woodruff, later Sir Michael and F.R.S., went on to become Professor of Surgical Science in the University of Edinburgh. He was this [1987] year's Halford orator.

There are many others who will be known to and respected by many older readers.

Spicula (literally stings or darts)

Herein have been enshrined the barbs of wit that have been a feature of the journal since the first number. Styles have varied over the years and this, together with the topical nature of the comments, sometimes blunts their thrust. There has always been a mixture of the genuinely clever and the blatantly bawdy. Verses and many delightful cartoons follow the same pattern. The verses are often excellent parodies and nearly all are good doggerel. One small verse from 1938 is now included in *Familiar Medical Quotations*:[10]

> As men draw near the common goal
> Can anything be sadder
> Than he, who master of his soul,
> Is servant to his bladder.

Like many another it comes from the prolific pen of Anonymous. Another play on words comes from the same pen:

> One of our second year men was passing down Bourke Street the other day when he saw a notice 'Iron Sinks' in an ironmonger's window. He went in and told the man that *he* knew that iron *sank*. 'Yes', replied the shopkeeper 'and time flies but wine vaults, grass slopes and music stands; Niagara falls, moonlight walks, sheep run, Kent hops, steel springs and holiday trips, standard weights, rubber tyres, the organ stops and the world goes round.' The student bolted, but returning, put his head through the door and said 'Yes, and marble busts.'

Censorship

Beginning in the 1890s those in authority regularly objected to the ribaldry and on more than one occasion disciplined those responsible. In 1921 the May issue 108 was withdrawn and a revised edition reissued in June. Both copies lie quietly together in the bound volumes held in the Brownless. Several articles or verses in the May issue have been deleted from the June reprint. One is a not very funny poem, 'Lines to the Spirochaeta' in which the organism is described as swimming 'amid the dim ichor of woman' — suitably obscure language even for that time.

Another is a play by 'Epididymis the famous Polish dramatist' in which all the characters have genital epithets and these seem to be the main *raison d'etre* for the play as there is little plot. From a modern viewpoint a reasonable summary of the copy withdrawn is that it was more crude than usual and definitely discriminatory towards women.

The two issues of *Speculum* 108 are dealt with in amusing detail by the Editor himself, R.S. Ellery in his elegantly written autobiography *The Cow Jumped Over the Moon*. In admitting error he also regrets the loss of the Rabelaisian spirit in the reissue and in many future numbers, but rightly concludes:

> As the years have gone by, however, censorial eyes have dimmed and here and there the old insouciance has flashed out and the old daring asserted itself — to give modern readers a taste of the meaty fare provided in earlier days.[11]

The situation is best put into perspective by quoting the undoubted patrician Professor W.A. Osborne:

> Once when I was defending *The Speculum* I brought to the Professorial Board a copy of a journal, unlike *Speculum* sold and exposed for public sale, which had jests and pictures of a riskier nature than any *Speculum* had ever dared to publish. It was handed round the Board and disappeared — I never got it back.[12]

Spicula with its pen portraits and caricatures also contains much of archival importance.

Speculum as a source of archives

For the historian there is a ready source of information about changes in attitudes, the need for clinical teaching and a suggestion to establish a Master of Medicine diploma in one of the first issues.

Photographic portraits, often demonstrating the artistry of Julian Smith, greatly enrich biographical accounts. The biographies although mostly of academics include a fine obituary notice by Sydney Sunderland of that redoubtable non-academic Mr Preston. (See Profile.)

Peter MacCallum, whose style as a lecturer was lampooned in *Speculum* under 'Find the lecturer or find the verb' (see *Chiron*, Vol. 1, No 5, 1987), wrote an unusually prophetic and lucid account of Douglas Wright on his appointment to the Chair of Physiology in 1939. In the beginning he refers to the difficulty in finding a worthy successor to Osborne and then goes on:

> In Roy Douglas Wright there has been appointed someone we all know, an Australian, a Melbourne graduate, a man after Osborne's own heart, proven a teacher in our own midst and as a research worker both in our own school and abroad. There remains no cause for apprehension. The luck of the University of Melbourne in its Professors of Physiology holds.
>
> There had been a growing suspicion in Ulverstone, Tasmania (though no surprise in the Wright family) that the boy was bright.

Ten paragraphs of curriculum vitae follow and then:

> There is little need to recount what manner of man he is. He is very definitely like his predecessor a person. He is an Australian and believes fervently in the capacity of Australians for independent thought and work. He has clarity of vision and an uncompromising habit of directness which is refreshing or uncomfortable according to the circumstances, but usually salutary. He has a ready tongue, a subtle wit and can be a devastating opponent. He *has* ideas on medical education. He *knows* students. He has on occasion shown practical sympathy and championed their point of view. They will find him an inspiring teacher and a steady friend.
>
> We have reasons to look for good days in the School of Physiology. Melbourne University shares the faith of Ulverstone.

Peter's prophecy came true.

At the time it was written 'Pansy' was only beginning his career. Since then he has gone rumbustiously down the corridors of power knocking down idols, garnering funds, defending the apparently defenceless and, if not always right, generally being creative. The Australian National University, the John Curtin School of Medical Research, the Howard Florey Institute, the Peter MacCallum Hospital and, last but not least this university, all are in his debt. He is a very worthy knight.

Speculum provides rich fare for all — the wit, the curriculum analyst, the historian, as well as those just looking for a good read.

References

1. K.F. Russell, *The Melbourne Medical School 1862-1962*, Melbourne University Press, Carlton, Victoria, 1977.
2. B. Gandevia, *The Melbourne Medical Students 1862-1942*, The Melbourne Medical Students' Society, 1948.
3. *The Speculum*, No. 132, May 1933, pp.27-38.
4. K.F. Russell, *op. cit.*, p.24.
5. W.G. Benham, *Cassell's Book of Quotations*, Cassell & Co. Ltd. Melbourne, 1907, p.566.
6. *The Speculum*, No. 2, December 1884, p 13.
7. Obituary, *M.J.A.*, 1924, p.403.
8. *The Speculum*, No. 93, July 1915, pp.127-36.
9. J. Glyn White in *Occasional Papers on Medical History Australia*, H. Attwood, F. Forster & B. Gandevia (eds), Impact Printing Ltd, Victoria, 1984, pp.47-8.
10. M.B. Strauss (ed), *Familiar Medical Quotations*, Little, Brown & Co., Boston, 1968, p.31.
11. R.S. Ellery, *The Cow Jumped Over the Moon*, Cheshire, 1956, p.81.
12. B. Gandevia, *op. cit.*, p.42.

Notice of Annual General Meeting 1988

The Annual General Meeting of the University of Melbourne Medical Society (UMMS) will be held at 6.30 pm in the Sunderland Theatre, ground level, Medical Centre Building, Grattan Street, on Tuesday 26 April 1988. This meeting is preceded by the Dean's Lecture in which Professor Robert Helme, Professor/Director, Mount Royal National Research Institute of Gerontology and Geriatric Medicine, will deliver a lecture entitled 'Physicians in Geriatric Medicine — will they be needed in the year 2000?'

Business

1. Minutes of 1987 Annual General Meeting
2. Chairman's Report
3. Financial Report, 1987-88
4. General Business

Minutes of Annual General Meeting 1987

The Annual General Meeting of the University of Melbourne Medical Society (UMMS) was held at 6.30 pm in the Sunderland Theatre, Ground Level, Medical Centre Building, Grattan Street, on Tuesday 5 May 1987. This meeting was preceded at 5.30 pm by the Dean's Lecture in which Professor Harold Attwood, (Department of Pathology and Curator, Medical History Unit, The University of Melbourne), delivered a lecture entitled 'To Speculate on Speculum'. The Chairman of UMMS, Professor Graeme Ryan, chaired the meeting and opened by welcoming those present.

Apologies were accepted from the Chancellor Sir Douglas Wright, Professor D. Penington, Dr J. MacDonald, Dr M. Eisenbruch, Dr G. Mendelson, Dr W. Cole, Dr F. Martin and Dr G. Kenny.

1. ***Minutes***

The minutes of the 1986 meeting were approved.

2. ***Chairman's Report***

It was noted that Professor Emeritus Sir Sydney Sunderland became President of UMMS in 1986 and Professor Emeritus Sir Douglas Wright has filled the vacancy on the Executive Committee.

UMMS membership is 1,200 and current financial members have received mailed copies of *Chiron*, Volume 1, Number 5, 1987. The meeting paid tribute to the Editor, Mr Peter Jones and the Assistant Editor and Designer, Mrs Maggie Mackie for this superb publication. The Dean's Lecture Series continues to flourish with a series of excellent lectures delivered by experts in various fields. The lecture preceding this meeting was noted as an example of the quality of the series and Professor Attwood's lecture 'To Speculate on Speculum' will be published in the 1988 edition of *Chiron*.

The function held towards the end of 1986 together with Professor Burrow's lecture on 'Stress and Stress Management for the Medical Practitioner' was well attended and another function is planned to follow later this year. Members were reminded that the Halford Oration will be delivered by Professor Emeritus Sir Michael Woodruff on 'The Interface between Medicine and Science'.

The UMMS Bachelor of Medical Science Prize (for medical students who carried out a research project during 1985) was awarded during 1986 to Mr Kenneth Smith for a research report entitled 'T Cell Proliferation Induced by Anti-T3 Antibodies'.

Several reunions have been organized for 1987 for graduates of 10, 20, 25, 30, 40, and 50 years and details are published in the current edition of *Chiron*. The Continuing Medical Education Program offers another year of interesting courses and a list of 1987 courses is included in *Chiron*.

The appointment of Professor David Penington as Vice-Chancellor Elect was noted. Professor Penington will take up the position as Vice-Chancellor on 1 January 1988 and members were reminded of the minute of appreciation recording the outstanding contributions of David Penington on behalf of the Faculty of Medicine, The University of Melbourne and the medical profession which appeared in the 1986 edition of *Chiron*.

The major events to be held in 1987 will be the 125th Anniversary Dinner to celebrate the founding of the Medical School and the Centenary of women entering medicine. The dinner will be on Wednesday 19 August 1987, in Wilson Hall at 7.30 for 8.00 pm. The Governor and his wife have accepted and members were urged to book early for what should be a magnificent occasion. A function, later in 1987, to celebrate the Centenary of women entering medicine is currently under consideration and members will be notified of details.

3. ***Financial Report 1986/87***

The financial report was presented by the Chairman. This showed at 31 March 1987 an income of $46,422 in the UMMS account with expenditure of $18,140 and outstanding debts of $18,814. The report was received. It was noted that the membership donation for 1987 is set at $30 by Executive, with a capitation of $10 to the Alumni Association.

The subsidization of some of the expenditure for the 125th Anniversary dinner will be considered by UMMS Executive. Subsidy of wines, music, and sundry items was envisaged. No objections were made to this proposal.

4. ***Amendment of Constitution***

The following resolution to amend the Constitution was proposed so that provision for ordinary membership of UMMS would allow for inclusion of medical practitioners resident outside of the State of Victoria who are interested in UMMS but are otherwise ineligible for membership:

> ***Resolution***
> That section 3.1 of the Constitution be amended so that the last sentence reads:
> "Other legally qualified medical practitioners registered or eligible to be registered in the State of Victoria will also be considered for ordinary membership on nomination by two members of the Society."

This was moved by Professor G.J.A. Clunie and Dr Jeannine Paton. The resolution was approved.

There being no other business the meeting then closed at 6.45 pm.

Ms Rosemary Johnson, accompanied by her parents Dr Anne Waterhouse and Mr Bill Johnson at the 125th celebration dinner.

UMMS B.Med.Sc. Prize 1986

Ms Diana J. Gillatt
for her study entitled
'Metabolism of neurotensin by the isolated perfused rat kidney'

The aim of this study was to investigate the role of the kidney in the metabolism of neurotensin. It was carried out in the Department of Surgery (Austin/Repatriation General Hospitals) under the supervision of Dr Arthur Shulkes at the Austin Hospital.

Using the isolated perfused rat kidney, it was demonstrated that the renal metabolism of neurotensin occurs within the kidney and not in the circulation by the release of a peptidase. Filtration and reabsorption were found to be vital factors in the metabolism of neurotensin, while peritubular metabolism was far less significant.

The study involved the application of exacting technical procedures to a problem of considerable physiological and clinical significance. As indicated by the examiners, the findings represent 'new work and an original contribution to this area'.

UMMS Membership
1 April 1988—31 March 1989

A membership renewal form is enclosed with Chiron. *If you have any enquiries, please contact UMMS, Faculty of Medicine, The University of Melbourne, Parkville, 3052. Telephone (03) 344 5888.*

To make sure that you are kept informed about the Society and the University, please register your membership as soon as possible. The 1988 membership donation fee is $30.00. Those who have been graduates for 50 years or more will become honorary members, but need to register their names by completing the membership application form. A special fee of $10.00 for each of the first three years of membership will apply for first-year graduates who join in their internship year. Besides MB.BS. (Melb.) graduates, persons with a substantial association with the Faculty or the University's affiliated institutions, for example, past and present academic staff members, may become members. In addition, legally qualified medical practitioners registered or eligible to be registered in the State of Victoria who do not qualify for automatic membership of UMMS may be considered for membership on nomination by two members of the Society.

We would like to urge members to propose membership of persons who would be interested in being associated with the Society. All that is required is a joint letter together with the consenting signature of the recommended person.

Reunions

The UMMS office, in conjunction with The University of Melbourne Alumni Association, will provide assistance to organizers of reunions by supplying the latest known addresses of all graduates in particular years. You are welcome to telephone the UMMS office if you have any queries regarding organization of reunions, venues and general ideas.

If you are planning a graduate reunion for 1989, please notify the UMMS office so that details can be included in the next issue of *Chiron*.

Reunions in 1988

50 Year Class of '38
Date 26 February
Venue Naval & Military Club
Contact Dr S. Rose (h) (03) 817 2356

45 Year Class of '43
Date 15 March
Venue Melbourne Cricket Club
Contact Sir Edward Hughes (03) 509 4155

40 Year Class of '48
Date To be advised
Venue The University of Melbourne
Contact Dr G.W. Copolov (03) 268 6466

30 Year Class of '58
Date 2nd week November
Venue Windsor Hotel
Contact Dr Renate Valentine
(03) 317 0211 ext. 294
(h) (03) 818 7131

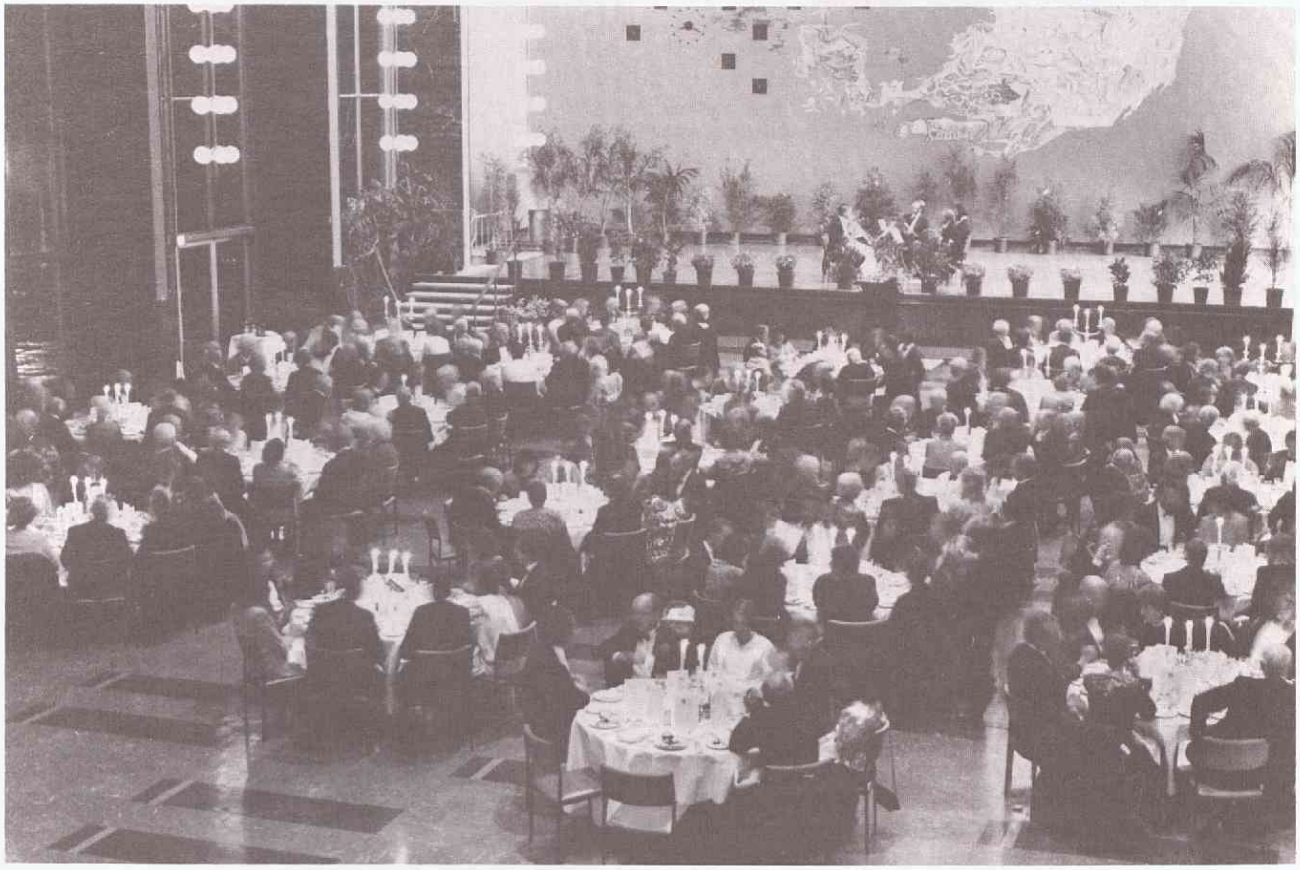
20 Year Class of '68
Date 19 November 1988
Venue The University of Melbourne
Contact Dr D.M. Jensen (03) 650 1465

10 Year Class of '78
Date 12 November
Venue To be advised
Contact Dr Esther Langenegger
(060) 25 4488
Dr Richard Wright (03) 428 4148

UMMS OFFICE
C/- Faculty of Medicine
The University of Melbourne
Parkville 3052
Telephone (03) 344 5888

1862—1987
125
MEDICINE

The Celebration Dinner



The celebration dinner, Wilson Hall, 19 August 1987.

In Wilson Hall on 19 August 1987, the Faculty of Medicine and The University of Melbourne Medical Society jointly held a dinner to celebrate the 125th Anniversary of the Medical School and the Centenary of the admission of the first women medical students.

Among the 272 present were a number of distinguished guests, notably His Excellency the Governor Dr Davis McCaughey, A.C., and Mrs McCaughey, the Minister of Health, the Chancellor and the Vice-Chancellor. The Dean of the Faculty, Professor Graeme Ryan, and Sir Sydney Sunderland as President of the Medical Society, were the joint hosts and their special guests were Dr Hilda Kershaw (b.1890, MBBS 1917) at 98 the senior graduate of The University of Melbourne; Dr Julie Hickford (MBBS 1917) and Dr Robert Southby (MBBS 1921), both aged 92 and second only to Dr Kershaw in seniority.

Professor Ryan also welcomed Professor Margaret Manion, the first woman Chairman of the Academic Board, Prof. Em. Sir Michael Woodruff (MBBS Melb. 1937), formerly Professor of Surgical Science, University of Edinburgh, who delivered the Halford Oration on 25 August 1987, and a number of distinguished women graduates: Dame Ella MacKnight (MBBS 1928), Drs Lorna Lloyd-Green C.B.E. (MBBS 1933), Margaret Mackie (MBBS 1935), Margaret Henderson (MBBS 1938), Lorna Sisely (MBBS 1941) and Betty Wilmott (MBBS 1945); representatives of the Victorian Medical Women's Society: Dr Alex Gale (MBBS 1941), President, and Dr Ellen Balaam (MBBS 1968), Honorary Secretary, and Dr Diana Sutherland (MBBS 1953), Vice-President of the Victorian Branch of the AMA.

Dr McCaughey, in eloquently proposing the toast of 'The Medical School' described its earliest days when there was but one professor (Halford), no laboratories, no class rooms and three students, who 'received instruction' in Latin and Greek and presumably benefitted from it, befitting the traditions of a 'learned profession' which should continue to turn out men and women of science with the trained minds, enquiring spirits and humane sympathies which were the characteristics of medicine at its best, and which the community had a right to expect.

Sir Sydney Sunderland in responding to the toast thanked Dr McCaughey for his support, especially in his important role as a member of the Medical Research Ethics Committee of the NH&MRC. Sir Sydney also drew attention to another centenary in 1987: the appointment of Dr Augusta Marie Klumpke as the first woman to obtain a hospital post in Paris. Augusta Klumpke was one of four sisters, born in California and taken to Europe by their wealthy father in search of university education not open to them elsewhere. One of the sisters became a painter, another a musician, a third was granted the first Doctorate in Science (Astronomy) awarded by the University of Paris, while Augusta Marie, thanks to a Minister of Education, was accepted into the medical school and, again as the result of influence, permitted in 1887 to sit for the competitive examinations leading to an internship. She was a brilliant student and later, as an eminent

neurologist, described the lesion of the brachial plexus named for her: Klumpke's paralysis.

Mr Peter Jones proposed the toast to the Women of Medicine and in her response Dr Lorna Lloyd-Green, C.B.E., said that the hundred years of Melbourne women graduates could be divided into three periods, the first fifty years and then two periods of twenty-five years. In the first fifty years women were distinctly in the minority, under sufferance and completely segregated, with separate instruction in both anatomy and in clinical teaching. A survey of their motivations, difficulties and sacrifices, conducted in 1978 by the International Association of Medical Women, of graduates born before 1911 showed that as children they were observant, ambitious and courageous, supported and encouraged by one parent, usually the mother, and motivated by a strong desire to help humanity. Of necessity they were fighters, fanatics, often called upon to justify their cause and to stand up for themselves. It was their difficulties in obtaining internships, resident training and hospital appointments which led to the foundation of The Queen Victoria Hospital, conducted by women for women (and children).

In the next twenty-five years they were still in the minority and reaped the benefits of the battles won by the pioneers, but still segregated, in the dissecting room with separate cadavers, and always congregated in the front row at lectures. Most were career women and remained single.

In the most recent twenty-five years there have been many changes, and integration has been achieved, with equal numbers of men and women students. Mosts of the women now marry and their dual roles raise difficulties in meeting the requirements for postgraduate studies, difficulties with which universities and specialist colleges should be concerned. Women graduates should at least have the benefit of advice from experienced women graduates regarding the opportunities open to them. It was ironic that the integration of women into medicine coincided with the demise of the 'Queen Vic'; however, it did not occur without an outcry, pointing to a continuing and perhaps increasing need for women to be treated by women. Whatever the future holds, the medical women of today are grateful to the pioneer women of the first fifty years, and hope that 'health for all' might be achieved by the year 2000, meaning by health, wholeness of mind, body and spirit.

Professor Ryan concluded the evening by thanking all those responsible for its organization. Many of those at the dinner who have an intuitive eye and ear for such occasions detected an unusually warm and friendly colleagueship which easily spanned at least three generations of graduates. The setting was delightful, the menu, and the wines (chosen by that master cellarer Dr Peter Campbell, who also wrote the 'wine notes') were excellent, and the music, the Praetorius Ensemble, superb. It was not 'St. Crispin's Day', but those not there should consider themselves deprived; those who were, will long remember it as one of the most successful and enjoyable events of a celebratory year.

Peter Jones

The Class of '37 — Fifty Years On

On Saturday evening 24 October 1987 the medical graduates of 1937 held a reunion dinner at The University of Melbourne to celebrate 50 years of graduation. The official records show that 85 graduates together; 32 came to the dinner (see photograph) — one from the U.K. and 31 from various Australian States. Doug Leslie organized the dinner and was in the chair. A tribute was paid to Bill Cole who organized all our previous reunions, but has since died.

Our Guest of Honour was the Chancellor of the University, Professor Emeritus Sir Douglas (Pansy) Wright, and it was a most enjoyable and happy evening. Several of us present had not seen each other for fifty years. Pansy was no longer many years older than we were, in fact he looked younger than some, and he has mellowed, as I suppose we have too. He told us how fortunate we were to have learnt our medicine in the way we did at the time we did, that in our day there was really only one drug and that was digitalis. Not long before our time, about one-third of the out-patients at a public hospital at any time were there for the treatment of syphillis or one of its complications.

In 1932 it was necessary to have passed Intermediate level geometry and Latin, or Leaving level French or German, which were almost the only foreign languages taught at schools. There was no quota system, as there was a shortage in most of the professions. We were still in the years where most children's education terminated in Grade 6 with a Qualifying Certificate, or Grade 8 with a Merit Certificate. There were, of course, a number of technical schools if one didn't wish to join a profession.

There were occasional 'professional' students, mostly on an 'allowance' left by a wealthy relative, which continued only as long as the student was at 'the Shop', as the university was known at the time. Thus there was no hurry to complete the course. Students were only allowed to repeat a year once; if they failed twice, it might be necessary to go to Sydney or Adelaide for a year and then return.

Some of the memorable personalities of our students years are:

Frederick Wood Jones. An elegant and respected figure, a clear lecturer who talked about the details of C.N.S. so that even we could understand it. A distinguished anatomist with a great sense of humour.

Ted Ford. We thought him rather quaint — a large man with a little squeaky voice. He became an expert on tropical medicine, and as a Captain in the R.A.A.M.C., he was shocked at the lack of proper malarial prophylaxis in New Guinea in the early days. He knew that General Blamey, the Commander-in-Chief, should be warned, but the medical authorities did not want to worry him about it. Ted exercised his right to be 'paraded' to the C.-in-C. He was well received and orders were immediately issued, insisting on proper anti-malarial measures. His action alone saved many lives and helped make the campaign successful. Later, as Professor of Tropical Medicine in Sydney, he became Sir Edward Ford.

Preston was a similar figure with his ever-present hat on as he marked the roll at lectures (see 'Profile', p.53).

W.A. Osborne. A somewhat whimsical man who lectured well, told anecdotes about his student days in Germany, and demonstrated experiments on cats in front of us.

Barnes was Osborne's assistant in these experiments. The lecturer on 'special senses', Sir James Barrett, when talking

about the ear, would throw on the floor bits of wood of different sizes to produce a musical scale — Barnes had to pick them up, which he did with a pained look.

Professor Young, a fine biochemist, used to tell us 'when the secret of life is discovered, it is a biochemist who will do it' — thus possibly foreseeing the discovery of D.N.A.

Jake Egan, Young's assistant, used to tell us confidentially of his urinary problems — 'passing fish-hooks'.

Les (Treacle) Hurley, already a distinguished physician, was the lecturer on histology. He used to talk about 'scanty protoplasm' which was greeted by stamping feet because 'scanties' was the current term for girls' knickers. One day a new set of bodies arrived and one looked just like Treacle. We were relieved when he fronted up safe and sound for his next lecture.

After graduation it was not compulsory to become a resident medical officer; two of our year were unable to obtain a suitable resident job and started in general practice at once. Hospital Boards knew of the keen desire to become an R.M.O., so the remuneration in capital cities was full board and about two pounds a week. Married R.M.Os were virtually unknown, and for good reason: the long (even if enjoyable) working hours.

At some hospitals R.M.Os were expected to look after their own patients after midnight. Occasionally an Honorary did a ward round when one was officially off duty and it was taken for granted that the R.M.O. would be there. He would wish to be there in any case, to hear and learn the words of wisdom. Case histories for surgical patients to be operated on the next day had to be 'written up' the night before, and new medical patients needed their histories recorded, treatment started and investigations initiated whether one was on duty or not.

The pharmacopoeia was limited to little more than aspirin, antacids, belladona or atropine, digitalis, iron, and the not long available insulin. Each large hospital had a pharmacopoeia of its own favourite mixtures. Not many tablets were available. There were a few antitoxins for diphtheria, gas gangrene and tetanus, but no tetanus toxoid, and the patient had to be skin-tested to see if it was safe to be used. The antibiotic era was heralded in 1938 by the arrival of 'Prontosil' and 'M & B. 693', the first of the sulphonamides. Penicillin did not arrive until the war years.

Looking back one realizes the importance placed on symptomatic treatment, which was often all that was available. The diseased part, which often meant the whole body, had to be rested. The disease abated or God bless the patient!

The war started in our second postgraduate year, and most of the class of '37 served overseas in one of the services. Those who were left behind were involved in war-time jobs or rejected as unfit for service. *Bill Upjohn* (later Sir William) was the Chairman of the Medical Co-ordination Committee which decided whether a doctor could leave a medical job and enlist, or move from one medical job to another. Four of our number died on active service: *Stuart Thomson* in a flying boat which crashed in the English Channel, and *Hew McDonald* when his Field Ambulance was bombed in New Guinea; *George Picone* and *Herbert Silverman* were killed elsewhere.

The day before the reunion some of us sadly attended a packed church for the funeral of *Dick Smibert* O.B.E. who had hoped to be at the reunion dinner. Dick joined up from his registrar's job at the Alfred Hospital two days after war was declared. He was C.O. of the 2nd Field Ambulance in the Middle East and elsewhere, and returned to his job at the Alfred where he was Superintendent for seven years before he went into private practice. He will long be remembered as a founding member of the R.A.C.G.P., and for his work in Legacy and the Outward Bound Movement.

Professor Sir Michael Woodruff (ex-P.O.W.), Emeritus Professor of Surgery at Edinburgh, is probably our best known international identity. He was Professor of Surgery in N.Z. before he went to the U.K. Fortunately, he happened to be in Australia when the reunion was held, having come to Melbourne to give the 1987 Halford Oration. He retired from the Chair of Surgery in 1976 after twenty years in that position, and has been in full-time research in Edinburgh until twelve months ago.

Possibly our most highly decorated member is *Kiernan 'Skipper' Dorney* C.B.E., D.S.O., F.R.A.C.S., F.A.M.A. He was the Lieut. Colonel of a Field Ambulance during the war, also served in Korea and Vietnam, and is now President of St Raphael's University College and on the council of the James Cook University in Townsville. There are many stories about him, but probably the best is how he became lost in the desert. He thought his end had come when 400 Italians appeared in trucks. They led him back to his unit and he turned them in as P.O.Ws!

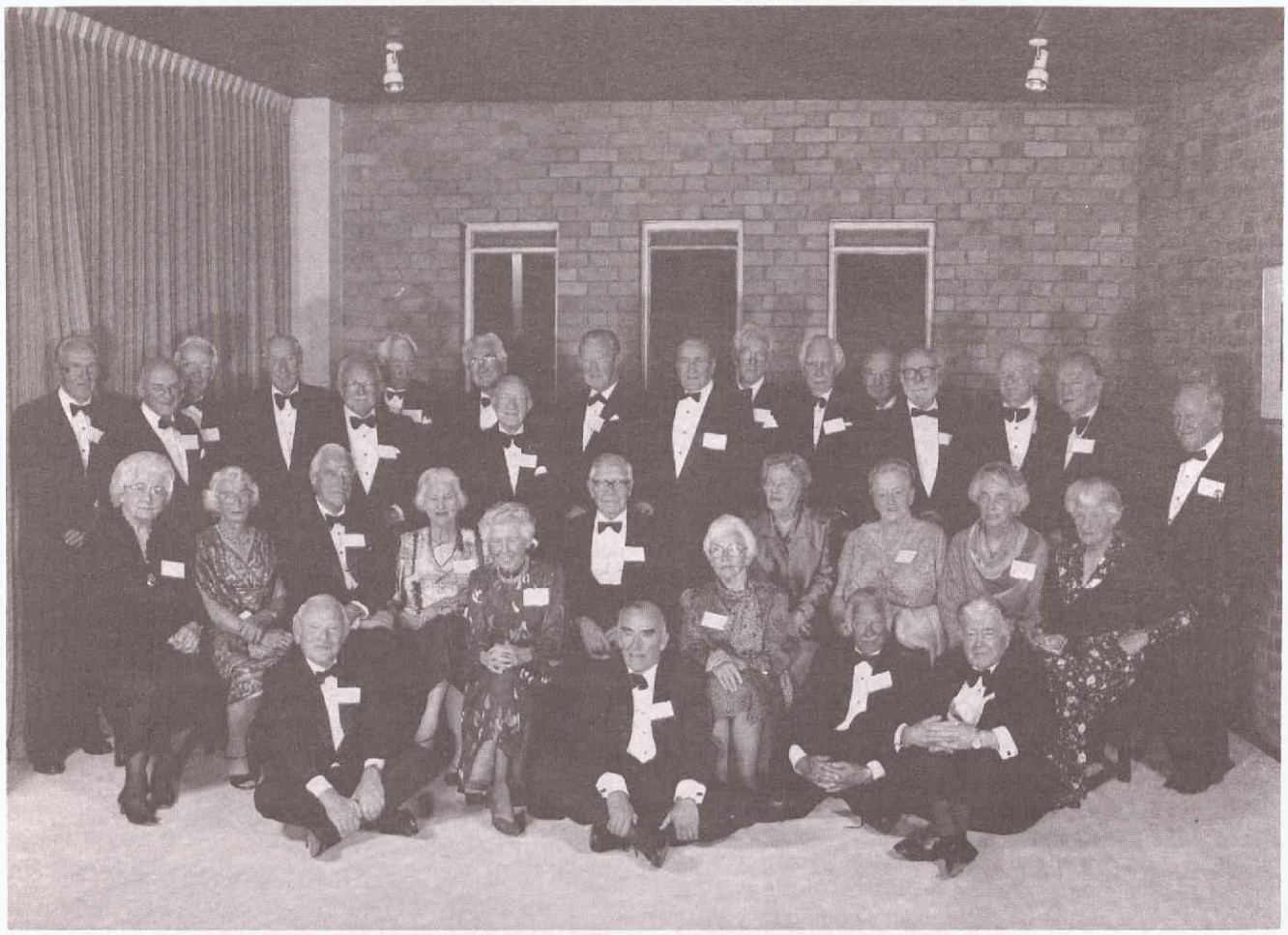
There are many other star performers, but *Doug Leslie* deserves first mention if only for his work in organizing our reunion during the previous twelve months. Hundreds of letters, innumerable phone calls and many hours of work were involved. Within two years of graduation he was senior lecturer in anatomy. He joined the army in 1941, was mentioned in dispatches in 1943 and discharged in 1946. He was Honorary Surgeon to the Royal Melbourne Hospital from 1948 to 1976, on the Board of Management of the Hospital from 1963 to 1986, Honorary Surgeon to Her Majesty the Queen 1967-76, Consultant Surgeon to various hospitals and institutions, and awarded A.M. (military list) in 1977. Space does not permit me any more.

Len Murphy (R.A.A.F. 1939-46 S/Ldr) is possibly best known internationally for his work in urology. Honorary Surgeon (urologist) at St Vincent's Hospital for many years, he has various world-wide degrees, but particularly 'Fellow of the Faculty of History and Philosophy of Medicine and Pharmacy of the Worshipful Society of Apothecaries of London' — of which there are only three in Australia. His book *The History of Urology* received world-wide acclaim, and he has written numerous papers on urology and its history.

All the ladies of '37 married, and were either involved in the war themselves or their husbands were. They have been in practice in various ways, but mostly on and off. Two of them married men who were sufficiently distinguished to be knighted. So *Joy Bell* became Lady Frew and *Betty Flaxman* is Lady Bright. Joy married Jock Frew of medical fame and her medical work has been as an anaesthetist, staff medical officer, in the ambulance service and particularly with the Red Cross Blood Bank for forty-three years. Betty Flaxman's husband, Chancellor of Adelaide University, died four years ago. Betty was at both Victorian and Adelaide hospitals, did locums, and was M.O. to the Kindergarten Union.

Lena Thomas (Mrs Drake) worked in several hospitals then became a part-time lecturer in pathology with an interest in paediatrics. In 1944 she retired to bring up a family. In 1946-78 she was a senior lecturer in Social Studies and the first lecturer in a new subject: Social Biology — the brain-child of 'Pansy' Wright and Lena. From 1974 to 1984 she conducted postgraduate training courses for G.Ps in the U.K. Good for you Lena! She has kept quiet about all of this, and is now retired with various hobbies and grandchildren.

Dorothy Champion (Mrs Fraser), the wife of a senior permanent army officer, has practised full and part-time in



Back row: Ray Marshman, Arch Ellis, Lew Davies, Cyrus Jones, Maurice Morris, Hugh Johnston, Don Oldmeadow, Felix Favaloro, Mark O'Brien, Jim Peters, Neil Pescott, Len Murphy, Russell Hughes, Ted Roberts, Colin McKechnie, Percy Jenkins, Geoffery Wilson.

Middle row: Pat Wellington (Mrs Hutson), Clare Abrahams (Mrs Jelbart), Sir Michael Woodruff, Betty Flaxman (Lady Bright), Eileen Catarinich (Mrs O'Keefe), The Chancellor (Professor Emeritus Sir Douglas Wright), Lena Thomas (Mrs Drake), Joy Bell (Lady Frew), Dorothy Champion (Mrs Fraser), Betty Nankivell (Mrs Forward), Jean Hutchings (Mrs Plenderleith).

Seated on floor: Victor Brand, Doug Leslie, John Downing, Clive Pyman.

(In absentia: Elizabeth Miller (Mrs Coles).

Australia and all around the world. She was a G.P. in London during the Second World War and retired in 1981.

Jean Hutchings (Mrs Plenderleith — see Medical Genes) worked at R.M.H., Children's and Queen Victoria during the war. Post-war she lived on a property out of Wagga, then in the Kiewa Valley until 1955 when she recommenced medical practice slowly, to full-time at Mt Beauty in 1960. She spent eighteen years in an isolated practice and loved it. She worked closely with the R.A.C.G.P., after 'retirement' continued as an educator with F.M.P. and now concentrates on golf, bowls, bridge and her garden.

Clare Abrahams (Mrs Jelbart) says she became a 'camp follower' of her husband, an officer in the R.A.A.F. She worked in various medical capacities overseas and in Australia, when she was able, and retired from medicine to look after her four children from 1942-55. From 1955 on she had various jobs, particularly after being widowed in 1974.

Eileen Catarinich (Mrs O'Keefe), after residence at the Queen Victoria Hospital, worked at Mont Park as a psychiatrist. She married in 1942 and retired for ten years to bring up a family before recommencing work part-time, then full-time. She retired in 1981.

Pat Wellington (Mrs Hutson) is another doctor's wife. War years were spent at hospitals and R.A.A.F. Women's Branch. She retired to bring up a family for about fifteen years, and then worked part-time in a group practice. She was on the Monash University Council, worked in the Maternal/Child Health School Medical Services, and is now semi-retired.

Elizabeth Miller (Mrs Coles) was an R.M.O. in Townsville and married a doctor in 1938. She was in England in the early years of the war and returned to Australia for maternity reasons. She was in practice with her husband for over thirty years in Homebush, N.S.W. and has been retired in north-western Sydney for nearly ten years.

Edith Kerr (Mrs Hill) is expecting a grandchild in Brisbane and sent her best wishes.

Betty Nankivell (Mrs Forward) was an R.M.O. in Adelaide and in practice in Morwell in the war years. In 1945 she joined the R.A.A.M.C. and entered the Malayan Medical Service. She married in 1946 and had a private practice in Kuala Lumpur for ten years. Her husband worked for the British Government which took her to various S.E. Asian areas and Fiji until her retirement in 1970. She lives on the central N.S.W. coast and enjoys her golf.

Llew Davies was an R.M.O. in Brisbane, then joined the A.I.F. From New Guinea he was seconded to a Plastic Surgery Unit and became a well known and successful plastic surgeon in Brisbane before retirement in 1984.

Arch Ellis had a varied war career in the army and the navy. He was torpedoed off the coast of India (mentioned in dispatches) then swung into psychiatry with a D.P.M. London. He established the first psychiatric clinic outside a capital city, in Townsville, came to Melbourne as Deputy Superintendent at Mont Park, and then Director of Mental Health Services in Western Australia in 1963. Possibly he is best known for his numerous publications and articles mostly on psychiatric and historical subjects. It was Arch, on a visit to Melbourne twelve months ago, who set the ball rolling for this reunion.

Clive Pyman, R.M.O. at Alfred, Children's and Women's Hospitals, joined the army, learnt E.N.T. work at Heidelberg Hospital and applied it in Darwin, New Britain and New Guinea. On his return he worked at R.M.H. and Children's Hospital, lectured and examined for D.L.O. for many years and was awarded a special prize for his original work. He was an executive member of The Deafness Foundation for twelve years.

Felix Favaloro, Alfred Hospital, then R.A.A.F. in Suva, D.G.O. and M.R.C.O.G., reluctantly returned from Albury to Melbourne in 1960 to educate his five girls. He worked in the eastern suburbs and at Box Hill Hospital before he retired in 1984.

Ray Marshman is well known in Victoria and internationally for his work in Public Health Department as Director of Tuberculosis. At the beginning of the war he developed 'TB' and later he instituted the compulsory Mass Chest Survey which almost banished the complaint in Australia, until an influx of migrants from the T.B. reservoirs in Asia. He retired from full-time in 1978, but was part-time for another six years and now enjoys the beach at Cowes.

Jim Peters, St Vincent's Hospital, then A.I.F., obtained his M.S., F.R.C.S. and F.R.A.C.S. as a urologist after work in England and America, and then became Urologist to Prince Henry's and Repatriation Hospitals.

Hugh Johnston, St Vincent's Hospital, then A.I.F. for six years. Post-war St Vincent's and Women's Hospitals. 1949-1952 was clinical supervisor at St Vincent's Hospital where he obtained an M.S. and F.R.A.C.S., then became Clinical Assistant at St Vincent's, worked in private practice and is now retired.

Don Oldmeadow was at the Army Camp Hospital in Broome and a member of The Flying Doctor Service in the war years. 1946-58 he was in private practice in Fiji. He had obtained his D.G.O. at the Women's and did O. & G. work there. In 1959 he swung into psychiatry and was Chief Medical Officer in the Mental Health Authority from 1968 to 1973. In 1979 he moved to Perth where he is still in semi-retired psychiatric practice.

Cyrus Jones was at the Alfred and Children's Hospitals before the A.I.F. In 1946 he became a G.P. in Clifton Hill and obtained the D.G.O. and M.R.C.O.G. (London). On return he was appointed to a senior position in Obstetrics and Gynaecological Department at Preston & Northcote Community Hospital; ten years ago he slowly reduced practice and retired completely in 1985.

Ted Roberts' career was with the Victorian Mental Health Department in various senior positions. He did postgraduate work at the Maudsley Hospital in London, also in the U.S.A. and returned in 1971 to Twofold Bay on the south coast of N.S.W. where he lives happily with the wallabies and goannas.

Victor Brand, at the Alfred Hospital and then in the army was a P.O.W. in Malaya and on the Thai railway. On his return he became an anaesthetist and also served in Vietnam. He discovered scuba-diving in the 1950s and is still keen and active under-water as well as an anaesthetist.

Mark O'Brien is a well-known G.P. at Horsham in north-western Victoria and has had a very full life with nine children and local activities.

Percy Jenkins was in general practice in Maryborough for twenty-three years; since 1976 he has been Director of Medical Services at Prince Henry's Hospital. He has been involved in music, drama and fine and applied arts for many years and is still at P.H.H.

Maurice Morris, R.A.A.F., 1940-45 S/Ldr., G.P. in various metropolitan areas, has worked at the Rheumatology Clinic, Prince Henry's Hospital, and also at St Vincent's Hospital. Still in part-time in rheumatology and company practice.

Geoffrey Wilson was R.M.O. and Medical Superintendent of the Ballarat Base Hospital, 1940-46 in the R.A.A.F. (S/Ldr.), G.P. in Kew, Melbourne for last forty years.

Russell Hughes, R.M.O. Launceston, Eye & Ear, Children's and Fairfield Hospitals, in the A.I.F. in Borneo, G.P. 1946-63, Repat. Department 1963-77, After Care Hospital 1977-81, Part-time Superintendent St George's Hospital 1981-87.

Colin McKechnie, R.M.O. Prince Henry's then Women's Hospitals. Was in Burma in 1940 as M.O. to Burma Estates — pre-Japanese entry. A.I.F. all over S.W.P.A. Then G.P. in South Yarra, 1946-77. From 1978-86 M.O. with Victorian Transit Authority. Retired this year.

John Downing was an R.M.O. in Adelaide and Tasmania, A.I.F. from 1941-45. From 1946-86 he was a G.P. in Ivanhoe and retired this year. He is keen on bowls, bowls and silversmithing.

Neil Pescott, R.M.O., Registrar and Superintendent at Prince Henry's, R.A.A.F. (S/Ldr. and dispatches) in New Guinea and New Britain. After the war he worked in Sale, then Ballarat in general practice since 1951. His interests are in Legacy, local affairs and history. He is one of several who started 'Sovereign Hill', still on the Board of Management, and is still a part-time G.P.

A number of others have been in touch and sent regards — *Gerald Davies* (W.A.), *Alan Gray* (Tasmania), *Bill Gray* (W.A.), *Gavan Hayes* (W.A.), *David Jackson* (Queensland), *Ern Kurrle* (Mt Martha, Victoria); *George McEwan* sent apologies. *Bert McLaren* (N.S.W.) has severe Parkinson's Disease but sent a message; *Tony Walsh* (W.A.) said he was too far away, and *Jack Catchlove* has a bad back. *Keith Sweetnam* is a surgeon in the U.K. and sent best wishes.

There may be a few other survivors who we have been unable to find, and who don't know of this reunion. If so, please write to UMMS so that we can let you know of our next reunion, which was discussed at this one, but no firm commitment made!

Neil Pescott

The Class of '36 — Reunion Dinner

On 25 September 1987 the Class of '36 celebrated their reunion at The Naval and Military Club, Melbourne. As far as we can determine seventy-five people graduated in December 1936 and three more in April 1937, making a total of seventy-eight, of whom we think thirty-five have passed on.

The practice of medicine in our resident year was not much different from the preceding years, and a perusal of the *Med. J. Aust.* for 1936 does not reveal any 'breakthroughs' not already reported.

A breakdown of our fellow graduates shows that about one-third (26) went into general practice, and tribute should be paid to the undervalued 'G.P.s', particularly in the country, who shouldered, with enterprise and skill, considerable burdens of responsibility, often without — by today's standards — adequate consultant and laboratory back-up.

The following held appointments at teaching or regional hospitals with teaching affiliations:

Physicians: J. Hughes (and Lecturer in Therapeutics, St V.); D. Seward, J. Agar (Geelong); N. Gollan (Launceston); S. Sewell (P.H.H.).

Surgeons: Fred Connaughton (St V.); Grayton Brown (R.M.H.); Arch Millar (Hobart); Stan Reid (P.H.H.), President of the Royal Australasian College of Surgeons (1968-9) and for whom the Reid Vascular Surgery Unit at P.H.H. is named; Emmet Spring (P.H.H. and St V.); F.D. Stephens (R.C.H.), Professor, Pediatric Urology in Chicago for sixteen years, D.S.O. (Tobruk) and A.O. for his services to paediatrics; E. Wilson (Sydney Hospital) where the Institute of Colon and Rectal Surgery is named after him; Hugh Ryan (St V.), President of the Ophthalmological Society of Australia, and the Ophthalmic Research Institute; R. Ferris (Launceston); K. Gardner (Warrnambool); and V. Renowden (Geelong).

Psychiatrists: L. Langley (Vic. Dept. Mental Hygiene), Veterans' Affairs (S.A.); T. Schlicht (hospital and private practice in London); W. Hannah (Dept. Mental Hygiene); W. Gray (Mental Health Service, W.A.); Marjorie Gilchrist (Child Psychiatry, London and Melbourne).

Pathologists: T. Constance (Concord Hospital, Sydney); 'Doc' Hicks (R.M.H.); and Alan Ferris (Q.V.M.H.I.D., Fairfield) in virus research.

Resuscitationists: E.B. Dreverman (R.M.H.), and at almost all other hospitals in Melbourne as the first of a 'new breed' much in demand before any hospital, teaching or otherwise, had an I.C.U.; and H.R. Smith (St V.).

Ophthalmologists: H. Johnson (Mt Gambier); Hugh Ryan (St V.).

Dermatologist: T. Turner (R.A.H.).

Professors: F. Moss (Univ. of N.S.W.); F.D. Stephens (see above).

Government service: P. Woodruff (Director of Public Health, S.A.); W. Crick (Canberra).

Anaesthetics: T. Crankshaw (P.H.H.); I. Schalit (Newcastle); R.A. Lewis (Launceston).

Radiologists: N. Long (P.H.H.); K. Uhd (Austin & Repat. G.H.).

Gynaecologist: K. Churches (R.W.H.).

Gynaecologist and Obstetrician: W.S. Smith (Rotunda, Dublin and P.H.H.).

Missionaries: W. Hannah (Tanganyika, now Tanzania); L. Michael (India).

Medical Superintendents: C. Dyte (R.A.H.); K. Churches (R.W.H.); F. McCoy (St V.).

Fellows of the A.M.A.: E. Dreverman, K. Churches, F. Macauley.

Civil Decorations: F.D. Stephens, A.O.; R. Ferris, A.M.; S. Reid, O.B.E.; A. Nicholson, C.M.G.

Service Decorations: F.D. Stephens, D.S.O.; R. Anderson, M.C.; V.R.D. — K. Churches, T. McLean, D. Seward, S. Sewell, A. Millar; N. Long, E.D.

Three of our classmates died on active service: D. Donald, H. McDonald and H. Silverman.

There were six women in our graduating class; ten years later (class of '46) there were twenty. Two were already married when they graduated.

Five of the six women who graduated in 1936 married shortly after their 'finals'; all of these married doctors, all had children and practised medicine for varying periods of time. The sixth, Marjorie Gilchrist, trained in child psychiatry in Australia and overseas, became the first Government Pre-School Medical Officer and practised as a Child Psychiatrist in Melbourne and Sydney.

Yrsa Osborne, daughter of Professor W.A. Osborne, married Clive Fitts, an eminent physician and cardiologist, who was knighted for his services to medicine. One of the group married when overseas and lives in London. Two are living permanently interstate.

M. Gilchrist and K. Uhd

The Class of '62 — The 25 Year Reunion

On Friday 30 October 1987, the 25th year reunion of the 1962 graduates was held at the ANZ Pavilion in the Arts Centre (State Theatre Building). Some ninety people attended and there were apologies from Elizabeth Shaw (U.K.), Peter Herman (U.S.A.), Andy Burgess (U.S.A.), Brian Roet (U.K.), Roslyn Buchanan (U.K.), Mark Sperling (U.S.A.), Sam Slutski (Israel), Mary Schramm (Fiji), Alan Hasdell (Tasmania), Ludwig Engel (N.S.W.) and David Walker (N.S.W.).

Professor K.F. Russell's book *The Melbourne Medical School,* contains the names of all medical graduates from 1862 to 1962, hence our classmates are the last to be listed. Throughout the night it was interesting to note the warm, friendly atmosphere. At earlier reunions, I had noted a somewhat competitive attitude between the graduates as they were continuing their studies and climbing the ladder of success. However, at a 25th reunion, you've either made it or you haven't, and although this was not voiced by anyone, it was obviously in everyone's mind.

The year has had some sadness, and there have been some deaths over the years. We had present, widows and widowers.

l. to r. Jack Leder, David de Kretser, John Sheedy, Ian Rechtman, Norman Edwards.

l. to r. Ian Rechtman, Sylvia Topor (Pager) from Honolulu, Tongeb Uttaravichien from Thailand, George Santoro.

Warner Mooney became ill the next day and was, regrettably, unable to attend the 'At Home' so kindly arranged by Ian Rechtman at his home. I am unsure if this illness could be attributed to the three female graduates who were smoking quite heavily at Warner's table, or perhaps it was due to Santoro's toast to the graduates.

As an organizer of this and previous reunions, I must note that we are all getting old, because in comparison with previous reunions, only half the amount of alcohol per capita was consumed. However, they all ate well and have obviously exchanged one vice for another, as middle-age spread was noticeable all around the room.

In the months before the meeting, I had great pleasure in being on the organizing committee with Bob Dickens, Mary Dwyer, Bob Hjorth, David Hunt and Ian Rechtman. Ian is a man that every committee should have. He is not only keen and eager, but a hard worker, organizing the venue, the name tags, bank accounts, and all those details. Without Ian, our reunions would never go off as smoothly. Please do not involve him in any other committees for I need his assistance in 1992.

I cannot name everyone who attended, and I shall omit all the personal, derogatory comments I made to my colleagues on the night. Verbal denigratory remarks are one thing, but printing them in *Chiron* for all to see, is another.

I am limited by space, but some of the people I was very pleased to see were Bob Atkins, John Cade, David Czarny and David de Kretser. Nick Diamond and Bob Dickens were enjoying themselves, and so was John Doncaster. Norm Edwards from Launceston discussed his marital problems succinctly, and in the vernacular, and impressed quite a few of us. John Egan and Ken Farrell were there. Keay Foster came from New South Wales and Peter Higgs from Colac; he is still tall and thin. Henry Krantz, Jack Leder and Rupert Hood are all alive and well. Carroll Major came down from Swan Hill and has a large amount of bushy, white hair. Putney Malcom had his usual string of quite amusing jokes. Jane Mathews (Ahern) flew her own plane down from Hay and flew home the next day.

Special mention must be made of Sylvia Topor, now Sylvia Pager, who is a paediatrician in Honolulu. She came all the way for this reunion. Tongeb Uttaravichien shared the long distance prize, coming from the Department of Surgery, Khon Kaen University, Khon Kaen, Thailand.

Rees McArthy and Jenny Paton were there, and I also noticed Sylvia Plessman, Gabby Reisner and Peter Renou who came all the way from East Melbourne. Starchy Robinson and Harry Rundle have aged well, as has Bernie Ryan. Mick Shannon was still smoking; Vin Sammartino has lost a lot of weight. I also chatted with John Sheedy and Neil Sist. Mary Stannard was talking to lots of people and John Spensley, still as big as ever, ate a hearty meal.

Warren White left the public service recently, and is now in private practice as a psychiatrist. He was older than a lot of us and something of a father figure. Gwynne Duigan, a radiologist in Geelong, is about to retire and advised me that she was probably the first of our group to retire formally. I know I have missed out mentioning a lot of you, and I hope you will bear with me.

On Sunday 1 November, thanks to the kindness of Ian and Mary Rechtman, we attended an 'At Home' at their house, and many of the Friday night guests were there. Some who were unable to come on the Friday, came on the Sunday, for instance, it was a pleasure to see Marlene McMahon (Parker) and Don McMahon. We all had an enjoyable time, but Ian did note that he had catered for too much wine. It just goes to show we are an exemplary lot, and all those caustic comments about our debauchery in final year in 1962, and our lack of self control, were completely untrue.

When you sat for the biochemistry exam in November 1958, the first question was:

> What are the main structural features of
> 1. Lecithins
> 2. Phosphatidyl serines
> Suggest means by which they may be separated from each other.

Beware! In 1992 I shall expect you all to know the answers. After all, you knew the answers then. Surely you remember them.

I quote from Spicula in *The Speculum*, 1962 —

> A habit both vile and unsavoury
> Kept the Bishop of London in slavery;
> With lecherous howls
> He deflowered little owls
> In a great secret underground aviary.

If any who reads this *Chiron* article would be kind enough to pass it on to a 1962 graduate who did not attend, they could see what they missed, and swell our ranks for 1992. I look forward to assisting with the organization of that 1992 reunion, too.

George Santoro

Letter

Dear Sir,
I write to inform Alumni of an event which recently occurred simultaneously in Melbourne and Mildura. At both ceremonies a plaque was unveiled to commemorate the Melbourne University Mildura Branch — opened for action in early 1947 at the former Mildura Air Force station, now the Mildura Airport.

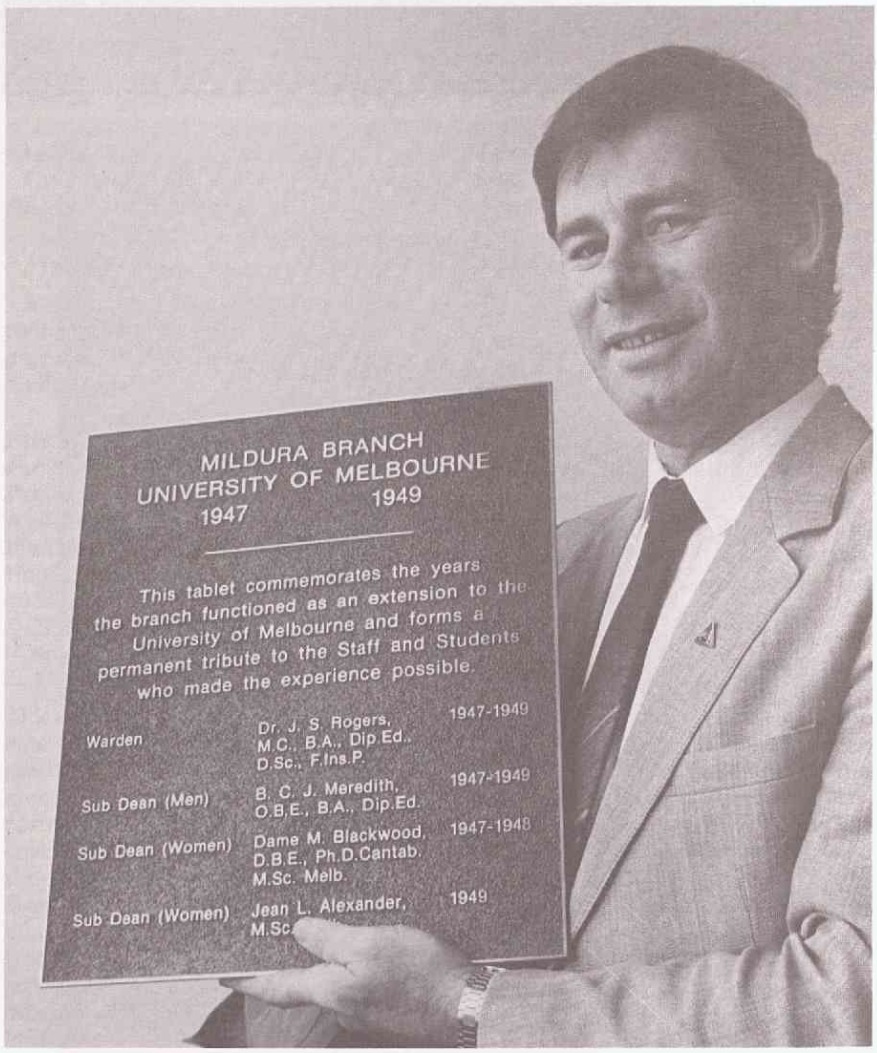
Mildura Branch was opened for those who chose as a career medicine, dentistry, architecture or engineering, as a post-war study. The branch was functional for the years 1947, 1948 and 1949, before its closure because of no further requirements of post-war crowding at Melbourne University.

The plaque in Mildura is situated in the Langtree Avenue Mall in the city centre, and all those thousands of tourists who visit Sunraysia see this important memorial. It commemorates all those who were students as well as the very wonderful and dedicated staff of 'our university'.

Those of us, like myself, will never forget the staff and fellow-students — the spirit of adventure and challenge in that year when we were 'in the wilderness'. As ex-service people, we were gently and kindly returned, through several years, to civilian life — still having an *esprit de corps* because of this experience.

How much we owe to all concerned in this venture — and how differently our Korean and Vietnam 'returnees' were treated!!

To all former Mildura Branch students who ever visit our lovely sunlit zone, you may be uplifted to revisit your old stamping ground — where you enjoyed fellowship, relaxed study time and lasting memories. I would commend the area to tourists; we have more sunlight per annum than the Gold Coast, and are much closer to Melbourne, Adelaide and Sydney. To you all, a welcome is always ready and willing to be extended.



The memorial plaque, Mildura Branch, The University of Melbourne, displayed by local official.

That's probably one reason, at least, why I settled in the area to practice family medicine over thirty years ago.

Yours with fond memories,
W. Lawrence (MBBS 1953)
PO Box 124 Red Cliffs, 3496

Book Reviews

Sir Benjamin K. Rank, sketch by Coral Nerelle, 1968 (formerly Fl.Lt. Aldritt, RAAF). Reproduced with permission from the publishers.

Heads and hands.
An era of plastic surgery.
B.K. Rank
London: Gower; Sydney: Harper & Row, 1987
(X + 292 pp., $A49.95)

This autobiography of Benjamin Rank shows that the natural gifts of leadership and imagination have been used well by this great Australian to the lasting benefit of his profession. The evolution of a life of professional achievement emerges, chapter by chapter, with hardly a false step. It is evident that being in the right place at the right time is not always sheer luck and, clearly, the recognition of talent by his seniors was proven never to have been misplaced.

From Benjamin Rank's early training days under powerful personalities, through to the wartime definition of the specialty, to the crowning achievement of the Victorian Plastic Surgery Unit, there has been a refusal to compromise in the pursuit of Benny's own axiom that 'no surgery is any better than its organization'.

The account of his Colombo Plan activities will hold a great deal of interest for both medical and lay readers because of the deeply-felt and well-expressed empathy between the man and the people of India. Recalling the 'Indian-slide nights' in his home in the 1950s, I read now-profound conclusions from these surgical crusades. A sustained triumph, this enterprise shines as Benjamin Rank's greatest contribution to the relief of human suffering.

Thereafter, the story is increasingly political in content. The wisdom of experience and astute foresight are brought repeatedly to bear on planning the future of surgery — beyond politicians.

This is an intensely personal book. Not only Rank's views but also the way that they are expressed are idiosyncratic. The meaning behind many phrases may be lost on those readers who have not had the rich experience of knowing Benjamin Rank and his natural eloquence. He is a splendid orator, but the spoken phrase here is often idiomatic and imprecise as prose. He had often asked, shrugging his shoulders, 'How do you spell this?' There are many shrugs of the shoulders once the narrative of this book gives way to philosophical musings.

On the whole, the only audience who would comprehend this work would be medical — and to appreciate it properly readers would have to be surgeons. A lay reader may become lost in the unexplained clinical accounts and medicopolitical meanderings. The production is good with few errors; I presume that one of these is 'a most forgettable farewell' given to him in England. A cavalier misspelling of the names of Rank's colleagues mars the finish of this work.

Autobiography is a statement to others. Omissions are inevitable and Rank's biographers will later fill the gaps and add new texture and perspectives to this already most revealing self-portrait, which will be read with great interest in Australia.

John Hueston

An Amazing Man —
Edward Gault in Three Worlds
A biography by Ronald Winton
Published by the Joint Board of Christian Education, Melbourne, 1987

The *Foreword* by Sir Edward Dunlop is reproduced with the kind permission of the publishers.

This biography by Dr R.R. Winton will delight not only the many admirers of Edward Woodall (Ted) Gault but indeed all those who are uplifted by the splendid achievements of a man whose great gifts were paralleled by his goodness of heart and true humility.

To his early B.Sc. he added the unusual bracked of M.D., M.S., (Melb), and the F.R.A.C.S. opened the door to a surgical career. This bright promise was enhanced by his appointment as Honourary Assistant Surgeon to the Royal Melbourne Hospital.

A rowing blue, with a strong upright frame and disarming friendly personality, he was a natural tutor and teacher. A Queen's College man, Melbourne University, he was my tutor in physiology at Ormond College and he demonstrated in pathology at the University. I recall that at that time he revealed a charming solicitude about my thickened ears, which reflected my enthusiasm for rugby union scrums and boxing. His interest in his students was warm and personal, inviting affection.

He was later to make pathology his ultimate career with the distinctions of F.R.C.P.A. and F.R.C. Path.

In 1937, his strong Christian motivation and family associations led him to accept what seemed like a sacrificial post as Medical Superintendent of the Christian Hospital for Women at Azamgarh, near Benares. There, as well as doing surgery, he established a laboratory.

His tact, integrity and organising ability, and his high Christian profile led to an invitation in 1944 to be foundation Professor of Pathology at the Christian Medical College in Vellore, where he was associated with the legendary Dr Ida Scudder.

In his seventeen years he made a unique contribution not only to Vellore but to India as a whole. He not only created a fine Institute of Pathology with the Chair now called after him but was instrumental in establishing a hostel for men and enjoyed the term 'Dean of Men'. His rapport with students and his quiet Christian influence were remarkable and have had enduring effect.

His appointment to the presidency of The Indian Association of Pathologists (1960-61) reflected his complete acceptance into Indian medicine, and a recognition of his creation of a centre of excellence which trained Indian pathologists.

I heard it said, 'It is impossible not to regard Professor Gault as a fellow Indian'. He has been the only European so appointed.

Indians, whether Hindu, Muslim, Buddhist or Christian, recognised him as a 'great spirit' in their midst.

When ultimately he returned to Melbourne, I pressed for his inclusion of the team of post-graduate teachers in the expanding Royal Australasian College of Surgeons, where he was appointed Professor of Pathology.

It was hoped to create a Museum of Pathology akin to that of Royal Colleges of Great Britain. His personal contribution was of high quality.

He was, at the age of sixty-five, claimed by the new clinical school at the Austin Hospital, Heidelberg, which will owe a great debt to his formative zeal and experienced skills.

Here too in the reflective autumn of such a distinguished life he began the arduous task of writing a history of the Austin Hospital, published with the help of his co-author in the year that he died, with the title *A Century of Compassion.*

During the latter part of his life, he took a very active part in the activities of the Friends of Vellore Group, which indeed was formed in 1943 after a visit to Australia by Ted and Edna Gault. He was a gracious, wise and effective president of the Group.

All those who cherish the memory and admire the achievements of this great Australian will be pleased at the publication of this book, devoted not only to the Himalayan peaks of his career, but to his kindly humanity and happy family life after his marriage to Edna, his medical wife. This devoted companion, mother of his children, and colleague in a lifetime of medical service and Christian compassion survives him.

Edward Gault's name lives on in faraway Vellore, in the 'Edward Gault Drive' from the College to the Hostel, the 'Edward Gault Chair of Pathology' and the 'Gault Library', but most of all, as his greatest memorial, he is cherished in the hearts of ever so many men and women.

I commend this book not only to his many friends and admirers but to all who are uplifted by this account of a truly Christian gentleman, whose life was distinguished, compassionate, dedicated, unselfish, kindly and ever useful.

One could say of him as in the Shakespeare of Henry VI:

In thy face I see
The map of honour, truth and loyalty.

Missionary, surgeon, pathologist, distinguished academic, historian, and practical ambassador: when shall we see his like again?

Ernest Sandford Jackson
Neville Parker & John Pearn (eds.)
Published by The Australian Medical Association (Queensland Branch), and the Department of Child Health, University of Queensland, Australia, 4029.
— ISBN Q 86776 201 2, 1987
— Pp. XVI + 354, illustrated
— $A22 plus $6 postage

This is an unusual biography of a remarkable man who did much for medical practice in Queensland. It is bound in glossy green paper emblazoned with impressive portraits of the man on both front and back covers. The front cover also bears the statement that it has been written 'By Twelve Medical Authors'. However there are thirteen contributors cited, each of whom has provided a biographical statement and a photograph. The one classified as non author is Emeritus Professor Douglas Gordon, who has provided the Foreword and one of the nine Appendices.

The contributors alone or in consort have dealt in twenty chapters with different aspects of Jackson's long and useful life. Each chapter has a goodly set of references or notes so that this book must be one of the more exhaustive biographies yet written of one of Australia's medical pioneers.

Jackson, through a combination of industry and temporal opportunity was a driving force in Queensland for the advancement of surgery, radiotherapy, nurses' training, ambulance services and public health. Busy in hospital and private practice he was also one of the foreguards for the establishment of the Medical School of the University of Queensland and the British Medical Association. As commonly occurs when someone has such a busy professional life, wife and family may be relegated to the background. A surgeon grandson does, however, give an unusually sad account of family life which includes the statement:

> 'Throughout the marriage there were no obvious signs of affection or tenderness; to the family and to visitors Dr Jackson remained the all-important doctor with Mrs Jackson the dutiful subordinate.'

Nevertheless, seven children were the fruits of this marriage and Dr Jackson certainly took a dominant role in arranging the schooling of them. It seems certain, however, that this man was more at ease with and gained greater affection from his dogs and horses. Success in a profession may, curiously enough, engender loneliness in an otherwise seemingly full life.

In later life Jackson made useful contributions as a historian. His papers on early colonial medicine in Queensland are of particular value because some of the original papers he used no longer exist. He also stimulated an interest in historical matters by his newspaper features in which he drew on his personal library of historical books. His library also provided the background for his lecture 'Voyages connected with the Discovery of Australia: Some of their Medical History'. This lecture is reprinted as Appendix 9 which is appropriate as this was the first Jackson lecture and is unique amongst named lectures as it was given by the person being honoured.

It may seem carping to point out a historical error made by Jackson but it has been repeated in Chapter 14 on Cancer and Radiotherapy and hence could well be cited as fact. Evan Thomson uses a quotation to start his chapter: 'Truly the grass grows quickly over the graves of the masters!' These words end a letter written by Jackson to the Editor of the *Medical Journal of Australia* in 1926. The letter is a curious one as it is essentially a recollection of things past — a memory of a statement made possibly in *Transactions of the Philosophical Society* of 'perhaps about 1804'. He makes the curious statement that the work of Hunter on Syphilis 'put the final touch on the abolition of lepers in the lazarettes of England'. He then goes on to state that this came out of the increased knowledge of the manifestations of Syphilis demonstrated 'by Hunter *and* his students who infected themselves with Syphilis'. That John Hunter inoculated someone with matter from a venereal sore is given in his account of experiments in 1767. He did not state that he inoculated himself and as Quist says in his biography (1981) this oft quoted interpretation is probably wrong. Nowhere is it stated that he indulged in a class experiment by inoculating his students. The quotation heading the chapter is apt, but the letter from which it was taken has no historical credibility.

This book sets a good standard for future biographies and contains many a worthwhile photograph. Exhaustive it is and to read it through a bit tiring because of the frequent laudatory remarks. Curiously enough the best perspective is given by Douglas Gordon who in Appendix 2 places Jackson in the perspective of his times.

All libraries should hold copies of this book. Copies can be obtained from Professor John Pearn, The Department of Child Health, University of Queensland, Australia 4029.

Harold Attwood

100 YEARS AGO - MELBO

A seminar was held on 27 November 1987 in the Faculty's Sunderland Theatre to celebrate the Centenary of the entry of women to the Medical School of The University of Melbourne. The capacity crowd (in excess of 300) included Mrs Jean McCaughey, Lady Wright and Senator Rosemary Crowley (a classmate of the Dean), and Ms Prue Sibree, MP, as well as current students and graduates from over sixty years ago.

In introducing the seminar, the Dean, Professor Graeme Ryan, welcomed the guests and spoke of the many changes seen in the last one hundred years. He read out messages of congratulation and good wishes from Dr Neal Blewett, Minister for Community Services and Health, and Senator Susan Ryan, Special Minister of State.

The seminar was opened by the Chancellor, Professor Emeritus Sir Douglas Wright who spoke of perceptions of medical women of 'delicate upbringing and tender sensibilities' such that they were given separate dissecting rooms. He looked forward to increasing representation of women into the 'upper echelons' of medicine.

The first speaker was Dr Elizabeth Turner, a past President of the Victorian Medical Women's Society and the Paediatric Society of Victoria, who was awarded an Honorary LL D by The University of Melbourne in 1983. She spoke of the history of women in medicine and of ancient Egypt and Greece where most doctors were women and where women controlled obstetrics, gynaecology and paediatrics. She remarked on the irony of the delivery by a German woman doctor in 1817 of the Duchess of Kent of a daughter, later to become Queen Victoria, who was later to rail against the 'mad wicked folly' of women's rights. Victoria wrote to Gladstone of her views on women studying medicine '. . . to tear away all barriers . . . and study things . . . which should not even be mentioned before them'. Dr Turner further noted the irony of our first hospital run by women for women taking the name 'Queen Victoria Memorial Hospital'.

The struggle for the admission of women to medicine at Melbourne (reviewed by Dr Turner in *Chiron*, March 1984) was outlined and she reminded the audience that the Editor of the *Australian Medical Journal* spoke of women in medicine in the same terms as 'dancing dogs, fat boys, and bearded ladies'. Interestingly, support for one of the ladies later came from Alfred Deakin. When the admission of women to the Victorian British Medical Association was moved in 1891, it was suggested that they might enter medicine because of 'a horrible and vicious gratification of a prurient and morbid curiosity for prohibited information'.

Dr Turner spoke of the resourcefulness of the early graduates who quickly established names for themselves. Dr Alice Laverack, a 1909 graduate, who worked in outback Queensland made her calls on horseback carrying a revolver in her medical bag. In similar vein, Dr Jean McNamara, famous for her work on poliomyelitis, was responsible for the introduction of myxomatosis to contain the rabbit plague. The obstetrician, Dr Ella McKnight was a pilot who flew to welcome Amy Johnston to Australia. By 1980, women doctors, 'those unnatural creatures' comprised 17% of the medical workforce in Victoria.

Dr Lorraine Dennerstein, First Assistant in the University Department of Psychiatry and President of the International Society of Psychosomatic Obstetrics and Gynaecology, spoke of roles and achievements of women in medicine and highlighted the lack of information about medical women.

She presented preliminary results of a questionnaire sent to University of Melbourne graduates, which concentrated on sociodemographic, practice patterns, practice barriers, family and physical health issues.

Dr Dennerstein was pleased by the 70% response rate, given that the mailing coincided with the height of the Australia Card controversy. Ninety percent of the responders were in active practice and only 1% were unemployed (more women than men). Men worked longer hours, but were more likely to be in private practice and earned about twice as much as the women. The women were more influenced by family considerations in their career choices, more likely to be single, nulliparous, have small families and marry doctors (not necessarily in that order). They were more involved in the home and worked less hours because of this. The women were more likely to have had career interruptions because of childbirth, childcare, travel or unemployment, whereas for men military service was the major reason. Looking at factors

which were perceived by the respondents to be important in career success, Dr Dennerstein concluded that women still have to choose between career and family obligations.

Sue Chapman, a fourth year medical student and past President of the Melbourne University Medical Students' Society, spoke about being a female medical student and recounted some of her own experiences. One of the major problems facing female medical students was the lack of role models, both in the preclinical and clinical years of the course. It was hoped that this imbalance would be redressed in the future. She felt that more attention was paid in the course to male than female illness, even though women are the major health consumers. She touched on sexist teaching and the attitudes of some male patients who were happy with intimate attentions from female nursing staff but reluctant to discuss symptoms with female students. She felt that the area of the specialities was the last bastion of male domination within the medical profession, due primarily to the long training coinciding with a crucial biological period for women. Society was less tolerant of careers for women if women also wished to have a family. She stressed however that the episodes recounted were uncommon. Owing to the efforts of both females and males in the field, female students were now accepted readily and suffered little of the discrimination their forebears had had to deal with.

Dr Jill Rosenblatt, a general practitioner who lectures in the Monash Department of Community Medicine, gave a vividly illustrated account of her experiences combining life as a country G.P. and mother of five. She showed case histories of patients in her practice, from neonates to octogenerians, and pictures of local community life, the surrounding countryside and her own family. She spoke of the advantages (excellent child care, supportive community) and disadvantages (leaving her own bed postpartum to deliver another baby) of country practice and left much of the audience feeling exhausted with admiration as she described her routine. Above all, she conveyed the sense of achievement she felt in combining practice and family in a community of which they were very much a part.

Judith Whitworth, a past President of the Australian Society for Medical Research, outlined some of the major contributions made by women in medical research, citing the work of Gertie Cori on inborn errors of metabolism, Rosalyn Yalow on radio-immunoassay, Helen Taussig on correction of congenital heart defects and Elizabeth Hazen and Rachael Brown on nystatin. She presented some results of a survey undertaken by the Australian Society of Medical Research, courtesy of the directors. Women involved in medical research are more commonly graduates in science than medicine. They have fewer postgraduate qualifications, are less likely to be employed, occupy more junior jobs and earn less money. She felt the under-representation of women reflected the long and arduous training required for medical graduates in biomedical research, and felt that the situation was unlikely to improve without sweeping societal changes, and equal involvement of both parents in child rearing. Dr Whitworth concluded by looking forward to attending a Symposium on Men in Medicine where the Dean introduced her male colleagues.

After the speakers' presentations the Dean chaired a very active discussion session. Senator Crowley commented on how important she found the material presented. There was close questioning of representatives of the various speciality colleges on their rigorous training requirements. Some, but not all, accept part-time training. Industrial matters, such as paid maternity and paternity leave, job sharing, and differential rates of pay for part-time workers were raised. Re-education for women re-entering the workforce evoked considerable debate. Some of the students felt their problems could only be solved by a 'househusband'.

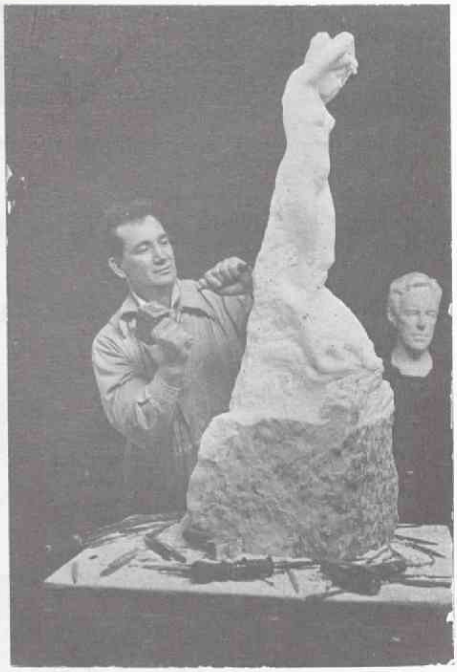
In closing, Professor Ryan presented the framed original of her cartoon '100 years ago' to Dr Elizabeth Turner and expressed the hope that it would eventually find its way back to the Faculty.

Following the seminar, champagne and sandwiches were served in the foyer of the Medical School, and the discussion continued. The 'mad wicked folly' appears to have triumphed.

Thanks are due to Robin Orams and Jill Ewing for organizing an unforgettable Centenary function.

J.A. Whitworth

The Alexander Memorial plaque, Medical Centre foyer.



Web Gilbert at work 1909.

Miss L.H. Alexander, M.B.

'The Wheel of Life', Medical Centre foyer.

The Wheel of Life

The Alexander Memorial

In 1887, the year that women first entered the medical course at The University of Melbourne, Dr John Springthorpe, a graduate of the Medical School and lecturer in therapeutics, dietetics and hygiene, married a young woman called Annie. Ten years later, Annie died in childbirth and Dr Springthorpe arranged for the creation of the Springthorpe memorial. One of the works commissioned for this tomb was 'The Wheel of Life' which is now on permanent display in the foyer of the Medical Centre.

'The Wheel of Life', a sculpture by Charles Marsh (Nash) Web Gilbert (1876-1925), was presented to The University of Melbourne in 1936 by Mr A.S. Cudmore on behalf of his brothers. It is a large bas-relief in marble depicting a Buddhist lama sitting in contemplation by the tranquil waters of a river. After years of travail the lama appears to have found, embodied in this river, the peace he has been seeking. As he rests and lets his prayer-wheel slip to the ground, the hand of fate grasps the wheel of life symbolizing that he is still in the grip of destiny.

The Springthorpe Memorial is one of the major tombs in Boroondara Cemetery, Kew, Victoria. Its art nouveau style and the Pre-Raphaelite sentiments it conveys make it a work of particular interest. The central image, symbolizing immortal love and human love beside the figure of Annie Springthorpe, was conceived by Dr Springthorpe and sculpted in marble by Sir Bertram Mackennal. Harold Desbrowe Annear designed the memorial which was to include a rectangular pool and two pieces of sculpture by Web Gilbert: a brolga and her chick, and 'The Wheel of Life'. 'The Wheel of Life' was considered too eastern for the memorial and eventually found its way into the private collection of the Messrs Cudmore. The lotus flower in the foreground is said to be modelled on the first lotus to flower in Victoria and a local Chinese was used as the model for the lama.[1]

Web Gilbert had established his reputation as a major sculptor by the time he completed 'The Wheel of Life' in 1910. His life was one of hard work and great commitment to his art. He began work at the age of nine due to the early death of his father, receiving little education and virtually no formal training as a sculptor. Gilbert worked as a chef and learnt to model decorations for cakes, spending his free hours attending drawing classes and working on his art. He built his own foundry in Gore Street, Fitzroy and there wielded the heavy materials needed for his sculpture. He is said to have died of overwork. The success he achieved, despite the tremendous odds stacked against him, has given him a legendary status in Australian art history.[2]

The donation of 'The Wheel of Life' by the Messrs Cudmore was made in memory of Dr Lilian Helen Alexander, who was one of the pioneer medical women in Victoria. The entry of women into the medical course at this university owes much to her efforts and to those of her friend Miss Helen Sexton. During 1886 they gained support from a member of influential individuals as well as a group of women who had expressed an interest in studying medicine. In 1887, it was decided that women would be permitted to enter the medical course. Miss Alexander and Miss Sexton began the first year of the medical course at Melbourne along with Misses Annie and Elizabeth O'Hara, Miss Grace Vale, Miss Clara Stone and Miss Margaret Whyte. All seven women gained their medical degrees in the years that followed. Miss Alexander had completed a distinguished Arts degree in 1886 and graduated in medicine in 1893. She gained her Master of Surgery in 1901 and helped found the Queen Victoria Hospital for Women, where she was a member of staff for many years. In 1895 Dr Alexander became the first secretary of the Victorian Medical Women's Society. To her nephews, the Messrs Cudmore, she had been a life-long counsellor and friend.

'The Wheel of Life' is regarded as one of Web Gilbert's finest works and, now as 'The Alexander Memorial', is an important tribute to the early efforts of Lilian Alexander. In its original state it was decorated with two bronze dragons and was placed on display in the Union building after its unveiling in Wilson Hall in 1936. In 1972, Professor Ken Russell arranged for its placement in the medical building in view of its importance to the Medical School.

Robin Orams

References

1. R.H. Cross, *I Recall — Collections and Recollections*, Robertson & Mullens Limited, Melbourne, 1959, p.119.
2. Ken Scarlett, *Australian Sculptors*, Thomas Nelson Pty Ltd, Melbourne, 1980, pp.215-22.

Footnote: Web Gilbert's daughter, Mrs M. Addis, was discovered taking a photograph of 'The Wheel of Life' last year and has assisted in filling in some of the gaps in this story. Also, thanks to Annette Welcamp from The University of Melbourne Gallery and Juliet Peers who is researching the life of Web Gilbert.

Faculty of Medicine

125th celebration dinner. The Dean, Professor Graeme Ryan accompanies His Excellency the Governor of Victoria, Dr Davis McCaughey, Mrs McCaughey and other official guests.

Dr Hilda Kershaw, MBBS 1917 (centre), a special guest at the 125th celebration dinner.

Message from the Dean

General statement for the year

During 1987, the Faculty of Medicine celebrated the 125th anniversary of the founding of the Medical School, and the centenary of the admission of women to the medical course. To mark these two milestones, a dinner was held in Wilson Hall on Wednesday 19 August 1987. This was a glittering occasion attended by nearly three hundred graduates and friends of the Faculty, including His Excellency the Governor of Victoria, Dr Davis McCaughey and Mrs McCaughey, and the State Minister of Health, the Honourable David White and Mrs White. Special guests of the Faculty were a group of senior women graduates, including the oldest known graduate of the University, Dr Hilda Kershaw (M.B. B.S. 1917) now in her 98th year. The Faculty thanks all those involved in arranging this dinner, and the graduates for their enthusiastic support.

There have been major changes in teaching hospital affiliations during the year. Progress has been made to implement the decision made during 1986 to establish a joint Clinical School of the University between the Amalgamated Melbourne and Essendon Hospitals and Maribyrnong Medical Centre, and to extend the current university departments of medicine and surgery at the Royal Melbourne Hospital to form units of these departments at Maribyrnong Medical Centre. The Chair of Medicine at Maribyrnong Medical Centre has been advertised, and it is expected that formal steps will be taken to approve and fill a Chair of Surgery during 1988. University of Melbourne students will attend Maribyrnong Medical Centre from the beginning of 1989. Following an approach to the University by the Geelong Hospital, it was agreed that approval in principle be given to the Geelong Hospital being recognized as a teaching hospital of The University of Melbourne and that Chairs of Medicine and Surgery be established at the hospital, funded through the hospital budget. It is anticipated that students will be accommodated at the Geelong Hospital from the beginning of 1990, most likely participating in teaching programmes of a joint Clinical School to be established between St Vincent's Hospital and the Geelong Hospital. In accord with this regional approach to hospital affiliations, Box Hill Hospital will affiliate exclusively with Monash University from the beginning of 1989.

During the year, formal affiliations were established between the University and two institutes of special relevance to the Faculty of Medicine: the Mental Health Research Institute and the Victorian Institute of Forensic Pathology.

A major document was prepared for submission to the Committee of Inquiry into Medical Education and Medical Workforce in 1987. This document covered a wide range of matters concerning medical education and training and was an important policy statement for Faculty and the University. Representatives of the Faculty were interviewed by the Committee of Inquiry on 19 August 1987. The Report of the Inquiry is expected in May 1988.

Towards the end of 1987, a Working Group was established to develop the Faculty's contribution to The University of Melbourne Strategy Plan. A preliminary document was prepared and submitted to the Vice-Chancellor's Consultative Committee, outlining the current state of the Faculty in meeting its objectives in relationship to the advancement of knowledge, the provision of education, and contributing to the intellectual and cultural development of the community. Further work will be needed in the early months of 1988 to develop strategies for the Faculty for the next five to ten years, particularly in addressing the challenges raised at the end of 1987 by the Federal Minister for Employment, Education and Training in the Green Paper on Higher Education Policy.

Student matters

The intake into the first year of the medical course was again 182 students for 1987. The VCE cut-off score for selection was 350, having risen from 347 in 1985 to 360 in 1986. Included in the entry into first year was the usual quota of 13 overseas students (who required VCE scores of at least 390 compared with 378 in 1986) and a small number of mature age students selected on the basis of both VCE and tertiary studies.

In 1987 the Faculty again participated in the university's Special Admissions Scheme in which up to 10 students are admitted to the first year of the medical course on the basis of VCE performances somewhat lower than the normal cut-off figure but considered to be adversely affected by social and educational disadvantage. Ten such students were

admitted to first year in 1987; nine of the students did well and are proceeding to second year while the other student will sit supplementary examinations in February. Seven of the ten students admitted under this scheme in 1986 have successfully completed two years of the course, while the other students have supplementary examinations. The four students admitted under this scheme in 1985 have now successfully completed three years of the course. Faculty supported the decision to extend the scheme for a further three years. In 1987, the Faculty's Extended Special Admissions Scheme was implemented for the first time. This provides for the selection of up to ten additional disadvantaged students whose academic performances are between the above Special Admissions cut-off and the cut-off score for entry into science at the University. The students will be admitted to the second year of the medical course if they perform at a satisfactory level in prescribed science subjects for two years. The ten students nominated for this programme commencing in 1987 have successfully completed first year of the science course.

The Faculty's long-standing Lateral Entry Scheme continues to operate successfully, offering the opportunity for students to gain selection into the second year of the course on the basis of appropriate tertiary studies. All thirteen students admitted under this scheme in 1987 were successful in completing second year. In addition, the Faculty's Refugee Entry Scheme provides access to the course for appropriately qualified senior medical students or recent medical graduates admitted to Australia with refugee status. A total of seven such students were studying in the course during 1987. These students were required to pass screening tests in second year subjects to gain entry into the third year of the course. One refugee student in final year in 1987 graduated at the end of the year, bringing to six the number of refugees who have graduated from the course during the past three years.

During 1987, eight students were enrolled for the Bachelor of Medical Science degree, mostly after their third or fourth year of medical studies. This provides opportunities for students to carry out a year of supervised research in a wide range of areas in preclinical or clinical departments of the Faculty.

Pass rates continue to be very high and very few students withdrew from the course in 1987, again attesting to the success of the revised curriculum and the efficiency of the selection process.

Faculty approved recommendations during 1987 by the Curriculum Review Committee for substantial curriculum changes in the three preclinical years to coincide with the introduction of the two-semester academic year in 1989. These changes include a significant shift of anatomy, physiology and biochemistry teaching into first year with some reduction in biology and physics teaching; an increased responsibility to be undertaken by the Department of Community Medicine in each of the preclinical years, particularly in the development of a major new third year subject, entitled Community Medicine; and the opportunity for introductory clinical experience in the hospitals in the second half of third year, associated with an increase in pathology teaching on the university campus in fourth year. The Curriculum Review Committee has formed a Working Group to review teaching and assessment in the three clinical years of the course.

Research

During 1987, the Faculty of Medicine attracted research funds from sources outside the university totalling approximately $14.5 million. These funds were derived from Government agencies, private foundations, donations and with a growing proportion coming from industry. The largest contribution was an amount of over $6.5 million from the National Health and Medical Research Council comprising approximately $5 million shared between 45 new project grants (compared with 33 in 1986) and 58 continuing project grants (47 in 1986), and approximately $1.5 million for five continuing programme grants. In addition to the $6.5 million of grants administered through the University, associates of university departments working in affiliated teaching hospitals received another $1.5 million in NH&MRC grants, giving an overall total of approximately $8 million. This is the largest allocation of NH&MRC funds to any medical school in Australia, highlighting the high standard and competitiveness of the medical research being carried out at The University of Melbourne.

The strong growth in research funding received from outside sources by the Faculty of Medicine in recent years has been paralleled by major increases in research staff and the number of medical and science graduates who are studying for higher degrees in departments of the Faculty and in medical research institutes affiliated with the University. In 1987, the Faculty of Medicine had the equivalent of 369 full-time higher degree students, a figure that has doubled in the last ten years. It is the Faculty's view that the outstanding research strengths of the departments, affiliated institutes and teaching hospitals of the Faculty of Medicine are essential ingredients in expanding and upgrading postgraduate education and training as well as in fostering the milieu and staff to provide the highest quality undergraduate medical education.

Staff and Alumni matters

Professor David Penington, Professor of Medicine at St Vincent's Hospital, was appointed Vice-Chancellor of The University of Melbourne, succeeding Professor David Caro with effect from 1 January 1988. Professor Penington was Dean of the Faculty from 1978 to 1985. Towards the end of 1987, he relinquished his roles as Chairman of the National AIDS Task Force and Chief Adviser on Health Policy and Programmes for the Health Department of Victoria. At the Conferring of Degrees Ceremony in December 1987, he was awarded the Upjohn Medal (see following item) in recognition of his outstanding contributions to medicine. The Faculty congratulates Professor Penington on his new appointment, and wishes him the greatest success in this important new phase of his career.

Dr John Coghlan, Deputy Director of the Howard Florey Institute, was appointed Professorial Associate with the title of Professor in the Department of Physiology. Later in the year he was appointed to the half-time position of Deputy Vice-Chancellor (Research). Professor Coghlan's appointment as Chairman of the Medical Research Committee of the National Health and Medical Research Council for the triennium 1988-90 was also announced.

Dr R.D. Helme was appointed to the position of Professor/Director of Gerontology and Geriatric Medicine at the National Research Institute, Mount Royal Hospital.

New appointments as Professorial Associates were Dr W.R. Adam (Department of Medicine, Austin and Repatriation General Hospitals), Mr J.T. Cummins and Mr I. Vellar (Department of Surgery, St Vincent's Hospital), and Dr J.A. Whitworth (Department of Medicine, Royal Melbourne Hospital).

Professor Nancy Millis, who held a Personal Chair in the Department of Microbiology retired at the end of 1987, but will continue her association with the Faculty with a part-time

appointment to oversee the development of teaching programmes in biotechnology.

Notable honours gained during 1987 by persons associated with the Faculty included the appointments of Sir Edward Dunlop as Companion of the Order of Australia, and Mr J.K. Henderson and Professor Emeritus F.D. Stephens as Officers of the Order of Australia. Professor Richard Bennett was awarded the prestigious Sir Hugh Devine Medal of the Royal Australasian College of Surgeons. Professor Donald Metcalf won the Bristol Myers Award and was appointed a Foreign Associate of the United States National Academy of Science. Dr Roger Summers of the Department of Pharmacology was awarded the David Syme Research Prize for 1986.

The University of Melbourne Medical Society is flourishing, with a current membership of approximately 1350. This includes 160 members of the 1987 medical graduation class who were recruited to membership of the Society (and the Alumni Association) following a ceremony held in December in the Sunderland Theatre to introduce the class to the Medical Board of Victoria. The Society's journal *Chiron,* continues as a thriving publication under the editorship of Mr Peter Jones. The Continuing Medical Education Courses and the Dean's Lecture Series continue to be well attended. The 53rd Beattie-Smith Lecture, 'The Choroid Plexus and Dementia', was given by Dr Ross Anderson. The 32nd Halford Oration, 'The Interface Between Medicine and Science', was given by Professor Emeritus Sir Michael Woodruff, a graduate of this university and formerly Professor of Surgical Science, University of Edinburgh.

Another event in the year's calendar to celebrate the Centenary of the admission of women to the medical course was the seminar entitled 'Melbourne Medical Women: 100 Years' held on 27 November 1987. An overflowing capacity crowd in the Sunderland Theatre, including Mrs Jean McCaughey and Senator Rosemary Crowley (M.B. B.S. Melbourne 1961), participated actively and warmly in discussion following excellent presentations by Dr Elizabeth Turner, Dr Lorraine Dennerstein, Ms Sue Chapman, Dr Judy Whitworth and Dr Jill Rosenblatt.

Graeme B. Ryan
Dean, Faculty of Medicine
Chairman, UMMS Committee

Sir William Upjohn Medal 1987
David Geoffrey Penington

(Citation presented by the retiring Vice-Chancellor, Professor David Caro, at the Conferring of Degrees Ceremony on 15 December 1987)

David Penington entered The University of Melbourne in 1948 to study medicine. In 1950 he transferred to Oxford University as Dominions Clinical Scholar and, after graduating in medicine from Oxford, undertook post-graduate training in medicine in both Oxford and London. After a year as a Research Fellow in Boston, he was appointed Consultant Physician to the London Hospital, but returned to The University of Melbourne in 1968 as First Assistant in the University Department of Medicine at St Vincent's Hospital with an established reputation as a clinician, teacher and research scientist with a special interest in blood diseases.

He was appointed Professor of Medicine at St Vincent's Hospital in 1970 and, from 1978 to 1985 he was Dean of the Faculty of Medicine. During this period, he achieved a range of major objectives aimed at reshaping and promoting the educational, research and professional roles of the faculty. He was responsible for developing new approaches to undergraduate and postgraduate medical education, and initiatives that led to an unprecedented expansion in research activity to a level unrivalled by any other medical school in Australia.

Within the University, he served for many years as a member of the University Council and most major committees. He was Chairman of the Board of Social Studies, the Overseas Students Sub-Committee and the Council Committee on Student Services. He was also Deputy Vice-Chairman of the Academic Board.

Professor Penington has had major commitments outside the university. He has served on the Boards of hospitals and institutes and the National Health and Medical Research Council. He was Chairman of the National Blood Transfusion Committee of the Australian Red Cross Society from 1977 to 1983, a position that led to his important advisory and public relations role as Chairman of the National AIDS Task Force from 1984 to 1987. The National Health and Medical Research Council has acknowledged that Australia's internationally pre-eminent position in dealing with the AIDS epidemic is largely due to the leadership of Professor Penington.

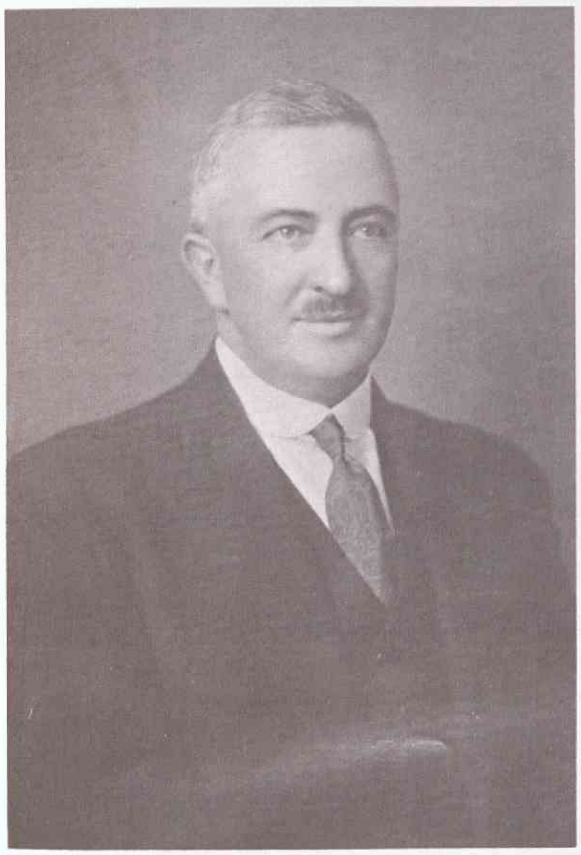
In 1984, Professor Penington chaired the Committee of Inquiry into Rights of Private Practice in Public Hospitals, and was responsible for providing a report that was widely acclaimed as a landmark in the development of health policy in Australia. Similarly, his recent work as Chief Adviser on Health Policy and Programs for the Health Department of Victoria has been outstandingly valuable in reshaping the future hospital system in this State.

The Upjohn Medal commemorates one of our most distinguished medical graduates, Sir William Upjohn, who was at one time Chancellor of this university. It is awarded by the University every five years to a graduate in any faculty in any university for distinguished services to medicine in Australia. The quality and range of Professor Penington's achievements in medicine make him a most worthy recipient of this prestigious award. It is particularly appropriate that the award is made at this time because it marks a turning point in Professor Penington's career as he moves from medicine to become Vice-Chancellor of this university from the first of January 1988. We congratulate him on the award of this Medal and we wish him well in his new role.

Departments

Department of Obstetrics & Gynaecology
The Royal Women's Hospital

Undergraduate training in obstetrics began on 9 March 1865, three years after the founding of the Melbourne Medical School, when Richard Thomas Tracy gave his first lecture to two students who were beginning the fourth year of their medical course. A number of visitors also attended, for this was an open lecture. At that time Tracy was appointed Lecturer in Obstetrics and he held this position at the Melbourne Lying In Hospital (later The Royal Women's Hospital) until 1873. From then, until 1928, the Lecturer in Obstetrics position was held by a number of clinicians with gynaecology being introduced as a distinct and recognized entity in 1900. The clinical school at The Royal Women's Hospital was established in the early 1900s and was the only teaching school in obstetrics and gynaecology in Melbourne until a second school was established at The Mercy Maternity Hospital in the late 1960s.



Professor Marshall R. Allan

In 1925 The University of Melbourne appointed Robert Marshall Allan as the Director of Obstetrical Research in Victoria as there was considerable concern about the quality of maternity services in this State. He travelled throughout the State, inspected all hospitals licensed to admit obstetric patients, and, two years later, presented a notable report on maternal mortality and morbidity in Victoria. The implementation of his advice was a major factor in the dramatic improvement in obstetric training and practice which followed. In 1928 a Chair of Obstetrics was established in The University of Melbourne and Marshall Allan was appointed as the Foundation Professor. From then, until he died in 1946, he was responsible for the training of many of the initial specialists in Victoria in this discipline.

Following Marshall Allan's death there was a five-year period when William Ivon Hayes and James Walter Johnstone served as Acting Professors. A new chair, in both obstetrics and gynaecology, was then established and Sidney Lance Townsend was appointed to this in 1951. Under his guidance the Department of Obstetrics & Gynaecology rapidly expanded and his particular interest in perinatal and maternal mortality and morbidity resulted in the establishment of special State Government Committees which continue to exist today. The deliberations of these committees and the reports which were produced by them, provided information for all medical practitioners and certainly were associated with a dramatic improvement in the quality of obstetric care seen in this State.

There is no doubt, however, that the decision of Sir Lance Townsend to appoint James Brown (subsequently Professor James Brown) to the Department in 1962 was one of the major factors in the further proliferation of the Department. Professor Brown, a scientist and not a medical graduate, brought with him an expertise in hormone assay which was not available anywhere else in the world and applied this to the clinical care of women during pregnancy or with gynaecological disorders, including infertility. His scientific expertise, applied in co-operation with the clinicians within the Department at the time (Norman Beischer, Eric McKay, James Evans, and others) resulted in the Department being renowned throughout the world for the assessment of foetal well-being and for the hormonal assessment and treatment of disorders of ovulation. Although many of the scientific ideas came from James Brown, the application of these to clinical practice was largely applied by Meg Smith, who ran the steroid laboratory until her retirement at the end of 1987.

Prior to Sir Lance Townsend's retirement in 1977, the discipline of obstetrics and gynaecology was already undergoing major changes as the number of specialists within the city and its environs was sufficient to ensure that much of the difficult manipulative obstetrics was performed by consultants, rather than by general practitioners. This resulted in a dramatic change in the undergraduate teaching programme with much less emphasis on manipulative obstetrics, and more emphasis on antenatal care, intrapartum care and monitoring, family planning, and office gynaecology. These changes have continued since the retirement of Sir Lance Townsend, under the chairmanship of Professor Roger Pepperell, with further expansion of the Department's interests into specialized areas of infertility (such as *in vitro* fertilization) and hormonal aspects of breast and gynaecological cancer. Although Professor Brown retired in 1984, he has continued to work actively in the Department and his recent application of enzyme immuno-assay techniques to the measurement of steroid hormones in the urine, has revolutionized the use of these hormone assays in many aspects of gynaecology.

Although initially virtually all of the undergraduate teaching in obstetrics and gynaecology was performed at The Royal Women's Hospital, some students from The Royal

The late Dame Kate Campbell — 'Auntie Kate' with a precious patient.

Women's Hospital Clinical School now also attend the Amalgamated Essendon and Royal Melbourne Hospitals for obstetrics and gynaecology training, St George's Hospital for obstetric training, and St Vincent's Hospital for gynaecological training. In 1989 students will also attend the Maribyrnong Medical Centre, and in 1990 students will undergo training in obstetrics and gynaecology at Geelong Hospital. Involvement of peripheral institutions is necessary as The Royal Women's Hospital assumes a role more of a tertiary referral centre.

When undergraduate teaching in obstetrics commenced in 1865, it was to encompass diseases of both women and children. This emphasis has continued since that time with specialist neonatal paediatricians ultimately being appointed to positions within the Department of Obstetrics and Gynaecology at The Royal Women's Hospital. These paediatricians have included Dame Kate Campbell (1899-1986), who retired in 1966, and Bill Kitchen who currently occupies the post as First Assistant in the Department. Each of these persons has been involved in clinical research activities associated with the assessment of quality of life of infants born prematurely, and each has achieved world recognition for their work in this area.

The Department of Obstetrics and Gynaecology (The Royal Women's Hospital) began as a small department teaching practical aspects of obstetric care. The Department is now a large one with broad expertise in many subspecialty areas of obstetrics, gynaecology, and neonatal paediatrics. Its laboratory component, which is the envy of many departments of obstetrics and gynaecology throughout the world, provides a superb back-up facility for the clinicians managing complicated clinical problems, in addition to generating income which assists in the funding of many research programmes.

Roger Pepperell
Dunbar Hooper Professor of Obstetrics & Gynaecology

Reports from Clinical Schools

Austin and Repatriation General Hospitals

In 1987, there was a consolidation of the programmes at the Clinical School. No major changes were made during the year, but for 1988 we are anticipating a change to allow the students more time in the wards during their fourth year. The emphasis continues to be on clinical teaching in the wards of the hospital, with the students encouraged to involve themselves with the patients as the major source of learning.

The year also celebated twenty-one years since the establishment of university departments of medicine, surgery, pathology, microbiology and obstetrics and gynaecology at the Clinical School. The integration of the University with the Austin Hospital was achieved by making the Professors Chairpersons in the respective departments of the hospital. Since those early days there have been changes with additional Professors of Medicine and Surgery at the Repatriation General Hospital since 1977, and a Professor of Clinical Pharmacology and Therapeutics at the Austin Hospital. However, the Chairs of Pathology and Microbiology were discontinued once the changed curriculum reduced the amount of teaching in these areas.

During 1987 Nick Christophidis was appointed Professor of Geriatrics at Monash University, making a total of ten professors appointed from the Department of Medicine in the twenty-one years of its existence. Mr Donald MacLellan was appointed Lecturer in Surgery at the Austin Hospital. Dr Lorraine Dennerstein was promoted to a First Assistant in the Department of Psychiatry.

I regret to report two Senior Associates at the Clinical School, Mr John Woodward, neurosurgeon and Dr Robin Smallwood, Director of Anaesthesia and Intensive Care, died during the year. They both played an important role in building up the hospital, and were very involved with the undergraduate teaching.

The final year saw seventy students graduating in 1987, with Mr Noel Cranswick as top student of the Clinical School, and sharing the Exhibitions in both Medicine and Surgery. It is a far cry from the sixteen students who formed the first group of graduates eighteen years ago. In that time the number of students at the Clinical School has built up to 186 in 1987.

Bernard Sweet
Associate Dean (Clinical)

The Royal Melbourne Hospital

No major changes were made this year at the Royal Melbourne Hospital Clinical School, but significant new initiatives are planned over the next few years. These have been brought about by the development of the Royal Melbourne Hospital as a tertiary referral centre, which has diminished the opportunity for student involvement with patients representing the broader spectrum of diseases as seen throughout the community.

Increasingly the medical students will have to rotate through a number of centres in order to achieve a balanced clinical education. Over the last few years our fourth year students in both medicine and surgery have been on rotation to Ballarat Base Hospital and our fourth year surgical students have been going to the Goulburn Valley Base Hospital. The students value these terms because of the different type of patients and the enthusiasm of the staff. The surgical staff of Ballarat Base ran a trial examination for the final year students this year which was very much appreciated. It is hoped that these rotations will be continued and that the staff from these hospitals will become active in the examination process.

The amalgamation of the Royal Melbourne Hospital Clinical School with the Maribyrnong Medical Centre will go a long way to achieving the balance of patients required for clinical teaching. Rotations are not due to start until 1989, by which time university chairs of medicine and surgery should have been established. One minor problem has been the naming of the joint Clinical School, but there is a strong feeling that for historical reasons, the name 'Royal Melbourne' should be retained in the title.

Over the next few years there will be a reduction in the number of students admitted to the Clinical School which should stabilize at about sixty per year. This will help with the organization of the teaching but does create problems of funding for the university departments.

Increasing the outside rotations makes it almost impossible to gather all the students together at a particular time and may well mean the demise of the formal lecture. Small tutorial and bedside teaching allows for decentralization, but it is expensive in teacher time and it is difficult to ensure that a syllabus has been covered adequately. A library of video tapes made by the teaching staff would allow students to study at more flexible times. It is proposed that such a library will be established once the new medical research building is occupied.

The future looks bright; the Clinical School is in good shape to meet the considerable changes that must evolve over the next few years.

Alan Cuthbertson
Associate Dean (Clinical)

St Vincent's Hospital

It is fitting that in this the centenary year of women entering the medical course of The University of Melbourne that, for the first time, over 50% of the intake into the fourth year of the course at St Vincent's Hospital Clinical School were female — a far cry from the small number of women who entered the first year of the course in 1887.

It is pleasing to note how well our students fit into the atmosphere of the hospital. From the first week when they enter as bright young people who have completed three years of basic science and who are eager for patient contact, until the moment about three years later when they graduate, a steady progression of maturity has been noted. For those who bemoan the loss of the spirit of adventure among medical students, a perusal of the elective experience reports would be most illuminating — New Guinea, Africa, Asia and outback Australia figure prominently among the adventurous electives.

The majority of year five students now take part of their C.T.R.A. work (casualty, trauma, resuscitation and anaesthesia) in country hospital's emergency rooms. It is inevitable that as the course content and experience is adapted to provide a broad and relevant undergraduate clinical experience, we will see greater use being made of outer metropolitan and country clinical experience at the undergraduate level.

The programme of communication skills teaching which was commenced in 1984 is now firmly established and precedes the fourth year students clerking rosters — each of which consists of six weeks general medicine and general surgery in a unit at St Vincent's Hospital or at Preston and Northcote Community Hospital.

Congratulations to the fifty-nine final year students who graduated in 1987. It was particularly pleasing to note that included among our graduates were two refugee students who had been admitted to the course in 1984. For one of these it was his second graduation as he had previously qualified as a medical graduate in Vietnam.

Greg Whelan
Associate Dean (Clinical)

Faculty of Medicine Final Year 1987

Top Final Year Student 1987

Anthony David Merritt


Anthony Merritt

Anthony David Merritt, from the Royal Melbourne Hospital Clinical School, was top student in the Final M.B. B.S. examinations for 1987. Tony was born in Box Hill in 1961 and received his primary education at Blackburn Lake Primary School followed by secondary schooling at Carey Baptist Grammar School, where he finished with A's in English, biology, chemistry, physics and general mathematics.

During the undergraduate medical course he became a prosector in anatomy winning the Dwight's Prize and the Exhibition in Anatomy. He also won the T.F. Ryan Prize in Anatomy, the Wellcome Prize in Physiology, the Boots Prize in Pharmacology and the Medishield-Ramsay Prize in Clinical Pharmacology.

Tony has been concerned with Aboriginal health, spending four weeks at the end of 1983 as a voluntary health worker at Apatula Community, Finke in Central Australia. He deferred from the course in 1986, spending four months in Papua New Guinea, three months at the Derby and Broome Hospitals, obtaining experience with the Royal Flying Doctor Service. The remaining time was spent in New Zealand and working in Melbourne as an ambulance officer.

He has shown a strong interest in community affairs and has been an active member of the Third World Health Group in Melbourne. Youth affairs have not escaped his attention and for the last seven years he has been a leader at a summer adventure camp and is now involved in programme directing. Bushwalking, camping and involvement with the Wilderness Society occupy most of the spare moments whilst the other interests are basketball, squash and most water sports.

Obviously, Tony is a man with numerous interests and we wish him all the best in his new role as an intern at the Amalgamated Melbourne and Essendon Hospital.

AUSTRALIAN MEDICAL ASSOCIATION PRIZE
MERRITT, Anthony D. — RMH

ROWDEN WHITE PRIZE
MERRITT, Anthony D. — RMH

CIBA-GEIGY PRIZE
MERRITT, Anthony D. — RMH

MEDICINE

Keith Levi Memorial Scholarship in Medicine
AGGARWAL, Anuradha — SVH
CRANSWICK, Noel E. — AH/RGH

Robert Gartly Healy Prize in Medicine
AGGARWAL, Anuradha — SVH
CRANSWICK, Noel E. — AH/RGH

Jamieson Prize in Clinical Medicine
SMITH, Kenneth G.C. — RMH

Upjohn Award in Clinical Pharmacology & Therapeutics
HAUSER, Simon E.P. — RMH

COMMUNITY MEDICINE

RACGP Prize in Community Medicine
ALLEN, Richard D. — RMH

SURGERY

Beaney Scholarship in Surgery
AGGARWAL, Anuradha — SVH
CRANSWICK, Noel E. — AH/RGH
HOLMES, Alexander C.N. — RMH

Robert Gartly Healy Prize in Surgery
AGGARWAL, Anuradha — SVH
CRANSWICK, Noel E. — AH/RGH
HOLMES, Alexander C.N. — RMH

Proxime Accessit Prize in Surgery
AGGARWAL, Anuradha — SVH
CRANSWICK, Noel E. — AH/RGH
HOLMES, Alexander C.N. — RMH

Ryan Prizes in Surgery (R.A.C.S.) (RMH/SVH)
HOLMES, Alexander C.N. — RMH
MERCURI, Vincenzo — SVH

Smith & Nephew Prize in Surgery (AH/RGH)
HOWE, Peter W. — AH/RGH

E.H. Embley Prize in Anaesthetics
HU, James C. — RMH

Neil Bromberger Prize in Orthopaedics (AH/RGH)
CRANSWICK, Noel E. — AH/RGH

OBSTETRICS & GYNAECOLOGY

Fulton Scholarship in Obstetrics & Gynaecology
MERRITT, Anthony D. — RMH

Robert Gartly Healy Prize in Obstetrics
HYDE, Simon E. — AH/RGH

Prize in Clinical Gynaecology
GIN, Trevor — AH/RGH

Kate Campbell Prize in Neo-Natal Paediatrics
MERRITT, Anthony D. — RMH

Alfred Edward Rowden White Prize in Clinical Obstetrics
McCOLL, Douglas M. — AH/RGH

Edgar & Mabel Coles Prize in Obstetrics (RMH/SVH)
MERRITT, Anthony D. — RMH

Max Kohane Prize in Obstetrics & Gynaecology (AH/RGH)
JANKOV, Robert P. — AH/RGH

PAEDIATRICS

Howard E. Williams Prize in Paediatrics

MERRITT, Anthony D. RMH
SMITH, Kenneth G.C. RMH

Child Growth & Development Study — Nursing Mothers' Association Prize in Paediatrics

VRAZAS, Ioannis SVH

Clare Myers Prize in Surgical Paediatrics

BROWN, Fiona RMH

PSYCHIATRY

John Adey Prize in Psychiatry

MOSS, Christopher J. RMH

John Cade Memorial Medal in Clinical Psychiatry

SMITH, Kenneth G.C. RMH

Graduate List 1987

Bachelor of Medicine and Bachelor of Surgery

Mariam Abedi, Nicholas Graham Adams, Anuradha Aggarwal, Richard Donald Allen, Mark Clement Anderson, Catherine Andronis, Mark Winter Ashton, Jeffrey Malcolm Ayton, Yaron Bareket, Sally Ann Barnard, Hung Kiat Beh, Margaret Frances Bennett, Gary John Berryman, David Lyle Blakey, Catherine Mary Bloink, Guy Neilsen Boag, Fiona Gillian Brown, Jean Margaret Brown, Michael Douglas Brownstein, Christine Pamela Burren, Susan Mary Carden, Peter Meikle Carey, Michael Aloysius Carroll, Gaye Ruth Casper, B.Sc., Enrico Cementon, Chang Sew Kee, Veda Margaret Chang, Ken Chao, Anthony Chin, Min Li Chong, Jane Maree Chown, Phyllis May-Ling Chua, Sonya Dorothy Clark, Mark Ewan Colson, Julian Patrick Cooney, Sophia Couzos, B.App.Sc. (R.M.I.T.), Noel Edward Cranswick, B.Med.Sci., Michael Bryan Creati, Andrew John Davidson, Jeanette Davidson, Michael John Deany, Joseph George Dezordi, Fiona Kate Dickinson, John Waterford Drenen, Maria Dudycz, Jennifer Lee Dunstan, Gregory Thexton Ellis, Gregory John Emery, Jeffrey Erlich, Hamish Cuming Farrow, Joni Ingrid Feldman, David Ian Fenn, Angela Myrella Ferruccio, Michael Anthony Fink, Kevin Pok-Yu Foo, Michael Peter George Francis, Anne Frankl, Philip Andrew Frawley, William Waj Yip Fung, Jennifer Merran Giddens, Trevor Gin, Belinda Caroline Goad, Goh Poh Sun, Geraldine Ann Goss, Anthony Stephen Gray, Anthony John Guiney, John Anthony Hackett, Maria Karin Halewood, Nicholas Jeffrey Hallebone, Steven Charles Hams, B.Med.Sc., Paul Alexander Hancock, Ruth Anne Harman, Mary Hatzis, Simon Edward Philip Hauser, Thomas Patrick Heaney, B.Sc. (A.N.U.), Ph.D., Donna Leah Henderson, Elke Christine Hendrich, Penelope Jane Hill, Alexander Charles Neville Holmes, Christian James Henry Holmes, Peter William Howe, James Chun-Shih Hu, Chia Yung Huang, Peter Charles Hunter, Simon Edward Hyde, Anthony Richard Hyett, Martin Daniel Jackson, B.Med.Sc., Anna Danuta Janisiow, Robert Peter Jankov, Mary-Anne Keady, B.Med.Sc., Prudence Penelope Anne Keith, Maria Louise Kelly, Andrew David Kerwin, Nicholas David Kimpton, Juliana Kiu Oi Nah, Susan Meredith Knights, Nicos Christou Kokotsis, B.Med.Sc., Yvonne Elizabeth Kompa, Betty Kong Ming Khian, Anil Kumar Lal, Jane Langley, Bee Beng Lee, Cheok Soon Lee, Marian Nicole Lee, Michael Wee Kee Lee, Michael James Leung, Lionel Keat Chuan Lim, Troy Harry Lim Joon, Liu Jin Foo, Iphigenia Liveriadis, Caroline Jane Lodge, Gregory Roderick Stewart Louis, Leanne Jennifer Lucas, Julian Yee Chung Ma, Fiona Alexandra MacDonald, James Michael Maher, Catherine Jennifer Mandel, Rohan David Wainwright Marks, Catherine Rosalyn Jean McBride, Rosemary Mariquita McCallum, David Neale McClure, Douglas Malcolm McColl, Katherine Mary McConnon, Elizabeth Reid McKenzie, Vincenzo Mercuri, B.Sc., Anthony David Merritt, Katharine Margaret Moffatt, Zain Azrai Mohamad Rawi, Penelope Jane Moore, Christopher John Moss, James Anthony Mullins, Richard Byron Murray, Robyn Mary Nash, Katty Yu Chong Ng, Duy Nguyen, Fiona Jane Nicholson, Amanda Jane Nicoll, Chi-Yin Lawrence Ong, Kathleen Tin Lin Ooi, Marika Patelidas, Mark Andrew Pearl, Catriona Jean Pendrigh, Elizabeth Clare Penington, B.Med.Sc., Graham Andrew Pitson, B.Med.Sc., Gerard John Powell, Andrew Nathan Purcell, Brian Francis Raleigh, Jim Ristevski, Colin Forbes Royse, Glen Arnold Russell, Ursula Jane Russell, Andrew John Ryan, Roderick James Ryan, B.Sc., Helen Frances Savoia, Rocco Schiavone, Andrew Carl Schneider, Carolyn Louise Schult, Theo Sdralis, Warren Richard Seager, Martin Jeremy Sebastian, John Francis Seymour, Paul Anthony Shiels, Rodney Daniel Sinclair, Ronesh Kumar Sinha, Robert Ian Sitch, Jacqueline Margaret Smith, Kenneth George Campbell Smith, B.Med.Sc., Peter Solin, Ann Margot Staughton, Mary Stavropoulou, Catharyn Johanna Stern, Neil Andrew Strugnell, Stephen Leonard Stuckey, Andrew Sylivris, Paul Geoffrey Tauro, Kerrie Frances Taylor, Rajakumar Tharmanason, Geoffrey Ian Thompson, Ronald Ti, Joseph Torresi, B.Med.Sc., Minh Hung Tran, Ton Anh Tran, Craig Richard Underhill, Julie Van Andel, Stephen Francis Michael Vaughan, Thomas Michael Vaughan, Ioannis Vrazas, Justine Deborah Ward, David Alan Westerman, Stuart John Wild, B.Med.Sc., Louise Patricia Williams, James Kum Loong Wong, Wong Lea Choung, Noel William Francis Woodford, Deborah Jan Woodhouse, Ian John Woolley, Daniel Gerard Wright, B.Med.Sc., Desiree Swei Lien Yap, Mei Moone Yap, Yee Mean Chi, Hui Min Yeo.

NH&MRC Grants

Researchers at The University of Melbourne will receive a total of $7,330,785 from the National Health and Medical Research Council in 1988 — an increase of more than 12 per cent on the amount received last year.

The University has received 25 new project grants for 1988 (compared with 45 in 1987) totalling $1,367,094 and 76 continuing project grants (58 in 1987) worth $3,672,632.

Two new special initiative grants have been awarded worth $104,750 and two continuing special initiative grants of $70,141.

The largest new grant (and the second largest overall) is a program grant of $426,164 awarded to Professor Richard Larkins, Dr Kerin O'Dea, Dr Joseph Proietto and Dr Marjorie Dunlop from the University's Department of Medicine at the Royal Melbourne Hospital for their five-year study on the pathogenesis and complications of diabetes.

Continuing program grants totalling $1,690,004 ($1,535,502 in 1987) were awarded for five research projects.

In addition to the $7.3 million of NH&MRC GRANTS administered through the University, associates of University Departments working in affiliated hospitals and in the National Vision Research Institute, received a total of $1,645,656.

NEW PROGRAM GRANT

Professor R.G. Larkins, Dr K. O'Dea, Dr J. Proietto, Dr M.E. Dunlop, — *Studies on the pathogenesis and complications of diabetes* — ($426,164).

NEW AWARDS

Project Grants

Dr F.P. Alford, Dr J.D. Best, Dr G.M. Ward — *Pathogenesis of Insulin Resistance in Diabetes: A Computer Model Analysis* — ($40,782).

Dr J.F. Bateman, Dr W.G. Cole — *Extracellular Matrix Formation in Cell Culture: Regulation and Organization* — ($106,630*).

Dr G.R. Campbell — *Macrophage-Smooth Muscle Interactions in Atherogenesis* — ($33,538).

Professor I. Darian-Smith, Dr R.B. Muir, Dr A.W. Goodwin — *Post Natal Maturation of Sensory Motor Functions of the Monkey's Hand* — ($174,838*).

Dr G. Ellender, Ms S.A. Feik, Professor E. Storey, Dr K.N. Ham — *Periosteum — Role, Structure and Adaptation in Stress Induced Bone Remodelling* — ($22,063).

Dr T. Evans, Professor C.I. Johnston — *Purification of Guanine Nucleotide Binding Proteins from Human Platelets* — ($60,092).

Dr D.R. Fletcher, Dr A. Shulkes — *Human CGRP — Release, Regional Effects and Metabolism in Sheep and Man* — ($34,465).

Dr P.M. Grinwald, Professor T.O. Morgan — *Cytosolic Free Ca, Na, K and Sarcolemmal Integrity in Posthypoxic Cardiomyocytes* — ($76,187).

Dr P.H. Hart, Dr J.A. Hamilton — *Lymphokines, Human Monocytes and Inflammation* — ($45,791).

Dr J.L. Hopper, Professor R.G. Larkins — *Statistical Models and Designs for Studies on Familial Aggregation in Cancers* — ($69,547).

Dr G. Jerums, Dr M.E. Cooper — *Advanced Tissue Glycosylation in Experimental Diabetic Nephropathy* — ($42,493).

Dr B.E. Kemp — *Regulation and Specificity of Calcium Dependent Protein Kinases* — ($121,032).

Professor R.B. Knox, Dr M.B. Singh — *Molecular Analysis of Rye in the Major Rye-Grass Pollen Allergen* — ($68,884).

Professor T.O. Morgan, Dr W. Fitzgibbon — *Physiological Control of Renin Secretion and Synthesis* — ($48,878).

Dr P.L. Mottram, Professor G.J.A. Clunie — *Monoclonal Antibodies and Immunotoxins for Treatment of Allograft Rejection* — ($22,906).

Dr W.G. Nayler, Dr M.J. Daly — *Cytoplasmic Calcium and Membrane Damage in Isolated Cardiac Myocytes* — ($45,258).

Miss A.M. Rich, Professor P.C. Reade — *Epithelial — Mesenchymal Interactions in Experimental Oral Cancer* — ($15,822).

Professor G.H. Schreiber — *Regulation of plasma protein synthesis* — ($52,695).

Dr E. Seeman — *The Effect of Calcium, Oestrogen and Fluoride on Bone Mass in Osteoporosis* — ($25,494).

Dr A. Shulkes — *Control of Expression and Secretion of Gastric Regulatory Peptides* — ($99,920).

Dr S.L. Skinner, Professor G.B. Ryan — *Biochemical and Morphological Events in Renin Biosynthesis* — ($46,028).

Dr A.G. Stewart, Dr G.J. Dusting — *Platelet-Activating-Factory (PAF) and Leukotrienes in Cardiorespiratory Reaction* — ($31,852).

Mr G.I. Taylor — *Investigation of the Vascular Territories in the Human Body — ($16,122).*

Dr I.D. Walker, Dr C.R. Mackay — Cloning and Characterization of a Unique Lymphocyte Gene in Sheep and Humans — ($29,799).

Dr N. Williams — *Regulatory Events in the Bone Marrow Controlling Murine Megakaryocytopoiesis — ($35,978).*

** more than one project combined*

NEW AWARDS

Special Initiative Grants

Dr B.E. Kemp, Dr R.R. Doherty, Dr D.A. McPhee — *Immune Recognition and Biological Function of HIV Specific Synthetic Peptides* — ($73,859).

Mr R.O. Stanley, Mr B.J. Evans — *Consulting Skills Training in Medical Education — A Long Term Evaluation* — ($30,891).

NEW AWARD

Special Research Fellowship

Dr J. Staszewska-Woolley — *Magnesium, Calcium Antagonists and Autonomic Cardiovascular Reflexes* — ($60,395).

RENEWED PROGRAMS

Professor G.M. Clark — *Studies to Develop Sensory Prostheses for Deaf Children and Adults* — ($249,751).

Professor W.J. Louis, Dr B. Jarrott — *Biochemical Pharmacology of Anti-Hypertensive and other Cardiovascular Drugs* — ($611,427).

Professor T.J. Martin — *Hormonal and Cellular Regulation of Bone Resorption and Formation* — ($355,824).

Professor I.F.C. McKenzie, Dr. P.M. Hogarth — *Studies of Cell Antigens by Hybridoma and Other Techniques* — ($278,095).

Professor M. Rand, Dr D.F. Story — *Modulation of Synaptic Transmission by Prejunctional Receptor Mechanisms* — ($194,907).

RENEWED PROJECTS

Dr D. Alcorn, Dr A.T. Marshall, Professor G.B. Ryan, Professor T.O. Morgan — *Quantitative X-Ray Microanalysis in Investigations of Renal Electrolytes* — ($44,996).

Dr R.C. Augusteyn — *Lens changes during Senile Cataract Formation* — ($60,646).

Dr R.C. Augusteyn — *The Structure and Properties of Human and Animal Lens Proteins* — ($71,377).

Dr H.W. Baker, Professor R.J. Pepperell — *An Infertility Data Base* — ($21,846).

Dr C. Bell — *Control of Neurotransmitter Function in Catecholaminergic Neurons* — ($33,270).

Dr C. Bell — *Distribution of Dopaminergic Neurons in the Autonomic Nervous System* — ($25,955).

Dr J.D. Best, Dr F.P. Alford — *Metabolic Adaptation to Prolonged Stress-Hormone Infusion: Role of the Beta Cell* — ($31,776).

Professor P.S. Bhathal — *Biliary Ephithelial Cells Proteins and Antigens in Normal and Disease States* — ($34,022).

Dr W. Boyle — *Studies Related to Human Macrophages* — ($43,085).

Dr W. Boyle — *Cellular Interactions in Immune Responses to Alloantigens* — ($90,042).

Dr M.R. Brandon, Dr C.S. Lee, Dr T.E. Adams — *Growth and Immunological Regulators Produced at the Foetal Maternal Interface* — ($56,826).

Dr R.R. Buchanan — *Anti-Phosholipid Autoanitibodies: Their Interference with Eicosanoid Production* — ($28,360).

Professor R.N. Cahill, Dr W.G. Kimpton, Dr M.R. Brandon — *Ontogeny Of Lymphocytes in Foetal Sheep and Neonatal Lambs* — ($33,459).

Dr G.R. Campbell — *Antigenic and Gene Expression Changes in Smooth Muscle Cells of Human Atheroma* — ($59,562).

Dr I.K. Campbell, Dr J.A. Hamilton — *Osteoarthritis and Chondrocyte Activation* — ($51,668).

Dr C. Cheers — *Control of Phagocyte Production during Infection with Intracellular Bacteria* — ($49,128).

Dr N. Christophidis — *Endogenous Thiol Pools & Effects of Treatment in Arthritis & Related Disorders* — ($26,505).

Dr W.G. Cole, Dr J.F. Bateman — *Collagen DNA Defects in Heritable Connective Tissue Diseases* — ($56,105).

Dr D.P. Crankshaw, Dr. W.C. Chan, Dr D.J. Morgan, Dr P.R. Prideaux — *Attenuation of CVS Responses to Induction of Anaesthesia by Infusion of Opioid — ($28,790).*

Professor I. Darian-Smith, Dr A.W. Goodwin, Dr S.S. Cheema — Postnatal Maturation of Monkey Sensorimotor Cortex: Correlation with Hand Use — ($71,974).

Dr G.A. Donnan — *Dopamine Uptake Sites in Ageing and Parkinsons Disease* — ($31,313).

Dr G.J. Dusting, Professor A.E. Doyle, Dr D. M. Li — *Prostanoid Precursors in Hypertension* — ($49,575).

Dr G.J. Dusting, Dr O.L. Woodman — *Endothelial Factors Affecting Vascular Smooth Muscle Contraction* — ($30,183).

Dr J.R. Fraser — *Biology and Metabolism of Hyaluronic Acid in Joints and Tissues* — ($61,991).

Dr O.M. Garson — *Investigation of Degree of Erythroid Involvement in Acute Leukaemia* — ($28,515).

Dr J.A. Hamilton — *An In Vitro Model of Rheumatoid Arthritis — ($31,968).*
Dr J.A. Hamilton — Control of Gene Expression in Human Synovial Cells — ($72,032).
Dr J.A. Hamilton — Growth Regulation in the Monocyte-Macrophage Lineage — ($129,191).
Dr P.J. Harris, Dr D. Alcorn — *Physiology and Morphology of the Tubulo-Glomerular Feedback System* — ($23,205).
Professor R.D. Helme — *Studies of Neurogenic Inflammation* — ($32,728).
Dr G.D. Hirst — *Calcium Currents and Arteriolar Constriction* — ($89,874).
Dr G.D. Hirst — *Factors Affecting Contractile State of Cerebral Arteries* — ($23,205).
Dr I.H. Holmes, Dr M.L. Dyall-Smith — *Antigenic Characterization of Rotaviruses* — ($73,088).
Dr G.J. Howlett — *Physico-Chemical Characterization of the Bradykinin/Kininogen System of the Rat* — ($29,784).
Dr B. Jackson — *Antihypertensive Drug Modulation of Renal Injury in Renal Failure Models* — ($64,082).
Dr B. Jackson — *Angiotensin Converting Enzyme: Studies by Radio-Inhibitor Binding* — ($30,757).
Dr G. Jerums, Professor A.E. Doyle, Dr B. Clark — *Blood Pressure, Renin Angiotensin System and Diabetic Nephropathy* — ($32,772).
Professor C.I. Johnson, Dr P.L. Nolan — *Vasopressin in Blood Pressure Homeostasis and Hypertension* — ($97,540).
Professor C.I. Johnson, Dr A.J. Marchingo — *Vasopressin Receptors in Brain and Spinal Cord* — ($32,264).
Dr H.A. Jonas, Dr J.A. Hamilton — *Characterization of an Atypical Receptor for Insulin* — ($76,035).
Dr A.H. Kaye — *The Use of Porphyrins as Photosensitizers for Treatment of Cerebral Glioma* — ($30,774).
Dr L.E. Kelly — *The Molecular Genetics of a Seizure Inducing Gene* — ($29,072).
Dr B.G. Livett — *Neuropeptide Control of Hormone and Transmitter Secretion* — ($57,046).
Dr A. Lopata — *Human Fertilization; Oocyte Maturation, Activation and the Block to Polyspermy* — ($37,791).
Dr P.D. Marley, Dr B.G. Livett — *Occurence and Functions of Opioid Peptides in the Adrenal Medulla* — ($47,353).
Mr C.J. Martin, Dr J.D. Dent — *Neural Control of Reflux Associated Lower Oesophageal Sphincter Relaxations* — ($33,376).
Professor I.F. McKenzie — *Studies in Transplantation Immunity* — ($34,325).
Dr F.A. Mendelsohn — *Localization and Regulation of Angiotensin Receptors in Brain and Kidney* — ($31,438).
Dr F.A. Mendelsohn — *Localization of Receptors for Calcitonin and CGRP* — ($30,440).
Dr G.W. Mihaly, Dr R.A. Smallwood — *Studies of Clinical and Biochemical Pharmacology of Antimalarial Drugs* — ($68,442).
Professor T.O. Morgan, Dr P.J. Harris — *The Mechanism of Sodium Transport Across the Papillary Collecting Duct* — ($30,765).
Dr R.F. Moulds — *Vasodilators and Postreceptor Events in Human Blood Vessels* — ($29,095).
Dr K.D. Muirden — *Protective Mechanisms in Joints and Rheumatoid Arthritis* — ($26,811).
Dr W.G. Nayler — *Calcium Overload in the Ischaemic and Reperfused Myocardium* — ($107,918).
Professor A.J. Pittard — *Molecular Studies of the Replication of Plasmids from Inc Groups B and I* — ($62,019).
Professor P.C. Reade, Dr L.S. Sych — *Timing and Space in Development of the Craniofacial Region* — ($56,021).
Dr M.D. Rickard — *Immunological Diagnosis and Prevention of Hydatid Infection and Cysticercosis* — ($79,697).
Dr F.W. Rickards, Dr T.J. Redhead — *Steady-State Brain Potentials and the Early Diagnosis of Deafness* — ($24,823).
Dr R.M. Robins-Browne, Prof. A.J. Pittard — *Pathogenesis and Diagnosis of Yersinia Enterocolitica Infections* — ($48,619).
Professor G.B. Ryan, Dr D. Alcorn, Dr D.J. Davies — *Studies of Peripolar Cell Function and Glomerular Proteinuria* — ($175,429).
Dr M.S. Sandrin — *Characterisation of Genes Encoding LFA-1 OKM-1 and GpIIbIIIa Molecules* — ($65,350).
Dr W.H. Sawyer, Dr L. Tilley — *Processing and Dynamics of the LDL-Receptor Complex — ($36,063).*
Professor G.H. Schreiber — Transport of Thyroid Hormones from the Bloodstream to the Brain — ($34,181).
Dr I. Schweitzer, Dr J.W. Tiller, Dr K.P. McGuire, Professor B.M. Davies — *Studies of Hypothalamic-Pituitary-Adrenal Axis Dysfunction in Depression* — ($39,856).
Dr R.B. Sewell, Dr R.A. Smallwood, Dr N.D. Yeomans — *Cell Biology of Ageing in Reticulo-Endothelial and Parenchymal Cells of Liver* — ($25,772).
Dr R.B. Sewell, Dr R.A. Smallwood — *Intrahepatic Localization of Drugs: Effects on Drug Uptake & Elimination* — ($30,207).
Dr R.J. Summers — *Autoradiographic Localization and Transduction Mechanisms for Drug Receptors* — ($31,029).
Dr J.W. Tiller, Dr M.C. Pain — *Psychological Variation and Respiratory Symptoms* — ($33,618).
Dr J.D. Wark — *Regulation of Normal Endocrine Cell Function by Vitamin D Metabolites* — ($43,466).
Dr J.D. Wark — *Expression of Cellular Oncogenes in Endocrine Neoplasia* — ($35,480).
Professor D.O. White, Dr D.C. Jackson — *Antigenic Determinants of Influenza Virus Recognized by Antibodies and T Cells* — ($130,950).
Professor D.O. White, Dr D.C. Jackson, Dr L.E. Brown, Dr E.M. Anders — *Viral Epitopes: Analysis Using Synthetic Peptides, Cloned T Cells and Antibodies* — ($45,971).
Dr N.T. Williams — *The Effect of Platelet Mass on Growth Factor Regulation of Megakaryocytopoiesis* — ($35,185).
Dr N.D. Yeomans — *Isolation and Study of Function of Gastric ECL Cells* — ($26,217).
Dr G.P. Young — *Role Hormones in Cell Growth and Differentiation in Small Intestine* — ($28,856).
Dr J.R. Zalcberg — *Evaluation of Monoclonal Antibodies for Cancer Diagnosis and Treatment* — ($29,646).

RENEWED SPECIAL INITIATIVES
Dr C.A. Clifford, Professor W.J. Ewens, Dr J.L. Hopper, Dr D.T. Till — *A Longitudinal Study of the Alcohol and Tobacco Use of Adolescent Twins* — ($34,602).
Professor R.D. Helme — *The Effect of Physical Treatment Modalities on Nociceptor Function in Man* — ($35,539).

Grants for Associates of University Departments working in affiliated Hospitals or the National Vision Research Institute

Amalgamated Melbourne and Essendon Hospitals
Dr A.J. D'Apice — *Relevance of Blood Vessel and White Cell Blood Groups to Kidney Transplantation* — ($34,894).
Dr A.J. D'Apice — *Test Tube Production of Human Antibodies to Transplantation Blood Groups* — ($51,570).
Professor R.M. Fox, Professor P.S. Bhathal — *Monoclonal Antibodies can Distinguish Fast and Slow Growing Human Cancers* — ($26,706).
Professor R.M. Fox, Professor B.L. Millcoat — *How Anticancer Drugs Kill Cancer Cells* — ($30,896).
Dr J. Proietto, Mr B. Dean — *Some Diabetics have a Factor in their Blood that Blocks the Effect of Insulin* — ($26,596).
Dr J.A. Savige — *Genetic Tendency to and Structural Abnormalities in Kidney Disease* — ($17,102).
Dr J.A. Savige — *Genetic Abnormalities in Hereditary Forms of Kidney Disease* — ($29,326).
Dr G.A. Varigos — *Involvement of Blood Cells in Dermatoses* — ($26,407).
Dr J.A. Whitworth, Dr S.L. Skinner — *The Hormone Prorenin and Diseases of the Heart and Circulation* — ($29,417).

Austin Hospital Research Foundation
Dr J.S. Wiley — *Pentostatin in Leukaemia and Lymphoma* — ($27,192).

Cancer Institute
Dr I. Bertoncello, Dr T.R. Bradley, Dr G.S. Hodgson — *Bone Marrow Transplantation* — ($58,743).
Dr J.F. Bishop, Dr G.A. Young, Dr M.M. Wolf, Dr J.P. Matthews — *Clinical Trial of a New Drug Combination in Acute Leukaemia* — ($13,957).
Dr I.A. Cooper, Dr J.P. Matthews, Dr J.C. Ding — *Clinical Trial Comparing Two Non Cross Resistant Regimens in Lymphoma Treatment* — ($16,534).
Dr R.F. Martin — *Use of Synthetic DNA to Target Drugs to Specific Genes* — ($31,295).
Dr L.P. Wakelin, Dr T.A. DeKretser — *Effects of Antitumour Drugs on Expression of Specific Genes* — ($31,590).
Dr D.M. Woodcock — *How Cells Avoid Mutation* — ($25,094).

Fairfield Hospital
Associate Professor I.D. Gust, Dr B.N. Anderson — *Molecular Cloning and In Vitro Expression of Hepatitis A Virus Genome* — ($155,489).

Mental Health Research Institute
Dr D.L. Copolov, Professor W.J. Ewens, Professor B.S. Singh — *Can Hormones Assist in the Diagnosis of Patients with Schizophrenia?* — ($53,361).
Dr J.N. Currie, Dr D.L. Copolov — *Exploring Brain Processes in Schizophrenia Dyslexia and Alzheimers Disease* — ($11,886).

National Vision Research Institute
Professor A. Hughes, Dr R. Wong — *How the Growing Eye Maintains Normal Vision* — ($35,604).
Professor A. Hughes, Dr W.S. Jagger — *The Eye as an Optimal Product of Evolutionary Engineering* — ($47,534).
Dr D.I.Vaney, Professor A. Hughes — *Cellular Mosaic of Identified Amacrine Cells in Mammaliar Retina* — ($65,351).

Royal Children's Hospital Research Foundation

Professor R.G. Adler — *Evaluation of Intervention by Firemen with Children who Light Fires* — ($24,587).
Dr R.F. Bishop, Dr G.L. Barnes, Dr B.S. Coulson, Dr S. Tzipori — *Vaccination of Children Against Severe Diarrhoea* — ($120,354).
Dr I.M. Eisenbruch — *Uprooted Cambodian Children: How Do They Adjust to Life in the West After Flight* — ($94,011).
Dr G.L. Gilbert — *Haemophilus Influenzae Infection in Victoria* — ($36,326).
Mr J.M. Hutson — *Hormonal Control of Sexual Development* — ($31,482).
Mr J.M. Hutson — *The Control of Testicular Descent* — ($26,842).
Dr T.M. Nolan, Dr G. Dobelle, D.F. Oberklaid — *Evaluation of Treatment in Childhood Encopresis (Soiling)* — ($13,414).
Dr F. Oberklaid, Dr M. Prior — *Child and Environmental Factors Which Affect Development and Behaviour* — ($32,600).
Professor P.D. Phelan, Dr I. Hudson — *Does Growth Failure or Ps Aeruginosa Cause Lung Disease in Cystic Fibrosis* — ($11,855).
Dr G.A. Werther — *Insulin and Related Growth Factors in the Brain and Appetite Regulation* — ($22,988).

St Vincent's Hospital

Dr K.R. Knight, Mr A.M. MacLeod, Mr B.M. O'Brien — *New Drugs to Improve the Poor Blood Supply in Skin After Microsurgery* — ($27,907).
Mr W.A. Morrison, Mr B.M. O'Brien, Mr J.J. Pribaz — *Tendon-Bone Grafts Used to Improve Hand Function After Serious Injury* — ($32,891).
Dr B.F. Murphy — *The Role of a Newly Discovered Blood Protein in Nephritis* — ($27,863).

St Vincent's Institute of Medical Research

Dr D.J. Campbell, Dr F.J. Morgan — *Hormones and Blood Pressure* — ($87,331).
Dr N.W. Isaacs — *The Three-Dimensional Structure of Human Platelet Factor 4* — ($170,636).
Dr F.J. Morgan — *A Molecule That Controls Hormones* — ($38,005).

The Battle of Furunculus

by the late Prof. Marshall R. Allan

This verse was first published in 'Speculum' 1934, and has since been republished, deservedly, many times in medical student journals.

Staphylococcus aureus, by Gram and Koch he swore,
He would invade new regions, unconquered heretofore,
By Gram and Koch he swore it, to take a patient's life;
  And called the cocci young and old
  From all his colonies of gold
  To aid him in the strife.
Loud range the warning toxins and flushed the summons forth
On distant slopes of Agar and turbid seas of broth,
The cocci clustered thickly, from far-off lands and labs;
  Cocci of ancient culture came
  To come by tube they thought no shame,
  But others of a fiercer fame
    Drove up in acne scabs.

Far down the purple current was heard a direful shout,
The polymorphonucleate and lymphocytes rush out;
  Shame on the Eosinophile
  Who comes not forth to foil
  The deadly golden coccus
  At the Battle of the Boil.
The mighty hosts of cocci advanced in serried ranks,
They marched upon the blood stream and camped upon its banks,
  And fiercely raged the conflict
    And thick lay strewn the dead;
    The battle of Furunculus
    Was coming to a head.

Staphylococcus Aureus still wields his golden chain
Where lying in the central slough his friends around him slain,
  He sees his tawny hosts grow less
  He sees the battle's hopelessness
  Yet even through the Yellow Press
    Defies the leucocytes.

Staphylococcus Aureus has fallen in the fray,
Upon a martial coverslip they bore his corpse away,
Lying in state in Canada, embalmed he long remained,
Because he died Gram positive, his honor was unstained.
And at the festive season when the blood is really stirred,
Before the full post-prandial rise of white cells has occurred,
When phagocytes sit waiting with platelets undersized
For the evening meal of microbes which is being opsonized,
When the trembling Eosinophile, that wrought the deed of shame,
Immune from fresh invasion comes forth to share his claim,
And talks of Staphylococcus and mocks his ancient fame,
For now the Yellow Peril is nothing but a name,
Some old hoary leucocyte who finds he's 'in the vein',
Will tell the well-known story of his battles once again,
While red cells sit in rouleaux round to hear the tale retold,
Of the Battle of Furunculus in the good brave days of old.

Medical Genes

In this further instalment there are four families, each with four generations of doctors, and there are more to come. The humour, candour and the sheer diversity of the family chronicles we have published so far have clearly captured the interest of our readers, but the series obviously cannot continue indefinitely, even if their genes and *Chiron* will. If there are still more members of three or four generations of doctors, please let us know — and sharpen your pencils. – *Ed.*

THE GAULT FAMILY

Harry Gault		
H.W. (Henry) Gault	son of Harry	Grad. 1923
E.L. (Edward) Gault	brother of Harry	Grad. 1888
E.W. (Ted) Gault	son of Edward	Grad. 1928
J.E. (John) Gault	son of Ted	Grad. 1956
A.E. (Andrew) Gault	son of John	Grad. 1982
Adelaide Gault) Kathleen Gault (Fraser))	sisters of Ted	Grad. 1923
Robin Fraser	son of Kathleen	(Sydney) Grad. 1957

First Generation, E.L. Gault (1863-1954)

His parents emigrated from Manchester and his father died shortly after they arrived in Victoria. His mother supported the family by running a boarding house while E.L. Gault attended the Model School in Spring Street, now the site of the Royal Australasian College of Surgeons in 'College of Surgeons Gardens'. E.L. Gault won scholarships to Wesley College and to The University of Melbourne. After graduating B.A. (1886) and M.A. (1886) he worked his way through the medical course by teaching, and graduated M.B. B.S. in 1888, and M.S. in 1903.

He worked at Moorfields Eye Hospital in London and started in general practice on his return, but gradually specialized in eye, ear, nose and throat, and eventually only in ophthalmology. He became Honorary Oculist at the Alfred, a founder of the Ophthalmological Society, and an unsuccessful opponent of the registration of optometrists.

He was a prominent layman in the Methodist Church, and on the Councils of Wesley, M.L.C. and Queen's College. He enjoyed reading, particularly history, and had a beautiful garden, although he preferred planning it to working in it, and toyed with agriculture on a miniature farm at his home in Auburn. He rode a horse to the Alfred Hospital, and occasionally came home by tram, leaving his resident ringing to say he had left his horse behind. He was fond of music, but increasing deafness robbed him of this pleasure.

During the Second World War, though over 80, he did a great deal of honorary work at the Alfred Hospital, examined recruits at Royal Park, and ran his Collins Street practice. His final years were spent in reduced circumstances — due to unwise investments in gold mines, with increasing deafness, blindness and the pain of a gastric ulcer. He bore all these with equanimity — as befitted the Christian gentleman he was.

Second Generation

E.W. (Ted) Gault (1903-1982) was undistinguished at Wesley, but blossomed at the university, gained a rowing blue and was prominent in the Student Christian Movement and the Students' Representative Council. He was president of the latter in final year and as a result he failed in 'Stets and Gyne'. Rather than 'do a supp' he repeated the year, earning money as a demonstrator in physiology, in which he obtained a B.Sc. (1925) before graduating M.B. B.S. with honours in 1928.

Ted started in general practice, intending a career in surgery, but in 1937 he went to Azamgarh to take over the hospital started by his sister, Adelaide Gault. The difficulties of a male doctor in a hospital for women in a strongly Muslim area can be imagined, though reduced somewhat by his wife Edna (nee Baylis) also a doctor, and he eventually overcame them by his charm and tact.

E.W. (Ted) Gault

After seven years he was invited to establish a Department of Pathology at the Hospital, handed over to an Indian woman doctor, and in 1944 returned to Melbourne to brush up on his pathology with Professor Peter MacCallum at The University of Melbourne. The Royal Melbourne was chronically short of surgeons during the war, and Ted temporarily joined the emergency roster and taught the final year both emergency and trauma, and surgical pathology with his usual enthusiasm, drawing on an enormous fund of experience. He was a born teacher and the students and residents he taught in 1944-46 remember him fondly and with gratitude to this day.

In 1946 he returned to become the Foundation Professor of Pathology at the Christian Medical College at Vellore, South India. He was there for seventeen years and built up a teaching and clinical department. When male students were enrolled, he became Dean of Men, and raised money to build the Men's Hostel. He was President of the Indian Association of Pathologists before returning to Melbourne in 1962. He taught postgraduates at the Royal Australasian College of Surgeons and at the Austin, and finished his career by publishing, with co-author Alan Lucas, a history of the Austin — *A Century of Compassion.*

Ted's chief recreation was music, playing the cello, singing in choirs, and just listening. His students remained his life-long interest; he wrote to them all on their birthday every year — even sending a personal message, by a colleague, to one who was attending a conference in Japan on his birthday.

Although most of his career was in pathology, where one does not have much dialogue with patients, his warm humanity is remembered by all with whom he came in contact. A recurrent depressive illness saddened his friends in his later years, but they remember him for the enthusiasm and cheerfulness of his best years, so well recorded in a recent biography (see book review).

Adelaide Gault (1899-1977) was educated at M.L.C., won a scholarship to The University of Melbourne and after graduating M.B. B.S. in 1923, she went to India as a medical missionary and founded the Christian Hospital for Women at Azamgarh. In 1924 a depressive illness led to her return to Australia where she began training in ophthalmology at the Eye and Ear Hospital, and later at Moorfields, London. She worked at the Alfred and became Honorary Ophthalmologist to the Queen Victoria Hospital. She returned for several visits to India where she applied her ophthalmological skills.

Adelaide built up her own, and eventually took over her father's ophthalmological practice, and never actually retired. Despite deliberately eschewing household skills, she nevertheless, with the help of a housekeeper, ran a home for her father and step-mother (a victim of Alzheimer's Disease) and was *in loco parentis* for the children of her brother in India, providing them with a security which they tended to take for granted. She loved horses and riding and her Volkswagen was often seen leaving the Queen Vic. with bags of feed on the pack-rack. She played the violin (back row of the seconds) and went back to the university to do a B.A. (1969) late in life. She was notorious for being late, but once on the job she did not stop until all was done.

H.W. (Henry) Gault (d. 1982.) graduated M.B. B.S. in 1923 and was a Navy ophthalmologist for his working life. He played the violin; in a talkative family he had no equal, and was considered by his cousins as the brightest but the laziest of that generation.

Third Generation

J.E. (John) Gault was born in 1933 and was educated at American boarding schools in India and at Wesley. He had an undistinguished academic and sporting (rowing) career at Queen's College, graduating M.B. B.S. in 1956. He obtained his M.R.A.C.P. and joined a group practice in Bendigo, where he then started a solo consultant practice. He continues to enjoy the practice of medicine and plays many musical instruments with varying degrees of skill.

Robin Fraser, born in 1934, graduated M.B. B.S. from the University of Sydney in 1957, obtained his Ph.D. at the Australian National University, and is currently Professor of Pathology at Christchurch, N.Z. There would appear to be specific genes for both pathology and ophthalmology, and the violin, too.

Fourth Generation

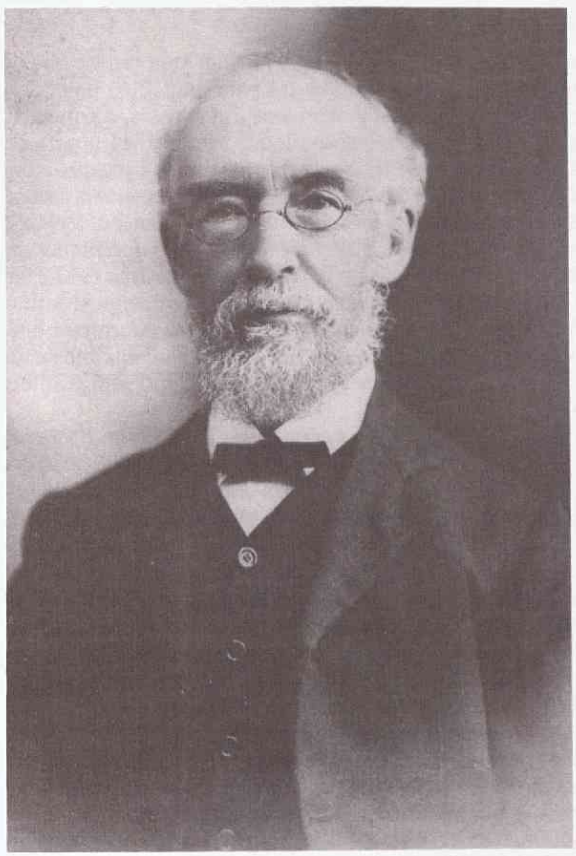
Andrew Gault was born in 1957, educated at Bendigo High School and graduated M.B. B.S. in 1982, Something of a traveller, his direction in medicine is not yet certain, and it will be interesting to see how he combines travelling with a career in medicine.

John Gault

THE JAMIESON (HUTCHINGS) FAMILY

James Jamieson	(Glasgow)	Grad. 1862
Margaret Jamieson	daughter of James	Grad. 1907
Thomas Hutchings	husband of Margaret	Grad. 1910
Mildred Hutchings (Green)	daughter of Thomas	Grad. 1934
Jean Hutchings (Plenderleith)	daughter of Thomas	Grad. 1937
Jock Plenderleith	son of Jean	Grad. 1972

First Generation



James Jamieson

James Jamieson. After graduating M.D. Glasgow in 1862, he gained his M.S. the following year, his teacher being Joseph Lister. In 1868 he came to Australia where he settled in Warrnambool as a general practitioner and Medical Officer of Health. In 1877 he moved to Collins Street, Melbourne, and in addition to his consultant practice he was appointed Lecturer in Obstetrics and the Diseases of Women and Children. In 1887 he was appointed Lecturer in Medicine at Melbourne University. He also served as Outpatient Physician at the Melbourne Hospital, and Senior Physician at the Alfred Hospital, a position he held from 1884 to 1908.

James was an active member of the Royal Society of Victoria and The Medical Society of Victoria, serving a term as President of each, as well as editing the *Medical Journal of Australia* from 1883 to 1887. From 1885 to 1912 he was the Medical Officer of Health for Melbourne, and did much to promote a better understanding of the prevalent infectious diseases and their mode of spread. He wrote prolifically, both in medical journals and in the lay press, and was the chief local exponent of the germ theory of disease and of Lister's principles of antisepsis.

The Jamieson Prize in Clinical Medicine was endowed by his students as a memorial to him.

Second Generation

Margaret Jamieson, daughter of James, topped the Final Honours list in 1907, and after experience at the Melbourne and Queen Victoria Hospitals, she married a fellow graduate, T.S. Hutchings.

Thomas Stawell Hutchings, trained first as a pharmacist, and then served with the R.A.M.C. in the Boer War. On his return he entered Queen's College and commenced his medical course. He obtained his M.D. 1909, and in 1910 set up a general practice at Euroa. He met with a fatal accident early in 1914, and his widow moved to Melbourne to educate their two daughters.

Margaret Hutchings did not return to medical work until the Second World War, when she served as Honorary Anaesthetist to Mr Faye McClure at the Alfred Hospital and Drs Cooper and McLeod at the Queen Victoria Hospital.

Third Generation

Mildred Hutchings graduated in 1934 and spent a year at the Melbourne Hospital and two at the Children's Hospital before joining Dr Embelton in general practice in Essendon. In 1941 she joined the R.A.A.F. Medical Service where she contributed to the strong emphasis on preventive medicine. After the war she married

John Green, a leading obstetrician and gynaecologist in Melbourne. After his early death in 1948 she devoted herself to the care of her son and adopted daughter.

In 1967 Mildred joined the School Medical Service of the Health Department, where she worked until her retirement in 1982. She concentrated her energies on preventive medicine, learning difficulties, and emotional problems of children, and was an active member of SPELD. Her work was recently acknowledged by the Remedial Teachers' Association in the form of The Mona Tobias Award for Contributions to Special Education.

Jean Hutchings graduated in 1937, was an R.M.O. at the Melbourne Hospital in 1938, the Children's Hospital in 1939, and moved to the Queen Victoria Hospital as Registrar for one year, and as Clinical Superintendent from 1941 to 1946 during which period she obtained her Diploma of Obstetrics and Gynaecology. She then married K.G. Plenderleith and moved to a property near Wagga where her three children were born. In 1955 the family moved to a property in the Kiewa Valley.

Through a gradual process of locums, assistantships and postgraduate study Jean finally became a full-time General Practitioner in Mt Beauty, where she remained for the next twenty years. She was closely associated with the R.A.C.G.P. and obtained her Membership by examination in 1968. The Mt Beauty practice was involved in teaching from the beginning, taking students from both Melbourne and Monash, and with the Rotating Residency Programme and later the Family Medicine Programme of the College. On retiring to Melbourne in 1979 she continued her work as Medical Educator with the Family Medicine Programme, and as a member of the Victoria Faculty Board of the College of General Practitioners and the Victorian Academy for General Practice.

Fourth Generation

Jock Plenderleith graduated in 1973 and was a resident at the Austin Hospital. He then joined the Rotating Residency Programme, and gained experience in paediatrics, obstetrics and general practice. He gained his Diploma in Obstetrics and Gynaecology in 1976, and F.R.A.C.G.P. in 1978. In 1976 he joined the Mt Beauty practice, and after five years experience as a country doctor, returned to Melbourne where he joined a practice in Hampton. He is married to Janet Osborn and they have two sons. Jock is a member of the Victoria Faculty Board of the R.A.C.G.P., and a member of the College's examination panel.

Jean Hutchings

THE MANLY FAMILY

Fifth Year medical students, 1888.
R.A.A. Manly seated, middle row, left, arm on bench.

Richard Augustus Aloysius Manly		Grad. 1889
Richard Arthur Manly		Grad. 1915
Gerald Arthur Manly		Grad. 1947
Rowena Ryan)	children of Margery Manly,	Grad. 1981
Jeremy Ryan)	sister of Gerald Manly	Grad. 1982
Roderick Ryan)		Grad. 1987

I welcome the invitation to write this history of four generations of the Manly family. I have been able to provide this information through my possession of the certificate books from The University of Melbourne, relating to my grandfather and my father, and, I regret the passing of these books that we all had to have signed, as I consider them as mirrors into the past.

It is with great pleasure that I donate these certificate books to the Centre for Continuing Education within the Faculty of Medicine, Melbourne, including too, photographs of the Graduating Class of 1889 and 1915, and lastly, the actual Diploma of Graduation with the attached Seal of the University of Melbourne, relating to my grandfather — Richard Augustus Aloysius Manly.

Gerald Manly

Richard Augustus Aloysius Manly entered the Medical Course at Melbourne University in 1884, having been educated at St Patrick's College, East Melbourne, and having passed the Preliminary Examination for students in Medicine before 31 December 1883. The prerequisites were passes in Greek, Latin, English, arithmetic, algebra and Euclid. By February 1885, he had passed natural philosophy, structural and physiological botany, comparative anatomy and zoology, descriptive and surgical anatomy, as well as physiological chemistry and histology.

During 1886, he attended lectures in physiology, anatomy and surgery, as well as working on dissections. In addition, he attended surgical instructions at the Melbourne Hospital in the clinics of Drs James, Beaney and Girdlestone. Practical pharmacy was learned in the laboratory of a medical practitioner or from a chemist or druggist, recognized by the university. Certificates were signed in 1886 that Richard Manly could perform minor operations of surgery.

In early 1887, he attended lectures in the theory and practice of medicine, in general anatomy, physiology, therapeutics, dietetics and hygiene, as well as a third course in anatomical dissection. In

this year also, he attended the Medical Practice of the Melbourne Hospital under the tutelage of Drs Holmes, Springthorpe and MacInerney. By 1 December 1887, Richard Manly had passed the fourth of the five-year course.

On 26 January 1888, one hundred years exactly from the foundation of Australia, and one hundred years ago this year, Richard Manly attended the practice of the Melbourne Lying-In Hospital for one month, where he attended twenty-three cases, personally conducting three of them. His physicians there at the time were Drs Rowan and Balls-Headley, and his certificate was signed for Lying-In Practice by Dr Eugene Anderson.

Later in 1888, he attended courses of lectures in the theory and practice of medicine, on surgery and on forensic medicine, his instructors being Drs Griffiths, Ryan, Girdlestone, James, Beaney and Springthorpe. Dr H.B. Allen certified his attendance at post-mortems over six months, and the Public Vaccinator, Dr Fletcher, instructed him in the art of vaccination.

His certificate book for the degree M.B. Melb. was finally signed by Dr H.B. Allen, M.D., Dean of the Faculty of Medicine 7/11/1889, one year after completion of the course.

Richard Augustus Aloysius Manly was a peripatetic gentleman. His father, Richard Manly, had emigrated from Ireland in 1854, following the potato famine there, and the discovery of gold here. He became the Station Master at Ballarat, leaving there in 1878 to reside in Melbourne. The young doctor must have loved the country, since he conducted practices in Werribee, San Remo, Beeac, Wedderburn, Mansfield and Parramatta, N.S.W., before returning to Werribee, where he died aged 49 years in 1915. During the first decade of this century, he was known to be owner of one of the earliest motor vehicles — a De Dion, prior to which he used a coach and pair, with his personal coachman.

Second Generation

Richard Arthur Manly, his son, attended in his early years, a private school in Mentone, conducted by Mr T. McCristal, before ending at the Christian Brothers, The Parade, East Melbourne. Commencing his medical course in 1911, he completed his M.B. B.S. Melbourne in 1915. During one of the later years of the course, he resided at Number 57 Collins Street, the home of Dr Hugh Devine, the famous surgeon, who had spent his early years at Little River, near Werribee.

On my father's certificate book are many famous medical names as witnesses to his attendances at demonstrations, lectures, classes, post-mortems. Mr Gordon and Mr Boyd were his surgical tutors and Dr Sydney Sewell signed his medical training. As with my grandfather, Dr H.B. Allen was still the pathologist, H. Crawford Mollison being the forensic pathologist. The physicians to In-patients at the Melbourne Hospital were Drs Howard and Ostermeyer, with Drs Boyd and Lambert, surgeons to In-patients. Dr Walter Wyatt signed his attendances at 20 midwifery cases during 1914, with Dr Basil Kilvington witnessing operative surgery demonstrations. Dr Embley stated that he had gained proficiency in anaesthesia, Dr Webster was his instructor in ophthalmology, Dr Douglas Stephens instructed in the diseases of children, as did Dr Noyes in skin diseases and Dr W. Kent Hughes in diseases of ear, nose and throat.

Following a short residency during the latter part of 1915, Dr Richard Manly returned to Werribee to take over the practice of his recently deceased father, who had died prematurely. He remained in Werribee until the end of 1931, when, at the height of the Great Depression, circumstances compelled his leaving to come to Melbourne for the education of his family. He practised in Malvern for thirty years, attending Prince Henry's Hospital Ophthalmology Clinic as an assistant for twenty years.

Third Generation

The third generation is the author of this article, the fourth child of Richard Arthur Manly. After secondary school at Xavier College, he commenced medicine at Melbourne in 1942, graduating in mid-1947 in a partly shortened course during the war years. He has specialized in Obstetrics and Gynaecology and is currently on the staff of Mercy Maternity Hospital.

Fourth Generation

The fourth generation of medical graduates in this family are the three children of my youngest sister, Margery, who married Dr Peter Ryan (M.B. B.S. Melb. 1948). Rowena graduated in 1981, Jeremy in 1982 and Roderick Ryan graduated M.B. B.S. Melbourne, 1987.

THE ZWAR FAMILY

Johann Zwar		Grad. Silesia
Bernard Traugott Zwar	son of Johann	Grad. 1899
John Craig Zwar	son of Bernard	Grad. 1942
Robert Gordon Zwar	son of John	Grad. 1979

In the 1840s the Zwars belonged to a small Slavic race called the Wends or Sorbs. There are still some 200,000 Wends living in Europe today, and in the 1840s most of them lived in Silesia, part of the kingdom of Saxony, situated near the borders of Poland, Germany and Czechoslovakia. They had their own language and culture and belonged to the Lutheran Church.

During the Saxon Revolution of 1848-49, many Lutherans in the region suffered persecution at the hands of the Austrians. Among these was the Johann Zwar family who were living in the little village of Drehsa, near Bautzen, and now in East Germany. Johann and his family escaped from the advancing Huns by jumping from a two-storey building, his wife being transfixed by a bayonet in the process, and some of his children decided it was time to seek a more settled political climate. Australia was their choice. Over the next few years, three of Johann's sons, Michael, Johann and Peter sailed for Australia and, as far as can be ascertained, all Zwars now living in Australia are direct descendants of those three and one other brother, Andreas, who remained in Silesia, but whose children later came to Australia.

Also migrating from Silesia, from the little town of Wustewaltersdorf, at the same time as the Zwars and for the reason, was Joseph Seppelt, who left behind his small business in tobacco, snuff and liqueurs. With him came his wife, daughter and two sons, one of whom, Benno, became the founder of B. Seppelt and Sons, the winemakers.

First Generation, Johann Zwar

Johann Zwar was aged 30 years when he arrived in Port Adelaide on the *Helene* on 24 December 1851. He followed many of his countrymen to the Barossa Valley where he purchased a farm at Ebeneza, a small Wendish settlement near the picturesque village of Stockwell. At nearby Tanunda, the Seppelt family purchased land north of the township, and named it Seppeltsfield. Their first crop, tobacco, was a failure because the leaf was too rank for smoking or for snuff, so they decided to change over to grapes for wine-making.

Johann, who graduated in Homeopathic Medicine in Silesia, now obtained a certificate from the South Australian Government allowing him to practice in the Stockwell and Tanunda areas, and at the same time helped his wife manage their small farm. It is possible that the Seppelt family were among his patients.

In 1859 Johann's wife died leaving him with three young daughters. In 1863 he travelled to Melbourne to marry Annie Kaiser

who, like him, had been born in Drehsa, and had recently arrived in Australia. While in Melbourne he visited his brother Michael, two of whose sons were later to commence tanneries and become Members of Parliament.

Back in Stockwell Johann and Annie had seven children; the youngest, Bernhardt Traugott was born in 1876. Later in life he shortened his name to Bernard, and his birth certificate is now part of the Royal Melbourne Hospital Historical Collection.

Second Generation, Bernard Traugott Zwar

Bernard Zwar went to school in the Barossa Valley and then to Prince Alfred College in Adelaide, along with several of Benno Seppelt's 13 children. One of his school reports, recently discovered in the attic of the old Zwar family at Ebeneza, shows that he was a bright boy who excelled in German! He loved coming home to Stockwell for his holidays and one of his greatest pleasures was breaking-in horses. His favourite sport was lacrosse.

Like his father, young Bernard was keen on theology and had intentions of entering the Church. His brother, Herman, three years his senior, had already commenced studying medicine at Adelaide University, when his eyesight began to deteriorate. Bernard therefore gave up thoughts of the Church and decided to do medicine and so help his brother in his studies. Herman graduated and practiced in Queensland for a short time before dying in 1903.

In 1898 trouble arose amongst the medical staff of the Adelaide Hospital, caused by a political fracas over the appointment of a hospital matron, and this ultimately led to the temporary closure of the hospital's Clinical School. Bernard, along with Julian Smith and Geoffrey Owen, moved to Melbourne to continue their course, while Charles Bickerton Blackburn, later first President of the Royal Australasian College of Physicians, went to Sydney. He became resident at Ormond College and in 1889, along with fifteen other candidates, graduated, topping the year.

Bernard was appointed to the Resident Staff of the Melbourne Hospital, then in Lonsdale Street, and in 1901 became Senior Resident, and for a while Medical Superintendent. He was a Resident Medical Officer from 1901-04, and then Medical Superintendent at the Austin Hospital, where his grandson subsequently studied. During this time, besides obtaining his M.D., he founded the Nurses' Training School and was also responsible for medical officers of the hospital coming under the control of the Medical Superintendent rather than the Matron, as they had been previously.

In 1904 Bernard went to study in England and Germany, some of the time in the company of Konrad Hiller, who was later to be his corresponding In-patient Physician at the Melbourne Hospital. On return to Melbourne he obtained his M.S. degree and joined the staff of St Vincent's Hospital as an anaesthetist. While there (1906-08) he helped the hospital to obtain recognition as a Clinical School of The University of Melbourne. He also introduced the use of 'heavy' spinal anaesthesia with which he had been impressed in Germany, and later wrote in the *Journal of the Royal Australasian College of Surgeons* of the dangers of this type of anaesthesia.

In 1911 he resigned from St Vincent's Hospital to join the staff of the Melbourne Hospital as Honorary Surgeon to Out-patients, thus commencing an association with the hospital that was to last the rest of his life. During this period he was chiefly responsible for achieving his dream ambition of seeing the Melbourne Hospital transferred from Lonsdale Street to its present site at Parkville.

At the outbreak of the First World War Bernard enlisted as Major in the R.A.A.M.C. and travelled to the Middle East on the same troopship as a young nurse, Essy Craig, whom he had met at the Melbourne Hospital. He was present at the landing at Gallipoli. On returning to Melbourne in 1916 he renewed his acquaintance with Essy Craig, and they were married the same year. They enjoyed a full and happy married life until he died from cancer in 1947; their one child, John Craig, was born in 1918.

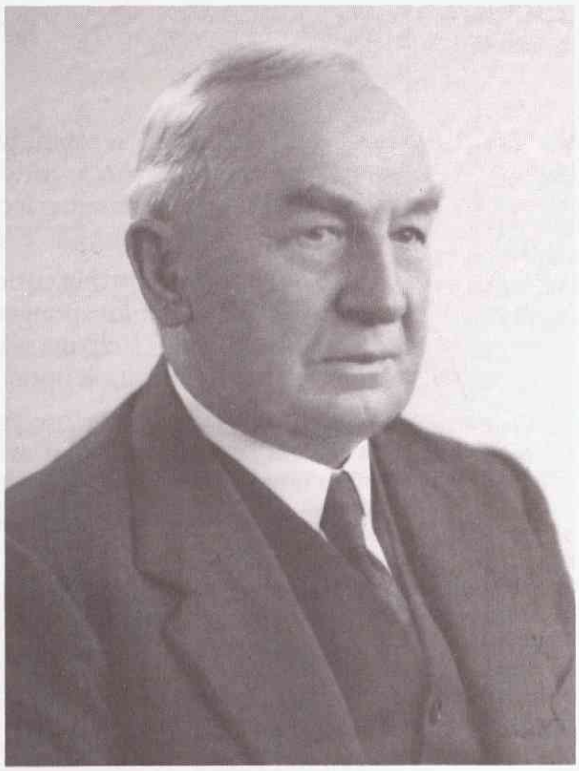
From 1918 to 1927, Bernard lived with his family at 54 Collins Street (next to the Melbourne Club). From there he conducted a private surgical practice, as well as holding the position of Honorary Surgeon at the Melbourne Hospital, and sometimes travelled there for an emergency operation by push-bike or a horse-drawn cab.

Essy continued her association with the Melbourne Hospital, and started an Out-patient canteen to provide, for a penny, a cup of tea and a bun for the doctors and patients. From this developed the present kiosk named the Essy Zwar Kiosk in her honour. Last year the Kiosk Auxiliary handed over to the Hospital the sum of over $100,000.

In 1928, following a trip 'home' to England, Bernard and his family moved to Malvern to live. Beside his connection with the (now Royal) Melbourne Hospital, as In-patient Surgeon for many years, he was President of the Hospital from 1937 to 1945. Despite this he found time to be involved in many other medical and community activities, including being one of the founders of the Royal Australasian College of Surgeons in 1927, a member of the Medical Board of Victoria, member of the Anti-Cancer Council, member of the War Pensions Assessment Tribunal, President of the Royal Victorian Trained Nurses' Association, and Chairman of the Nurses' Board of Victoria. He also took a keen interest in university affairs and was Member of the Council of The University of Melbourne, and Deputy Chancellor from 1943 to 1944. In 1941 he was honoured by being made Companion of the Most Distinguished Order of St Michael and St George.

'Zeddie' as he was affectionately known to his friends and students, loved his family, his home and his garden, in that order, and enjoyed tennis and golf, which he played in his rather unorthodox but effective style, often causing some amusement. One of his greatest joys was when his son obtained honours in his 'finals' surgical examination and was appointed a Resident at the Royal Melbourne Hospital.

Third Generation, John Craig Zwar



John Craig Zwar

John was born in 1918, educated at Melbourne Grammar and commenced his medical course at Melbourne University in 1937. Among those commencing medicine that year from Melbourne Grammar, were fifteen other students of whom nine had 'medical genes' in their system — surely a record — Ted Cordner and John Trinca (already featured in *Chiron's* 'Medical Genes'), Brett, Flanagan, Hiller, Merrillees, Spring, Tucker and Zwar.

When the Second World War commenced in 1939, many of the university's students tried to join the Armed Forces, but wisely those in charge forbade medical students from so doing, and they were compelled to continue their course. However, because of the urgent need for doctors, the final year was shortened, and

completed in May 1942. At their graduation ceremony in the old Wilson Hall, Colonel McCauley of the U.S. Army Medical Corps wished the class of '42 good luck. As the new doctors were leaving the hall they were greeted by *Herald* boys shouting the news that Sydney had been raided by Japanese submarines — not a very encouraging start to a medical career. John spent nine months as Resident at the old Melbourne Hospital. The new Royal Melbourne Hospital at Parkville had been completed just in time for the 4th United States General Hospital from Cleveland to occupy it from 1942 to 1944.

Following his residency, John, like many of his colleagues, joined the A.I.F. as Captain in the Australian Army Medical Corps and served in New Guinea, first with a Field Ambulance and then with the 2/16 Australian Infantry Battalion. The eighteen months in New Guinea was a most rewarding experience.

On return to Australia John worked as a supernumerary resident at the new Royal Melbourne Hospital while studying for his F.R.A.C.S., helped by Bob Syme, a member of another family richly endowed with 'medical genes'. In 1948, having obtained his Fellowship, John went to Hamilton for twelve months as surgical assistant to the renowned country surgeon and hydatid specialist, Sam Fitzpatrick. John then travelled to England for postgraduate experience and returned to Australia as ship's doctor on the *Orcades* where he met and became engaged to June Seppelt, a grand-daughter of Benno Seppelt. They were married in Melbourne in 1950, thus uniting two families with close connections for over one hundred years.

After working with Sir Hugh and John Devine for twelve months, John, in 1951, joined the Toorak Clinic, one of Melbourne's earliest group practices, as surgeon and general practitioner, a combination much to his liking. He also served as one of the Honorary Surgical Staff of the Royal Melbourne Hospital, later at Prince Henry's Hospital, till 1979, when he and June decided to move to Mount Martha. He then worked at the Mount Eliza Geriatric Centre until his retirement from active practice in 1983. Since retirement, John has become involved in many community activities including Legacy, the Association for the Blind, PROBUS and the Uniting Church.

John and June have four children. Wendy, their eldest, graduated as an Occupational Therapist before marrying Stephen Batty; they have three boys and it will be interesting to see if any of them have inherited 'medical genes'. Peter, John's eldest son, is an engineer, Robert is a doctor, while Tim, the youngest, is a school teacher.

Fourth Generation, Robert Gordon Zwar

Robert was born in 1956, educated at Melbourne Grammar and did his medical course at Melbourne University and the Austin Hospital, graduating in 1979. Following three years residence at Dandenong Hospital, he travelled overseas for postgraduate studies. In 1985 he obtained the Diploma of the Royal Australasian College of Obstetrics and Gynaecology, and is doing a part-time course in Business Management at Monash University, a subject he feels all doctors should know more about.

John Zwar

Original Poetry.

Preston

O you'll see 'im in 'is cabin, wot is next the Mus-e-um,
  With 'is pipe o' bacca 'andy to 'is chiv:
An' you'll find 'im ringing lecture bells an' looking very glum,
  An' bewailing of the life 'e 'as to live.

The blokes wot's cutting cutlets for their first trip ('long o' Syme)
  Are scared to ask for sponges, overawed:
An' the dentals — s'elp me whiskers! — don't 'e kid 'em all the time —
  W'y they simply look upon 'im as a Gawd!

But you an' I as knows 'im, an' as knows 'im to the core,
  We see 'e ain't too willin' with 'is 'ooks:
'E's important-like to 'ave around, I s'pose that's wot 'e's for:
  But 'e ain't so fond of workin' as 'e looks.

If yer lug them logs o' Trevett's to the meat'ouse from the bin,
  An' yet drop 'em in the fireplace jest for fun;
An' yer set the fire agoin' an' yer call ole Preston in —
  'Strewth! the agony 'e shows, it takes the bun!

'E calls all the Gawds to witness it's been never done afore:
  'E'll 'ave the Prof. along an' L to pay:
But in the end 'is voice comes down below a blooming roar,
  An' 'e up an' 'elps yer sweep the stuff away.

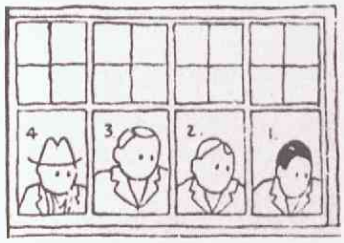
That's Preston, blokes, all over. 'E'll come breathing fire and coke
  An' 'is manner's like a king with dysen-tree:
But at bottom w'en yer know 'im, 'e's a decent sort of bloke
  An' one that loves 's joke, like you an' me.

So 'ere's to yer Preston, blow yer! You're a good old sort at 'eart:
  'Ere's wishing strength to bear your earthly load:
An' we drink your 'ealth in lager, ere for 'ome an' graft we part,
  At the Appletree across the bloomin' road.

The Speculum, December 1900, p.77.

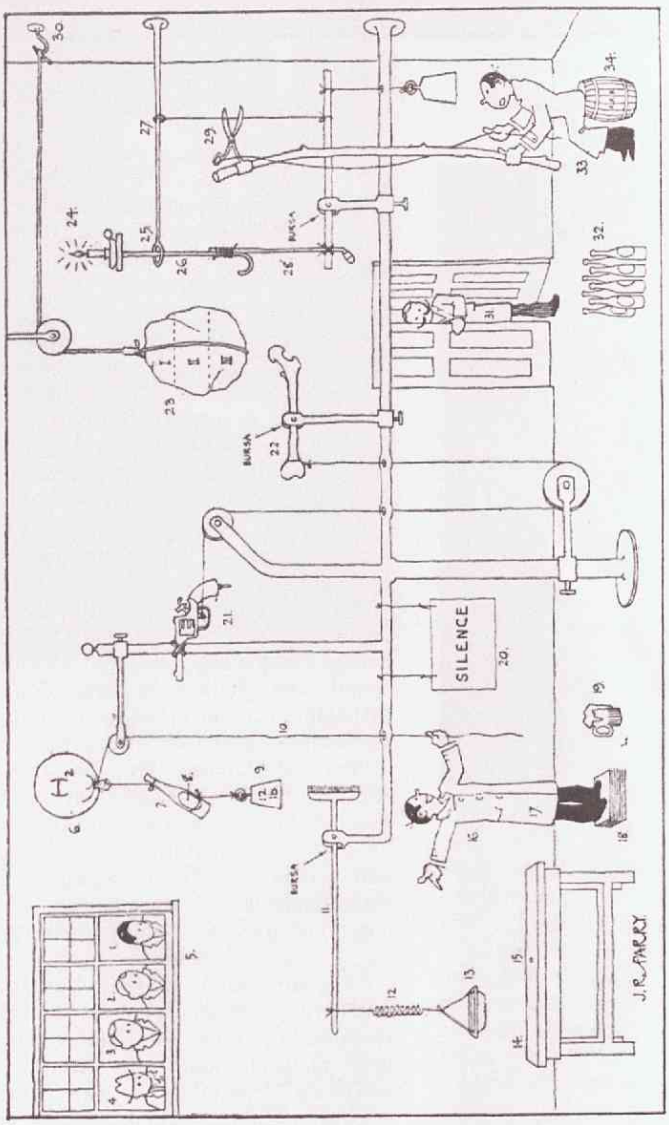
Profile

Mr W.H.V. Preston
A biographical sketch



The Speculum (No. 133, 1933) is adorned by a Heath Robinson type of cartoon by J.R. Parry. This cartoon depicts a complex bone-rattling machine *(Apparatus Vibrans Dissectionis)* occupying much of the dissecting room. Looking down on this scene from a window are four personages: 1, *'Professor iratus (sed benevolens)'* (Frederic Wood Jones), 2, *'Lector senior tolerans'* (William Eric Archer Hughes-Jones), 3, *'Lector Stewarti Fordi automobili vibrans'* (Edward Ford), 4, *'Prestoneus Jocosus'* (William Henry Voil Preston). The latter is the only one wearing a hat; he was not an academic and he was mentioned several times in *The Speculum*. Why?

Mr Preston, as he was known to all students, graduates and staff, for no nickname or christian name would ever have been considered, joined Harry Allen's staff in 1893. He and his family lived on the ground floor of the south west wing of the old medical school. In the beginning he worked for Dr Thomas Cherry, then Demonstrator in Pathology and subsequently charged with the task of setting



William Henry Preston (Mr Preston)

up and teaching bacteriology. Mr Preston's knowledge of bacteriological techniques enabled him, or members of his family, to assist in after hours diagnostic work in bacteriology for most of his life. His mentor, later Professor Tom Cherry, was affectionately remembered as 'Scraps' Cherry because of his habit of using scraps of paper as *aides-memoire*.

In 1906 Mr Preston became senior technical assistant in anatomy. To many he *was* the Anatomy Department as he was responsible for its day-to-day running. Because of Dicky Berry's needs for photography, Mr Preston learnt this art with advice and assistance from Julian Smith. A Thornton Pickard half-plate camera with a Ross 4.5 lens, without a shutter, was used to capture the details in the cross sections of boxed frozen cadavers which Mr Preston, under Berry's guidance, cut on a band saw. Berry's *Atlas of Sectional Anatomy* contains anatomical views now more gently captured by the CT scanner.

When Freddy Wood Jones became Professor his needs were different, but Mr Preston readily adapted. His service spanned forty-five years during which he remained loyal to his colleagues and a champion of the Medical School and the medical profession.

In the department Mr Preston always wore a hat, removing it when talking to senior staff or (sometimes) when recording the attendances at lectures. His hat changed with the fashions — first a bowler and then a soft felt hat — so too did his moustaches — first of handlebar type and later a toothbrush.

Mr Preston was unusually accomplished in that not only did he have a proper appreciation of straight malt whiskies but he was also a bell ringer at St Paul's Cathedral. When he died in 1941 at the age of 73 a muffled peal was tolled on the bells of St Paul's as the funeral cortege passed.

Mr Preston is a representative of a group of non-academics on whom the university relies heavily. Their adaptability to the changing needs of their professors, and their unstinting loyalty, keep the whole place going. On occasions their contributions are poorly recognized. Mr Preston's services were properly appreciated and recorded by Sydney Sunderland in an obituary notice in *The Speculum* of 1941.

This medical school and this university have been greatly enriched by characters such as William Henry Voil Preston.

Harold Attwood

News, People, Appointments

Unique medical research facility established

Professor Leonard Harrison

The Burnet Clinical Research Unit — a new and unique research facility in Australia — has been set up by The Walter and Eliza Hall Institute of Medical Research, The Royal Melbourne Hospital and The University of Melbourne to further research into autoimmune and genetic diseases which, after cancer, are the largest group of unsolved diseases affecting society today. The Unit is led by an outstanding Australian medical scientist, Professor Leonard Harrison, who has been appointed Director of the new Unit, and as a Professorial Associate with the title of Professor in The University of Melbourne.

The Burnet Clinical Research Unit combines basic research with an 'intensive care' area to study the mechanisms of human diseases, and thereby improve diagnosis, prevention and treatment. Using laboratories in the Hall Institute building and an adjacent ward area in the hospital, Professor Harrison and his team will study patients with autoimmune diseases such as insulin-dependent diabetes, thyroid disorders, rheumatoid arthritis and multiple sclerosis, and develop techniques using gene probes to diagnose and understand inherited disorders.

Professor Harrison was formerly Director of the Endocrine Laboratory at The Royal Melbourne Hospital and a Professorial Associate in the Department of Medicine of The University of Melbourne.

A molecular/clinical endocrinologist who uses immunological methods to study hormone production and action, Professor Harrison's research has been concentrated on autoimmune endocrine disorders, notably diabetes and thyroid disease. He has an international reputation for his work on insulin.

A graduate in medicine and surgery from the University of New South Wales, Professor Harrison was awarded the degree of Doctor of Medicine of The University of Melbourne in 1977. He was elected a Fellow of the Royal Australasian College of Physicians in 1975.

Following medical appointments in hospitals in Launceston and Brisbane, Professor Harrison became a lecturer and then senior lecturer in the university's Department of Medicine at The Royal Melbourne Hospital. He later spent three years in the United States as Visiting Scientist and Senior Investigator in the Diabetes Branch of the National Institutes of Health.

Professor Harrison's academic awards include a United States Public Health Service Postdoctoral Fellowship, a National Health and Medical Research Council (NH&MRC) C.J. Martin Fellowship, and the Wellcome Australia Medal and Award.

Professor Harrison says that clinical research should represent all that is excellent in the art and science of medical biology: 'Clinicians, through their training and access to nature's examples and experiments, are in a privileged position to contribute to and guide the new biology in the coming era of molecular medicine.'

Professor Harrison sees a natural relationship between clinical and basic research, but admits that a commitment to both medicine and basic research is relatively demanding as the clinical scientist must maintain legitimacy and credibility in both spheres.

Professor/Director at Mount Royal Hospital appointed

An outstanding Australian neurologist, Professor Robert Helme, has accepted appointment as Professor/Director of the National Research Institute of Gerontology and Geriatric Medicine at Mount Royal Hospital. He took up his appointment in October 1987.

Professor Helme was formerly a Senior Lecturer in Monash University's Department of Medicine at Prince Henry's Hospital and held the clinical position of neurologist at Moorabbin Hospital, Prince Henry's Hospital, Queen Victoria Medical Centre and Kingston Centre Geriatric Hospital. In 1986, he was appointed Director of the Monash University Geriatric Research Unit at Kingston Centre Geriatric Hospital.

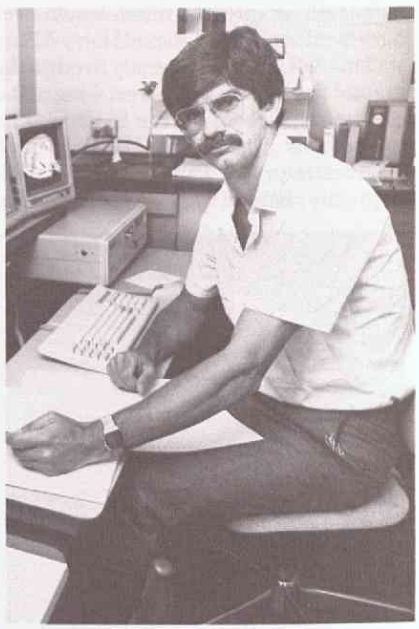
After graduating in medicine, Professor Helme undertook Doctor of Philosophy studies as a Medical Postgraduate Research Scholar of the National Health and Medical Research Council. He spent from 1974 to 1977 at the Massachusetts General Hospital, Harvard Medical School as a Clinical Fellow.

In 1979, he was awarded the Certificate of Neurology of the American Board of Psychiatry and Neurology and in 1980, he was made a Fellow of the Royal Australasian College of Physicians.

Professor Helme's research is extensive and has embraced such areas as neurogenic inflammation, dementia, alcoholism and pain. His work has been recognized by the award of a Fulbright Scholarship in 1974 and a Research Fellowship from the Alexander von Humboldt Foundation in 1984.

The National Research Institute of Gerontology and Geriatric Medicine, established in 1976 in co-operation with the Australian and Victorian Governments and The University of Melbourne, is national in outlook and is concerned with all aspects of old age. It is based at Mount Royal Hospital, a large geriatric complex of 600 beds.

Pharmacologist wins major prize

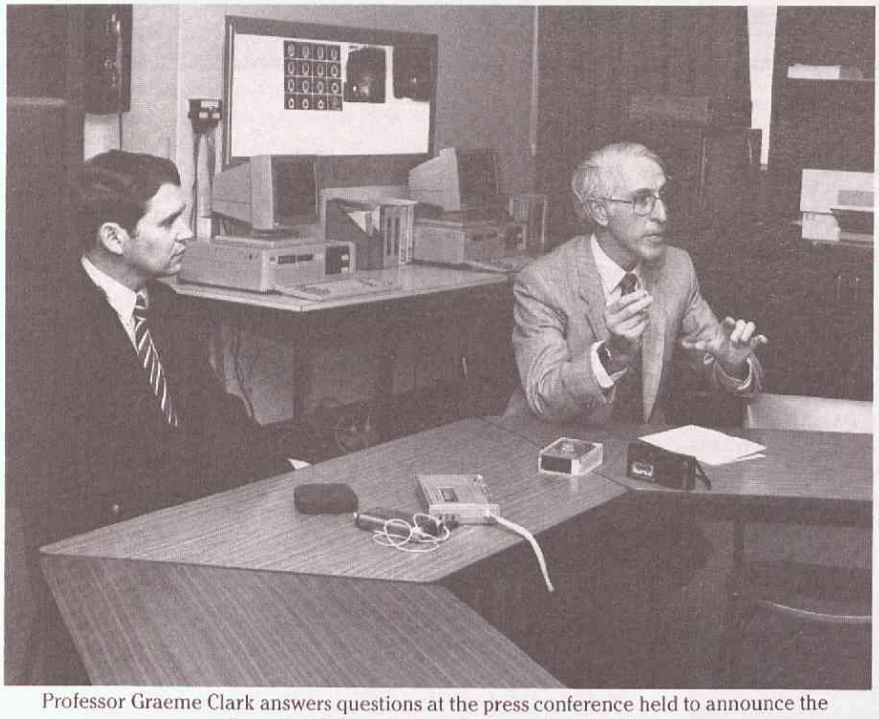


Dr Roger Summers

University of Melbourne pharmacologist Dr Roger Summers has been awarded the David Syme Research Prize for 1986 for research which could lead to a better understanding of the way in which drugs used in the treatment of heart disease and high blood pressure work.

The prize, $2500 and a medal, is given annually for the most important research contribution in biology, chemistry, geology or physics, preferably research of value to industrial and commercial development.

US backs bionic ear research



Professor Graeme Clark answers questions at the press conference held to announce the investment. Looking on is Dr Terry Hambrecht.

A major investment in the development of the University's bionic ear has been made by the United States Government through its medical research funding body the National Institutes of Health.

The National Institutes of Health's latest and largest research contract with the University, which is in the final stages of negotiation, will be worth about A$1.75 million. It is for a five-year study in the Department of Otolaryngology on the special features of bionic ears required for infants and young children.

The University's Department of Otolaryngology led by Professor Graeme Clark, in co-operation with the Australian firm Cochlear Pty Limited, has played a major international role in developing bionic ears for adults and older children. Bionic ears are now being implanted in more than 100 centres throughout the world.

Special problems are associated with design and development of bionic ears for infants and young children which will require considerable research before they can obtain the maximum benefits. The $1.75 million research project will enable the University's Department of Otolaryngology to determine the effect on the implanted bionic ear, of skull growth and maturation of the nervous system in infants and young children.

The contract was announced by Dr Terry Hambrecht, Head of the Neural Prosthesis Program of the US National Institute of Neurological and Communicative Disorder and Stroke, after he unveiled a commemorative plaque in the University's Department of Otolaryngology at the Royal Victorian Eye and Ear Hospital. The plaque acknowledges the substantial support provided by the US Government to the Department's bionic ear research. The plaque was designed by leading Melbourne sculptor Mr Michael Meszaros.

The Department has already received a contract from the US National Institutes of Health for A$350,000 over three years from 1986-89 to undertake research to develop more advanced speech processors for the external, wearable part of a bionic ear.

The contract will enable the University to develop and evaluate new and alternative methods of analyzing speech for bionic ears. This could lead to more patients benefiting from improved speech perception and also contribute to the development of a new generation of speech processing hearing aids.

In 1985 the US National Institutes of Health awarded a grant of $A450,000 over three years to the University's Department of Otolaryngology to develop an advanced receiver-stimulator (the implantable section of the bionic ear) for profoundly-totally deaf patients using silicon chip technology.

The silicon chip has now been designed and fabricated and is nearing the completion of final tests before being implanted in a patient. It has a novel design and is the most sophisticated bionic ear chip developed anywhere in the world. The development should enable more patients to benefit from improved quality of hearng.

Professor Clark said the contracts and grant from the United States Government National Institutes of Health were a major milestone for bionic ear research carried out by the University's Department of Otolaryngology. "It is an honour that the United States, which has set such a high standard in medical research and technology, has recognised and supported the bionic ear research at The University of Melbourne. This is an excellent example of countries working together in scientific research to benefit patients worldwide."

Psychiatric art collection given to the University

Australia's most important collecion of psychiatric art comprising more than 7000 paintings, drawings, models and pieces of needlework and embroidery has been given to The University of Melbourne by Dr Eric Cunningham Dax.

The collection will be available for teaching and research to organizations associated with psychiatry, psychology, the health sciences and fine arts departments in tertiary education institutions. It was transferred to the University with the co-operation of the Royal Australian and New Zealand College of Psychiatrists.

The collection was assembled over 40 years by Dr Dax, who was founding Chairman of the Mental Health Authority of Victoria from 1952 to 1969.

Dr Dax's interest in psychiatric art dates from the end of the war and in 1950 while working in Britain, he took the English collection to the first International Exhibition in France. He has written and lectured in the US, UK and various European countries on the influence of mental disturbances on artistic portrayal, from the viewpoint of revelations of the mental state of artists and patients derived from an analysis of their art forms.

Dr Eric Cunningham Dax

Most of the collection comes from Royal Park where it was rescued from destruction about 10 years ago, and from Dr David Barlow at Larundel Hospital. There are also works from Beechworth, Ararat and Ballarat Hospitals and others collected in England before 1950. Most of the paintings were done during the 1960s and therefore illustrate psychiatric symptomatology before it was clouded by the general use of psychopharmacology.

The paintings have been divided into examples of the neuroses, affective psychoses, personality disorders, head injuries, organic disorders and schizophrenia. Some have been classified to show the use of symbols as vehicles of expression. Trees, eyes, sex symbols and illustrations of fears and catastrophes such as shipwrecks, broken bridges, overhanging rocks, precipices and funerals are all commonly seen. There are also a number of particular subjects illustrated such as suicide, violence, disintegrated heads, body image disturbances and schizophrenic fears and fantasies.

Obituaries

A. Murray Clarke
1909-1987


A. Murray Clarke

Arthur Murray Clarke died on 14 August 1987 at the age of seventy-eight years after a protracted illness. He was born in China to missionary parents in 1909 and later received his secondary education with his brother Dr Eric Clarke as a boarder at Caulfield Grammar School. After graduating in medicine in 1932 from The University of Melbourne he was a resident medical officer at the Royal Melbourne and later Melbourne's Children's Hospital before taking up a post as House Surgeon at Great Ormond Street Hospital, London, for the next two years. During his time in London he gained his F.R.C.S. and D.C.H. Returning to Australia in 1938 Murray took up the post of Assistant Surgeon at the Perth Children's Hospital (now Princess Margaret) and Perth General Hospital (now Royal Perth).

On the outbreak of war in 1939 he enlisted in the Australian Medical Corps and later was trained in plastic surgery under Sir Benjamin Rank to be posted as Surgeon-in-Charge to the Plastic and Reconstructive Unit in the 2/1st Australian General Hospital, Bougainville.

At the end of the war Murray Clarke was appointed Honorary General Surgeon to the Melbourne Children's Hospital and in 1952, took up the near full-time position of Paediatric Surgeon. He, Russell Howard and Douglas Stephens were the first such appointments to the hospital. In the same year he saw the need for a Burns Unit — the first specialized Paediatric Burns Unit in Australia and possibly the first in the world. During the years 1964-70 he served as Dean of the Clinical School and a member of the Faculty of Medicine, The University of Melbourne, and during the following four years was Chairman of the Department of Surgery and for a period Chairman of the Senior Medical Staff, Royal Children's Hospital. He retired from his appointment as Head of Unit and Director of the Burns Unit in 1974, but continued in private practice for a few years, devoting himself to reducing the scourge of childhood accidents.

Murray Clarke's major interest was the burn injury, and he became an inaugural member of the International Society of Burn Injuries in 1965, representing Australia on its executive in 1974, and elected Assistant Secretary General in 1978. He also served as Assistant Editor of the Society's journal *Burns* and was the guest speaker at seminars held in the U.S.A. and in India. In 1974 he encouraged, and was a foundation member of, the Australian and New Zealand Burns Association and the editor of its journal for ten years.

He founded the Royal Children's Hospital Burn Research Unit, which analyzed the causes of burn injury in children and promoted the prevention of burns and the introduction of safety procedures. Research into flammability of various materials was conducted in conjunction with the Commonwealth Scientific and Industrial Research Organization and the Wool Corporation, from which standard tests for the analysis of different materials were designed and later accepted by the International Standards Association.

This work led to legislation to label children's nightclothes as to their degree of safety and was promoted by the Australian Standards Association, of which Murray Clarke became a member of a special committee in 1973. His interest in safety led to his appointment as the Victorian State Councillor of the National Safety Council, as Co-Founder of the Child Accident Prevention Foundation of Australia in 1978, and later Director of the Royal Children's Hospital Child Accident Prevention Resource Centre, the first of its kind and which is now named after him — an appropriate honour for all his vision, tenacity and devotion to the prevention of accidents in children.

This record shows Murray Clarke's dedication to the practice of medicine and the care of children, but it does not reveal his true humanity and kindness. His Christian belief was reflected in his whole attitude to life, but nothing excelled his love and desire for the welfare of children. His contribution, in the fullest sense, to the health of children was recognized by the award, in 1982 of the Order of the British Empire, to a man of compassion and wisdom who will be sorely missed.

John Solomon

Julie Mary Hickford
1895-1987


Dr Julie Hickford and son, Robert Harbison, Collins Street, Melbourne, early 1940.

Julie (Harbison) Hickford, the only daughter of Fred and Dorothea Hickford, was born on New Year's day, 1895. Fred was a well known Melbourne solicitor and barrister, at one time Grand Master of the Freemasons' Lodge and the Mayor of Brunswick.

Julie attended Melbourne Girls' Grammar School where she excelled in arts and sciences and entered The University of Melbourne on a scholarship before the First World War. Many male students had gone off to the war, leaving vacancies in the medical course and she was persuaded to switch to medicine. After the war she married Eric Harbison, who had been a third year medical student and among the first ashore at Gallipoli, was wounded, and sent back to Melbourne to complete his course. He graduated in time to go to France as an Army Surgeon in the concluding stages of the war.

They established a practice at Natimuk, and then moved to Mount Gambier, working with Rupert Hawkins, and it was there that their three children were born. In 1927 they forsook medicine for sheep farming and with Julie's brother Charles Hickford, bought a property at Willowtree in the New South Wales Liverpool Ranges. There Julie adapted to the rough bush life, but after two years, and the Great Depression, they moved back to Melbourne, first to a practice in Brunswick, and then in East St Kilda for the next twenty-six years. Eric took his Master of Surgery degree at The University of Melbourne while Julie looked after the house and practice. At times, because of the then financial constraints, she undertook rural locums.

Julie, coached by Eric, undertook a University of Melbourne D.G.O. course specially run on one occasion for Victorian candidates. She was actively involved as an Honorary Medical Officer at the Queen Victoria Hospital, as well as in a very busy general practice. She nevertheless found time for overseas travel, and went to the U.K. as a ship's doctor in 1935. Her stories of her locums in England, the depressed condition of the people and the poor standards of medical practice, made all around her realize how fortunate people were in living in Australia. She was determined that Australia should always have good medical standards, and carried that conviction into her work at the Queen Victoria Hospital.

During the Second World War, with her three children all in various sections of the Australian Navy, she continued at the Queen Victoria Hospital and undertook the practice of many doctors who had joined up, working for the Red Cross, as well as in other advisory and medical positions.

After the war she continued in practice, and was able to develop her greatest love in life: the arts. She was skilful in drawing, painting, in tapestry and in just making things — raffia baskets and oddments, all of which she continued up to her death. She travelled to the Greek Islands on two occasions, and stayed for long intervals, painting and learning the language. A good deal of her time was spent in reading Greek, of which she had a prodigious knowledge. After Eric's death she carried on the practice until it finally became too heavy for her, and she retired to a flat in South Yarra, but still undertook the occasional locum and other medical work. She kept up-to-date by extensive reading, and personal contacts and she was still working well after she reached the age of 80, well loved by many old and loyal patients.

In the last few years she found that with deterioration of her vision much of the enjoyment of life also deteriorated and after being cared for by her daughter Lesley, finally entered a nursing home. She loved literature and science, and always regretted that she had not become a scientist; she loved botanical studies and spent a good deal of time in the bush hunting for specimens and painting water colours of her collection. She had strong views on what she called 'bad moral standards' which she expounded during the Second World War, and thereafter. She liked people, and had a large circle of friends who regret her passing. One of the early medical feminists, she had no time for the feminist movement, as she saw no need for it; in her life in medicine, equal rights applied. She always made sure they did.

She was able to attend the 125th Celebratory Dinner on 19 August 1987 by kind invitation as, at 92, the second most senior medical graduate of the university. She was thrilled to be present, but too frail and blind to take full enjoyment in the occasion.

Her three children, eleven grandchildren, and twelve great grandchildren mourn her passing, as do her many friends.

Robert Harbison

Kenneth Fitzpatrick Russell
1911-1987

	The University of Melbourne
1937	Stewart Lecturer in Anatomy
1948-68	Associate Professor of Anatomy
1956-68	Reader in Medical History
1968	Personal Chair in Anatomy and in Medical History
1949-67	Editor, *Australian and New Zealand Journal of Surgery*
1976	Retired
1977	Professor Emeritus

Robin William Smallwood
1934-1987


Robin Smallwood

Robin Smallwood died on 6 October 1987 from metastatic spread of a caecal tumour which was removed in 1986. He was Dean of the Faculty of Anaesthetics, Royal Australasian College of Surgeons, and Director of Anaesthetics and Intensive Care at the Austin Hospital.

He was educated at Geelong Grammar School, and a member of Trinity College during his undergraduate years at The University of Melbourne from 1953 to 1958. He was a keen participant in water polo, diving, and drama during his university years, and this latter interest led to his meeting Rosalind whom he later married.

Registrar posts in anaesthesia were established only in the 1950s and training programmes were still evolving when Robin did the work leading to his Fellowship of the Faculty in 1963. He held Registrar posts in four hospitals affiliated with the university: the Royal Women's, Royal Children's, Royal Melbourne and St Vincent's Hospitals. He did a staff year in 1965 at St Vincent's Hospital and continued as a Sessional Officer when he entered private practice in 1966 as a member of the Albert Street Anaesthetic Group. Despite the success of his practice he sought further experience in 1967 with a year in the Welsh National University in Cardiff, an academically vigorous department led by Professor W.W. Mushin. A major consequence of this academic fillip was his appointment a year after his return to Melbourne as Director of Anaesthetics (and later Intensive Care also) at the Austin Hospital which had developed as a Clinical School of The University of Melbourne.

It was in this role, which continued from 1969 up to his death, that Robin made major contributions to anaesthesia. He was skilful at devising means of educating trainees and colleagues in anaesthetic principles, both by laboratory models and self-test papers. He maintained a close interest in the clinical activities of his department, setting a high standard by example and by encouragement. He showed equal skill in administration, and his department became a model which subsequently was the basis of a paper by him and the late Maurice Sando, also a Dean of the Faculty of Anaesthetists, on the staffing of a teaching department. This was his only formal publication, but it has been accepted as a standard and continues as a memorial to its two far-sighted authors.

Robin also contributed to the development of two major documents on the objectives of training for anaesthesia and intensive care. His ability to extract principles and devise order was a major feature of his activities, and this became evident during his period on the Board of Faculty of Anaesthetists. He made major contributions to the examination system and to a series of Faculty recommendations relating to anaesthetic practice, and accepted no standard less than the best obtainable.

Robin had many close friends, especially the members of a Journal Club to which he contributed vigorously for over twenty years. He enjoyed music, particularly New Orleans jazz, and for a Memorial Gathering at the College of Surgeons he asked during his last weeks for one of the members of the Journal Club to play his favourite music.

Robin enjoyed a game of tennis, and also had a full and rewarding family life. Despite the gravity of his illness, he fulfilled all his duties as Dean right up to his death, and he remained at home with numerous visits from friends until the last few hours.

In the absence of a university department of anaesthetics, Robin played a major role in the development of this discipline in Melbourne, and he will be greatly missed by his friends and colleagues. Our admiration and sympathy go to his wife Rosalind, and his three children.

Noel Cass

John George Glyn White
1909-1987

'Uncle Glyn' with patient.

Glyn White was country born, near Castlemaine, and received his schooling at Melbourne High, and at Scotch College which he represented in the mile at the Combined Schools' Sports in 1928. The following year he commenced medicine at The University of Melbourne and in the same year joined the army in the 3rd Cavalry Field Ambulance. During his university years he helped pay his way by 'working on the wharves', and mates made then were to remain so throughout his life.

Glyn graduated M.B. B.S. in 1935 and, after serving as trooper, wagon-driver and sergeant-major, he was commissioned in the Australian Army Medical Corps. There followed the usual years in residential posts, at St Vincent's Hospital, marriage in 1938 and a visit to the United Kingdom. The outbreak of the Second World War halted all plans for the future.

Glyn enlisted in the A.I.F. and in May 1941 went to Malaya with the 8th Division as Deputy Assistant Director of Medical Services. In the 1942 Honours List he was awarded an O.B.E. (C.B.E. 1960). Following the collapse of Singapore, on 15 February 1942 he became a Japanese P.O.W. and served out the war as Officer-in-Charge, Allied P.O.W. Medical Service in the notorious Changi prison area. His initial task was to arrange the movement of 12,000 sick and wounded troops from Singapore to Changi and, at the same time, with help from other troops, he moved there a large quantity of medical stores and medical textbooks, both of which served as a most valuable resource for the remainder of their period of captivity. During his visit to Melbourne in 1987 one of Glyn's fellow captives, Sir Michael Woodruff, said that while reading one of the books Glyn had brought to Changi, he came upon an observation which prompted Sir Michael's long career of research in immunology and tissue specificity. During his years in Changi, Glyn made a number of life-long friends, and he has left us two published reminiscences (*Med.J.Aust.* 1946, 2:9; and in *Occasional Papers on Medical History Australia,* Melbourne, 1984).

While in Changi, 'volunteer' lecturers were chosen to keep up morale, and one of Glyn's topics was heraldry — one of his little known accomplishments. He had read widely and was very knowledgeable in this esoteric subject, and the very first to contribute to the special fund raised to obtain a coat of arms for the Australian Paediatric Association, later the Australian College of Paediatrics.

After the war he continued his close involvement in the army, becoming Deputy Director Medical Services, Southern Command, and on three occasions he was Acting Director General of Medical Services. In 1966 he was retired with the rank of Brigadier, and for his last eight years he was Honorary Colonel of the Royal Australian Army Medical Corps, as some recognition for his forty-five years of service, duty and outstanding leadership.

On returning to Melbourne in September 1945, Glyn White's decision to specialize in neonatal paediatrics was considerably influenced by Alfred P. Derham, his immediate superior in Malaya and honorary physician to in-patients at the (later Royal) Children's Hospital, Melbourne. In 1948, Glyn became medical officer to the newly founded Cerebral Palsy Clinic at that hospital. Three years later he was appointed to the paediatric staff at the (Royal) Women's Hospital, the beginning of his long and active association with that hospital which he served as Honorary Paediatric Physician (1960-69).

Glyn's dedicated work in neonatal paediatrics became legendary — his vast knowledge and experience always available to his colleagues. He will be especially remembered for his contributions to exchange transfusion for the RH immunized baby and later to the prevention of this condition. It was his involvement in this field and his proven organizational skills which led to his appointment to the National Blood Transfusion Committee of the Australian Red Cross Society, which he served as Deputy Director from 1966 and as Director, 1969-77. And then there were his many years of honorary service to the Presbyterian Babies' Home, Canterbury, and Tweedle Baby Hospital, Footscray. His truly was a life of giving.

For his dedicated service to country, community and medicine, Glyn White received many forms of recognition: C.B.E., E.D., Honorary Physician to Her Majesty the Queen (1965-66); Fellow, A.M.A.; Fellow, R.A.C.P. (1973); and in 1987 — Fellow *ad eundem* of the R.A.C.O.G. He is survived by his wonderful wife and great lady, Amy, who shared his world of contribution, and by a son and daughter.

Frank Forster & Graham Cooper

Curator
H.D. Attwood

Medical History Unit

Museum Hours
Weekdays 8.30am-10pm
Saturdays 8.45am-12noon

Medical History Unit 1987

K.F. Russell
Plaque, 1969
by D.E. Thompson
Medical History Library

This year was marred by the death of Professor Emeritus Kenneth Fitzpatrick Russell. Ken, an Honorary Professor in the Medical History Unit when he died, had created the Unit by his energy, interests and scholarship. International recognition of these qualities had enabled him to gain a grant of 20,000 pounds to complete the second floor of the Brownless Medical Library and build thereon the Reading Room, Rare Book Room, and Museum, in which to house the Medical History Department, as it was then. He was still working on his researches into the history of anatomy some weeks before he died, and the second edition of his classic *British Anatomy 1525-1800* was published shortly after his death.

Ken with his wife Fogo, a Senior Associate in the Unit, and their children John and Mary, formed a close-knit family who often worked together to create what is unique in Australia, a Medical History Unit within a Faculty of Medicine. Visit the Unit and see Ken's monument.

Visits and Discovery Day

On 19 March 1987 members of Faculty were shown over a display commemorating the 125th Anniversary of the Medical School. This display demonstrated some of the treasures of our archives and was further enriched by contributions from the Science Archives Project. It created much interest during the year and groups, including Friends of the Baillieu Library and many from outside the university, have been given conducted tours.

A special display to commemorate the centenary of the entry of women into the medical course was mounted to coincide with the commemorative seminar in November 1987.

Cataloguing the Collection

Marion MacNally, the Assistant Archivist appointed with the aid of a grant from the Ramaciotti Foundations and assistance from the Rowden White Fund, will complete her task of cataloguing the collection this year. The orderly arrangement now achieved not only permits specific things to be found easily, but has emphasized the richness of what we hold. Marion MacNally has not only worked well as an archivist but has also greatly assisted in the displays.

Recent Acquisitions

Photographs and instruments have come from a number of older doctors and these are always valuable. Dr Joyce James donated seven pharmacy jars in old English glass and, most recently, an 18 carat gold wishbone pessary was acquired at cost price from a Melbourne jeweller who thought it was a pity to melt it down.

Publications

The sale of the facsimile of William Clift's copy of *Matthew Baillie's Atlas of Morbid Anatomy* has been recently included in a well-known American bookseller's catalogue. As it is being sold in America at $US570 the cost here ($A570) makes it an excellent investment.

The second edition of Ken Russell's *British Anatomy* has already been mentioned.

The papers from the Third National Conference on Medical History and Health in Australia (Adelaide, 1986) have been published as the third in the series *Occasional Papers on Medical History Australia* with the title *Reflections on Medical History and Health in Australia.*

Australian Society of the History of Medicine

The society, founded in 1986, has now over 160 members from all States and Territories. Planning is under way for the first conference which will be held in Sydney in February 1989. An unusually enthusiastic Western Australian group has gathered to start planning for the Perth conference in 1991. Much interest has been shown in the formation of the society by similar societies in Britain, America and Europe.

Walter Winston Johnstone Fund

The Chancellor, Professor Emeritus Sir Douglas Wright, left, receives the cheque from Dr J.W. Johnstone-Need.

Dr J.W. Johnstone-Need has handed over cheques to the university as part of a proposed endowment of $250,000 to promote the history of medicine in the Faculty of Medicine of The University of Melbourne. The fund is named after his son, Walter Winston Johnstone, who died tragically some years ago.

This generous donation came from a man who had a long and distinguished career as an obstetrician and gynaecologist. At one time Acting Professor of Obstetrics and Gynaecology, he practised for some fifty-five years. He is one of the very few who obtained senior degrees in three disciplines: Doctor of Medicine, Master of Surgery and Master of Gynaecology and Obstetrics.

Wanted

The Medical History Unit has a goodly collection of class photographs dating back to the 1880s. We lack group photographs for the years 1883, 1927-31, 1933-38, 1940-44, 1946 to date. Gifts of photographs or loans with permission to copy would be welcomed.

Photographs bereft of names of those photographed are also in the collection. Anyone willing to assist in identification of people in group photographs for 1900, 1901, 1903, 1904, 1913 (Senior Anatomy), 1920, 1922, 1925 or 1928, 1939, 'Bull's dissection class', Courtyard with table and group, please contact Curator.

Members are reminded that the Medical History Museum is recognized under the Taxation Incentives for the Arts Scheme. All enquiries to the Curator, Professor Harold Attwood, Medical History Unit, University of Melbourne, Parkville, Vic. 3052.

UMMS Membership as at 1 March 1988

Assembled from membership renewal forms.
Additions and corrections welcome. (03) 344 5888.

Univ. of Melb. Grad. MB.BS

1914
Dr C Checchi

1915
Dr S C Fitzpatrick

1917
Dr H B Kershaw

1921
Dr R L Fulton
Dr R Southby

1922
Dr L E Le Souef

1923
Dr G B Bearham
Dr H Friedman
Dr A D Hensley

1924
Dr J E Blewett
Dr F E Browne
Dr A A Liebert

1925
Dr B A Baker
Dr P Goodman

1926
Dr W D Counsell
Dr E R Crisp
Dr R J Long
Dr J A McLean
Sir Thomas Travers
Dr L J Westacott

1927
Dr R K Scott

1928
Dr R J Farnbach
Dr E A C Farran
Dr J R Heath
Dr R N Howard
Dr E Sandner
Dr W E Williams

1929
Dr T M Gilbert
Dr W W Lempriere
Dr E M Murphy
Dr L A Osborn
Dr G H Van Nooten
Prof Em Sir Douglas Wright

1930
Dr T D Hagger
Dr H T Tisdall

1931
Dr R J Cato
Dr F J Hayden
Dr J W Johnstone-Need
Dr M M Perl
Dr P T Wedlick

1932
Dr J H Bolton
Dr E E Green
Dr T E Lowe
Dr E L Robinson

1933
Dr J I Hayward
Dr A R Kelly
Dr D A Kidd
Dr L Lloyd-Green
Dr S R Peters
Dr A J M Sinclair
Dr D M Sinclair
Dr M Starke
Dr R J Turnbull

1934
Dr W T Agar
Sir Edward Dunlop
Dr A F Griffiths
Sir Benjamin Rank
Dr R M Rome

1935
Em Prof R R Andrew
Dr G Brosnan
Dr F J Cahill
Dr T R B Courtney
Dr D J M Dunn
Dr E J Gallagher
Dr W R Gayton
Dr A V Jackson
Dr C P Juttner
Dr A J King
Dr G R Kurrle
Dr L Langmore
Dr N Lewis
Dr F R T Mabin
Dr M A Mackie
Dr A D Matheson
Dr R J McAllister
Dr W H Milroy
Dr F J X Mulcahy
Dr H K Pawsey
Dr F E Plarre
Dr R J Riddell
Dr R J Salts
Dr R Shatin
Dr D B Skewes
Dr J Smibert
Dr T H Steel
Prof Em Sir Sydney Sunderland
Dr B I Taft
Dr C R Trood
Dr H E Williams
Dr A M Wright
Dr N V Youngman

1936
Dr C K Churches
Dr W F Crick
Lady Y E Fitts
Dr M Gilchrist
Dr N P Long
Prof Em F D Stephens
Dr P S Woodruff

1937
Dr V Brand
Dr A S Ellis
Dr A Russell Hughes
Dr J A Hutchings
Dr E N Kurrle
Dr D R Leslie
Dr L J T Murphy
Dr N F Pescott
Dr C F H Pyman
Prof Em Sir Michael Woodruff

1938
Dr A J Christophers
Dr H B Kay
Dr J O Lavarack
Dr R E G MacLean
Sir W D Refshauge
Dr H D Steward

1939
Dr D A Alexander
Dr A J Barnett
Dr R A Douglas
Dr C R Laing
Dr R F Lowe
Dr E G Strahan
Dr B Widmer

1940
Mr J L Bignell
Dr J T Cahill
Dr F M Moore
Dr E D Ryan
Dr E K Turner
Dr H N B Wettenhall

1941
Dr W M Barrett
Dr M S Benson
Dr D Campbell Pope
Dr B T Glanville-Hicks
Dr I H McConchie
Dr M M McKeown
Dr H S Moroney
Dr A R Parkin
Dr D B Pitt
Dr I M Seward
Dr W L Sloss

1942
Dr W C Boake
Dr R Chenoweth
Dr E P Cordner
Dr R J Fleming
Dr G Hewitt
Dr R A Hill
Dr A G Ley
Mr C S Richards
Dr L V Sisely
Dr J C Trinca
Dr P Zerman
Mr J C Zwar

1943
Dr G E Bennett
Dr P R Brett
Dr P R Bull
Dr R M Charters
Dr T M Cockbill
Dr D C Cowling
Dr F R Fay
Dr D G Rayment
Dr W S Rickards
Dr A O Rosenhain
Dr E M Ross
Dr H M Shaw
Dr W E Swaney
Dr I M Tulloch

1944
Dr E L Beavis
Dr C J Craig
Dr G A M Donald
Dr J L Howqua
Prof J V Hurley
Dr W J Jamieson
Dr R M Porter
Dr J F Williams

1945
Mr T E Antonie
Dr B E Christophers
Mr W Etheridge
Dr D C Foster
Mr G S Gunter
Dr P E Jeffery
Mr P G Jones
Dr J A Keipert
Dr M C Levinson
Dr B P McCloskey
Dr G G McCloskey
Mr G S Pestell
Dr T P Rowan
Dr R K Stevenson
Dr G Stillwell
Dr G W Trinca
Mr R G Webb
Dr A E Wilmot

1946
Mr W G Doig
Dr I S Epstein
Dr J K Fullagar
Dr L J Fullagar
Mr J K Henderson
Dr S W Hyland
Dr S Troski
Dr B Ungar
Dr E M Williams
Dr P F Williams

1947
Dr E Chong
Dr J L Connell
Dr E J Hodder
Dr J P Morris
Dr B W Neal
Dr P M Robertson
Dr C D Rosengarten
Prof R W Webster

1948
Dr I H W Anderson
Dr W C Boake
Dr H D Breidahl
Dr G L Christie
Dr G W Cooper
Dr J A Forbes
Dr F M C Forster
Dr J R Kelly
Dr K B Layton
Dr J O Maxwell
Dr P J Ryan
Dr J N Santamaria
Dr C W E Wilson

1949
Dr N P Bell
Dr A G Bond
Dr C Douglas-Smith
Dr J B Fethers
Dr J R E Fraser
Dr J D S Gunter
Dr J Hailes
Dr D J Kay
Dr J A W Kelly
Dr W H Kitchen
Dr C F MacDonald
Dr A D MacLean
Dr C J K Pawsey

1950
Dr R M Aitchison
Dr R M Anderson
Dr J M Appleford
Dr W R Bennett
Dr E B Collins
Dr T W Farrell
Dr M T Fish
Dr F J Grant
Dr R F Harbison
Dr H D Irish
Dr J L James
Dr A Liston
Dr P M McConnachie
Dr A D McCutcheon
Dr M H Morland
Dr H C Newman
Mr B McC O'Brien

1951
Dr V G Balmer
Dr G W Briggs
Prof A C L Clark
Dr P H Cohen
Dr M De Laine
Dr M K Deerbon
Dr D N M Fearon
Dr O M Garson

Dr A Goldman
Dr J J Griffin
Prof W S Hare
Dr A F Hargrave
Dr J M Henzell
Dr S C Johnston
Dr W E I Littlejohn
Dr J H S Martin
Dr R N Matthews
Dr H K I McLachlan
Dr J M McLeod
Dr J W D Middleton
Mr K W Mills
Dr J E H Milne
Dr G Pattison
Dr R H Saunders
Dr P Sheil
Dr R C Webb
Mr A S Wood

1952
Dr L I Baird
Dr P Forsell
Mr D G MacLeish
Dr A J Murphy
Dr J B O'Brien
Dr K J Owen
Dr H M Pannifex
Dr N K T Taylor
Dr B M Wadham
Dr B W Walklate
Dr J F Wiseman

1953
Dr R F Bullen
Dr P E Campbell
Dr O M Coltman
Mr A M Cuthbertson
Dr L A Fennessy
Dr J A Fuller
Dr J S Galbraith
Dr R C Gutch
Dr G S Hale
Dr J S Hamilton
Dr W C Heath
Dr J W Hill
Dr W C Lawrence
Dr A Marshall
Dr F I R Martin
Dr H E McKenzie
Dr M A McKenzie
Dr R N Mellor
Dr D M O'Sullivan
Dr G H T Perry
Dr M J Sanders
Dr J G Sloman
Dr D M Sutherland
Dr R R W Townley
Dr J W M Upjohn

1954
Dr P Z Adrian
Dr O H Blomfield
Dr G M Bradley
Dr M C Canning
Dr A J Caro
Dr E M Craig
Dr D K Dargaville
Dr D P Gale
Dr G W Harley
Dr J F MacDonald
Dr R M Mecca
Dr C G Price
Dr W L Simpson
Dr F A Wraight

1955
Dr G L Buckwell
Dr R G Cameron
Dr S H Chani
Dr N T Cheshire
Dr W E Fabb
Dr J E Galbraith
Dr R D Glass
Dr R L Godfrey
Dr K J Green
Dr R W Hill
Dr J A Morgan
Mr G. J. Little
Dr F J T O'Rourke
Dr A Owies
Dr P Tenni
Dr M J West
Dr M E Whisson

1956
Dr G J Bishop
Dr W M Chin
Dr R M Compton
Dr J F Connelly
Dr J K Dawborn
Dr J R Downie
Dr J C Doyle
Dr P R Eisen
Dr G Freed
Dr E R Gillies
Dr D L Gurry
Dr P F Hart
Dr D C Hodge
Dr R W Howard
Dr F C Jones
Dr E J Keogh
Dr J Levin
Dr R U H Meyer
Dr M Nissen
Dr R B Rodrigue
Dr F B Webb

1957
Dr T F Acheson
Dr M E Brandstater
Mr J A Buntine
Dr G H Capp
Dr C I V Childs
Mr B T Collopy
Dr E J Gilford
Dr B S Gilligan
Dr G M Greenbaum
Dr T J Horgan
Dr P N Ironside
Dr M A Kidson
Dr G A Kune
Ass Prof J F Mainland
Dr J J McTeigue
Dr S Moraitis
Dr M H K Ng
Dr J G Nicholson
Dr N V Niteckis
Dr G H Rayner
Mr J P Royle
Dr L Slonim
Dr W B A Southwell
Mr W G E Straffon
Dr B Sweet
Dr H S Symons
Dr E Witis
Dr J R York

1958
Dr A S Bodey
Dr L Carp
Mr W C Carter
Mr C P Clarke
Dr W M Donoghue
Prof K J Hardy
Dr J B Heinze
Dr R J Kelly
Mr R B King
Dr E M W Leake
Dr H J A McMahon
Dr J B Morley
Dr J S Robinson
Dr G T Schmidt
Dr P A Valentine
Dr R Valentine
Dr C M Williams
Dr J C Woods
Dr B J Zerman

1959
Dr D M Bourke
Dr W B Essex
Dr P D Hall
Dr F Kopecek
Dr J Y Mathew
Dr J M McNamara
Dr P S Rogers
Dr E H Shen

1960
Dr R E Abud
Prof J S G Biggs
Dr A M Borten
Dr J E Breheny
Dr D C Burke
Dr P J Campion
Dr E R D Dammery
Dr P H Francis
Dr M G James
Dr W A Kemp
Dr Y C Liu
Mr T M K Long
Dr F B M Phillips
Dr M A E Pickles
Dr J Wright-Smith
Dr Y T Yeo
Dr S L Yong

1961
Dr R P Barkman
Dr G M Barty
Dr R C Bennett
Dr K Bredikis
Dr J A Burgess
Dr A A A Coates
Dr P J Davies
Mr M C Douglas
Dr J C Grimwade
Dr J R Grove
Dr W F Heale
Dr J T Herrin
Dr R E Hooper
Dr J Jagoda
Dr A M King
Dr R G King
Dr E R Lipton
Dr H B Liszukiewicz
Dr J Long
Dr G B Matthews
Mr R A J McArthur
Dr C W Morris
Dr K R Mountain
Dr R W Pattinson
Dr J D Paull
Dr G L Richardson
Dr R G Robinson
Prof G B Ryan
Dr K Shannon
Mr R M R Southby
Dr A M Steiniger
Dr J R Stockigt
Dr F M Weir

1962
Mr R McM Adie
Dr J J Anastasios
Dr D L Bell
Dr R G Bell
Dr D S B Brownbill
Dr J F Cade
Prof D M de Kretser
Dr N F Edwards
Dr G L Gillam
Dr V D Hunt
Dr A Isaacs
Dr D G Johnson
Dr D E Jones
Dr S K Loh
Dr C N Luth
Dr J M Matthews
Dr J H Maynard
Dr B D McKie
Dr J W Paton
Dr H Pragier
Dr J E Scott
Dr E J Shaw
Dr B W Smith
Dr M M Stannard
Dr G C Sutherland
Dr J O Wilson

1963
Dr R W Cowie
Dr A T Creedon
Dr G E Duigan
Dr I B Faris
Mr I F Gunn
Dr A M Jenkins
Dr C Kibel
Dr C P Lindsey
Mr D J MacIntosh
Dr K J Mackley
Dr B N Margetts
Dr D I Stewart
Dr J A Streeton
Dr R A W Ward

1964
Assoc Prof F P Alford
Dr B P Batagol
Dr I W Black
Prof B J Carroll
Dr N L Cox
Dr J R Crellin
Mr B B Davis
Dr J T Dowling
Assoc Prof I D Gust
Mr E B Heffernan
Dr J F King
Dr F E S Mair
Dr V L McIlroy
Dr D J O'Donnell
Dr R L C Sutcliffe
Dr R W Wade
Mr A C Wilson

1965
Dr D A Abell
Dr G A Barker
Dr S Ceber
Dr W G Cole
Dr B J Dowty
Dr M E Doyle
Mr B G Elliott
Dr J W Funder
Dr P G Habersberger
Dr P E Harrisson
Dr M G Korman
Dr L I Landau
Dr W Leung
Dr K M McBeth
Dr F J Morgan
Mr J F O'Brien
Dr N W Quinn
Dr K W Sleeman
Dr J F Stickland
Dr G B Thomas
Dr R J S Thomas
Dr K W Waldron
Dr K D Waters
Dr N D Yeomans

1966
Mr G J Baker
Dr A R Clifford
Mr C J Cox
Dr J C Davey
Dr L Fail
Dr R E Farnbach
Dr P A Faull
Dr K J Fraser
Mr G P Gay
Dato T L Hee
Prof R G Larkins
Dr B V Lauritz
Dr W H Leadston
Dr B J Lightfoot
Dr J R M Nave

Dr G M Patience
Dr W F Ryan
Dr G C Shardey
Dr J H Silver
Dr A P Weldon
Dr J R E Wilson

1967
Dr J B Brennan
Dr D G P Buist
Dr Y H Chin
Dr B J Dawson
Dr R W Denisenko
Dr J C Duggan
Mr K H Elsner
Dr R L Eyres
Mr J W Glover
Dr J H Iser
Mr T Jones
Dr Y K Liu
Dr P M Loewy
Dr M D Lush
Dr M E Meldrum
Dr G M Moran
Dr P M Motteram
Dr E J Nash
Dr J P Nettleton
Dr A G Ostor
Dr N Pappas
Dr V J Peers
Dr J Rowe
Dr B Weiss
Dr J A Whitworth
Dr S J B Williams

1968
Dr E M Balaam
Mr D M Birks
Dr K P Birks
Dr H B Brown
Dr J M Brown
Dr A J Cass
Dr P J Collier
Mr F P Denton
Dr D D Elder
Prof J F Forbes
Dr G E Golding
Dr P J Harris
Dr R F Haskett
Dr S D Hogg
Dr P W Johanson
Dr M E Kemp
Dr G D Kerr
Dr L Markman
Dr L M McBride
Dr L J Murton
Dr L J Norton
Dr G D Richardson
Mr R M Rome
Dr B R Speed
Mr D W Stoney
Dr C G Tan
Dr C P Thelander
Dr F M Whan
Dr G R White
Dr D R Wigg
Dr Y M O Wu
Dr A Zimmerman

1969
Dr A J Babarczy
Dr N A Brinkley
Dr D C Downing
Dr J J Dwyer
Dr H C Foster
Dr R W Harper
Dr K A Jackson
Mr D J Kidman
Dr R J P Kuhn
Dr N M Ludbey
Dr M R Luxton
Dr I C Mitchell
Mr D I M Moss
Dr C J Mullany
Dr A J Portelli
Dr R B Rattray
Dr L J Reeves
Mr P M Rosenberg
Dr A W Ross
Dr A R Rubinfield
Dr F J Ryan
Dr S M Scott
Dr M J Sullivan
Mr D D Westmore
Dr J M Wettenhall
Dr R J Whiting
Dr A A Woodward
Dr R Yee
Dr G P Young
Dr R A Young

1970
Dr D A Barbaro
Dr N L Blair
Dr E A Carew-Reid
Mr D N Chamberlain
Dr L Dennerstein
Mr G C Fabinyi
Dr M E Griggs
Dr Z W Gruba
Dr P J Hammond
Mr R T Judson
Dr D P Lewis
Dr M J MacDonald
Dr R McLennan
Dr G Mendelson
Dr P Y Milne
Dr R B Reid
Dr I J Skelton
Mr G A Thompson
Dr E A Venables
Dr C S Woodward
Dr K V Woollard
Dr R W Ziffer

1971
Dr A I E Anderson
Dr K E Anderson
Dr J F Bacon
Dr D J Butterfield
Dr C Calandra
Dr E A Carse
Dr A D Hibberd
Dr A P Jones
Dr M J Liddell
Dr B J Main
Dr A F Mariani
Dr L Piterman
Mr R R Ragazzon
Dr L J Roberts
Dr N Salanitri
Dr G C Stribley
Dr G J Taggart
Dr K Tiedemann
Dr G A Varigos
Dr J D Wark
Mr R N Westh
Dr M J Wilson
Dr E P Wong

1972
Dr W M Beswick
Dr K J Carlile
Dr L E Clemens
Dr A J Costello
Dr S M Davis
Dr G A Donnan
Dr R M Drummond
Dr M D Green
Mr B H Hong
Dr P A Kelly
Dr J R Lazdins
Dr G P Leitl
Dr S E Martin
Dr C J Meehan
Dr A M Perlesz
Dr G J Pribaz
Dr M A Rigoni
Dr J M Russell
Dr S Sandrasegaram
Dr R G Stillwell
Dr I S Szymanski
Dr M W Verso
Dr A D Winter
Dr M J Wisdom
Dr L I Woodgate

1973
Dr P M Ashton
Dr L E Bolitho
Dr J M Crowl
Dr M E Dalziel
Dr A G Di Stefano
Dr N P Downes
Dr N Eizenberg
Mr H P Ewing
Dr C K Goh
Dr D M Hookham
Dr R L Jensen
Dr A H Kaye
Dr P F Kelly
Dr G K Knight
Dr J R Lambert
Dr S W S Laurie
Dr E A Livingstone-Muller
Dr N A Loizou
Dr P N McDougall
Dr P D Meese
Mr P L Moran
Dr H Perelberg
Dr J G Plenderleith
Dr S Punyanitya
Dr I Schweitzer
Dr P A Shekleton
Dr R J Stawell
Dr R F Terry
Dr C F Tudball
Dr J R Whitney
Dr B J Williamson

1974
Dr R C Allen
Dr M M Barr
Mr R B Brink
Dr W F Christophersen
Dr D L Copolov
Mr G Durham-Smith
Dr E R Frank
Dr B S Gilbert
Dr W J Hare
Dr L R Hayward
Mr A W Heinz
Dr M S Hirshorn
Dr L Y Ho
Dr D H Hooke
Dr I E Humphrey
Dr R J Krigsman
Dr A M Lavoipierre
Dr P N-B Lo
Dr A J Nankervis
Dr V M Novelli
Dr L R Segal
Mr M S Skinner
Dr J H Taylor
Dr S L Vaughan
Mr D R Webb
Dr H G Williamson
Dr L A Woollard

1975
Dr S B Baker
Dr G J Bromwich
Dr W B Buckley
Dr D B Czarnecki
Mr P D Danne
Dr G A Easton
Dr J M Flynn
Dr A Gordon
Dr H T Griffiths
Dr C D Hogan
Dr J L Holmes
Dr A K Horwood
Dr R F Lim
Dr P F Millington
Dr A Rosalion-Sochalsky
Dr J D Santamaria
Dr J L Taft
Dr E Varigos
Dr D J Warburton

1976
Dr I S Beasley
Dr D A Clifton
Dr W G Cowell
Dr R Fagan
Dr A B Glover
Dr I Goater
Dr W J Howson
Dr N D Johnson
Dr T M Kostos
Dr S A Macintyre
Dr A E McCleary
Dr C L McKenna
Mr P M McNeill
Mr M Medownick
Dr I N Olver
Dr C S Reeves
Mr S J Rodgers-Wilson
Dr K C Rose
Mr J V Rosenfeld
Dr D Rosner
Dr S A Schnall
Dr M D Spillane
Mr C S Sutherland
Dr P A Tesar
Dr A M Zagorski

1977
Dr I A Campbell
Dr W D Capell
Dr P L Champness
Dr A J Chong
Dr M L Christie
Prof S M Cordner
Dr M J Cotter
Dr S M Davey
Mr N S I Gordon
Dr H J Grossman
Mr M A Henderson
Dr J T Heywood
Dr J S Hoare
Dr L K Hope
Dr V A Hurley
Dr W J W Kelly
Dr L J Kliman
Dr H Krips
Dr B J Lichtblau
Dr B A Lindsay
Dr M Martakis
Dr A J Monk
Dr G P Norton
Dr J H Olver
Dr D R Phillips
Dr J R Salkeld
Dr W P Sheridan
Dr R L Simpson
Dr M Sovers
Dr A J Storti
Dr B S Workman

1978
Dr R A Ayton
Dr M T Chapman
Dr H Connor
Dr D F Eckel
Dr N A Fisher
Dr D Gin
Dr L E Grigg
Dr T J P Hodson
Dr W C-W Hsu
Dr H F Joyce
Dr F K Judd
Dr D J Kerr
Dr E M Langenegger
Dr I D Mathieson
Dr K G McCullough

Dr J W Newbury
Dr E K Perry
Dr M A Rees
Dr S D Robertson
Dr S Silberberg
Dr A B Waterhouse
Dr R F Weller
Dr F S H Wong

1979
Dr R E Beavis
Dr G D Campbell
Dr A G Frauman
Dr D P Lowenstern
Dr R A L MacDonnell
Dr W S Mackie
Dr R Oei
Dr H A Royston
Dr R J Searle
Dr J W Serpell
Dr D M Ungar
Dr H M Vokach-Brodsky
Dr A G Walpole
Dr S G Warmington
Dr S Wein
Dr C R Welsford
Dr C A Wright
Dr S Zalstein

1980
Dr J M Adams
Dr G P Bearham
Dr F M S Chang
Dr R A Cuthbertson
Dr T A Dillon
Dr R S Dorey
Dr A L Fisher
Dr J E T Gooey
Dr H D Goonatillake
Dr T W Kay
Dr C J McHardy
Dr G W Self
Dr R J Sitlington
Dr D K L Smith
Dr N F Strathmore
Dr A C Street

1981
Dr S W Banting
Dr A Bendrups
Dr D G Bolzonello
Dr R J S Briggs
Dr J A Carman
Dr G R Casper
Dr A C Chenoweth
Dr J G Churchman
Dr G W Clarke
Dr M F Cole-Sinclair
Dr D G Darby
Dr R L De La Harpe
Dr J E Elder
Dr M C Fitzgerald
Dr I E Gartley
Dr I D Grant
Dr R M Hemphill
Dr T J Jackson
Dr R A Kwiatek
Dr H K A Lou
Dr G M McInerney
Dr G F Opie
Dr A J Sellars
Dr R Sheen
Dr J A Smith
Dr L J Smith
Dr M J Stewart
Dr S A Tobin
Dr B R Tulloh
Dr C L Wilson

1982
Dr G L Crosthwaite
Dr R P Davies
Dr D J Dyall-Smith
Dr D Ernest
Dr W R Fleming
Dr M I McK Garwood
Dr T R Godfrey
Dr P H Goonetilleke
Dr A P Lawrence
Dr M W Lawry
Dr I Mackay
Dr C A McConnell
Dr H A McPherson
Dr M T Naughton
Dr G M Russell
Dr A M Walbran
Dr G R White
Dr O D Williamson

1983
Dr J B Agnew
Dr M Barnes
Dr P L Barnett
Dr I B Bastian
Dr W Bissinger
Dr A Buchanan
Dr A H Bui
Dr N A Cunningham
Dr R G Doig
Dr P W Donald
Dr J R Dyer
Dr P A Francis
Dr A P Garnham
Dr M K Harris
Dr W Joshi
Dr A H Marceglia
Dr H G Morris
Dr M V Pirotta
Dr A G Radovini
Dr H P Rehfisch
Dr K Reid
Dr M A Rosenthal
Dr N W Russell
Dr M A Shembrey
Dr C A Silagy
Dr J M Tobin
Dr K J Wade

1984
Dr J L Bodycomb
Dr R J Bonwick
Dr L M Danvers
Dr M J Davey
Dr I G Faragher
Dr G Garra
Dr R P Gerraty
Dr I W J Hurley
Dr H G Mack
Dr R R Molnar
Dr J L Newstead
Dr D A Ross
Dr S M Walker
Dr C J Worsnop
Dr M M Worsnop
Dr A G Yapanis

1985
Dr D M Bolton
Dr T A Edgley
Dr C R Grant
Dr G S Hebbard
Dr C J Hogan
Dr M R Hurley
Dr S C Hyde
Dr R Jacobs
Dr J C Jamieson
Dr O Kefaladelis
Dr G B Mann
Dr N A McConchie
Dr G J Morgan
Dr A S Narita
Dr J M Opie
Dr A P Porter
Dr P A Ramsay
Dr A J Robertson
Dr D Shnier
Dr J A Silberberg
Dr J Tsaltas
Dr M G K Veitch

1986
Dr J C Adie
Dr F Alberico
Dr P J Allen
Dr L J Allinson
Dr A A Almeida
Dr R D Angliss
Dr Bill Arsenakis
Dr M T Baker
Dr N Balis
Dr R J Bate
Dr A G Baxter
Dr M J A Benson
Dr R W R Bills
Dr A L Bonomo
Dr R S Breadmore
Dr L R Bridgford
Dr R A Bunter
Dr F J Cameron
Dr R L Campagnaro
Dr J Campbell
Dr P P Chen
Dr D G Clarke
Dr Vicky Cocotis
Dr J M Collett
Dr J M Collins
Dr M A Coote
Dr M V Croce
Dr M D Daniell
Dr J M Davey
Dr E A J Davies
Dr D W De Boer
Dr W H B Edwards
Dr W D Eichler
Dr D G Flanagan
Dr G J Flanagan
Dr A J Freidin
Dr S A Freund
Dr D Gaddie
Dr P J Gard
Dr J Gardiner
Dr M F Gidney
Dr C J Ginifer
Dr G J Gladman
Dr O Gobbo
Dr A B Golemo
Dr P D Good
Dr M G Healey
Dr B J Heath
Dr P D Hebbard
Dr D B Hipgrave
Dr M K Hocking
Dr M J Hopwood
Dr P W Howat
Dr B Infeld
Dr S P Kaye
Dr D W Keating
Dr A J Kiellerup
Dr A T C Kotsimbos
Dr D C Kruse
Dr T Kyrou
Dr M A Lancaster
Dr P W Larsen-Disney
Dr K T Le
Dr P B Le
Dr J M Lee
Dr J L Leong
Dr C F L Liow
Dr F J Liskaser
Dr R V Liubinas
Dr S A Locarnini
Dr A W Lowe
Dr M J Lynch
Dr P Mainland
Dr W E Marshman
Dr B J McDonald
Dr R P McNair
Dr T J McNamara
Dr D Meerkin
Dr T E Merriman
Dr J Mikuz
Dr P-U Milonas
Dr J T Moloney
Dr J A Mulhauser
Dr B A Mullins
Dr J M Negri
Dr P H Ngo
Dr A J O'Flaherty
Dr M A Oziemski
Dr R Padmanabhan
Dr M A Paine
Dr K Paizis
Dr C Papachristos
Dr A-M Pellizzer
Dr L B M Poon
Dr M J Price
Dr G Proimos
Dr S G Radford
Dr M D Richardson
Dr M S Robertson
Dr E Romas
Dr V R Ross
Dr E R W Salter
Dr S L Seow
Dr M C Sherwood
Dr F L Shumack
Dr P J Smith
Dr B T Stewart
Dr J A Sutherland
Dr S Swain
Dr J Swieca
Dr G S B Tan
Dr M L-K Tang
Dr J H Teh
Dr T L Todd
Dr J S E Toh
Dr J S Touey
Dr S G Troupakis
Dr M G Vaughan
Dr M A Viney
Dr K L White
Dr K Wing Shing
Dr D O H Wong
Dr J K M Wong
Dr P J Worboys

1987
Dr M Abedi
Dr R D Allen
Dr M C Anderson
Dr C Andronis
Dr M W Ashton
Dr J M Ayton
Dr Y Bareket
Dr S A Barnard
Dr H K Beh
Dr M F Bennett
Dr G J Berryman
Dr D L Blakey
Dr G N Boag
Dr F G Brown
Dr M D Brownstein
Dr C P Burren
Dr S M Carden
Dr M A Carroll
Dr G R Casper
Dr S K Chang
Dr V M Chang
Dr K Chao
Dr A Chin
Dr M L Chong
Dr J M Chown
Dr P M-L Chua
Dr M E Colson
Dr J P Cooney
Dr N E Cranswick
Dr A J Davidson
Dr J Davidson
Dr M J Deany
Dr F K Dickinson
Dr J W Drenen
Dr M Dudycz
Dr J L Dunstan
Dr G T Ellis
Dr G J Emery
Dr J Erlich

Dr H C Farrow
Dr D I Fenn
Dr A M Ferruccio
Dr M A Fink
Dr M P G Francis
Dr A Frankl
Dr P A Frawley
Dr C M Gibney
Dr J M Giddens
Dr T Gin
Dr P S Goh
Dr A S Gray
Dr A J Guiney
Dr S C Hams
Dr P A Hancock
Dr S E P Hauser
Dr T P Heaney
Dr E C Hendrich
Dr P J Hill
Dr A C N Holmes
Dr C J H Holmes
Dr J C-S Hu
Dr P C Hunter
Dr S E Hyde
Dr M D Jackson
Dr A D Janisiow
Dr R P Jankov
Dr M Keady
Dr P P A Keith
Dr M L Kelly
Dr A D Kerwin
Dr N D Kimpton
Dr J O Kiu
Dr S M Knights
Dr N C Kokotsis
Dr Y E Kompa
Dr B M Kong
Dr A K Lal
Dr J Langley
Dr B B Lee
Dr C S Lee
Dr M N Lee
Dr M W K Lee
Dr M J Leung
Dr T H Lim Joon
Dr J F Liu
Dr I Liveriadis
Dr C J Lodge
Dr G R S Louis
Dr L J Lucas
Dr J Y C Ma
Dr J M Maher
Dr C J Mandel
Dr C R J McBride
Dr D N McClure
Dr E R McKenzie
Dr V P Mercuri
Dr A D Merritt
Dr K M Moffatt
Dr P J Moore
Dr C J Moss
Dr J A Mullins
Dr R M Nash
Dr K Y C Ng
Dr D D Nguyen
Dr F J Nicholson
Dr R E Niekrash
Dr C-Y L Ong
Dr M Patelidas
Dr M A Pearl
Dr C J Pendrigh
Dr E C Penington
Dr G A Pitson
Dr G J Powell
Dr A N Purcell
Dr B F Raleigh
Dr J Ristevski
Dr C L Royse
Dr C F Royse
Dr G A Russell
Dr U J Russell
Dr A J Ryan
Dr R J Ryan
Dr H F Savoia
Dr R Schiavone
Dr W R Seager
Dr M J Sebastian
Dr J F Seymour
Dr P A Shiels
Dr R K Sinha
Dr R I Sitch
Dr J M Smith
Dr K G C Smith
Dr P Solin
Dr A M Staughton
Dr M Stavropoulou
Dr N A Strugnell
Dr S L Stuckey
Dr A Sylivris
Dr P G Tauro
Dr K F Taylor
Dr R Tharmanason
Dr M H Tran
Dr T A Tran
Dr J Van Andel
Dr S F M Vaughan
Dr T M Vaughan
Dr I Vrazas
Dr D A Westerman
Dr S J Wild
Dr L P Williams
Dr J K L Wong
Dr L C Wong
Dr N W F Woodford
Dr D J Woodhouse
Dr I J Woolley
Dr D G Wright
Dr D S L Yap
Dr M M Yap
Dr M C Yee

Other members
Prof H D Attwood
Prof J R B Ball
Dr D T Barnes
Dr J U Barrie
Dr C Bell
Prof R C Bennett
Prof G D Burrows
Dr J Camakaris
Dr K Cameron
Dr S Carey
Dr E Chiu
Dr T M-S Chong
Prof G J A Clunie
Miss D Colville
Dr L J Dumble
Prof M R Ewing
Dr I Favilla
Dr D T W Fei
Dr M J Fidler
Dr M J Fleischer
Dr J R L Forsyth
Dr J A M Gall
Dr L W Gregory
Dr L I Hatherley
Dr D L Hay
Dr D J Horne
Dr T J Humphery
Dr N R Johns
Dr L A Kellam
Dr G C T Kenny
Prof P Kincaid-Smith
Dr Z S Kiss
Dr S P Koroneos
Prof Em R R H Lovell
Dr P F Marriott
Dr A Nana
Dr C O'Herlihy
Prof D G Penington
Prof P D Phelan
Dr S L Skinner
Dr D W Stewart
Dr J Syme
Dr J W G Tiller
Dr N J Tudroszen
Dr R W Warne
Dr G Whelan

Professor Harry Brookes Allan lecturing in anatomy in the 1890s.

Dates to Remember 1988

Dean's Lecture Series

Tuesdays at 5.30 pm
Sunderland Theatre,
Ground Floor, Medical Centre Building

The Dean's Lecture Series is designed to illustrate current research activities in the Faculty of Medicine. All medical students, medical graduates and interested biological scientists are invited to attend. Admission is free.

15 March
54th Beattie-Smith Lecture
Teaching psychiatry in developing countries (China and South-East Asia)
Dr Eng-Seong Tan, Professorial Associate, University Department of Psychiatry, St Vincent's Hospital

29 March
The causes of large bowel cancer
Professor Gabriel Kune, University Department of Surgery, Repatriation General Hospital.

12 April
New vistas in schizophrenia
Dr David Copolov, Director, Mental Health Research Institute of Victoria, Royal Park Psychiatric Hospital.

26 April
Physicians in geriatric medicine — will they be needed in the year 2000?
Professor Robert Helme, Professor/Director, Mount Royal National Research Institute of Gerontology and Geriatric Medicine.

This will be followed at 6.30 pm by the 1988 Annual General Meeting of the University of Melbourne Medical Society.

10 May
The role of the brain in the regulation of body salt and water
Dr Michael McKinley, Principal Research Fellow, Howard Florey Institute of Experimental Physiology and Medicine.

24 May
1988 MATHISON MEMORIAL LECTURE
Hormones, bone and cancer
Professor Jack Martin, University Department of Medicine, Repatriation General Hospital.

7 June
Prospects for the control of malaria by vaccines
Dr Robin Anders, Principal Research Fellow, The Walter and Eliza Hall Institute of Medical Research.

21 June
SPECIAL BICENTENARY LECTURE
The future of medical practice in Australia
Professor Priscilla Kincaid-Smith, University Department of Medicine and Department of Nephrology, Royal Melbourne Hospital.

24 June (Friday)
SEMINAR
Contemporary issues in medical ethics — a review
An afternoon will be devoted to the discussion of contemporary issues in medical ethics. The session will start at 2.00 pm and the fields will include medical practice, forensic medicine and medical research. Discussion will be led by a lawyer, a moral theologian and a biomedical scientist.

Continuing Medical Education

These continuing professional education courses are designed for doctors, those working in associated health professions and others concerned with health care. The Faculty also offers continuing medical education programmes in Anatomy for Surgeons (in conjunction with the Royal Australasian College of Surgeons) and Diagnostic Radiology. Further information will be available on each course throughout the year giving details of venue, programme, fees and registration, from the Faculty of Medicine, Continuing Medical Education, The University of Melbourne, Parkville, 3052. Telephone (03) 344 5888.

Friday and Saturday 4-5 March
Hypnosis and Psychosomatic Medicine
Venue: Austin Hospital
Course Directors: Professor G. Burrows and Dr R. Stanley

Friday and Saturday 25-26 March
Breast Cancer — An Update on Current Management
Venue: St Vincent's Hospital
Course Director: Mr P. Kitchen

Friday and Saturday 15-16 April
Update Your Medical Communication Skills
Venue: Austin Hospital
Course Directors: Professor G. Burrows and Dr R. Stanley

Friday and Saturday 13-14 May
Toxicity of Art and Conservation Materials
Venue: The University of Melbourne
Course Directors: Dr M. Nott and Mrs M. Riddle

Friday and Saturday 22-23 July
Medical Update for the Family Doctor and Physician
Venue: The Royal Melbourne Hospital
Course Directors: Dr S. Davis and Dr G. Young

Friday 19 August
Women's Health Care — A Psychosomatic Approach
Venue: Mercy Maternity Hospital
Course Director: Dr L. Dennerstein

Friday and Saturday 23-24 September
Surgery Update for Family Practitioners
Venue: Royal Melbourne Hospital
Course Director: Mr R. Judson

Friday and Saturday 21-22 October
Palliative Care of Cancer Patients
Venue: Royal Melbourne Hospital
Course Director: Professor R. Fox

Thursday and Friday 3-4 November
The Current Role of Magnetic Resonance Imaging (MRI) in Disease Management
Venue: The University of Melbourne
Course Directors: Dr B. Tress and Professor W. Hare

Saturday 19 November 1988
Geriatric Psychiatry for the Family Practitioner
Venue: St Vincent's Hospital
Course Director: Dr E. Chiu

21 June 1988 - Bicentenary Lecture