



CHIRON

Melbourne Medical School | twenty ten



Making doctors since 1862



THE UNIVERSITY OF
MELBOURNE

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Front: Melbourne University Medical Graduates 1949. This is one of a number of photographs of medical students and graduates held in the Medical History Museum.

If you have photographs or other memorabilia of your year you believe would interest the museum please contact the curator, Susie Shears on T: (+61 3) 8344 9935 or E: sshears@unimelb.edu.au

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Turning Points

Several themes are woven through this year's edition of *Chiron*: our wonderful heritage, inspiring teachers, our fundamental commitment to research and our international engagement. I must start with our history as we count down to the 150th anniversary of the Melbourne Medical School in 2012 and finalise selection for the first intake of graduate students into our new MD medical course.

Both Ross L Jones and Anna Harris write about what there is to discover of our history in two wonderful resources, *Speculum*, which recorded the thoughts of generations of medical students, and the Medical History Museum, where Susie Shears' superb exhibition, *The Physick Gardener*, will soon close. Although in dire need of refurbishment, the museum holds much of the history of medicine in Victoria. As one of the oldest and most successful medical schools in the world we need to support the documentation of our history so that our heritage can be properly celebrated. It is also worth noting that Med Medleys celebrated its 90th anniversary this year. Surely we have a history to be treasured.

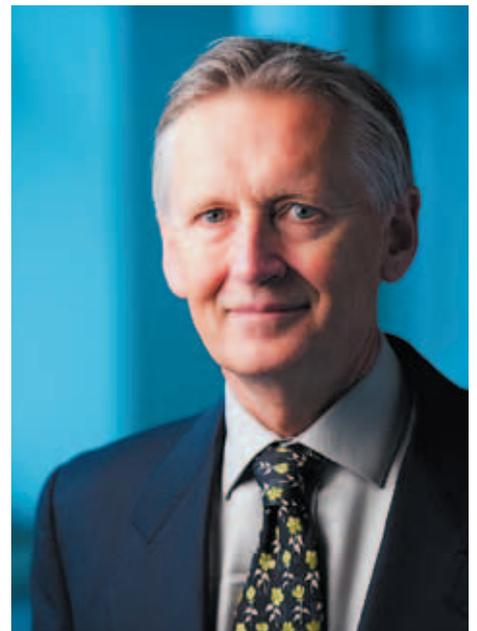
How often do we hear that an inspiring teacher changed a career path? Sydney Dattilo Rubbo, 'Ding' Dyson and Bill Boyle are often mentioned in this category. While Ann Westmore and Helen Billman-Jacobe are writing a biography of the legendary Syd Rubbo, I can vouch from personal experience that David Penington was also an inspiring teacher. In his recently released autobiography *Making Waves*, he relates the priority he gave to medical student teaching in his career. That great teachers with passion and commitment are the essence of our medical school, was clearly evident during the Australian Medical Council's review of our new graduate entry MD curriculum. Geoff McColl's leadership in this area has been exemplary, just what we would expect from a Melbourne alumnus!

Writing about the new MD, Geoff emphasises our goal of providing all our medical students with a meaningful research experience: to our knowledge the most ambitious program for any medical school in the world. We take the urging of our alumnus John Eccles as

a guiding principle: 'Our medical student must... be trained to be able to practise as an applied scientist; and for this training to be effective it must be conducted in an atmosphere permeated by the research spirit.' The value of a significant research experience prior to medical graduation is evident in the reminiscences from Anne Shanahan, David Vaux and Jenny Dowd who have each taken remarkably successful but very different career paths.

Teaching medical students depends heavily upon the shared commitment and excellent relations we enjoy with our partner hospitals and research institutes. The longevity of two such relationships was recognised when we celebrated the 100th anniversary of the St Vincent's Hospital Clinical School and the 50th anniversary of the Department of Paediatrics at the Royal Children's Hospital. We are also building new partnerships and strengthening current relationships: with Western Health and Victoria University through a separate clinical school and a new building for teaching, training and research at Sunshine Hospital; and with Northern Health and LaTrobe University at Northern Hospital in Epping. These arrangements, led by Steve Trumble from our Medical Education Unit and Jane Gunn, head of our Department of General Practice, are opening up exciting opportunities to work with local GPs to provide community oriented medical education.

International engagement is essential for any medical school of global distinction. While our students and recent graduates gain a global perspective on the practice of medicine through experiences abroad, many of our alumni are involved in academic medicine throughout the world. Visiting Vanderbilt University in Nashville, Tennessee as part of a University of Melbourne delegation in September, I met with Jack Martin and Denis O'Day, both of whom feature in the report of the class of 1960 reunion. Vanderbilt has recently named a Chair in Ophthalmology in honour of Denis, recognising his many years of leadership in ophthalmology at the university. Jack has spent several months there this year guiding the Vanderbilt Center in



Bone Biology, following the death of his friend and colleague Greg Mundy, an alumnus who spent 35 years of his illustrious research career in the USA.

In the 148 years of the Melbourne Medical School, many outstanding alumni have made exceptional contributions to all aspects of medicine. As usual, a few are recorded in the obituary section of this issue. As alumni, we are proud of our association with the University and its Medical School and look forward particularly to celebrating its achievements in 2012. We are changing the name of our alumni association from 'University of Melbourne Medical Society' to 'University of Melbourne Medical Alumni Society' to reflect more clearly the function of the group. I want to emphasise that past and present academic staff of the Medical School remain eligible and most welcome to membership.

As the year winds up I hope you are all able to enjoy a restful period away from work, in the company of family and friends.

James Best, MBBS 1972, MD 1989
Head, Melbourne Medical School

Speculum

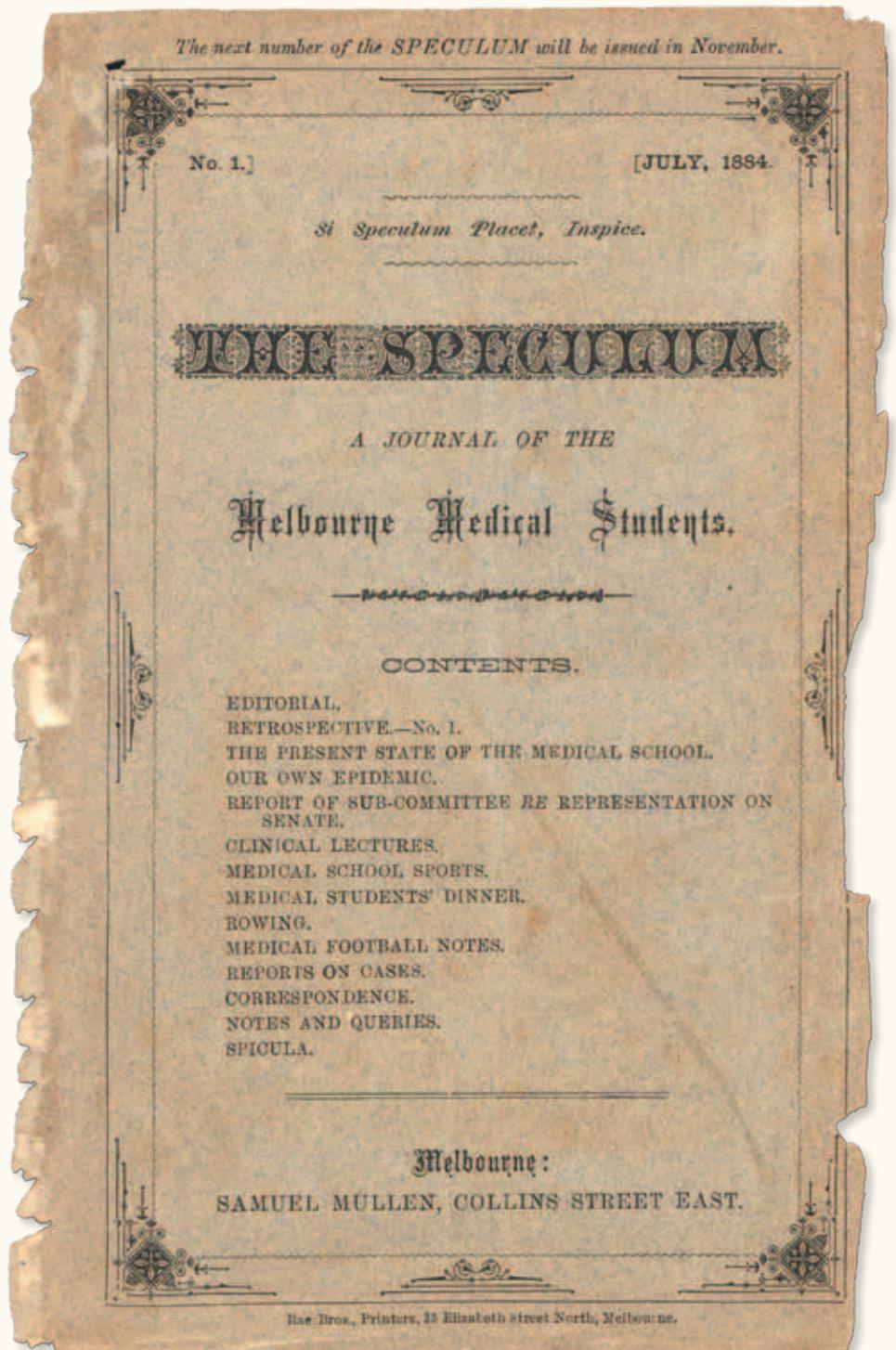
By Ross L Jones

'In making our introductory salaam before the public, we beg to congratulate the Melbourne Medical School on the first issue of its journal.' So read the opening line of the first editorial of *Speculum* in July 1884.

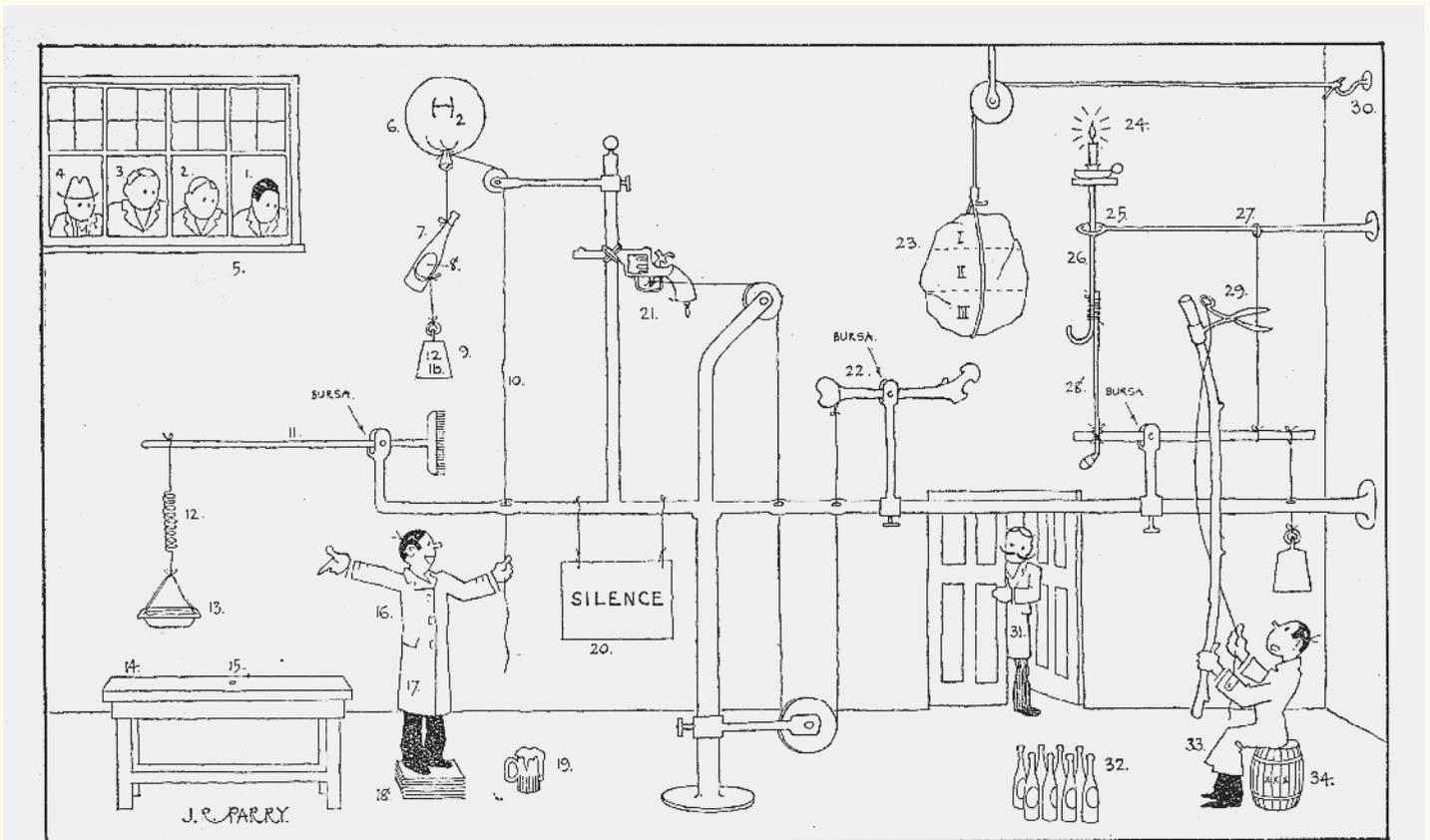
Speculum proved to be remarkably resilient even though, when a centenarian, the magazine was renovated with a succession of name changes (for example *Gubernaculum* from 1986-9). Did the founders of the Medical Students' Society (MSS) magazine foresee its almost continuous publication for over a century? On only a handful of occasions have either financial crashes, censorship or a lack of contributions from the student body stopped the presses, giving us a remarkable insight into student and faculty life over most of the life of the medical school.

After two decades of stagnation after its foundation, the medical school began to flourish in the 1880s, certainly enough to support a student's magazine, and *Speculum* was the efflorescence of this growth. As the maiden editorial in 1884 chimed, 'In the whole University are some 390 students on the roll; of these 190, or nearly one half, are medicals.' The foundation of *Speculum* was contemporaneous with the first publications of student magazines at major northern hemisphere universities such as Harvard, Yale and Princeton—although *Speculum* seems to be the only publication that was exclusively medical.

Concomitantly, *Speculum* also began its long career as a forum for the complaints of the student body. In reality, it was often the main vent through which student dissatisfaction exploded. For example, in 1885 the editors began what was to be a long-running assault on the competence of the board of the Melbourne Hospital as well as the University Council. This culminated in 1886 when the committee of the Medical Students' Society was granted an interview with the Premier of Victoria in order to demand a greater share of university income on the basis that they made up half the number of students,



THE MEDICAL SCHOOL WAS ROUNDLY CASTIGATED, IN THE ARTICLE ENTITLED 'THE FIFTH YEAR FIASCO', FOR FAILING THE WHOLE OF THE FINAL YEAR



APPARATUS VIBRANS DISSECTIONIS
(O.T. Mechanical Rattling Machine for Students)

- | | | | |
|--|----------------------------------|---|--------------------------------------|
| 1. Professor iratus (sed benevolens). | 9. Moles pendens (atque gravis). | 19. Amicus studiosi—semper causa jubilationis. | 27. Foramen rotundum. |
| 2. Lector senior tolerans. | 10. Ramus communicans. | 20. Exhortatio. | 28. Scipio golfi. |
| 3. Lector Stewarti Fordi automobili vibrans. | 11. Brumum Kennedii. | 21. Revolvere revolvans. | 29. Forfex domestica. |
| 4. Prestoneus jocosus. | 12. Trichina spiralis. | 22. Magnum Bonum. | 30. Hamatum murale. |
| 5. Fenestra quadrata. | 13. Dishum palpitans. | 23. Petrus Galliae (O.T. Gaul Stone—divisa in partes tres). | 31. Fallopius antiquus. (Dies Irae). |
| 6. Vesica supportans. | 14. Mensa cadaveris. | 24. Lux vomica. | 32. Ampullae reservatae. |
| 7. Ampulla vitrea (Fosteri). | 15. Umblicus mensae. | 25. Foramen ovale. | 33. Studiosus operans. |
| 8. Inscriptio ovalis. | 16. Studiosus regulans. | 26. Scipio ambulans. | 34. Niner rotundum (Nortoni). |
| | 17. Toga alba. | | |
| | 18. Accumulatio Speculorum. | | |

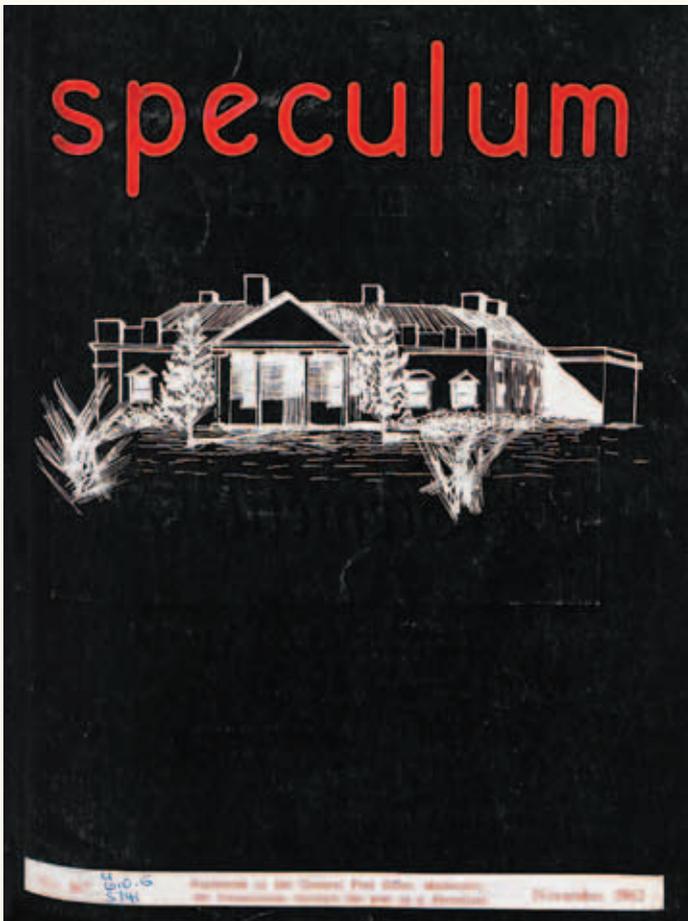
This cartoon, which appeared in Speculum in May 1933 was the work of John Parry who was then in his second year of the medical course. When Parry entered medicine he already had a diploma of architecture and had been working with an architectural firm for a couple of years. He graduated MBBS in 1937 but his medical career and life were cut short by his early death in 1940, from progressive muscular atrophy.



A classic skeleton cover by an unknown artist from the early 1930s



This cover dates from 1980, one of the latest issues of Speculum.



This eerie image of the old Medical School building was published to celebrate our 100th anniversary in 1962.



Humorous cartoons, a hallmark of Speculum's editorial policy, display the humour of the day. This dates from the August 1943 issue.

THEATRE NIGHT, [WAS] FAMOUS FOR THE QUANTITIES OF GINGER-ALE CONSUMED BY THE “GODS”

and yet received less than one-ninth of the government grant. In the same volume of *Speculum*, in the first of a number of ongoing, if irregular, complaints, the medical school was roundly castigated, in the article entitled ‘The Fifth Year Fiasco’, for failing the whole of the final year. The magazine blamed not the incompetence of the students but rather the ‘ambiguity and indefiniteness of the majority’ of the questions in the final examinations!

Speculum also provides a window into the private life of those early medical students, including the living environments of the many students who boarded in the Victorian terrace houses in Parkville. By 1925, *Speculum* was complaining about ‘those ugly mid-Victorian houses, those tiny back yards, those stained ceilings, the mud-coloured wallpapers, with white bows and baskets of puce roses, the woodwork painted an irrelevant green... [and] the dining rooms have red wall-paper, and are decorated with jardinières of that drearily respectable vegetable, the aspidistra.’

Similarly, the varied recreational life of the medical students is captured in its pages. On the thirtieth anniversary of the foundation of the MSS *Speculum* reminisced that:

socially, its activities were legion. Of these possibly the palm was taken by our annual procession, ending [at] the London Tavern. Wondrous and varied were the costumes displayed, and great were the preparations, but, more wonderful still, the lorries on which they passed. Then came Theatre Night, famous for the quantities of ginger-ale consumed by the “gods;” Smoke Night, Hare and Hounds Dinner, Football match at the Epileptic Colony, and so on.... Lastly—I had almost forgotten—three copies of the “*Speculum*” per annum were thrown in.’

Significant breakthroughs in medical research as well as changes in clinical practice were also recorded in *Speculum*’s pages. It noted,

for example, the introduction of asepsis into the operating theatres. As such, we read in *Speculum* in 1892 that during an operation on a larynx at the Melbourne Hospital by the famous colonial surgeon Sir Thomas Fitzgerald there were ‘forty onlookers present ... two sisters and a Homeopath amongst them’, but, by 1897, the editorial was commenting that it was ‘dreadful to think’ how recently ‘septic diseases were still rife in our hospitals’. As a consequence of the Listerian revolution, the magazine enthused, ‘now-a-days, one death in 0, one in 40, one in 50 is too many’.

Speculum also charted the medical school’s response to developments in medicine through reforms in the curriculum—though not always in complimentary tones. Indeed, it heralded the arrival of germ theory with a distinct warning:

You, Professors devoted to science,
And prone to be ever in front,
Who, with such a rare self-reliance,
Continue for microbes to hunt—
...

We certainly think ‘twould be better,
If, ere you broke further ground,
You first tried to foil and to fetter
The germs you have already found.’

It is difficult to think of any comparable institution with such a rich source of material with which to re-create its history and character. *Speculum* is a remarkable asset for the Melbourne medical community. Surely the founders of the magazine have much to be proud of.

Ross Jones is ARC Fellow, Department of History, University of Sydney and author of *Humanity’s Mirror: 150 Years of Anatomy in Melbourne*.

Speculum Copyright... Calling All Authors

A part of the commemorative activities focusing on the 150th anniversary of the Melbourne Medical School the Faculty is underwriting a project to make digital copies of significant collections of relevant publications held by the University. In addition to contributing to the security of these collections this will also enable improved access to the publications for researchers and, hopefully, general access on the University’s website. Publications in this program include the *Australian Medical Journal*, published by the Victorian Medical Society and the medical student’s magazine, *Speculum*.

Since *Speculum* was published by students and not the University, copyright for material in issues dating from 1900 still resides with the authors. All reasonable efforts have been made to identify and contact the creators of the images used on the *Speculum* covers and in the cartoons. If you edited or wrote for *Speculum* during your time as a Melbourne medical student, we would be particularly grateful for your permission to publish your articles on the University’s website. If you created any of the published material or remember writing for *Speculum* and would be happy to grant us permission to republish on the web please contact the copyright office on (+61 3) 8344 6647 or at: copyright-office@unimelb.edu.au

Syd Rubbo, the art of science and the science of art...

By Ann Westmore and Helen Billman-Jacobe

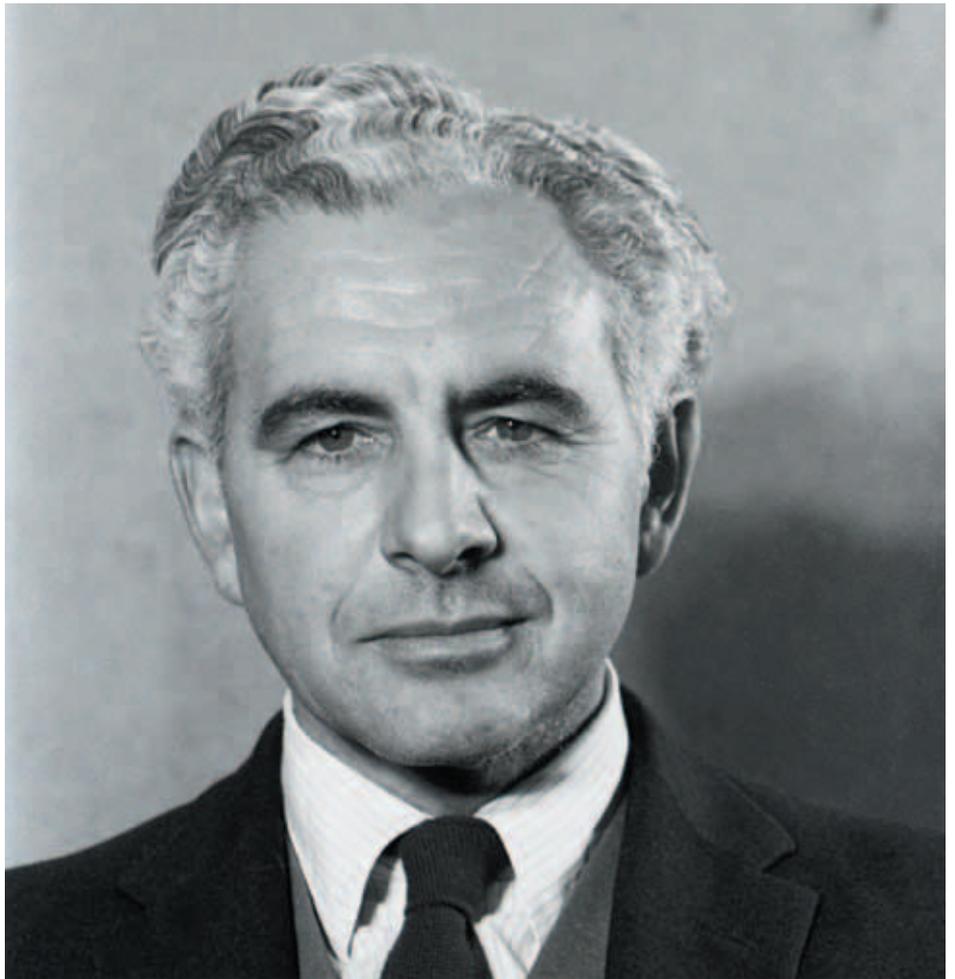
For many University of Melbourne medical, science and dental graduates from the 1930s to the late 1960s, the name Rubbo brings to mind enthusiasm, pizzazz and unconventionality.

When he joined the Melbourne Medical School as senior lecturer in bacteriology in 1937, aged 26, students and colleagues alike quickly recognised that Sydney Dattilo Rubbo did not 'fit the mould'.

While he had the education and rounded vowels of many university teachers of his day, he was more open and charming, more enthusiastic and, by general acclaim, better looking than the norm. The Vice-Chancellor of the day, Raymond Priestley, referred to him as 'a handsome fellow, very southern in appearance and interested in Art', and the term 'Rubbo's girls' entered university parlance, referring to the galaxy of attractive women closely associated with the bacteriology department, or 'Bugs School' as it was known.

If Rubbo was unconventional, he was also adaptable. Recognising he needed a medical degree to progress in the medical school, he studied part-time while still lecturing to fellow medical students. After completion of his degree, he succeeded Professor Harold Woodruff to the Chair in Bacteriology in 1945, bringing expertise in bacterial metabolism and biochemistry crucial to broadening the department's teaching, research and commercial activities.

During his lifetime (which ended suddenly in 1969 after a heart attack), he gained a reputation for working hard, smart and with a light touch, inspiring generations of students through his teaching, research and public health activities. One of many to speak fondly of his influence on their careers was Charles Bridges-Webb, Emeritus Professor of General Practice at the University of Sydney. As a fourth-year medical student in Melbourne in the mid-1950s, he was introduced by Rubbo to the idea that a doctor working in a country



Syd Rubbo, the well-loved head of the Bugs School

practice could undertake epidemiological research. In response to Bridges-Webb's enthusiasm for this notion, Rubbo loaned him a relevant text and urged him to make an appointment when they discussed the matter further, thereby seeding a career-long interest in epidemiological research. Other former students, such as Val Asche, were so enthused by Rubbo's passion for his science that they changed subjects after hearing him speak about his work.

Most agreed that he maintained a happy department, with evident camaraderie and much repartee between technicians, administrative staff, students and academics.

The friendly reputation of the Bugs School helped persuade many top graduates and scientists to add their input to the rich brew of ideas and practices it cultivated, already attracted by the notion of joining the largest and, arguably, the best post-war school of its type in Australia. When it came time for his staff to expand their horizons, Rubbo played an active role, becoming 'the choreographer' of many careers. The pleasure he derived from the appointment of his protégés to chairs in the Universities of Adelaide, Queensland, NSW, ANU and Monash, as well as in the University of Melbourne, was palpable.



Pictured here in Papua New Guinea, Rubbo collaborated on a TB vaccination program throughout the South Pacific

Dubbed 'Mr Science' by a major newspaper, Rubbo was a salesman of science par excellence. In an era when microbiology was providing a potent arsenal against some persistent infectious disease threats, he popularised the life sciences, vigorously campaigning for compulsory pasteurisation of milk, collaborating in a TB vaccination program in the South Pacific, and embarking on a state-wide polio vaccination awareness campaign. Within the university, he argued vigorously for better facilities, and eventually oversaw the opening of a new microbiology building to house the School of Microbiology in 1965. With the likes of Professors R D Wright, Victor Trikojus and Sydney Sunderland, he helped build the University of Melbourne's reputation as a biomedical powerhouse in the 1950s and '60s.

On the international stage, he formed close collegial relationships with renowned scientists including Dr Joshua Lederberg, a microbial geneticist who worked in Rubbo's department the year before being awarded the Nobel Prize in 1959. The pair collaborated on biochemistry and genetics research for many years and worked for NASA on space-craft sterilisation procedures in order to ensure that outer-space missions did not inadvertently introduce organisms to the solar system, nor bring them back to earth.

Rubbo's *modus operandi* undoubtedly owed much to his scientific teachers and mentors. But an intriguing aspect of his back-story is the extent to which his father, the charismatic Italian émigré artist and teacher, Antonio Dattilo-Rubbo, may have provided a model for his multifarious activities.

'The Señor', as his students referred to Antonio, migrated to Sydney from Italy in 1897, aged 27, having studied art in the academies of Naples and Rome and qualified as an art teacher. He embraced the challenges of immigration and resettlement, opening an art school in central Sydney in direct opposition to several well-established competitors. There among the life models, charcoal, paints and easels, he taught about the science of perception, the technology of art

materials and the psychology of aesthetics. He also painted—portraits mainly, his speciality was the depiction of character and old age—and taught art at a number of private schools, with some of the keenest students taking further instruction at his studio.

ANTONIO DATTILO-RUBBO'S SIGNET RING (WHICH SYD RUBBO INHERITED) BORE THE MOTTO, 'HARD WORK CONQUERS ALL'

A talented painter in his own right—his works are held by many state and regional galleries, and by the National Gallery and Parliament House, Canberra—the Señor taught that artistic success relied on application as well as inspiration. His signet ring (which Syd Rubbo inherited) bore the motto, 'Hard work conquers all' and he encouraged students to work harder than anyone else. He was forever urging them to develop a philosophy of life, as well as to acquire a sound knowledge of art theory and practice, and to explore the approaches they found most interesting. When a group of his students, including Grace Cossington Smith, Roland Wakelin, and Roy de Maistre embraced modernism, he was quick to back them. According to one anecdote, he even offered to fight a duel on behalf of de Maistre when a Sydney gallery refused to hang his work.

If he was not making news himself, he was adept at promoting his discipline through the mass media, making the case for art's relevance in English and Italian language newspapers and magazines. In the grand scheme of things, art was about 'immortalising our period', communicating to posterity life as it was lived. It also had a psychological purpose with 'feasts of colour' erasing the drab uniformity and monotony of the cityscape.

The ambience of his art school, like that of the Bugs School, was highly charged, a result of 'the vital sparkle of his wit and personality and highly explosive temperament, somewhat peppery, yet always charming', according to

student, Elsa Russell. Others were impressed by his empathy for complete strangers and those facing difficult personal issues. Where some saw charity, he described a win-win practicality;

When I want a model I go out into the parks and look at the old men sitting in the sun. When I see a likely face, I offer him a cigarette, then I suggest that he should make a few shillings cleaning out the studio. Finally I get him to pose.

Students attending life classes at his studio understandably felt they gained insights into life as well as art.

Father and son, like art and science, had an ambivalent relationship. Antonio visited Melbourne rarely, blaming the cold. Syd, as a young man, went out of his way to reject his heritage, dropping Dattilo from his surname and infuriating his father. Only after Antonio's death in 1955 did Syd seek to understand his contribution to Australian art and embrace his Italian background. Later, just months before Syd himself died, he interviewed a number of Antonio's students, grasping at last the parallel worlds he and his father had occupied.

Drs Ann Westmore and Helen Billman-Jacobe are writing a biography of Syd Rubbo, with input from his family, friends and colleagues. They welcome contact with anyone who might add information or perspective. Please email afwest@unimelb.edu.au or hbj@unimelb.edu.au

The History of the University Unit and the Department of Microbiology and Immunology are providing financial support for the project.

Appointments, Departures, News and Events



Mark Cook

Professor Mark Cook has been appointed to the Chair of Medicine at St Vincent's Hospital.

Mark specialises in the treatment of epilepsy and his previous role was also at St Vincent's as Professor and Director of Neurology. The focus of much of his work has been epilepsy management, particularly imaging and surgical planning.

After completing specialist training at the University of Melbourne, he undertook an MD thesis while working as Brain Research Fellow at Queen Square, London. He returned to St Vincent's Hospital, Melbourne to continue his interest in neuroimaging in epilepsy.

Under his directorship, both the research and clinical components of the Neurology Department at St Vincent's have been significantly enlarged. Currently one of the largest units in Australia for the surgical treatment of epilepsy, this was a direct extension of the work he began in London, where he developed techniques for the accurate measurement of hippocampal volumes, and established their position

in non-invasive assessment of surgical candidates. More recently his interests have included experimental models of epilepsy and seizure prediction.

As Director of Neurology, Mark developed close collaborations with other specialties including neurosurgery, psychiatry and neuropsychology. These collaborations have fostered the development of successful techniques including the provision of interactive three-dimensional images for surgical teams through implanted cerebral electrodes and new methods of sedation and testing for awake stimulation of the brain during surgery.

Patrick Kwan, newly appointed Chair of Neurology in the Department of Medicine at the Royal Melbourne Hospital, comes to us from the Prince of Wales Hospital and the Chinese University of Hong Kong.

One of the leading international figures of the emerging generation of clinical-translational neurological researchers, Patrick completed his basic medical training at the University of

Cambridge in the UK, followed by a PhD at the University of Glasgow and specialty neurology training in the UK and Hong Kong.

His pioneering work in understanding the prognosis of epilepsy and exploring the mechanisms of pharmacoresistance have utilised research paradigms which have transformed clinical practice—ranging from the formulation of the first ever global consensus definition of refractory epilepsy to the application of personalised medicine.

Patrick's research in pharmacogenomics led to the recommendation of genetic testing prior to starting first-line antiepileptic drugs by the US FDA and other national health regulators to reduce the chance of serious cutaneous skin reactions in patients of Asian ethnicity. He has played a pivotal role in translating and implementing the policy change across public hospitals in Hong Kong, and has led the development of a low-cost rapid diagnostic test to facilitate the application of these recommendations in routine clinical practice.

These translational research outcomes have been achieved by the collaborative team that he established, comprised of clinicians, basic neuro-scientists, pharmacologists, genetic statisticians, a haematologist and biochemist, electronic engineers, research nurses and assistants, and supported by competitive public and industry research grants, including an R21 grant from the US NIH to conduct genetics research in China. His research strengths and collaborative networks will combine well with established research programs relevant to epilepsy, neuroscience and personalised medicine at the University of Melbourne and affiliated institutes and hospitals.

Orthopaedic surgeon Richard de Steiger has been appointed to the Victor Smorgon Chair of Surgery at the Epworth Hospital.

Richard, the current Chairman of the Musculoskeletal Clinical Institute at Epworth, is well respected for his clinical research and teaching record in surgery. Completing his medical degree at Monash University, he went on to gain further qualifications and experience in the UK and is currently a senior lecturer in surgery at the University of Melbourne to sixth year undergraduate medical students.

Major research interests and specialities include joint replacement, the use of stem cells in orthopaedics, osteoarthritis and sport surgery, and he has recently received grants for studies into pain management, osteoarthritis, technology mediated learning and the impacts of total knee replacements.

His extensive experience in a variety of surgical positions both in Australia and in Europe, and his strong clinical expertise and knowledge and advanced research skills, recommend him as the new Professor of Surgery, a joint position between Epworth HealthCare and the University of Melbourne, which is also aligned with the Department of Surgery at the Austin Hospital.

The University of Melbourne will establish a new clinical school at Western Health, Sunshine to provide undergraduate and postgraduate training of doctors as part of the new Teaching, Training and Research Centre.

Aimed at addressing a national shortage of doctors, particularly in metropolitan regions, the new facility will also accommodate researchers investigating diseases that particularly affect the population of Melbourne's west, including diabetes, heart disease, cancer and osteoporosis.



Richard de Steiger

Housing teaching spaces, an auditorium, a lecture theatre and conference area, a library and laboratory and office space for researchers, the research unit will combine medicine, surgery, psychiatry, population health, paediatrics, nursing, allied health (including physiotherapy) and women's health.

Head of the University of Melbourne Department of Medicine (Sunshine and Western Hospitals), Professor Peter Ebeling, says that 'in the next few years, any medical student wishing to have a rewarding career in research or most specialist medical areas will be able to do so at Sunshine.'

It is expected that when the project is completed in 2012, over 112 medical students will undertake clinical and formal medical training at the facility each year. The project is being jointly funded by the University of Melbourne, Victoria University and the commonwealth and state governments.

The clinical school at St Vincent's Hospital celebrated its centenary this year. Shauna Hurley reports on the commemorative events.

A memorable centenary dinner was held on Friday, 19 March 2010 to celebrate the first 100 years of the University of Melbourne St Vincent's Clinical School. St Vincent's alumni, staff and special guests gathered at Melbourne's RACV Club to reflect on the school's history, celebrate its achievements and share a great evening together.

Dean of Medicine, Dentistry and Health Sciences, Professor James Angus and St Vincent's CEO Patricia O'Rourke, raised toasts to the hospital and the university and Clinical Dean, Associate Professor Wilma Beswick, responded with a toast to the clinical school, paying tribute to past and present students, graduates and clinicians.

Former ABC broadcaster Elaine Canty proved a lively MC, and music by Australian tenor and composer, David Hobson, provided the perfect backdrop to the festivities.

To mark the centenary, a short film was commissioned and launched at the dinner. *The First Hundred Years* captured the heroes, characters and many of the achievements of the teachers and students of St Vincent's. Sir Hugh Devine, Sir John Eccles (Nobel Laureate), Sir Peter Morris and Jack Martin (Fellows of the Royal Society), Bernard O'Brien and Carl de Gruchy were just a few of the luminaries whose stories were shared by the leaders of today.

Professor James Best worked closely with St Vincent's clinicians and St Vincent's Foundation to produce this commemorative film, and Channel 9 Melbourne generously sponsored the filming and production. The DVD is now available for \$25 and can be ordered online from the St Vincent's Foundation website at www.stvfoundation.com.au or by calling 03 9288 3238.

The Centenary Series Symposia have also been a great feature of the centenary year celebrations. To date three symposia have been held, with a great response from our medical alumni, and the wider clinical and academic communities. If you are a graduate of St Vincent's Clinical School or have worked

at St Vincent's, why not join the St Vincent's alumni? Catch up with former colleagues, enjoy engaging events and activities, or find out what's afoot at the hospital. For more information or to join our community, contact Shauna Hurley, Alumni Coordinator, on 9288 3238 or email shauna.hurley@svhm.org.au



SVH medical students in the Pathology Laboratory, C1918. Photo courtesy SVH Archives.

The Department of Paediatrics celebrated its fiftieth anniversary last year. Head of the Department of Paediatrics, Paul Monagle tells us about the events which marked the occasion.

The University of Melbourne's paediatric department celebrated its 50th anniversary in 2009. The occasion was marked with a day of academic presentations in November,

shared with our campus partners, the Royal Children's Hospital and the Murdoch Childrens Research Institute.

The highlights of the day included a wonderful perspective on global child health presented by Sir Gustav Nossal, a round table discussion led by three of our previous department heads, Peter Phelan, Peter Smith and Glenn Bowes and presentations from the Dean, Professor James Angus and the CEO of the hospital, Professor Christine Kilpatrick. There was also a fantastic demonstration of the past and present breadth and depth of research, educational, and community engagement activities which have seen our department become the most productive academic department of paediatrics in the country.

The camaraderie on the day was wonderful and it was fantastic to see everyone acknowledging the past achievements but so focussed on our goals for the future. We hope the next 50 years are even more productive and look forward to further celebrations when the department marks its centenary in 2059.

Paul Monagle holds the Stevenson Chair of Paediatrics and heads the Department of Paediatrics at the Royal Children's Hospital.



Paul Monagle and Gus Nossal celebrate 50 years of the Department of Paediatrics.

The new MD

In 1993, I completed my training in rheumatology, a medical specialty that focuses on patients with joint disease. At that time the mainstay of treatment for patients with rheumatoid arthritis was methotrexate—an oral medication which aimed to improve patient symptoms such as pain, stiffness and joint swelling. In 2010, the management of the same patients aims for disease remission and the prevention of joint damage by combining agents and using a new class of drugs called the biologics which target specific pro-inflammatory cytokines.

This new paradigm of management has substantially improved the lives of patients with rheumatoid arthritis. So what has happened in the 17 years since I completed my rheumatology training? The answer is a targeted program of research that started with attempts to understand the pathogenesis of rheumatoid arthritis and led to randomised controlled trials demonstrating the effectiveness of new drugs and combinations of drugs in patients with this potentially devastating disease.

Who were the researchers that provided the opportunity for this dramatic change in treatment? The answer is a team of basic scientists and doctors who were able to work effectively together to 'translate' the basic understanding of inflammatory processes into therapeutic agents that could be safely tested in patients with rheumatoid arthritis. This defines a critical role for doctors who can, with the right training, both provide the perspective on the patient's disease and an understanding of basic science and research methods to a process of solving health care problems.

If doctors are critical to this translational research effort, then when should we provide training for them? Should this training start during their medical course? What type of training is most appropriate?

The curriculum requirements for medical training grow every year as does the quantum of discipline specific knowledge required for medical practice. This has resulted in medical schools carefully examining the skills required to maintain safe and effective practice in the 21st century. At the core of these mandatory skills is an ability to critically evaluate and apply new knowledge to clinical practice. The changes in medical practice I have seen in my

THE CHANGES IN MEDICAL PRACTICE I HAVE SEEN IN MY 17 YEARS ... WILL BE ROUTINE FOR ALL FUTURE MEDICAL GRADUATES.



Geoff McColl is Professor of Medical Education and Training in the Melbourne Medical School and Director of the Medical Education Unit

17 years as a rheumatologist will be routine for all future medical graduates and therefore they must develop and refine this ability to manage new knowledge from the beginning of their clinical lives.

A component of this core skill is the understanding and application of research methods. The Melbourne Medical School has long acknowledged the importance of this process through the voluntary Bachelor of Medical Science (BMedSc) in the 1960s to the 1990s and the Advanced Medical Science (AMS year) for undergraduate students in the current MBBS program. The aim of these programs was to provide a medical student with a meaningful opportunity to develop a research question, apply research skills and analyse and present the results of their study.

In this edition of *Chiron* a number of doctors have reflected on their BMedSc year and how it changed their thinking and sometimes their career direction. I also completed a BMedSc during my medical course and I am sure what I learnt in that year has pervaded much of my career from that time onwards.

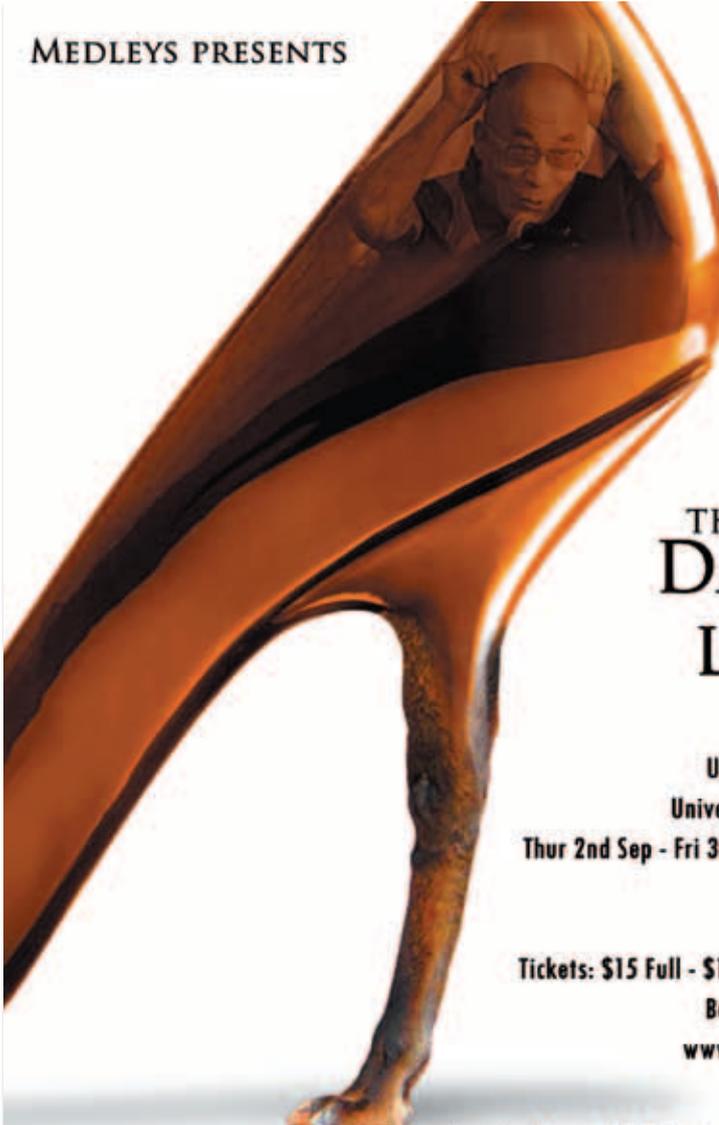
The new University of Melbourne medical course, Melbourne MD, will build on our previous experience with medical student research in a new program taken by all students—the scholarly selective.

The scholarly selective will begin in the third year of the four year MD program in a yearlong subject in which the research question and methods will be developed by the student with an experienced supervisor. This will be followed by a fulltime semester in fourth year in which the research program will be implemented, the data analysed and the results presented by the student. This new program will build on the strengths of the previous voluntary BMedSc and AMS programs with a new cohort of graduate students who will bring maturity and prior knowledge and skills to their project.

It is envisaged that this program will develop a new generation of doctors who will have a greater understanding of their critical role in the generation and application of new knowledge to health care.

From the Students

MEDLEYS PRESENTS



THE DALAI WEARS LLAMA

Union House Theatre
University of Melbourne
Thur 2nd Sep - Fri 3rd Sep - Sat 4th Sep
8pm

Tickets: \$15 Full - \$13 Conc - \$11 Union
Bookings: 9016 0599
www.themedrevue.com

The Med Revue 2010, University of Melbourne
All proceeds to [Emerald Hill Mission](#)

Supported by Grimsey  MDA National  

The advertising poster for the 2010 Medleys production of *The Dalai Wears Llama*

Medleys Reincarnated

By Aaron Wagen

Incarnated once again for its ninetieth birthday, 'The Dalai wears Llama' marked the triumphant return of Medleys, the Melbourne University Medicine Comedy Revue 2010. Continuing the format that has seen it through many successful decades, the near capacity audience was treated to evenings of original sketch comedy and a rollicking musical.

The content spanned absurdist farce slapstick and political satire. Gillard and Abbott made cameo appearances, as did a somewhat contemplative Finnish heavy metal band, two incorrigible Scottish women and a rather elusive six dollar pizza (the one from the ad). Amid the frenetic kaleidoscope of sketches the audience entered into the exasperating office-space of Bureaucracy: The Musical. Negotiating labyrinths of forms, a precarious tryst with Human Resources and an ageing Bureau of Complaints—all while the surrounding company parried blows with a Chinese takeover—the protagonist Albert was seen by nattering vultures to his fateful demise. Music drove the plot and delighted the audience, including a geriatric Big Spender and a suitably surreal staging of The Avalanches' Frontier Psychiatrist.

Medleys is constructed and performed entirely by medical and pre-med students. Written over nine months, with weekly rehearsals and two camps, the cast of nineteen displayed as much ingenuity and skill in writing as they did talent on the stage. The production was superbly accompanied by a mighty nine piece band, as well as a full complement of home-grown crew.

It was an honour for everyone involved to continue the tradition of Medleys. Newbies come and veterans retire, the alumni grow like a secret society, and every year the show and the laughs continue. 2011 awaits.

ONE OF OUR SAMOAN HOSTS SUMMARISED THE SAMOAN LIFE AS: 'SIT, SIT, SIT. EAT, EAT, EAT. FAT, FAT, FAT. FINISH!'

Only in Samoa

By Katrina L Hannan

Samoans have an uncanny ability to sleep anywhere. Their flair for relaxation, enhanced by humidity and hefty meal portions, sees stairwells, table tops, ute trays and even piles of pineapples transformed into inviting places for a siesta.

As I was proudly told by many locals, 'taking it easy' is central to their cultural identity. Stress is seen as a foreign affliction. For most Samoans, much of the day is spent sedentary or supine, chilling out and chowing down with the family.

It is not hard to imagine, then, how obesity and diabetes have become endemic, with traditional fry-up, carb-heavy barbeques being commonplace and exercise a novelty. One of our Samoan hosts summarised the Samoan life as: 'Sit, sit, sit. Eat, eat, eat. Fat, fat, fat. Finish!'

Nevertheless, Samoans' fondness of family time is a wonderful aspect of their culture. Extended families interwoven into village and church communities provide a tremendous sense of belonging and commitment to one's relatives. They also provide potential networks for health promotion. During my six weeks in Samoa, I was welcomed into the local community and invited to gatherings, such as church services and, of course, barbeques. The pastor had already been contemplating the need to promote 'being healthy spiritually and physically' and together we devised a church-based dance exercise program.

The generous, jovial nature of Samoans leaves a strong impression. For instance, every wet season parts of the islands become virtually inaccessible for days due to flooded roads. To my surprise, rather than finding it an annoyance, locals regard the procession of cars trying to cross the swollen streams as a fun spectator sport, with crowds gathering to cheer and push from either bank.

While underdeveloped infrastructure can be frustrating for tourists, most are left fondly reminiscing over the quirkiness of the

country, exclaiming, as the locals do, 'Only in Samoa!' This is a saving grace for the tourism industry, the country's main economic hope. Other industries have failed and the nation's dependence on foreign aid and money from relatives abroad has been exacerbated by the September 2009 tsunami and global financial crisis.

I was there three months after the tsunami had ravaged the south coast. It was clear that although the initial influx of international aid had been overwhelming, distribution to the areas most in need had been sadly inefficient. Stunning white coasts fringed with palms were still littered with rubble, decapitated houses, upturned boats and makeshift tarp homes. More insidious were the ongoing health consequences, both physical and psychological, as I learned when I joined a team performing respiratory screens on children who had been caught in the surge.

I will never forget that day: a mother grieving for a son who was swept away after rescuing his baby sister from her cot; another re-living shaking her daughter down from a tree branch with a lasso; another with her bright-eyed child on her lap, who had survived being buried alive for twenty-four hours.

Other preventive health programs in Samoa were still in their infancy. Poverty and a poor community understanding of the importance of primary and secondary prevention contributed to presentations I had seldom encountered before. These included rheumatic heart disease and failure in teenagers, type 2 diabetes and myocardial infarctions in thirty and forty year olds, and enormous yet to be excised breast carcinomas. Clearly, the implementation of further education and screening programs is vital to the national health prognosis.

I would like to express my deepest gratitude to the St Vincent's Pacific Health Fund for funding this placement.

Katrina Hannan won an Andrew Dent Student Scholarship from the St Vincent's Pacific Health Fund to fund her elective in Samoa.



Samoans embrace the annual wet season sport of pushing cars over flooded roads

African Oasis

By James Carter

'Can you help her, please, I think she's having a heart attack!'

My elective in Botswana had not yet begun but already I was being thrown into the deep end. Five hours out of Perth, seven hours from Johannesburg and flying at 30,000 feet, I had just been awoken by the desperate voices of flight attendants asking if there was a doctor onboard. With no one else owning up, I boldly declared myself a medical student. Distressed as she was, at that point, the flight attendant would have taken the janitor from Scrubs.

It never ceases to amaze me how, in times of crisis, the human mind can always be relied upon to randomly generate completely maladaptive thoughts. Having just been informed that a passenger was having a heart attack, my first such thought was, 'Heart attack ... gee there's an awful lot of water between us and the nearest hospital'. My second such thought was, 'We are still closer to Australia than South Africa, do I have the

MY ELECTIVE EXPERIENCE HAD BEGUN AND I HAD LEARNED A VALUABLE MEDICAL LESSON: NEVER RELY ON THE PRELIMINARY DIAGNOSIS MADE BY A DISTRESSED FLIGHT ATTENDANT.



Sunset in the magnificent Okavango Delta.

courage to demand that the captain 'turn around and put this kite on the ground, stat!'

'Settle down,' I thought, 'this isn't Scrubs and I'm not JD so start thinking sensibly. Heart attack, what's your management plan? Start with ABC. Airway, breathing, yeah, yeah, yeah, if this passenger is having a heart attack it's the 'C' for circulation that's going to bother me the most. I don't have the stamina to do CPR for seven hours all the way to Jo'burg! Maybe I can organise every passenger in an aisle seat to line up in an orderly fashion and each give two minutes of CPR. At the very least, the lucky bastards who scored seats in the emergency exit rows should help out, they're bound to be well rested!'

Hmmm, it seemed that even when consciously taking control of my thought processes, some maladaptive ones were still creeping in. The reality, though, was obvious. If this patient was having a heart attack so far from hospital, she was in trouble. Ringing in my ears though were the words of Meredith Healy, the RMH clinical skills educator, who had provided us with clear and concise instruction of what we should always do in an emergency:

'Do something!'

So I pushed through a few well meaning but mildly hysterical passengers and, upon sighting the patient, two things immediately struck me: 'this patient is having a seizure' and 'this patient is approximately 16 years old'.

Suddenly, in terms of my differential diagnoses, Acute Myocardial Infarction was now on a par with Lupus. Never before have I been so pleased to see someone having a seizure! Before long, she had come to and there was little to be done other than to prescribe conservative management in first class for the remainder of the flight. My elective experience had begun and I had learned a valuable medical lesson: never rely on the preliminary diagnosis made by a distressed flight attendant.

Thankfully in this case, the result had been a happy ending but all too frequently it was not like that once I was on the ground in the paediatrics ward at Princess Marina Hospital in Gaborone, capital of Botswana. Botswana is a land in which infectious disease runs rampant, with HIV and TB leading the charge,

the fatal consequences of which were all too apparent in the country's major paediatric ward. Never shall I forget my first patient: the nine year old girl who had not been diagnosed with HIV, let alone treated for it, until she was brought to hospital with a respiratory rate of 85, only a few hours away from taking her last desperate gasp.

Nor shall I forget my most horrific case: the one year old in respiratory distress, great pain and near complete tetany. Dying soon after, she was the worst of many cases of traditional medicine gone wrong. Botswana offers a beautiful juxtaposition of the modern worker living alongside traditional villagers and farmers and for the most part, this provides a wonderful cultural mix. In regards to public health though, many people are still completely lacking education about preventive health and the dangers of traditional medicine.

While the tragedies were many, in every desert there is an oasis and at the paediatrics department of Princess Marina Hospital, only a few miles to the east of the Kalahari, the oasis was a twelve year old boy named Thata. Yet another AIDS patient, he was enduring his second hospital admission with cryptococcal meningitis and had already been on the ward for a month prior to my arrival. Without much support from his immune system, antibiotic treatment was failing to kill the bug. Despite his predicament, he always wore the most irrepressible smile, even when having blood taken or a cannula re-sited. Shortly after my arrival, Thata was due for yet another lumbar puncture to determine if the cryptococcus had been killed and I was afforded the opportunity to perform it. Selfishly, I jumped at the chance knowing that I would never get a better patient on which to perform my first LP.

With the doctor there to steady both Thata and myself, I double and then triple checked my site of insertion. I loved this kid and I really didn't want to add to his torment. I inserted the needle and amazingly, Thata did not scream nor cry. How tough was this kid? I removed the stylet expecting to see nothing, or worse still a whole lot of blood, but immediately, there it was: a few beautiful

drops of clear CSF, not a trace of blood. The doctors referred to it as a ‘champagne tap’ and I felt truly satisfied to have successfully negotiated this rite-of-passage. After cleaning up, I visited Thata at his bedside and sure enough, his big smile was there. From this day forth, I referred to him only as ‘Thata tough guy’.

One day later and the initial lab results deflated us all. ‘India ink positive’ read the report, suggesting that organisms were still growing. My heart sank. All Thata wanted was to get out of hospital to be at the first day of school but now it seemed he would have to stay indefinitely.

Two days later, though, and we were offered some hope as no cryptococcal culture had been grown from his CSF. With Thata’s complicated history however, we couldn’t conclude that the bug had been killed until ten days had passed without a culture being grown. The count down began. By day nine, still no culture had grown. Surely it couldn’t go wrong from here, could it? Day ten and the lab report arrived. My eyes fixed on two beautiful letters, ‘n.g.’ No growth. Without a doubt, the most pleasing moment I have had in medicine. That was my tap and nothing had grown in it. Thata tough guy was going home and he was going to be at school on day one, just as he had wished.

Amidst the joy of Thata and the many tragedies, my elective experience was wonderfully fulfilling.

Upon arriving at Princess Marina, I had felt like a medical student. Upon leaving, I truly felt like a doctor in training.

Re a la boha Botswana—thank you, Botswana.



Providing care to hundreds of orphaned and neglected children, SOS Children’s Village is a shining example of why Botswana is the nation that ‘the rest of Africa aspires to be’. James had the pleasure of visiting there once a week.

On and Beside the Examination Table: Perspectives as ‘doctor’ and patient in the United States

By Andrew Jarzebowski

Critics of the pre-Obama American health care system argue it is underpinned by capitalist values, where the health outcomes of a patient may be largely determined by his financial ability to provide for his care. This system, however, is pillared by some of the world’s leading hospitals, where an ethos of scrupulous clinical care and commitment to research continues to update medical textbooks around the globe. For my elective, I had the opportunity to attend a prestigious American hospital. I also became a patient there. While I am no authority to critique its merits and pitfalls, my duality as both ‘doctor’ and patient within the star-spangled hospital system provided me with a seldom-experienced perspective on what are, particularly in America, two dichotomous roles.

I was excited about working at the hospital. An institution steeped in history and the

birthplace of many specialties it had been ranked among the top hospitals in the US for almost 20 years. Arriving there confirmed it as a medical Mecca. The hospital covered almost six blocks, the corridors were filled with world famous doctors and most departments had their own research building. I got a sense that here a patient could expect the best medical attention money could buy.

I began my elective by donning a lab coat and following a trail of surgeons through the hospital. Outpatients was largely an interstate and international affair. Patients and families flew in from across America or from Venezuela, Israel and Egypt, for their 15 minute appointments. All articulated the reputation of the hospital and its doctors as ‘the best there is’. The cases were a fascinating mix of rare and unusual conditions.

I GOT A SENSE THAT HERE A PATIENT COULD EXPECT THE BEST MEDICAL ATTENTION MONEY COULD BUY.



Andrew enjoys the chilly North American winter

My routine was suddenly interrupted when I became a patient at the same hospital. After a night of severe vomiting and abdominal cramps I hesitantly presented to Emergency, a five minute bus ride from my on-campus dorm. The waiting room was overflowing and, to make matters worse, I knew my health insurance was still being processed by the Hospital's medical school. I soon collapsed with postural hypotension, was given a bed and after some IV fluids and antiemetics I was approached by the registrar.

'Have you had your appendix out?'

'No.'

'Well you're gonna have a contrast abdominal CT so we can rule out appendicitis.'

When I asked whether I should have a physical abdominal exam and surgical review first, he replied that it was considered best practice to have the CT. My abdomen wasn't looked at.

The CT was negative and I was discharged the next day with a diagnosis of food poisoning and an ondansetron script for nausea. When I

presented the script at the pharmacy I was told that because I still had no health insurance number, the cost would be US\$280. I declined the offer and was nauseous for the next two days.

Switching back from patient to 'doctor' I began to reflect on the contrast between these roles. I was puzzled why no one examined me physically, but moved straight to CT when there was little clinical suspicion of appendicitis. I began to notice the majority of billboards around the hospital were advertising medical litigation firms, encouraging patients to consider whether they had been subject to malpractice. Had the risks of litigation in some way influenced clinical guidelines for investigating an acute abdomen? There would be less cost to the hospital and the patient would be spared radiation if investigated along Australian guidelines, but do the risks of not picking up some occult cases outweigh these costs in an intensely litigious America? In this case 'best practice' may function to serve the doctor as much as the patient.

Eventually my health insurance covered the cost of my hospital stay but not the ondansetron. I imagined myself as one of the many Americans without insurance. At the top ranked hospital in the States, I was unable to access the medical care that was prescribed. Ironically, in a nation where leading medical institutions attract patients globally and rewrite the textbooks, many citizens aren't able to reap the benefits of this world class care.

A largely privatised system affords infrastructure and research from which Americans with insurance and medical knowledge internationally, may benefit. Yet, in this process, the healthcare gap is widened as those without access are left behind. To some degree this is seen in all countries, however, I felt that the extent of this disparity in America may limit a doctor's moral commitment to improve national health outcomes and provide care for those most in need.

My elective gave me the opportunity to pursue an area of interest and a sense of what it would be like as a doctor in a large, world-leading hospital. I was able to further my clinical skills, develop my surgical technique and learn from internationally renowned doctors. I also walked for a while in the shoes of the recipients of the American healthcare system. While careful not to draw strong conclusions from my limited time there, I observed a system shaped by different social values to Australia's, and wait to see what changes Obama's new health bill will bring.

Focus on Student Prizes

The Mavis and Ivan Rowe Prize for Retinal Diseases Research

In December 2009, Alison Wiesenfeld gave \$20,000 to the University of Melbourne in memory of her parents, Mavis and Ivan Rowe.

Her gift will establish an annual prize to support students researching retinal diseases, particularly age-related macular degeneration.

Mavis was born in South Australia in 1916. Economic circumstances forced her to leave school at 14, something she regretted throughout her life. In her sixties she was diagnosed with macular degeneration, like her father before her, although she rarely complained as her eyesight deteriorated.

Alison remembers that, 'even when she could no longer read or sew, or watch television, she led an active life and maintained an enquiring curiosity about the world. She continued to cook, loved to tend her garden, and was a volunteer at the Flinders Hospital in Adelaide for 15 years. Finally, when she could no longer cook, she spent many pleasurable hours tramping around the local countryside.'

Ivan Rowe was born in Victoria in 1906. Largely self-educated, he worked in engineering, first in private industry and then in his own business. He remembered steam trains passing by his home when he was a child and, in his retirement, was able to re-engage with this early passion, spending many hours in his shed making beautifully constructed model steam engines.

Ivan and Mavis led simple lives typical of the 1950s, and shared the responsibilities of raising their four daughters. Alison remembers that her father was always interested in their education and well-being. After his death, Mavis married a family friend and found renewed joy in the last 15 years of her life.

When her mother died, Alison and her husband, David, discussed how they could use the money she left to Alison to establish a fitting legacy to Mavis and Ivan.

'We wanted to support research into the



Mavis and Ivan Rowe with family.

disease that caused my mother's blindness, but we also wanted to acknowledge my parents' lifelong interest in education,' she said.

The Mavis and Ivan Rowe Prize for Retinal Diseases Research will support the winning student to attend the annual Royal Australian and New Zealand College of Ophthalmologists' conference, where they will have opportunities to learn about the latest developments in eye research and meet with leading researchers.

'Our sincere wish is that this small donation will help young people fulfil their educational aspirations and enhance our abilities to deal with visual disorders.'

Linda Richardson

Peter G Jones Elective Essay Prizes

A student prize for essays about medical electives was established by the University of Melbourne Medical Society in 1993 and named for founding editor of *Chiron*, Peter G Jones in 1996. Prizes of \$100 are offered annually to students for the best essays describing their professional and personal experiences during their electives.

Winning essays for 2010 were submitted by Louise Parry, Ranjit Singh, Agnes Yuen and Jesse Zanker.

Karl David Yeomans Essay Prize

The Karl David Yeomans Prize is awarded annually to medical students who submit the best essays about brain cancer. This prize was established with funds raised from contributions made by the Buxton and Yeomans families, friends and associates in memory of the late Karl David Yeomans, son of Neville Yeomans (MBBS 1965), who died of a brain tumour, aged 33, in 2006.

St Vincent's Pacific Health Fund – Andrew Dent Student Scholarships

The St Vincent's Pacific Health Fund, originally established with a legacy from 1979 MBBS graduate Andrew Dent (1955-2007), provides project grants and scholarships to health care workers, volunteers and students in the Pacific region.

Information about how to donate to the Fund, or apply for a grant or scholarship can be found at: www.svhm.org.au/supportus/Pages/PacificHealthFund.aspx

Alumni Stories

The following three stories are all from alumni who completed a BMedSc year during their medical course: E Anne Shanahan in the first year the course was introduced, David Vaux and Jenny Dowd later. Both Anne and Jenny were sufficiently enthused by the experience to write about their experiences: Anne in the 1960 issue of *Speculum* and Jenny in the 1984 *Medical Students' Survival Manual*—the medical student counter handbook. We asked them to reflect on what effect undergraduate research training had on their careers.

IN THE FIRST PLACE, IT MUST BE RECOGNISED THAT THE DOCTOR GRADUATING FROM THE MEDICAL SCHOOL IS BUT PARTIALLY TRAINED. HE HAS TO GO ON LEARNING THROUGHOUT HIS WHOLE POST-GRADUATE CAREER, PARTLY FROM HIS OWN EXPERIENCES, PARTLY FROM OUTSIDE SOURCES SUCH AS THE MEDICAL LITERATURE, CLINICAL SOCIETIES AND POST-GRADUATE COURSES. MOREOVER, THE SCIENCE OF MEDICINE IS NOW ADVANCING SO RAPIDLY THAT, EVEN IF THE DOCTOR COULD REMEMBER ALL HE HAD LEARNT AS A STUDENT, HE WOULD HAVE TO GO ON LEARNING IF HE WERE NOT TO FALL RAPIDLY BEHIND, BECOMING IN MANY WAYS A LIABILITY RATHER THAN AN ASSET TO THE COMMUNITY. A DOCTOR CONTINUES THIS VITAL PROCESS OF SELF-EDUCATION THROUGHOUT LIFE BY EMPLOYING AN ESSENTIALLY SCIENTIFIC METHOD. THE TREATMENT OF EVERY PATIENT SHOULD BE TO SOME EXTENT CONDUCTED AS A SCIENTIFIC EXPERIMENT. CRITICAL JUDGEMENT SHOULD BE EXERCISED IN ASSIMILATION OF NEW ADVANCES IN THE SCIENCE OF MEDICINE. OUR MEDICAL STUDENT MUST, THEREFORE, BE TRAINED TO BE ABLE TO PRACTISE AS AN APPLIED SCIENTIST; AND FOR THIS TRAINING TO BE EFFECTIVE IT MUST BE CONDUCTED IN AN ATMOSPHERE PERMEATED BY THE RESEARCH SPIRIT.

JC Eccles, *Speculum*, *Journal of the Medical Students' Society*, University of Melbourne, 1945, p.21

E Anne Shanahan in the early 1960s



Graduating from the University of Melbourne in 1985, Jenny Dowd is now an obstetrician at the Royal Women's Hospital



David Vaux will be returning to WEHI as Assistant Director in 2011



RABBITS AND RATS WERE DEMANDING – AS WERE THE ORGANIC CHEMISTRY PRACTICAL CLASSES.

Tools that last

By E Anne Shanahan (BSc 1960, MBBS 1961)

Early in my undergraduate course I decided that surgery was my bent. I found the study of anatomy and pathology fascinating. As these subjects form the basis of surgical practice, I was keen to devote more time to them. Then, when undertaking a compulsory trimester subject entitled Scientific Method, I underwent a revelation. The lecturer was a somewhat eccentric but very knowledgeable lady, Dr 'Ding' Dyson, and despite my anticipation that this subject was going to be 'soft' and a waste of time, it ended up imparting standards of intellectual scrutiny that were invaluable. This combination of factors led to my decision to interrupt my course and spend 1959 undertaking research in pathology.

My application for the generous Thomas and Elizabeth Ross Scholarship, which provides funding for medical students to undertake further study in the sciences, was successful. Although I had intended to spend 12 months in research in the pathology department, then chaired by Professor ESJ King, this changed when a student colleague failed to qualify for a Bachelor of Science degree due to a territorial dispute between university departments.

Having consulted the science faculty, I added Organic Chemistry Part II, Science German and the faculty's requirements for the technical aspects of pathology to my planned twelve months of study. This resulted in working ten hour days. Rabbits and rats were demanding – as were the organic chemistry practical classes. My pathology research project concerned the study by micro-dissection of renal glomerular and tubular damage following a variety of insults.

Was the year valuable, leaving aside the piece of paper attesting to a science degree? Yes. The benefits of such intellectual discipline were invaluable. Did it instil a desire to persist, at least part-time, in research? Again, yes. Over the ensuing 25 years I continued this type of work, spending two years in the Harvard Department of Surgery as a clinical and research fellow, researching the reinnervation of the auto transplanted heart. I was also involved in cardiac physiology research while practising as a cardio-thoracic surgeon until 1985 when I resigned my university appointment to study law part-time.

I retired from surgical practice in 2004 but continue to work as a part-time member of three administrative law tribunals, wherein the analytical skills and attention to detail acquired in 1959 are just as beneficial as when applied to medical practice. I hope the Melbourne Model provides a similar breadth of experience and discipline to that which I have enjoyed.

An instinct for research

By David Vaux (BMedSc 1981, MBBS 1984, PhD 1990)

From reading about early astronomers and physicists, I wanted to be a scientist. In 1976, when I was in Year 11, Gus Nossal came to speak at my school, and told us that molecular biologists had cloned the human gene for insulin, and could now switch it on in bacteria, to produce abundant quantities of human insulin. It seemed to me that the golden age of physics had passed, but molecular biology was the science of the future.

However, rather than doing a science degree, I thought it would be better to do medicine, so that if it turned out that I didn't like research, I could still be a rich doctor. During the first year of medicine at the University of Melbourne, we were given a small booklet that said that between the third and fourth years it was possible to do an extra year of research. When I was in third year, I talked to Bill Boyle, our inspirational immunology lecturer, for advice on where to do a BMedSc the following year. He put together a list of the people to go and see.

I went to St Vincent's, and talked to David Penington, and to the Royal Children's Hospital and talked to David Danks and Dick Cotton. At the Walter and Eliza Hall Institute of Medical Research (WEHI) I talked to Senga Wittingham, Ian Mackay, and the big enchilada himself, Gus. Everyone I spoke to had interesting projects, but of course I chose Gus, because, after all, he was Gus, and he slapped me on my back and said 'welcome aboard!'

So for a year I worked in the Cellular Immunology Unit at WEHI. This was my chance to do experiments where the answer was not known, very much in contrast to the pracs we did as med students. My project was to establish conditions in which individual mouse B lymphocytes could be cultured and stimulated to differentiate and secrete antibody.

My year at WEHI illustrated the key difference between doing research and studying medicine. At WEHI everyone had to present their results to the rest of the lab and occasionally in a seminar to the whole institute. Each and every time you presented you would be interrupted and questioned. Everyone would try to come up with reasons for not believing your interpretation of your data, and provide different explanations, and then they would suggest more experiments to find out which was true. This was in marked contrast to medical school, where the unalterable words of God were provided for us to remember, as written in the books of Gray and Lenninger and Harrison.

EACH AND EVERY TIME YOU PRESENTED YOU WOULD BE INTERRUPTED AND QUESTIONED.

In 1982 I returned to my fourth year of medical school at the Royal Melbourne Hospital. I enjoyed the three clinical years and my intern year very much, but I still wanted to do research, so I started a PhD in the Molecular Biology Unit in 1986. I stayed registered as a medical practitioner for the next 10 years or so, but I didn't do any regular clinical practice. Some years ago, my wife (a GP) asked me to give her a flu vaccine, which I did. Afterwards, she said 'Never do that again.' So, I decided not to bother renewing my registration, and saved the money instead.

David Vaux is an NHMRC Australia Fellow, currently at the La Trobe Institute for Molecular Science, but he will be returning to WEHI as Assistant Director in 2011. He investigates the molecular mechanisms of cell death (apoptosis). He is a Fellow of the Australian Academy of Science and Queen's College, and he received the Victoria Prize for Science in 2003. When he is not doing research, he spends his time trying to come up with reasons for not believing other people's research.

Balancing act

By Jenny Dowd (BMedSc 1982, MBBS 1985, MD 1999)

It was the 1980s. University education was free, Bob Hawke was PM, and I was finishing third year medicine and moving on to clinical school. Student feminist politics and travel beckoned and I desperately wanted to move out of my parent's home and into a shared household, but without, as Virginia Wolf necessitates, a 'private income and a room of one's own' I chose what seemed to be a 'Clayton's' year off, doing a BMedSc.

This was acceptable to my Depression-era raised parents, in this time before 'gap years' become commonplace, because as formal study it counted as a reason to subsidise my rent in the city!

So what to choose? Always interested in women's health, and feeling more comfortable with clinical research that answered a practical question than more fundamental science, I found the perfect project at the Royal Women's Hospital, Melbourne, where a rash of perinatal infections and neonatal deaths due to Group B Streptococcus had prompted a plan to look at type specific maternal IgG antibodies as a protective factor in early onset neonatal infection.

The practical skills I developed during the year included clinical examination and communication, microbiological culture techniques, developing an ELISA enzyme assay and testing over 500 paired sera, performing a mouse protection experiment to demonstrate IgG protection in vivo, and finally writing (and typing up) a thesis with literature survey in the days before Google, Medline, and indeed word processors.

The research skills I learned included how to write concisely, (or conversely how to obfuscate with data), and time management: as my lab work would have taken up hospital resources needed for patient care I spent many evenings and weekends running assays.

Less tangible but just as important in the long term were the life skills learned in response to moving out of home, the discipline of attending a regular work place after the relative freedom of lectures, and being in a hospital environment where I was encouraged to attend clinical meetings and case presentations. This gave me an insight, not only into the speciality into which I eventually settled but into the long and gruelling hours, exams and ritual humiliation faced by hospital registrars.

The experience helped me decide on my career path of obstetrics and encouraged me to undertake further research as I went on to do another practical project for my MD – looking at cervical risk factors for preterm labour. Having achieved two research qualifications, I flirted with an academic career while in a senior lecturer post for three years in the professorial unit at the Royal Women's, before moving into a mix of public and private obstetric practice.

A BMedSc is never wasted. The discipline and lateral thinking involved in planning such a project has given me skills useful in designing and running an innovative business model of private obstetric practice while still being involved in the real world of public hospital care and the training of the next generation of O&G specialists. The experience enriched me in so many ways, both personally and professionally, and I would encourage anyone to consider this or a similar research project.

Jenny Dowd is an obstetrician on the senior medical staff at the Royal Women's Hospital and part of a private group obstetric practice www.womensogs.com.au

A BMedSc IS NEVER WASTED

Letters from abroad...

THREE ALUMNI WRITE ABOUT THEIR POST-GRADUATE EXPERIENCE IN THE AMERICAS.

Notes from the field: Haiti earthquake relief

By Tanya Lam (BMedSc 2003, MBBS 2005)

Two months after an earthquake devastated Haiti, killing over 230,000 people and displacing one million more, and on my final afternoon there as a volunteer paediatric doctor, a group of us took a drive through the city. For the first time we saw the fields of tents and tarpaulin, the dilapidated old buildings and block after block of rubble in the city centre. Though most of the roads had been cleared, crumpled buildings remained, some of them still half-standing, with their inside rooms and wallpaper visible.

We drove past the shattered stained-glass windows of a cathedral, where the congregation was singing under a tent in the courtyard. Throughout the city, people were living amongst the rubble, selling their wares in front of the places where primary schools and government buildings used to stand.

Before this, my time in Haiti had been confined to the emergency field hospital in Port-Au-Prince. The Haitian government had asked Project Medishare to construct the hospital on the edge of the capital's airfield, a space it shared with the US Military.

The hospital consisted of 300 critical care beds, four operating theatres and an intensive care unit, and relied on volunteers staying for eight-day rotations. There were four main tents: a supply tent, a medical tent with the single X-ray machine and pharmacy, a paediatric/NICU/ICU/OR tent with an additional pharmacy and pathology area, and the staff sleeping tent. There was one source of drinkable water at the back of the camp and one set of shower stalls.

Two months had passed since the earthquake by the time my colleagues and I arrived. By then the relief effort had entered a transitional phase. Nevertheless, the week before I arrived, triage was still processing up to 400 patients a day. Cases were a mix of emergency problems and chronic illnesses that had not been

adequately addressed because of the poor pre-existing health system.

Port-Au-Prince was a challenging physical environment to work in. Each day was around 38 degrees, with high humidity and only partial shade in the triage area. Though the monsoon season was yet to start, there were several days of downpour when the tents were flooded.

Nights in the hospital were unpredictable. Pregnant women would present well into labor, on several occasions delivering in front of triage. A sixteen year old boy presented with new onset seizures, febrile, agitated and hydrophobic. We were concerned he had rabies, however he recovered overnight after a clear lumbar puncture and IV antibiotics. Late one night actor Sean Penn drove in with a baby whose mother had bottle-fed him bleach. The baby was intubated and recovered over the course of the week.

In the paediatric ER, there were a wide range of acute infections, burns and trauma. Several children had severe malnutrition. Most were from orphanages that were overwhelmed and under resourced. I had a long conversation with the head nurse at an orphanage who described the dire conditions there and in her strong but weary voice implored me not to return the children to the orphanage, as 'only the strong would survive'.

Malnutrition became an even more pressing issue when our calorie-dense nutrition supply went missing from the supply tent. Air force personnel offered their MREs (Meals Ready to Eat) and staff pulled together their own food supplies, mostly energy bars. While it was difficult knowing that vital supplies were being stolen, we also realised that the people stealing them were themselves desperate.

The many homeless children we treated made it hard to accept that we were discharging most patients and their families to live on the streets. The more fortunate families had relatives away from the capital whose houses were still standing. Others had tents that had

been donated; many were simply living under tarpaulin by the side of the road.

People were living amongst the rubble, selling their wares in front of the places where primary schools and government buildings used to stand...

Ultimately, my time in Haiti highlighted the importance of having committed and tireless colleagues. The teamwork at the field hospital was invaluable, making the difficult circumstances much more bearable. Working in the field hospital also highlighted the vast amount of coordination that is required in establishing a relief effort. As clinicians we deal with patients. In a way, we take for granted the supply of medicines, equipment, infrastructure and security. Working with Project Medishare made us acutely aware of the logistics, diplomatic negotiations and fundraising that were so essential to the work we were all doing.

Project Medishare is an NGO affiliated with the University of Miami and has a longstanding presence in Haiti's healthcare and community development sectors. More information can be found at the Project Medishare website (www.projectmedishare.org) where you can sign up to donate or volunteer.

After completing a Master of Public Health at Columbia University Tanya Lam recently returned to paediatric training at the Melbourne Royal Children's Hospital.

The Boston Experience

By Cameron Keating (BMedSc 2002, MBBS 2004, PGDipSurgAnat 2007)

Nothing prepares you for how beautiful Boston is in the summer! The distinctive brownstone townhouses in Back Bay, the gardens of the Boston Common in full bloom, and the imposing marble buildings of Harvard Medical School all glow in the sunshine. Academia, history and politics are taken very seriously here, but unfortunately it's still impossible to find a good coffee...



Tanya with a 14 year old Haitian girl



Cameron enjoys the sunshine outside Massachusetts General Hospital



Elgene and his wife Davinia celebrate the Fourth of July in true Boston style

After some major visa delays, I arrived just in time to undertake the inaugural two-week course in translational research at Harvard Medical School. This was a challenging program, which brought together scientists, clinicians, academics and the pharmaceutical industry. It's quite common in Boston to pursue a mixed clinical and research career, move over to work for 'big pharma', and then return to academia. The most memorable aspect of this course was the palpable sense of optimism amongst the participants and faculty, that they could individually and collectively transform medicine through hard work and good science.

I have recently commenced my research at the Plastic Surgery Research Laboratory at Massachusetts General Hospital (MGH). I have been generously supported in my studies here by both a Fulbright Postgraduate Scholarship and a Medical Insurance Group Australia (MIGA) grant, both of which are very helpful. It's exciting planning a range of animal experiments and a clinical trial that I will be working on over the next 18 months. My research will examine a technology that welds nerve ends together without sutures, creating a watertight seal in the hope that this improves peripheral nerve regeneration after traumatic injury. Our lab has demonstrated promising results in rats and rabbits and we hope to trial this technique on trauma patients presenting to MGH.

I'm in a lab with extensive facilities including six animal theatres for operating and three surgical microscopes. Most importantly, our research team is diverse and enthusiastic with fellows from the United States, India, Serbia, Japan, China and Italy. I will also be collaborating with the Wellman Center for Photomedicine and biochemists at Massachusetts Institute of Technology (MIT). The concentration of researchers here in Boston facilitates these collaborations just as the 'Parkville precinct' does in Melbourne.

Academia, history and politics are taken very seriously here, but unfortunately it's still impossible to find a good coffee...

There are many similarities between Boston and Melbourne and in fact we have been 'sister cities' since 1985. However, although Melbourne warms up towards Christmas, unfortunately the infamous Boston winter awaits us over here...

Adventures of a Fulbright Scholar By Elgene Lim (MBBS 1995, PhD 2010)

Three months into my American adventure and it's the Fourth of July, which this year marks the 234th anniversary of US independence from the British. After nine hours in the humid Boston summer, staking out our prized positions at the Hatch (think Myer Music Bowl) with four friends, the Boston Pops begin the evening's program with a poignant orchestral score dedicated to the lives of the Kennedy brothers. The concert ends with fireworks that fill the same skyline where battles were fought for a new way of life, and there is certainly no better place to celebrate this momentous occasion.

These events were set in motion when I was awarded the 2010 Victorian Fulbright Scholarship to pursue clinical and laboratory research in breast cancer at the Dana Farber Cancer Institute. Davinia, my wife, had been offered a place at Harvard University to pursue a Masters in Public Health. We left Melbourne at the end of summer to be welcomed by the beauty of Boston in spring—budding magnolia trees and the gradual awakening of our surroundings from wintry slumber into a renaissance-like portrait filled with vibrant colours of new life. I suspected we would appreciate this all the more once we experienced the New England winter.

The opportunities at work have been everything I had hoped for and more. The work culture is epitomised by an openness for new ideas, a strong work ethic and a collaborative spirit. Combined with the accessibility of experts in broad areas of

research, it is certainly fertile ground for pioneering innovations. Another aspect of American culture I have grown to respect is that of celebrating success. Quintessential to this practice is the recognition of excellence, and this has allowed America to harness the talents of many from all parts of the world.

Like Melbourne, Boston is in many ways a boutique city known more for its academia and culture rather than its glitz or neon lights. Having attracted people like ourselves from all over the United States and the world to its educational opportunities, it was initially challenging finding an authentic Bostonian. This almost became an obsession with us, as we did not want our social circles to lack this most important constituent.

The role reversal from local to foreigner has opened our eyes to some of the struggles facing new migrants back in Australia...

Outside of work, highlights included gatherings with fellow Aussies (roast lamb is not as tasty in the US), digging into the famous Maine lobsters, and eureka moments of finding good coffee (few and far between). The most enjoyable and enriching experiences by far have been meeting new friends, American and 'alien' alike, who have enriched our lives and world view as a result.

On a more personal note, this sojourn from our careers in Melbourne has allowed us to take stock and chart a new direction for our growth as individuals and as a couple. Away from our friends and family, we depend on each other now more than ever before. The role reversal from local to foreigner has opened our eyes to some of the struggles facing new migrants back in Australia. These shared personal experiences and career opportunities will likely define this chapter of our lives, and we hope that our time remaining in the US will not fly past as quickly as it has so far during our American adventure.

about the centre a deep notch the Hilus of the Kidney, \rightarrow more behind than in front. - At the Hilus the blood vessels enter the organ, and the excretory duct the Ureter passes out, - Their relation is as follows. - anteriorly, the Renal Vein comes off the Renal Artery and its branches next, the Ureter behind below. (à la mnemonics VAUXHALL). - Sometimes the vessels break up into \rightarrow veins, \rightarrow arteries, \rightarrow 1 Ureter joining together, bifurcating and rejoining etc. - giving a more complex appearance. but \rightarrow usually as above. - The Renal Artery passes off at \perp , and is very large. - It enters the Kidney so that the Arterial Blood may be deprived of its H_2O and the other constituents of urine. - The Skin and Lungs also secrete H_2O - hence the secretion by the Kidneys is greatly modified by external circumstances temperature etc, and the condition of these other organs. The Kidney removes noxious matter from blood very rapidly, and when its functions are lost, disease follows with most disastrous consequences. -

On the vessels the Nerves and Lymphatics ramify, and much cellular tissue, and fat surrounds the whole.

Structure and Composition. The Kidney is invested with a fibrous Capsule, formed of dense fibrous areolar tissue. - The capsule is thin, smooth, and easily removed from the kidney to which it is connected by fine fibrous vessels & processes.

Celebrating 150 Years of the Melbourne Medical School

Hidden Stories in the Medical History Museum

By Anna Harris

I've always loved medical libraries, probably because I have spent over a decade studying in them. There are constant sources of distraction in medical libraries: the latest scientific journals; microbiology books with exquisite photographs; anatomical texts filled with woodcuts and engravings. When I first arrived at the University of Melbourne to study for my Masters, I found the most wonderful distraction of all: the Medical History Museum.

Gradually, over the years, the medical museum has become more than a distraction, and since March this year I have been volunteering there every Thursday afternoon. I share a computer and office with an operating table, anaesthetic equipment and hundreds of locked and labelled wooden boxes. It is dusty and cluttered and I love it!

The museum was established in the Brownless Biomedical library in 1967, with a grant from the Wellcome Trust. A beautiful 19th century Savory and Moore pharmacy, shipped from Belgravia, London, is installed in the museum, complete with bottles and gold-labelled herb drawers. On display there are also microscopes, amputation sets and bleeding equipment, in walnut display cases. Currently there is a temporary exhibition about apothecaries – *The Physick Gardener: Aspects of an Apothecary's World* – curated by the museum's new curator Susie Shears (see p37). Behind a hidden door in the pharmacy are the curator's offices and storage areas, where chests and drawers may contain pathological slides or stapleguns, and shelves are filled with boxes, books and ephemera.

There are many treasured items in the museum's collection including specie jars, pill rolling machines and medicine chests used by doctors during visits to rural areas in Australia. One of the oldest photographs (1864), and one of my favourites, depicts the first medical students carrying out work in the anatomy dissecting room, under the supervision of Professor Halford, and the watchful gaze of the medical school porter.

Professor George Britton Halford (1824–1910) was a lecturer in London, before taking the first chair of anatomy, physiology and pathology at the University of Melbourne. He moved to the antipodes with anatomical and pathological specimens he had collected for a museum, and books to start a library. His first practical classes and lectures were held in the converted coach-house of his private residence, before moving to the newly completed medical school in 1864.

Professor Halford played an important role in the teaching and administration of the new medical school in Melbourne, and was a strong advocate for female students. He arrived in Melbourne with an established record as a researcher (one of his most important essays being *The Action and Sounds of the Heart: A Physiological Essay* (1860)) but his later controversial experiments with snake venom damaged this reputation.

The objects and documents associated with Halford, that I have found whilst volunteering, provide a window not only into the life of a contentious researcher and teacher, but also into the collection of the Medical History Museum. Amongst Halford's material objects and paper artefacts, there is: a Powell and Lealand compound monocular and binocular microscope stored in a walnut case with a handwritten inventory; a cabinet of microscope slides commercially and handmade between 1860 and 1889; a paper entitled *On a Remarkable Symmetrically Deformed Skeleton* (1868); distinguished photographs of the professor and his family; and his simple and elegant business card.

Other important pieces in the collection associated with Halford include a student's set of lecture notes compiled during Professor Halford's anatomy and physiology lectures throughout 1877. This leather bound exercise book, with John Springthorpe's scribbles and pencil illustrations, is the only surviving example of Professor Halford's teaching; an important record of the early days of anatomy and physiology education in Melbourne.

All of these objects are material remnants of Professor Halford's time at the University of Melbourne. Halford was a significant figure in the history of the medical school, yet these objects also provide a glimpse into the stories of his many students, such as John Springthorpe. The photographs and notebooks are microscopic slices of a time when medical students wore aprons and dissected on wooden tables and when physiological illustrations were carefully hand-coloured.

The museum objects are portals into the past, providing insight into medical teaching at the University of Melbourne. From such ephemera we learn about what was taught and how it was taught. There are many more stories hidden amongst the objects carefully labelled, stored and displayed at the medical museum, just as there are thousands of tales yet to be shared from the ephemera saved by past medical students.

Anna Harris, BMedSc 1998 (Tas), MBBS 2001 (Tas), MSocHlth 2005 (Melb), PhD 2009 (Melb) is now doing post-doctoral research at the Maastricht Virtual Knowledge Studio, Faculty of Arts and Social Sciences at Maastricht University and the ESRC Centre for Genomics in Society, University of Exeter.

A page from John Springthorpe's notebook (opposite) detailing his notes on the kidney.

William Carey Rees and Patrick Moloney were two of the first three students to enrol in the medical course in 1862, both graduating in 1867. Rees received 2nd class honours in his first year, with exhibitions for chemistry, mineralogy and botany and graduated with 1st class honours. He obtained the MD in 1872 and died in 1879.

Moloney received 1st class honours in his first year of medicine, with the exhibition in Greek, Latin and English and logic. Winning the Vice-Chancellor's prize (open to the whole university) in 1866 for his English essay, Moloney was something of a writer and went on to publish sonnets in the *Australasian* and *Melbourne Punch*. On the staff of the Melbourne Hospital from 1875-97, he died in 1904 in Ulverstone, England where he and his wife had resided for seven years, presumably moving there to be near their only daughter who had married a barrister and member of the House of Commons.

Alexander Mackie was the third student to begin the medical course in 1862. He dropped the course in second year, however, to join the Presbyterian ministry. Twenty years later Mackie returned to the course but died before he could complete it.

Octavius Vernon Lawrence graduated MB in 1868 and MD in 1871—the first to obtain the Melbourne MD by ordinary examination, all previous MD conferrals having been granted under special regulations. Lawrence worked as demonstrator in anatomy from 1871-76. When he resigned, due to the pressure of private practice, the position was taken up by Harry Brookes Allen.

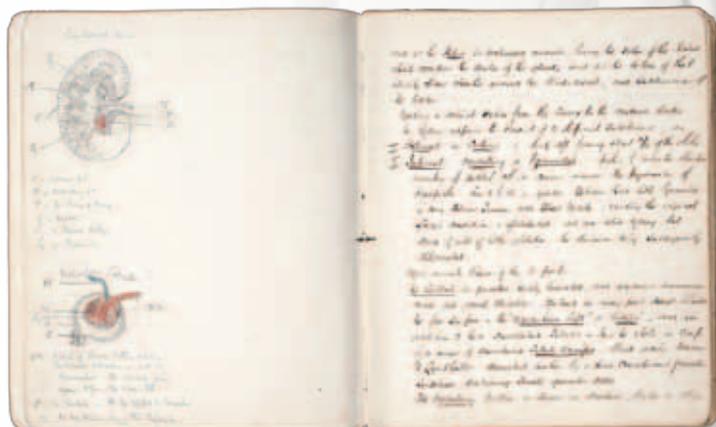
Source: Russell, KF. *The Melbourne Medical School 1862-1962*

Medical student ephemera collection

In 2012 the Melbourne Medical School will celebrate 150 years since its foundation. While this occasion gives us reason to focus on the long history of the Medical School it also presents an opportunity to ensure that our more recent history is not lost.

Material held in the Medical History Museum about or created by medical students opens a window to the scholarship, the interests and the daily lives of past students. In the hope that such materials are not lost to the future we are encouraging medical alumni to consider donating publications, notebooks, photographs or ephemera from student activities such as the Medleys etc.

If you have any material you believe might assist future generations to understand the lives of past medical students please contact: Susie Shears, Curator, Medical History Museum on telephone (+61 3) 8344 9935 or via email: sshears@unimelb.edu.au



Illustrations and notes from John Springthorpe's notebook are a window into Halford's teaching in the early years of the medical course.



In this, one of Anna's favourite photographs from the collection, Halford is seen standing (second from right) with students in the dissecting room in 1864. Standing at the back is the medical school porter. The students, seated from left to right, are: Octavius Vernon Lawrence, Thomas Ramsden Ashworth, Patrick Moloney, Francis Long, Alexander Mackie, Gerald Henry Fetherston (who acted as unofficial prosector) and William Carey Rees.

MBBS Reunions

1945



Seated L–R: Kurt Schwarz, Joan Mowlam, Eric Taft, John Critchley, Michael Shoobridge.
Behind L–R: Ian Mackay, Donal Rush, Desmond Prentice, Donald Hewson, Iris Leber, James Gardiner, James Keipert.

1948



Seated L–R: Gertie Bornstein, Peg Archer, Marian Brookes, Alan Goble
Behind L–R: Bob Kelly, Howard Farrow, Norman Dowell, Durham Smith, Joe Santamaria, Peter Colville, Bob Marshall, Wal Richards, Peter Freeman, Hal Breidahl, Keith Layton, Bob Zacharin.

MBBS 1948

We celebrated our 62 year reunion with lunch at the Royal South Yarra Tennis Club on Friday October 8, 2010. This is our third reunion at this venue and they have all been very enjoyable. Of the 91 who graduated in 1948 there are 38 surviving and 17 attended the luncheon. There were five apologies. Four of our number are living overseas and eight are interstate. It was good to see old friends and to catch up. We decided to meet again in two years time.

Bob Kelly

MBBS 1959

Our 50 year reunion was held on Saturday 21 November, 2009 at the Hilton On The Park. We have held our past seven reunions there because of its central position, easy parking, accommodation, meeting facilities and excellent food.

Some 44 graduates attended this reunion out of the 98 who graduated in March 1960. We had 15 apologies, 15 who did not reply, and sadly 24 people now no longer with us.

There were several speakers. John Mathew, who remains involved in medical politics and education, was entertaining as usual. Rod Syme then gave an interesting talk on Euthanasia. Bert de Voogd led a discussion about the next reunion and it was decided to meet again in three years at the same venue. We then did a reverse roll call where everyone spoke about their lives and plans, which was very interesting. Our last speaker was Denis Bourke and he concluded the evening at about 11.15 pm. We all agreed this was an excellent reunion with some people commenting that it may have been the best.

Clive Bennetts

MBBS 1960

Friendships were renewed as though it was only yesterday when 51 members of the class of 1960 and their partners gathered for our 50 year reunion at the Peninsula Golf Club on 9 October, 2010. The weekend was greatly enjoyed by all in beautiful, relaxed surroundings.

A highlight was David Burke's unveiling of the book that he had put together, 'The Half Century of the Year 1960', which illustrated the many different ways members of our class have made contributions to the community. This theme also featured in the three short talks given by David Beavis (medical practice in New Guinea), Merrilyn Murnane (post-retirement work with children in New Guinea) and Jim Breheny (administration with medicine and the patient at the forefront).

Sandy Spiers and Margaret came from the UK, and Denis and Ann O'Day from the USA, where only a month ago, Vanderbilt University created the Denis O'Day Chair of Ophthalmology and Visual Sciences.

Jack Martin

1960



L–R: Albert Graham, Sandy Spiers, Andy Saltups, Jack Martin, George Mikolajunas, Peter Ots, Geoff Pierce and Rod Abud.

1990



L–R: Katie Matthiesson, Georgie Pettigrew, Nick Kokotis, Simon Bernard and Monique Ryan.

MBBS 1979

The class of '79 reunion was held on Saturday 14 November, 2009—back where it all started—at the university. A group of 90 graduates and partners met for a cocktail party at University House in the recently refurbished lounge and west garden. For many it was their first visit back to the university for 30 years so it was interesting to see the changes and to recall events of the past. There was lively conversation as attendees happily renewed friendships and caught up on career paths and personal journeys. One memorable comment was, 'It's a great night but there are so many old people here!'

It took a while for the reunion to be planned, but thanks to John Tescher we had the impetus, and with some prompting Margie Dawson and I ran with the idea. On the night there were many grateful people who enjoyed the evening and volunteered to arrange another event in five years time. I hope they are reading this!

Barbara Goss

MBBS 1990

Our 20 year reunion was a huge success. This was our first reunion, so it was a real thrill to see so many old faces after so long. Approximately 120 people attended the event held at Kooyong Lawn Tennis Club, many travelling from interstate, and one from the UK. It was a warm evening, and there was plenty of food, drink and reminiscing.

Simon Bernard and James Malone emceed and invited a few of the attendees to tell us about their varied medical careers. It was fascinating to see how people have changed, and the interesting direction that lives and careers have taken. We had a slide show with old photos of university days accompanied by music from the late 80s, which elicited many laughs! The function ended around 1 am, but that didn't stop some, who carried on until 4 am. All in all, a great night.

Georgie Pettigrew

2012 Reunions

The MBBS Class of 1952 will celebrate its 60 year reunion on Saturday, 10 November 2012 at the Royal South Yarra Lawn Tennis Club. For more information and to register your interest, please contact Hugh Hadley on 9822 7326

The MBBS Class of 1962 has also begun to make plans for a reunion to celebrate their fiftieth anniversary in 2012.

Plans are also underway for reunions in 2011 for the classes of 1957, 1986 and 1991.

If your MBBS Class is interested in holding a reunion next year, or in 2012, please contact us to discuss how we can help you on T: (+61 3) 8344 8058; E: mdhs-alumni@unimelb.edu.au

Obituaries

Recorded with regret, the passing of...

- Lois C Andersen (MBBS 1949)
 David J Bartram (MBBS 1947)
 David S Baxter (BSc 2001, MBBS 2006)
 Alan R Belcher (MBBS 1950)
 Charles Bridges-Webb, AO (MBBS 1957)
 Frank P Callaghan (MBBS 1943)
 Ian H Chenoweth, MBE (MBBS 1942)
 Allen J Christophers (MBBS 1938, BSc 1948)
 Helen Church (BSc 1945, MBBS 1947)
 John K Clarebrough, AM OBE (MBBS 1947)
 Bryan E Cohen (MBBS 1950, MMed 1986)
 Allan B Connard (MBBS 1946)
 Charles K Davidson (MBBS 1942, BSc 1947)
 Tony Divis (MBBS 1960)
 Roger Fagan (MBBS 1976)
 Keith O Gough (MBBS 1947)
 Arthur W Harrison (BAgSc 1949, MAg 1956, MBBS 1962, GDipPsych 1971)
 Leonard Hartman (MBBS 1948)
 Keith L Hayes (MBBS 1950)
 John B Jolley (MBBS 1953)
 Elsie Koadlow (MBBS 1947)
 Francis J Kenny (MBBS 1940)
 Michael Kloss (MBBS 1957)
 Colin R Laing (MBBS 1939, GDip Diag Radiol 1947)
- Edward J Lee (MBBS 1952)
 Donald R Macdonald (MBBS 1958)
 William M Maxwell (MBBS 1947, MD 1961)
 Lawrence L McInnes (MBBS 1952)
 Gregory R Mundy (MBBS 1966)
 Michael M O'Brien (MBBS 1937)
 Keng-Hoey Ouw (MBBS 1961, GDipPsych 1985)
 James S Peters (MBBS 1937, MD 1946)
 Peter G Petty (MBBS 1957, MS 1965)
 Winton H Phillips (MBBS 1936)
 George H Rayner (MBBS 1957, PGrDip Laryngology & Otology 1964)
 Norman Rose (MBBS 1939)
 Cyril D Rosengarten (MBBS 1947)
 Ian L Rowe, OAM (MBBS 1947)
 Robert G Shaw (MBBS 1953)
 Arnold L Smith (MBBS 1965)
 William A St Clair (MBBS 1950)
 Samuel Troski (MBBS 1946, GDip Ophthalmology 1953)
 Michael Turner (MBBS 1965)
 Elizabeth M Varrenti (MBBS 1991)
 Frank B Webb, AM (MBBS 1956)
 Blair Widmer, OAM (MBBS 1939)
 Charles W Wilson (MBBS 1944)

Contributions

If you know of a medical graduate whose recent death we have not listed, please let us know. We are also interested to receive and publish obituaries of our medical alumni, in *Chiron* and on our website. Please contact or send obituaries to: Liz Brentnall, Editor, *Chiron*, 4th floor, 766 Elizabeth Street, The University of Melbourne, Parkville 3010. T:(+61 3) 8344 5325 E: eabren@unimelb.edu.au

Charles Bridges-Webb 1934–2010

Charles Bridges-Webb was a major figure in international primary care research for many years. Born in 1934, he graduated from the Faculty of Medicine at the University of Melbourne in 1957. From 1960 to 1975 he worked as a general practitioner in Traralgon where he commenced his life long interest in the classification of primary care.

His MD was awarded from Monash University in 1971, followed in 1975 by his appointment as Foundation Professor of Community Medicine (later General Practice) at the University of Sydney. He headed Sydney University's Department of General Practice from 1975 until his retirement in 1994. In honour of his many years of distinguished service Charles was awarded an Emeritus Professorship and an honorary Master of Medicine by the University of Sydney. A founding member of the Australian Association of Academic General Practice in 1983, he also served as association president from 1989-1991.

The World Organisation of Family Doctors (WONCA) was established in 1972 and, that same year, Charles was appointed as the Australian representative on the new WONCA International Classification Committee, becoming committee chairman 1991-98. He was actively involved in the development of the International Classification of Primary Care, which has proven to be of immense benefit to clinicians, health planners and communities around the world.

Following his retirement from the University of Sydney, Charles had a continuing role as an educator of general practice trainees with the Royal Australian College of General Practitioners, focusing on teaching the fundamentals of research in primary care, a role he continued to fill until a few weeks before his death. His contribution to research was recognised through his receipt of the college's 1993

Rose-Hunt Award for outstanding services to general practice and award of life fellowship of the college in 2004. Charles was also the inaugural patron of the RACGP Research Foundation.

In the 2002 Australia Day Honours List Charles was made an Officer of the Order of Australia 'for service to medicine, particularly in the field of primary care research and practice'.

Charles was notable for his generosity in sharing his talents and his time, his patience with young researchers and his careful and meticulous approach to his research. Equally important was his loving partnership with his wife Anne and his ability to balance his extraordinary professional contributions with a full and rewarding personal life.

*Michael R Kidd, AM, MBBS 1983
Executive Dean, Faculty of Health Sciences, Flinders University;
President-elect, World Organization of Family Doctors*



Peter Warner Graham 1927–2008

For 48 years Peter 'Doc' Graham was GP on-call and much-loved community member of Cohuna, in northern Victoria.

Born an undiagnosed twin in Warragul in 1927, Peter grew up in Charlton in the Mallee before winning a scholarship to Geelong Grammar School. Whilst studying medicine at Melbourne University from 1946-51, Peter, among others, edited *Speculum* magazine. It was as a medical student at the Alfred Hospital that he met his future wife,

Ann Phillips. In 1954, after a year's residency in Bendigo and a short stint in Willaura, Peter and Ann moved to Cohuna.

An activist at heart, Peter fought hard for rural medicine and served on many community and government committees. He was founding President of the Rural Doctors Association of Victoria, Chairman of the Murray-Plains Division of General Practice, a board member of the Faculty of Rural Medicine and a board member of the Australian College of Rural and Remote Medicine. In Cohuna, Peter served as a member of the Cohuna Hospital Board, was a local Shire Councillor and President, founding president of the Cohuna Elderly Citizens Village, a charter member of the Cohuna Lions Club and still managed to establish a multi-disciplinary medical practice

Peter was recognised for his services to medicine and the community when he was honoured as 'Regional Victorian of the Year' in 1993, as Member of the Order of Australia (AM) in 1995 and with a Centenary Medal in 2000.

In his precious spare time, Peter would head to his hut on the Murray River with his loyal Labrador to enjoy a catch of Murray Crayfish or Murray Cod. It was here he enjoyed time with his six children and, later, his many grandchildren, teaching them to light a fire, hook a line or pilot a boat. Peter often joked he had nine lives, having survived three days lost in the snow at Perisher Valley, two boat accidents, a car smash and a light plane crash.

Peter was manager of the medical practice at Mount Buller (1970-72) and appalled by the risky practice of sending patients down the mountain with unstable fractures, Peter installed Australia's first mountain-based x-ray machine to manage patients on the mountain.

He was a pioneer in endoscopes and practiced surgery and anaesthetics, right up until his retirement. He

was proud of delivering thousands of local newborns and was delivering his third generation of district babies on his retirement in 2003.

Peter believed people in rural and remote communities were entitled to best practice local healthcare and worked tirelessly in his community to ensure this was the case. He is survived by his wife Ann, six children and many grandchildren.

Fiona Lloyd, Peter Graham's daughter



Frances James Kenny 1915–2009

Born in 1915, the third son of Mark and Agnes Kenny, Frank Kenny won a scholarship to study at St Kevin's and Parade Colleges in East Melbourne and after winning a further scholarship commenced his medical course at the University of Melbourne in 1933.

He served as resident medical officer at St Vincent's Hospital Bendigo, Bendigo Base Hospital and as deputy assistant superintendent at Fairfield Infectious Diseases Hospital. Enlisting as a medical officer in the Air Force in 1941 he served in various units until 1945 and was promoted to squadron leader in August 1944.

Frank married his wife Monica in 1943 and they settled in Warracknabeal for the next 17 years where he became active in the Warracknabeal Hospital's Board of Management and the Air Force Association. They had three children, Frankeen, Anne-Marie and Michael.

In 1962 the family returned to Melbourne and Frank commenced practice in Albert Park where he stayed until his retirement in 1984, maintaining an active interest in veterans' affairs and helping Air Force veterans with health, social and financial problems.

Frank Kenny was a deeply intelligent, hard working and successful man. He was proud of his achievements and sought happiness in the achievements of his family. Though sometimes remote and formal, Frank could also be very insightful and educational, and a cup of tea with him could be instructive, compelling and thought-provoking.

Damien Kenny, Frank Kenny's grandson



Colin Robert Laing 1917–2010

Colin Laing was President of the Royal Australian and New Zealand College of Radiologists in 1966-67 after some years as Chairman of the Victorian Branch and a Federal Councillor. After retirement, at age 67, he joined The University of Melbourne Department of Radiology. For 20 years, mostly on an honorary basis, until his late eighties, each Thursday he diligently prepared material for students to study. He considered this the most satisfying phase of his professional life. The Colin Laing Undergraduate Film Library is named in recognition of his work. Whilst working in the Department he became aware of the need to increase opportunities for research in diagnostic radiology and he made a significant endowment to the university resulting in the establishment of The Colin and

Mavis Laing Fellowship Fund.

The only child of John Albert Laing, a civil engineer, and Eleanor Troutbeck, Colin was educated at Melbourne Boy's Grammar School and the University of Melbourne graduating in medicine in 1939. It was wartime and after completing his residency at the Alfred Hospital in 1943 he joined the Royal Australian Air Force as a Medical Officer, with postings to Darwin and Sydney. Colin returned to the Alfred and completed his training in radiology before joining the Melbourne Radiological Clinic, the largest private practice in town at the time, based at St Andrew's Hospital, now the site of the Peter MacCallum. He remained with the clinic until retirement when he was the Senior Partner. He continued his association with the Alfred becoming the Senior Visiting Radiologist. Mammography was his particular interest, which he studied on visits to America.

Approaching 40 years of age and living at home in Armadale with his mother, his father having died suddenly during the war, Colin enjoyed a bachelor's life. He was an active member of the Athenaeum Club, which was within easy walking distance of his practice, a member of the Rotary Club of Melbourne for 23 years and a Director on the Board in 1960-62. Royal Melbourne and Peninsula Golf Clubs and the Victoria Racing Club were his other interests and he was an enthusiastic concert-goer. Later in life he joined the Melbourne Club. And then there was his beloved Jaguar so in keeping with Colin's elegance.

His life style changed abruptly on an overseas trip to Britain when he met Mavis Berenice Keys, a charming lady from Bendigo, and eight years his junior. In 1956 they were married at Melbourne Grammar Chapel and soon afterwards settled into 32 Grange Road, Toorak which was to be their only home. They had no children.

Colin and Mavis, who died in 1995, were enthusiastic collectors

of antiques, especially silver and porcelain, and donated many items to the Bendigo Art Gallery. In 2006 Colin was honoured when the Board of the Gallery conferred on him Life Governorship.

Colin was an excellent golfer with a long sweet swing. His name appears on most of the Honour Boards at the Royal Melbourne Golf Club. In 1971, at the age of 54, he won the Club Championship over 36 holes playing Ranald Macdonald, well known as Chief Executive of *The Age* newspaper. Colin was runner-up eight years previously.

*WSC (Bill) Hare, AO, MBBS 1951,
MD 1954, GDipDiagRadiol 1956*



Gregory Robert Mundy 1942–2010

Greg Mundy, one of this university's most distinguished alumni, died on February 25 at his home in San Antonio, Texas after a long illness. His career was one of consistent, remarkable achievement over four decades in bone cell biology and its control by hormones and cytokines, the implications of this for osteoporosis, and most notably, for the skeletal complications of cancer.

Greg was Australian, remaining unmistakably so throughout his 35 years in the USA. Born in Templestowe, he came to the University from Trinity Grammar School and was a notably successful student sportsman, winning full blues in cricket and baseball. His teammates recall a typically aggressive fast bowler who, surprisingly, when he caused physical damage in those days of uncovered wickets, would be inclined to 'ease up'.

They blamed his adherence to his medical vocation.

Greg married Helen Bath after the finals in November 1966 then undertook a residency at Hobart Hospital, Tasmania, against much advice that this was not a place for physician training. He proved the advice wrong, passing the College of Physicians' examination at the first attempt, and research training with an MD thesis on multiple myeloma supervised by Albert Baikie. His Tasmanian experience provided Greg with a great basis for his future work in bone, where he provided notable insights into the mechanisms of bone disease in myeloma.

Upon arriving to a position in Rochester, New York, Greg aligned himself with Larry Raisz, who had worked out how to grow bone in tissue culture to allow study of how bone resorption is controlled by hormones, drugs or chemicals. This led Greg into the field of bone biology where he was to make such wonderful contributions. He rapidly became a leader in research on bone cells, how they communicate with each other, and the implications of these communication mechanisms for disease. His discovery with Raisz that multiple myeloma cells produced activities that caused bone resorption by activating the cells responsible for this - osteoclasts - set the scene for new thinking about myeloma.

In subsequent years Greg was either directly or indirectly responsible for many advances made in understanding the bone complications of myeloma, and how to treat them, and over more than two decades he led many of the discoveries around how solid cancers, particularly of breast and prostate, spread to the skeleton and grew there.

He was a great competitor in research, reflecting the fast bowler's attitude to life, but the fiercest competition could never over-ride the many close friendships he had throughout the field. He was a superb lecturer, whether talking

about his own research or surveying the field, and had a real skill in cutting through complexity.

In 1980 Greg moved to San Antonio as Head of Endocrinology, where he spent 25 years as a remarkably productive scientist, and an educator who trained more than 150 students and fellows, many of whom have progressed to successful independent careers. His research has been acknowledged by very many prestigious awards, society executive positions and editorial board memberships.

In 2006, after 26 years of success in San Antonio, Greg took directorship of the Vanderbilt Center in Bone Biology, as John A Oates Chair in Translational Medicine and Professor of Medicine, Pharmacology, Orthopedics and Cancer Biology. That centre's rapid success and activity after such a very short time are a standing tribute to him.

His illness began in September, 2008, but he was full of ideas and vitality throughout 2009, despite increasing physical impairment. Consistent with the great character and determination he showed in all other aspects of his life, Greg lived through this illness with great grace and dignity, helped by his loving family.

We offer our sincerest sympathy to Greg's wife, Helen and children Gavin, Ben and Jennifer.

T Jack Martin, MBBS 1960, MD 1969, DSc 1979

James Sturrock Peters 1913–2010

Jim Peters, who died at home in Melbourne on the 28th of September, was one of the last remaining MBBS 1937 graduates. A keen sportsman in his university days he is pictured on the back dust-jacket of *The Ties that Bind: A History of Sport at the University of Melbourne* hitting a six into the grounds at Ormond College in front of Trinity College wicket keeper, and future historian, Manning Clark.

Resident at Newman College from 1931, Jim was captain of the Newman football team, once kicking 18 goals against Queens in the Intercollegiate match in 1937. He also captained the Victorian Amateur and Australian Representative teams and in 2007 was delighted to be inducted by the Victorian Amateur Football Association as one of the Inaugural Legends of the Game.

After completing his residency at St Vincent's Hospital he served in the AIF from 1940-45 including in Tobruk and retired as Lt Col MID. In 1946, following his marriage to Moira O'Collins, he obtained his FRCS (UK) and undertook post-graduate studies in the US.

Returning to Melbourne he received his FRACS and set up practice in Collins Street. Appointed honorary urologist at Prince Henry's Hospital in 1953 and the Repatriation General Hospital in 1956, he was also president of the Australasian Urological Society from 1961-1962. From 1967-1973 he was Adjoint Delegate to the International Urological Society and was a member of the editorial committees of the British and Italian Journals of Urology.

In 2008, the Austin Health Urology Unit honoured Jim, the pioneering urologist at the Repatriation General Hospital, with the establishment of the Jim Peters Fellowship for Urological Research.

For many years Jim enjoyed attending his specialty meetings in Australia and overseas and valued the friendship of his colleagues. Many of these friends visited him at his home in Melbourne or later at his farm near Kilmore, where he was able to show them the family's Angus cattle as well as the delightful native wildlife.

Jim is survived by his wife and their family of five sons and three daughters – all university graduates.

Moira Peters, Jim Peters' wife.

Peter Graeme Petty 1934–2010

Peter Petty, a skilful and innovative surgeon and teacher who played a major role in the development of neurosurgery in Australia, has died aged 75.

Born in Melbourne to Alice (nee Patterson) and Valentine Petty, and the eldest of five siblings, he was educated at Deepdene State School and East Kew Central School before winning a scholarship to Scotch College. He was the first of his family to go to university, paving the way for his four siblings.

Displaying manual and technical skills that he later drew on as a surgeon, Peter carved models of World War II aircraft and built crystal radio sets on which he followed the progress of the war. He discovered the magazine, *Popular Mechanics*, and taught himself electronics constructing powerful amplifiers housed in beautifully handcrafted cabinets. A car buff—there were always bodies of cars in the family backyard—Peter drove in car rallies winning trophies with his younger brother, Robin, as navigator.

After graduating in medicine in 1957, he specialised in surgery and gained fellowship of the Royal Australasian College of Surgeons in 1963. In 1964 he took out a Master of Surgery which in many respects defined him: it was a research degree of high quality and he practiced research-based medicine or surgery throughout his life.

An extraordinary anatomist, as senior lecturer in anatomy at the University of Melbourne in 1962, he brought both a practicality and intense scientific interest to his teaching. Former students will remember him with a freshly harvested brain in one hand and a pocketknife in the other, proceeding to dissect the brain with extraordinary skill and dexterity.

His postgraduate training in Britain was under Joe Pennybacker at the Radcliffe Infirmary in Oxford and Valentine Loague, at Queens

Square and Maida Vale—at the time pre-eminent centres of neurosurgical training. He then took a most unusual pathway for an Australian surgeon, spending a year studying under Ross Adey at the Space Biology Laboratory, Brain Research Institute at the University of California, Los Angeles, studying behaviour modification using electromagnetic radiation. He was strongly influenced by Adey's studies becoming interested in consciousness in his later life.

On his return to Melbourne in 1967, Peter began a lifetime in neurosurgery: as head of unit at Prince Henry's for ten years, and as a senior lecturer in the Department of Surgery at Royal Melbourne. A vigorous and active member of the department until his death, his teaching guided two generations of Australian neurosurgeons. Until his death he continued to devour a broad range of scientific literature. Each week he would present the neurosurgery library at the RMH with his annotated issues of the scientific journals, *Science* and *Nature*.

Peter presided over the Neurosurgical Society of Australasia (1983-84) and chaired the Board of Neurosurgery (1982-85), and spent ten years chairing the animal ethics committees at Melbourne University and the Ludwig Institute for Cancer Research.

To all his undertakings he brought the highest ethical, technical and academic standards; he had a profound impact on the practice of neurosurgery throughout Australia and on the lives of countless patients.

Peter is survived by his wife Philippa, his daughters Susie and Liz, grandchildren Amelia, Lily, Gus, Hector and Harriet, his sister Adrienne, and brothers Richard and Michael. His brother, Robin, predeceased him.

Andrew Kaye, MBBS 1973, MD 1989 and Adrienne Clarke, BSc 1959, PhD 1963

In Brief

CONGRATULATIONS TO ALUMNI, FRIENDS, STAFF AND STUDENTS

Colin R Abery (MBBS (Hons) 1960)—OAM for service to the community through advocacy and promotion of bowel cancer screening programs.

Nunda Anavekar (PhD 1976)—OAM for service to medicine, and to the Indian community of Victoria.

James A Angus (Dean, Faculty of Medicine, Dentistry & Health Sciences)—AO for distinguished service to biomedical research, particularly in the fields of pharmacology and cardiovascular disease, as a leading academic and medical educator, and as a contributor to a range of national and international advisory boards and professional organisations.

Elizabeth Blackburn (BSc 1970, MSc 1972)—Awarded the 2009 Nobel Prize for Medicine for her discovery of the role of telomeres and telomerase in cell division.

Les Bolitho (MBBS 1973)—AM for service to medicine as a clinician and educator and through the development of rural and regional health services in north east Victoria.

Fabio R Brecciaroli (PG DipPallMed 2000)—OAM for service to medicine, particularly through the provision of palliative care services, and to the community of the Sunshine Coast.

Peter M Brooks (Director, Australian Health Workforce Institute)—AM for service to medicine, particularly in the field of rheumatology, as an academic, researcher and clinician.

Graham V Brown (MBBS 1970, PhD 1983, Foundation Director, Nossal Institute for Global Health)—AM for service to medicine in the field of infectious diseases, particularly

malaria and through a range of professional, research and advisory organisations.

Jack Cade (MBBS 1962, MD 1969, PhD 1970)—AM for service to medicine in the field of intensive care as a clinician, researcher and educator and through contributions to professional associations.

John Christodoulou (PhD 1990)—AM for service to human genetics, particularly the metabolic disorders of children as a researcher and clinician.

John R Crellin (MBBS 1964)—OAM for service to medicine as an administrator and practitioner, and to the community of Wonthaggi.

Anthony L Cunningham (MBBS 1972, BMedSc 1971, MD 1984)—AO for service to medicine, particularly in the field of viral research and through the development and leadership of medical and biomedical research.

John A Fuller (MBBS 1953)—OAM for service to medicine, particularly in the treatment of coronary artery disease.

John Hamilton (PhD 1967, Department of Medicine Royal Melbourne and Western Hospitals)—Awarded the 2010 Australian Rheumatology Association Distinguished Service Medal.

Timothy D Hannah (BSc 1968, MBBS 1974)—OAM for service to medicine as a general practitioner in the Katherine region.

Andrew Hill (Department of Biochemistry and Molecular Biology)—Awarded the Merck Research Excellence Medal for biochemists or molecular biologists.



Frank Shann, Graham Brown and Garry Warne receive their Orders of Australia.

Ian J Hopkins (MBBS (1957), MD 1962)—OAM for service to medicine as a paediatric neurologist and through professional organisations.

Terry Horgan (MBBS 1957)—OAM for service to the community as a fundraiser for Catholic charitable organisations.

Robert M Jones (Department of Surgery, Austin and Northern Health)—AM for service to medicine as a surgeon, researcher and author, particularly in the area of liver transplantation laparoscopic surgery, as a mentor and through support for organ donation programs.

Merilyn J Liddel (MBBS 1971)—AM for service to tertiary education and administration, particularly in the discipline of medicine, and to cross-cultural exchange and co-operation with Malaysia.

Keith J Lipshut (MBBS 1943)—OAM for service to the community of Wangaratta, and as a general practitioner.

Sarah Lonie (Fourth year student)—Won first prize in the National Health and Medical Research Council Student Research Competition, for her project looking at the possible links between heart rate variability, depression and heart failure.

Patrick D McGorry (MD 2002, Chair, Centre for Youth Mental Health)—AO for distinguished service to medicine and to mental health as a leading clinician, researcher and scientist, through innovative reform of services, and the development of national programs to support youth and raise public awareness. Professor McGorry was also named Victoria's Australian of the Year for 2010.

Harry G Mond (MD 1975, MBBS (Hons) 1966)—OAM for service to medicine in the field of cardiology.

Richard O'Bryan (MBBS 1960, GCertGPP 1998)—OAM for service to the community of St Kilda, particularly as a general practitioner.

Denis O'Day (MBBS 1960)—honoured by Vanderbilt University with the establishment of the Denis O'Day Chair in Ophthalmology and Visual Sciences

Trevor E Olsen (BMedSc 1969)—AM for service to medicine as a clinical haematologist and as an advocate for advances in the management and treatment of leukaemia.

George R Santoro (MBBS 1962)—AO for service to medicine through contributions to a wide range of advisory and professional bodies, and to the Italian community.

David F Scott (Department of Surgery, St Vincent's Hospital)—AM for service to medicine as a pioneer in the field of transplant surgery and through executive roles in professional organisations.

Frank A Shann (MBBS 1968, MD 1985)—AM for service to medicine as a paediatrician, particularly as a leader in intensive care for children, through contributions to the World Health Organisation and to rural medicine, and as an advocate for child health.

William Shi (Final year student)—Won third prize in the National Health and Medical Research Council Student Research Competition, for his study on the impact of surgical training on patients' outcomes.

Christine G Tippett (MBBS (Hons) 1969)—AM for service to medicine, particularly through executive roles with professional organisations, to improved health care standards for women and their families, and to obstetrics and gynaecology as a clinician and mentor.

Garry L Warne (MBBS 1968, Department of Paediatrics, Royal Children's Hospital)—AM for service to medicine in the field of paediatric endocrinology, and to the improvement of child health care and infrastructure in developing countries.

Greg Whelan (MD 1978, St Vincent's and Geelong Clinical Schools)—AM for service to medicine, particularly in the fields of gastroenterology, hepatology and addiction, through academic and executive roles.

Saul Wiener (MD 1960, PhD 1953, MBBS 1947)—AM for service to science, and to medical research through contributions to the development of the Redback Spider and Stonefish antivenom, and as an allergist.

Alexander D Wodak (MBBS 1970)—AM for service to medicine and public health, particularly in the area of drug and alcohol dependency treatment, through legislative reform, and to medical education.

Ying-Yan Zhu (Fourth year student)—Won second prize in the National Health and Medical Research Council Student Research Competition, for her project examining why certain arteries produce better results than others when used as conduits to carry blood around blockages in the heart.

2009 Deans Honour's List – Semester 12

Linny Phuong	Henry Zhao
KaiEn Leong	Dalveer Singh
Anna Kate Watts	Krithika Murali
Sarah Wongseelashote	Kah-Lok Chan
Kelly Janette Morton	Celina Jin
Priyal Rama Asary	Kanae Jennifer Nagao
Kristie Fan	Anneke Liesbeth Engwerda
Nathan Jun Yew Wong	Felix Wiyanto Sim
Christine Liauw Mandrawa	Sarah Helen Coghill
George Stanley Heriot	Anthony Rotman
Lucinda Johnson Vercio	

2009 Undergraduate Medical Student Prizes and Awards

Australian Medical Association Prize— <i>Jennifer Nagao</i>	Karl David Yeomans Prize— <i>Khai Chai & Elizabeth Paratz</i>
Clara Myers Prize in Surgical Paediatrics— <i>James Hillis</i>	Katharine Woodruff Memorial Prize – Palliative Medicine— <i>Hui Yin Lim</i>
Donovan Johnston Memorial Scholarship Fund— <i>Karissa Ludwig, Fariha Islam, Jocelyn Chan, Bejoy Machumpurath, Maya Reddy, Hannah Meyer, Rowena Silcock, Anna Steer</i>	Keith Levi Prize— <i>Jennifer Nagao</i>
Dr Kate Campbell Prize— <i>Amy Williamson</i>	Max Kohane Prize— <i>Naomi Clarke</i>
Dwight's Prize in Integrated Clinical Studies— <i>Andres Del Rio</i>	Neil Johnston Prize— <i>Henry Yao</i>
ESJ King Prize— <i>Ouli Xie</i>	Prize in Clinical Gynaecology— <i>Ruoxin Tsui</i>
Edgar and Mabel Coles Prize— <i>Vivien Gu</i>	RACGP Victoria Faculty Prize— <i>Christine Mandrawa</i>
Edgar Rouse Prize— <i>Dalveer Singh</i>	RANZCOG Women's Health Award— <i>Lai Yin Law</i>
Fulton Prize— <i>Vivien Gu</i>	Robert Gartly Healy Prize in Medicine— <i>Jennifer Nagao</i>
GA Syme Exhibition— <i>Gina Smith & Sarah Marks</i>	Robert Gartly Healy Prize in Obstetrics— <i>Varun Arora</i>
Geoffrey Royal Prize in Clinical Surgery— <i>Sandeep Arunothayaraj</i>	Robert Gartly Healy Prize in Surgery— <i>Andres Del Rio</i>
Geriatric Medicine (Aged Care) Prize— <i>KeiEn Leong</i>	Robert Yee Prize in Medicine— <i>Pei Lew</i>
GlaxoSmithKline Semester 5 Prize— <i>Ouli Xie</i>	Royal Australian and New Zealand College of Ophthalmologists' Prize— <i>Kenneth Buxey</i>
Harold Attwood Prize in Pathology— <i>Andres Del Rio</i>	Royal Children's Hospital Paediatric Handbook Award— <i>Jeremy Chin</i>
Hedley F Summons Prize (for Otolaryngology)— <i>Luke Campbell</i>	Sir Albert Coates Prize— <i>Ouli Xie</i>
Herbert Bower Memorial Prize— <i>Dalveer Singh</i>	Smith and Nephew Prize— <i>Timothy Papaluca</i>
Herman Lawrence Prize in Clinical Dermatology— <i>Ryan De Cruz</i>	The Ilana Rischin Award for Outstanding Achievement by an International Student in Medicine — <i>KaiEn Leong</i>
Howard E Williams Prize— <i>Matthew Guest</i>	Therapeutic Guidelines Award— <i>Kah-Lok Chan</i>
Ian Johnston Prize in Reproductive Medicine/Biology— <i>Vivien Gu</i>	Vernon Collins Prize in Paediatrics— <i>Jennifer Nagao</i>
James Stewart Bequest— <i>Ouli Xie, Edward Buratto & Sandeep Rakhra</i>	Victorian Metropolitan Alliance Prize in General Practice— <i>KaiEn Leong</i>
Jamieson Prize— <i>Jennifer Nagao</i>	Walter & Eliza Hall Exhibition – <i>Niles Nelson</i>
John Adey Prize in Psychiatry— <i>Dalveer Singh</i>	
John Cade Memorial Medal in Clinical Psychiatry— <i>Yvonne Chow</i>	

Past Prize Winners

In preparation for the Melbourne Medical School's 150th anniversary in 2012, we are in the process of compiling a list of all medical student prize winners since the school's inception. So far, we have a fairly comprehensive list of prize winners from the 1800s to 1951 and from 1984 to date. We would really like to fill this big gap stretching over the decades of the '50s, '60s, '70s and into the '80s, and would be most grateful to hear from any prize-winning alumni who can enlighten us.

If you can help please contact: Liz Brentnall on: T: (+61 3) 8344 5325 or E: eabren@unimelb.edu.au

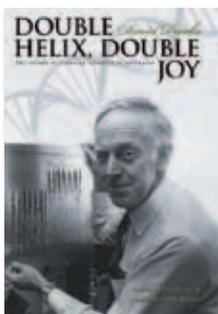
Books

Double Helix, Double Joy

David Danks: The Father of Clinical Genetics in Australia

By Carolyn Rasmussen with Alister Danks, Miegunyah Press, 2010, hardback, rrp \$49.99

Launched in August by the Governor of Victoria, Professor David de Kretser, this new biography of the late Professor David Danks reveals his tremendous gift to genetic research. Inspired to know 'why a disease had occurred' and 'how it could be anticipated and prevented', Danks once said that 'every genetic disease is an experiment of nature'.



Double Helix, Double Joy chronicles the life of David Danks, one of Australia's pioneering clinical geneticists

In a public lecture titled *Double Helix, Double Joy*, Danks conveyed the inspiration he received from the developments cascading from Watson and Crick's initial discovery of DNA and his happiness about the 'immense benefits' this breakthrough would have for people generally, explaining, 'even from its infancy

it was apparent that the double helix was going to change not only science, but also the community's image of science'.

Professor Danks trained with pioneers of human genetics in London and Baltimore when the science was barely known in Australia. After his discovery of the cause of Menkes disease in 1972 he developed a talented multi-disciplinary research team focussed on the identification and treatment of genetic diseases affecting newborns. Dame Elisabeth Murdoch embraced his vision and helped him launch the Murdoch Institute for Research into Birth Defects in 1986, where he implemented his vision of unfettered scientific research wedded to clinical practice and services to public health.

Danks' legacy reaches beyond the Murdoch institute to the establishment of clinical genetics services throughout Australia, the internationally acclaimed POSSUM database, and the next generation of researchers who continue to explore and expand his vision.

Books can be purchased on line at www.mup.com.au or at Readings. \$10 from each book sold goes to the MCRI.

Making Waves

Medicine, Public Health, Universities and Beyond

By David Penington, Miegunyah Press, 2010, hardback, rrp \$69.99

An account of a leader who has never shunned public controversy, David Penington chronicles his ethos, drive and the highs and lows of his life as one of Australia's leading public health experts.

Beginning his career at St Vincent's Hospital in Melbourne in the 1970s, Penington fostered new medical research specialty areas in haematology, medical ontology, endocrinology, gastroenterology and later neurology and renal disease – strategic developments for a public hospital at this time.

At the University of Melbourne, he was Professor and then Dean of the Faculty of Medicine, before becoming Vice-Chancellor from 1988 to 1995. During his tenure, he strongly resisted major government intrusion into the operations of universities, while at the same time reforming the education, research and management practices at the University of Melbourne.

The book gives a fascinating insight into Penington's 20 years at the forefront of national public health policy, including four years chairing the National AIDS Task Force for the Hawke government. In 1984, he was Chair of the National Committee of Inquiry into a dispute between the government and the medical profession over public hospitals, which was key to the implementation of the Medicare system. He has also worked for the Red Cross, including seven years as Chair of the National Blood Transfusion Committee.

Making Waves details the fascinating story of one of Australia's most prominent agents of change.

Changing Minds, Changing Lives

The Legacy of the Vera Scantlebury Brown Memorial Trust

By Joan Waters, University of Melbourne, 2010, rrp \$25.00

Celebrating the work of Dr Vera Scantlebury Brown and her continuing influence

through the trust which bears her name, *Changing Minds, Changing Lives* is a history of this pioneering doctor and her inspiring successors, written by Joan Waters for the University of Melbourne's Department of Paediatrics.

The Vera Scantlebury Brown Memorial Trust was created in 1946 to honour Victoria's first Director of Maternal, Infant and Pre-school Welfare, and has since provided scholarships for professional women serving mothers and young children in Victoria in the fields of public health, social welfare and early childhood services.

The book tells of the establishment of the trust and recounts the stories of the 44 women who have received its scholarships and their varied contributions to the welfare of children in Victoria in the areas of public policy, child protection, advocacy, education and research. A commemoration of Dr Scantlebury Brown's leadership in the development of female health professionals, *Changing Minds, Changing Lives* is timely reminder of the ongoing need for research into child welfare and health.

A limited amount of copies are available for purchase. Contact Andi Janszgalant at Andi.Janszgalant@rch.org.au for more information.

Calling Medical Professionals

MS Australia (in the ACT, NSW and Victoria) is seeking participants for a project that aims to assess the growing needs of people living with multiple sclerosis (MS).

In 2011, the organisation will be conducting a series of interviews with people with MS, their family members and carers. They are also interested in speaking with medical professionals who see people living with MS so they can consider how MS Australia may better support these service providers.

Overall, the project will help to ensure that MS Australia continues to deliver the essential services required by the MS community, now and into the future.

For further information, or to volunteer to participate, please contact the Project Manager, Megan Varlow on 02 9646 0636 or megan.varlow@msaustralia.org.au

The Physick Gardener

When medicine was first taught to students at the University of Melbourne in the 1860s, botany was an important subject in the curriculum – all students were required to learn about herbs and their medicinal applications. This practice derived from the sixteenth century European tradition of attaching gardens to medical faculties, which was subsequently emulated in England from the early seventeenth century.

The role played by the study of botany in the history of medicine was illustrated by an exhibition marking the re-opening of the Medical History Museum upon completion of renovations to the Brownless Medical Library, entitled, 'The Physick Gardener: Aspects of the Apothecary's World from the Collections of the University of Melbourne'.

The impetus for this exhibition was the generous gift of a group of ceramic drug jars and copper alloy mortars and pestles from the estate of Graham Roseby. We were also able to borrow from the Baillieu Library's Special Collections, Print Collection and East Asian Collection, the University of Melbourne Herbarium in the School of Botany, and the Ian Potter Museum of Art.

It is a remarkable tribute to the University's cultural acumen that the exhibition was curated entirely from six of its own collections on the historic Parkville campus. The items on display served to illustrate the tools of the apothecary's practice – through the plants cultivated in the 'physick garden' such as that in Chelsea in London, and at Oxford; the sturdy mortars in which the dried elements of those plants were ground by pestles; the herbals or illustrated manuals which outlined the uses and benefits of the botanical species grown by the apothecary; the pharmacopoeias of instructions for the manufacture of remedies and herbal medicines; and the ornate drug jars in which the apothecary would store preparations.

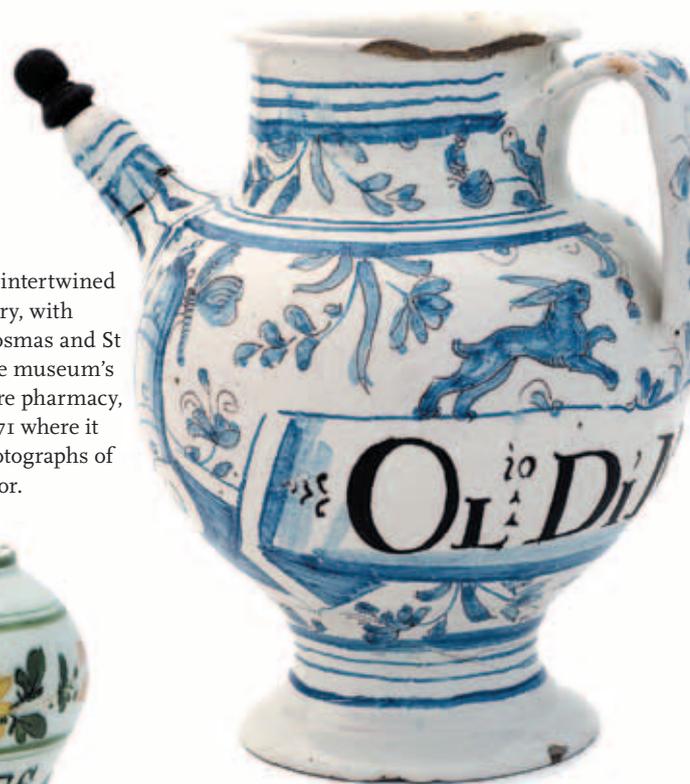
The Physick Gardener also provided a context for the Medical History Museum's nineteenth century pharmacy, a faithful reconstruction of the Belgravia branch of Savory and Moore,

the London firm of chemists. The intertwined origins of the doctor and apothecary, with their venerated patron saints St Cosmas and St Damian, provide a rationale for the museum's acquisition of the Savory and Moore pharmacy, which arrived in Melbourne in 1971 where it was re-assembled according to photographs of the Chapel Street, Belgravia interior.



The richness and depth of the University's cultural heritage is evidenced in the objects which comprised *The Physick Gardener*. We are very grateful to Alison Roseby and her family for their generous donation of Graham Roseby's collection, and for their contribution to the work of the Medical History Museum. I would also like to thank the University's Cultural and Community Relations Advisory Group and its chairman, Professor Warren Bebbington, for supporting the publication of the exhibition catalogue; the Russell and Mab Grimwade Miegunyah Fund for the conservation of drug jars and documents in the collection of the Museum; John Coppock of Pharmaceutical Defence Ltd for his assistance towards the exhibition photography; and Sir Andrew Grimwade who has provided information on the Grimwade family.

Susie Shears, Curator, Medical History Museum



Above: Italian spouted jar for oil of mint (date uncertain), earthenware and wood. Gift of the estate of Graham Roseby, 2009.

Left: Italian jar (19th century), earthenware. Russell and Mab Grimwade Bequest, 1973. Transferred from the University of Melbourne Art Collection, 1988.

Established in 1967, the Medical History Museum's collection numbers more than 6000 items. It is one of 31 collections which form part of the University of Melbourne's astonishingly rich cultural capital. The museum's collection has largely been acquired through public-spirited donors, many of who have had a professional or student relationship with the University's medical teaching program, or a fascination with the history of medicine.

We encourage medical alumni to become involved in the development of the Medical History Museum collection and the documentation of the history of the Melbourne Medical School. If you would like to contribute materials or information to the University's repository of medical history and culture, please contact either Susie Shears on (+61 3) 8344 9935 or: sshears@unimelb.edu.au or Liz Brentnall on (+61 3) 8344 5325 or: eabren@unimelb.edu.au



chiron

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This beautiful image was hand drawn by Maggie Mackie, then assistant editor and designer of the magazine. The picture is of Chiron the Centaur, the mythological being who in classical Greece was known as the master and teacher of all the healing arts, and who is namesake and emblem of this publication.