

CHIRON

Newsletter March 1984
University of Melbourne Medical Society

Contents

Editorial	2
The 88th Presidential Address to the Victorian Medical Women's Society, by Elizabeth K Turner	3
"Fifty Years On!" Last of the Dean's Lecture Series for 1983, by Professor Emeritus Sir Douglas Wright	6
Medical Faculty	
— Message from the Dean	9
— Final Year 1983	9
Medical Faculty Departments	
— Department of Medicine, Austin and Repatriation General Hospital	10
— Pathology	10
UMMS	
— Notice of Annual General Meeting	12
— Minutes of Annual General Meeting 1983	12
— A Reunion Dinner — a 50 Year Jubilee!	12
— Membership as at 1 February 1984	14
Appointments	17
People	18
News	20
Medical History Unit	21
Chiron, Bestiaries and Heraldry, by Peter Jones	22
Dates to Remember	23

'Cover' story

The cover of this issue contains a picture of a Greek ceramic (c. 500 BC) which was reproduced on a very small scale in the first issue of *Chiron*, at the head of an editorial explaining the choice of the title. The cover picture shows in greater detail the human legs of the early Chiron, the pine-sapling with hare and wildfowl attached, and the hunting dog, which are his 'attributes'.

Dr John Davis (Department of Physiology) currently working in Munich, at Professor Graeme Ryan's request obtained the photograph for us. The amphora is unusual in that the pattern is mid-brown on a lighter brown background (not the usual black on brown) due to an error in firing, which may explain why some of the pigment has flaked off the central figure. Because of our urgent need, the Curator in Munich generously gave Dr Davis the archive copy of the amphora, from which our cover was printed.

The picture is under copyright and appears with the kind permission of the Staatliche Antikensammlung, Munich, and we gratefully acknowledge the assistance of the museum staff, in particular Dr Hamdorf the Curator, and Dr Davis for his expeditious response to our request.

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Editorial

"Up, gentlemen! The ladies!" (A P Herbert)

This issue of *Chiron* pays tribute to women medical graduates and members of UMMS. This has been prompted by the timely recognition shown by the University of Melbourne in granting the degree of LLD (*honoris causa* (on 10 December 1983) to five distinguished women graduates, to recognize and celebrate the Centenary of the graduation in 1883 of Bella Guerin (BA), the first woman to graduate from the University of Melbourne.

One of the five graduates, in different disciplines, so honoured, was Dr Elizabeth Turner, who graduated MBBS in 1940, and among her other distinctions (MD, FRACP), she was the first woman Medical Superintendent of the Royal Children's Hospital, in 1944-1946, and served the Hospital as a Consultant Paediatrician until her retirement in 1979.

Not coincidentally, we reprint in this issue part of the address Dr Turner gave as the 88th President of the Victorian Medical Women's Society, which relates how far liberation has come to our sister colleagues since they were allowed to matriculate but not enrol (1871), allowed to enrol but not in medicine (1883), allowed to graduate in medicine but refused registration (until 1890), allowed to register but refused internship (until 1896), allowed to complete their training but rejected as potential members of the medical staff (until 1897), allowed staff appointments but not representation on the (then) BMA Victorian Branch Council, until 1930.

If there are some who believe that all their battles have been won, we point to Dr Turner's address, and to a splendid and revealing book *The Half-Open Door*, edited by Patricia Grimshaw and Lynne Strahan, and published by Hale & Iremonger, Sydney, 1982. The battles on campus and in hospitals have been won, but some of the community's perceptions are still stereotypes, and at least one more generation will be required to expunge them.

The mere male, rapidly being superseded by *in vitro* and other medical advances, and bemused by an ever-more permissive society's dwindling conventions, has heard extreme views from both ends of the scale, from both sexes. Rationality, as usual, lies somewhere in the middle, and we should probably leave it to the ladies to work it out for themselves, without putting any obstacles in their way, and with a little help from their friends (male). Anything less (or more), would be unacceptably patronising, the obverse of porcine chauvinism. At least the doors of the University, hospitals, staff and board rooms are wide open; only some minds (and a diminishing number) still remain closed.

The Society

Since 19 April 1982 when UMMS was founded at an inaugural meeting, one of its chief objectives has been to make contact with all medical graduates of the University of Melbourne, and to recruit them as members of UMMS.

The first issue of a newsletter, confidently named "Chiron" as an indication that it would continue as a regular publication, was printed in March 1983, and posted to every known, living medical graduate. This was a formidable (and expensive) undertaking, for no less than 6,500 were posted.

The same objective is followed with this second issue, but the high cost of postage has meant that this is the last issue which will be posted to all known medical graduates. Costs have determined that in future, issues of *Chiron* will only be sent to paid-up members of UMMS, as one of the benefits of membership.

Having attracted (we hope) and held (as we aspire to) the attention and interest of those who are proud to attach (at least) MBBS (Melb) to their name, our second objective is to keep them well informed about the Faculty that bred and nurtures them — news of old and more recent members of staff, useful information (and assistance with) reunions of individual graduating years, an account of two of the Faculty's departments, new appointments as professor, forthcoming lectures, and particular achievements and celebrations which are expected to strengthen the links between graduates and their Alma Mater.

If we haven't yet touched on your particular interest or concern stay with UMMS and *Chiron*; even better, write and tell us how we can do better, and what area(s) you would like us to include. A society is no stronger than the support of its members; this is the last time you will receive *Chiron* free and automatically. Join UMMS now, by completing the application for membership enclosed with this issue.



Dr Elizabeth Turner with the Chancellor, Professor Emeritus Sir Douglas Wright, after receiving the Honorary Degree of LLD on 10 December 1983 at a special conferring to mark the Centenary of the first woman to graduate from the University of Melbourne.

The 88th Presidential Address to the Victorian Medical Women's Society, 18 November 1983

By Elizabeth K Turner, MD, FRACP, LLD (Hon), the first woman Medical Superintendent of the (Royal) Children's Hospital, Melbourne, 1944-1946.

Colleagues —

Many of you will know the old fable about the spider who lived in the rafters of a dark, old barn; one day he slid down some filaments of web and established himself on a new and lower level where he spread his web, caught and incorporated many new insects, and prospered. One day, wandering about his premises, he saw the threads stretching up into the dark, unseen above him. "What are they for?" he asked, and snapped them — and his web collapsed.

We belong to a fairly prosperous, well-respected group of medical women. Our generation, with its tremendous technological discoveries, and its active exciting research, encourages preoccupation with the present and even with the future, so that it is easy to concentrate on the foreground, and neglect the background, or the soil wherein lie the roots of our professional lives.

The Victorian Medical Women's Society, of which we all form a part, was formed in 1895, the year before the formation of the Queen Victoria Hospital, in a receding and dim past which we must not forget nor snap its connections to us. We need to see ourselves in perspective, standing between those early pioneer medical women and those of the future of whom we ourselves will become the ancestors. Way up in the dim rafters of the barn, and now out of sight, are Constance Stone and her band of pioneers, from which the filaments of the web run direct through some two thousand women doctors to the web on which we perform professionally.

The Melbourne Medical School opened officially in 1862, for men only, although there were a few male students under instruction before that time. In 1871, women in Victoria were allowed to sit for the matriculation examination, but not permitted to matriculate. By 1880, women were admitted to all faculties at the University of Melbourne, except Medicine. In 1883, Constance Stone applied for admission to the medical course and was refused because of her sex, so the next year (1884) she left Australia for the USA and graduated MD in Philadelphia where Dr Elizabeth Blackwell, the first medical woman in the world, had graduated in 1849.

Constance then went to Canada and England, and worked in the Euston Road New Hospital run by women for women. She worked with Dr Elizabeth Garret-Anderson and Dr Sharlieb; it was an experience she could never forget. After her return to Australia, she became the first registered woman medical practitioner in this country, on 7 February 1890.

In 1880, Bella Guerin entered the Arts Faculty, and it is the centenary of her graduation which is celebrated at the University of Melbourne this year, and the reason why five women graduates, from various faculties, will receive the Honorary Degree of LLD on 10 December 1983.

By 1886, the University of Sydney had admitted its first female medical student: Dagmar Berne, who switched, after four years, to finish her course in London because she had been repeatedly failed by her examiners in Sydney, after

obtaining second class honours in her 'first Professional' (matriculation) examination.

Adelaide admitted Laura Fowler (Hope) in 1887, the same year in which the famous 'seven women' applied for admission to the University of Melbourne Medical School, were admitted and all duly graduated. These were: Lillian Alexander, Helen Sexton, Margaret Whyte, Clara Stone, Elizabeth O'Hara, Annie O'Hara and Grace Vale. The first two, who graduated in 1891 — Clara Stone and Margaret Whyte — topped the Honours lists in Medicine and Surgery, and they were also the first women medical graduates registered in Australia, for Laura Fowler (Hope) of South Australia, who graduated in 1891, did not register until 1892.

Clara and Margaret were refused their expected positions as Resident Medical Officers at the Melbourne Hospital because of their sex, so they joined the Resident Medical Staff at the Women's Hospital, and it was not until 1896 that Janet Lindsay Greig and Freda Gamble were the first women Resident Medical Officers appointed to a general public hospital (the Melbourne Hospital). There was much strife with the Committee of Management over their appointment, and Freda Gamble recalls that after the strife, "if we even once, in the course of the year, looked sideways at a man, then women would be in perpetuity damned". After twelve months duty, the Hospital Committee called them to a meeting to thank them for their performance. By 1907, Sybil Bevan (wife of Dr Bevan of the Independent Church) reported to the VMWS that she thought comradeship between medical men and women was better than in other faculties.

These women realised just how advantageous it would be for women doctors to have an association of their own, and thus the Victorian Medical Women's Society was formed, at Dr Constance Stone's home in East Melbourne on 22 March 1895. Dr Constance Stone was Founder President and Dr Lillian Alexander, Honorary Secretary, and those present at the first meeting were Drs Constance, Clara and Mary (Page) Stone, Lillian Alexander, Elizabeth and Annie O'Hara, Helen Sexton, Grace Vale and Margaret Whyte.

At the second meeting, thirteen were present, including students; but in 1898, the Society became a postgraduate organization only, and meetings were held in the consulting rooms of the various members. Meetings have been held regularly ever since, and knowing the thoroughness and efficiency of those early women, I am sure correct and signed minutes were taken; but these valuable historical records have all been lost. The earliest minutes surviving are from 1931, and these were deposited in the safety of the Latrobe Library, Melbourne in December 1983.

Other states followed Victoria's lead in forming their own medical women's societies. The New South Wales society was founded in the early part of the century, with Dr Iza Coghlan as president; it lapsed in 1908, but was revived in 1929. South Australia's society was formed in 1927, Queensland's in 1929 with Phyllis Cilento as President, Western Australia's in 1939 with Eleanor Stang as President, and Tasmania's in about 1963.

In 1896 Victorian women doctors established a hospital run for women by women, called initially 'The Victoria Hospital'. This became 'The Queen Victoria Hospital' in the year of Queen Victoria's Diamond Jubilee, 1897, when the medical staff moved from St David's Church Hall in Latrobe Street (where they saw outpatients only), to the disused "Governesses Institute" in Little Lonsdale Street. The Governesses Institute was for governesses who were brought out from England with families, and dumped after their services were no longer required in Australia.

The Queen Victoria Hospital Committee, led by Mrs Bear-Crawford, purchased the Institute's building and the furniture for 2,000 pounds, raised by a 'Shilling Appeal';

Coles Book Arcade, Bourke Street, was the headquarters of the appeal. The land on which the building stood was granted to the hospital by the Government, which also gave them an annual grant of 250 pounds, and in the first year 35 pounds was raised from the Hospital Sunday collection.

By 1900 an eight-bed ward had been installed in the Governesses Institute, along with an outpatients department, a dispensary and operating theatre, under the charge of Dr Helen Sexton. Women and children continued to flock to the hospital which was officially opened by Lady Brassey, wife of the Governor of Victoria, in July 1899. Dr Elma Sandford Morgan of New South Wales has written, "It is no exaggeration to say that the Queen Victoria Hospital in Melbourne is the most important happening in the history of medical women in Australia. Its effect on public opinion, particularly in Victoria, has been incalculable. From its beginnings in the 1890s (when prejudice against those unnatural creatures, women doctors, was so widespread), the pioneer medical women of Melbourne and their successors in the following generations have, by the high quality of their work, not only benefited the women and children treated at the hospital, but have made such an impact on the general public that in no part of Australia are women doctors held in higher esteem than in Victoria."

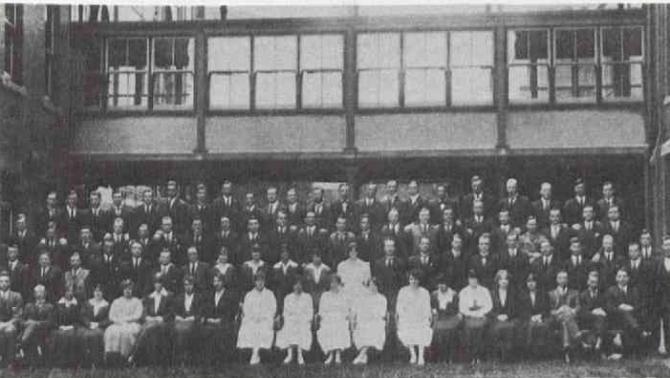
The Victorian Medical Women's Society also led the way to representation in the BMA as far back as 1928. They tried many times, unsuccessfully, to gain representation on the Council of the BMA, but their numbers were not large enough, so they tackled the Melbourne Central Subdivision, which had three Divisional Representatives on the Council, and packed their meeting in 1928 where they nominated Dr Constance Ellis, Honorary Pathologist (1908-1919) at the Queen Victoria Hospital; but they were told that she could be co-opted *only*, not elected. This they agreed to, and Dr Ellis attended all Council meetings from August 1928 until a special meeting of the Council on 10 July 1930. At that meeting the necessary amendment was passed, entitling the VMWS to send a woman as a councillor to the BMA Branch Council.

This has continued ever since, and our latest representative, Dr Margo Sussex, is to be followed in 1984 by Dr Diana Sutherland. You will recall that during 1983 there was a move by the current AMA to discontinue this representation. A similar move occurred in 1961, when Dr Alison Wright was the BMA representative and Dr Mildred Green the President of the VMWS. In 1983 the move was hotly resisted by this Society, and we have been informed that the AMA have had 'second thoughts' and agreed to retain our representative.

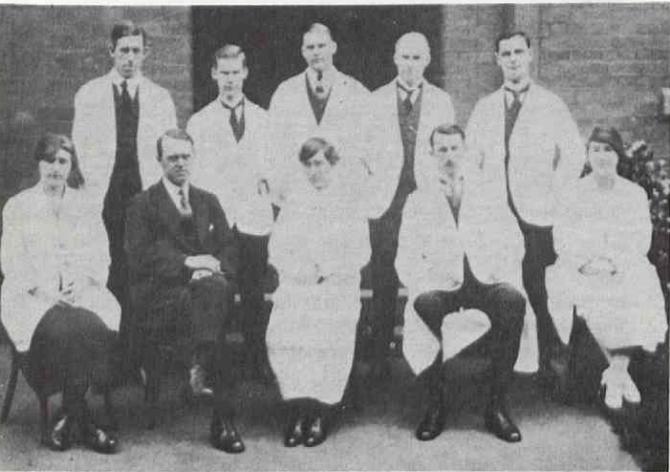
In 1919, the Medical Women's International Association was formed, the first international medical association, male or female, ever formed. You will remember that Dr Lorna Lloyd-Green, OBE, was elected as International President of the MWIA at the XIth Congress in Vienna, and that the XIIth Congress was held in Melbourne in 1970; many of you will remember working hard for this. The Victorian Medical Women's Society had an individual affiliation with the International body, as early as 1926. At this time in 1982, many of us had just returned from the XVIIIth International Congress in Manila, at which Dr Joan Redshaw of New South Wales presided, and you will remember that she was the speaker at the Medico Legal Dinner in Melbourne in 1982. The current International President (until 1984) is Dr Trinidad Gomez of the Philippines, and the President Elect is Dr Beverley Tamboline of Canada. The XIXth Congress will be held in Vancouver, in July and August 1984. The new secretary, Dr Motzel of Germany, was a somewhat controversial figure at first, as she was a Doctor of Dentistry. The new Secretariat of the MWIA was installed in July 1983, in the Federal Chamber of Physicians of Germany in Cologne, and Dr Lorna Lloyd-Green visited there in September 1983.



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1 The famous 'seven women' of 1887: back row — Helen Sexton, Lillian Alexander, Annie O'Hara; front row — Clara Stone, Margaret Whyte, Grace Vale, Elizabeth O'Hara. (University of Melbourne Collection).

2 "I started medicine in 1917. There were twenty-six girls in a class of one hundred and sixty; . . ." Kate Campbell, from *The Half-Open Door*, Eds Patricia Grimshaw & Lynne Strahan, Hale & Iremonger, Sydney 1982.

3 "At the Children's Hospital in 1920. Seated are Kate Campbell on the left and Jean Macnamara on the right . . ." Kate Campbell, from *The Half-Open Door*, Eds Patricia Grimshaw & Lynne Strahan, Hale & Iremonger, Sydney 1982.

4 Bella Guerin, the first woman to graduate from the University of Melbourne.

Following a medical women's dinner during a BMA congress in Sydney in 1929, a general meeting was held of representatives of women from the different States and an Australian Federation of Medical Women (the AFMW was formed, with Dr Lucy Gullet of Sydney as the First President, and two councillors were appointed from the Women's Medical Association in each state). Every three years a general meeting is held, in a different state, and the secretariat moves to another state after each meeting.

In 1932, six years after the VMWS, the AFMW affiliated with the MWIA. In Melbourne, the AFMW moved rather slowly during the last war, but Dr Lucy Bryce, the only Victorian Medical Woman on the Council of the University of Melbourne, and founder of the Red Cross Blood Transfusion Unit, was the President, and Lady Mackenzie (the Secretary Treasurer), held the AFMW together for fifteen years, until 1950, when it was reconstituted in its present form at a meeting held during a BMA Congress in Brisbane. The current president is our own Dr Pat Scrivenor; the Honorary Treasurer, Dr Margaret Sanders, and Dr Heather Peden is the Honorary Secretary. Two councillors are elected from the VMWS, and at present they are Drs Janet Duke and Christine Paton.

In 1920, a Congress was organized to celebrate the 25th Year of the VMW Society. The Queen Victoria Hospital, but a few months younger than the Society, and always the centre of activities of the members, was of great interest to interstate visitors. A series of demonstrations was arranged by the Honorary Medical Staff and the whole range of their work surveyed, and Dr Janet Greig gave the Jubilee Address. The experience was particularly useful to the women doctors from New South Wales, who soon afterwards established the Rachel Forster Hospital in Sydney, the second in Australia for women, staffed by women.

Writing from London in 1950 Dr Janet Lindsay Greig said "It must never be forgotten that it was Constance Stone who was the real pioneer and responsible for starting the Queen Victoria Hospital; to Constance Stone alone, belongs this honour." Dr Helen Sexton, also writing from abroad, said: "In that band were no self-seekers. We knew and felt how great the need for such a hospital would be, so body, brain and spirit were put into our efforts. It was one great and splendid pull together — and 'the joy was as great as the work.'"

After the move from the Little Lonsdale Street building in 1946 to the old Melbourne Hospital at the Lonsdale-Elizabeth Street corner, the hospital became too big for the numbers of women to staff it, and almost unnoticed the

hospital motto: "Pro feminis a feminis" became no longer appropriate, and should now, as Dr Kate Campbell suggests, be "Pro omnia a omnia". In 1983, just 87 years since its establishment, the medical staff of the Queen Victoria Medical Centre numbers 109, of which only ten are women.

I have examined the Melbourne University records of 1,433 women graduates in Medicine from 1901-1982. 125 of them have degrees other than the MBBS from the University of Melbourne not including degrees from the Royal Colleges. Twenty-seven women hold the MD, the first being Dr Constance Ellis, one of the founders of the Lyceum Club. Two have the MS; 'Girliie' Hodges was the first to obtain this, in 1939. 52 also have a BSc; 20 have the Diploma of Psychiatric Medicine; 15 have the new BMedSc obtained during the MBBS course; 11 have the DGO; 9 have a PhD in Science; 4 have the Diploma of Education; 1 each have the Diploma of Dietetics, Diploma of Criminology, and one is a MusBac. Some have a PhD Med and some also have Arts degrees.

These form the web on which we find ourselves, it is so heavy with a conglomeration of degrees, diplomas, and famous people, that it is amazing that the fragile filaments, wrought so determinedly by the labour of those devoted pioneers, are still able to support us today.

It is hard for some of us to realise that there are now three generations of doctors who have no experience of the First World War, and two generations with none of the Second World War. That is why a few facts recalled in this paper are salutary, and help to bring perspective to both new and old medical graduates.

In conclusion, as Geoffrey Blainey says, "It is easy to touch the distant past in Australia's history". Now that our eyes have become 'dark adapted' we can, in imagination, look up into the rafters where we can see and feel the diverse minds and personalities of those early members of the Victorian Medical Women's Society, who strived so hard, and whose "joy was as great as their work" and who lived, like us, marvelling in the goodness of people and in the delight of being a doctor, but also puzzled and stimulated by the indifference, the ignorance, the disease, cruelty and sadness in some lives. This stimulation makes us eager to attain more knowledge about aetiology, and to sort out lines of relief — at least we can always be seeking for these things. In 1983 we are a good deal more likely to be able to supply the answers than they were in 1883, but let us stand back and admire the efforts they made to overcome hurdles and barriers that are now no longer problems in our medical lives.

"Fifty Years On!" — Last of the Dean's Lecture Series for 1983

Professor Emeritus Sir Douglas Wright

For the interest of our members, we reproduce here a condensed version of the historical section of the lecture, which was given on 25 July 1983.

Mr Dean, when I was approached to speak in your distinguished series of lectures, I held back considerably because it was a long time since I'd spoken for an hour, but Professor Ryan suggested that there might be some point in trying once again to speak for an hour, or thereabouts. So I agreed, (and I thank you for the invitation) not because I wanted to do it, but because it was an honour to be invited and, of course, at my age it's to be expected that I would speak about historical things rather than my last amazing discovery: that tadpoles are not hairy! I realise, of course, that talking about history does not necessarily bring about a comprehension of history. If I do recount some history faithfully as to fact, it may not appeal to those who were younger when I came to retiring age.

But mainly I want to speak to explain how the situation, set out in a letter of apology from Tom Travers, came about.

"I will be interstate on the 25th and will miss your lecture — the last of the Dean's series for '83. I am sorry about this. I have been to all the lectures and have found them exciting. When I think of the Medical School in my day, it is truly remarkable and exhilarating to see so much research going on today."

It is also my duty to apologise to the lecturers whose lectures I've missed. Somehow or other the lectures seem to fall on those Monday afternoons when there's an Executive Committee of Council, or meetings of Council itself. To the previous lecturers I apologise, but I've heard of the standard and I will do my best to achieve it.

First of all, we ought recall the Medical School as it was when I came to this University in 1925. It was a University with a total budget of 147,000 pounds (\$294,000) per

annum. The budget of the Medical School would have been about 17,000 pounds (\$34,000), which gives some idea of the way it was run. The Council was in the hands of a group of skinflints. The Chairman of the Finance Committee was likely to turn up in your department and examine the laundry soap and tell you you could get another brand for a halfpenny a bar cheaper. The floors, other than studies, were Baltic pine which shed dust over everything and retained into eternity the blood and anything else that fell from the experimental bench; that was the sort of habitation we had, all except Anatomy.

At that time there was a professor called Richard Berry. There he is, on the wall of this lecture theatre. That portrait, I think, is by Jorgensen. He came from Edinburgh where he had been an instructor at the College of Surgeons of Edinburgh, and taught anatomy from Cunningham's Textbook, and his own dissecting manual with the assistance of *Spalteholz's Atlas*, of which there is none better, and the latter two were taken into the dissection room — that's why they have oilcloth covers on them to keep the materials of dissection out of the text, more or less, and that is why I've kept them and still use them, because anatomy of that sort doesn't change. He had a modern new building with wash-basins and parquetry. He was also the Dean of the Faculty and had started a strong, impetuous campaign to get the University to approach the Rockefeller Foundation, at that time dispensing largesse, with a view to building the Medical School on this site, with "white coat" contact under Sydney Road to the Royal Melbourne Hospital, which he would build where it is now. He tried to get this plan through the Council, some attributes of which I have mentioned, but as he commented to us at the Honours Seminar one Wednesday morning: "That bugger Barrett's beat me", and that fellow Barrett was never a fit subject for conversation with Berry again.

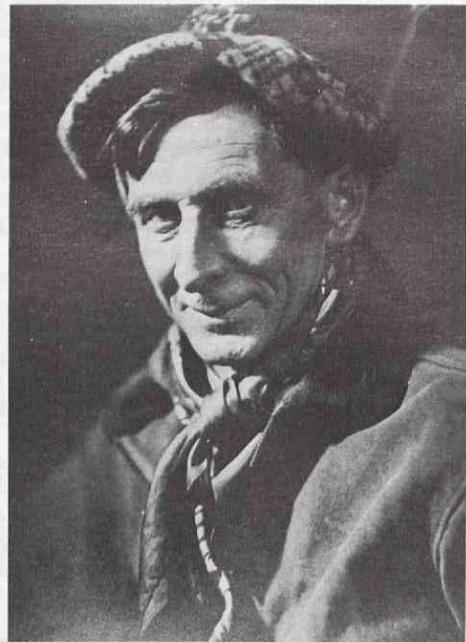
Anyhow, that was Professor Berry, and we all loved him in many ways, except that he would lecture with the lights out from one end of the year to the other. He was supported by Les Hurley, who lectured in histology. He was one of the most brilliant fellows I've ever known and I said one day: "Why did you not take academic work on as a full-time life, Les?" He said: "Well, when I came up to the University to lecture I put in a request for 10 pounds for some bits and pieces to start some of those injections that you've been doing recently." And I said: "What happened?" He said: "It was knocked back of course." So he just moved off, brilliantly, into clinical medicine.

The next person prominent in the University at that time was William Alexander Osborne, who came at the same time as Berry (1904) from Starling's laboratory. He was at that time one of Europe's leading physiological chemists. He had graduated in Belfast and been through the biochemistry schools in Germany, and recruited by Starling for his Institute of Physiology at University College and was present in Starling's laboratory the day that Bayliss and Starling discovered secretin. If you read Starling's Croonian lectures (I think 1904) you'll see that it was Osborne who had the idea of digesting secretin with trypsin which inactivated it, and hence he concluded that it was of a peptide nature. That was the sort of fellow who came to Melbourne, and found that there was no staff, but a good run of students. From 1904 to 1914 Osborne produced a running series of papers, by him and his students. But the War put an end to that. After the War came the flood of students, and one can just imagine a man in that situation, when physiology was striding ahead, trying to teach five classes, 10 or 11 lectures a week, and keep up-to-date. Well, of course, he did that, but that left no time for the bench. Apart from that, there was a problem: his famous predecessor, Charles Martin, was an amateur plumber, and when I came to the Chair I found that Charles Martin's plumbing was costing the University some 40 pounds a

year to discharge town gas into the Professor's study, where it was odourless because the University never took up any floor coverings — they merely placed new coverings on top of the old, and these, with three layers of potato bags under them, absorbed all the smell of gas. Despite chronic exposure to carbon monoxide, Osborne was always my standard reference when I had a thought and wondered what was in the literature about it. He was regarded as somewhat "hoity toity" and didn't relate, they thought, to the Clinical School, which may be understandable.

The next picture is of Osborne in his public appearances, when he'd say, "What we owe to the Irish is nothing at all." Or when a group came late from a Student Christian Movement: "In my day, it was the aim of a medical student to be a gentleman, not a snivelling evangelist."

The next picture is of William Young who much later, after Osborne's appointment, came as a lecturer in biochemistry. He had been at the Townsville Tropical Institute, but it folded and he came to us. Young was similar in scientific stature to Osborne. He was the Young of "Harden and Young's" phosphate-esters, but then he came here and the same thing happened. In order to develop his classes and keep up with it, Young did very, very little research from that time on. I suppose his biggest contribution was the artificial ripening of bananas, which may be reflected in his



William Young as 'The Card', photograph by Dr Julian Smith.

appearance in this slide. Some of you may have heard of Julian Smith as an artistic photographer, and that is Young dressed up as a Glaswegian card — Young had quite a sense of humour. One morning at tea he remarked, "You know, Wright, I always think they're wrong to attribute Blimps (ever heard of Colonel Blimp?) only to the upper classes. I know nothing quite so blimpish as a trade union secretary in his bowler hat!" Which is a nice notion, with a touch of truth.

The next person is one that we revere — Peter MacCallum — who came in 1924. Harry Allen had been ill for some years. Peter went from New Zealand, Master of Arts and Master of Science, to Edinburgh as a sailor on a ship, a deck-hand, did his medical course at the University of Edinburgh, played rugby, in fact at one stage hoped for a cap. Went to war, was decorated, came here, a good bacteriologist, first class histologist, but he quickly became interested in other things done here and outside. Between

his classes and getting things done, all he managed to do in research was to encourage the first school, the first post-war school, of anybody really doing research work in the Medical School. He had Gran (Roy) Cameron on the pancreas, he had King (Edgar) on his histological work, he had Rupert Willis on cancer. He had brought Willis from a general practice in Scottsdale, Tasmania, where he'd worked out the cause of arthritis in lizards. But when it came to such things as the "Bundaberg Tragedy", Peter was on the Commission. When it came to building the new RMH across the road, Peter was on the committee for planning it. When it came for somebody to run the pathology services now and then in the War, Peter was doing it. When it came to somebody needed to run the Red Cross when the headman was away, Peter would do it. That's why there is a Peter MacCallum Hospital in this City, because he was the key organiser.

Down the road in those days, was a gentleman named Charles Kellaway, existing on a shoestring. Fortunately with Neil Fairley and Harold Dew around the place working on hydatids and snake venom, his Institute made headway. Ted Mellanby told me once that each year as the report of the Walter and Eliza Hall Institute arrived on his desk, as Secretary of the MRC, he'd say "Oh God, I thought it would die this year." As a matter of fact, that was always a possibility, but it didn't come to pass. As we know it has gone through some growth stages since then.

Though he wasn't there at the time I arrived at the school (he came a few years later), the first clinical professor in the University of Melbourne, Marshall Allan, was appointed in obstetrics, after writing a report on neonatal mortality and morbidity in this city.

So that was how it was in those days, and now, from there, I'll go along a little. The War came. Everybody had the normal jobs plus a dozen others, and those others, because of it becoming a Pacific War I think, brought one into contact with the Government. It was a Federal Government matter, and one got to know various people. One of the most important things, however, was that in 1944, I think it was, Howard Florey came to Australia to make sure that the penicillin plant being set up, was set up correctly, to lecture on the use of penicillin, and to try to make sure that it was properly used. He was at the behest of the medical group in the Army and I rang up to find out where I might say "goodday" to him, because I'd been with him for 18 months in 1937-1938 in Oxford. I was told that was a secret and I was not to know that. If you have been in Oxford you know that there's one time of the day when you can visit people when the Australian Army would not put on guards — breakfast. So the next morning I turned up at the Melbourne Club and told them to tell (I've forgotten whether he was Sir Howard or just plain Professor Florey at that time) I think he was Sir Howard, that Colonel Wright had come to breakfast with him, and when Florey came down and saw the pink tabs he nearly laughed his head off. Anyhow, at the barracks he had finished his job in J Block in half an hour and came over to our unit. I said "Would you like to meet the Commander in Chief?" one Thomas Blamey, and he said, "Well, well give that a go." So we went over and it was quite fascinating. These two fellows just went overboard and they were talking away there for an hour or two, the rest of us just sitting on the sidelines. We gave Florey lunch and that evening decided Florey had nostalgia, so Alf Conlon put it to Blamey next morning that it would be a good plan to get Florey back; the proposition would be into an Institute, preferably in Canberra where he could give the politicians a standard to work from. Blamey wrote to Curtin, the Prime Minister, who put it to Rivett, Rivett put it to Florey, and back came the answer that the design should be so and so and if so, he'd consider coming. We never thought for a moment that the Government would consider anything like the present John Curtin School.

Without us knowing, Jack Dedman had established an interdepartmental committee to consider setting up a university in Canberra. As you may or may not know, way back in the 1930's, when Canberra was first occupied, there was the question of a university, and there was a row as to whether it would be a graduate university or an undergraduate university, and it finished up as an undergraduate college of the University of Melbourne! We made contact with this interdepartmental group, and met Mark Oliphant when he was out here. With Hancock these were put forward as the sort of people you'd need and might get. So Chifley on his quick post-war trip had dinner with them in London, under Nugget Coomb's arrangements, and Chifley said afterwards: "Well, Nugget, are you saying that if we set up the graduate university that's the sort of person we'd get?" and Nugget reports that he said "Well, that's what the boys say." "Well," said Chifley, "if that's what you believe, you've got your bloody university." And that was what settled that.

It established a completely new standard of support of universities in Australia. At the time the state universities were pretty angry. They said if the Commonwealth had given them a few hundred pounds each they'd have done anything the National University could do. But, of course it wouldn't have established an exemplary standard and Florey and the other three believed, and had agreed, that they would say, that you can't have a good university at Canberra unless you have the other universities raised to a good standard. The result of that was that we moved in immediately on the NH & MRC, and whereas it was founded in 1935 with a sum of 35,000 pounds, by 1939 it had spent 20,000 pounds over four to five years, of which 18,000 pounds had gone to Sydney and the rest to Melbourne. You can guess what the constitution of the Medical Research Advisory Committee was! So we set about reforming it and I suggested a 100,000 pounds p.a. grant. Bert Goodes, our Treasury contact for reform, said "Now look, Pans, I can't bid it up more than three times for the first year; nobody can expand more quickly than that." So we got 60,000 pounds for a year, but we had a wretched old MRC which was very difficult to handle; that got whittled away and, as Syd Sunderland knows, it was a good deal better later, and is now much better as it has gone ahead.

Next came the Universities' Commission and this is my belief as to what happened to bring it about. We were up at University House in Canberra one morning and a certain very highly placed civil servant asked "Is Syd Sunderland up with that lot?" I said "Yes, he is." And at that moment Syd came through the door into the Common Room and I said "Here he is, meet so and so" and he said "Morning. Why is it you fellows are not letting my son into the medical course?" And Syd, pointing with that, you know very definitely short finger, stated emphatically, "It's because you so and so's don't give us enough money." Syd was in no way diplomatic about it. The gentleman went with Bob Menzies abroad soon afterwards, and Murray was invited to come out and inquire into the state of the universities. You know the story from then on. Gradually the support for the universities and for the institutes became bigger and better and now this Medical School, and every other Medical School and Institute in Australia, owes a very great debt to Syd Sunderland, who was a member of that Commission and the NH & MRC, and fought for the universities, I suspect, with a slight bias towards Melbourne. The Commonwealth took the whole thing over in 1972, and now we come under the CTEC with the result that whereas we had three professors when I first came here, we now have thirty-seven.

From which you may gather that advancement of even universities, depends upon a steady belief in it on the part of people who have and take the opportunity to persuade those with the power to effect it.

Message From the Dean

1983 was an eventful year for Faculty in a number of respects. It was a year of major growth in our research activities with no less than three new research groups gaining Programme Grants from NH & MRC to a total value of more than a million dollars per annum. We now receive research funding through NH & MRC which is approximately 40% greater than that of our nearest competitor in Australia, quite apart from the direct funding received by our affiliated bodies such as the Walter and Eliza Hall Institute, the Howard Florey Institute, the Royal Children's Hospital Research Foundation, the Ludwig Institute for Cancer Research associated with the Royal Melbourne Hospital and the St Vincent's School of Medical Research. Important headway has been made in many research fields during the year within the departments of the Faculty, but for all that, very worthwhile research initiatives are being held back through lack of funding and every small contribution which we gain from whatever source makes a major impact in some area.

An important development during the year was the reunion of the 50th year graduates with which UMMS was associated. This group of their own initiative, resolved to collect donations from amongst their number to facilitate the development of new research in the Faculty. Although they are, of course, now retired from practice, a very significant sum of money was donated, half of which will go into a new capital fund and the other half was allocated to support research in 1984 in areas which will include Medical History and the research programme of the new Professor of Medicine at the Royal Melbourne Hospital. It is hoped that this initiative will be the first of many where graduates of this medical school resolve at the time of important reunions, perhaps particularly the 20 year, 25, 30, 40 and 50th, to make donations to contribute to the further development of their Alma Mater in its contribution to medical knowledge. It should be noted that such donations are recognised as exempt from taxation.

On the undergraduate side, progress was very pleasing. The first graduates from the Revised Curriculum in the clinical years completed their training with a final year of the course which was very much more practice orientated than hitherto. With both teaching and assessment in the final year now heavily orientated to clinical practice in the wards, and with an options period in the early part of the final year where students range in their activities from local family practice to assisting in medical care in developing countries, new graduates now have a much more patient orientated approach. For all that, we hope that they will have learned to accept a commitment to keep themselves up-to-date through reading journals and through formal Continuing Education and will have a better understanding of the very varied roles in health care of the different groups in the profession rather than just the major hospital specialties. It will be another two years before those who have gone through the revised pre-clinical curriculum reach graduation but, so far, we have reason to be very well pleased with the new pattern of medical education. We now lose very few students during the course through failure in examinations and suspension, and with greater professional identification from the first year onwards and greater clinical relevance in the pre-clinical teaching, the commitment of the students in pursuing their studies is clearly greater than used to be the case. There is now good evidence that the students enjoy the early years of the course, most of them finding this period an interesting and worthwhile challenge rather than a hurdle to be surmounted in order to reach the hospitals. To change the curriculum represents only a first step; the more important

step, changing attitudes towards medical education in both teachers and students, is a slower process. However, participation of graduates of all ages in the audience in the Dean's Lecture Series in recent years has helped to bring to the students' attention the interest of senior colleagues in the Medical Faculty and this all helps to create the sort of environment which is needed to provide the best medical education in Australia.

*D G Penington
Dean, Faculty of Medicine*



Yvonne Pun

Final Year 1983

The 1983 graduating class contained 207 students and 205 passed in November. The final aggregate mark ranged from 75% to 59%. Although only 60 of the year were women (29%), all three students on 75% and five of the top seven students were women. The top student, by a narrow margin, was Yvonne Pun from Hong Kong, who had consistently very good results all through the course. She has been a quiet, rather shy student who has been unobtrusive except when exam results were posted.

An important part of the Final Year (and blessedly, one part which does not contribute to the final aggregate mark, perhaps the only one) is the Options period. With the recent re-organisation of fifth and sixth years, the period has been reduced from 16 weeks to 10 weeks, but many students incorporate part of their holidays into this period and spend more than the 10 weeks required. The range of activities undertaken is very wide, and few now stay in Melbourne. In 1983 about 75% of the students spent part or all of the Options period out of Australia, visiting New Zealand, Papua New Guinea, the Pacific Islands, India, Africa, UK, USA, Europe and South-East Asia. This period remains a valuable experience for students, although frequently an expensive one for parents. Many students manage to finance their overseas trip by borrowing from banks at the University against future earnings, and few are held back through lack of funds.

For the graduating student (and now, unfortunately, even for the students in third year choosing a Clinical School) jobs are the big worry. After Mr Roper's comments earlier in 1983, many were worried about internships. Extra internships had to be created early in 1983 to accommodate all of the 1982 graduates, as about 15 interstate graduates were given jobs in Victoria. This was forbidden for 1984, but the number of Victorian graduates was less this year, so there are (or were) several unfilled positions. The number of graduates from the two Victorian Medical Schools should peak in 1985, and then decline, due to the reduction in intake by the Melbourne Medical School, which totalled 40 by 1983.

*Roger Melick
Associate Dean (Clinical)
Royal Melbourne Hospital*

Medical Faculty Departments



Professor Austin Doyle

Department of Medicine, Austin and Repatriation General Hospitals

The department was established in 1966 following the decision of the University to expand the intake of medical students from 160 to 240 a year. The Foundation Professor was Austin Doyle who has held the post since that time and taken it to its position as one of the best known and most successful clinical University departments in Australia. In establishing the Chair, the University and the Austin Hospital agreed that University departments at the Hospital should be integrated with the Hospital and it was agreed that the Professor of Medicine would be the Hospital Chief of Medicine. The department was originally housed in makeshift quarters consisting of rooms in a disused ward building. The first intake of 17 students was admitted in 1967, and the numbers of students at the clinical school have increased progressively until approximately 80 per year are currently admitted. In spite of the somewhat primitive facilities, the department was able to attract staff of high quality both to the University positions, and to Hospital full-time appointments which were integrated with the University Department of Medicine. In 1971, the Clinical Science Building was completed and occupied, with the provision of adequate laboratory space and a new animal house to replace the garden sheds in which animals had previously been successfully bred. In 1970 the Unit at the Repatriation General Hospital was opened with the appointment of Dr T O Morgan as First Assistant.

From the outset the Department of Medicine was very active in research and had a particular interest in the development of clinical pharmacology, the pathogenesis of hypertension, kidney disease and metabolic bone disease. Departmental staff was expanded by the addition of three successive Wellcome Clinical Senior Research Fellows, Drs R A Smallwood, G Jerums and K Fraser, all of whom have succeeded to senior hospital positions and remain active in research and teaching. There has been a great deal of emphasis on postgraduate research training in the department, particularly training in the biomedical sciences for MSc and PhD students. Indeed, more than 50 PhD degrees have been awarded to graduate students of the Department since 1969. In 1973, with the generous help of Merck Sharp and Dohme, the Clinical Pharmacology and Therapeutics Unit was established and Professor W J Louis, previously First Assistant in the Department of Medicine, became the Foundation Professor. With the withdrawal of Microbiology from the Clinical School, the Clinical Pharmacology and Therapeutics Unit moved to the 5th Floor of the Clinical Sciences Building and the Department

of Medicine occupied half of the 10th floor vacated by the Clinical Pharmacology Department.

The high standard of research and teaching of the academic staff of the Department is reflected in the number who have gone on to Chairs and other senior appointments in Australia and elsewhere. Professor C I Johnston moved to the Chair of Medicine at Monash University from his appointment as Reader in 1971. Professor T J Martin left the Department in 1973 to take the Chair of Chemical Pathology in the University of Sheffield and subsequently returned as the First Professor of Medicine at the Repatriation General Hospital in 1977. Professor T O Morgan took up the Foundation Chair of Medicine in Newcastle in 1975 and after subsequently returning to the Repatriation General Hospital, has recently been appointed to the Chair of Physiology in the University of Melbourne. Professor Peter Castaldi who was the Director of Haematology and a Professorial Associate within the Department, was appointed to the Chair of Medicine at Westmead Hospital at the University of Sydney in 1976, and Professor G W Boyd moved from First Assistantship to the Chair of Medicine at the University of Tasmania in 1977. More recently, Dr R Larkins has been appointed to the James Stewart Chair in the University of Melbourne.

The Department has continued to be extremely active in research in a wide variety of areas. It was a major centre in the Australian Therapeutic Trial in Mild Hypertension and has received generous funding from the National Health and Medical Research Council and from the National Heart Foundation. This year the department has attracted two NH & MRC Programme Grants, one to Professor W J Louis and the other to Professor T J Martin.

Professor I F C McKenzie was appointed to a Personal Chair in the Department of Medicine in 1980, and subsequently transferred his group and his appointment to the Department of Pathology in the University where better facilities were available to him.

The department has also been very active in postgraduate medical teaching. Dr R A Smallwood has served as the Chairman of the Accreditation Board of the Royal Australasian College of Physicians and he, Dr N Yeomans and Dr R G Larkins are Censors of the College. The department's potential for growth has not been realised because of inadequacies in space. Nevertheless, it remains very active in both research and teaching, and shows every sign of remaining viable for some years to come.

T J Martin
Professor of Medicine

Department of Pathology

In 1951 when Edgar King succeeded Peter MacCallum as the third Professor of Pathology in the Melbourne Medical School, the pattern of teaching and the role of the department within the Faculty was similar to what it had been under the first professor, Harry Allen, in the late nineteenth century. Pathology and Microbiology were taught concurrently with Medicine and Surgery in the 4th Year, students spending their mornings at the University and their afternoons within the hospitals. Apart from the Professor, almost all the staff were aspiring physicians or surgeons, who commonly spent several years in Pathology while they were studying for higher degrees, obtaining honorary hospital appointments and building up a private practice. Nobody other than medical or dental students thought of studying pathology for its inherent interest and value as a basic scientific discipline.

Today, in 1984, the role and activities of the department have altered almost beyond recognition. The Pathology Department is no longer the normal training ground for young physicians and surgeons. Thirty-five years ago Lance Townsend at the Royal Women's Hospital was the only clinical professor — now there are 21, and young clinicians

spend their training years in hospitals, either as residents or registrars or in junior posts in University departments of medicine and surgery. Only occasionally do they spend



Professor I F C McKenzie with the cytofluorograph.

part of their training period in pathology or other pre-clinical departments. In their place the Pathology Department is now staffed by medical and science graduates with a life-long rather than a temporary commitment to teaching and research in pathology.

Extensive changes to the medical curriculum were introduced in the early 1970's. The major courses in pathology and microbiology were moved to 3rd Year and, although students still attend autopsy demonstrations and other pathology sessions during their clinical years, pathology became a pre-clinical rather than a para-clinical subject. Concurrently with these changes pathology became recognized as a major discipline in the 3rd year of the BSc course. Each year 30 to 40 science students now study pathology and, after graduation, may continue in the department for several years working for either an MSc or PhD. Although staff of the University department teach regularly within each of the major teaching hospitals, the department has no hospital service commitment, this being the responsibility of hospital pathology departments which have expanded greatly in recent years. Fortunately in Melbourne there have always been cordial relations between the University department and hospital pathologists, many of whom make a substantial and much appreciated contribution to teaching, both in the museum and in histopathology classes. However, the lack of a regular service load has had the effect of directing the main research interests of the University department into general and experimental pathology rather than into classical morbid anatomy. An exception is neuropathology where Ross Anderson, a Reader in the University, is also consultant neuropathologist to the Royal Melbourne Hospital, St. Vincent's Hospital and Royal Children's Hospital and undertakes regular sessions in each hospital.

George Christie was the first of the new wave of experimental pathologists. Already well trained in morbid anatomy, he returned from Gordon Cameron's department in London in 1954 and immediately began studies in experimental liver injury. Christie worked in this field for the rest of his life. He migrated temporarily to Brisbane in 1965, but returned to Melbourne as Professor and head of the department after King's death in 1967. Most of the present senior staff, including John Hurley, Ross Anderson, Charles Green, John Tange, Kathryn Ham, Rex Le Page and Thelma Baxter, joined the department in King's time. Except for Charles Green who retired in 1981, all this group are still active in widely diverse fields of research. Tony Storey, now Professor of Child Dental Health, was an active research worker in the late 1950's and Graeme Ryan joined as a junior research worker in 1963. After completing his PhD he

spent several years overseas, returned as a Principal Research Fellow and resigned to take up a Chair of Anatomy in this University in 1978. Prithi Bhatthal also came to the department in 1963, followed George Christie to Brisbane, returned with him to become a Senior Lecturer, and left in 1978 to succeed Douglas Hicks as Pathologist to the Royal Melbourne Hospital.

A notable and unusual feature of the later years in the old building was the Forensic Sciences Laboratory led by Norman McCallum. In collaboration with John Birrell, a lecturer before his appointment as Police Surgeon, McCallum did extensive pioneering work on blood alcohol tests and the use of the breathalyser. This established Victoria as a world leader in the relationship between alcohol and road accidents. Once the techniques were established the laboratory was taken over by the Victorian Government and left the department. McCallum remained the honorary director and organized courses in Forensic Medicine until his death in 1976.

The move into the new medical centre in 1968 provided vastly improved space and facilities, but made surprisingly little difference to either teaching or research. A much more significant development in the late 1960's was the expansion in student numbers from 160 to 240 per year and the opening of a new clinical school in the Austin Hospital. A separate University Department of Pathology was established at the Austin under Harold Attwood, and for several years Austin students received separate courses in both pathology and microbiology. However, all students sat common examinations. This system worked well until the curriculum was altered and the major course in pathology moved to 3rd Year. All students were taught this course on the campus, and insufficient teaching of pathology now remained at the Austin to justify a separate, small and therefore expensive, University Pathology Department. Ken Russell retired as head of the Medical History Unit in 1980, and Harold Attwood elected to join the campus department and to divide his interests between pathology teaching and medical history. The separate department at the Austin was abolished and its remaining staff, Chris Louis at the Austin and S T Chou at Repatriation General Hospital, became members of the campus department. George Christie died after a long illness in 1980, and John Hurley succeeded him as Professor and Chairman of the department.

In 1981 Ian McKenzie, who held a personal chair in the Department of Medicine at the Austin, moved to the Pathology Department. He brought with him a large and extremely active research group and an enormous colony of inbred mice. Both have been grafted successfully into the structure of the department, the mice having provided rather more problems than their masters! The arrival of a young and extremely active group has had a stimulating effect on both teaching and research. The work of McKenzie's group has continued to thrive in its new environment and in 1982 the quality of its work was recognized by the award of special funding from the Commonwealth Research Centres of Excellence Committee to establish the Research Centre for Cancer and Transplantation within the department.

The Pathology Department in Melbourne has a long and proud history of both teaching and research. The time and mode of teaching may have altered, and its research interests may have expanded into fields almost unknown thirty years ago, but its spirit remains the same. It is still a happy place to work and one based on the belief that a sound knowledge of pathology is the essential basis of good clinical practice. Its present staff hope that their illustrious predecessors, Allen, Cameron, MacCallum, King, Willis, R D Wright and the rest, would approve of its present state of health and give it a good prognosis for the future.

*John Hurley
Professor of Pathology*

Notice of Annual General Meeting 1984

The Annual General Meeting of the University of Melbourne Medical Society (UMMS) will be held at 6.45 pm in Lecture Theatre 1, Ground Level, Medical Centre Building, Grattan Street, on Monday, 12 April 1984. This follows the "Dean's Lecture" by Dr E Cunningham Dax entitled *Psychiatry, Art and Artists* commencing at 5.30 pm.

Business

- 1 Minutes of 1983 Annual General Meeting
- 2 Chairman's Report
- 3 Financial Report 1983/84
- 4 General Business

Annual General Meeting 1983

The inaugural Annual General Meeting of the University of Melbourne Medical Society (UMMS) was held at 6.30 pm on Monday, 18 April 1983 in Lecture Theatre 1, Level 2 of the Medical Centre Building.

The Chairman of UMMS (Professor D G Penington) chaired the meeting and opened by welcoming those present.

1 Chairman's Report

The Chairman reported that the establishment of UMMS had been formally approved in August 1982 and the constitution adopted at a meeting of UMMS on 13 September 1982. In 1982, 374 members had joined (of whom 178 had renewed to date in 1983) and a further 200 new members had subscribed to date this year.

2 Financial Report 1982/83

A financial report was presented which showed, at 31 March 1983, an income of \$3,745.00 in the UMMS account with expenditure of \$6,836.40. The deficit was currently being financed by the Faculty's Continuing Education account and an appropriate transfer would be made when additional donations had been received.

The report was received after noting that the Executive Committee during 1983 would need to consider increasing the \$10 membership donation to ensure that the expenses in running the Society were met.

3 Election of Committee 1983-85

The Executive Committee comprises the President, the Dean and Deputy Dean of the Faculty of Medicine (as ex officio members) and six elected members.

At the close of nominations on 11 April 1983, the following six nominations had been received and the persons were duly declared elected until the 1985 Annual General Meeting:

Mr John Hayward
 Dr John MacDonald
 Dr Jeannine Paton
 Professor Emeritus Sir Sydney Sunderland
 Mr David Westmore
 Mr Michael Wilson

It was noted that the Executive Committee would be electing from among its number, an Honorary Secretary and Honorary Treasurer in addition to a Chairman and Deputy Chairman.

4 General Business

4.1 Chiron Newsletter

The first edition of the UMMS newsletter, "Chiron", had been published under the honorary editorship of Mr Peter Jones and circulated to more than 5000 persons eligible to join UMMS. Special thanks were extended to Mr Jones and many favourable comments had been received about the publication.

4.2 Future Activities

The Chairman indicated that it was intended to hold one or two gatherings of UMMS during each year at which guests would be invited to speak on topics of general interest. The next meeting was being planned for September/October.

There being no further business the meeting then closed.

1984 UMMS Membership

A membership application form has been circulated with this Newsletter together with the Notice of Annual General Meeting. To make sure that you are kept informed about the Society and the University, please register your membership as soon as possible. The Executive Committee has proposed a 1984 membership donation fee of \$25.00. 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 MBBS (Melb) graduates, persons with a substantial association with the Faculty or the University's affiliated institutions, e.g., past and present academic staff members, may become members. In addition, legally qualified medical practitioners 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.

A Reunion Dinner: a 50 Year Jubilee!

Readers may be interested to hear of the experience of the medical graduates of year 1933 with their Jubilee Dinner.

Our first reunion dinner was in our 30th year held at the Southern Cross Hotel. Our 40th and 45th year dinners were at the RACV Club, and our 47th, 48th and 49th at the Melbourne, United Services and Lyceum Clubs respectively. At our 49th we decided that our Jubilee Dinner must be a very special one and, though some had doubts, the majority voted for having it at the University where our careers began. Some of us had not set foot in the place since graduation day on 18.9.33 in the old Wilson Hall.

Three of us were appointed to make the arrangements for the dinner on a date as near as possible to 18.9.83. It was in the Union Private Dining Room on 23.9.83. Though only 19 of our 32 survivors were able to come, it was a huge success and, as one of the three arrangers, I am writing to let others know how well the University does these things. Our Medical Faculty and the Graduate Secretariat could not have been more helpful.

The Graduate Secretariat was established only about a year ago for liaison with all living Melbourne University graduates, and is still feeling its way. It has an office in the Old Physics building with a director, Mr Trevor Wigney, and a small secretarial staff. We approached them as diffident supplicants for help with our dinner and such was their willingness to do their best for us that we ended up almost feeling that we were obliging them!

They booked the dining room and the University Catering Service for us, and produced on their word processor the required number of copies of our advance letter giving 6 months notice of the date of the dinner. They also produced our final notice for acceptance of the invitation to the dinner, collected the dinner subscriptions, arranged and paid for the printing of the menus and paid the Catering Service for us. All we had to do was choose our menu, say how we wanted the menu cards printed, help with the table decorations and arrange the seating at the table.

The caterers were prepared to be responsible for all the wines, but one of our members offered to provide the table wines from his cellar, so they provided the pre-dinner drinks and the after dinner port, and our table wines were BYO. This left more money for the food, which was superb. On the basis of our experience we put the University's facilities very high on the list of possible venues for reunion dinners.

At our 49th year reunion the suggestion that our 50th might be made an occasion for a donation to the University from the survivors as a token of our appreciation for the training which had fitted us for our half century of professional life met with unanimous



The Anatomy Lesson (Remnant) Among the celebrated anatomists in the picture may be seen: Piccolominius Pete Parsons (of Pisa), The Cadaver — a condemned and censored criminal, Vincentius Agina Bristo (of Bologna), Johannes Ambrose Parry (of Paris), William His Knight (of Folkestone, Kent), Fallopius Fitz-Jackson (of Amsterdam), Raphael Refshauge (of Rotterdam), Eustachius Johannes Connell (of Copenhagen). The whole production staged by Master Nicholas Wood-Pulp (of no fixed abode), who may be seen wearing his old-school hat and saying, "Of course, this is all wrong!"

Several absent faeces may be noticed in the picture, including those of Andrew Snape, Vesalius and Jack Hunter. Professor Os-orne, when shown the picture, remarked, "It is entirely without physiological significance. It is a mere Remnant, and depicts nothing but a lot of anatomist ruff-necks." *Speculum*, No. 136, July 1935.

UMMS Membership as at 1 February 1984

This listing was assembled from UMMS membership forms.
Corrections to spelling and year of graduation will be gratefully
received.

University of Melbourne Graduates

- 1923**
Dr J M Blair
Dr John Blewett
Sir Thomas Travers
- 1924**
Dr Aren Horton
- 1926**
Dr W D Counsell
- 1928**
Dr Percy B Houghton
Dr Eugene Sandner
- 1929**
Dr Stanley Williams
Prof Em Sir Douglas Wright
- 1930**
Dr T D Haggart
Dr W J Long
Dr Alwynne Rowlands
Dr Henry T Tisdall
- 1931**
Dr Ralph J Cato
Dr E H Green
- 1932**
Mr Desmond Niall
- 1933**
Dr John Hayward
Dr S R Peters
Dr R J D Turnbull
- 1934**
Dr W T Agar
- 1935**
Prof Em R R Andrew
Prof K F Russell
Prof Em Sir Sydney Sunderland
Dr T W Vorrath
Dr J Glyn White
- 1936**
Dr C K Churches
Lady Fitts
Dr Marjorie Gilchrist
- 1937**
Dr V Brand
Dr A Russell Hughes
Dr Jean A Hutchings
Dr D Leslie
- 1938**
Dr D J Biddle
- 1939**
Dr John B Curtis
Dr W F Ferguson
Dr Andrew Fraser
- 1940**
Dr J T Cahill
Dr J R F England
Dr Ian C Galbraith
Dr Joy James
Dr F M Moore
Dr Elizabeth Turner
Dr M M Velik
Dr H N B Wettenhall
- 1941**
Dr W M Barrett
Dr T O Beatty
Dr M S Benson
Dr J S Guest
Dr Ian Haig McConchie
Dr H S Moroney
Dr A R Parkin
Dr David Pitt
Dr Ida M Seward
Dr William L Sloss
Dr Mary B Wheeler
Dr L Hardy Wilson
- 1942**
Dr E P Cordner
Dr Rothwell Hill
Dr J Kremer
Dr W Rosenthal
Dr Lorna Sisley
- 1943**
Dr Garry Bennett
Dr Peter R Bull
Dr Rona M Charters
Dr T M Cockbill
Dr David C Cowling
- Dr Winston S Rickards
Dr A O Rosenhain
Dr Ian Tulloch
- 1944**
Dr Colin J Craig
Dr A R Gilchrist
Dr June Louise Howqua
Prof J V Hurlay
Dr L Koadlow
Dr A C Newell
Dr E L Ryan
Dr A H Toyne
Dr J Vaughan
Dr R D Watson
Dr John F Williams
Dr Leo L Morgenstern
- 1945**
Dr Thomas E Antonie
Dr Allan G Bignell
Dr Dermot C Foster
Dr George S Gunter
Dr Peter G Jones
Dr James A Keipert
Dr B P McCloskey
Dr George Stanley Pestell
Dr R K Stevenson
Dr G Stillwell
Dr G W Trinca
Dr Rowan G Webb
- 1946**
Drs John K & L J Fullagar
Dr J K Henderson
Dr D W Maginn
Dr Ian A McDonald
Dr Esther M Williams
Mr Peter F Williams
- 1947**
Dr J K Clarebrough
Mr John Connell
Dr A M Cuthbertson
Dr T H Hurlay
Dr James R Jewell
Dr T E B Keen
Dr Murray Maxwell
Dr Peter Robertson
Dr Robert C Rollason
Dr K Semmens
Dr Harold F R Storey
Prof R W Webster
Dr S Wiener
- 1948**
Dr William C Boake
Dr H D Braidahl
Dr G W Cooper
Dr Bruce Edwards
Dr Frank Forster
Dr R Kelly
Dr Keith B Layton
Dr R D Marshall
Dr Joan Maxwell
Dr Bernard McC O'Brien
Dr W T Richards
Dr J N Santamaria
Dr C W E Wilson
- 1949**
Dr A G Bond
Dr N Cass
Dr John Cone
Dr William M Davis
Dr J Fethers
Dr J R E Fraser
Dr John A Horton
Dr J A W Kelly
Dr W H Kitchen
Dr K J Millar
Dr A F L Neal
Dr C John K Pawsey
Dr M J Robinson
- 1950**
Dr R M Aitchison
Dr R McD Anderson
Dr Robert Bennett
Dr E B Collins
Dr B J Feery
Dr Robert Fowler
Dr Robert Harbison
Dr Keith L Hayes
Dr E R Henry
Dr Guy Hutchinson
Dr H D Irish
Dr D A Jolley
- Dr Brian E Mackay
Dr J R McGoldrick
Dr Mary Henty Morland
Dr Herbert C Newman
Dr P Stanbury
Dr Bernice F Stratford
Dr L I Taft
Dr A R Waterhouse
- 1951**
Dr V G Balmer
Dr J A Birrell
Dr F I Bishop
Dr G W Briggs
Dr P Broughton
Dr Ronald P Cheary
Dr A C L Clark
Dr Murray W Deerbon
Dr O Margaret Garson
Dr J J Griffin
Prof W S C Hare
Dr A F Hargrave
Dr D N Hawkins
Dr M de Laine
Dr William E I Littlejohn
Dr Paul Matthews
Dr Rae N Matthews
Dr J Q McCubbin
Dr H K Ian McLachlan
Dr Jean Margaret McLeod
Dr Kingsley W Mills
Dr James Milne
Dr J F Niall
Dr C R Proctor
Dr J G H Refshauge
Dr B S Vanrenen
Dr R C Webb
Dr Alex S Wood
Dr R Wyatt
- 1952**
Dr Lorna Baird
Dr Dorothy Campbell
Dr P Forsell
Dr Robert Fowler
Dr Maxwell Kent
Dr S Kunstler
Dr R N Mellor
Dr A J Murphy
Dr Michael Ian Nissen
Dr Desmond O'Shaughnessy
Dr H M Pannifex
Dr I A Swain
Dr William A Syme
Dr Ben M Wadham
- 1953**
Dr R F Bullen
Dr Peter Ellis Campbell
Dr O McK Coltman
Dr Francis Corry
Prof G W Crock
Dr John A Fuller
Dr J S Galbraith
Dr George S Hale
Dr John S Hamilton
Dr W C Heath
Dr J W Hill
Dr Alex Marshall
Dr F I R Martin
Dr B R K McKeon
Dr Malcolm A McKenzie
Dr E C R Newton
Dr D M O'Sullivan
Dr Heather E Peden
Dr D W Rankin
Dr Alexander Salvaris
Dr Robert George Shaw
Dr D J Shuter
Dr J G Sloman
Dr V K Spowart
Dr John Upjohn
Dr John B Webb
Dr S Rosenbaum
- 1954**
Dr Paul Adrian
Dr O H D Blomfield
Dr Anne Buckmaster
Prof D M Danks
Dr H F Jolly
Dr Lee Wee Kit
Dr P MacCallum
Dr J F Macdonald
Dr G R McLeish
Dr R Mecca
Dr Paula Pitt
- Dr C G Price
Dr Peter R Scott
Dr Laurence Simpson
Dr Freda Wright
Dr John S Yeatman
- 1955**
Dr M K Benjamin
Dr Reginald Berkley
Dr P T Bruce
Mr William Etheridge
Dr W E Fabb
Dr Douglas Gee
Dr Reuben D Glass
Dr K J Green
Dr J Holland
Dr Philomene Joshua
Dr Gerald J Little
Dr A K Lowe
Dr John H Mitchell
Dr A Owies
Dr Barbara Sawyer
Dr G O Smith
Dr Chester A Troy
Dr M E Whisson
Dr Henry S Y Tung
- 1956**
Dr J E Aldred
Dr Geoffrey J Bishop
Dr John D Booth
Dr William Chin
Dr John Kingsley Dawborn
Dr Peter Eisen
Dr J Fraillon
Dr George Freed
Dr Robert Gillies
Dr F W Gurr
Dr D C Hodge
Dr Frank Curnow Jones
Dr Eustace Julian Keogh
Dr E M Lucas
Dr R H Meyer
Mr I C Ross
Dr J M Shaw
Dr E Xipell
Dr Jacob Igra
Dr R B Rodrigue
- 1957**
Dr T A Banks
Dr A R Bartram
Mr John Allan Buntine
Mr Brian Thomas Collopy
Dr David Conroy
Dr G M Greenbaum
Dr J A Hayman
Dr I J Hopkins
Dr P Ironside
Dr M A Kidson
Dr J G Mackenzie
A/Prof J E Mainland
Dr Spiro Moraitis
Dr Gordon Mushin
Dr J G Nicholson
Dr J P Royle
Dr M A Silagy
Dr L Slonim
Dr W G E Straffon
Dr Bernard Sweet
Dr Alan Fortune
Professor P J Morris
- 1958**
Dr Frank Alford
Dr Alan S Bodey
Dr C P Clarke
Dr James T Cummins
Dr Wendy M Donoghue
Prof K J Hardy
Dr Harold P Hutton
Dr R B King
Dr J A Lawson
Prof Alan B P Ng
Dr G T Schmidt
Dr Lee-Inn Tay
Dr Renata Valentine
Dr Colin M Williams
Dr J C Woods
Dr B J Zerman
- 1959**
Dr F Kopecek
Dr Raymond G Leeton
Dr G Lipton
Dr J M McNamara
Dr G Medley

Dr Oh Siew Leong
Dr Percy Rogers
Dr M E Scott
Dr E H Shen
Mr Geoffrey Sinclair
Dr W John Spicer

1960

Prof J S G Biggs
Dr Joseph T Black
Dr David C Burke
Dr P J Champion
Dr Mario A Croatto
Dr David Dammary
Dr L R Finch
Dr P H Francis
Dr David Glaspole
Dr Marie G James
Dr Warren Johnson
Dr W A Kemp
Dr Michael Long
Prof W J Louis
Dr F B M Phillips
Dr N Sherson
Dr John Wright-Smith

1961

Dr R P Barkman
Dr Rex C Bennett
Dr R W Brown
Dr John K C Chew
Mr Owen R Cole
Dr Rosalie Cooper
Dr Peter J Davies
Dr Malcolm Douglas
Dr W F Heale
Dr Richard McArthur
Prof Ian McKenzie
Dr Ronald Parker
Dr R W Pattinson
Dr J Paull
Dr W Renton-Power
Dr G Richardson
Mr David S Rosengarten
Dr Jonathan Rush
Prof Graeme B Ryan
Dr W H Sawyer
A/Prof G C Smith
Dr R Southby

1962

Dr Ross Adie
A/Prof R C Atkins
Dr D Lois Bell
Dr R W Cowie
Dr Nicholas C Diamond
Mr Robert Dickens
Dr John William Doncaster
Dr G H Dreher
Dr N F Edwards
Dr G Gillam
Dr David Hunt
Dr Alan Isaacs
Dr Sow Khin Loh
Dr John Hildyard Maynard
Dr B D McKie
Dr Roger H Mitchell
Dr Jeannine W Paton
Dr Alexandra Rodda
Dr A Murray Sandland
Dr George R Santoro
Dr Brian William Smith
Dr Gregor Campbell Sutherland
Dr Warren White

1963

Dr P W Ashton
Dr David P Crankshaw
Dr A T Creodon
Dr Ian F Gunn
Dr M W Heffernan
Dr C Kibel
Dr Leif H Larson
Dr Kevin Mackley
Dr David J W Middleton
Dr Maria Pisasale
Mr Clement Smith
Dr J A Streeton
Dr Pat Sutherland
Dr Richard A W Ward
Dr J M Woodward

1964

Dr Bruce P Batagol
Dr Peter L Brown
Dr D G P Buist
Dr J R Crellin
Dr Bruce B Davis
Dr John T Dowling
Dr David Ellis
Dr Ian David Gust
Dr Z S Kiss
Dr Vivienne McIlroy
Dr J M O'Connell
Dr David J O'Connell
Mr Geoffrey J Royal

Dr R L C Sutcliffe
Dr A G M Tymms
Dr Rhyl Wade

1965

Dr W R Assam
Prof R C Bennett
Dr Simon Ceber
Dr W G Cole
Dr Mary E Doyle
Dr Barry G Elliott
Dr Joseph Epstein
Dr John W Funder
Dr J E Hammond
Dr Patricia E F Harrison
Dr Louis I Landau
Dr P H Lee
Dr W Leung
Dr Heather Manning
Dr K M McBeth
Dr F A O Mendelsohn
Dr David P Mitchell
Prof R J Pepperell
Dr John D Poynter
Dr N W Quinn
Dr Trevor J S Smith
Dr R J S Thomas
Dr D R Trethewie
Dr David Wallace
Dr Keith Waters
Dr N D Yeomans

1966

Dr G J Baker
Dr H W G Baker
Dr K Bendall
Dr Martin R C Brown
Dr Adrian R Clifford
Dr C J Cox
Dr J Davey
Dr John H Drew
Dr L Fall
Dr Peter Faulf
Dr Kevin J Fraser
Dr David W Furphey
Dr G P Gay
Dr Peter Greenberg
Dr Karolis Kazlauskas
Dr P Griffin
Prof R G Larkins
Dr Barry Lauritz
Dr W H Leadston
Dr J Robert Nave
Dr Stanley O'Loughlin
Dr Lois M Parr
Dr G M Patience
Dr E G Rafferty
Dr Andrew K Roberts
Dr W F Ryan
Dr G Shardey
Dr John H Silver
Dr John D Vidoucch
Dr R D Seymouthe

1967

Dr John B Brennan
Dr Barry J Dawson
Dr John C Duggan
Dr Murray Esler
Dr R L Eyres
Dr Dawn M Giltinan
Mr J Warwick Glover
Dr Miron Goldwasser
Dr B M Kelly
Dr E Kermod
Dr Y K Lui
Dr Peter M Loewy
Dr M D Lush
Dr M Meldrum
Dr Peter M Motteram
Dr Elisabeth Nash
Dr John P Nettleton
Dr Mong Hoo Ng Richard
Dr A G Ostor
Dr Valerie Peers
Dr M J Power
Dr Elizabeth Smibert
Dr Peter Stanley
Dr B Tress
Dr R W K Gee

1968

Dr Dr John R Allsop
Dr David Andrew
Dr David Bannister
Dr Michael Best
Dr K N Bretherton
Dr Mary A Brooksbank
Dr L Cleeve
Dr Max de Clifford
Dr F Peter Denton
Dr Phillip J Harris
Dr M Y Johanson
Dr M E Kemp
Dr Terence F Little
Dr L Markman

Dr P J Miach
Dr L R F W Moulds
Dr Laurence J Murton
Dr L J Norton
Dr Justin O'Day
Dr Ian G Pettigrew
Dr Robert Rome
Dr John Strickland
Dr B R Speed
Dr Charles Thelander
Dr O Y M Wu
Dr A Zimmerman

1969

Dr A Babarczy
Mr Harley K Baxter
Dr Neridah Brinkley
Mr Peter F Burke
Dr J Dwyer
Dr Gary Fell
Dr Hamish McA Foster
Dr R W Harper
Dr E Hendel
Dr David J Kidman
Dr M R Luxton
Dr F E S Mair
Dr I G McCallum
Dr Anthony L Miach
Dr John Moran
Dr Donald Moss
Dr C J Mullany
Dr L Platt
Dr Anthony J Portelli
Dr Leigh J Reeves
Dr Ian C Roberts-Thomson
Dr Paul M Rosenberg
Dr Andrew W Ross
Dr Susan M Scott
Dr R Siemienowicz
Dr David Steiner
Dr Mark J Sullivan
Dr David D Westmore
Dr R Whiting
Dr A A Woodward
Dr G P Young
Dr Robert A Young

1970

Dr D A Barbaro
Dr David Bracy
Mr D N Chesterman
Dr Lorraine Dennerstein
Dr Margaret Griggs
Dr Phillip J Hammond
Dr Rodney Judson
Dr R W F King
Dr D P Lewis
Dr B Love
Dr M J MacDonald
Dr George Mendelson
Dr P Y Milne
Dr G A Thompson
Dr G A Thompson
Dr Hugh Weaver
Charnisay S Woodward

1971

Dr Adrienne I E Anderson
Dr D R A Cameron
Dr Stephen Clarke
Dr A H Crosthwaite
Dr Julian Davis
Dr Josef S Goldbaum
Dr A D Hibberd
Dr Benno U Ihle
Dr Barbara Main
Dr Anthony F Mariani
Dr Katherine McGrath
Dr Leon Piterman
Dr R Ragazon
Dr D L Ross
Dr Nerina Salantri
Dr G Taggart
Dr K Tiedemann
Dr G Varigos
Dr M Wilson

1972

Dr Wilma M Beswick
Dr Lexia R R Bryant
Dr L E Clemens
Dr A J Costello
Dr A L Cunningham
Dr Michael G Dobson
Dr David K Douglas
Dr Roslyn Drummond
Dr Maurice Eisenbruch
Dr Paul Fineberg
Dr B Forge
Dr Jack Freeman
Dr Michael Green
Dr Helen Groom
Mr Boon-Hung Hong
Dr Peter J Jenkins
Dr Paul Jenkinson
Dr Paul A Kelly

Dr T H Landy
Dr J R Lazdins
Dr Adrian Neath
Dr W Orgill
Dr A M Perlesz
Dr G J Pribaz
Dr Leslie L Reti
Dr Albert Rotstein
Dr Irene S Szymansky
Dr James Tatoulis
Dr Rosalie van Dijk
Dr Murray W Verso
Dr A Winter

1973

Dr P M Ashton
Dr L E Bolitho
Dr Ian G Bonwick
Dr Norman Eizenberg
Dr H P Ewing
Dr Brett Forge
Dr W C Fream
Dr Ilias K Giaprakis
Dr C K Goh
Dr Ashley Granot
Dr Gerry Grokop
Dr D Hookham
Dr Andrew H Kaye
Dr John G King
Dr G Knight
Dr M Kozminsky
Dr Jacqueline Laing
Dr John R Lambert
Dr Peter Leslie Moran
Dr Jock G Plenderleith
Dr S Puryanitya
Dr P C Rennie
Dr T J Russell
Dr A G di Stefano
Dr R F Terry
Dr Peter J Thurlow
Dr Faye A Walker
Dr Barry Williamson
Dr H B Winfield
Dr N A Woiroy

1974

Dr G R Campbell
Dr Robert M B Chan
Dr W F Christophersen
Dr B E Clarke
Dr L Congiu
Dr Ilona Illes-Cunningham
Dr Elisabeth Frank
Dr Andrew Fream
Dr James W Hare
Dr Prudence A Hill
Dr M S Hirshorn
Dr L Y Ho
Dr D H Hooke
Dr T Konkoly
Dr S T Leahy
Dr Brendan de Morton
Dr L Segal

1975

Dr W B Buckley
Dr Dianne A Clifton
Dr L M Cunningham
Dr G A Easton
Dr Joanna M Flynn
Dr David Fonda
Dr Andrew Gordon
Dr A K Horwood
Dr S W L Lau
Dr I H Minas
Dr Leigh G Munro
Dr A D Pattison
Dr G Quail
Dr Alexander Rosalion
Dr John Santamaria
Dr Euhanna Varigos

1976

Dr I S Beasley
Dr P H D Bladin
Dr W G Cowell
Dr Alice Glover
Dr Ruth Hand
Dr H R Jenner
Dr Mark Lawrence
Dr Mark Medownick
Dr J M Mould
Dr Ian N Oliver
Dr C S Reeves
Dr Stephen Rodgers-Wilson
Dr K C Rose
Dr D Rosner
Dr Simon A Schnell
Dr Michael Spillane
Dr Jan Steel
Dr P W Tribe

1977

Dr C M Bayly
Dr Peter Brukner

Dr I A Campbell
 Dr Lynda J Campbell
 Dr Alan J Chong
 Dr D M Clarke
 Dr Matthew J Cotter
 Dr Susan Furphy
 Dr Howard Grossman
 Dr Julian Sherwood Hoare
 Dr L J Kliman
 Dr H Krips
 Dr D W Leembruggen
 Dr J Lichtblau
 Dr Mark Martakis
 Dr Robert Mestrovic
 Dr John H Olver
 Dr R L Simpson
 Dr J Smolich
 Dr Allan Storti
 Dr C Tangas
 Dr W R Twycross
 Dr David H Walpole

1978
 Dr M T Chapman
 Dr A Cochrane
 Dr Anne Davidson
 Dr M J Dawkins
 Dr D F Eckel
 Dr Nadine Fisher
 Dr Trevor Hodson
 Dr Catherine M Hutton
 Dr Hilary F Joyce
 Dr Ian P Mathieson
 Dr Keith McCullough
 Dr S G Osman
 Dr Suzanne Silberberg
 Dr C L Steinfort
 Dr Florence Suet-Hing Wong
 Dr R W Wright
 Dr Chen-Wei William Hsu

1979
 Dr Stuart Anderson
 Dr G K Barker
 Dr Geoffrey D Campbell
 Dr M Falkenberg
 Dr Fiona M Fullerton
 Dr Anthony J Geddes
 Dr Zenov Gruba
 Dr N P Kafieris
 Dr Brendan F Kay
 Dr Gary L Leber
 Dr Alan McNab
 Dr Simon B Perrin
 Dr Robert Puy
 Dr J W Serpell
 Dr D Ungar
 Dr Andrew Walpole
 Dr Sally G Warmington
 Dr C R Welsford
 Dr C A Wright

1980
 Dr Judith Adams
 Dr R Andrew Cuthbertson
 Dr R J Dawson
 Dr T A Dillon
 Dr Peter R Ebeling
 Dr A L Fisher
 Dr T W Kay
 Dr A H K Lou
 Dr Christopher J McHardy
 Dr Gregory W Self
 Dr R J Sittlington
 Dr Wendy M R Stevens
 Dr N Strathmore
 Dr Douglas G Travis

1981
 Dr Andrea Bendrups
 Dr Robert Briggs

Dr J A Carman
 Dr Malcolm J Dodd
 Dr Mark C Fitzgerald
 Dr Ian Gartley
 Dr S Harrison
 Dr Bernard M Lyons
 Dr William J McCormick
 Dr G M McInerney
 Dr Robert Sheen
 Dr Julian S Smith
 Dr Stephen A Tobin
 Dr Bruce Tulloh
 Dr R L Wall
 Dr C L Wilson

1982
 Dr Anne D Cass
 Dr William R Fleming
 Dr John S Fox
 Dr Mark I McK Garwood
 Dr Timothy Godfrey
 Dr A P Lawrence
 Dr Christine A McConnell
 Dr Barbara Moritz
 Dr Alsa Margaret Walbran
 Dr Glenton R White

1983
 Dr Dr Maree Barnes
 Dr Andrew Buchanan
 Dr Peter W Donald
 Dr Stuart Game
 Dr Richard Heath
 Dr Catherine Reid
 Dr Michael P Slade
 Dr Peter Wein
 Dr David Worsnop

Non-Melbourne Graduates

Prof H D Attwood
 Dr C Bell
 Dr P A Braithwaite
 Prof G D Burrows
 Dr J W Byrne
 Dr David Christie
 Prof G J A Clunie
 Prof I Darian-Smith
 Prof Brian Davies
 Dr A Firestone
 Dr J R L Forsyth
 Dr Patricia H Goonetilleke
 Dr L W Gregory
 Dr Kathryn N Ham
 Mr C S Ham
 Dr G C T Kenny
 Prof P Kincaid-Smith

Prof R R H Lovell
 Dr C M Mauritzen
 Dr R A Melick
 Dr Jeremy N Oats
 Prof D G Penington
 Prof D M Prinsley
 Dr R M Robins-Browne
 Prof Gerhard H Schreiber
 Dr Sandford L Skinner
 Dr James Syme
 Prof M L Wahlquist
 Dr R W Warne
 Dr Mary J Waters
 Dr G Whelan
 Prof D O White



Dr John Hayward and Dr Lorna Lloyd-Green



Dr Alex Sinclair, Dr Harry Sinn, Dr Alec McGregor and Dr Dorothy Sinclair (nee Gepp)



Dr Sheila Peters and Dr Bob Burtine



Dr Ernest Green and Dr 'Spot' Turnbull

Cont. from P12.

approval. The hurly-burly of professional life in the outside world puts the University out of mind, but a wave of nostalgia for it wells up at reunions. Then is a sensible time to arrange an opportunity for those who would like to give something as a token of their goodwill to the University to make a donation. However, as we later discovered, it was not easy to make such an arrangement without unwanted side effects.

All professional people are continually pestered with appeals from worthy causes and none can afford to give to them all. We have to be selective and throw the rest into the waste paper basket. Obviously, though our gratitude to the institution which had transformed us from school boys and girls into professional men and women was roughly equal and we should therefore share equally in the pleasure of a donation from our group, there would be considerable variation in what our members would be able to give. Also we were determined to avoid the slightest hint of coercion and, above all, we wanted all our survivors physically able to come to the dinner to be present and none to be put off coming by the false idea that a donation was expected of them as a pre-requisite for attendance.

Clearly our donation had to be a group effort in the name of the group, with individual donors anonymous and only the total made public. Only then would all be able to share equal pride in that total whether their gift had been large, small, or nil. Our problem was how to arrange this so that not even the three arrangers of the dinner would know what anyone else had given. The University solved this problem for us.

The final invitation to the dinner included the advice that any member who wished to do so could add a tax-deductible donation to the University for the purpose we specified in his/her cheque for the dinner, and those unable to come could also send a donation by cheque if they felt inclined. It was stressed that donations were optional and that their amount would be a private matter between

the donor and the University. Only the total from the group would be made public.

Enclosed with the invitation was a post-free envelope addressed to the Graduate Secretariat and a tear-off slip at the bottom of the invitation had to be filled in and returned with the cheque in this envelope.

The Secretariat sent back separate receipts for the dinner and the donation, the latter for attachment to the donor's tax return, and forwarded the cheques to the Vice Principal's Department through which all cheques payable to the University go. By arrangement between these two departments the dinner money was used to pay for the dinner and the donation money was forwarded, as our group had requested, to the Faculty of Medicine.

At that stage, we who were arranging the dinner were only given a list of the names of those who were coming to it. The total donation was not announced till the evening of the dinner.

We were greatly honoured because it was the Dean himself, Professor David Penington, who made this announcement in a short speech of thanks from the Faculty to us while we were having pre-dinner drinks, and he joined us in a pre-dinner toast to our Faculty's past achievements and future success. As we had hoped that it would be, our Jubilee Dinner was our most memorable, though only the fit survivors could be present and they cannot count on many more years in which to remember it.

Thus the problem of organising a reunion group donation, without embarrassment to those unable to give, or putting anyone off coming to the reunion, which had seemed insoluble, became extremely simple. The donors did not even have to write an extra cheque and privacy was absolute.

John Hayward
 Class of 1933

Appointments



Prof Graham Burrows



Prof Richard Larkins



Prof Trefor Morgan



Prof Peter Phelan

Leading Psychiatrist Appointed Director of Psychiatry

Graham Burrows, an international authority in psychopharmacology, the management of phobias and pain, and in hypnosis, was appointed the Director of Psychiatry at the Austin/Larundel Hospitals early in 1983. Professor Burrows was First Assistant and Reader in the Department of Psychiatry at the University of Melbourne. In his new position he will hold the title of Professor within the University's Department of Psychiatry.

Professor Burrows' research has included investigations into how antidepressant drugs are metabolized in the body and the relationship between plasma concentration and clinical response. Related study has been into cardiovascular effects of tricyclic antidepressant drugs.

Professor Burrows is a prolific writer, being author of or contributor to 30 books, 81 chapters of books and many journals.

He holds the degrees of Bachelor of Science (1961) from the University of Auckland, Bachelor of Medicine and Bachelor of Surgery (1956) from the University of Otago, the Diploma in Psychological Medicine (1969) and Doctor of Medicine (1971) from the University of Melbourne. He is a Fellow of the Royal Australian and New Zealand College of Physicians and a Fellow of the Royal College of Psychiatrists (UK).

Diabetes Researcher Appointed to Chair of Medicine

An Australian endocrinologist with a major interest in diabetes has been appointed to the University's Chair of Medicine at The Royal Melbourne Hospital.

He is Richard Larkins, who was Reader in the University's Department of Medicine at the Repatriation General Hospital, and Director of the Hospital's Endocrine and Metabolic Unit. Professor Larkins succeeds Emeritus Professor Richard Lovell, who retired from the Chair after 28 years on 31 December 1983.

In 1966, Professor Larkins was awarded the degrees of Bachelor of Medicine and Bachelor of Surgery at Melbourne as the top student in the final year with exhibitions in all three final year subjects and as the winner of 13 special prizes.

Professor Larkins worked at The Royal Melbourne Hospital from 1967-1972 when he was awarded the higher degree of Doctor of Medicine in the University. He then spent two years on a Churchill Fellowship and a Medical Research Council Fellowship at the Royal Postgraduate Medical School, Hammersmith Hospital, London, and was awarded a Doctorate of Philosophy from the University of London.

In 1974, he returned to The Royal Melbourne Hospital Endocrine Laboratory and also was appointed a Senior Associate in the University's Department of Medicine there. He accepted an appointment at the Repatriation General Hospital in 1978.

Professor Larkins was awarded the 1982 Susman Prize for medical research by the Royal Australasian College of Physicians. One of his major research interests relates to the regulation of the secretion of insulin from the pancreas and how abnormalities in this process lead to diabetes.

He is also investigating why some diabetics develop diseases of the blood vessels, eyes and kidneys, and the possibility that certain drugs, which affect the prostaglandin production by blood vessels, may help prevent these diseases. Another area of his research is the regulation of vitamin D metabolism of the kidney, an important point in the control of body calcium levels.

Professor Larkins took up his appointment on 1 January 1984.

Chair of Physiology

An Australian physician with an international reputation in renal physiology has accepted appointment to a Chair of Physiology in the University's Medical School. He is Trefor Morgan, who was Senior Specialist in Charge (Medicine) at the Repatriation General Hospital, Heidelberg, Victoria.

Professor Morgan holds the degrees of Bachelor of Science (Medicine), Bachelor of Medicine and Bachelor of Surgery, and Doctor of Medicine — all from the University of Sydney. He is also a Fellow of the Royal Australian College of Physicians.

From 1977 to 1981, Professor Morgan was Foundation Professor of Medicine at the University of Newcastle. Professor Morgan has also held positions as Visiting Scientist at the National Institutes of Health, USA; Senior Visiting Research Fellow of the Medical Research Council at Fulham Hospital; Renal Physician at the Princess Alexandra Hospital, Brisbane; and later at the University's Department of Medicine at the Austin and Repatriation General Hospitals, and Visiting Research Professor at the University of Munich, West Germany.

His major research interests are a physiological research programme studying the way in which the kidney controls the body content of sodium and water, and a clinical programme involving the treatment and investigation of hypertensive patients with particular emphasis on the way sodium is involved in the pathogenesis of hypertension.

Professor Morgan took up the appointment on 1 March 1984.

Professor of Paediatrics Appointed

A paediatrician who was one of the first in the world to develop techniques to investigate pulmonary function in infants and very small children was appointed to the Stevenson Chair of Paediatrics at the University of Melbourne early in 1983.

Professor Peter Phelan was Director of the Department of Thoracic Medicine at the Royal Children's Hospital, Melbourne, which, under his guidance, has reached international standing for its research into respiratory diseases of childhood. Before taking up this appointment he spent some months in epidemiological research at Fitzwilliam College, University of Cambridge, and in the Department of Community Medicine at that University.

Professor Phelan has made important contributions to the assessment of obstructive airways disease in children and is associated with one of the largest long-term projects following the progress of wheezy children from early years into adult life.

Professor Phelan holds the degrees of Bachelor of Science (1958), Bachelor of Medicine (1961) and Doctor of Medicine (1969) from the University of Queensland. He has worked overseas at Harvard as Overseas Scholar for the Royal Australasian College of Physicians (1969-70) and in 1976 he was Visiting Professor at the Institute of Child Health, University of London, and Honorary Consultant Physician at the Hospital for Sick Children, Great Ormond Street, London.

He has been involved with many professional organizations. He was Honorary Secretary of the Thoracic Society of Australia from 1973 to 1977 and from 1974 to 1980 was a member of the Royal Australian College of Physicians Advisory Committee on Thoracic Medicine. From 1977 to 1980 Professor Phelan was Honorary Secretary and Foundation Registrar of the Australian College of Paediatrics and played a major role in the development of this body. Since 1981 he has been a member of the Board of Censors of the Royal Australasian College of Physicians and of the Joint Education Committee of the Australian Clinical Colleges.

Professor Phelan is author of the book *Respiratory Illness in Children* and has 55 publications to his credit.

Professor Emeritus Sir Lance Townsend

The death of Professor Emeritus Sir Lance Townsend, on 26 March 1983, at the age of 70 is felt most keenly by his colleagues in the many areas of the University with which he was associated.

Sir Lance completed the degrees of Bachelor of Medicine and Bachelor of Surgery at the University of Melbourne in 1935. As a student at the University he played intervarsity rugby and was captain of the University rifle team. He won a full University Blue for rifle shooting. After working in country areas and overseas, he saw active service with the Royal Navy in the Mediterranean and eastern areas and was awarded a King's Commendation, and later served in the Volunteer Reserve of the Royal Australian Navy and was promoted to Surgeon Captain.

He was awarded the degree of Doctor of Medicine in the University of Melbourne for research into hypertension in pregnancy and the degree of Master of Gynaecology and Obstetrics. This University and Monash University each awarded Sir Lance the degree of Doctor of Laws *honoris causa*. He was a Fellow of eleven major medical colleges throughout the world. His contribution to medicine was recognized in 1971 when he was knighted.

As Professor of Obstetrics and Gynaecology in this University from 1950 to 1977 Sir Lance built up a department which has led the world in many aspects of Obstetrical and Gynaecological care. As Dean of the Faculty of Medicine between 1971 and 1977 he was a forceful leader and played a major role in the affairs of the University. Sir Lance was a member of the University Council from 17 December 1971 until his death. In 1978 he was appointed Assistant Vice-Chancellor and contributed to the development of staffing and budgetary policies. After retiring he continued to work on many University committees.

Sir Lance was a very significant contributor and tireless worker for a number of organizations including the Royal Women's Hospital, the Austin Hospital of which he was President, the Victorian Bush Nursing Association, the Masonic Lodge of Victoria, the National Health and Medical Research Council, the World Health Organization, the Maternal Health Committee and the Victorian Cytology Service.

He was co-author of the Syme-Townsend report on Victorian Health Services and was appointed Foundation Chairman of the Health Advisory Council of the Health Commission of Victoria, a post he held until his death.

Internationally he was a member of the Executive Committee of the International Federation of Obstetrics and Gynaecology from 1964 to 1979 and served as Vice-President. In 1980 he was appointed Consultant Obstetrician for the World Health Organization and was responsible for examination of the eastern Mediterranean region. Sir Lance held in addition many appointments as Visiting Professor in overseas medical schools.

His death will be a substantial loss both to the University and to the medical profession.

Sir Clive Hamilton Fitts, 1900-1984

Chiron records with sadness the death of Sir Clive Fitts, Consultant Physician, a pioneer in cardiology in Melbourne and a former Chairman of the Felton Bequest. We extend our condolences to Lady Fitts, who is a member of this Society.

Melbourne Scientist Awarded International Nephrology Prize

Dr John Davis of the Department of Physiology was awarded the 1982 Franz Volhard Prize, jointly with Dr Dieter Haberle of the Physiological Institute, Munich. The prize, which is awarded annually for the best manuscript or published paper in the field of nephrology, was given for a paper entitled *Resetting of tubuloglomerular feedback: Evidence for a humoral factor in tubular fluid*.

Dr Davis spent a sabbatical leave with Dr Haberle in Munich studying the mechanism whereby the kidney adapts to chronic salt loading. It appears that either a hitherto unsuspected hormone, or a hitherto unsuspected action of some hormone is partly responsible for the increased excretion of salt in these circumstances.

Dr Davis is on leave again and is continuing his work in Munich.

Medical Librarian Retires



Medical Librarian, Anne Harrison, second from right, retired in April 1983 after 35 years' service to the University. Appointed in 1948 as a graduate assistant in the Medical Library, Miss Harrison was appointed Medical Librarian the following year. On hand to farewell her were, from left, the Associate Librarian (Administration) Mr Graeme Macfarlan, the Co-ordinator (Branch and Departmental Libraries) Miss Val Turnbull, and the Librarian, Mr Denis Richardson.

Honorary Degree for Professor Kincaid-Smith

Professor Priscilla Kincaid-Smith, Department of Medicine, RMH, has received the honorary degree of Doctor of Science in Medicine in the University of Witwatersrand, Johannesburg.

Pharmacologist Retires

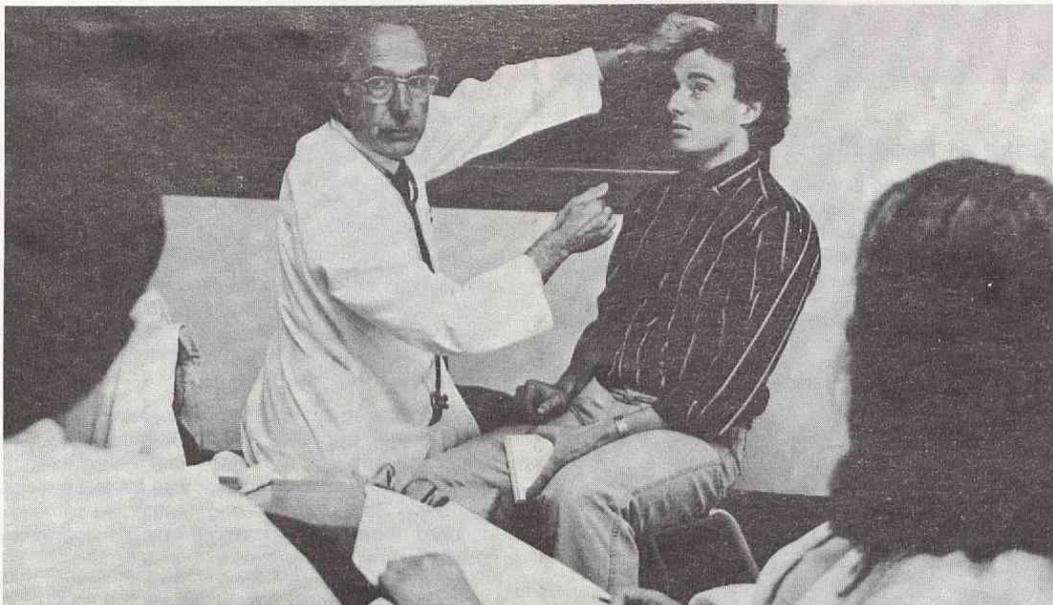
Dr Marian McCulloch, Chairman and Senior Lecturer in the Department of Pharmacology, retired at the end of February after twenty years' service to the University. She came to the Department as a student in 1963, enrolling for the degree of Master of Science, which was awarded in May 1964. She then enrolled for a PhD and this degree was awarded in 1967, the subject of her research being the pharmacological actions of some psychotropic drugs. The latter part of her project was carried out on a part-time basis as she was appointed to a temporary Assistant Lectureship in the Department of Pharmacology in July 1966; her appointment was converted to a permanent full-time position in June 1967. She was promoted to the level of Senior Lecturer in 1971. In 1982, she became Chairman of the Department of Pharmacology, the only woman so far elected to the position of departmental chairman in the Faculty of Medicine.

Professor Schreiber Honoured

Professor Gerhard Schreiber, Professor of Medical Biochemistry, was presented with the LKB Medal 1983 of the Australian Biochemical Society at the Society's Conference in Brisbane recently. Professor Schreiber is a State Representative of the Society in Victoria.

The award of the medal recognizes Professor Schreiber's work over the past ten years, in which he has carried out an extensive and thorough study on the synthesis of plasma protein in the liver. This work led to the elucidation of the pathways of albumin synthesis in the liver, showing the presence of a precursor protein termed 'proalbumin', which is converted to the mature albumin shortly before secretion.

His work included the study of several other proteins. These studies provided Professor Schreiber with a broad repertoire of biochemical techniques.



Professor Emeritus Richard Lovell lecturing to a fourth-year class at the Royal Melbourne Hospital.

Retirement of Professor R R H Lovell, AO

Council has conferred the title of Professor Emeritus on Professor R R H Lovell, AO, who retired at the end of 1983 as Chairman of the University's Department of Medicine at the Royal Melbourne Hospital. The Faculty of Medicine has agreed to record the following Minute of Appreciation in the Proceedings of the Faculty, 8 February 1984:

Professor Richard Robert Haynes Lovell

Professor Richard Lovell graduated in Medicine in London in 1941 and thereafter saw service in the Royal Naval Volunteer Reserve as a Surgeon Lieutenant. He returned to St Mary's Hospital for postgraduate training after the war becoming a Lecturer and then Senior Lecturer in that medical school between 1950 and 1955, during which time he developed research interests in the field of rheumatic diseases. In 1955 he took up appointment as the Foundation James Stewart Professor of Medicine in the University of Melbourne, a post he has held without interruption since that time. Professor Lovell's contributions to medicine in Australia have been many. He brought with him a firm grounding in scientific investigation of clinical problems and established an academic department in the Royal Melbourne Hospital through which have passed many of the most outstanding clinical investigators who now hold academic positions in Australian universities. Following earlier laboratory research, he developed interests in the science of clinical epidemiology and carried out a series of investigations into factors relating to sudden cardiac death and high blood pressure, the latter including community surveys in Australia, New Guinea and the Pacific Islands. He also engaged, with junior colleagues in studies of hereditary aspects of degenerative diseases. He played a leading role in establishing what is recognised as probably the best study in any country of the efficacy of antihypertensive agents in the treatment of mild hypertension, a very important question in health care.

Perhaps his most singular contribution to medicine in Australia has been that of providing a model for academic clinical departments in which young people have had the opportunity to develop their own interests and skills, in which they are given encouragement and resources to enable them to investigate clinical problems and in which the highest critical standards have always been maintained. No less than this has been the impact of his department on undergraduate and postgraduate teaching in the hospital and elsewhere in the Faculty and in the evolution of the curriculum. His standing in the discipline of academic medicine has led to his being asked frequently to assist in national endeavours. He has played a critical role in the development of epidemiology in Australia and, in particular, in gaining recognition of this discipline as an area of need for Government support; this has encouraged able young people to commit their careers in this field.

Professor Lovell has made many outstanding contributions to the work of this Faculty as both its senior Professor and as an examiner for undergraduate and postgraduate degrees over many years. We welcome him back as part-time Convenor of Continuing Education over the coming three years and wish him well in retirement.

Professor Emeritus Lovell Chairs Medical Research Ethics Committee

Professor Emeritus R R H Lovell, AO, formerly Chairman of the University's Department of Medicine at the Royal Melbourne Hospital has accepted appointment as Chairman of the Medical Research Ethics Committee, which was established in December 1982 by the National Health and Medical Research Council (NH & MRC).

The Committee will play a significant role in a continuing review of medical research being undertaken in Australia, having regard to social, legal and ethical considerations of the research.

The Committee will be reporting direct to the NH & MRC, and through it to the health authorities in the States and Territories. Its terms of reference are:

- to keep under review, and from time to time to recommend to the NH & MRC for publication, ethical principles that should be observed in human experimentation, and to amplify these by providing ethical guidelines for research in particular fields;
- to facilitate the work of institutional ethics committees;
- to keep under review, and report to the Council from time to time, on working of institutional ethics committees;
- to respond to questions referred to it by institutional ethics committees, by the Ministers for Health and by the NH & MRC, and by other bodies funding research; and
- to establish and maintain dialogue with the Standing Committee of Attorneys-General, the Australian Health Ministers' Conference, State Health Departments and with the community in order to seek consensus and judgements on the rights and interests of patients, research workers and the community in relation to expansion of understanding of health problems.

The Committee will also complete the tasks previously given to the now disbanded NH & MRC Working Party on Ethics in Medical Research. These involve reporting on transplantation of fetal tissues and fetal research, epidemiological research, the use of adult tissues in medical research, and the possible need for guidelines for research related to contraception, sterilization and abortion.

The Reverend Dr J D McCaughey, Deputy Chancellor of this University and theologian, and Dr B Hudson, Associate Director of the Howard Florey Institute of Experimental Physiology and Medicine, are members of the Medical Research Ethics Committee. Other members are Professor A C L Clark (Paediatrics, Monash University), Sir John Frew, OBE (Melbourne consultant physician), Mrs Elizabeth Grant (member, NH & MRC), Dr R P S Jansen (Sydney gynaecologist), Mr R Scott (barrister and Deputy Chairman, NSW Law Reform Commission), Professor R P Shearman (Obstetrics and Gynaecology, University of Sydney), and Mrs Yolanda Klempfner (lawyer, Referee of the Small Claims Tribunal and member of the Residential Tenancy Tribunal, Victoria).

Stevenson Chair of Paediatrics

The changing nature of childhood illness has caused changes in paediatric medicine. Serious illness due to infectious diseases is less common today than 30 or 40 years ago. Now, family doctors and paediatric specialists find themselves examining children with learning difficulties, hyperactivity, behaviour problems, developmental delay, child abuse, and a range of conditions that have no apparent physical disease as their basis.

Professor Peter Phelan, the University's recently appointed Stevenson Professor of Paediatrics at the Royal Children's Hospital, says that the direction of medical education must change to meet the new demands.

"Serious disease caused by infection is responsible for only five per cent of the family doctor's consultations with children. Illnesses due to minor respiratory infections are the reason for another 20 to 30 per cent of consultations, and emotional and behavioural problems account for almost 50 per cent.

"This means that, as well as the more traditional childhood illnesses, the curriculum for all medical undergraduates and those graduates specialising in paediatrics must include the management of behavioural problems and social maladaptation.

"For example, special skills are required in order to encourage children and adults to confide important information about emotional problems to their doctor, and for the doctor to communicate effectively with young patients and their parents".

In answer to a growing need, the Royal Children's Hospital is investigating the feasibility of establishing a school failure clinic and a pre-school behavioural problem clinic. As a side-benefit, medical students would be able to gain practical experience with people who are advising and helping parents and children.

Professor Phelan welcomes these developments and sees them as opportunities for promoting parental skills and for helping parents to express the concerns they may have about a child's development at an early stage. As director of the RCH thoracic medicine department since 1974, Professor Phelan has considerable experience in programmes of community and parent education. For example, he was involved in the enormously successful "Children With Respiratory Infections" booklet — one of the earliest attempts by a Melbourne hospital to educate and involve parents in the management of their children's illnesses. Since its publication in 1978, more than 300,000 copies of this booklet have been distributed.

"Community education of this type is a time-consuming, demanding and exacting business," he says. "But I suspect that in the long-term it is quite efficient. The more that parents and children know about a condition, the better they tend to handle it."

The professor believes that one area of community education requiring immediate attention is immunisation during infancy. He reports that the level of immunisation is falling due to ignorance, complacency and misplaced apprehension. "If an infection such as whooping cough or polio gained a foothold in the community, we could see a recrudescence of serious, preventable illness among children," the professor warns.

Professorial Unit Opened at Larundel

The first professorial unit to be established in a State psychiatric hospital in Australia has been set up by the University at Larundel Hospital.

The 24-bed unit has been opened following the appointment of Professor Graham Burrows as Professor-Director of Psychiatry at the Austin and Larundel Hospitals.

The unit will work closely with the Psychiatric Services at the Austin Hospital. It is initially specializing in four sub-units for the treatment of phobic disorders, affective disorders, chronic pain and general psychiatric problems.

Admission to the unit is informal and patients from anywhere in Australia may be admitted. The unit has been renovated and is of a very high standard.

A specialized research and teaching programme is planned with undergraduate and postgraduate students actively involved.

Fellowship to honour Sir Lance Townsend

A fellowship in honour of Sir Lance Townsend has been established by the Royal Women's Hospital.

Sir Lance Townsend was Professor of Obstetrics and Gynaecology at the University of Melbourne from 1951 to 1977 and a member of the hospital's Board of Management. He died in March last year after a brief illness.

Mrs David Adam, president of the hospital, announced the establishment of a fellowship fund at a commemorative ceremony at the Royal Women's on 5 October 1983. A portrait of Sir Lance was unveiled at the ceremony and the lecture theatre in the hospital's Kathleen Syme Education Centre was named the Sir Lance Townsend Lecture Theatre.

Funds are being sought by the hospital to enable an overseas obstetrician and gynaecologist to visit the Royal Women's Hospital every two years. Mrs Adam said that the establishment of a fund to provide for a Townsend Scholar was felt to be a fitting tribute to the memory of Sir Lance who had contributed so much to the standard of medical education and to the improvement of medical care for women and babies in this state.

Rooms Named to Honour Benefactors



Mr and Mrs Slezak, centre, with Sir Douglas Wright, left, and Professor Gabriel Kune, chairman of the Department of Surgery at the Repatriation General Hospital.

The University's Department of Surgery at the Repatriation General Hospital recently had the opportunity to acknowledge the generosity of two benefactors, Elizabeth and Nicholas Slezak. Mr and Mrs Slezak have been benefactors to the Department since 1978 and now donate \$20,000 annually to cancer research being undertaken there.

In recognition of their contribution, the University Council has agreed that two rooms in the Department be named the "Elizabeth Slezak Library and Audio Visual Room" and the "Nicholas Slezak Cancer Research Data Room".

At a ceremony in the Department of Surgery, the Chancellor Professor Emeritus Sir Douglas Wright officially unveiled the name plaques.

Psychiatrist Comments on Post-Natal Illness

The incidence of severe psychiatric disorders among women who have recently given birth appears to be declining, according to Professor Richard Ball.

Professor Ball, the Director of the University's Department of Psychiatry at St. Vincent's Hospital, says that, although the post-partum period is stressful for many mothers today, they are less likely to suffer from severe post-natal illness than were their grandmothers. He believes that this is due partly to improved obstetrical care resulting in fewer mothers who are suffering from severe exhaustion, infection and significant, untreated blood loss. Another important factor is that women are having fewer children.

Professor Ball says that in previous generations illness and exhaustion following childbirth could be accompanied by acute

confusional states, with patients severely disturbed with depression, or subject to delusions.

"Mothers today tend to be much less physically distressed by comparison, and are therefore less likely to become confused and delirious."

The professor's comments follow an upsurge of interest in post-natal depression, triggered by the case of a Victorian woman suffering from the condition who was charged with murdering her two young sons and later acquitted.

"Studies indicate that severe post-natal illness, including depression, occurs in from two to six of every thousand women who give birth," says the professor. (The variation in results depends on the criteria used in diagnosing the illness.)

"However, although relatively rare, it may still result in tragedy. Greater awareness of early warning signs and precautionary treatment in hospital, could avert disasters."

Professor Ball stresses the difference between the "baby blues" condition, which occurs not uncommonly in the first few days after giving birth, and the more serious post-natal illness.

"The baby blues — characterized by tearfulness and a let-down feeling — is essentially a normal experience that appears to be related to hormonal adjustments after giving birth. It can be quite distressing to the new mother and her partner, but it is typically of brief duration and needs only observation and reassurance. If couples don't become anxious, it usually resolves itself rapidly without treatment."

Post-natal illness is a much more serious disorder. The majority of cases occur in the first three months after giving birth and particularly in the first month, with occasional cases up to the first year after the birth. Its exact cause is uncertain says Professor Ball: "The general consensus in psychiatric circles is that post-natal illness is similar to other psychiatric illnesses featuring acute confusion, depression and deluded states. It is not simply the result of altered hormone levels following birth, and in a particular woman it is unlikely to occur after every birth."

"Symptoms in the early stages include sleeping and eating disturbances, compulsive activity, feelings of helplessness, anxiety for no apparent reason, agitation and sensory disturbances such as hearing (imaginary) voices.

"A woman with post-natal illness may reject her husband, blaming him for her situation; and this may result in sullenness and resentment on his part, instead of the giving of support that his wife desperately needs.

"She may worry that something is wrong with her baby or that it is not really hers, and she may reject and attempt to destroy the child. Or else, she may believe that her own death is imminent, and rather than leave her children without a mother, she may kill herself and them."

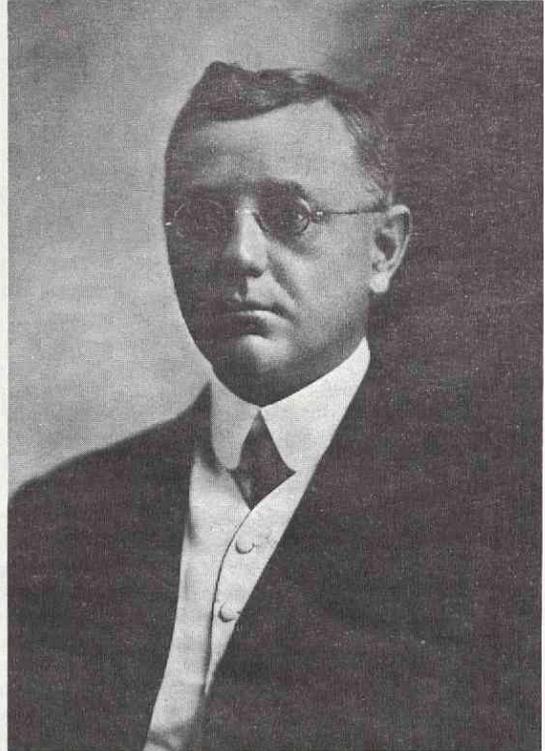
Professor Ball says that if post-natal illness is detected at an early stage, psychological management — such as ensuring plenty of rest and a reduction in stress and tension — may help to prevent worsening of the problem and to overcome it. But if the condition is deteriorating, doctors may prescribe medication to prevent or treat the development of severe depression, anxiety and deluded ideas.

The daily work of Professor Ball and his colleagues in the Department of Psychiatry at St. Vincent's includes treatment of post-natal illness. He says that treatment in hospital is preferable to home treatment if it is clear that post-natal illness is present or developing. This is because of the small risk of suicide and/or homicide.

The length of hospitalization is usually as short as two or three weeks, although occasionally it is somewhat longer. During this time, husbands are encouraged to visit as often as possible. And ideally, mothers have their babies with them. For, according to the professor, if continual contact between mother and child is not maintained in the early stages after birth, the evidence suggests that adverse consequences may sometimes occur.



Medical History Australia



J W Springthorpe, MA, MD, MRCP

Medical History Unit — 1933 Medical Alumni Gift

Newsletter 11 of February 1984, sponsored jointly by the Medical History Society, AMA (Victorian Branch) and the Medical History Unit, University of Melbourne, contains an announcement, which will be of interest to members:

"Recent Acquisitions

The 1933 medical alumni following their fiftieth anniversary dinner donated a handsome sum of money to the Faculty of Medicine. From this the Medical History Unit was able to obtain at auction J W Springthorpe's 1877 notebook of G B Halford's lectures on General Anatomy, Physiology and Pathology. Springthorpe in 1877 became lecturer in Therapeutics, Dietetics and Hygiene, a position he held until 1916. The notebook gives an insight into Halford's teaching previously hidden from us."

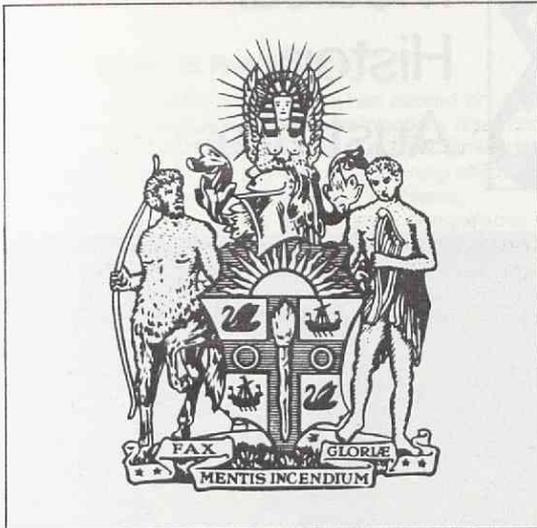
Pathology Centenary Display

The University's Department of Pathology celebrated its Centenary last year.

Pathology had its beginnings in the University with the arrival of Sir Harry Brookes Allen in 1882 to take up appointment to the Chair of Descriptive and Surgical Anatomy and Pathology. However, throughout his professorial life, Sir Harry's major interest was pathology and in 1906, he elected to become Professor of Pathology.

To mark the centenary, a special display was arranged in the Medical History Museum in the Brownless Medical Library. The display illustrated several facets of the Department's history — its professors, its teaching, its interaction with hospital departments of pathology, and its involvement with experimental pathology which can be seen in the papers, theses, books and prizes.

Chiron, Bestiaries and Heraldry



The arms of the Royal Australasian College of Surgeons.

In last year's issue of *Chiron* the origin of the mythical centaur was traced from the earliest times to the classical era and the use of 'Sagittarius' as one of the signs of the Zodiac. As part of the vocabulary of astrology and early astronomy, Sagittarius spread world-wide and, in horoscopes, is alive and flourishing in current folk-lore as a daily (or weekly) subject in the popular press.

From Roman times centaurs held their own in local lore and travellers' tales, and eventually in medieval 'bestiaries': compilations from many sources far and near, many of which drew directly or indirectly on the work of an author known only as 'Physiologus', an anonymous copyist and compiler of about 500 AD. His works were then copied and translated into many languages, so many (including Ethiopic, Icelandic and Provençale) that it has been claimed that 'The Physiologus' is second only to the Bible in the extent of its diffusion, and over nearly two millennia. Some of the manuscript copies can be dated approximately from the real or imaginary creatures which were included, for example the (real) *ibex* joined the mainstream of bestiaries in 1067 AD, and the *'barnacle-goose'* (tree) in about 1186 AD.

Not surprisingly, heraldry, which developed towards the end of the eleventh century, drew on contemporary bestiaries which were 'everyman's' encyclopedias of the 'natural world', and remained so until well on in the Renaissance when critical natural history demanded factual evidence of an animal's existence, and thereafter a host of chimaera became of no more than antiquarian interest. One concept regarding 'composite' creatures, which ante-dated heraldry and became one of its formative ideas, was that they combined the symbolic attributes of their component parts. The centaur appears to have combined the virility of man with those of the (non-centaurine) horse which was (fancifully?) thought to be high-spirited, able to sniff incipient combat, and become excited by trumpets, etcetera. It is obvious that medieval writers uncritically accepted as attributes, not of horses per se, but the products of contact with (and training by) man. The essence of their character would be better drawn from the wild stallion, at best brave, proud and vigorous in defence of territory and herd.

Returning to bestiaries, they gave to horses the ability to experience emotions, in particular sorrow, believing that of all animals only the horse could weep for loss of his master, and as one text concluded: "hence in centaurs the nature of men and horses can be mixed". Lucretius, on the other hand, rejected the possibility of centaurs, because men and horses had such different life spans; one end (presumably the hindquarters) would have died while the other was in its prime!

In heraldry, a 'sagittary', as it is known, is depicted firing an arrow ahead, or backwards over the rump, and the quadruped portion may alternatively be that of a lion (or leopard). Considering the widespread familiarity with the zodiacal sign, the sagittary has seldom been adopted in English heraldry, but somewhat more often by Scottish and European families. Perhaps the earliest are the arms of King Stephen (of Blois) who invaded England in 1135 to claim the throne, and was successful, chiefly because of his archers, in a battle towards the end of the year, when Sagittarius



Parthian mounted archer, bronze figurine from the edge of an Etruscan vase.

was 'in the ascendant' (22 November-20 December). Although ruling sovereigns were beginning to use amorial devices at about that time, there is no documentary or sigillary evidence that Stephen did, and his sagittaries (single, or three one above the other) are almost certainly a later invention. Those which can be authenticated are grants to Wolverton of Kirkton, the crest in the arms of the 'Academy of Muses Mansionary' in 1640, a family of Fletcher, in a grant to the family of Lambert, and as one of the supporters of Lord Hood of Avalon. The Lambert family used for generations a *female* centaur (perhaps unique) without bow or arrow, but holding a rose in the dexter hand. These arms they bore without authority until the early eighteenth century when they sought official authorisation and were granted, sad to relate, a 'regulation' sagittary.

In Australasian heraldry there is but one authenticated example: the dexter supporter of the arms of the Royal Australasian College of Surgeons, and Chiron as depicted contains two solecisms. The blazon states that the supporter is "Chiron" (not "a sagittary") and goes on to say "armed with a bow". Perhaps this was what the College requested, but I think not, for the heraldic advisor to the College's representative (Sir Hugh Devine) in London was the classical scholar, author, and surgeon to Bart's, Sir D'Arcy Power who suggested the choice of both supporters, Chiron and Apollo. In the version painted by an artist at the College of Arms, Chiron is given, in error, a bow; as patron of the gentle arts of healing he never carried weapons (see cover). It is in his right hand, the wrong hand for an archer, but according to the practical 'rules' of heraldry, the 'interior' hand of a supporter should do nothing more than support the shield.

Furthermore, it is a *long* bow, the classic longbow of England which, as Hardy pointed out, could not be fired by a mounted man. The 'eastern' bow of the sagittary was less than half the length of a longbow, shorter, thicker and a composite bow made of horn, and specifically designed to be discharged, in any direction, by a man on horse-back.

Today, the College of Arms, or rather its officers, would be more careful with details, and the more peaceful pine sapling (with or without "game dependant thereat") would be an option to be exercised.

Peter Jones

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Faculty of Medicine Continuing Education Programmes 1984

See enclosed brochure or telephone (03) 341 5889 for further details.

February

- Hypnosis and psychosomatic medicine
Professor G D Burrows
- Data management in clinical investigations and cancer therapy trials (6th Annual scientific basis of Oncology Course)
Mr J F Forbes

March

- Psychiatry for non-psychiatrists
Professor G D Burrows

April

- New drugs in the treatment of cardiovascular disease
Mr F A O Mendelsohn

May

- International postgraduate course in ophthalmology
Professor G W Crock and Dr H Maclean
- Practical medical aspects of retirement
Professor D M Prinsley

June

- Research strategies in epidemiology and clinical research
Dr J D Mathews
- Medical practice in a multicultural society
Dr Edmond Chiu

July

- General practice radiography
Professor W S C Hare

August

- Imaging and interventional radiology for clinicians
Professor K J Hardy and Mr D R Fletcher

September

- Surgery update for General Practitioners
Mr John Forbes

October

- Thoracic medicine and connective tissue disease in childhood
Dr M J Robinson
- Recent advances in the management of renal disease
Professor Priscilla Kincaid-Smith

November

- Practical systems of data collection. Analysis and review in surgical practice
Mr B T Collopy

Mid-Year

- Molecular genetics
10 weeks, 1 night per week, June-August
Professor D M Danks

1984 Dean's Lecture Series

Mondays at 5.30 pm in Theatre 1 of the Medical Centre. *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.*

Term 1

— 19 March

Professor W J Louis (Department of Medicine, Austin Hospital)
Hypertension — The Modern Epidemic

— 26 March

Professor J V Hurley (Department of Pathology)
Inflammation — 1984

— 2 April

Dr E Cunningham Dax (former Chairman, Mental Health Authority of Victoria)
Psychiatry, Art and Artists

This will be followed at 6.45 pm by the 1984 Annual General Meeting of the University of Melbourne Medical Society

— 9 April

Dr J P Coghlan (Howard Florey Institute of Experimental Physiology and Medicine)
Turned-on Genes — Widening Prospects in Neuroendocrinology

— 16 April

Professor G D Burrows (Department of Psychiatry, Austin Hospital)
Psychiatry and Psychosomatic Medicine

Term 2

— 25 June

Professor D O White (Department of Microbiology)
Virology — Exciting Developments in Vaccines, Chemotherapy, Cancer and New Virus-disease Associations

— 2 July

Professor P D Phelan (Department of Paediatrics, Royal Children's Hospital)
Paediatrics — Seeing its Patients Grow Up

— 9 July

Mr B McC O'Brien (Microsurgery Research Unit, St Vincent's Hospital)
The Changing Patterns of Reconstructive Microvascular Surgery

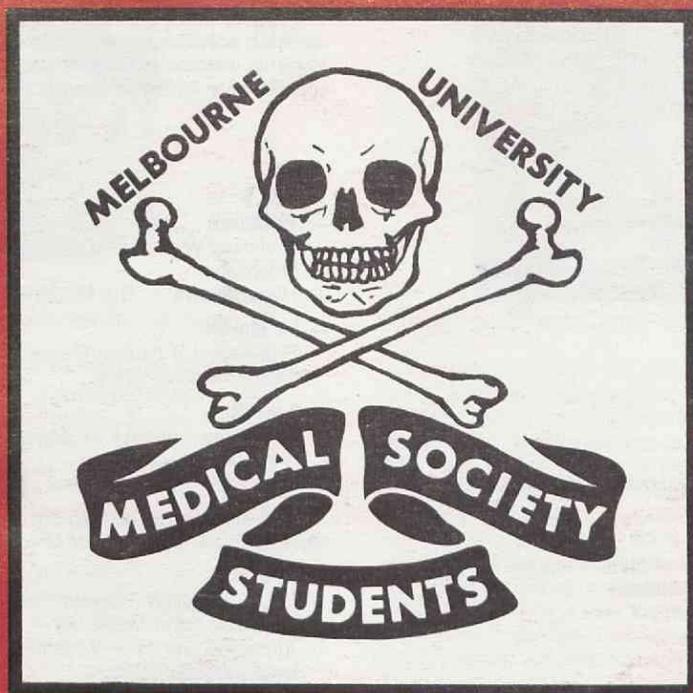
— 16 July

Professor P S Kincaid-Smith (Department of Medicine, Royal Melbourne Hospital)
Renal Disease — 1984

— 30 July

1984 Halford Oration
Professor Sir Gustav Nossal (Director, Walter & Eliza Hall Institute of Medical Research)
How Cells Make Antibodies — Current Concepts and Future Challenges

122



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