



CHIRON

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08. THE GIFTS OF LIFE

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16. BEYOND THE TRIRADIATE

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MEDICINES AND THAT THE CLINICAL AND COMMERCIAL
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— GLENN BEGLEY, CEO BIOCURATE

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CONTENTS

02 WELCOME FROM THE DEAN

04 HEAD OF SCHOOL MESSAGE

06 RURAL HEALTH

06 Celebrating a game-changer

07 Country doctors

08 HONOURING THE GIFTS OF LIFE

10 BEYOND THE CLASSROOM

10 Mobilising education

11 eLearning helps bridge gap

12 INDIGENOUS HEALTH

16 BEYOND THE TRIRADIATE

18 50 YEARS OF MEDICAL EDUCATION

20 MEDICAL SERVICE

22 MILDURA

24 STEM CELL BIOLOGY

26 REACHING BEYOND AUSTRALIA

28 BUSH MEDICINE THROUGH ART

30 RETRANSLATE: INFECTION
AND IMMUNITY

32 REUNIONS

34 HONOURS AND AWARDS

36 OBITUARIES

36 Dr Margaret M Henderson OBE

38 Dr Rajaratnam (Raj) Sundarason

39 Dr Serge Liberman OAM

40 BOOK REVIEWS

40 Imaging The World

41 Diamonds and Stones in an Era of Gold

CHIRON [*kahy-ron*]

In Greek mythology, Chiron was one of the Centaurs, the son of the Titan Cronus and Philyra, an Oceanid or sea nymph, teacher of Achilles, Asclepius. Chiron lived at the foot of Mount Pelion in Thessaly. Unlike other Centaurs, who were violent and savage, Chiron was a wise and beneficent Centaur famous for his knowledge of medicine.



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Chiron

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Welcome FROM THE DEAN

Great expectations, built on formidable
achievements of the past

Much has been happening within the Faculty of Medicine, Dentistry and Health Sciences since our last edition of *Chiron*, with plenty to celebrate across our academic, research and alumni communities.

We welcomed 2411 graduates into our community at the end of 2017, including 342 new medical graduates. Following in the footsteps of those who have gone before, these new medical graduates are already making their way in their careers, many as interns at hospitals across Melbourne and Victoria, with others pursuing their professional or other training interstate or internationally.

I have thoroughly enjoyed the opportunity to connect with many alumni of the Faculty in the past 18 months not only in Melbourne but across the globe, and particularly during visits to North America and the UK. I am inspired by the ambitious careers our graduates are pursuing and encouraged by the many strong connections that exist between alumni of our Faculty here and throughout the world.

Closer to home, our academics, many also alumni, have been honoured at the highest state, national and international echelons. Laureate Professor Eric Reynolds AO (BSc (Hons) 1972, PhD 1978) was awarded the Prime Minister's Prize for Innovation in recognition of his pioneering dental research, while epilepsy expert Professor Samuel Berkovic AC (BMedSci 1974, MBBS 1977, MD 1984) was named as an international member of the National Academy of Medicine (NAM), one of medicine's highest honours.

Laureate Professor Alan Lopez AC was named as the recipient of one of the world's most prestigious medical research prizes, the John Dirks Canada Global Health Award from the Gairdner Foundation. Professor Lopez and his long-time research collaborator Professor Christopher Murray (BDSc 1968, MDSc 1972, PhD 2013) were recognised for their landmark Global Burden of Disease Study.

In late 2017, Dr Skye Kinder (MD 2016) was named Victoria's Junior Doctor of the Year.

Early career scientists based at the University of Melbourne and our partner institutes in the Melbourne Biomedical Network have also celebrated major honours. Associate Professor Kathryn Holt (MEpid 2011), Dr Laura Mackay, Professor Mark Dawson (BMedSci 1998, MBBS 1999), Dr Wai-Hong Tham and Dr Seth Masters (BSc (Hons) 2000, DipArts (Phil) 2001, PhD 2006) were recipients of the Howard Hughes Medical Institute International Research Scholar, which saw them each awarded more than US\$650,000 over five years to pursue new research directions that bring innovation to priority global health problems.

And, in March this year, Dr Kerryn Moore (BSc 2011, MSc (Epid) 2013, PhD 2018), Dr Hui-Fern Koay (BBiomed (Hons) 2011, PhD 2017), Dr Tan Nguyen (PhD 2017), Dr Benjamin Teh (MBBS (Hons) 2003, PhD 2017) and Dr Gabrielle Haeusler were recognised for excellence in research improving patient care at the 2018 Victorian Premier's Awards for Health and Medical Research.

Our academics also continue to lead a wide range of learning and teaching innovations, including development of a virtual reality heart, integration of physical performance into the teaching of biomedicine, and varied initiatives to enhance diversity awareness, cultural competence, student wellbeing, communication for health, inclusive teaching, professionalism and innovations in assessment and feedback. Many of our teaching staff have been recognised in Faculty and University-wide awards, while Dr Jason Ivanusic and Ms Shawana Andrews (BSW 1999) were 2017 recipients of the federal government's Citations for Outstanding Contributions to Student Learning.



But perhaps the most exciting win goes to Associate Professor Tilman Ruff AM, founding chairman of the International Campaign to Abolish Nuclear Weapons (ICAN) – a non-government coalition that was awarded the 2017 Nobel Peace Prize for its work to end the threat of nuclear arms to humanity.

Perhaps not on the same scale, but still of some excitement for us, was the news that our Faculty has reached 9th place on the Times Higher Education 2018 rankings for clinical, pre-clinical and health disciplines. This is the first time that an Australian university – in fact, any university outside the US and Europe – has ranked in the top 10 since Times Higher Education introduced the clinical, pre-clinical and health category in 2010.

Making the top 10 puts us in venerable company – we share it with Oxford, Cambridge, Harvard, Imperial College London, Stanford, Johns Hopkins among others. Like all these universities, we did not achieve this result on our own – the ranking also reflects the exceptional input of our partner medical research institutes.

There are some momentous changes at the University-wide level too. You might have heard that Vice-Chancellor Professor Glyn Davis AC – who has led the University for 13 years – will be leaving us this year. His successor, Professor Duncan Maskell, currently Cambridge University’s Senior Pro Vice-Chancellor, will be joining us in October. Professor Maskell is a researcher in the field of infectious diseases and has led an active entrepreneurial career, founding several successful start-up companies. We are very much looking forward to Professor Maskell joining us while remaining in awe of all that Professor Davis achieved during his tenure, including leading a major reshaping of the way the University teaches through the design and introduction of the world-class Melbourne Model and by overseeing significant campus improvements through our largest ever building program.

In fact, Professor Davis’s legacy is still being built around us. There is a new student precinct being built on Swanston Street and a new innovation precinct – Carlton Connect – going up on the former site of the Royal Women’s Hospital. Construction has also begun on the new Parkville Station as part of the Metro Tunnel, which means that Grattan Street from Royal Parade to University Square will be closed for the next five years. But it will be worth the wait – making it easier for students to get to the University, staff to get to work and patients to get to the nearby hospitals.

Excitingly, preliminary plans are underway for buildings that will greatly benefit the Faculty, including a new home where the Melbourne Medical School building currently stands, finally bringing our six schools together. It is fitting that we consider these plans in this the 50th year of the iconic triradiate building, which has been the educational home of thousands of our Faculty’s students and workplace for many hundreds of staff and volunteer educators over the past five decades – and, no doubt, witness to many life-altering experiences. A new biomedical innovation hub located on Elizabeth Street is also on the agenda. These buildings would bring different people and disciplines together – allowing cross-fertilisation, ideas and innovation to flourish. I hope to be able to report back in the next edition of *Chiron* with further details of these developments.

There is much, much more happening at the Faculty. We launched a new Strategic Plan last year and are now busy ensuring that we achieve the 50 initiatives we have identified that will help us cement our position as Australia’s leading health and biomedical faculty. To learn more about these initiatives, please visit the Faculty’s website at mdhs.unimelb.edu.au/beyond2018

I look forward to connecting with many of you at this year’s inaugural Reunion Weekend for the Melbourne Medical School on 23 and 24 November.

Please stay in touch throughout the year by contacting the MDHS Alumni Team at mdhs-alumni@unimelb.edu.au. As always we welcome and encourage your feedback.

With warm regards,

Professor Shitij Kapur

*Dean, Faculty of Medicine, Dentistry and Health Sciences
Assistant Vice-Chancellor (Health)*

MEDICINE, DENTISTRY AND HEALTH SCIENCES

LIVING ALUMNI:

45,318

ALUMNI LIVING IN:



TOP COUNTRIES OUTSIDE OF AUSTRALIA



HEAD OF SCHOOL

Message

As interim Head of the Melbourne Medical School, it brings me great pleasure to present the 2018 edition of *Chiron* for your enjoyment.

As you may have heard, our highly respected Head of School, Professor Geoff McColl (BMedSci 1983, MBBS 1985, PhD 1996, MEd 2008), has accepted the prestigious and important role of Executive Dean, Faculty of Medicine at the University of Queensland. We are delighted for Geoff, but his absence will be notable, and his presence and contributions greatly missed.

Geoff has been with the University of Melbourne since his undergraduate medical training, followed by internship and residency at the Austin and Repatriation General Hospitals. He then completed advanced training in rheumatology, attaining his Fellowship of the Royal Australasian College of Physicians (FRACP) in 1992.

A champion of continuing learning, Geoff completed a PhD examining antigen-specific immune responses in patients with recent-onset rheumatoid arthritis at the Walter and Eliza Hall Institute in 1996 and a Master of Education in 2008 describing the methods used by clinician educators to improve diagnostic reasoning skills in medical students.

This training proved invaluable to Geoff when leading the development and implementation of the new Melbourne MD in 2008, creating a model unique to Australia that is producing doctors of the future who come with both hard and soft skills and a patient-centric outlook that we need more of in our healthcare system. I am sure the renowned teaching of the Melbourne Medical School and its proud research record were a factor in the Faculty reaching the top 10 in the Times Higher Education rankings this year.

Not only is Geoff held in high regard by his colleagues and students, but he is also a respected member of the medical and academic community. He will be missed by many in Melbourne, but his leadership, passion for education and innovation, and his warmth and enthusiasm will be a huge asset to our Group of Eight colleagues in Queensland. It is a nod to our Faculty that other leading institutions look here for their next leaders; but, more than that, it is a recognition of Geoff's stature in the field and his many and remarkable contributions.

The permanent Head of School position has been advertised and we expect to conduct interviews in the coming months and announce the successful candidate thereafter. Until that time, I am delighted to be the interim Head of School and to assist in the transition to new leadership.





Professor Mark Cook and Professor Geoff McColl

In this issue of *Chiron*, we look at the work of the Melbourne Medical School and the achievements of our graduates within and beyond the Parkville precinct. We look particularly at the impact of our alumni who are clinicians and researchers in rural and Indigenous health, international outreach and in learning beyond the classroom.

We take a historical look at the establishment of the Mildura Branch of the University of Melbourne in 1947. The Branch, which accommodated a large number of students and ex-servicemen and women who had deferred their entry into the University during World War II. We feature the recollections of Professor Ian Olver AM (MBBS 1976, MD 1990), whose father Norman Olver (BSc 1942, MSc 1943), a senior lecturer with the University in a career spanning 40 years, taught at the Mildura Branch.

Dr Abe Dorevitch (MBBS 1952, MD 1958) also speaks with us about his time at the University of Melbourne's Mildura Branch, ongoing endeavours and life's achievements, highlighting the Mildura Branch's contribution in training graduates of distinction, despite the alternate and remote location.

We also take a look back to more recent times, in celebrating the Department of Rural Health and its achievements over the past 20 years, and that of the Melbourne Medical School triradiate building. This year, we commemorate 50 years of medical education in the building but also beyond it, with the reach of the Melbourne Medical School extending considerably in the last 50 years, across Melbourne, regional Victoria and beyond.

The continued success of the ReTranslate – Translational Science program is explored; also, we take a look at bush medicine and Indigenous healing practices of the Aboriginal and Torres Strait Islander peoples through the exhibition *The Art of Healing: Australian Indigenous Bush Medicine*.

On the research front, we consider the advancement of stem cell research and the ground-breaking work of Professor Melissa Little, as well as the international outreach efforts of Associate Professor Max Esser (MBBS 1974) and progress of fellow surgeons in training doctors in trauma management in Myanmar.

Finally, to our reunion program. I am personally very excited by our plans for the first Melbourne Medical School Reunion Weekend, in this my 35th year since graduating from medicine. All Melbourne Medical School alumni will be invited to enjoy

Reunion Weekend back on campus on Friday and Saturday, 23-24 November, with events including precinct tours, social and professional development sessions, and reunions.

I hope many of you will join us for some part of our Reunion Weekend program, whether it be for your class dinner, for those in milestone reunion years, or for one of our social or professional events or tours.

To find out more, and to register your interest in attending Reunion Weekend, please visit medicine.unimelb.edu.au/visit/reunion

I look forward to connecting with you at Reunion Weekend in November, if not before.

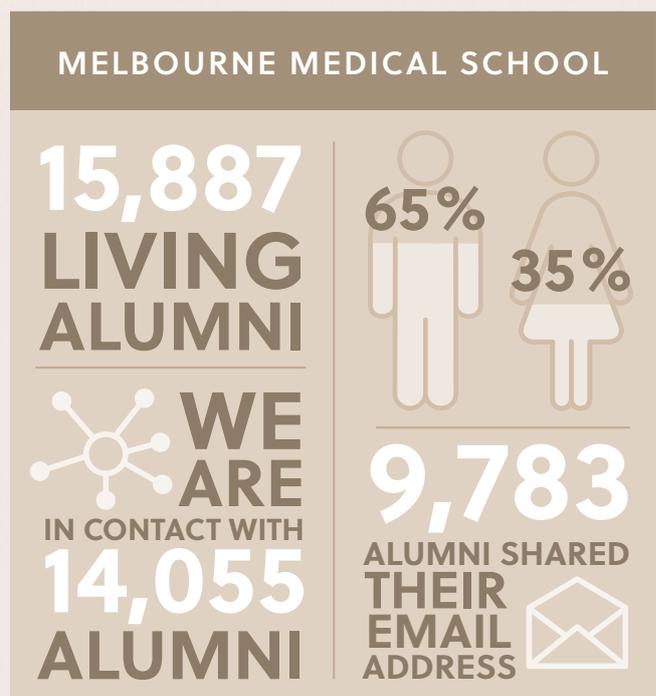
Sincerely,

Professor Mark Cook (MBBS 1983, MD 2000)

Interim Head, Melbourne Medical School

Director of the Graeme Clarke Institute

Sir John Eccles Chair of Medicine, Department of Medicine



Celebrating a game-changer IN RURAL HEALTH

A milestone birthday can be as good a time as any to look in the rear-view mirror and consider the road that has been travelled.

The one taken by the University's Department of Rural Health, which will celebrate its 20th birthday next year, is marked by achievement.

The Department began with a research, Aboriginal health and student placement program, followed a few years later by the establishment of a new Rural Clinical School and purpose-built student accommodation.

Then came the Centre of Excellence in Rural Sexual Health, which works to sustainably develop sexual and reproductive health services capacity in rural Victoria, and the Extended Rural Cohort Program, hailed as both innovative and successful, in which students are trained in GP practices.

In addition to its Centre in Shepparton, the University has established major nodes at Ballarat and Wangaratta and forged associations with nearly 40 smaller towns across country Victoria.

More than 950 medical students have passed through the Department, with more than 10,000 nursing allied health students being supported to complete rural placements in the region. Four Indigenous students in Shepparton are undertaking PhDs, five more who live and work in rural areas are studying for their Masters in Public Health, and an additional seven have been supported to undertake training in nursing.

"We have brought the University of Melbourne to the country," says Professor Lisa Bourke, Director of the University's Department of Rural Health Program. "And we've had a huge impact not just on our students but on the local community."

When Professor Bourke began working in the Department 18 years ago, she was the ninth staff member to be recruited. Today, she is one of more than 100.

"It has been a fabulous initiative and a great place to work," she enthuses. "It's an environment that is dynamic. We have been able to trial things, to do things differently and that has been really exciting."

From the beginning, the journey was aspirational. In an effort to address the health workforce shortages in country areas, and to correct particular disadvantages among the local population, the Commonwealth decided to establish a university Department of Rural Health in each state.

The University of Melbourne's Department was located in Shepparton. Two of the more compelling reasons were the enthusiasm of Goulburn Valley Health for university training in its hospital, and the fact that Shepparton was home to the largest Aboriginal community in Victoria, outside of Melbourne.

The sorts of health issues presenting in the bush are very often different to those affecting city people. Rates of chronic ill-health are high in rural areas, where the population is generally older and where obesity levels are also high, while cultural barriers can sometimes inhibit people from accessing treatment for mental health issues.

In its 20 years of operation, the Department has made significant gains on these fronts. "When I came here, there was a massive shortage of GPs in Shepparton and there's no longer that shortage," says Professor Bourke. "We have evaluated health services and changed the way they are delivered."

Last year, the Department received funding for the establishment of a junior doctor training program which will enable them to do internships and registrar years in key specialties in the country. It has also been recently funded to provide first-year medicine teaching, meaning a full medical degree will now be taught in Shepparton.

"The evidence shows that the longer students spend in the country, the more likely they are to work there," adds Professor Bourke.





Dr Skye Kinder (MD 2016)

RURAL HEALTH

A country practice

She has roamed the globe, but for Skye Kinder all roads lead back to Bendigo. This is the place Victoria's Junior Doctor of 2017 calls home – personally and professionally.

Dr Kinder (MD 2016) is passionate about rural and regional healthcare. From the earliest age she understood the difficulties faced by many patients who were forced to seek treatment in the city. Her father, Geoff, was one of them. He required three-monthly visits to a specialist in Melbourne because of his poor lung function.

When she decided to study medicine at the University of Melbourne, Dr Kinder also determined that she would return home to practise it.

"I was given a lot of international opportunities during my years of study," she explains. "I went to places like South America and Africa as an Australian delegate at meetings of the International Federation of Medical Students' Associations."

She was one of the drivers around the creation of an international policy on rural health. And while she was excited to learn more about the wider world, her heart always drew her back to the more pressing issues on the home front.

"I started at a really broad base and have narrowed in," she says. "Almost all the work I do now is state-based. It's actually harder to address local issues because very detailed solutions are demanded for the problems."

Dr Kinder completed her internship year at Bendigo Health, one of the jewels in Victoria's healthcare crown. She believes she might like to specialise in psychiatry and is now undertaking a 12-month residency at St Vincent's Hospital (Melbourne) for subspecialty experience, hoping to take her skills back to central Victoria.

She is also interested in further research and has already looked at the 'financial toxicity' of cancer patients in Bendigo having to travel to Melbourne for care.

Even in the short years since she began her studies, much has changed on the medical education landscape.

"I think the emphasis on regional and rural health has expanded greatly," Dr Kinder says. "Most medical students are expected to do a rotation in a rural centre. The type of training available in these places is very advanced."

In addition to being able to establish close relationships with senior doctors and mentors, working in rural and regional settings also provides young doctors with great training opportunities and more exposure to clinical work.



Dr Katie Pilkington (MBBS 2012)

Paediatric Emergency and Community Registrar, Monash Health

"I spent my first year of clinical medicine in my home town of Shepparton. One of the best things was the sheer number of practical skills I gained. One morning, for example, I was the sole assistant for a full nephrectomy for the local urologist. In a tertiary metropolitan hospital, there would be five doctors clambering to be part of this before the medical student. The country is full of opportunities like this.

"I then spent a year in Echuca as part of the Extended Rural Cohort and a final six months in Bendigo. One of the best features of the Rural Clinical School is the amount of hands-on learning."



Dr Kylie Siau

(BBSiomed Sc 2005, MBBS 2010)

General Practitioner, Shepparton

"While studying at the Rural Clinical School, I married my fellow medical student, Ed. We lived around the corner from the hospital/university campus. It was a fantastic time. We had all sorts of hands-on experience that I'm sure wouldn't be possible in a large city hospital. Learning was fun. In a lovely completion of the circle, I'm now teaching clinical skills to the medical students at the Shepparton campus, and equally having so much fun helping them to learn medicine.

"We have continued to live and work in Shepparton since graduation. I find the Shepparton community to be really genuine people who are so grateful for the contribution we make as doctors. It's a fantastic feeling to be appreciated for what you do."



Dr Ben Jacka

(BSc 2007, MBBS 2012)

Emergency Department Registrar, Ballarat Base Hospital

"I have an interest in global health which stems from my personal experiences in Africa, both before and during my medical training. On completion of Medicine at the University of Melbourne in 2012, my goal was to work and live in resource-poor and less-developed parts of the world. After I completed my intern year at Goulburn Valley Health, as well as a year at St Vincent's Health in Melbourne, I worked for the next two years at a rural hospital in Malawi.

"There is a steady stream of medical students who shadow my work in our Emergency Department in Ballarat. I think it's important to try to impassion them to think about working with those disadvantaged and marginalised in our community, here in Australia and overseas."

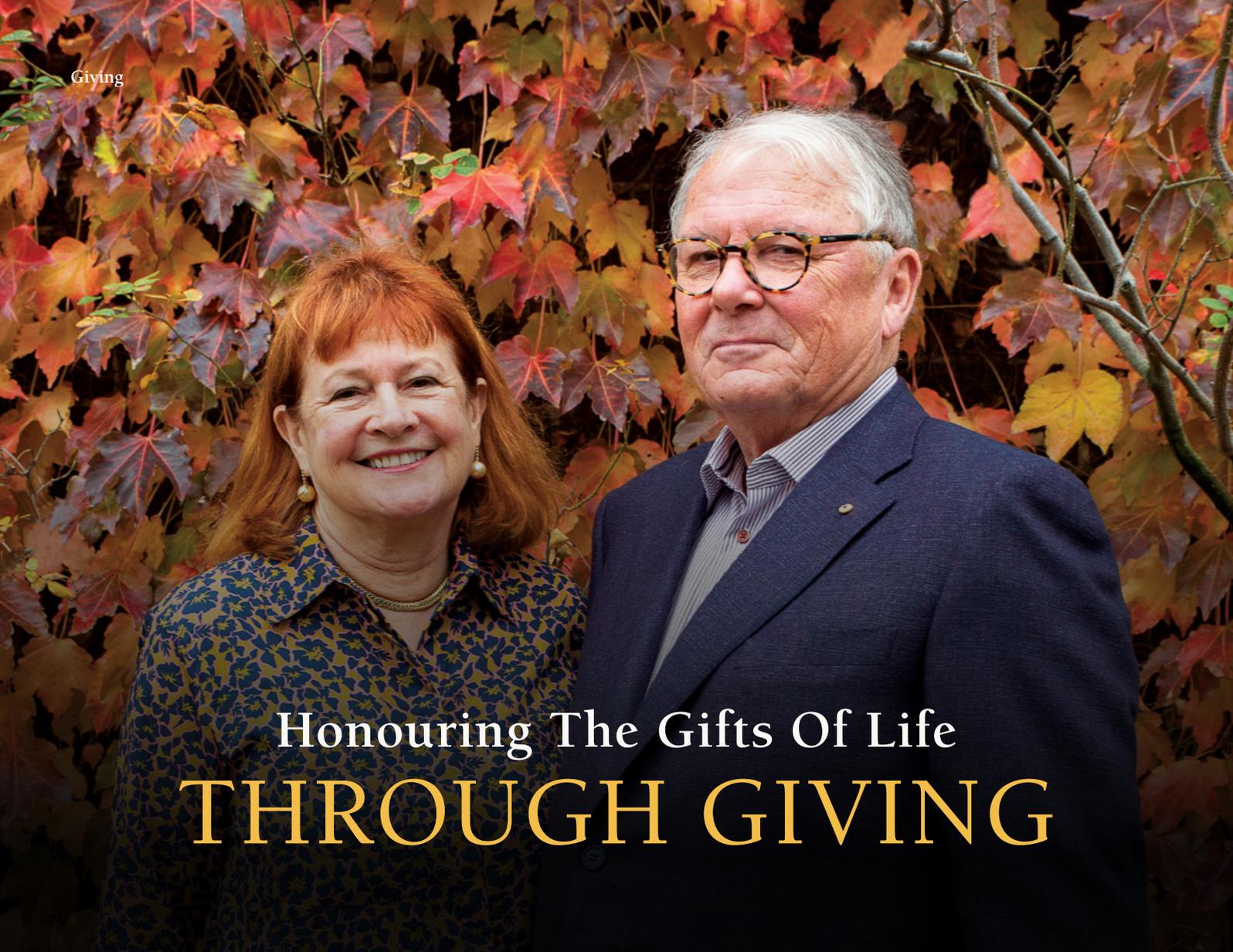
MELBOURNE MEDICAL SCHOOL

ALUMNI LIVING
IN REGIONAL AUSTRALIA

 1,925

ALUMNI LIVING
IN REGIONAL VICTORIA

 1,231



Honouring The Gifts Of Life THROUGH GIVING

Dr Penelope Foster and her husband, Associate Professor John McBain

Dr Penelope Foster and her husband of almost 30 years, Associate Professor John McBain, believe they have enjoyed the most fortunate of lives. It was not always easy, but with difficult years having evolved into the best of times, the pioneers of IVF medicine in Melbourne have been inspired to share their good fortune with others.

Their endowment, known as the Penelope Foster and John McBain AO Medical Scholarship, is providing an annual four-year scholarship in perpetuity for completion of a medical degree, to support students demonstrating a need for assistance. Dr Foster (MBBS 1976) believes that the scholarship should be seen as a reward for resilience rather than carrying any perceived stigma of an underprivileged background.

"I was very moved when I met the first recipient of the scholarship," she explains. "I had a lump in my throat. She's an admirable young woman who will go a long, long way and will make the most of her opportunities."

The recipient need look no further than her benefactors for inspiration.

Professor McBain, recognised five years ago with an AO for his work in reproductive medicine, was raised in social housing in Glasgow. His first job was working as a dustbin man, or 'garbo', while at weekends he would sell men's suits for a British department store.

But he had set his sights high, with his self-belief and brain power carrying him throughout. When he graduated from the University of Glasgow, he was the first of his family to obtain a degree.

However, he does not believe students today should have to replicate his experience to realise their dreams.

"At this stage in our lives, where we have had good fortune with our medical careers and investments, we can try to make it easier for someone else," he explains. "I was very impressed with the young woman who earned this first scholarship and I saw many parallels between her story and my own."

"She was the first person from her high school to study medicine as, indeed, I was the first person from my school to gain admission to the medical faculty at Glasgow University."

Dr Foster's career journey is also a study in determination. Her parents went without to provide their eight children with private schooling and the opportunity to have a university education. Apart from a grandfather, no one in the family had been tertiary educated.

"I certainly didn't come from an affluent background but life has been extremely good to me," she says. "I feel a great sense of joy, as does John, that we have been privileged to be able to help others."

The couple first met at the Eiffel Tower, in Paris, while they were attending an IVF Conference where Professor McBain was a plenary lecturer. At the time, Dr Foster was working at an IVF unit in Bristol, while Professor McBain was breaking ground in reproductive medicine at Melbourne's Royal Women's Hospital. They hardly exchanged a word then, but their paths crossed again when Dr Foster began working in the IVF unit at the Royal Women's in 1987. These were the days when female doctors in the UK were expected to gown up in the nurses' changing room rather than in the doctors' changing room. "Well, you won't need to guess where I gowned up," she exclaims.

Dr Foster's staunch sense of self had been nurtured during her years studying medicine at the University of Melbourne. It was such a liberating experience after years of stricture at a Catholic girls' school. As she tells it, the experience was like getting glasses for the first time; the world seemed so different, so much more exciting and exhilarating.

The friendships forged have endured a lifetime – the class celebrated its 40th reunion two years ago – with the recollection of those heady student days fuelling her desire to establish a scholarship. Having made her own way through University on a Commonwealth scholarship and by working a number of jobs, including stints in nursing homes, she wanted recipients to be able to enjoy life as students, to make friends and socialise, free of the struggle to find money for rent and living costs.

But it was while attending the launch last year of Dr Donald Hossack's memoirs, *The Weaver's Son: Odyssey of an Australian Surgeon*, that the idea for the scholarship finally crystallised. Encouraged and supported by the University, Dr Hossack OBE, PSM (MBBS 1954, BA 1975, MD 2006) had overcome crippling dyslexia to become an eminent surgeon and the man behind the introduction of alcohol breath-testing and mandatory seat belt laws.

During the launch, a young medical student told a moving story about how a scholarship had changed his life. As someone who values the power of education and perseverance, the messages of the evening resonated deeply with Dr Foster.

"I went home and talked to John about it and we decided to establish our scholarship," she says.

"I was very impressed with the young woman who earned this first scholarship and I saw many parallels between her story and my own."

— Associate Professor John McBain

"I feel a great sense of joy, as does John, that we have been privileged to be able to help others."

—Dr Penelope Foster

Giving is something that the couple have grown accustomed to; they established the Diane Foster Bursary at the Royal Women's Hospital in honour of Dr Foster's mother, a woman who placed a premium on education but who did not go to university because her family believed secretarial work was a more suitable occupation at that time for young women. No such discrimination was permitted in the home she created for her own family.

Some years ago, the couple also helped sponsor a choir that wanted to travel in Europe. "All the children wrote back to thank us," recalls Dr Foster. "But one wanted to know why we would do something like this for people we didn't know. I wrote back and explained that life had been extremely kind to us and that we felt both blessed and privileged to be able to help others."

The couple involve their children in discussions about their philanthropy. "John and I both believe it's important that they know how to use assets wisely and humanely and that they see the value in letting others have opportunities."

The inaugural recipient of the medical scholarship, who prefers to remain anonymous, said the money would make a "world of difference", allowing her to fund textbooks, vaccinations and equipment. She worked part-time to support herself through VCE and a Bachelor of Biomedicine.

"To be financially supported during this journey through medical school is going to be invaluable."

It's a bittersweet irony that as she looks forward to a fulfilling career in medicine, Professor McBain has decided to bring his to a close later this year, when he will turn 70. "I feel that my hospital department needs a fresh set of eyes and a new energy in leadership," he explains.

His retirement will bring down the curtain on an illustrious career. At a time when it was outlawed, Professor McBain campaigned in the 1990s for de facto couples in Victoria to be able to use IVF. He also brought a landmark action against the Victorian government to allow single women, and women in same-sex relationships, to have access to infertility treatment, including IVF.

His career in medicine might never have happened had he not won a WH Rhodes Travelling Scholarship during his last year of high school. It took him to the 1967 International and Universal Exposition in Montreal, or Expo '67 as it was better known, where he met a group of students who were busily shaping their future careers in medicine.

"And I thought, 'I can do that, too!'" he recalls. On returning home, he announced to his family that he would study to be a doctor rather than a teacher. The news surprised some. "One of our neighbours said, 'Isn't he getting above himself?' My mother was affronted by that."

So, too, might be the thousands of infertile couples he and Dr Foster have supported to parenthood.



PUSHING THE BOUNDARIES

The medicos who mobilised education



Professor Colin Royse



Professor Alistair Royse

Medicine graduates Professors Colin and Alistair Royse have taken a career pathway emboldened by a big-picture vision that they have coupled with a practical approach.

The brothers have worked together for more than 20 years, sharing a common interest in cardiac surgery while improving education for healthcare professionals.

Always eager to innovate and acquire new skills, Colin (MBBS 1987, MD 2000) went outside his classic training to learn transoesophageal echocardiography (TOE) from cardiologists. He was one of the first anaesthetists to implement this technology intraoperatively in Australia.

Alistair (MBBS 1985, MD 2000) and Colin recognised TOE would become a powerful intraoperative diagnostic tool that allowed for the live assessment of cardiac anatomy and heart performance, providing real-time feedback for surgeons and improving patient outcomes.

"There was a huge momentum of people wanting to use this technology in cardiac surgery, but there was no easy way for anaesthetists to learn," Colin said. "To address this training gap and improve surgical outcomes we approached the University of Melbourne to support our decision to develop an independent award course."

Alistair and Colin recognised a traditional method of learning was not going to be practical, sustainable or scalable. As busy healthcare professionals themselves, they understood the time constraints confronting their prospective students.

Their vision of flexible learning, which did not require face-to-face interaction, along with an assessment process that could be automated, proved critical to the evolution of mobile learning.

"We set up eLearning, even though it wasn't called that at the time; it was called distance learning," said Alistair. "But all the principles of eLearning were there."

The first postgraduate diploma echo course was launched in 2004, with contributors sourced from Australia and New Zealand. In its first year, 70 students enrolled in the diploma course, with demand rising year on year.

"The reason we were successful is we removed the barriers to learning and people were hungry for the knowledge," Colin said.

The pair built on their success, unveiling in 2007 a nested series of clinical ultrasound courses with Certificate, Diploma and Master's levels available. Through listening and engaging with their customers, Alistair and Colin continued to develop their platform and course structure to suit a mobile learning environment.

"The evolution of mobile learning means learning on the go, and the most likely device you will use is your phone, which means the nature of people's learning is changing too," Alistair said.

"Students 10 years ago were likely to complete a long tutorial in front of a computer once a day, whereas now they are likely to spend 5-10 minutes several times a day."

In 2017, Melbourne Medical School approached Alistair and Colin, asking to adopt their mobile learning delivery structure. The Mobile Learning Unit (MLU) was subsequently formed, designed to support academics in creating and delivering portable and flexible continuing professional development courses.

"Mobile learning is about the ability to learn anywhere, in your own time, at your own pace, and while using any device," Alistair said. "A learning unit can be completed in a matter of minutes and courses can be progressed or suspended, when necessary, to balance learning with other commitments."

The Unit's mobile platform and project management expertise has helped a number of passionate experts develop successful education products. They have collaborated with international clients, and clients based at the University of Melbourne in departments ranging from veterinary science, physiotherapy and the Medical School.

"Clients come to us with passion and a swag of ideas, and we help them narrow it down, obtain the right shape and balance, and turn their passion into a successful course product," said Colin.

The brothers' education enterprise has demanded persistence and conviction over the years, with Alistair and Colin citing their mutual support as critical to their success.

"We actually have very complementary skill sets," said Colin. "We often bounce ideas off each other and have become very good at slowing down before marching forward."

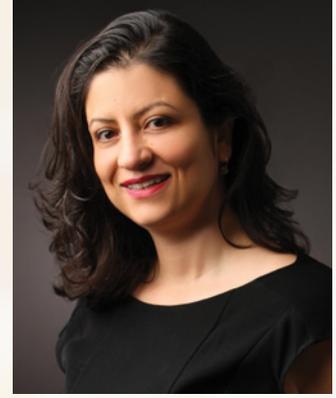
"The reason we were successful is we removed the barriers to learning and people were hungry for the knowledge."

— Professor Colin Royse



eLEARNING HELPS

bridge gap in diabetes management



Associate Professor Elif Ekinci

While working in the remote Indigenous community of Maningrida, Arnhem Land, Associate Professor Elif Ekinci (MBBS (Hons) 2000, PhD 2011) became acutely aware of the enormity of diabetes as a disease. The experience confirmed her career pathway dedicated to improving the lives of diabetes sufferers.

Professor Ekinci saw very young people develop diabetes – and many die from diabetes-related complications – as part of the John Flynn Placement Program that she undertook during her medical training.

“Diabetes affects Indigenous Australians drastically and dramatically,” she said. “A lot of these deaths perhaps could have been prevented; these were young people, in their 30s and 40s.”

Diabetes is the fastest-growing chronic condition in Australia, with one person on average being diagnosed with it every five minutes, and increasing in prevalence faster than any other chronic disease, including heart disease and cancer.

“You could see this was going to be the disease of the century because of the rapid change in lifestyle where we are much more sedentary, our diets are comprised of more refined carbohydrates and we no longer gather our own food,” she said.

“It’s one of the worst epidemics of our time due to the high volume of people it affects and the complications associated with it. Once diagnosed, people with diabetes now live longer and it’s important to get things managed well from the start to ensure they are not disabled by this condition and its complications.”

The experience at Maningrida was life-forming; Professor Ekinci went on to work in the field of diabetic kidney disease within the Indigenous community.

More recently, as the Director of Diabetes at Austin Health, she founded the Diabetes Discovery program, where all patients 54 and over are automatically screened for diabetes by administering a HbA1c test on admission. The test immediately identifies at-risk patients or those who have poorly controlled diabetes, prior to any medical intervention.

“We established a world-first initiative which allows us to rapidly identify sick people and see them quickly rather than waiting for the traditional referral system,” she said.

Professor Ekinci acknowledged the field was changing rapidly, particularly in the last five years, where the emergence of new medications and technologies made it tough for clinicians to keep up with the latest advances.

To address this knowledge gap, she embarked on a new venture, *Diabetes Academy – What’s New in Diabetes*, to equip healthcare professionals with up-to-date knowledge to better manage increasing numbers of patients with diabetes and help improve outcomes.

“I’m very well supported by fantastic clinicians, who want to improve the outcomes of patients, and it wasn’t hard to get enthusiastic clinicians to become involved with this project,” she said.

Professor Ekinci engaged the Mobile Learning Unit to deliver what she considers to be the perfect package for busy practitioners, who are able to access knowledge and upskill using mobile technology such as smartphones, tablets and laptop computers.

“People don’t want to spend their weekend attending workshops or externally-run courses, because it’s the time they want to spend with their families, or maybe they are in rural and remote areas and not able to physically turn up to a workshop or course,” she said.

Diabetes Academy – What’s New in Diabetes, is an interactive CPD-accredited course focused on important recent changes and best-practice principles in diabetes management. Modules cover the latest medications (GLP1 drugs, SGLT2 inhibitors and DPP4 inhibitors) and technologies (insulin pump therapy and continuous blood glucose monitoring), the management of pre-existing diabetes through pregnancy, diabetes in pregnancy, and strategies for optimising lipid control and blood pressure management.

Not content with just transferring best practice and knowledge to healthcare professionals, Professor Ekinci plans to develop a complementary online education program for people living with diabetes.

“If GPs know the latest information, this will translate to patients, and the next step for us is to look at developing a course aimed specifically at enhancing patient education,” she added. “By the time I’m finished my career I would like to think we’ve done a lot for diabetes in terms of prevention and complications, and, perhaps even, cure this disease.”

The Melbourne Medical School Mobile Learning Unit

The Unit provides healthcare professionals with opportunities for learning – anywhere and anytime.

The Unit was established by the Melbourne Medical School to support academics to create and deliver portable and flexible continuing professional development.

Courses currently in development relate to topics including diabetes, migraine management, personal genomic testing, oestrosarcopenia, obesity, clinical supervision, bone dissection and menu planning in aged care.

To find out more about courses currently available, or if you are interested in creating a mobile learning program, visit medicine.unimelb.edu.au/about/mobile-learning-unit or contact mobile-learning@unimelb.edu.au

Leading the way in INDIGENOUS HEALTH

Most Australians enjoy one of the highest life expectancies of any country in the world, but this is not true for Aboriginal and Torres Strait Islander people. Indigenous men and women can expect to live 10 to 17 years less than other Australians. They experience higher rates of preventable illness such as heart disease, cancer and diabetes. And babies born to Indigenous mothers die at more than twice the rate of other Australian babies.

There are many, complex reasons for this disparity. But for Professor Shaun Ewen (DEd 2011), the University of Melbourne's Pro Vice-Chancellor (Indigenous), one important factor is a shortage of Indigenous health practitioners and leaders with the skills and cultural knowledge to bring about change in their communities.

"It wasn't until 1983 that Australia saw its first Indigenous graduate in medicine – Professor Helen Milroy," says Professor Ewen, who is also the Director of the Melbourne Poche Centre for Indigenous Health.

"By 2006, there were 100 Indigenous medical practitioners. But while this was a tremendous and encouraging increase, it still only represented 0.2 per cent of Australia's medical workforce. If parity is our goal – 2.6 per cent of the medical workforce – we have a long way to go."

The discrepancy is the driver behind a suite of initiatives at the University of Melbourne, designed ultimately to improve health outcomes for Indigenous people.

"Every Indigenous person who gains expertise in a health-related discipline is a tremendous asset in improving the health and wellbeing of Indigenous Australians," adds Professor Ewen. "They mentor future health practitioners and researchers, take leadership roles in addressing health problems and connect communities of people with programs that work to improve health outcomes.

"We must foster and build a community of Indigenous thought leaders within the University and beyond. It is the only way that we will be able to make an impact on Indigenous health and wellbeing for generations to come."

"We must foster and build a community of Indigenous thought leaders within the University and beyond."

— Professor Shaun Ewen

MAKING PROGRESS

Affecting tangible improvements in the health of Aboriginal and Torres Strait Islander communities has long been a focus of the University of Melbourne. Since 2010, the University has formalised its contribution to reconciliation through a Reconciliation Action Plan (RAP), which creates pathways and programs that support Indigenous Australians to succeed in higher education.

The Faculty of Medicine, Dentistry and Health Sciences is expanding opportunities for Indigenous participation in study and in the training of the next generation of Indigenous health professionals and academics. The Faculty's Indigenous students, teachers and researchers are recognised as a valuable and respected asset – they broaden expertise and knowledge, bring skills and insights that enrich the Faculty's perspectives, and enhance the impact of the University's work on the health of Indigenous communities.

The Faculty is increasing Indigenous representation in leadership and establishing respected partnerships with Indigenous communities, which is seen as vital for improving Indigenous health.

Professor Sandra Eades was this year appointed to the Faculty as Associate Dean (Indigenous). In 2003, she was Australia's first Aboriginal medical doctor to be awarded a Doctorate of Philosophy, at the Telethon Institute for Child Health Research in Perth. That year, she was also recognised as NSW Woman of the Year for her work in paediatric and perinatal epidemiology, identifying links between social factors, such as housing, and infant health.

"Achieving health equity in Aboriginal and Torres Strait Islander communities is a complex undertaking that requires a deep understanding and respect for long-held cultural practices," she explains. "Without the involvement and leadership of Indigenous peoples and organisations, we will not succeed.

"Australia has had a history of excluding Indigenous students from higher education, so many of our students are the first in their families to attend university. As a result, they have additional challenges and require additional support."

A network of pathways and programs is being introduced to recruit, mentor and train students who will become the next generation of Aboriginal and Torres Strait Islander health professionals. The University currently guarantees all Indigenous PhD candidates a standard doctoral stipend to ease financial pressures.

It also provides flexible educational pathways and leadership opportunities to help students graduate and begin a research career or move into their chosen professional field. The Faculty is also diligent in maintaining connections with students after graduation, so they can then mentor and support future students.

"For me to be able to complete the Masters in Narrative Therapy and Community was a really big deal. I never thought I would ever study at this level and the support that I got from the University of Melbourne and Dulwich Centre has helped me do that. Both my parents were not allowed to go beyond Grade 6 primary school, and this was the case with all my other family members in their generation. This meant that I didn't have role models who had gained university degrees, so the thinking was that we couldn't do it, or we weren't expected to be able to achieve at that higher level.

But now I have done it! I did it for my parents who had hoped that my life would be different. I did it for myself, and I also did it for my children and future generations. I'm now using narrative ideas in my counselling work and I also use the Tree of Life Narrative Approach with groups and communities. We're even using it to assist us in reclaiming our language."

**Carolynanha Johnson (M Narrative Thpy & Com Work 2015),
Inaugural Graduate of the Masters of Narrative Therapy Program**

An Adnyamathanha woman from the Northern Flinders Ranges in South Australia and a counsellor and educator at the Cancer Council SA.



Professor Sandra Eades

MAKING CHANGES

One of the University's newest programs that highlights its accessibility to Indigenous students begins in July 2018. The Ngurra-Jarradjak (Healthy) Study and Career Options Program is a 'gateway' program for first and second-year Indigenous undergraduates from any discipline interested in exploring careers in health.

The week-long residential program includes tours and practical sessions with Faculty institutes and partners, introductions to leading academics, and 'speed dating' sessions with course co-ordinators that give potential recruits a chance to ask questions about courses on offer. Student Ambassadors mentor participants and alumni help students engage with community partners.

Other key Indigenous-focused initiatives are:

THE MELBOURNE POCHE CENTRE FOR INDIGENOUS HEALTH

Since it was founded in 2014, the Centre has provided training and development programs for emerging and established Indigenous leaders. It is one of six centres across Australia. Collectively, each Centre contributes to the national Poche Indigenous Health Network, established by philanthropists and Indigenous health advocates Mr Greg Poche AO and his wife, Mrs Kay Van Norton Poche.

The aim of the Poche Centres is simple but complex – "to help close the gap in life expectancy and achieve health equality for Aboriginal and Torres Strait Islander peoples." Melbourne's Poche Centre provides support and opportunities for graduates, emerging leaders and established leaders in health to grow their influence and network and mobilise an agenda for change in their field of health practice.

THE MASTER OF NARRATIVE THERAPY AND COMMUNITY WORK

The Department of Social Work at the University of Melbourne has worked with The Dulwich Centre to develop this unique degree. Established in 1984, The Dulwich Centre in Adelaide is the international centre for narrative therapy training. The collaboration with the University of Melbourne to develop the Masters program is a world-first.

Narrative therapy is used by social workers, psychologists, community development workers, nurses, teachers, doctors and other health professionals, and recognises people as the experts in their own lives. It sees problems as separate from people and assumes people have skills, competencies, beliefs, values, commitments and abilities that can help them lessen the influence of problems in their lives. In 2017, four of the graduates were Aboriginal students who achieved first class honours.

GRADUATE CERTIFICATE IN INDIGENOUS RESEARCH AND LEADERSHIP

For more than 10 years, the University has hosted a summer course for Aboriginal and Torres Strait Islander research students wishing to complete a Professional Certificate in Indigenous Research. Due to the success of that program, the University has established a Graduate Certificate in Indigenous Research and Leadership – an interdisciplinary program offered annually.

THE ATLANTIC FELLOWS FOR SOCIAL EQUITY

The University of Melbourne is one of six global centres training a new generation of leaders, particularly Indigenous Australians, committed to tackling social disadvantage. The University was selected by The Atlantic Philanthropies organisation to focus on examining and challenging social inequalities. During a 20-year timeframe, the Atlantic Fellows for Social Equity program will create a cohort of up to 400 leaders and change makers from diverse backgrounds, sectors and disciplines. Based on Indigenous sensibilities and strengths, the program aims to build a generation who will work together across the Pacific, and globally, to improve communities.

ORMOND RESIDENTIAL COLLEGE

Ormond is home to about 20 Indigenous students who form a strong, supportive network within the wider college community. Ormond houses the Thwaites and Gutch WEHI Centenary and Alexander Scott Medical Research Fellows who provide mentoring to younger medical researchers, and the Fremantle Fellow whose role is to support Indigenous students.

TAKING LEARNING FROM CLASSROOM TO COMMUNITY

To ensure that the University's research and community engagement programs and projects address the health concerns and priorities of Indigenous Australians, the Faculty works in community settings with Indigenous health and medical researchers, practitioners, community leaders and Elders. For many Indigenous Australians living in remote areas, access to culturally appropriate and timely health care is often unavailable – a situation that has a profound effect on health outcomes and quality of life. Building partnerships with Indigenous communities and organisations are key to making tangible changes and health improvements.

Current community-focused projects include:

- The Melbourne Dental School's partnership with Miwatj Health in East Arnhem Land is improving local oral health and giving Bachelor of Oral Health students hands-on experience. The partnership is building community-led oral health projects and services, oral health promotion and research centred on local needs. While the University brings expertise, the design and implementation of programs comes from Miwatj, with an imperative of the agreement being two-way learning and the enabling of the Yolngu people to increase their control over their oral health. The program is developing oral health champions in remote communities to help coordinate services and to involve people in those services.

"My time there proved firsthand how the social determinants of health affect oral health and the way services are able to be provided. Isolation and compromised access to nutritious food, dental hygiene products and fluoride toothpaste, expert care and unreliable access to resources, such as water and electricity, all contribute to poorer oral health."

Emma Cubis, Bachelor of Oral Health student (BOraHlth 2013), describing her time on a clinical rotation in the Northern Territory as part of Melbourne Dental School's Indigenous Oral Health Placement Program, which received the University's 2015 Award for Excellence in Indigenous Higher Education.

"Without the involvement and leadership of Indigenous peoples and organisations, we will not succeed."

— Professor Sandra Eades



Professor Shaun Ewen and Shawana Andrews (BSW 1999)

- With the support of private donors, philanthropic trusts and the Department of Health, the University of Melbourne's Indigenous Eye Health Unit has been proactive in researching and establishing The Roadmap to Close the Gap for Vision. The Unit is providing advocacy and technical support towards the Roadmap's implementation and the work is having impact. Recent data reveals blindness rates have been reduced from six times higher than standard rates to three times, with the prevalence of trachoma having also been reduced. Diabetic retinopathy screening has risen from 20 per cent of standard rates to 53 per cent.
- Within weeks of birth, and before immune systems are strong, babies born in remote Indigenous communities are exposed to germs that cause chronic ear disease. The University and the Royal Victorian Eye and Ear Hospital are working together to understand the risk factors and steps for minimising chronic ear disease among young Indigenous children.
- The First 1000 Days Australia program joins forces with healthcare workers, community organisations and governments to develop intervention programs during pregnancy and in the early months and years of a child's life. The aim is to support Aboriginal and Torres Strait Islander families and to address core issues such as nutrition, access to early life education and adult personal relationships, so they are ready to provide children with the best opportunities. The learnings from the program are spreading to communities as far afield as Indonesia, Norway and Russia.

Professor Shaun Ewen acknowledges that while there is still much work to be done to increase Indigenous participation within the Faculty, and to address the real health issues facing Indigenous communities, heartening progress is being made. He is proud of the Faculty's role in supporting the next generation of Indigenous health professionals, academics and leaders.

"By supporting the emerging generation of Indigenous leaders in health, we are able to contribute to the transformation of policy, research, clinical care and health systems in general, such that the playing field between Indigenous and other Australians is level," he says.

"We must foster and build a community of Indigenous thought leaders within the University and beyond. It is the only way that we will be able to make an impact on Indigenous health and wellbeing for generations to come."

CREATING OPPORTUNITIES

in Indigenous Health



The first time Karyn Ferguson (MHLthSocSc 2014) set foot inside a classroom to begin her university studies, she was accompanied by her one-week-old daughter, Marnie.

Karyn and six other Aboriginal students from the Goulburn Valley had been chosen through a rigorous application process to study an innovative Masters degree in Health Social Sciences at the University of Melbourne. Instead of being judged on prior academic achievement, entry to the course recognised a student's knowledge, culture and work experience.

"It was pretty daunting at the start," says Karyn. "I hadn't done any academic writing before, so this was a challenge. But the University was incredibly supportive and once my mind was exposed, it opened. I loved the knowledge and learning."

The program was championed by the late Peter Ferguson (Karyn's uncle), who was a Yorta Yorta leader and Lecturer in Indigenous Rural Health Studies and Strategic Development Research at the University. Peter was a keen contributor to his community, providing academic and social support to students until he passed away in December 2016.

Karyn lives on Yorta Yorta country among the Dhungala (Murray) and Kaiela (Goulburn) riverlands. Like her fellow students, she lived at home while studying thanks to high-quality video conferencing facilities that kept her in touch with teachers in Melbourne, a link that was vital in making study possible.

"I had three young children and deep connections to my community," says Karyn. "There was no way that I would be able to study if I had to leave my community."

Karyn and two of her colleagues graduated in 2014. They are currently completing their PhDs through the University's Melbourne Poche Centre for Indigenous Health.

"I am using population data linkage focusing on Aboriginal women, children and babies in my community to gain an accurate profile of Aboriginal health," she says. "Once developed, these profiles can be used to affect policy, planning, resource allocation and government negotiations. Data is power."

Her passion for working with mothers and babies began when she worked in the Rumbalara Birthing Program. She was mentored by inspirational Indigenous Elder Kaye Briggs, who showed Karyn the value of holistic care.

"Aboriginal health practices are based on thousands of years of wisdom and knowledge. We have always recognised the human element as an important part of care," says Karyn.

"The holistic way is the most effective way to care for people. This needs to be part of all medicine in the future."

Karyn is inspired by the opportunities that education presents and by Indigenous people she has met who demonstrate that you can be a high-achieving academic and retain your culture.

She believes the research she is conducting will improve health outcomes for her community but, most of all, Karyn is excited to be a role model for her children, nieces and nephews. She is hopeful that they will follow her educational footsteps. Karyn's 12-year-old son, Will, is interested in sports and medicine and her 10-year-old daughter, Ellie, is keen to be a doctor.

"My kids ask me all the time how my PhD is going and what kind of doctor I will be," says Karyn.

"I am the first one in my family to get a PhD, so they are very proud of me."

"Aboriginal health practices are based on thousands of years of wisdom and knowledge."

— Karyn Ferguson





BEYOND THE TRIRADIATE

A global experience of medical education

For half a century, the triradiate building on the corner of Grattan Street and Royal Parade in Parkville has been the home of the Melbourne Medical School and the nucleus for medical education at the University of Melbourne, including, more recently, biomedical education.

Designed in a period of architectural brutalism, and completed in 1968, the building itself has morphed over its lifetime as medical education has evolved, notably with the addition of a pharmacology department on top of the three-pronged anatomy, physiology and pathology wings.

With works on the new Parkville train station this year transforming the landscape around the building, plans are under way to ensure the location endures as a home for medical and health education and research at Melbourne. Fortunately, such disruption does not impact the education of students as much as it might have done previously.

According to the Head of the Department of Medical Education, Professor Steve Trumble, the fabric of medical education has now changed so dramatically that the physicality of the classroom is no longer central to the education of medical students.

"Medicine is out there in the community, so the best classroom for the students is now out there in the community, too," he says.

After their first year spent learning the basics in the medical building on the Parkville campus, students disperse all over Melbourne, Australia and beyond to learn within and gain knowledge from diverse communities.

"We've got some good evidence that the further away you go from the orthodoxy the more you learn, and we do encourage students to take a few risks," says Professor Trumble. "Learning on the wards in a clinical school is a much sounder way to learn medicine than to sit in a centralised library reading books."

Students' experiences are a testament to this view.

Final year MD student Sarah Marshall (BBIomed 2014) has completed clinical placements in Shepparton, Echuca and Wangaratta, and says that in rural communities she has found herself part of a much smaller team, which provided many opportunities for getting involved.

"There tends to be fewer people between you and your patient in the rural hospitals, so you are able to be an important part of conversations that transpire about the management of a patient and have closer involvement in procedures and surgeries," she says.

Responsibility and resourcefulness are also important lessons that MD final year student Hellen Geros (BBIomed 2014) learned while undertaking the John Flynn Placement Program in the Northern Territory.

"We were mentored by a remote nurse with no doctor present and limited resources, which meant sometimes we had to be very creative while on the job," Hellen says. "Being in a remote area also meant that, sometimes, we would have to wait five to six hours for a Royal Flying Doctor's plane to airlift a patient to the hospital in Alice Springs, so we had to learn how to make a call on whether a patient really needed to travel and how to look after them in the meantime."

Hellen believes these experiences helped shape her into a more confident and competent doctor for her work at Western Health.

Another, perhaps more unexpected, discovery Hellen made while on her NT placement was that the University's medical academics were not always cooped up in the medical building in Melbourne. During a clinical tour in the remote Indigenous community of Papunya, she glanced into an office and was surprised to see Professor Trumble sitting at the desk.

"As [Hellen] walked past the door you could sort of see her head get yanked back like in a cartoon [and her] thinking 'What the hell is he doing out here in remote Northern Territory?' " recalls Professor Trumble.

"I think it is really important for our students to realise that medicine and medical education is taking place all around Australia."

Students also have the opportunity to learn about medicine beyond Parkville and Australia, even as far away as 16,000 kilometres, as final year medical student Alex McCutchan (BSc 2014) experienced in her exchange to Universitetet i Oslo, Norway.

"Learning to overcome language and cultural barriers, and seeing people in different stages of their lives in different parts of the world, has made me a much more well-rounded doctor and person," says Alex.

Taking on education in different cultures and countries introduces students to things they might not ordinarily experience and to unexpected events.

"During my placement in Norway, when I accidentally followed Hans Kristian instead of Per Kristian, I found myself observing an emergency surgery for a ruptured ectopic pregnancy!"

Another key learning for students travelling overseas is just how varied medical education around the world can be.

"I came to realise that even in a country so advanced as Norway, nothing came close to the clinical exposure we have in Australia," says Alex. "At my home hospital, the Northern Hospital, we're really made to feel part of the team and participate in ward rounds, meetings, and everything occurring at the hospital."

Off campus, and out in communities, medical students are being trained to serve; a student's education extends beyond the hospital or clinic and formal school hours to also incorporate personal growth.

For Sarah, integrating with the rural Victorian communities where she worked was complemented by formalised opportunities organised through the School (such as volunteering for the Smith Family and tutoring local high school students), as well as by informal experiences such as participating in the local mixed netball team.



Hellen Geros



Alex McCutchan

While in Oslo, Alex had the opportunity to live with other medical students from around the world in an Olympic Village built in the 1950s. Beyond the trials and tribulations of undertaking medical education, they bonded over cross-country skiing and trying to survive financially in the world's most expensive city.

Hellen's experiences in the NT have instilled in her a keen awareness of what an immense privilege it is to study medicine. She says she feels empowered to be able to make a difference in communities that really need support.

The young medicos achievements reflect the School's grand plan to make sure medical students receive a holistic education.

"Despite their distance from campus and from one another, ultimately the students still identify first and foremost as students of the Melbourne Medical School," says Professor Trumble. "And there are many ways they stay connected with one another and the Parkville campus."

Rehearsals for the MMS Comedy Review draw Sarah back to Parkville, while Hellen catches up for Thursday night drinks with her cohort. In 2016, Alex and some fellow students founded the Wilderness Medicine Students' Society (WMSS), which facilitates trips and interactive seminars for medical students with a passion for the outdoors and expedition medicine.

She says the society is "a really positive outlet for us to combine our drive for learning medicine with our love of the outdoors in a social and educational way."

The initiative is indicative of the way in which the ethos of a holistic education learnt in the communities that they serve helps empower students to be confident, competent, self-directed and responsible.

While the future of the much-loved medical building on the Parkville campus is carefully considered by Faculty leadership, medical students will continue to be educated in ways that help shape them not only as excellent medical practitioners but also as supportive community members and future leaders in Australia and around the world.

The Melbourne MD: a new benchmark in 21st century medical education

Introduced in 2012, the Doctor of Medicine (MD) is a four-year graduate medical degree. An extended masters-level program, it was the first truly graduate entry-to-practice medicine qualification in Australia and sets a new benchmark in medical education.

The MD program consists of:

- One year of integrated bioscience and clinical learning at Parkville
- Two core clinical training years in partner hospitals and healthcare facilities, including metropolitan and rural/regional settings
- A semester of immersion in a single medical discipline to complete a research project
- A capstone semester in which students rehearse the skills required for effective, safe clinical practice
- An annual world-class conference, designed by students for students, providing opportunities to interact with community and healthcare leaders.

50 Years Of Medical Education IN THE TRIRADIATE



1964

The Australian Universities Commission recommends a capital grant of 3.1 million pounds for the University of Melbourne to construct an enlarged Medical School building on the south-western corner of the Parkville campus to accommodate the departments of Anatomy, Pathology, Physiology and Pharmacology, and for Medical Administration.

1965

Work commences on the construction of the triradiate medical building, designed by Mockridge, Stahle & Mitchell, to provide for expansion in first-year medical student enrolments from 180 to 240 on completion.

1968

The occupation of the building is complete, with the design dividing the medical departments into three wings — Physiology in the north, Anatomy in the east, and Pathology, Experimental Neurology and Faculty Administration in the west.

1970

Ernst Fries' *Progress of medicine* enamel is purchased for the foyer of the medical triradiate building, its backing made of marble panels that were the original tops of the tables in the old anatomy dissecting room in Swanston Street. The use of the marble was initially opposed on the grounds of possible health dangers but, ultimately, the installation went ahead and remains at the Grattan Street entrance to the building.

1985

The two main lecture theatres are named the Sunderland Theatre, in honour of Professor Emeritus Sir Sydney Sunderland (MBBS 1935, DSc 1945, MD 1946, LLD 1975), Dean of Medicine 1953-1971, and the Wright Theatre, in honour of Professor Emeritus Sir Roy Douglas Wright AK (MBBS 1929, MS 1932, DSc 1941, LLD 1980), Dean of Medicine 1946-1947; 1951-1952, University Chancellor 1980-1989.

1994

Planning commences for additional floors on the top of the existing triradiate medical building for the relocation of the Department of Pharmacology, at an estimated cost of \$11 million.

1997

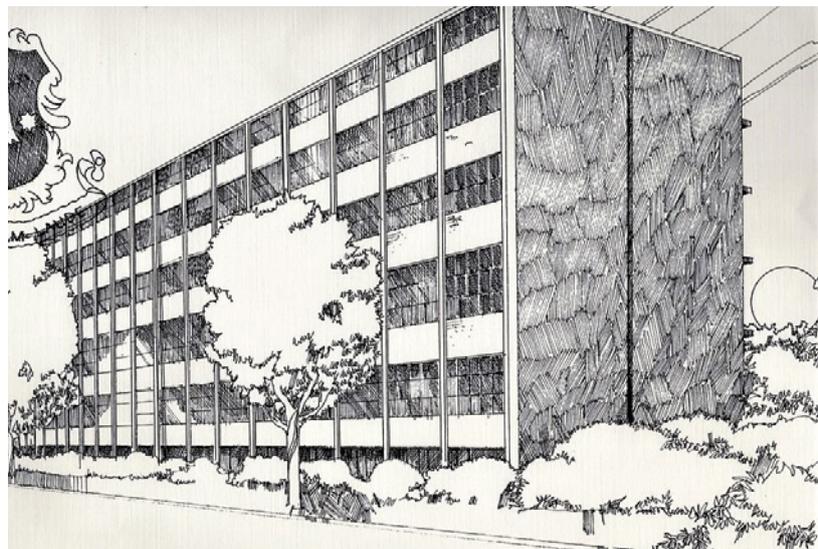
Construction is completed on floors eight and nine of the building, across all three wings.

2004

The University's anatomy and pathology museums are amalgamated, with the Harry Brookes Allen (MBBS 1876, MD 1878) Museum of Anatomy and Pathology catering for the teaching of approximately 3000 medical and science students each year.

2006

Works commence to provide new mortuary facilities in the triradiate medical building.



ALUMNI MEMORIES OF THE TRIRADIATE

The triradiate medical school building has been the home of medical education at the University of Melbourne for the past 50 years, and a place of many memories for medical alumni.



Dr Richard Grills
(MBBS 1991)

"I remember sitting in the Sunderland Theatre in an introductory lecture, 1st day, 1st week of 1st year. Associate Professor Norm Eizenberg (MBBS 1973, PhD 1992) was welcoming us and explaining to us that, statistically, by the end of our six-year course, one or two of us would be dead, five would be pregnant, 15 would not finish, 10 would fail at least one year and 20 of us would marry each other either before we obtained our MBBS or within a year after.

"It was the last statistic I found the least believable. I was sitting in the second row and I remember looking all around and behind me, and did not see anyone that looked at all likely to do that. Three children and 25 years later, I am still married to the girl that was sitting two seats down from me."



Dr Marianne Cannon
(MBBS 1982)

"It was March 1977, the last day of the Centennial Test match between England and Australia and we were scheduled for an organic chemistry prac, making an elaborate multi-stage concoction, salicylate perhaps. Half the class turned up to the lab – the rest mysteriously absent – with the TV (as well as a transistor or two) focused on the MCG coverage. Australia were bowling and needed several English wickets to fall to win; the scene in the lab was anything but calm and scientific.

"As wickets fell, a few more of the class disappeared to join their friends at the 'G', and those of us who remained gradually drifted to the TV in the lab. Flasks and test tubes were abandoned and lab manuals left idle, cheers went up as the Poms went down . . . I feel that chanting broke out at one point. Even the supervisors had joined us at the TV by the end, so electric was the atmosphere.

"Sadly, chemistry went out the window, so to speak. I recall eventually throwing out the (purple) supernatant rather than the clear distillate, or perhaps it was the opposite, I can't recall – failing the two-week experiment."

"But we had something to celebrate. And celebrate we did."



Dr Pauline Schokman
(MBBS 1981)

"The Medical School was fresh, appealing, in its brown brick brightness, quite a cry from the ageing lecture halls and lab rooms of the Redmond Barry. We'd snake our way down, all 200 of us, past Wilson Hall and across South Lawn, past the Baillieu and the Brownless Libraries, and there it was, looming large as the promised land of greater knowledge, to be fully inhabited once the tribulations of negotiating mere science, and first year, were over. Here, we had seen no pithing of toads, we'd had time instead to ponder our skeletons and attempt anatomical drawings of the upper end of the femur, foramina, trabeculae."



Professor Andrew Kaye AM
(MBBS 1973, MD 1989)

"The triradiate building is in our blood. It's in our DNA. We were the first year to go through the building. The anatomy dissection room was a new, big room, which was a very social place. We used to go to the anatomy museum and the pathology museum for tutorials, and lectures were in the huge Sunderland Lecture Theatre. The students' common room had a pool table in the basement and everyone spent a lot of time playing pool and cards. There was an inverse relationship between how good you were at pool and how well you did in class. It was much harder to be good at pool, really. For medicine, you just needed a good memory. Across the road, there was the Mayfair hotel. It was where the Doherty is now. Everyone would head over the road after lectures and tutes."

We look forward to uncovering more of these stories through our documentary on the triradiate building and the past 50 years of medical education at Parkville and beyond. The documentary will premiere at the Melbourne Medical School Reunion Weekend on Friday 23 November, 2018.



Medical Service

ABE DOREVITCH

Chiron speaks with Dr Abe Dorevitch about his time at the Mildura Branch, his specialist field of pathology and his contribution to medicine, revealing an approach to life underscored by a commitment to education, innovation and care for others.

PATHOLOGY PIONEER LEAVING A LEGACY OF SOCIAL JUSTICE

Dr Dorevitch (MBBS 1952, MD 1958) was a student in the University of Melbourne's bold experiment to open a branch at Mildura in the aftermath of World War II, commencing his studies there in 1947 as part of the Mildura Branch's inaugural year. He graduated in Medicine from the University in 1952.

"I was interested in general medicine, passed the exam in the College of Physicians and embarked on a career of consultant medicine," he reflects. "But then my interest in pathology was growing and eventually that was pre-eminent."

After completing specialist pathology studies, it was a natural progression for Dr Dorevitch to establish his own private pathology practice in 1970.

Dorevitch Pathology had its beginning on a site in Burke Road, Camberwell, with the development of laboratories and a courier fleet, which comprised two Volkswagen Beetles, marking the beginning of a practice that would become well known across Victoria.

After developing a successful practice over many years, leaving an enduring impression on the medical community, Dr Dorevitch sold Dorevitch Pathology in 1996 after 26 years.

By then, Dorevitch Pathology had grown to around 20 laboratories, employing a large number of staff.

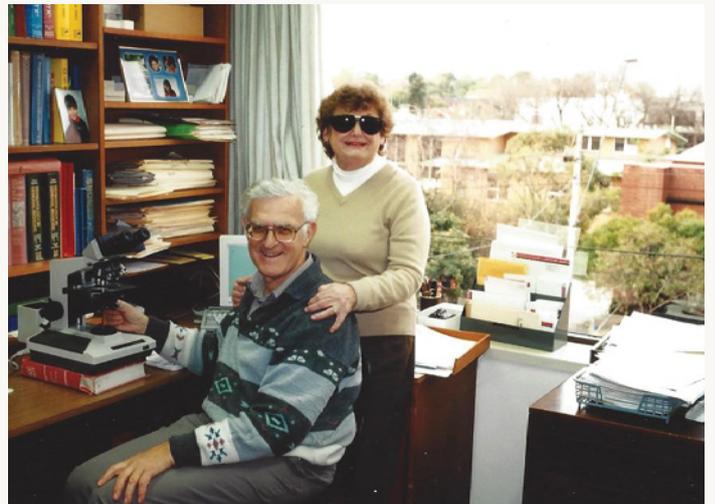
COMMITMENT TO TEACHING

Teaching and encouraging the education and development of fellow pathologists, dermatologists and scientists has been a key element in Dr Dorevitch's busy life, and something he has taken on in an understated fashion.

"I had time to do a lot of teaching of pathology to trainee dermatologists who had to pass a fairly searching exam in tissue pathology, and we had weekly sessions with them, and that was particularly enjoyable," he recalls.

"We had good relations with the staff, so that was one of the things I missed when I retired, the interaction, and underlying all that was the desire to be involved in providing an efficient and high-class service."

After selling the practice, Dr Dorevitch continued for many years in a consultant role providing help to former colleagues, as well as doing what he loved – dermatopathology and teaching.



Dr Abe Dorevitch and Mrs Vera Dorevitch

SHARING OF KNOWLEDGE

Dr Dorevitch and his wife Vera (BA 1975, GDip (Social Studies) 1975) have seen their children follow their parents' lead at the University of Melbourne, continuing the family's involvement in the helping profession, with son Michael (MBBS 1979, MD 1999) a geriatrician, Steven (MBBS 1981) a general practitioner, and Katy (BA 1983) a clinical psychologist.

The couple's grandchildren have studied in the areas of law, medicine and dentistry, with a total of 13 family members having attended the University of Melbourne.

PATHOLOGY ADVANCEMENTS

More than 70 years after enrolling in medicine, Dr Dorevitch reflects on advances in pathology.

"Pathology has evolved from the days of test tubes and beakers to standard solutions and computations to obtain results and concentration levels," he says.

"But the essence of the field, in many respects, remains the same in its fundamentals; that is, the challenge to interpret the results in relationship with the clinical problems and to interpret the information with reports when applicable. That remains the same, in that it is challenging."

Now enjoying retirement and the opportunity to reconnect with fellow alumni, Dr Dorevitch views fondly his involvement with the University of Melbourne.

"Graduating in '52, we had our last reunion a few months ago, with only a few left. I have good memories."

STUDENT LIFE

At the Branch

Sent away to study in a former Air Force base was the prospect for first-year University of Melbourne medical students in the late 1940s.

Far from being despondent, Abe Dorevitch relished the prospect of heading to the country, taking the move in his stride.

“We were told that we had to go to Mildura and that was it,” he recalls.

Although, physically, that was easier said than done.

“The original trip to Mildura from Spencer Street Railway Station took about 12 hours, starting in the early evening and finishing up early the next day. It was a bit of a nightmare trip.”

According to Dr Dorevitch, a special feature of life at the Mildura campus was the visiting guest lecturers who were flown up every Friday night, which helped keep cultural life on a high.

“There were people like Professor Joe Burke (MA 1948, LLD 1987) who was professor of Fine Arts at the University of Melbourne, and Professor Pansy Wright (MBBS 1929, MS 1932, DSc 1941, LLD 1980) who spoke on the famous names in medicine,” he says.

“Professor Margaret Blackwood (BSc 1938, MSc 1939, LLD 1983) was the lead professor of botany and ran a series of weekly music presentations and played records. Topics were well chosen and it was an enjoyable activity.”

As for being in Mildura, and the associated challenges of a remote campus, Dr Dorevitch says: “We were separated from the town, although there was significant interaction, notably through the sports clubs.

“The Mildura people kindly invited the University to field the football team in the [local] competition. Then, with temerity, the University team took out the Premiership in the first year!

“Many of the ex-servicemen had a major involvement, because they were very talented. They had a good influence as they were extroverted and confident and a bit of a role model for those of us that had come straight from school.”

Ex-serviceman Dr Edward Fleming (MBBS 1952) was one of the many students who entered Mildura after serving in the war as a bomber pilot in Europe.

He says the remote location of Mildura was not an issue for him when he returned to Australia, having already spent three years away from home with the Royal Air Force’s Lancaster Bomber squadron, based in the UK.

“The friends made in Mildura lasted the course, becoming lifelong friends.”

— Dr Abe Dorevitch

“Life at Mildura worked remarkably well, with former hangars converted to lecture theatres, RAAF huts used as sleeping quarters, and a good mixture of students,” Dr Fleming recalls.

“There was adequate provision for socialising and sporting activity. Everyone got on very well together. I have pleasant memories of Mildura.”

On graduating and practising as a GP for a number of years, Dr Fleming acquired surgical qualifications in England, worked as a surgeon at the United Christian Hospital at Lahore, Pakistan, visited Kabul in Afghanistan and spent the next 25 years as a general surgeon in Canberra. Rejoining the RAAF Reserve in 1968 as a senior surgical specialist, he worked as a locum at 4 RAAF Hospital at Butterworth and participated in Medevac flights from Vung Tau, Vietnam.

According to a fellow first-year medical student at Mildura, Dr John Riddell (MBBS 1953), the large number of returned servicemen and women accounted for the high number of medical students (268) enrolled in 1947.

“We were told, due to so many students in first year, there would not be room for all of those who passed to attend second year, and that an average score of 65 per cent or more for physics, chemistry and biology would be required to progress,” recounts Dr Riddell.

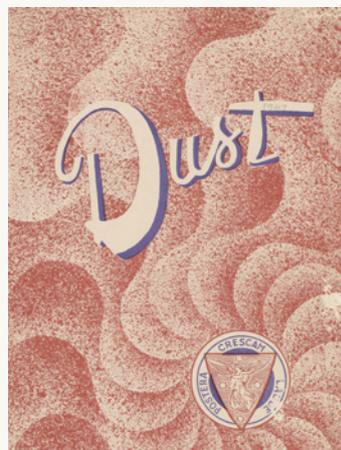
Despite the rigorous academic program, he also recalled fond memories of that first year.

“We of the first year were accommodated at the RAAF base, sharing two-man huts and dining in the large aircraft hangars,” he says. “We enjoyed the ideal climate and informal lifestyle. We had three excellent lecturers who also became our friends.

“Sport played a large part in our lives and we competed against local teams in cricket, football, hockey, tennis and athletics. I am grateful to have experienced this year [at Mildura].”

Returning to Melbourne to progress to second-year studies meant a period of readjustment for most students. But it did not necessarily mean abandoning friendships made in Mildura.

“Well, you got to know people closely,” says Dr Dorevitch. “And the friends made in Mildura lasted the course, becoming lifelong friends.”



Dust Volume 1



EX-SERVICE STUDENTS

Raised the dust at Mildura

Long before regionalisation of universities in the 1970s, the University of Melbourne was a trailblazer, establishing the Mildura Branch in 1947.

In the aftermath of World War II, Australia had faced the massive task of resuming peacetime life while rebuilding the lives of thousands of its servicemen and women.

As Victoria's only recognised university, the University of Melbourne faced a dilemma in accommodating the flood of first-year students, many of whom had deferred their enrolments to serve in the military.

Contributing to the surge in numbers was the introduction of the Commonwealth Reconstruction Training Scheme, developed to provide education and a post-war transition for those who had served. The high demand for places created the necessity for the University's previously identified initiative for establishing a University College in a country district.

The solution was a practical approach to a pressing problem: take over the former air force training base in Mildura, which the state government had purchased from the Commonwealth, to absorb the higher numbers of first-year students.

This was a major exercise. Mildura was around 450 kilometres from Melbourne and in the heart of a major agricultural and irrigation district.

Work started in September 1946 to convert the site to suit the requirements of a teaching University, equipped with lecture theatres and rooms that would be built inside hangars, amid grounds that were flat, dusty or muddy depending upon the season.

In its first year, more than 1500 students across four disciplines – medicine, dentistry, architecture and engineering – were enrolled at the new campus, many of them of mature age. The campus boasted its own cinema, post office, hospital, shops, library and sporting grounds, and produced its own annual magazine, appropriately titled *Dust*.

It quotes then Warden Dr J S Rogers MC (BA 1919, GDipEd 1919, BSc 1921, MSc 1922, DSc 1945) telling "of what may well be a new era in education".

The magazine's second edition, published in 1948, reported on difficulties in the establishment of the Mildura Branch, and on the close relationship between members of staff and students given the residential nature of the university.

"The Branch life is no utopian society, and all is not plain sailing, but under the fine leadership of the Warden, we have developed a tolerance, patience and understanding which is all too rare throughout the world today," *Dust* reported. "There is clearly evident a genuine concern for one another's welfare, and a natural respect for authority and discipline.

"An experiment in education in its true sense.

"The closer relationship between members of staff and students, a relationship far more friendly and informal than is possible in non-residential university, has resulted in a clearer appreciation of other's problems, and has created an atmosphere more conducive to efficient teaching and learning.

"The real success of this educational venture will be measured by the influence of the spirit of Mildura Branch on our professions and on our nation. That influence can be far-reaching."

Despite its success, the University's Mildura operation was fleeting. With the bulge of post-war students having been absorbed, the campus closed after three years, at the end of 1949, with the site sold back to the Commonwealth.

The Mildura community were upset on news of its closure, campaigning unsuccessfully for the Branch's retention, with media coverage in newspapers of the day – *The Age* and *The Argus* – expressing resentment towards the Victorian government.

Almost 70 years on, the short-lived Mildura Branch of the University of Melbourne remains a tribute to the spirit of those post-war students and a worthy example of the role played by education in Australia's post-war rehabilitation.

THE MILDURA BRANCH: recollections of a family's experience

One of the first lecturers at the Mildura Branch was Professor Norman Olver, whose involvement formed part of a career spanning 40 years as a Senior Lecturer with the University of Melbourne.

It is little surprise, then, to learn that the Mildura Branch holds a special place in the hearts of Norman's sons, twin brothers Professor Ian Olver AM (MBBS 1976, MD 1990) and Professor John Olver AM (MBBS 1977, MD 2000).

After spending the war years with the CSIRO conducting research into extracts that may have contained anti-malarial properties, Professor Norman Olver (BSc 1942, MSc 1943) signed on to the Chemistry Department at the Mildura Branch as a guidance assistant. He was to have a career as a senior lecturer in chemistry and later in chemical education.

An amateur photographer, he also helped with the production of *Dust*, the Mildura Branch magazine, and later incorporated many of his photographs in a book that he edited commemorating the short-lived regional campus.

Publication in March 1989 of *The University of Melbourne Mildura Branch 1947-1949 A Short History*, coincided with the 40th anniversary of its closure. A first draft of the text had been written in 1950 by the Branch's Warden, Dr J S Rogers MC, but had not progressed any further.

The comprehensive account of the three years of the Mildura Branch tells the story of a vibrant community that embraced sports, clubs, revues and study.

Ian Olver notes that he and his brother would not have existed without the Mildura Branch.

"That is where Dad met our mother, Rebie Reid, who, after serving in the Second World War as a nurse, including overseas in Borneo, returned to Australia and took the position as charge nurse of the sick bay at the Mildura Branch. They met there and subsequently married."



THE BRANCH SICK BAY: Sister-in-charge, Rebie Reid, attends to a 1947 student patient in the eleven bed hospital.

Norman told many stories of his time in Mildura, marvelling at the simplified teaching implements used and the campus's natural environment.

"They both looked back on the experience fondly," reflects Ian. "However, clearly from the pictures, it was by no means luxury."

"The Nissen huts, which subsequently became sheds on surrounding farms, were basic and the magazine was called *Dust* for good reason, because of the red Mallee dust storms that regularly swept through the area.

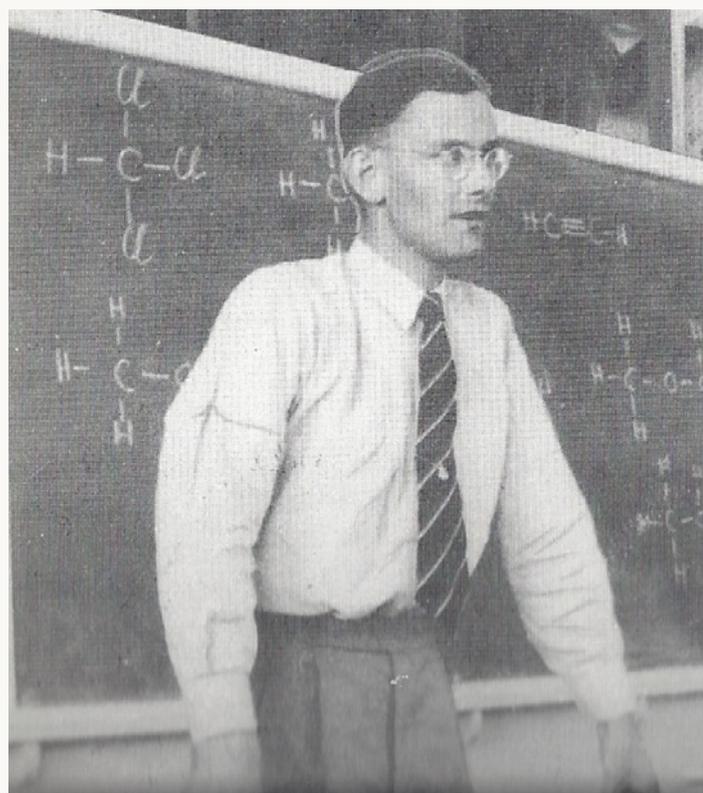
"In fact, when they installed a nature strip down one of the roads, a faculty member dismissed the effort with the comment, 'It's like giving a pig a serviette'.

"My parents took me to the site near the Mildura airport decades later. The water tower and the concrete foundation of the squash court remained, but most of the other buildings were long gone. It was a special moment to see the site, which held so many happy memories for my parents."

Both Ian and John went on to study medicine at the University of Melbourne, strongly encouraged by their parents. Ian subsequently undertook an MD (when it was a post-graduate doctorate), graduating as Norman was ending his career at the University, the latter taking part in the academic procession at the August 1991 graduation ceremony.

Ian Olver has had a varied career, having trained in medical oncology and spending six years at the Peter MacCallum Cancer Centre in Melbourne, followed by 15 years as Clinical Director of the Royal Adelaide Hospital Cancer Centre and Professor of Cancer Care at the University of Adelaide. He went on to head up the Cancer Council Australia in Sydney as its chief executive for nine years, and is now Professor of Translational Cancer Research and Director of the University of South Australia Cancer Research Institute. He also holds a PhD in Bioethics from Monash University.

John Olver's main area of clinical and research interest in Rehabilitation Medicine is managing people with traumatic brain injury and stroke. He is currently Director of Rehabilitation with the Mental Health and Chronic Pain Clinical Institute at Epworth Hospital, in Melbourne, and Director of the Smorgon Chair of Rehabilitation Medicine at Monash University.



Professor Norman Olver

FROM LITTLE THINGS:

The world-leading stem cell biology to rebuild a kidney

As soon as the scientists looked into the dish, they knew that it was a Eureka moment. Structures that had developed were recognisable – potentially, at least – as a human kidney forming. For the lead researcher, Professor Melissa Little, it was a career-defining moment; for the one in three Australians at increased risk of kidney disease, it was a moment of hope.

"It was the structure of the cells and the cell type present that allowed us to go, 'Oh, wow! OK, now I think we might be getting there,'" she recalls.

The journey had begun more than a decade earlier when Professor Little started wondering if it might be possible to regenerate or recreate a kidney. Stem cell biology has revolutionised the world of science, making the impossible potentially possible.

"Now I can take a skin biopsy from a child who has presented with end-stage renal failure, or even an adult, to make a stem cell and rebuild a model of their kidney in the lab," she explains. "It's quite extraordinary."

The research gains in the past three years have been equally extraordinary. Professor Little and her team in Melbourne at the Murdoch Children's Research Institute have collaborated with researchers in Holland to successfully transfer a mini-kidney grown in a lab into a living mouse. The ability to make kidney tissue from human stem cells and have it develop into mature kidney tissue after transplantation has been hailed a significant breakthrough in the search for new ways to treat kidney disease.

The urgency to do so cannot be understated. Every day, 53 Australians die from end-stage renal failure. The disease is growing by 6 per

cent a year and, by 2020, it's predicted that one in 20 people will suffer from chronic kidney disease. Driven largely by obesity and diabetes, the annual cost to the taxpayer is a staggering \$1 billion.

At present, patients are treated either with transplantation or dialysis. Only one in four patients with renal failure will receive a transplant and that is expected to blow out to one in five, or even one in six, as more and more Australians are diagnosed. Dialysis is expensive, difficult to live with, and is associated with high levels of morbidity and mortality.

"We've got a massive, growing disaster in terms of treatment of chronic kidney disease," warns Professor Little. "We have to find some alternative that's better than dialysis."

The possibilities are enormous.

"If we model a disease, can we find a treatment? Can we actually use these models of a tissue to screen drugs that might treat the patient? Can we model for toxicity? Can we take drugs during development and say, 'Let's put it on a model of a human kidney and tell quickly and early whether or not it's going to be a problem when you reach clinical trial'. If that's the case, we can actually short-circuit the drug development pipeline and probably save a lot of money.

"Can we build a tissue that can be transplanted? Can we take kidney cells and put them back in and see if they'll fix up the damaged kidney? We're trying to work through all these options and see where they lead us. There's a long way to go before we have anything that would be of value for clinical trials.

"And that's the challenge. Now that the stuff we're generating is public knowledge, there is a huge patient base that is very anxious to see treatment. All I can say is that, at the moment, I can only give you hope because I don't have a cure."

The questions keep her awake at night, as do the nightmares around keeping her staff employed and finding enough funding for the work. It's not where she had ever imagined she would be at the age of 54.

"I've lived my career on fellowships that run for three to five years at a time, so you're constantly trying to beg not just for your own salary but for the salary of all the staff."

When she finished school, Professor Little had considered studying medicine but, not completely sure of what she wanted to do, enrolled in science with a major in physiology at the University of Queensland. She thought she would become a zoologist.

But an entire future was being shaped by her studies. She did her honours degree on the kidney and its regulation of blood pressure. Her PhD was on kidney cancer in children and, while on a Royal Society Endeavour Fellowship at the Medical Research Council Human Genetics Unit in Edinburgh, Scotland, she worked on kidney development.

Professor Little spent 23 years working at the Institute for Molecular Bioscience at the University of Queensland where her research work focused on the molecular basis of kidney development, renal disease and repair. She moved to Melbourne three years ago to become the Theme Director of Cell Biology and Head of the Kidney Research Laboratory at the Murdoch Children's Research Institute. She is a Professor in the Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne, and Program Leader of Stem Cells Australia.

Professor Little has earned an international reputation for her work on the systems of biology of kidney development and also for her pioneering studies into potential regenerative therapies in the kidney.

“It was the structure of the cells and the cell type present that allowed us to go, ‘Oh, wow! OK, now I think we might be getting there.’”

—Professor Melissa Little

“I’ve always done science internationally,” she explains. Since publishing the research protocol that has since become a blueprint for many research scientists around the globe, she’s widely acknowledged as a leader in the field. She’s the only researcher on the ‘Rebuilding a Kidney’ consortium who is not based in the US; the consortium is funded by the National Institutes of Health, the biggest biomedical research agency in the world, based just outside Washington DC.

Her global standing was instrumental in attracting almost 4000 leading stem cell scientists to the annual meeting of the International Society for Stem Cell Research in Melbourne in June.

Professor Little shares her success with a supportive husband, Mahlon, and their two grown children, Celeste and Nathaniel. “If people ask me to describe myself, I tell them that I’m a mum, a working mother with two kids I love, who has a passion for doing science and who has been enormously privileged. I think it’s fantastic being a scientist.

“One of the benefits of not having two scientists in a marriage is that he had greater job security and was willing to let me be passionate about my research. One of the things I say to young women in research is to choose your partner well!”



REACHING BEYOND AUSTRALIA

To improve the lives of others



Chiang Mai Surgical Skills Course 2016 with Professor Max Esser (centre), joined by Thai Orthopaedic Surgeon, Dr Siriprong Chiewchantanakit, from Chiang Mai (centre right).



Professor Esser at The MASTT Program, Myanmar Alfred Surgical Techniques and Trauma, at the University of Medicine Anatomy School, Mandalay, Myanmar.

From left to right; Dr Gerard O'Reilly (MBBS 1992), Senior Accident and Emergency Physician at Alfred Hospital, Professor Max Esser, Ms Kerry Currell, Senior Charge Nurse Operating Room, Alfred Hospital, Professor Moe Moe Tin, General Surgeon, Myanmar, and Dr James Kong, General Surgeon, Hong Kong, Honorary Professor of Surgery, University of Medicine 1, Myanmar.

Max Esser was bothered by the figures. In a country with a population of 57 million, Myanmar had fewer than 550 orthopaedic surgeons. As he chatted to some of his international colleagues following a medical meeting in Yangon in 2011, he wondered how more doctors could be encouraged to train in the specialty. It was then that he conceived the idea of using a surgical skills laboratory as a teaching facility.

This was not the first trip to Myanmar for the Associate Professor, a consultant orthopaedic surgeon specialising in hip, knee and other orthopaedic conditions at Melbourne's Alfred Hospital. A year earlier, he had been approached by the Royal Australian College of Surgeons to train general practitioners in Myanmar in basic trauma techniques. He embraced the challenge – and the country.

"Myanmar was a country of some sophistication," recalls Associate Professor Esser (MBBS 1974). "It had a medical system that was analogous to our own in Australia, but it had little exposure to many of the more recent orthopaedic surgical techniques. This initiative was intriguing because it was an attempt to train the trainers. It had the potential to be a huge multiplier of knowledge."

His positive response to his professional peak body's call to arms was not surprising to those who know Professor Esser. He has been a world traveller since childhood and has always believed that people should contribute when and where they are able. Making a difference in the lives of others has long resonated with him.

It's a lesson he learnt as a child growing up in Hawthorn where his father, Alfred, used the front half of his home as a surgery. He liked the idea that his father could make people better, that he could somehow improve their lives by improving their health.

Alfred Esser had studied medicine at the University of Cologne but fled Hitler's Germany in 1935 when he understood he had no future there. On his arrival in Glasgow as a refugee, he was told that he would have to retrain if he wanted to practise family medicine in Australia, where he planned to build a new life. He arrived in Melbourne in 1938 and immediately volunteered to join the Australian army. Those who joined the medical corps were given the rank of captain so that, briefly, he was the only German officer in the Australian army.

Professor Esser was the eldest of Alfred and Wilma Esser's three children. They encouraged their children to embrace a global view, taking Max with them on a trip around the world when he was just 10. But it was a basic mountaineering course in the Himalayas at age 16 that proved to be a defining moment in the life of the Scotch College student.

"We were given challenges that seemed almost impossible to achieve and we were able to overcome them," he recalls.

"For example, we were dropped into the jungle at night and given 24 hours to make our way back to base. On another occasion, we embarked on a five-day walk above the tree line in the Himalayas with limited food available."

The experience taught him the power of resourcefulness and resilience, lessons that have served him well in life.

Professor Esser graduated from Medicine at the University of Melbourne in 1974 and although, for a short time, he flirted with the idea of following his father into a career in general practice, he felt more comfortable in surgery. He did his orthopaedic surgery training in the UK, Ireland and California.

"It has been an enormously interesting and fulfilling career," he reflects. "What has been particularly satisfying about it is that you can have a patient who has been immobilised with the pain of a fracture, or arthritis, and a day after surgery, he or she can walk. It's a tangible, rapid and visible result for your surgical endeavours."

Teaching surgical techniques to a generation of surgeons in Myanmar has been especially satisfying for the academic. The first program, held in Chiang Mai and which attracted around 25 surgeons, some established and others at the end of their post-graduate training in Myanmar, was concentrated on surgical approaches to the pelvis and the acetabulum. It was the first time this sort of post-graduate training had been offered to surgeons from Myanmar.

"They had not had the exposure to surgical skills using cadavers and models of bones," says Professor Esser.

Second and third programs, given in Chiang Mai and Mandalay, were offered to junior surgeons, emergency department physicians and trainee anaesthetists. The training was focused on emergency operations on trauma-related injuries that could be managed in general hospitals in Myanmar.

Professor Esser's work in Myanmar has been greatly supported by a multi-disciplinary team at the Alfred Hospital, including an accident and emergency physician, an anaesthetist, a general surgeon, a neurosurgeon, a second orthopaedic surgeon and two nurses.

Dr Mark Fitzgerald ASM (MBBS 1981), Director of Trauma Services at the Alfred Hospital, has been instrumental in helping put in place a three-year program – The Myanmar Australia Trauma Management Program – to increase the knowledge and capacity of trauma doctors and nurses in Myanmar. It has been funded by the Department of Foreign Affairs and Trade.

Sharing such specialist techniques has made a difference in the lives of people in Myanmar. It has also boosted the morale of the medical profession.

"They have an active, organised medical education which is based on the British model and they manage instructions with ease," explains Professor Esser. "They're a very intelligent, sophisticated people who have had immense problems as a result of political upheaval over the last 50 years."

He has been a witness to the nation's progress made over the past eight years.

"On first visiting Myanmar, in 2010, there were no accident emergency physicians," he recalls. "There were emergency staff, but they were not fully trained."

"Today, there is significant growth in the number of trained staff in accident and emergency as a result of the collaboration between the Royal Australian College of Surgeons and the Australasian College for Emergency Medicine to develop this discipline in Myanmar.

"It's an example of the incredibly constructive, proactive results of both of these organisations."



Medical staff attending the Pelvic Surgical Approach Course, in a surgical skills laboratory, Chiang Mai, which in 2013, was the first surgical skills course with the participation of Thai, Myanmar and Australian surgeons.

Dr Ross K Littlewood AM (MBBS 1977)

Dr Littlewood has been made a Member of the Order of Australia (AM) in the 2018 Australia Day Honours in recognition of his significant service to medicine as an ophthalmologist, to professional medical organisations, and to the international community of Timor Leste.

A teacher with the East Timor Eye Program Maubisee team since 2009, Dr Littlewood has been a leader of the program, conducting volunteer cataract surgery on about 60 East Timorese during visits to the country between 2006 and 2012, and teaching Timorese doctors the skills for performing the operations, during his annual visits.

The work started after Darwin doctors called on their Australian medical colleagues to donate their time and equipment to the new country, after its health infrastructure was largely destroyed during the withdrawal of Indonesian troops ahead of the new nation gaining independence in 2002.

MELBOURNE MEDICAL SCHOOL

ALUMNI LIVING IN:



JOIN GLOBAL NETWORKS Stay connected with Melbourne alumni across the world

alumni.unimelb.edu.au/alumni/connect

Bush Medicine THROUGH ART

“Bush medicine has always been with Aboriginal people. It was before, and we will always be making bush medicine. There are all kinds of bush medicine and they grow all over. You’ll find they’re different in each place, and we have these ones that I’ve painted.”

— *Judith Pungkarta Inkamala, 2017*

For 65,000 years, Aboriginal and Torres Strait Islander peoples have occupied the lands, with distinct cultural boundaries defined by intimate relationships with Country. The exhibition *The art of healing: Australian Indigenous bush medicine* (19 April to 24 September 2018) follows the premise of Tjukurpa (Dreaming). It looks at traditional Indigenous healing practice as simultaneously past, present and future. Through contemporary art and objects, the exhibition presents examples of healing practice and bush medicine from many distinct and varied Indigenous communities across Australia.

As part of its 50th anniversary celebrations, the Medical History Museum expanded its collections policy to encompass contemporary Aboriginal and Torres Strait Islander art. Sharing bush medicine stories through art has become one of the ways in which Elders maintain a strong knowledge and culture for their communities. This use of contemporary art underlines the continuing practice of bush medicine, by revealing it through a current lens. It also demonstrates visually the distinct and varied cultures that make up Aboriginal and Torres Strait Islander Australia.

Some of the artworks have been directly commissioned for this exhibition, while others come from existing projects. Each artist was asked for a work that represented healing practice and bush medicine in their Country. Some have been sourced from artists represented by the extensive network of Aboriginal-owned and controlled art centres, others directly from individual artists. The works use a range of techniques and media, including painting in ochre and acrylic, printmaking, weaving and ceramics. The diversity of artistic styles and materials echoes the regional diversity.

The ancestral knowledge of healing of the Yorta Yorta people is celebrated in a major triptych by Treahna Hamm. Dhungala cool burn shows women and girls collecting bush medicine along the banks of Dhungala (the Murray River), placing the medicines in coolamons and in dilly bags that they would have woven. The coolamons in the foreground have been delineated using local river-bark ink, a medium that is also used in bush medicine.

The way plants are gathered and prepared is a major theme of the exhibition. Marilyn Nicholls’ Healing basket is woven from sedge fibre harvested from a freshwater lake near Swan Hill, and includes two medicine plants: Coastal Rosemary and gum leaves, both of which are used for smoking ceremonies to cleanse and heal. Nicholls’ method of coil weaving has been used in south-eastern Australia for thousands of years, to make baskets, belts, mats, eel traps and other useful items.

On her Bush medicine pot, Hermannsburg ceramic artist Judith Inkamala has illustrated the process of preparing bush medicine. The pot is crowned with a depiction (sculpted in clay) of a knunkara (medicine woman) using a grinding stone to prepare bush medicine. Inkamala writes: “The old lady and the old brother will sing, sing, sing and spit into the bush medicine as they mix it. That’s why everyone will get better and everyone will become strong.”

Many of the works in the exhibition illustrate particular bush medicines, and in their accompanying words the artists share with us their knowledge of their uses. The artists of Ampilatwaji have chosen to make bush medicine a major focus of their art, motivated by the wish to share this knowledge with their children and grandchildren. As Beverly Pula Luck commented: “There are lots of different medicines; we know what their stories are, we learnt them from our parents and we teach these stories to our children.” In this exhibition, the acrylic paintings of Beverly Pula Luck and Rosie Ngwarraye Ross depict medicinal plants of their region, finely delineated in a landscape created from a pattern of dots in the vivid colours of the desert.

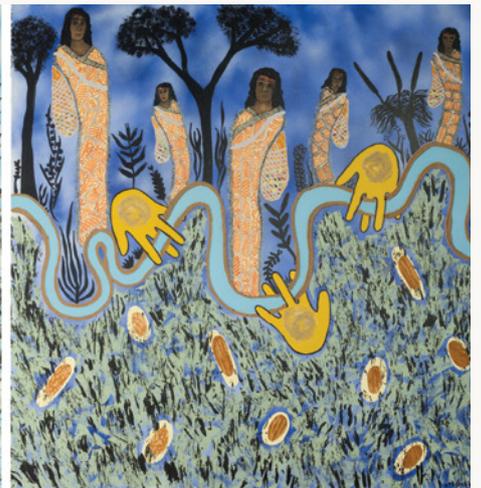
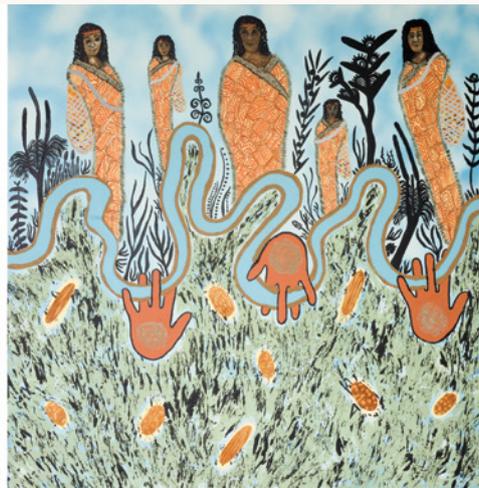
All the works are linked by the strong connection of Aboriginal and Torres Strait Islander peoples to Country, and the passing down of cultural knowledge to the next generation. We are privileged that these individuals and communities have chosen to share this rich repository of healing and knowledge with us through their art. The works are a significant addition to the Medical History Museum’s permanent collection, and will continue to inform and engage students, staff and the broader community through their aesthetic value and cultural significance. They also remind us of the importance of cultural and social frameworks for the wellbeing of all communities.

Dr Jacqueline Healy
(BA (Hons) 1976, MBA 1982, PhD 2006)
*Senior Curator, Medical History Museum
and Henry Forman Atkinson Dental Museum*



Judith Pungkarta Inkamala (b. 1948), skin: Pungkarta, language: Western Aranda, Country: Ntaria, Northern Territory, artist location: Ntaria (Hermannsburg), Northern Territory, *Bush medicine* 2017, terracotta and underglaze, 43.0 × 31.0 × 31.0 cm (variable), MHM2017.17, Medical History Museum © Hermannsburg Potters Aboriginal Corporation.

Rosie Ngwarraye Ross (b. 1951), skin: Ngwarraye, language: Alyawarre, Country: Ampilatwatja, artist location: Ampilatwatja, Northern Territory, *Bush flowers and bush medicine plants* 2015, acrylic on linen, 91.0 × 91.0 cm MHM2017.3, Medical History Museum © Artists of Ampilatwatja.



Treahna Hamm (b. 1965), language: Yorta Yorta, Country: Yorta Yorta, artist location: Yarrowonga, Victoria, *Dhungala cool burn* 2017, acrylic paint, river sand, bark ink, paper, 100.9 × 114.0 cm (each of three panels), MHM2017.2, Medical History Museum © Treahna Hamm.

Medical History Museum

Located on Level 2, Brownless Biomedical Library (Building 182), behind the Medical Building

The art of healing: Australian Indigenous bush medicine exhibition

On display from April 2018 to December 2018

Museum opening hours

Monday to Friday from 10.00am to 5.00pm

Saturday from 1.00pm to 5.00pm



VISIT The Medical History Museum and find out more
medicalhistorymuseum.mdhs.unimelb.edu.au



2017 Melbourne Medical School Student Ambassadors

INFECTION AND IMMUNITY

The challenge of antimicrobial resistance

Proudly organised by the Melbourne Medical School Student Ambassadors (MMSSA), the ReTranslate Symposia in Translational Science brings together world leaders from the fields of health and medical science to explore and discuss important healthcare issues.

Over the last three years, the annual event has been attended by the University of Melbourne Medical School community and alumni, who have gathered to explore a range of subject matter – neuroscience (2015), cancer (2016) and infection and immunity (2017).

Held at the Peter Doherty Institute for Infection and Immunity, last year's gathering featured world leaders from the field of antimicrobial resistance (AMR). The director of the Institute, Professor Sharon Lewin, introduced the evening, setting the scene and highlighting the complexity of antimicrobial resistance.

Five speakers and an expert panel took the audience on a journey through the issues: from agricultural and environmental factors to how we can track the origins of resistant strains (a lesson in phylogenetics based on familiar chocolate bars); the challenges in consultation rooms and hospitals; and, finally, the best opportunities for effective antimicrobial stewardship.

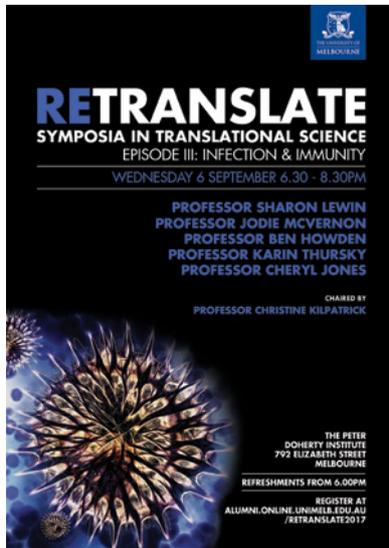
Professor Jodie McVernon highlighted interesting aspects of the historical context, likening the imprudent use of antibiotics in the medical profession to the era when doctors were advertising smoking. The analogy may be surprising, but future practitioners might marvel at the difference in attitudes and practice, as we do about old tobacco advertising. Professor McVernon went on to show crossover patterns of some resistant bacterial strains making their way from livestock to humans. Her final few minutes were

awe-inspiring as she demonstrated the scale of the AMR problem. She cited recent research showing that one-third of travellers returning to Scandinavia were colonised by resistant bacteria.

Professor Benjamin Howden, a master of genomics, gave the audience a crash course in phylogenetic trees, using different brands of chocolate bars to illustrate the concept of genetic relatedness. Professor Howden described a recent movement of resistant bacteria into Victoria, specifically a group known as carbapenemase-producing enterobacteriaceae. While the name might be a mouthful, he beautifully simplified the concept for the audience. He presented a map showing the many locations the bacteria had been found in Victoria, indicating this was not an isolated event but something requiring careful attention.

Professor Karin Thursky addressed the issue of "who's being naughty and nice" within the realms of antibiotic prescribing. She suggested hospitals were doing well, with studies providing more prescribing information to doctors, rather than simply restricting their antibiotic choice, which was yielding results. That is, better outcomes came about by creating educational information and resources for doctors, rather than by adding bureaucracy to prescribing. Professor Thursky concluded with sobering statistics; 44.7 per cent of the Australian population in 2015 had antibiotics prescribed – 27 per cent of which were broad spectrum – with one-third showing no signs of symptoms attributed to the prescription. Naughtily indeed.





Professor Cheryl Jones delivered the final speech, painting a possibly grim future for humanity if AMR was not adequately addressed. Occasionally, headlines report the death of a traveller returning from a developing country, but such deaths may be the tip of an iceberg. Professor Jones showed projections of 10 million deaths by 2050 due to antimicrobial resistant organisms that hinder simple procedures we currently take for granted, such as basic surgeries, intensive care and transplants.

The audience, the majority of which were current students and alumni spanning many years, brought enthusiasm to the event, pitching many questions to the panel, which was chaired by Melbourne Health chief executive Professor Christine Kilpatrick (MBBS 1976, MD 1986, MBA(Exec) 2007, DMedSc 2016). The students soaked up valuable insights, with one reflecting on the depth and breadth of the evening:

“It was a privilege to be guided through a story from start to finish by the expert of each piece of that story, something we rarely get in traditional hourly lectures.”

Another commented: “I enjoyed the discussion of the problems, but also the emphasis given to solutions and translation of knowledge.” An alumni member and rural GP asked about the pressures of pandering to patients’ wants, and the common perception that leaving an appointment with a script was evidence of a good consultation. The speakers and audience discussed this tricky situation, acknowledging the importance of maintaining the doctor-patient relationship while neutralising the simplistic view that more drugs was better and reaffirming the benefits of good communication and reassurance.

Following on from the success of ReTranslate 2017, we look forward to hosting global leaders in Maternal and Child Health in 2018, with a forum again geared towards stimulating discussion and debate.

Evan McRobb

*Vice-President
Melbourne Medical School Student Ambassador Program*

MELBOURNE MEDICAL SCHOOL STUDENT AMBASSADORS (MMSSA)

The Student Ambassadors program was established in 2012 during the Melbourne Medical School’s 150th anniversary celebrations. The program started out with 150 medical student volunteers and has since been adapted to involve 25 student ambassadors across all years of the Doctor of Medicine.

The program provides an opportunity for medical students to develop leadership and public engagement skills, moving beyond traditional teaching and learning, while also interacting with world leaders in a variety of fields.

The Student Ambassadors have an important role in linking current medical students with the much-celebrated alumni of the Melbourne Medical School, supporting the transition from medical education to a rewarding career with public value.

The 2017 Ambassadors were led by President Dr Tal Koren (MD 2017), Vice-President Dr Yeung-Ae Park (BBIomed 2013, MD 2017), Philanthropy Group Leader Dr Hannah Meiklejohn (MD 2017), Flagship Event Group Leader Nicolas Soputro (BSc 2013, GDipMgt 2014), Alumni Group Leader Nicca Grant, Promotion and Engagement Group Leader Evan McRobb, and Outreach Group Leader Dr Oshi Swarup (BBIomed 2013, MD 2017).

MEDICAL STUDENT RELIEF BURSARY (MSRB)

The Medical Student Relief Bursary has allowed for funds to be provided to medical students in times of extreme financial need. An initiative of the Student Ambassadors, the Bursary ensures that even small gifts have an impact, with each applicant for support receiving up to \$500 in emergency assistance.

In 2017, five medical students received funds from the bursary for reasons that included increased carer duties or stolen/damaged items. The MSRB is the only emergency relief bursary available to students in the Faculty. Donations to the bursary are received from medical students and alumni during philanthropic initiatives run by the Student Ambassadors.

Gifts to the Bursary can be made at:
alumni.online.unimelb.edu.au/MMSsbursary

Melbourne Medical School 2017 REUNIONS

Last year marked a busy round of reunions for the Melbourne Medical School.

MBBS graduates from the classes of 1948, 1951, 1952, 1954, 1955, 1957, 1960, 1962, 1967, 1972, 1977, 1982, 1987, 1992 and 1997 each celebrated milestones.

Reunion functions varied from buffet lunches to cocktail parties and drew a broad group of alumni, from those who have memories of studying at the Mildura campus in the 1940s, to recent graduates who studied in our newest buildings in Parkville.

We would particularly like to acknowledge class organisers, whose commitment and enthusiasm for the reunion program continues the tradition of camaraderie within the Melbourne Medical School community.



Members of the Class of 1962 (55 year reunion), Class of 1992 (25 year reunion) and Class of 1997 (20 year reunion)

GET BACK TO CAMPUS FOR OUR INAUGURAL REUNION WEEKEND *Friday 23 and Saturday 24 November 2018*

Join us in November for a weekend of activities including precinct tours, social and professional development sessions, and reunions.

MBBS graduates from the classes of 1968, 1973, 1978, 1983, 1988, 1993, 1998, 2003, 2006 and 2008 will celebrate individual milestone reunions over the weekend.

There will be a special Half-Century Luncheon for Class of 1968 alumni celebrating 50 years since graduation, and the Chiron Luncheon for alumni who graduated more than 50 years ago. Our young alumni will be invited to join us at a cocktail reception for graduates of the last 10 years.

If it is not your year to celebrate with a class reunion, make sure to keep an eye out for the release of our full Reunion Weekend program, with many of the weekend's events open to all MMS alumni.

Stay up to date with our Reunion Weekend program at medicine.unimelb.edu.au/visit/reunion



Class of 1957, 60 Year Reunion

Dr Graham A Syme (MBBS 1955)

"The MBBS class of 1955 held their annual reunion lunch at Kooyong Lawn Tennis Club on 4 October, 2017. The 26 who attended included four partners and two carers. The excellent smorgasbord lunch was enjoyed by all and the entertainment was provided by our member Paul Dolphin, a leading Melbourne poet and deep water sailor. Paul read some of his poems which contained a medical theme. The gathering agreed to meet again next year."

Dr Warren Johnson AM (MBBS 1960)

"The class of 1960 Reunion on Wednesday 18 October saw 53 people attend a very successful event, with 12 of our colleagues apologising for their absence. Michael Long and Bryce Phillips were asked to tell us about what they had been up to in their careers and these stories proved to be fascinating. They have made substantial contributions across many areas in addition to medical practice and we were delighted to hear from them."

Dr Ian Rechtman (MBBS 1962)

"The 1962 medical graduates of the University of Melbourne held our 55-year reunion at the RACV Club on Wednesday 15 October. At the same time, in an adjacent room, the 1960 group held their 57-year reunion and many old friendships were renewed. We had 45 graduates in attendance and an enjoyable time was had by all. A number of apologies and best wishes were received from graduates who were still travelling overseas despite the fact that we are now aged in our 70s. Many thanks go to all who attended, with special thanks to alumni travelling from overseas and interstate, including Sam Slutski from Israel, Alan Ebringer from the UK, Alex Auldlist and Adam Fligelman from NSW, Norm Edwards from Queensland and John Sheedy from South Australia."

REUNION GIVING

As part of the 2017 reunion celebrations, MBBS classes of 1952, 1954, 1957, 1960, 1962, 1967, 1972, 1977, 1982, 1987 and 1992 each contributed towards a gift to support student scholarships. As a result, 210 donors contributed more than \$90,000 to support current medical students.

All these reunion class gifts are matched by the Faculty and School up to \$10,000 per class, and matching will continue in 2018, magnifying the impact for students.

With the Doctor of Medicine now placing a significant financial burden on students, with costs upwards of \$295,000 for some students, these gifts will help support the next generation of doctors training at the Melbourne Medical School.

But scholarships go well beyond financial support and can have a profound impact on a student's life. The support that students receive from their medical community can instil a great sense of belonging and drive to succeed in their studies, as well as a desire to give back to society upon graduating.

The class of 1972 were the first reunion group to set up a class gift and have together contributed more than \$50,000 to establish a named perpetual scholarship.

Reunion committee member Professor Geoffrey Donnan AO (MBBS 1972, MD 1980) spoke at the group's reunion last year, telling colleagues: "It is fitting, as we come together to catch up and celebrate our university days, that we consider giving back to support the next generation of talented students, for whom the cost of study is substantially more than it was in our day.

"It is my hope that, as a class, we will set up a scholarship that is enduring, and in doing so, provide inspiration for other year groups to follow."

We look forward to announcing this year's scholarship recipients shortly and sharing their stories with you. Our reunion class-giving initiative will continue in 2018, supporting and inspiring future generations of medical students.

"I remember struggling financially during my undergraduate days, even though our cohort in the 70s had the benefit of Commonwealth Scholarships and, eventually, the abolition of university fees. So, having gained lifelong, secure employment and immense satisfaction from that education, and now being able to retire comfortably, I wanted to help our younger colleagues who are traveling the same path without the government assistance we enjoyed."

A graduate of the MBBS class of 1977 and participant in reunion giving in 2017.



HONOURS AND AWARDS



Associate Professor Peter Greenberg OAM, Professor Kathryn North AM, Professor Shitij Kapur, Emeritus Professor Henry Burger AO, Professor Kate Leslie AO, Professor James Bishop AO

BROWNLESS MEDAL

The Brownless Medal – named after Sir Anthony Colling Brownless (MD 1856, LLD 1888), founder of the Melbourne Medical School – recognises eminent individuals who, through their diligence and leadership, have ensured the growth and positioning of the Medical School as a world leader in medical teaching and training, and in health research, policy and practice.

Associate Professor Peter Greenberg OAM
(MBBS 1966, MD 1972, PhD 1974)

in recognition of his substantial and lasting contribution to teaching, research and engagement on behalf of the University, his influence on person-centred and evidence-based clinical practice as a role model and educator of generations of health professionals, and his outstanding facilitation of learning and the application of learning, through activated educational techniques and his innate sense of curiosity.

DOCTOR OF MEDICAL SCIENCE (HONORIS CAUSA)

The Doctor of Medical Science (honoris causa) is awarded to individuals who have made significant contributions to the field of medicine and to society, and has been awarded by the Faculty each year since 2012.

It is awarded without the need for completion of the usual requirements of the degree – honoris causa meaning “for the sake of the honour” in Latin.

Professor James Bishop AO
(MBBS 1972, MD 1990, MMed 1999, MD 2017)

in recognition of his service to the Australian community and leadership in the field of oncology, and his vision for an integrated, collaborative model of research and care now manifest in the Victorian Comprehensive Cancer Centre.

Emeritus Professor Henry G Burger AO
(MBBS 1956, MD 1960, MD 2017)

in recognition of his distinguished scientific contributions, in particular to the advancement of knowledge in the area of reproductive endocrinology, his leadership of his specialty and his prominence in the development and support of clinical initiatives for the health and wellbeing of patients.

Professor Kate Leslie AO
(MBBS 1985, MD 1998, GDipEpid&Biostat 2000, MEpid 2002, MD 2017)

in recognition of her highly distinguished clinical, research and leadership contributions to the medical profession and to the advancement of anaesthesia.

Professor Kathryn North AM
(MD 2017)

in recognition of her contribution to improving the health of the Australian people through her research excellence and leadership in neuromuscular biology and her advocacy for those affected by neuromuscular and rare inherited genetic disorders.

2016 Dean's Honours

The Dean's Honours Award is presented to the graduate achieving the highest academic results in their course.

Dr Mark Elliman (BSc 2012, MD 2016)
for the Highest Academic Result in the Doctor of Medicine, 2016.

2017 Dean's Honours

Dr Jeremy Clark (BBiomed (Hons) 2013, MD 2017)

Dr Dong-Kyoon Ko (BBiomed 2012, MD 2017)

Dr Callum Umstad (BBiomed 2013, MD 2017)

for the Highest Academic Result in the Doctor of Medicine, 2017.

We pay tribute to many MMS alumni and staff, and members of the broader Faculty of Medicine, Dentistry and Health Sciences University community, whose outstanding contributions to their field and society were recognised in the Queen's Birthday Honours List in June 2017, and the Australia Day Honours List in January 2018.

2017 Queen's Birthday Honours

OFFICER OF THE ORDER OF AUSTRALIA

Professor Ian P Anderson AO (MBBS 1989, DMedSc 2012)
in recognition of his distinguished service to the Indigenous community, particularly in the areas of health equality, aged care and education, as an academic, researcher and medical practitioner, to policy reform, and as a role model.

Professor Helen E Herrman AO (MD 1982, DMedSc 2016)
in recognition of her distinguished service to medicine, and to mental health, as a leading clinician, researcher and scientist, to national and international professional organisations, and through programs to support youth and women.

Professor James St John AO
(MBBS 1959, MD 2001, DMedSc 2016)
in recognition of his distinguished service to medicine, and to medical research, as a gastroenterologist, to innovative public health cancer screening programs, and as a mentor of young clinicians.

MEMBER OF THE ORDER OF AUSTRALIA

Dr Peter G Colman AM (MD 1986)
for significant service to medicine in the field of endocrinology, particularly diabetes research, patient education and clinical management.

Professor Nick Crofts AM (MBBS 1975)
for significant service to medicine in the field of epidemiology, particularly through contributions to the control of HIV and other infectious diseases.

Dr Harry B Frydenberg AM (MBBS 1966)
for significant service to medicine in the field of bariatric surgery as a clinician, author and mentor, and to professional organisations.

Dr Kenneth J Harvey AM (MBBS 1967)
for significant service to community health and the pharmaceutical industry through roles in developing guidelines for the ethical use of antibiotics.

Dr Nicolas J Radford AM (MBBS 1965)
for significant service to medicine as a nephrologist, to the management of medical complications during pregnancy, and to professional standards.

Dr Hugh G Seward AM (MBBS 1976)
for significant service to Australian rules football as a physician, particularly to the prevention and management of injuries.

Associate Professor Raymond D Snyder AM
(MBBS 1969, MMed 1985)
for significant service to medicine, particularly as an oncologist, to cancer research, and to professional and service delivery organisations.

MEDAL OF THE ORDER OF AUSTRALIA

Dr Scott S Giltrap OAM (MBBS 1977)
for service to medicine, particularly in regional areas.

2018 Australia Day Honours

COMPANION OF THE ORDER OF AUSTRALIA

Professor David W Kissane AC (MBBS 1974, MD 1995)
for eminent service to psychiatry, particularly psycho-oncology and palliative medicine, as an educator, researcher, author and clinician, and through executive roles with a range of national and international professional medical bodies.

Professor Jeffrey V Rosenfeld AC (MBBS 1976, MS 1991)
for eminent service to medicine, particularly to the discipline of neurosurgery, as an academic and clinician, to medical research and professional organisations, and to the health and welfare of current and former defence force members.

MEDAL OF THE ORDER OF AUSTRALIA

Professor William R Adam OAM PSM
(MBBS 1965, BMedSc 1972, PhD 1972)
for service to medical education, particularly to rural health.

Dr Ralph L Peters OAM (PGDipPallMed 2006)
for service to medicine, and to the community of the Derwent Valley.

Associate Professor Julian L Rait OAM (MBBS 1982)
for service to ophthalmology, and to the development of overseas aid.

Dr Katrina J Watson OAM (MBBS 1977)
for service to medicine, particularly to gastroenterology.

Dr Karen S Wayne OAM (MBBS 1977)
for service to the community of Victoria through a range of organisations.

Dr Anthony P Weldon OAM (MBBS 1966)
for service to the community, and to paediatric medicine.

MEMBER OF THE ORDER OF AUSTRALIA

Professor George Braitberg AM
(MBBS 1981, GdipEpid&Biostat 2003)
for significant service to medical administration and emergency medicine, to education and health system design, and to the community.

Professor Susan L Elliott AM (MBBS 1982, MD 1992)
for significant service to education as an academic administrator, as a clinician in the field of gastroenterology, and to educational institutions in the Asia-Pacific.

Associate Professor Nerina S Harley AM
(MBBS 1984, MD 1998, PGDipEcho 2005)
for significant service to medicine in the fields of intensive care and nephrology, as an administrator, and to medical research and education.

Adjunct Professor John W Kelly AM (MBBS 1976, MD 1986) for significant service to medicine through the management and treatment of melanoma, as a clinician and administrator, and to education.

Dr Ross K Littlewood AM (MBBS 1977) for significant service to medicine as an ophthalmologist, to professional medical organisations, and to the international community of Timor Leste.

Professor Frank Oberklaid AM (MBBS 1969, MD 1992) for significant service to medicine in the field of clinical paediatrics, child development, and public health policy, as a researcher and academic.

Professor Mark P Umstad AM (MBBS 1984) for significant service to medicine in the field of obstetrics, particularly complex pregnancies, as a clinician, consultant and academic.

Professor Barbara S Workman AM (MBBS 1977, MD 1990) for significant service to geriatric and rehabilitation medicine, as a clinician and academic, and to the provision of aged care services.

OFFICER OF THE ORDER OF AUSTRALIA

Professor Emeritus David J Ames AO (MBBS 1978, MD 1989, BA 1992) for distinguished service to psychiatry, particularly in the area of dementia and the mental health of older persons, as an academic, author and practitioner, and as an adviser to professional bodies.

Professor Suzanne M Garland AO (MBBS 1971, MD 1998) for distinguished service to medicine in the field of clinical microbiology, particularly to infectious diseases in reproductive and neonatal health as a physician, administrator, researcher and author, and to professional medical organisations.

Professor David J Handelsman AO (MBBS 1974) for distinguished service to medicine, particularly to reproductive endocrinology and andrology, as a clinician, author and researcher, to the science of doping in sport, and to medical education.

Mr Anthony D Holmes AO (MBBS 1969) for distinguished service to medicine, particularly to reconstructive and craniofacial surgery, as a leader, clinician and educator, and to professional medical associations.

Professor Jonathan M Kalman AO (MBBS 1983, PhD 1994) for distinguished service to medicine, particularly to cardiac electrophysiology as a clinician and academic, and through roles with a range of national and international heart rhythm societies.

OBITUARIES

DR MARGARET M HENDERSON OBE

13 NOVEMBER 1915 – 18 AUGUST 2017

Dr Margaret Mary Henderson OBE (MBBS 1938, MD 1941, DMedSc 2012) was born in Melbourne on November 13, 1915, the first child of the Reverend Kenneth Thorne Henderson (BA 1911, GDipEd 1912) and his wife Charlotte Mary, who was the eldest daughter of Rear Admiral Frederick Tickell.

For Margaret, service to others was long a family trait. Her father and her uncles Rupert and Alan all served in World War I; in 1915, both uncles died at Gallipoli, while Kenneth enlisted the following year as a chaplain in the 1st Australian Imperial Force and served in France, on the Somme, until 1918, when he was invalided home.

After the war, the family moved to Adelaide where Kenneth joined the staff of St Peter's College as assistant chaplain and teacher. But in 1923, Margaret's parents, along with the baby of the family, Kenneth junior, headed to Oxford to enable her father to study for a BLitt over three years, leaving Margaret and her two younger siblings in the care of their maternal grandmother Charlotte, a widow living in Denmark Street, Kew. Charlotte's two adult daughters Kathleen and Lucy, an architect, assisted with the care of their cousins.

Margaret attended the Church of England Girls' Grammar School in South Yarra, where she had received a scholarship. She was inspired by her paternal grandmother, Jessie, who lived in Harcourt Street, Hawthorn, and had demonstrated a passion for helping the less fortunate. Jessie became a founding member of the Housewives' Association of Victoria and was instrumental in selecting candidates to be trained as medical social workers at the Royal Melbourne Hospital.

Jessie also joined the committee of the Melbourne District Nursing Society, later the Royal District Nursing Service, and campaigned for the society's after-care home in Victoria Parade, Collingwood. In 1999, Margaret lovingly wrote of her memories of Jessie and her grandmother's outreach activities.

Margaret and her family were again uprooted when, in 1927, while freelancing for the Melbourne *Argus*, her father accepted an offer as a lead writer for *The West Australian*. They travelled by sea from Melbourne, the only route available for getting to Perth.

Although an Anglican clergyman, Kenneth enrolled his three girls in Perth's Presbyterian Ladies' College. The great strength of the school was in the quality of its teachers. Margaret studied biology and was introduced to scientific methods, accurate observation and recording. In 1931, at the age of 16, she won the University Medal for best essay in English in Leaving Honours and was awarded a government university scholarship.

Career choices for women were at the time limited to teaching, nursing or office work. But Kenneth reckoned on medicine offering his daughter the best prospect for parity with men. In 1932, Margaret repeated Leaving Honours in order to take Latin, a prerequisite for medicine.



(She would later remark that Latin came in handy for crosswords and Scrabble.) She also won the state's exhibitions in German and French that year.

As there was no medical school in Western Australia, she enrolled in first-year science at the brand-new campus of the University of Western Australia, at Crawley on the Swan River. The following year she moved to the University of Melbourne, enrolled in medicine and forged her first links with Janet Clarke Hall, where she later became its medical officer for 16 years and ultimately a Fellow of the College (appointed in 1966).

The government scholarship continued to fund Margaret's studies for the duration of her course and with no strings attached. Margaret completed her MBBS in 1938, sharing the Exhibition in Surgery, and began her studies for a Doctor of Medicine. She undertook research at the Walter and Eliza Hall Institute, worked in general practice in Ivanhoe and in Medical Outpatients at the Royal Melbourne.

When Margaret graduated from her MD in September, 1941, her proud parents and her grandmother Jessie were in attendance. There were 102 medical graduates – 15 were females, but Margaret was the only one awarded an MD. During 1941-42, she served with the Australian Military Forces in the rank of Captain.

In late 1945, Margaret was recruited by the Red Cross for post-war civilian work and was posted to Malaya as a senior medical officer working on a range of nutritional problems and tropical diseases. She continued her work for the Red Cross in London and Switzerland, developing an interest in respiratory and thoracic medicine.

In 1947, she passed the examinations in London for membership of the Royal College of Physicians. To afford the return passage home, Margaret volunteered as an escort and assistant surgeon for the Overseas League on the Ormonde, which was bound for Melbourne with a group of 50 orphan boys.

During the voyage, she diagnosed an acute case of appendicitis and operated successfully. The boy made a swift recovery and was able to go sightseeing in Fremantle. It was a rare event for a woman to operate at sea.

Back in Melbourne, Margaret became an honorary physician from 1947-75 and a specialist physician from 1976-82 at the Royal Melbourne. She was also a consultant physician at the Queen Victoria Hospital for Women, vice-president of the Royal District Nursing Service and a member of their management committee for 18 years. In 1976, she was awarded the Order of the British Empire for services to medicine, a rare distinction in that era.

In her so-called retirement, Margaret lived at 'Karana' in Walpole Street, Kew, supporting many causes and writing about her career and family history. Her works included *Perspectives, cursory and clinical* (1999), *Marking Feminist Times* (2006), *A Williamstown Doctor* (1997), *George G Henderson's Story* (2000) and *Steam Power and Survival* (2000).

Margaret died on 18 August, 2017, aged 101. A memorial service was held at the Chapel of Holy Trinity, University of Melbourne.

Dr Jane Mayo Carolan OAM (BA 1969, MA 1975)

Archivist at Trinity Grammar School

DR RAJARATNAM (RAJ) SUNDARASON

3 JULY 1929 – 21 DECEMBER 2017

Dr Rajaratnam (Raj) Sundarason (MBBS 1956) arrived in Australia from Singapore in February 1950 as a 21-year-old Colombo Plan student preparing to study medicine at the University of Melbourne.

It was the era of the White Australia Policy with widespread anti-Asian sentiment evident in the community. Like many others, Raj experienced difficulty in obtaining suitable accommodation because of his ethnicity.

Along with two other students, Abinasti Jerath and Sam Dimmick (GDip (Social Studies) 1951, BA 1953, BCom 1954), he was instrumental in convincing the University of Melbourne to establish International House as a residence for Australian and overseas students. These individuals rank among the esteemed founders of International House.

Their vision was for the house to be a place for nurturing friendship, cultural understanding and tolerance among young people from various nations, many of whom were expected to provide community leadership in their home societies. This ideal has been pursued since 1957.

Raj Sundarason was a lifelong supporter of International House. He completed his Bachelor of Medicine and Surgery degrees at Melbourne in 1956 and gained fellowships from the Royal College of Physicians and Surgeons in Scotland in 1964 and from the Royal College of Surgeons in England a year later.

He established a successful career as a plastic surgeon in Singapore where he practised until shortly before his death on 21 December 2017, aged 88. He was a founding member of the Singapore Association of Plastic Surgeons and the Singapore Society of Cosmetic (Aesthetic) Surgery.

He mentored future medical students through his engagement as a senior lecturer in general surgery at the Department of Surgery, University of Singapore.

Raj was the last surviving founder of International House. His association spanned more than 65 years. He was a member of the first planning committee in 1950 and the foundation Council from 1955 to 1961. He was vice-warden to Sam Dimmick from 1960 to 1963 while practising medicine in Melbourne. In this role he was instrumental in establishing the administrative framework for the House during its formative years.



He rejoined the Council in 1973 as an international member, serving for a further 20 years. His distinguished contribution has been recognised by International House through his election as an esteemed fellow, and through the endowment of the Sundarason scholarship to support a young student as a resident.

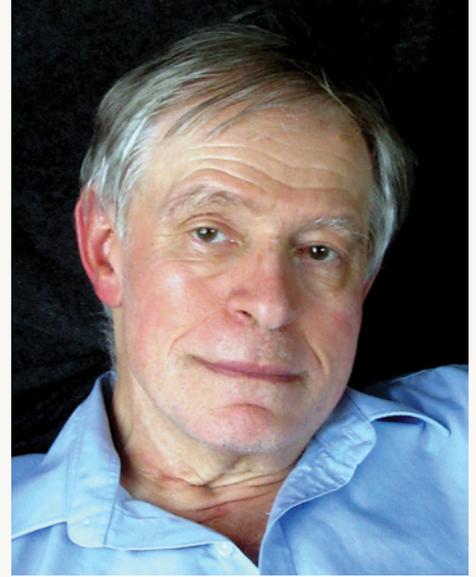
His portrait, by artist Robert Hannaford, is displayed in the Dimmick Dining Hall. His legacy is the leadership and passion he displayed to fulfil the International House dream of making the world a better place through fellowship.

Raj is survived by his wife Mary, five children and seven grandchildren.

Professor Emeritus Frank Larkins AM
(BSc (Hons) 1962, BEd 1965, MSc 1966, DSc 1987, LLD 2009)
Past Chair, International House Council, the University of Melbourne

DR SERGE LIBERMAN OAM

14 NOVEMBER 1942 – 22 DECEMBER 2017



Dr Serge Liberman OAM (MBBS 1967), author, editor, scholar, bibliographer and medical practitioner, died in Melbourne in December 2017, aged 75. For more than 40 years he was a leading light in Australian Jewish literary and multicultural spheres.

Serge Israel Liberman was born on 14 November 1942 in Fergana, Uzbekistan (then part of the USSR), to Abram Jacob and Regina Liberman (née Minski), Polish-born parents made refugees by the war in Europe. A daughter, also born in Fergana, died there in infancy before Serge was born.

After spending time in a displaced persons' camp in Germany (1946-47), and then in Paris (1947-51), the family of three arrived by ship in Melbourne in 1951. Serge learnt English, continued his education, graduated in medicine from the University of Melbourne in 1967 and began work in 1974 as a general practitioner, continuing until his retirement in 2013.

Alongside his medical career, he pursued his literary vocation. Over some 30 years he published six collections of stories: *On Firmer Shores* (1981), *A Universe of Clowns* (1983), *The Life That I Have Led* (1986), *The Battered and the Redeemed* (1990), *Voices from the Corner* (2000) and *Where I Stand* (2008).

During much of that period he laboured tirelessly on his ground-breaking *Bibliography of Australasian Judaica: 1788-2008*, the updated and expanded third edition of which appeared in 2011. At more than 800 pages, this is a towering work for which researchers and readers will be grateful for decades to come: a compendium of meticulously organised information on all publications concerned with Jewish life, literature, history, culture and the arts in Australia and New Zealand.

Serge was an editor of the *Melbourne Chronicle*, associate editor of the multicultural journal *Outrider*, literary editor of *The Australian Jewish News* and *Menorah*, and vice-president of PEN Melbourne. He served on the editorial committees of the *Australian Jewish Historical Society Journal* and *Gesher*, the journal of the Council of Christians and Jews.

For his short-story collections, he was three times winner of the Alan Marshall Award and a recipient of the NSW Premier's Literary Award, with three of his books set as study texts in a number of Australian high schools and universities. In 2015, he was honoured with the Medal of the Order of Australia (OAM) for his contribution to Australian literature as an author, historian and scholar.

Serge Liberman's fiction is distinctive for its vivid, highly-charged prose and its ethical (at times metaphysical) intensity, and especially for its myriad protagonists drawn with colourful precision and a compassionate understanding of the highlights and shadows of the human spirit. The stories are thought-provoking, rich in penetrating insights and often extremely moving. Serge's imagination was shaped by the world's great authors, dramatists, philosophers, artists and musicians; and perhaps even more so by the greats of the Jewish and Yiddish literary traditions, which infused his writing.

His strong Jewish identity, and his history as a child survivor of the Holocaust growing up in an atmosphere darkened by a backdrop of devastation and loss, underpin many of the themes woven through the pages of his books. And while the Jewish experience, in its many guises, would remain his work's centre of gravity, he regarded his stories as universal in their exploration of the elements and enigmas of our common humanity.

Serge was a kind, courteous, softly-spoken individual and a thoughtful, loyal and generous friend. Forever excited by ideas, he relished good conversation and was always willing to question, to seek out, discover, engage. Serious and studious, he could sport a correspondingly understated wit, while his humour could display an absurd, even wicked streak.

He was a person of supreme dedication and immense energy – which he needed, in order to combine his creative, professional and voluntary work with a thriving full-time medical practice. As a doctor, he was revered by his patients for his unstinting devotion and personal concern for their welfare. By nature a modest and humble man, Serge gave of himself freely and generously: the bulk of his editorial and scholarly work was done on a voluntary basis. He played a significant role in fostering Australian Jewish writing, not only through the publications he was involved with but frequently in less visible capacities.

Confronted in 2016 with a diagnosis of motor neurone disease, Serge fully understood its ineluctable trajectory; as a committed rationalist, however, he eschewed the consolation of any thought of an afterlife.

Throughout his illness he maintained an extraordinary outward demeanour: his characteristic ready smile, expressed by the merest crease around the lips, could warm the heart and lift the mood of any visitor who chanced to offer a joke or ironic aside. His dignity and grace in the face of his unspeakable predicament were an inspiration.

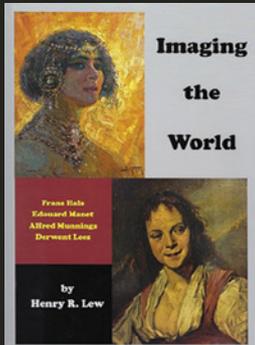
He was looking forward to the publication of his final book, a selection of nearly 30 of some of his finest stories under the title *The Storyteller*. He took an active role in choosing the stories and discussing editorial and other aspects of the project.

Serge Liberman died on 22 December at Gary Smorgon House, Caulfield. His staunch integrity, his caring, compassionate nature and his profound humanity were a hallmark not only of his work and his writing but of the life that he led, and of the way he led it.

He is survived by Anna Mow, his devoted second wife of more than 20 years, three children, two step-children and six grandchildren.

Alex Skovron
Melbourne writer and editor

BOOK REVIEW



IMAGING THE WORLD

Frans Hals, Edouard Manet, Alfred Munnings, Derwent Lees

by Dr Henry R Lew

Imaging the World introduces a never previously described scientific form of art connoisseurship which, through the work of Frans Hals, Edouard Manet, Alfred Munnings, Derwent Lees and other selected artists, explains how to amalgamate a knowledge of "art history and artistic techniques" with an appreciation of the "neurophysiological engineering of human vision".

The book's aim is to revolutionise the manner in which all readers (eye-care professionals and art lovers included) will forever more think about and perceive their own vision. This journey is illuminated by introducing numerous well-known illustrative examples of fine art, which clearly identify and demonstrate how an understanding of the neurophysiological engineering of human vision can be applied to the examination of paintings; and how doing so can aid in identification of possible "sleepers" or "unrecognised paintings by significant artists", which have escaped the supposedly attentive eyes of such renowned professional

experts as art academics, art dealers, and auction house specialists. At the same time, a fascinating scientific explanation emerges which details how and why the French Impressionism movement occurred when and where it did.

People who have enjoyed the BBC television series *Fake or Fortune* should find this book exceedingly interesting, and at the same time immersing.

"Rarely have science and art sat at the same table, let alone discussed the same issues. In his penetrating study, *Imaging the World*, Dr Henry Lew uses his professional skills and artistic acumen to apply the science of seeing to the art of perceiving. The result is a fascinating insight into the construction of pictorial imagery. It's a must for all impartial minds."

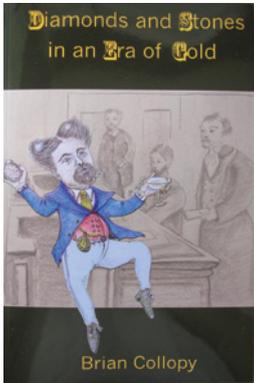
Associate Professor Ken Wach, Former Principal Research Fellow and Head of the School of Creative Arts, University of Melbourne.

ABOUT THE AUTHOR

Dr Henry R Lew

Dr Lew is a recently retired ophthalmic surgeon who has written, lectured and made movies on professional subjects. In his spare time he has also written *Horace Brodzky* (1987); *In Search of Derwent Lees* (1996); *The Five Walking Sticks* (2000), (Pick of the Week in Melbourne's *The Age* in 2002); *The Stories Our Parents Found Too Painful To Tell* (2008), (serialised on Radio National and the subject of the telemovie *The Sleeping Book* on ABC TV's *Compass* program); *Lion Hearts* (2012); and *Smitten by Catherine* (2016). More information is available at henryrlew.com.au





DIAMONDS AND STONES IN AN ERA OF GOLD

by Dr Brian Collopy AM

The story is set in Melbourne in the gold rush years of the late 19th century, when the city was growing rapidly due to the gold flowing from the diggings at Ballarat and Bendigo.

It concerns Dr James Beaney (MD 1879), a colourful and controversial surgeon, who amassed a fortune from his practice, displaying it in the jewellery he wore, the mansion he had built (which still exists) and in his social life. He was, however, a generous benefactor to the University of Melbourne and to local hospitals, as well as to the city of his birth, Canterbury, in Kent, England.

Shortly after his re-appointment to the Melbourne Hospital in 1875, having previously weathered two harrowing court cases, Beaney was involved in yet more court action following the death of a patient he had operated on for a large bladder stone. Unwisely, he had a facsimile of the stone made and placed in the window of a Collins Street bookshop.

Demands for an inquest followed correspondence in the local press, particularly a letter published from an unknown surgeon who was highly critical of Beaney. The inquest is outlined in considerable detail in the book, with the skill displayed by James Purves, the brilliant young barrister who defended Beaney, evident to the reader.

“One of the most interesting and enjoyable books I have read for some time. Beaney was a colourful character in a booming time in Melbourne, and this has been brought splendidly to life by Brian Collopy.”

Professor Emeritus Sir Peter Morris AC FRS FRCS (MBBS 1957, PhD 1972, LLD 2012) Nuffield Professor of Surgery Emeritus, University of Oxford.

Copies of *Diamonds and Stones in an Era of Gold* are available at bit.ly/IPProseDS



ABOUT THE AUTHOR

Dr Brian Collopy AM

Dr Collopy is a past Director of the Department of Colon and Rectal Surgery at St Vincent's Hospital and Associate Professor of Surgery at the University of Melbourne. He has had a long-standing interest in the assessment of the quality of care and, with the award of a Kellogg Fellowship, and subsequently a WHO consultancy, he studied and advised on healthcare practices in Europe and Asia, as well as in North America. He has conducted numerous studies addressing the quality of care at the hospital, inter-hospital and national levels, has authored or co-authored more than 150 papers published in peer-reviewed journals, and has spoken extensively on the subject.

Among a variety of roles relating to the quality of healthcare, Dr Collopy was President of the Australian Council on Healthcare Standards (ACHS), which conducts a national hospital accreditation program. He was made a Member of the Order of Australia in 1993 and received a Fellowship of the Australian Medical Association in 1996.

Currently, he is the Director of CQM Consultants, formed to assist healthcare organisations in assessing the quality of their care. He has just retired from membership of the Victorian Civil and Administrative Tribunal (VCAT), but continues as a Clinical Advisor to the ACHS and as a member of the Superannuation Complaints Tribunal (SCT). A number of his activities, such as the clinical indicator development for hospital accreditation, a follow-up protocol after bowel cancer surgery, and the categorisation of urgency for elective surgery waiting list patients, were world-first achievements.

MELBOURNE MEDICAL SCHOOL REUNION WEEKEND

SAVE THE DATE | 23 – 24 November 2018
Parkville Campus
The University of Melbourne

**RETURN TO CAMPUS FOR A TWO-DAY
CELEBRATION FOR MELBOURNE MEDICAL SCHOOL
ALUMNI. RECONNECT WITH FORMER CLASSMATES
AND FRIENDS AND RENEW TIES WITH THE
UNIVERSITY COMMUNITY.**

Reunion Weekend will include a variety of activities such as campus and precinct tours, networking events and professional development sessions which all MMS alumni are welcome to attend. Milestone class reunions will be celebrated on Saturday, with formal invitations to be sent mid-year.

Whether it has been one year or 50 years since you last visited, we hope you will join us back on campus this year to celebrate with friends, revisit favourite spots and see how the campus has changed since you were a student.

1968 | 1973 | 1978 | 1983 | 1988 | 1993 | 1998 | 2003 | 2006 | 2008