



# CHIRON

MELBOURNE MEDICAL SCHOOL

EST. 1862

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**04. TAKING ON BIG TOBACCO**

Dr Bronwyn King's  
campaign to halt investment  
in tobacco companies

**06. CANCER FRONTIERS**

The University of Melbourne's  
bold plans to tackle cancer

**12. THE CANCER PUZZLE**

Patterns, paradoxes and  
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## CHIRON [*kahy-ron*]

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



Chiron is published by the Melbourne Medical School. Contributions and correspondence from alumni, staff and students are most welcome and should be sent to:

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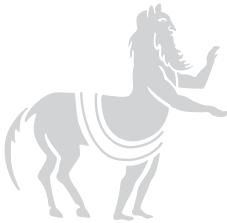
**Contributors:** Many thanks to Allison Blahna, Liz Brentnall, Anna Dunn, Nathan Fioritti, Dr Jacqueline Healy, Fran Madigan

**Design:** Qualia Creative

**Note:** For space (and readability) only degrees conferred by the University of Melbourne are listed beside the names of alumni in this publication.

**Cover Image:** Dr Bronwyn King

ISSN 0418-3978  
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# WELCOME

It is my great pleasure to bring you the 2017 edition of *Chiron*, the Melbourne Medical School alumni magazine.

This year we are celebrating the 50th Anniversary of The Austin Clinical School. Half a century ago, in 1967, the first cohort of 17 medical students ventured from Parkville to Heidelberg to undertake their clinical training years at The Austin Hospital. So began a mutually successful partnership between the University of Melbourne and Austin Health that has since produced over 3000 talented and dedicated doctors.

Reflecting on the history of medical education at the University and its clinical schools has given us the opportunity to ponder the formative decisions that have taken place in our own medical training. What were our moments of insight, inspiration, conviction or choice and were they sparked by peers, teachers, patients or locations or a combination of all?

For many, embarking upon a medical degree is a calling to prevent illness and to help make the sick well again. Others are lured by the challenge of unravelling the mysteries of science, biology, physiology and anatomy to better understand human health and how it can go wrong. Some enter the profession because that is what they feel is expected of them (although my observation is that there are very, very few—if any—who end up

in medicine by accident). Apart from being a long and challenging university degree, the learning doesn't end upon graduation: becoming a medical practitioner is a life-long journey of enquiry and discovery that fulfills an intellectual, metaphysical and philosophical calling.

Regardless of our original motives for commencing the study of medicine, the clinical years are absolutely formative. It is in our clinical years that we finally put into practice all we have learnt in lecture theatres, tutorial rooms and practical classes. We shadow great physicians and surgeons and observe their work at close range. We witness the privilege of serving each and every patient who turns to us to manage their unique medical needs, and alleviate or eliminate their pain and sickness. Through this period of clinical training, knowledge comes to life: textbook scenarios become patients we care for, our peers become our family, our clinical school our home, and our teachers the elders from whom we learn.

In *Chiron* we acknowledge and applaud the achievements of just a few of the many talented alumni of the Melbourne Medical School and their service to our profession. As well as celebrating the 50th Anniversary of The Austin Clinical School, in this edition of *Chiron* we mark the opening of the Victorian Comprehensive Cancer Centre (VCCC) and the University of Melbourne Centre for Cancer Research (UMCCR) with articles about the pioneers, new facilities, history and future of cancer research and treatment.

All of the stories in this edition of *Chiron* are available online at [medicine.unimelb.edu.au/engage/alumni/chiron-publication](http://medicine.unimelb.edu.au/engage/alumni/chiron-publication). As always we welcome and encourage your feedback.

## Professor Geoff McColl

Head, Melbourne Medical School  
(MBBS 1985, PhD 1996)

WITH YOUR  
HELP  
STUDENTS  
WILL BE MORE  
PREPARED  
THAN EVER



IMAGINE HOW MUCH EASIER STARTING  
YOUR CAREER WOULD HAVE BEEN IF  
YOU'D HAD A MENTOR TO GUIDE YOU

At the University of Melbourne we want to give students the best opportunities possible. That's why we run mentorship programs connecting past students with current ones. For students it's an invaluable source of insight into their future. For alumni, it's a chance to meet the next generation, get to know the best of them and help bring great minds together.

To register your interest or find out more, visit

[mentoring.unimelb.edu.au](http://mentoring.unimelb.edu.au)



# MESSAGE FROM THE DEAN

## BUILDING ON THE PAST, TOWARDS A NEW STRATEGIC VISION

Earlier this year the Faculty of Medicine, Dentistry and Health Sciences embarked on a journey to develop a strategic plan for the next five years and beyond.

Our reputation for excellence has been forged over 150 years of teaching and research leadership. To build on and continue the work of those who came before us we have been engaging in wide-ranging, consultative conversations with our staff, students and partners about what is most important to them, and why.

Earlier this year, nearly 2000 people, including undergraduate and postgraduate students, academic, honorary and professional staff participated in research about the Faculty's current activities, followed by in-depth roundtable discussions about the priorities they believe we should set to remain successful.

It is clear that we are united in our purpose: we are overwhelmingly motivated by a desire to improve the health and wellbeing of the individuals and communities we serve. We do this by educating a health workforce and by carrying out world-class research; but we don't just stop there. We must also work with our healthcare partners in translation, with governments on important health policy and issues, and with our communities, engaging them on this journey.

Teaching is core business for this Faculty. Teachers who excel and lead must be recognised and rewarded and will be at the forefront of our thinking and planning. Students come to us because of our reputation for offering exceptional research-informed education. They want to be stimulated and challenged to reach their full potential and their interactions with their teachers are central to this experience. Integrating these personal interactions with innovative technologies and opportunities for 'real world' engagement will continue to be central to our educational offering.

The Faculty is distinguished by the research we do. In developing a strategy for our research we need to balance the reality that we can only be world class in a limited number of areas with the need to respond to emerging opportunities and areas of relevance to our communities. There is broad recognition that significant improvements in global health and wellbeing will increasingly rely upon better integrated

and better connected health data. Greater coordination of the University's many activities in this area will enable us to draw more effectively on our multidisciplinary academic strengths and advance our expertise in this area.

Many have expressed deep commitment to our social responsibility of sharing our knowledge where it is most needed to improve health and wellbeing in our local and global community. There is also a strong appetite throughout the Faculty to increase interdisciplinary research and new models of collaboration. As competition for an increasingly limited pool of research funding grows, the wisdom of positioning the Faculty and its partners to take full advantage of new types of research funding is widely acknowledged. Likewise, we should look to opportunities that lie in the Asia-Pacific region as a way of increasing international experience for our students and staff and ensuring that our work benefits our region.

Just as the Faculty's priorities are important to those who currently work and study here, so too is the work of our alumni and their ongoing connection with the Faculty. Your work in health, education and research is integral to our continued good reputation, and without a doubt, an influencing factor for new students and future staff. It is in all of our interests that we recognise and maximise the strengths of our Faculty to build a future together that is forward looking, engaged and relevant, both locally and globally.

The next step in the Faculty's planning is to set priorities based on a consolidation of all we have learned. Thank you to all who contributed. The final strategy will represent our collective thinking about the opportunities and challenges ahead and will guide our decisions into the future.

This is an ambitious project that will inevitably lead to some exciting and challenging decisions. I very much look forward to sharing the next stages with you.

With warm regards,

**Professor Shitij Kapur**

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



# TAKING ON BIG TOBACCO

**DR BRONWYN KING IS MAKING A PERMANENT IMPRESSION ON THE TOBACCO INDUSTRY'S FINANCES**

**A**s a radiation oncologist, Dr Bronwyn King (MBBS 1999) is very familiar with caring for patients suffering from tobacco-related illness. The devastating impact of tobacco has always left a deep impression on her. In 2010 when Dr King discovered that the default option for her superannuation fund included investment in the tobacco industry, she was compelled to act.

Australia is well-regarded as one of the world's most progressive countries on tobacco regulation and policy, yet Dr King's enquiries revealed a profound disjunct between the health and finance sectors: Australian health practitioners were unwittingly investing in the cause of a problem many dedicated their working lives to fix.

So, in 2012, Dr King founded Tobacco Free Portfolios to collaboratively work with the finance sector to encourage tobacco-free investment.

"I was living in a 'health bubble' and I was shocked to find that other very significant parts of the Australian community—the superannuation and finance sectors—were completely misaligned with both our Federal Government and health sectors on the issue of tobacco. Through my conversations, it quickly became clear that finance leaders themselves were also alarmed when the facts were placed in front of them."

In the last 12 months, the work of Dr King and Tobacco Free Portfolios has been instrumental in the divestment of over \$4 billion of tobacco industry assets, by financial institutions in seven countries.

While Australians are well protected from the tobacco industry via government regulation, this is not the case all around the world. Every day, an estimated 100,000 children start smoking, most of them in the poorest countries in the world.

"Australia is indeed the 'Lucky Country'. We rank highly on almost every metric globally and while we have strong tobacco control and very bold leadership from all sides of politics on tobacco policy, the missing element has been the conversation between the finance sector and the health sector."

Dr King's ambitious goal is for tobacco-free investment to be the baseline standard in the Australian superannuation industry. With almost 50 per cent of Australian superannuation funds now tobacco-free, it looks like this goal will soon become a reality, making Australia, once again, a global leader in combating the tobacco problem.

"Once we reach 50 per cent, I hope the conversation will change from 'Should we go tobacco-free?' to 'Why aren't we already tobacco-free?' We are almost there.

"There is no sound reason why pension funds, insurers or banks should be lending money to tobacco companies or investing in them. If a new product was invented today that caused six million deaths over the next 12 months, we wouldn't dream of investing in it! We need to apply 2017 thinking to tobacco."

In February of this year, Dr King's tireless efforts to bring down the tobacco industry were recognised in her selection as the inaugural Joint Distinguished Fellow in Australia Studies, a position facilitated by the Menzies Centre for Australian Studies at Kings College, London, and the University of Melbourne's Australian Centre.

"The Fellowship is a great honour and an exciting platform to advance collaboration across sectors of society. The tobacco issue is an excellent case study that shows there are some gaps in the conversations that need to be recognised and addressed. When we are all part of a common dialogue, major global challenges can be confronted.

"It is terribly distressing to see patients suffering from tobacco-related illness. Working with Tobacco Free Portfolios is deeply satisfying as I am at least partially addressing the greater problem, rather than only being at the other end, desperately trying to help people who are the victims of an industry that does not respect human life."

Dr King's passion for health was ignited during her early career as a competitive swimmer. At 14 years old she was training in the gym at the Nunawading Swimming Club when a picture on the wall of the muscles of the human body caught her eye. She stood spellbound, trying to work out which muscles she needed to strengthen so that she could swim faster. "I made a photocopy of this picture and went home to memorise all of the muscles in the human body. I've been fascinated with human health ever since."

After graduating from the University of Melbourne, Dr King imagined working full-time as a clinician and pursuing her keen interest in medical education. Tobacco Free Portfolios changed the trajectory of her life and career and she still admits to sometimes wondering where her life is taking her.

"I once said to my colleague Clare [Payne, the Chief Operating Officer of Tobacco Free Portfolios], 'I'm not really sure where I'm going'. To which she replied, 'Don't worry, just keep stepping forwards. The path is forming under your feet.' I love that sentiment because the truth is, although I still don't know exactly where I'm going, it definitely feels like things are falling into place. Despite the uncertainty, exciting opportunities keep presenting themselves and I'm always curious to see where they may lead.

"Surprisingly, one of our greatest challenges is securing funding for Tobacco Free Portfolios itself. Despite an international groundswell of support, we don't fit neatly into set funding



categories for many foundations or organisations considering support. Of course, that's because what we do is unique—we are the only organisation in the world working to address this missing piece of tobacco control. We need to expand our reach and share the Australian case study broadly. I'm confident that a path will form!"

Dr King is made for the work of influence and advocacy. Immediately amiable, warm and animated, she approaches all discussions positively with the aim of collaborating with, not fighting against, the finance industry. Her ceaseless determination, which she says is a trait she learnt from her swimming coach when she was young, has produced phenomenal results.

Tobacco Free Portfolios has just established a Global Advisory Committee which includes Her Royal Highness Princess Dina Mired of Jordan, the President-elect of the Union for International Cancer Control; Sir Harpal Kumar, the CEO of Cancer Research UK; Lord Hutton, the former Secretary for Work and Pensions in the UK; The Honourable Ted Baillieu, former Premier of Victoria; and The Honourable Ros Kelly, former Australian Federal MP, among many other notable leaders across health, finance and government.

Global momentum is certainly starting to build towards making tobacco-free investment an international baseline standard. Notable tobacco-free policies implemented in the past year alone include insurance giant AXA (which divested \$1.8 billion Euro tobacco industry assets in May 2016); Sweden's leading pension fund AP4; France's largest pension fund—Fonds de Reserve pour les Retraites; Ireland's Sovereign Investment Fund; CalPERS—the largest pension fund in the USA; AMP Capital (the largest tobacco-free move in Australia to date); and Bank of New Zealand.

"I have met people I never imagined I would meet. Gone to places I never thought I would go to and been part of conversations that I never thought I would have the privilege of hearing. It is constantly inspiring to meet people in positions of great influence who really care about the issue of tobacco and want to make a change."

To find out more about Tobacco Free Portfolios visit [www.tobaccofreeportfolios.org](http://www.tobaccofreeportfolios.org)

# THE NEW FRONTIER OF CANCER RESEARCH

THE UNIVERSITY OF MELBOURNE CENTRE FOR CANCER RESEARCH IS SETTING BOLD GOALS FOR THE DIAGNOSIS, MANAGEMENT AND TREATMENT OF CANCER



When the Victorian Comprehensive Cancer Centre (VCCC) opened in July 2016 it heralded a new dawn for cancer treatment, research and collaboration. Developed by an architectural design team of Design Inc and Silver Thomas Hanley in partnership with McBride Charles Ryan, the building has an imagery that is 'expressive of optimism and progress. The key public building on a key Melbourne axis will acknowledge and make evident our collective endeavour to gain mastery over cancer. The centre will provide hope, health and wellbeing to all Victorians.' (McBride Charles Ryan.)

The \$1 billion purpose-built facility brings together cancer research, education and clinical care. It provides patients with access to the latest cancer treatments and allows clinicians to collaborate directly with researchers. And it is a symbol of hope.

Attending the opening of the VCCC, the former US Vice President, Joe Biden, said: "You are making cancer research a team sport. You have poured your heart—and a lot of your money—but your heart into building this facility. It's a testament to your tenacity as well as your dedication in the fight against cancer."

Located opposite the Melbourne Medical School and the Royal Melbourne Hospital, the VCCC is a hive of activity. The street-facing café is busy with staff and visitors—many of whom are patients. It is the largest combination of cancer research and treatment in Australia and, in the same way as the leading comprehensive cancer centres in North America and Europe, the VCCC has a world-leading university at its core.

The University of Melbourne Centre for Cancer Research (UMCCR) is the nexus of the University's cancer research program based at the VCCC. The inaugural Director of the UMCCR is Professor Sean Grimmond, a founding scientific fellow in The Royal College of Pathologists of Australasia. Professor Grimmond is also the inaugural Bertalli Chair in Cancer Medicine, thanks to the generosity of philanthropists, Neville and Di Bertalli.

Professor Grimmond obtained his PhD in pathology from the University of Queensland. He is a pioneer in precision oncology and genomic medicine and a leader in Australia's research into pancreatic, neuroendocrine and ovarian cancer as part of the International Cancer Genome Consortium, one of the most ambitious biomedical research efforts since the Human Genome Project.

**“You are making cancer research a team sport. You have poured your heart—and a lot of your money—but your heart into building this facility. It’s a testament to your tenacity as well as your dedication in the fight against cancer.”**

*—former US Vice President, Joe Biden*

“I was lured to Melbourne from Glasgow about a year ago to take up the opportunity of the Bertalli Chair of Cancer Medicine and Director of the University’s Centre for Cancer Research. Our work up here on the 10th floor of the VCCC is really the start of building an integrated clinical research centre to rival the best in the world, based here at Melbourne.”

Professor Grimmond was Professor of Genetics at the University of Queensland and founding Director of the Queensland Centre for Medical Genomics. “I had always been interested in working in cancer, specifically by trying to use genomic approaches to understand the machinery behind the disease.” He later established the United Kingdom’s genome-directed clinical trials and was the Chair of Medical Genomics at the University of Glasgow where he co-founded the Scottish Genome Partnership, a national initiative aimed at population-scale genetic sequencing of cancer, rare genetic diseases and healthy cohorts.

“I am very happy to be in Melbourne; it’s a sophisticated city and the sheer concentration of research here makes it the best place in Australia. We can’t work in isolation any more—our work is all about scale and convergence. I have a skill set that just 10 years ago was esoteric and boutique, but I am now in the perfect position to exploit my skills to their fullest, in partnership with the complementary expertise of my colleagues here, and with computational technology to magnify the impact of our research.”

Professor Grimmond believes that genomic-directed oncology—using genetic information to treat disease—is the cornerstone of precision personalised medicine and the future of cancer prevention, diagnosis, and treatment.

“I am driven by a belief that in the future cancer will be a preventable and treatable disease, managed much the same as we manage chronic diseases like high blood pressure or diabetes.

“Our researchers, clinicians and academics at the UMCCR have the knowledge and skills to radically minimise the burden of cancer. We have at our fingertips an incomparable pocket of complementary knowledge and expertise and I am in no doubt that our cross-disciplinary approach to discovery and our co-location with hospital and research partners will maximise the impact of breakthroughs and be the springboard for extraordinary innovation.

“The future of cancer medicine is to locate the Achilles’ heel of every single cancer using genomic-directed oncology. Only then can we administer the right treatment for each individual at the right time for the right cancer. By capturing a patient’s genetic information we can improve outcomes in diagnosis and treatment selection, minimise adverse side effects of treatments, and improve the decision-making processes of clinicians and ultimately the patient’s overall wellbeing.



**Professor Sean Grimmond**

*Director of Cancer Research, The Bertalli Chair in Cancer Medicine  
University of Melbourne Centre for Cancer Research, Victorian  
Comprehensive Cancer Centre*

## PROFILE

**Professor Jennifer Philip** (MBBS 1988, PGDip Palliative Med 1998, MMed (PallMed) 2001) is the inaugural Chair of Palliative Medicine in the Department of Medicine at the University of Melbourne, St Vincent’s Hospital and Victorian Comprehensive Cancer Centre. She describes the primary focus of palliative care as ‘helping a person to live fully’.

**“Palliative care is still a relatively new area of clinical care and there is enormous scope for research into how we control and alleviate symptoms of advanced illness, how we convey important and challenging information to patients, how we improve patient access to research, and how we can build research capability in the field. My aim is to ensure that all care provided to people with advanced disease is informed by evidence and delivered by people who are well-trained, well-supported, compassionate and passionate about what they do.”**

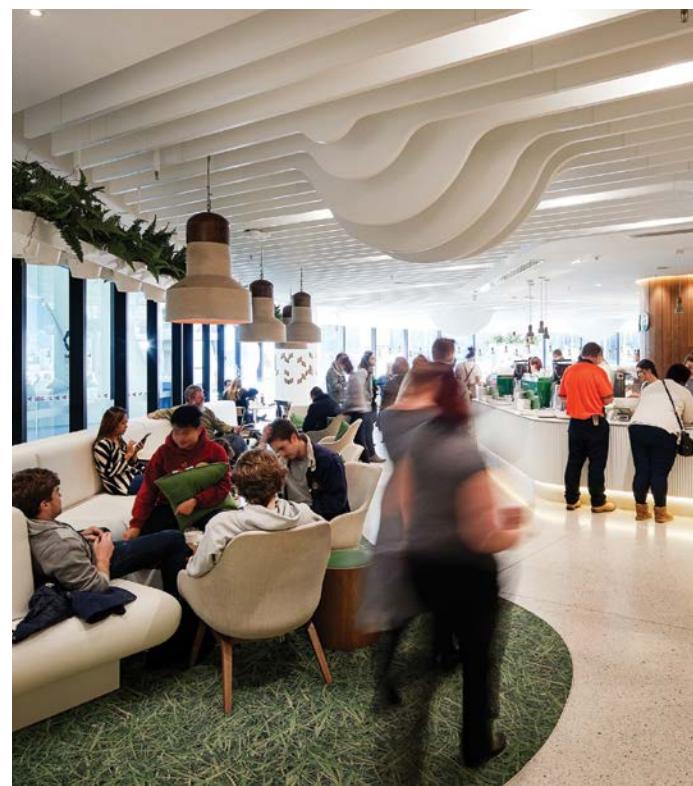


## PROFILE



**Associate Professor Mehrdad Nikfarjam** (PhD 2005), Liver, Pancreas and Biliary Surgeon in the Department of Surgery is also the founder of Pancare foundation, a pancreatic cancer charity organisation. He has identified in pancreatic cancer a protein called p21-activated kinase 1 (PAK1) within specific cells called pancreatic stellate cells (PSCs). Researchers were able to slow down growth and spread of tumours by targeting this protein in PSCs in animal models, in combination with current chemotherapies.

**“Targeting PAK1 could reduce the fibrosis surrounding pancreatic tumours and allow conventional chemotherapies to have a greater effect on the tumours. Its role as an important signalling protein in both the tumour and tumour environment is an important finding in unravelling the puzzle that is pancreatic cancer.”**



Peter Bennetts, courtesy of Plenary Group

## PROFILE

**Associate Professor Sarah-Jane Dawson** (MBBS 1998) is based at the Peter MacCallum Cancer Centre and the University of Melbourne Centre for Cancer Research. She has developed a simple blood test that can analyse trace amounts of cancer DNA found in patients' blood. This new test will help replace invasive tissue biopsies which are currently endured by blood cancer patients and which require sedation, pain relief and at least six hours in hospital up to three times a year to track the progress of their treatment.

**“The results of our test can be more precise because cancer cells from all disease sites within the body shed their DNA into the bloodstream, providing a much more complete picture of the state of the tumour. While it is not a substitute for a bone marrow or lymph node biopsy at the point of diagnosis this new test does mean we can reduce the number of biopsies a patient experiences through their treatment, and we may be able to provide more effective treatment, based on the information it provides.”**



## PROFILE

**"At the UMCCR we are starting where modern medicine is failing: in rare, recalcitrant and resistant cancers."**

*—Professor Sean Grimmond*

"Precision oncology is about decoding a patient's genetic blueprint to understand all of the damage that has occurred to the DNA within their cancer. Once we have that information we can understand the root cause of the mutations within that individual, and we can understand what broken genes are driving the disease and causing those normal cells to become cancerous. Then, based on that understanding of the DNA damage, we will be able to prioritise one drug over another, or at least allow the clinicians and researchers to factor in all of the available information when developing new treatments.

"At the UMCCR we are starting where modern medicine is failing: in rare, recalcitrant and resistant cancers. For patients with these cancers, the current standard of care—the treatment protocol that works for the majority of patients—is ineffective or has been exhausted. If we can harness the power of genomic-directed oncology for the more than 50,000 Australians each year diagnosed with these types of cancers we will be able to accurately pinpoint the most effective treatment for each individual and, where there is no treatment, invent one."

Dr Grimmond is committed to teamwork. "It can be easy to focus on the first two steps of whatever you are doing—everyone can think about where they want to go next, and then quite often you can think about what happens thereafter. But not many of us think about what happens 10 steps away. But by having different people around all the parts of those processes it becomes possible to get a more complete view.

"The expertise we have at the Centre for Cancer Research at the University of Melbourne covers the full gamut: from understanding risk and looking at the epidemiology of disease through to people who work on cancer predisposition and the genetics of being predisposed. I work on the genomic pathology of cancer diagnosis based on mutations. Others are in the field of computational oncology, which looks at genomic information to predict drug sensitivity and patient outcome.

"But if you do these things or develop a new drug that goes into clinical trials, medicine doesn't just stop at the p-value. New information in cancer diagnosis and treatment has to be factored into all aspects of healthcare, including how it impacts on the activities of the surgeons, the oncologists, the nursing specialists and palliative care.

**Professor John Hopper (BA 1989)** is Director (Research) of the Centre for Epidemiology and Biostatistics, Director of Twin Research Australia and Redmond Barry Distinguished Professor at the Melbourne School of Population and Global Health. Professor Hopper and his team are working on how to combine SNPs (single nucleotide polymorphisms or single DNA bases that vary between individuals), mammographic density lifestyle factors and family history to determine a woman's overall risk of breast cancer.



**"My team is creating a new risk scoring system for breast cancer. By combining hundreds of genetic variants with mammographic density lifestyle factors and family history we can better determine what a woman's risk is, and what screening and prevention can be offered to reduce the impact of breast cancer."**

"We cover all of these aspects here at the UMCCR. The beauty of being part of a university is that we can pull in expertise and collaborate across all schools including Population and Global Health, Mathematics, Engineering, Pathology, Psychology and Psycho-oncology, to improve our understanding of cancer and make significant leaps forward in the care of patients. We also have a new joint appointment between the Faculty of Medicine, Dentistry and Health Sciences and the Melbourne Law School who will be working on the ethics of new technology and its impact on health care.

"Once we are up and running with our full complement of staff we will have 260-280 researchers at UMCCR. At the moment, we have a little less than half this number. We are currently going through a process of recruitment, with four group leaders appointed this year."

Melbourne alumni who have been appointed to positions within the UMCCR include a number of leaders in their fields: Professor Jennifer Philip, Professor Alex Boussioutas, Professor Grant McArthur, Professor John Hopper, Professor Mark Jenkins, Associate Professor Sarah-Jane Dawson and Associate Professor Mehrdad Nikfarjam.

As Professor Grimmond explains: "The initiative here right now is in the early stages of funding cycles. There are things happening within the VCCC to get strategic efforts going. The genomic pathology and all that computational oncology work is extremely valuable, and once it's established we want to be able to use it as widely as possible. We're in an ideal situation within the VCCC alliance where we have the vehicle to enable groups to work in powerful partnerships to do extraordinary things. So, I will be here for a while!"

## PROFILE

**Professor Grant McArthur** (BMedSci 1983, PhD 1994) is the Executive Director of the VCCC and the inaugural Lorenzo Galli Chair in Melanoma and Skin Cancers at the University of Melbourne and Department of Oncology at the Peter MacCallum Cancer Centre. Professor McArthur's laboratory in Melbourne was among the first centres in the world to conduct clinical trials of a drug designed to deactivate a gene (known as BRAF) which helps regulate cell growth. Patients' responses to the drug were dramatic and the treatment is now a standard throughout the world.

**“Modern cancer treatments can turn off individual proteins in the cancer cell with precision. Now, we can screen patients for changes in their DNA sequence to tell which drugs will work. The real challenge is to be able to personalise treatment based on events that are occurring in patient cancer genomes that are only found in a low frequency of patients. That is what we are working toward and where the future of cancer treatment lies.”**



**“Our work up here on the 10th floor of the VCCC is really the start of building an integrated clinical research centre to rival the best in the world, based here at Melbourne.” — Professor Sean Grimmond**

## PROFILE



**Professor Alex Boussioutas** (MBBS 1992, PhD 2004) is Associate Dean (Research Training), Deputy Director of Gastroenterology Royal Melbourne Hospital, Gastroenterologist to the Peter MacCallum Cancer Centre and Group Leader in the Research Division at the Peter MacCallum Cancer Centre. As a clinical gastroenterologist his interests involve screening, surveillance and prevention of cancers of the gastrointestinal tract as well as developing a molecular understanding of these cancers.

**“Cancer is a disease that transcends a single discipline. As a clinician and a scientist, I work with a diverse team to address the cancer enigma by understanding the molecular steps leading to cancer in at-risk groups as well as understanding key hallmarks of cancer once it is established.”**

## PROFILE

**Professor Mark Jenkins** (PhD 1994) is Director of the Centre for Epidemiology and Biostatistics at the Melbourne School of Population and Global Health. Professor Jenkins has identified 45 genetic variants that indicate increased risk of bowel cancer, and he has developed a simple blood test to identify them. When analysed alongside family history and lifestyle factors (such as high BMI or smoking) these genetic variants provide a stronger indicator of bowel cancer risk than previously available.

**“Australia has the highest rates of bowel cancer in the world. Many bowel cancers can be prevented when still in a pre-malignant polyp form and can safely be removed without surgery. Our new blood tests and risk screening tools will improve our national bowel cancer screening program so that Australians can receive cancer screening appropriate to their personal risk. Knowing where patients are along the spectrum of genetic risk will undoubtedly save lives.”**



**Editor’s Note:** Only degrees conferred by the University of Melbourne are listed against the names of alumni mentioned in this article.

*Melbourne Medical School Student Ambassadors present*

# *RE-TRANSLATE 2016 A CANCER SYMPOSIUM FOR STUDENTS AND ALUMNI*

The *Re-Translate Symposia in Translational Science* are annual events presented by the Melbourne Medical School Student Ambassadors. The series began in 2015 to celebrate four key research themes of Melbourne Medical School: namely neuroscience, cancer, microbiology and immunology, and paediatrics.

In 2016, the second episode of *Re-Translate* brought a keen audience of current medical students and alumni to the newly-opened Victorian Comprehensive Cancer Centre (VCCC) to explore the latest developments in cancer prevention and treatment.

Choosing cancer as the topic for the second *Re-Translate* event was closely tied to the opening of the VCCC which cemented Parkville's position as one of the primary hubs for cancer research in Australia.

Together with Professor Sean Grimmond, the Director of the University of Melbourne Centre for Cancer Research (UMCCR) and the Bertalli Chair in Cancer Medicine, the Medical School Student Ambassadors led by Yeung-Ae Park asked four leading clinical researchers to present at *Re-Translate* to explain the frontiers of personalised cancer treatment.

The four researchers were Professor Ingrid Winship, (Chair of Adult Clinical Genetics, The University of Melbourne and Executive Director of Research, Melbourne Health), Professor Andrew Robert (Head of Clinical Translation, Cancer and Haematology, Walter and Eliza Hall Institute), Associate Professor Clare Scott, (Laboratory Head, Stem Cells and Cancer, Walter and Eliza Hall Institute), and Professor Grant McArthur, (Executive Director of the VCCC, the inaugural Lorenzo Galli Chair in Melanoma and Skin Cancers at the University of Melbourne and Department of Oncology at the Peter MacCallum Cancer Centre).

These remarkable leaders shared their passions and invited us into the fascinating world of cancer research. They walked us through the thought process behind all the recent breakthroughs in this area of medicine.

Professor Winship opened the night by outlining the importance of personalised medicine for prevention of cancers and sketching the future of this field. This was followed by Professor Robert's story of his team's groundbreaking use of the Bcl-2 gene in the treatment of haematological malignancies. Associate Professor Scott described her application of patient-derived xenographs to set therapeutic targets for ovarian tumours, which may also be applied to other malignancies in the future. Professor McArthur closed the evening by highlighting the use of genome sequencing for directed therapy in melanoma.

The rich history and vibrant community of the Melbourne Medical School means that its students and alumni have very diverse medical backgrounds, expertise and experience. Hence, it is challenging to produce an event for alumni and current medical students that is both accessible and intellectually stimulating to all. The Medical School Student Ambassadors were very fortunate to have Professor Grimmond assist them rise to that challenge. Together they created an event that not only enticed a broad group of people to attend the symposium, but stimulated questions and conversations that flowed from the auditorium out into the foyer, where participants continued to discuss developments over drinks and canapés.

The night was a great success in terms of the presentations. It was also a success in bringing together alumni, medical students and professional partners. There was a growing sense that all are part of the Melbourne Medical School community.

In 2017 the research theme for *Re-Translate* will be Microbiology and Immunology. Professor Sharon Lewin, Director of the Peter Doherty Institute for Infection and Immunity, will host researchers and clinicians to speak about their area of expertise and join in a panel discussion about the emerging global public health challenge of antibiotic resistance. The *Re-Translate Symposium* 2017 will take a broad view of the problem of antibiotic resistance, identify promising approaches, and highlight the coordinated actions we can take to tackle this major global threat to human health.

*ReTranslate III: Antibiotic Resistance* will take place on 6 September in the Peter Doherty Institute Auditorium. Doors will open at 5.30pm for a 6pm start and canapés and drinks will be served after the panel discussion. Registrations will open in August so keep an eye on the MDHS website.

**Nicolas Soputro**  
(BSc 2013, current student MD3)



Jason Tan, Kara Donchi, Kate Naish, Professor Grant McArthur, Yeung-Ae Park, Alma Shonken, Nicolas Soputro.



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# MEDICAL HISTORY MUSEUM

## THE CANCER PUZZLE: *Patterns, Paradoxes and Personalities*

24 JULY 2017 TO 9 FEBRUARY 2018



Display at the Victorian Comprehensive Cancer Centre, featuring items from the Peter MacCallum Radiology Collection, Medical History Museum, University of Melbourne. Photograph by Lili Belle Birchall

In 2017 the Medical History Museum marks its 50<sup>th</sup> Anniversary and in July 2017 will open a new exhibition called *The cancer puzzle: patterns, paradoxes and personalities*.

The story of cancer is complex and extremely personal: one in two Australian men and one in three Australian women will be diagnosed with cancer by the age of 85. It is a disease shrouded in fear and dread and for generations doctors and researchers have been frantically searching for remedies.

Drawing on the collections of the Harry Brookes Allen Museum of Anatomy and Pathology, the Medical History Museum, University of Melbourne Archives, Cancer Council Victoria, the Peter MacCallum Radiology Collection other major public and private collections, *The cancer puzzle: patterns, paradoxes and personalities* will explore the roles of key individuals, public education campaigns and cutting-edge research in cancer treatment, research, public education and advocacy in Victoria. It will also include the personal responses of people with cancer through the art of contemporary artists who have cancer.

*The cancer puzzle: patterns, paradoxes and personalities* will run from 24 July 2017 to 9 February 2018.

Medical History Museum  
Level 2, Brownless Biomedical Library  
Melbourne Medical School  
Cnr Grattan Street & Royal Parade  
University of Melbourne

[www.medicalhistorymuseum.mdhs.unimelb.edu.au](http://www.medicalhistorymuseum.mdhs.unimelb.edu.au)

# Cataloguing the History of Cancer Treatment

An essay by Lili Belle Birchall (BA 2011, BA Hons 2013)



1.

Victoria's first specialised cancer hospital, the Peter MacCallum Clinic, officially opened in 1950 in one room at Melbourne's Queen Victoria Hospital on Lonsdale Street. In his opening speech, Professor Peter MacCallum explained that the main impetus for the hospital occurred in 1936, when the State Government set up the Anti-Cancer Council of Victoria (ACCV).<sup>1</sup> In 1943, following years of lobbying by the ACCV, the Department of Health formed a committee for a proposed cancer institute, chaired by MacCallum. The committee finalised its report in October 1948 and by November a Bill for the new institute was brought before the Parliament.<sup>2</sup> This was passed into law in 1949, paving the way for the establishment of Victoria's first dedicated cancer hospital.

During this time MacCallum (1885–1974) was professor of pathology (and later Dean of Medicine) at the University of Melbourne, and an executive committee member of the ACCV. He was one of the main instigators of the hospital, which opened on the corner of William and Little Lonsdale streets, at which time its outpatient clinic was named in his honour.<sup>3</sup> In June 2016 the cancer hospital named after Professor Peter MacCallum moved from its third site (the former St Andrew's Hospital in East Melbourne, home to Peter Mac since 1994), to Parkville's new Victorian Comprehensive Cancer Centre (VCCC). A copy of the original *Cancer Bill* is currently on display at the VCCC, alongside a selection of items from the Peter MacCallum Radiology Collection.

Until the relocation, the collection was largely hidden from public view. Displayed in a large cabinet in a corridor were early X-ray tubes, linear accelerator parts, and patient devices produced in the hospital's mould room. Plans to catalogue this collection emerged in November 2015 when Dr Jacqueline Healy, senior curator of the Medical History Museum and Henry Forman Atkinson Dental Museum at the University of Melbourne, and I visited Peter Mac's East Melbourne site to enquire about borrowing items for a forthcoming exhibition.

The collection consisted of more than 100 items, dating back to the early 20<sup>th</sup> century. Apart from a few labels from a previous exhibition, there was no information or record of its contents. The Medical History Museum offered to help catalogue the collection before Peter Mac moved to its new home at the VCCC, and I was given the task through the University's Cultural Collections Projects Program. I began with little knowledge of cancer treatment, yet staff in the Physical Science Department welcomed me warmly. Many were unfamiliar with the items in the cabinet but were excited to see their collection receiving the attention and care it deserved.

Soon after I began cataloguing, it quickly became apparent that this collection had continuously grown over the years. Items were overflowing from the shelves to the top of the cabinet and surrounding benches. Despite this, most items were in excellent condition, as they had been stored in their original cases; some were still wrapped in cotton wool.

From all accounts, items had been stored in the corridor of the Physical Science Department since 1994 when the Peter Mac relocated from William Street to East Melbourne. There is some uncertainty as to who started the collection, but it is thought that many of the earlier items came from the Royal Melbourne Hospital when it relocated from Lonsdale Street to Parkville in 1944 and left most of its radiotherapy department in the Lonsdale Street building, which later housed the first Peter MacCallum Clinic.<sup>4</sup>

As well as the early Royal Melbourne Hospital equipment, there are items donated by the Launceston General Hospital and by the Commonwealth X-ray and Radium Laboratory, established at the University of Melbourne in 1928 to store and distribute the nation's radium for cancer treatment.<sup>5</sup> This laboratory was run by T.F. Laby, professor in natural philosophy (physics), also an advocate for a specialist cancer hospital.<sup>6</sup>

One of the items donated by the Commonwealth X-ray and Radium Laboratory is a Coolidge X-ray tube. Designed by William Coolidge and produced from 1913 to 1918, this is considered one of the most important developments in radiology.<sup>7</sup> Unlike gas X-ray tubes, which relied on gas to generate energy, the Coolidge tube generated electrons



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from a heated cathode,<sup>8</sup> which advanced the beam's focus and allowed for a more accurate control of the radiation generated, resulting in a more efficient and reliable form of X-ray tube.<sup>9</sup> The example in this collection would have originally been used at the Commonwealth X-ray and Radium Laboratory to test X-ray methods and dosages for cancer treatment.<sup>10</sup>

Another important development was the ability to measure the amount of radiation generated, by using dosimeters. While X-ray and radiation therapies significantly advanced the possibilities of cancer treatment, they posed risks to radiologists, who were in danger of overexposure to radiation. One of the earliest dosimeters in the collection is the 1920s Victoreen condenser r-Meter, still in its original green-velvet-lined case with instruction manual. A hand-written note inside the case shows that the meter was calibrated in 1945 by the Commonwealth X-ray and Radium Laboratory at the University. The Victoreen r-Meter was a huge commercial success, as it gave an accurate reading of gamma radiation and X-ray dosage and was compact, portable and battery operated. It was the first meter of its kind, as it allowed the ionisation chamber to be disconnected from the reader, so the treating physician could accurately measure the intensity and dosage of X-ray radiation from a relatively safe distance.<sup>11</sup>

One of the Peter Mac's most specialised and busiest departments in the 1950s and 1960s was its mould room. Established in 1954 to manufacture radium and radon wax moulds, it quickly expanded to produce a vast array of equipment.<sup>12</sup> In an early report, Peter Mac's first medical director, Dr Rutherford Kaye Scott, described the mould room as 'a most important unit of the institute. Much of the efficacy of "beam direction" devices will depend on appliances made in it and other radium prostheses requiring a high degree of technician workmanship will be manufactured'.<sup>13</sup> The collection contains a number of items produced in the mould room, from a series of wedges to direct beam radiation, to wax and plastic patient moulds.

For cancers affecting a patient's face or neck, plaster impressions were routinely created in the mould room throughout the 1960s and 1970s. The collection has a series of these moulds, including one showing a cancerous growth on a patient's nose (pictured). This mould was produced to accurately calculate and plan the direction of radiation required to treat the tumour. Moulds like these were phased out in the 1980s and 1990s when linear accelerators became more versatile and better equipped for treating facial tumours.

Along with plaster moulds, the collection also contains acrylic masks, which were used to accurately position a patient during treatment and help protect their healthy tissues from the damaging radiation beams. The example pictured has lines drawn across it to indicate the area exposed to radiation.

One of the most significant developments in cancer treatment was the introduction of linear accelerators, commonly referred to as 'linacs'. The collection has several linac parts and accessories, including the original magnetron and thyratron valves from the Peter Mac's first linac, purchased in 1956 for £65,000, approximately 10 times the price of a deep-therapy X-ray machine.<sup>14</sup> It was one of the first in Australia, and revolutionised cancer treatment. Compared to deep-therapy X-ray machines, which had a maximum of 300,000 volts, the M1 linac could produce a powerful and deep-penetrating beam of 4 million volts.<sup>15</sup> Thanks to the careful mechanical work of Peter Mac engineers, the M1 was still operating 20 years after its first use, one of only two of its kind worldwide.<sup>16</sup>

The magnetron (pictured) was a source of power for the original M1 linac, and the thyratron valve (pictured) was the gas-filled tube used as a high-power electrical switch and controlled rectifier.



5.

## IMAGES

1. Dosimeter, Victoreen Condenser R-Meter, 1928, Peter MacCallum Radiology Collection, Medical History Museum, University of Melbourne.
2. Thyratron valve, Philips model RG4/3000, Holland, 1950s, Peter MacCallum Radiology Collection, Medical History Museum, University of Melbourne.
3. Magnetron, type M5015, English Electric Valve Company, England, 1950s, Peter MacCallum Radiology Collection, Medical History Museum, University of Melbourne.
4. Mould of face of patient with tumour on nose, produced in the mould room of the Peter MacCallum Cancer Institute (Melbourne), 1960s, Peter MacCallum Radiology Collection, Medical History Museum, University of Melbourne.
5. Patient mask, produced in the mould room of the Peter MacCallum Cancer Institute (Melbourne), 1960s, Peter MacCallum Radiology Collection, Medical History Museum, University of Melbourne.

All photographs by Alys Carr.

In his speech at the opening of the institute's first linac suite in 1956, Professor MacCallum said:

**This machine by reason of its power and its cost has a certain glamour. But the important point is that it will increase the capacity of the institute to treat patients; it will decrease the dangers of surface damage; it will increase the range of experience and the value of this place as a training centre; and it will add an instrument of precision for research.<sup>17</sup>**

The collection's M1 magnetrons and thyratron valve are currently on display on the lower ground level of the Radiography Department at the VCCC. This display (pictured) introduces visitors to the collection and highlights some of the most significant instruments used for treating cancer at the Peter Mac during the 20th century. The opportunity to curate this display arose from the relationship that has formed between the University's Medical History Museum and the Peter Mac. After we catalogued and documented the collection, the Peter Mac has generously decided to donate it to the Medical History Museum.

While researching the collection, the Medical History Museum received a grant from the University to produce an online exhibition. As part of this project, I will conduct podcast interviews with senior and retired Peter Mac employees, to further explore the history and significance of this collection. The Medical History Museum will also include material from the collection in its 2017 exhibition *The cancer puzzle: Patterns, paradoxes and personalities*.

### Lili Belle Birchall

is in her final year of a Master of Arts and Cultural Management degree at the University of Melbourne, where she completed her honours degree in art history. She is currently completing an internship at the Medical History Museum through the Cultural Collections Projects Program.

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17. Peter MacCallum, speech at the opening of the linear accelerator suite. Unit 3, folder 24e, 1975.0042, Peter MacCallum Collection, University of Melbourne Archives.



# CONNECTING THE ALUMNI COMMUNITY

## TWO MMS GRADUATES ARE GIVING BACK TO THE UNIVERSITY THROUGH SERVICE TO THE ALUMNI COUNCIL

While graduation marks the end of one relationship with the University, it also signals the start of a new one. As an alumnus there are lots of ways to stay connected to your alma mater, from attending events to supporting current students and research through philanthropy. Melbourne Medical School alumni Dr Joseph Doyle (BAHons 2005, MBBSHons 2005,) and Dr James McGann (BBiomed 2011, MD 2015) choose to give their time as members of the University of Melbourne Alumni Council. We spoke with them for this edition of *Chiron*.

Representing the University of Melbourne's alumni community is no easy task. It's a hugely diverse group, culturally, academically and professionally. And it's truly global—there are Melbourne graduates in 170 countries around the world.

But for Dr Doyle, appointed president of the University of Melbourne Alumni Council in early 2017, it's vitally important that this community is represented. "There is merit and value in alumni speaking directly to alumni. We need an alumni voice," he says.

Six Council members are elected by alumni, two are representatives of the University (who serve on the Council as non-voting members), and the remaining members are recommended by the Vice-Chancellor and appointed by University Council.

They are kept busy, with meetings held at the Parkville campus six to seven times per year, as well as working group/sub-committee meetings every other month. An annual planning meeting determines the Council's areas of future focus and it reports annually to the alumni body and University Council.

This year, the Council's focus is clear: creating deeper, more meaningful connections with and within the alumni community.

To do this, members are focusing on two main projects. "First, we want to work out how we can engage with alumni and find out what they want from the University," says Dr Doyle.

"Our job is to find ways of connecting, and then staying in touch, with alumni which means talking to them consistently over time.

"Second, we want to try and establish good connections with alumni associations in our region. We haven't always had open channels of communication all the time with these groups."

There's a plan in place to publish meeting agendas and use social media to encourage alumni to participate in discussions, which will open up the workings of the Council to the wider community.

And links with alumni outside Melbourne are being strengthened. In December, the Council participated in the University of Melbourne Alumni Leaders' Forum, which was attended by the leaders of Melbourne alumni associations in Indonesia, Japan, Malaysia, Shanghai, Singapore, Hong Kong, UK, US and Sydney. Hosted in Parkville, the Forum involved two days of discussion about how the associations can best represent University of Melbourne alumni across the globe.

"The Alumni Council now needs to ensure follow-up with each of the participants and associations," says Dr Doyle. "There are also a number of other local Australia-based alumni groups and we want to connect with them as well so that channels of communication are open and regular."

The Council is relatively new, having operated for about five years in its current form. But its members' passion for the task ahead is clear. "We are still finding our feet but have great aspirations," says Dr McGann, now in his second year on the Council.

One of those aspirations is to support the alumni of tomorrow: today's current students.

A mentor program is being introduced across the University, based on the established program within the Melbourne Law School, and the Council is helping to facilitate its rollout. "We see great value in expanding this program to all faculties," says Dr McGann.

"Law and medicine have clear pathways into a profession, but arts and science are more difficult to navigate. A mentor program will assist with that."

Dr McGann joined the Council as a student representative in his role as President of the Melbourne Medical School Student Ambassador Program when he was in the last three months of his medical degree.

He saw the benefit of engaging with alumni for networking and advice. "If we look at ourselves compared to other universities around the world—particularly many in the US—our alumni are not as engaged as they could be," he says.

He says Council members know that increasing engagement will be hard. "Our program is not a one-year or a five-year endeavour. We are conscious that activities are not only about getting programs up and running quickly but about setting the foundation for a good alumni community into the future," he says.

Both Dr Doyle and Dr McGann are clear about giving back as their reason for dedicating time to the University of Melbourne Alumni Council, but they also recognise there can be personal rewards.



Alumni Leaders' Forum 2016

Front row (L-R): Gloria Goh, Shu Qing Tan, Florence Lee, Claudia Tan, Bryan Tan, Ken Watanabe, Georgina Harvey, Crystal Zhang, Jaclyn Birtchnell  
Middle row (L-R): James Allan, Phemie Wong, Ling Mien Yeo, Kerry Rock, Sarah Banks  
Back row (L-R): Jin Xu, Nick Yan, Peter Sutherland, Sophie Watson, Hendro Widjaya, David Goodridge, Catherine Brown, David Laidlaw

## The Alumni Council recognises that there are two cohorts of alumni—those past students who are already University alumni and those current students who will become alumni.

**Dr Joseph Doyle** graduated with honours in Medicine and Arts from the University of Melbourne in 2005. He is an infectious diseases physician and clinical researcher with interests in the epidemiology, prevention and management of HIV and viral hepatitis. He is a fellow of the Royal Australasian College of Physicians and the Australasian Faculty of Public Health Medicine. His current academic and clinical roles are now with Monash University and the Alfred Hospital. Prior to his election as President of the Alumni Council, Dr Doyle was a member of University Council, the Board of the Faculty of Medicine and the Committee of Convocation, the former alumni representative body. He has served on the Alumni Council since 2011.



Dr McGann says: "While Council involvement requires a significant time commitment by its members, the reward is in the meetings themselves, which are really interesting. They involve robust and stimulating discussion about what could be done. Working groups are then more focused and result in more actionable programs."

Dr Doyle says he has always felt very grateful to his alma mater, which set him up for his vocation. "The first university degree is very influential in anyone's career path. Volunteering in this role is my way of giving something back. And you also learn skills that are very important for your work, together with a little professional development through exposure to and understanding of how universities work."

Anyone interested in contributing to the work of the Alumni Council should contact the Advancement Office on + 61 3 8344 1746 or by email at [alumni-office@unimelb.edu.au](mailto:alumni-office@unimelb.edu.au)

**Dr James McGann** completed his Doctor of Medicine at the University of Melbourne in 2015 and worked at the Austin Hospital for his internship year. He is currently undertaking his first year of paediatrics training at the Royal Children's Hospital. As well as serving as President of the Melbourne Medical School Student Ambassador Program, Dr McGann actively participated in other student groups such as the Teddy Bear Hospital Committee, the Peer Tutoring Program and was Sponsorship Officer for the Medical Students' Society.



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# UNIVERSITY STRENGTHENS COMMITMENT TO RECONCILIATION

*Professor Ian Anderson moves to leadership role in Canberra,  
Professor Marcia Langton appointed Assistant Provost and Jason Glanville  
appointed as Program Director of Atlantic Fellows for Social Equity*

In March 2017, **Professor Ian Anderson** (MBBS 1989, HonDMedSc 2012) was appointed as Deputy Secretary, Department of the Prime Minister and Cabinet. He will coordinate a review of the Council of Australian Governments' (COAG) response to the *Closing the Gap* targets for Indigenous health and social disadvantage, which will frame the national policy agenda for the next decade.

Professor Anderson completed a medical degree at the University of Melbourne in 1989 and has a PhD in Sociology and Anthropology from La Trobe University. His illustrious career has seen him in a number of leadership roles in Indigenous health and education and he has written widely on issues related to Aboriginal health, identity and culture. Until his departure for Canberra, Professor Anderson was Pro Vice-Chancellor (Engagement) and University of Melbourne Foundation Chair of Indigenous Higher Education.

Professor Anderson was born in Devonport, Tasmania, and his family are Palawa with connections to Pairrebenne, Trawlwoolway and Plairmairrener clans. Professor Anderson has spent the majority of his life in the Koori community in Victoria, where he has extensive family and community networks.

During his working life in Koori health, Professor Anderson has been an Aboriginal health worker, a health educator and a general practitioner. He worked as the Chief Executive Officer of the Victorian Aboriginal Health Service before becoming the Medical Advisor to the Office for Aboriginal and Torres Strait Islander Health in the Commonwealth Department of Health and Aged Care. He has also been involved in Aboriginal health policy development for many years. He was the chair of the National Indigenous Sexual Health Working Party that oversaw the development of the National Indigenous Sexual Health Strategy in 1997. He chaired a working group for the National Public Health Partnership, which developed its Guidelines for the development, implementation and evaluation of National Public Health Strategies in relation to Aboriginal and Torres Strait Islander people. He was also a council member for the National Health and Medical Research Council from 2003 to 2006, and the Chair of its Aboriginal and Torres Strait Island Forum.

In addition, he was a member of the Australian Bureau of Statistics Advisory Group on Aboriginal and Torres Strait Islander Statistics (2006–2011), and the Director of Research and Innovation at the Lowitja Institute, Australia's National Institute for Aboriginal and Torres Strait Islander Health Research (incorporating the CRC for Aboriginal and Torres Strait Islander Health).

University Vice-Chancellor, Professor Glyn Davis AC, acknowledged Professor Anderson's outstanding work at Melbourne as foundation Director of the Murrup Barak Institute, as Foundation Chair of Indigenous higher education, and Assistant Vice-Chancellor (Indigenous Higher Education Policy), and many other capacities, which now provides the University with the opportunity to take several bold new steps in strengthening Indigenous leadership.

As a result, on 30 March 2017, well-known Indigenous academic, **Professor Marcia Langton**, was appointed as Assistant Provost. A significant voice in public debate on many issues relating to Indigenous Australia, Professor Langton is well known as a charismatic teacher and research leader in Indigenous studies. As she steps into this leadership role at Melbourne, Professor Langton will retain her existing appointments as Foundation Chair of Australian Indigenous Studies and as University of Melbourne Redmond Barry Distinguished Professor.

Distinct from Professor Langton's appointment as Assistant Provost, the University also announced the creation of the new position of Pro Vice-Chancellor (Indigenous). This will be a 0.5 role, taking on many of the responsibilities previously discharged so well by Professor Anderson. The role will report to Deputy Provost (Academic and Undergraduate), Richard James.

In addition, the Atlantic Fellows for Social Equity is an exciting new national leadership program supported by US-based The Atlantic Philanthropies, founded by Mr Chuck Feeney. **Mr Jason Glanville** has been announced as the inaugural Program Director. The new program is also strongly backed by the Federal Government, several universities and national peak bodies, and has the explicit aim of training a new generation of leaders committed to tackling social disadvantage across Australia and the Pacific region.



Professor Ian Anderson is pictured wearing the possum skin cloak that was gifted to the University of Melbourne by the Wurundjeri people of the Kulin Nations in 2012. The cloak was fashioned by local Wurundjeri artist Mandy Thomas (née Nicholson) and commissioned by the Faculty of Medicine, Dentistry and Health Sciences to celebrate the Melbourne Medical School's 150th Anniversary

Mr Glanville, a Wiradjuri man from south-western NSW, is a leader with more than 20 years' experience in community-based Indigenous organisations. He has most recently served as inaugural CEO of the National Centre of Indigenous Excellence, has been Director of Programs and Strategy at Reconciliation Australia, and remains Chair of the Australian Indigenous Governance Institute. He commenced as program director with the Atlantic Fellows for Social Equity, headquartered on the Parkville campus, in April.

These changes represent a significant overall strengthening of the University's longstanding commitment to reconciliation. These efforts have seen not only more student enrolments, but also increased Indigenous staff recruitment at the University, which today has 92 Indigenous Australians in its employed

workforce, compared with 21 in 2010. The Indigenous presence is also visible at campus level. As well as efforts to improve new signposting to Indigenous sites of significance throughout the University, from this year the word Wominjeka—'Welcome' in the Woi wurrung language—will be emblazoned above the main southern entrance walkway to the Parkville campus, at the John Medley Building. These decisions reflect a University commitment as it works with Indigenous Australia to bring about positive change for students and the wider nation.

Professor Anderson will retain his links to the University as an Honorary Professorial Fellow with the Centre for the Study of Higher Education. As a Melbourne alumnus, he was recognised with an Honorary Doctorate of Medicine in 2012.



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# COMMUNITY MENTORING IN REGIONAL VICTORIA

*The Two of Us: Katie Hudson and Christine Riches*

A new program developed by the Melbourne Medical School rural clinical schools in Shepparton, Wangaratta, Ballarat and Bendigo pairs students who are studying in the area with non-medical volunteers to ease the students' transition into the community and be a friendly local point of contact.

In 2015, this mentoring program paired student Katie Hudson, then in second year medicine, with Wangaratta resident Christine Riches, a management consultant who serves on the boards of several local organisations including The Work Group and GOTAFE (Goulburn Ovens Institute of Tafe).

## KATIE

"I grew up in a small town in the foothills of the Blue Mountains outside Sydney. A rural placement appealed to me so I could continue sports that are unique to the country like skiing and horse-riding.

Being new to Wangaratta, I thought the mentoring program would be a great way to meet people, make friends outside of the medical precinct and get to know the surrounding area from a local perspective. I was not disappointed! I love living in Wangaratta and much of that can be attributed to how welcomed, settled and supported Christine has made me feel here. The whole experience has exceeded my expectations.

When I was at high school, my family hosted a student from Finland for a year. She was immersed in our culture and we showed her our local area and helped her learn about where we live. I understood the value of local knowledge through this experience and I hoped for the same with the mentoring program in Wangaratta.

Over the past couple of years, Christine and I have had some great times together. We have been to the Mount Beauty Music Festival, we've met for coffee in local cafés and cooked dinner for each other. There are great coffee shops and wineries here and plenty of hiking and skiing during winter.

Medicine is a tough degree at times and it is so important to unwind and chat about non-medical topics. Many of my fellow students are not locals so most of us are living away from family and friends. You can feel really isolated if you don't reach out, and the mentor program provides a really important source of support and welcome into the community.

Christine is so supportive and caring. I always look forward to our catch-ups. She has provided me with great support during stressful times, and I always feel lighter and happier after we've met up. Even though our official mentoring relationship is over, we still catch up for coffee and a laugh. If we're too busy to meet, we speak on the phone. I consider Christine a good friend.

My advice to other students is that the mentoring program is a fantastic way to meet people outside of medicine and learn about the local district. Even if you don't keep in touch long-term, the support and local contact during the first year in a new town is really valuable. One day I would love to mentor students in the same way."

## CHRISTINE

"My husband and I moved to North East Victoria from Adelaide about a decade ago. We were attracted by the skiing, horse-riding and the natural beauty and we settled in Wangaratta.

I heard about the Melbourne Medical School Mentoring program through my networks in the not-for-profit sector and my initial motivation for getting involved was to give back to my community. A major challenge for health service providers in regional areas is a shortage of GPs so I liked the idea of contributing to a program that attracts and retains medical practitioners in the area.

Wangaratta is a beautiful town and a gateway to some of the most spectacular places in Victoria. I knew I could help a student to settle in and feel more at home. I also wanted to be able to provide any help they might need, be it a friendly, impartial person to talk to or a couple of nights' accommodation. The experience of mentoring more than lived up to my expectations. I feel that I gained a friend as well.

Katie and I initially met at a mentoring function organised by the University. It is a well-designed program with the right balance of support and freedom and operated with a light touch so the participants have optimum scope to develop their relationship in a way that best meets both of their needs.

Katie is smart, hard-working and above all, caring. It is inspiring to hear her talk about her work. She cares a great deal for people and loves helping them and I think she will be a wonderful doctor.

During her first year in Wangaratta we met about once a month for coffee, we hosted each other for dinner a few times, and she and Nathan [Katie's partner] stayed with us in Mount Beauty for a weekend to attend our annual music festival.

Katie and I share a number of interests, particularly skiing, so we chat about anything and everything when we catch up, from politics to her studies, the ski runs we like at Mount Hotham and Falls Creek, and our families. I guess this sharing of ideas and views is what I most enjoy with Katie. I also liked being able to share my knowledge of the area with her.



Christine and Katie have established a strong supportive friendship

I always enjoy meeting up with Katie, and particularly our chats outside in the garden or around our wood fire, when we are both relaxing. I can see that the down time and the friendship are restorative for her, and I feel the same way.

I admire Katie's dedication to helping people in her work. Her everyday world is very different from mine and I enjoy hearing about it. We are still in touch, although both of our busy schedules make it hard to see each other as often as we'd like.

I recommend this mentoring resource to everyone, and I thank the University for the opportunity to participate in such a great program."

## MELBOURNE MEDICAL SCHOOL ALUMNI



### NUMBER OF MMS ALUMNI

**15,516**

### MMS ALUMNI OF ALL TIME

**20,522**



**INTERESTED IN MENTORING?** Share your career journey and have a real impact on future alumni  
[alumni.unimelb.edu.au/volunteer/mentoring](http://alumni.unimelb.edu.au/volunteer/mentoring)

*On Saturday 8 April 2017 at the Great Hall in the National Gallery of Victoria over 350 alumni and friends of the Austin Clinical School gathered to celebrate the 50 Year Anniversary of*

# THE AUSTIN CLINICAL SCHOOL

"A 50<sup>th</sup> birthday is a great reason to celebrate! While the Austin Hospital itself is much older than 50 years, in 2017 we are celebrating the highly successful clinical school partnership between the Hospital and the University that has produced 3154 medical graduates over the last half century.

Starting with a cohort of 17 students who chose to travel to Heidelberg in 1967, the Austin Clinical School now hosts approximately 190 students each year, spread across the final three years of the MD.

In celebrating the 50th anniversary of the Austin Clinical School we pay tribute to the pioneering spirit that led to its creation; the strong collegial partnership between the clinicians, teachers, students and administrators that is so important to our mutual success; and the many excellent graduates who have gone on to make a significant difference to the lives of their patients and the health of their communities."

**Professor Shitij Kapur**

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



"The Austin Clinical School is as important now to the University of Melbourne as it was when it was built 50 years ago. The teaching, research and engagement with the community that happens through the Austin Clinical School is a key part of the Melbourne Medical School offering."

**Professor Geoff McColl**

Head, Melbourne Medical School  
(Class of 1985)

"One of the things that is very inspiring for medical students at the Austin Clinical School is how many alumni of the clinical school are current staff members: treating patients, conducting world-leading research and training the next generation of students. As the Dean of the Clinical School, and an alumnus, I find that deeply rewarding to observe."

**Professor Richard O'Brien**

Dean, Austin Clinical School  
(Class of 1981)





50 Years of The Austin Clinical School: People and Place commemorative videos available online at [go.unimelb.edu.au/2d66](http://go.unimelb.edu.au/2d66)



"I could not imagine a better environment to prepare me for my medical career. I have found the Austin to be an incredibly supportive, encouraging and friendly place over the past few years, boasting knowledgeable staff and extraordinary clinical education."

**Brittany Green**  
MD4 Austin Clinical School

"As I reflect now, I think the most important lessons were to think in an integrative fashion, to not accept things at face value, or simply what may be written, but to appraise the information available, look for gaps and possible questions and/or solutions... The most enduring aspect of training at the Austin was without a doubt the friendships that were solidified and have remained over many years. There are many stories I could relate about my time as a student at the Austin, but suffice to say my path was paved by the training I received at the Austin, for which I am forever grateful."

**Dr Peter Laussen**  
(Class of 1980)

"We weren't just taught clinical medicine, we were also taught how to be good doctors."

**Dr Simon Madin**  
(Class of 1977)

"There are so many memories from my time at the Austin that continue to shape my clinical practice and teaching (20 years on!). I finished my eight years at the Austin with an excellent grounding in clinical medicine, thanks to many fine teachers and mentors. But I left with a great deal more than that—and one name is at the heart of my experience: Dr Mary Rose Stewart. I have never needed to question the value of understanding something of each patient's life since watching Dr Mary Rose Stewart provide care that considered more than lab results and examination findings."

**Associate Professor Catherine (Kate) Cherry**  
(Class of 1992)



"Just wanted to share a memory of my last clinical exam as a medical student, held in the old Austin outpatients' clinic. With lots of adrenaline, I bumbled through all the stations—got to the last OSCE station—Brendan and Barbara opened the door and inside, instead of another tricky scenario, there was a big plate of Tim Tams. Best ever!"

**Dr Harriet Gee**  
(Class of 2005)

Read the full texts of these and other quotes from alumni of the Austin Clinical School, and view photos and videos from the 50th Anniversary Gala Dinner at [go.unimelb.edu.au/2d66](http://go.unimelb.edu.au/2d66)



Mrs Elizabeth Austin

## THE AUSTIN HOSPITAL

The Austin Hospital was opened in 1882 with a philanthropic gift from Elizabeth Austin, one of Victoria's leading health benefactors. Popular belief is that Elizabeth Austin's cook, Louisa, was admitted to Geelong Hospital with tuberculosis and discharged because it was classified as an incurable disease. Only the gaol hospital would take care of Louisa, in order to quarantine her from law-abiding citizens. Mrs Austin felt that the gaol hospital would add the stigma of moral disgrace and to the physical weakness and suffering her servant was experiencing. Due to Elizabeth Austin's direct financial contribution and her encouragement of other wealthy members of the community to donate, the Austin Hospital was opened in 1882 with the title "The Austin Hospital for Incurables".

The Austin Hospital's clinical strengths relate to the beginnings of the hospital. For example, cancer was one of the "incurable" illnesses suffered by the first patients admitted.

During the 1920s, The Austin Hospital began experimenting with "X-ray" treatment for cancers and consequently became the largest cancer hospital in Australia by the mid-1930s.

Similarly, The Austin's expertise in spinal injuries was developed from caring for "incurables" with paraplegia, and later in rehabilitating children who had survived polio as well as early car accident victims. Respiratory medicine at The Austin had its origins in consumption, or tuberculosis, and neurosciences care can be traced back to early stroke victims suffering paralysis.

(by Jacky Healy in *A Body of Knowledge: The Art of Teaching Clinical Schools*, University of Melbourne, 2012, p.88)



The Austin Hospital Board of Management admire the Lance Townsend and Harold Stokes building models. (Sir Lance Townsend is seated, front row, centre)

## TIMELINE

### 1882

The Austin Hospital for the Incurables is officially opened

### 1927

The hospital's name is changed to The Austin Hospital for Chronic Diseases

### 1933

The hospital is renamed The Austin Hospital to recognise Elizabeth Austin's founding generosity

### 1965

The University of Melbourne and The Austin Hospital agree to establish The Austin Clinical School

### 1966

The first University professors are appointed to The Austin Clinical School

### 1967

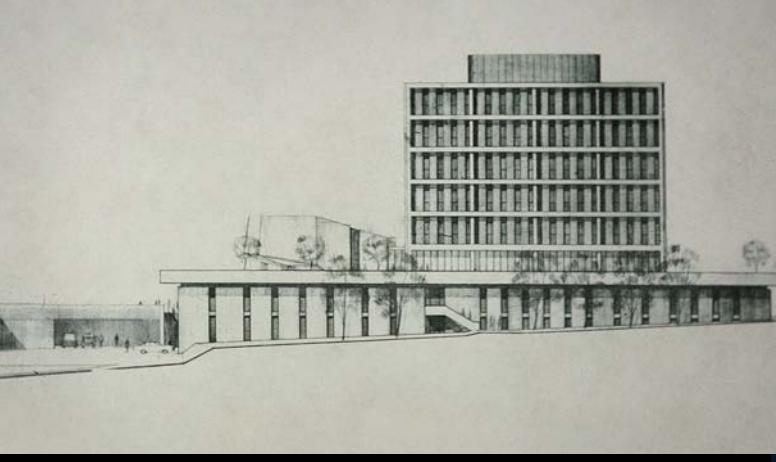
The first intake of 17 University of Melbourne medical students



## *Then and Now*



The first cohort of Melbourne Medical School students who undertook their clinical training at The Austin Clinical School



## 1971

Stage 1: the Harold Stokes Building is completed

## 1972

The University of Melbourne Austin Clinical School opened at the Austin Repatriation Hospital

## 1989

Students commence country rotations to Bendigo Base Hospital

## 1998

Clinical School aligned with Northern Health

## 2011

Clinical School separated from Northern Health

## 2011

First MD student started at Austin Heath  
(new generation Melbourne Model degree)

# THE AUSTIN CLINICAL SCHOOL ESTABLISHED 1967

In the early 1960s the Victorian State Government began pressing the University of Melbourne to increase admissions to Medicine. The University found this impossible, as current facilities, particularly in the clinical years of the course, would not cater for such an increase.

The creation of a third clinical school (in addition to those at the Royal Melbourne and St Vincent's hospitals) was then planned, as well as the building of the triradiate building on the corner of Grattan Street and Royal Parade. These developments also coincided with the establishment of Monash University, which opened in 1961.

A number of hospitals were investigated, with the University strongly in favour of The Austin Hospital, and the Australian Universities Commission eventually agreed to provide the additional beds.

The first cohort of 17 students at The Austin Clinical School chose it for different reasons—for some it was closer to home, others wanted to make a break from tradition. Peter Sinclair (Class of 1970), writing in *Chiron* in 1992, recalled one of Melbourne's most respected surgeons of the time opening the door for him saying "We are all equal here my boy".



**STAY CONNECTED** Keep your contact details up to date to never miss an event or reunion  
[alumni.unimelb.edu.au/alumni/connect](http://alumni.unimelb.edu.au/alumni/connect)

# THE CLASS OF '72 SETS A STANDARD FOR OTHERS TO FOLLOW

In early 2017, at their 45-year reunion, the MBBS Class of 1972 officially launched the MBBS Class of 1972 Medical Student Scholarship to celebrate the outstanding contributions of their class members to the medical profession and to support the next generation of doctors coming through the Melbourne Medical School.

"We are each of us fortunate to have enjoyed long and successful careers in health. The medical knowledge and life-long love of learning that was imparted to us during our time at the University of Melbourne left us all in good stead," said Professor Geoffrey Donnan AO (MBBS 1972).

"It is fitting, as we come together to catch up and celebrate our uni days, that we consider giving back to support the next generation of talented students, for whom the cost of study is substantially more onerous than it was in our day.

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

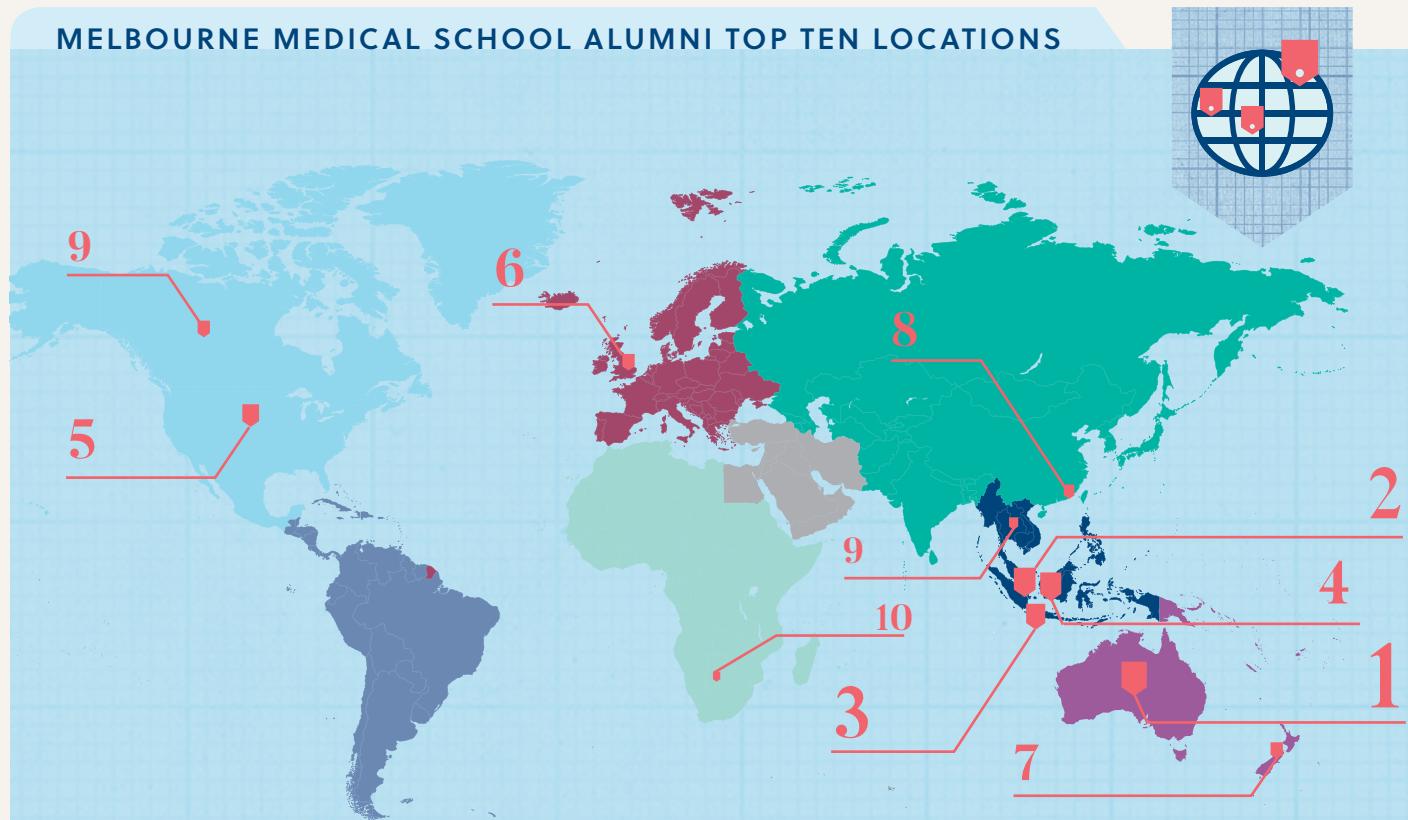


Professor James Tatoulis AM and Professor Geoffrey Donnan AO

At the reunion, class members were invited to participate in establishing the scholarship by making a gift. The ultimate goal is to reach \$50,000 to endow the scholarship in perpetuity before the end of the year. There has already been tremendous support among class members, who have raised \$30,250 in the first eight weeks.

A special thanks to the MBBS Class of 1972 reunion committee, Professor James Best AO, Dr Christopher Buckley, Dr James Butler AM, Associate Professor Lachlan de Crespigny, Professor Geoffrey Donnan AO, Professor James Tatoulis AM and Professor Doris Young for their leadership in this initiative.

## MELBOURNE MEDICAL SCHOOL ALUMNI TOP TEN LOCATIONS



**CLASS GIVING** To learn more about leading a class giving initiative, please contact Allison Blahna via email on [allison.blahna@unimelb.edu.au](mailto:allison.blahna@unimelb.edu.au) or telephone 03 8344 0586

# AUSTRALIA-CHINA ALUMNI AWARDS

In 2016 Dr Yijia Li (PhD 2014) was awarded the AIDE Education Service—Young Australia China Alumni of the Year Award, in recognition of his dedication to the health and happiness of others, not only through his groundbreaking stem cell research, but also through his continuing efforts to strengthen alumni links between Australia and China.

The Australia China Alumni Awards were established in 2009 to recognise the achievements of Australian university graduates currently based in China.

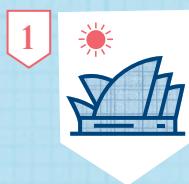
On arrival in Australia in 2007 for an undergraduate exchange program at the University of Melbourne, Dr Li volunteered with the Chinese Student Association where he recognised an opportunity to help Chinese students assimilate into Australian society and culture. In 2011 he set up the not-for-profit Melbourne Pioneer Volunteers (MPV) program to encourage overseas students to take up volunteer opportunities. The program connects groups of Chinese student volunteers with internship opportunities in Australia.

More than 150,000 Chinese students have studied in Australia since the early 1970s. When Dr Li completed his PhD at the University of Melbourne and returned to China in 2011, he set up the only stem cell bank in Yunnan Province. His plan is for the facility to develop stem cell storage, undertake genome research on stem cells with a focus on cancer, and begin clinical trials of stem cell treatments for cancer.

Dr Li is driven by the potential for science to benefit global health. His new initiative, VMATE (Value Market Advantage Team Evaluation), recruits aspiring researchers in the process of translation so that they can develop new skills and practice what they learn in a real-world situation.

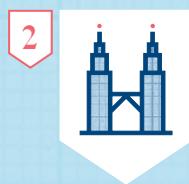
"The VMATE model aims to connect researchers with Chinese investors from the booming biotechnology market who are interested in investing in start-up companies," Dr Li says.

## TOP COUNTRIES



**11,151**

AUSTRALIA



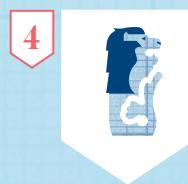
**364**

MALAYSIA



**262**

INDONESIA



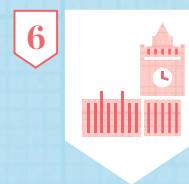
**210**

SINGAPORE



**113**

UNITED STATES



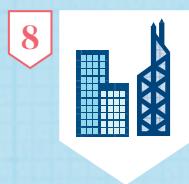
**96**

UNITED KINGDOM



**65**

NEW ZEALAND



**56**

HONG KONG



**47**

CANADA



**21**

BOTSWANA



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Dr Garang Dut with Mr John Roth. John Roth and Jillian Segal support the "Roth/Segal John Monash Harvard Scholarship" (Photograph by Giselle Haber)

## OUTSTANDING LEADERSHIP POTENTIAL

### *Dr Garang Dut receives Roth/Segal John Monash Scholarship*

The Melbourne Medical School was delighted to congratulate Dr Garang Dut (MD 2014) on receiving the prestigious Roth/Segal John Monash Harvard Scholarship to support his postgraduate studies at Harvard University in Cambridge, MA.

John Monash Scholarships are awarded to Australians who demonstrate leadership potential, providing them with support for postgraduate studies at prestigious universities around the world. They are among the most important postgraduate scholarships available in Australia.

Dr Dut was the first African refugee to enrol in Medicine at the University of Melbourne. This scholarship adds to Dr Dut's long list of extraordinary achievements.

Around 400 applicants were interviewed but only 20 received a scholarship. "I was fortunate to be among the 20," he says, with characteristic humility. When you hear his story it is clear that it was not a matter of fortune but recognition of his significant accomplishments since arriving in Australia.

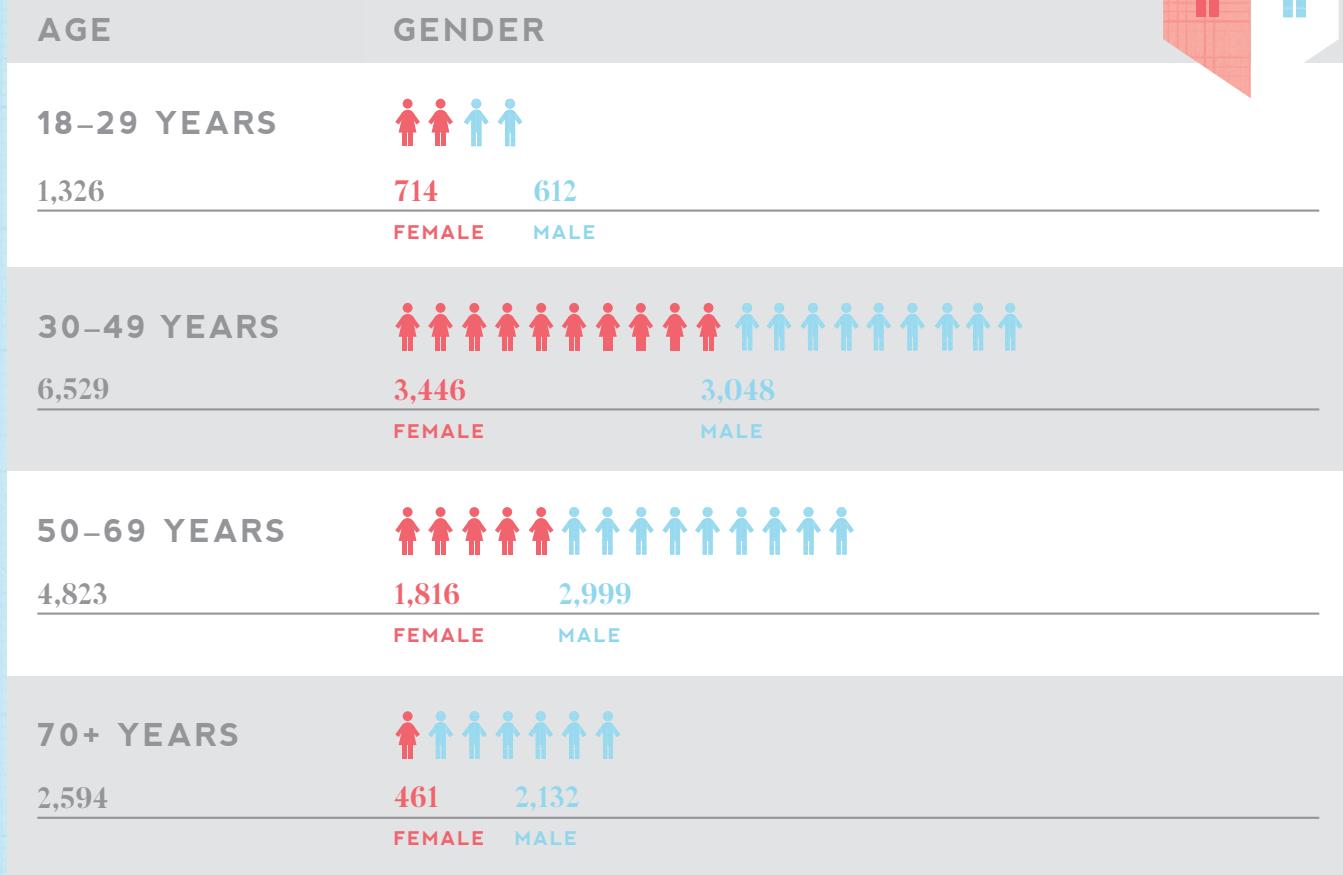
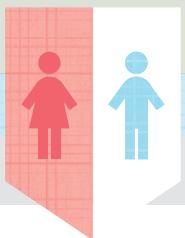
Born in South Sudan during the Second Sudanese Civil War, Dr Dut and his family fled to Ethiopia, where they lived until a military coup ousted the Government. They returned to South Sudan then resettled in a newly established refugee camp in Kenya. Dr Dut spent the rest of his childhood and much of his teenage years in that camp, a total of 12 years.

"I learnt English in the refugee camp. They ran classes in English and also in Swahili and we wrote essays in both languages."

Dr Dut and his fellow students at the NGO-run school had to compete against other Kenyan schools for high school positions. Fortunately he succeeded in the national exam and received a place and a scholarship.

With his mother and siblings, Dr Dut immigrated to Australia when he was 17. He started VCE without any preparation or the required computer skills. Advised against 'difficult' subjects, Dr Dut needed to convince teachers he was capable of studying advanced maths and science. He is concerned about other refugees who might not challenge such advice and who remain pigeon-holed by their disadvantaged background.

## MELBOURNE MEDICAL SCHOOL ALUMNI AGE AND GENDER



"I fear that some students in my situation wouldn't insist they were capable, and that they will miss out on opportunities as a result."

During Year 12, Dr Dut's academic excellence was recognised with the prestigious Kwong Lee Dow Young Scholars Award, which involved various academic enrichment programs at the University of Melbourne. He went on to complete two of the most difficult degrees—Biomedical Science at Monash University and Medicine at the University of Melbourne.

He joined the inaugural Melbourne Medical School Student Ambassador Program during the 150th Anniversary year and was awarded two scholarships—the VMIAL-PSA Medical and Dental Scholarship, a residential scholarship at Ormond College which also covered Dr Dut's studies, and the John Manson Scholarship which he used to travel to India.

"I had spent the first two months of medical school looking for a house, so it was great to go to Ormond College on the scholarship."

Influenced by his experience living in refugee camps where resources were scarce, Dr Dut travelled to India to broaden his knowledge and experience in global health challenges faced by other nations.

"I trained at one of the most technology-intensive hospitals in Melbourne so I was keen to find out how quality care could still be delivered where these techniques might not be used."

Now, Dr Dut is practising a combination of plastic surgery, burns, and facial maxillary surgery at the Alfred Hospital and is involved in research at the National Trauma Research Institute. He is also a Fellow of the Williamson Community Leadership Program, an advisor to Cancer Council Victoria, a contributor to the SBS multilingual radio service, an Australia Day Ambassador for the last four years, and has worked with Change Australia.

The Roth/Segal John Monash Scholarship will see Dr Dut study a Master of Global Health at Harvard, which he will commence in July.



**KEEN TO SUPPORT STUDENTS?** Make a donation to scholarships online  
[alumni.online.unimelb.edu.au/mmsscholarshipfund](http://alumni.online.unimelb.edu.au/mmsscholarshipfund)



(L to R) Head of the Melbourne Medical School Professor Geoff McColl, Professor Richard Pestell, MDHS Faculty Dean Professor Shitij Kapur, Associate Professor Wilma Beswick, Professor Christine Kilpatrick, Professor Donald James Bourne St John, and Professor Len Harrison

## HONORARY DOCTORATES AND BROWNLESS MEDAL AWARDED TO LEADERS IN MEDICINE

In 2016, the Faculty of Medicine Dentistry and Health Sciences conferred the following honorary degrees and awards to distinguished academics for their exceptional contributions to their field and society.

### BROWNLESS MEDAL

The Brownless Medal recognises eminent individuals who contribute to the international growth and positioning of the Melbourne Medical School.

#### Associate Professor Wilma Beswick AM (MBBS 1972, MD Hon DMedSci 2016)

in recognition of her distinguished contributions to the education of medical students and junior doctors which have transformed the quality of clinical teaching at the Melbourne Medical School, her eminent contributions to the reputation of the Melbourne Medical School for teaching excellence, and her inspiration of generations of junior doctors in the delivery of patient-centred care wherever they practise throughout the world.

### THE HYSLOP MEDAL

The Hyslop Medal recognises alumni or staff whose outstanding contributions have been integral to the success of social work at the University of Melbourne.

#### Ms Jean Downing (GDipSocStud 1946, BA 1948, Hon DMedSci 2016)

in recognition of her significant and enduring contribution to the discipline of social work over many decades. Ms Downing has been an important supporter of social work at the University of Melbourne, and across the discipline more broadly. Her generosity and vision has supported practice developments and her deep commitment to professional social work has been an inspiration to generations of social work students and practitioners.

### DOCTOR OF MEDICAL SCIENCE (HONORIS CAUSA)

The Doctor of Medical Science (Honoris Causa) is awarded to individuals who have made significant contributions to the field of medicine and to society.

#### Professor Leonard (Len) Charles Harrison (MD 1976, DSc 1988, Hon DMedSci 2016)

in recognition of his contribution over 30 years, to prevent and cure Type 1 Diabetes and world-leading contributions to understanding its causes and to the development of a vaccine.

#### Professor Helen E Herrman

(MD 1982, Hon DMedSci 2016)  
in recognition of an outstanding career researching, providing education and clinical care and advising on the delivery of mental health services so that governments and societies might meet their moral obligations and economic targets.

#### Professor Donald James Bourne St John AM (MBBS 1959, MD 2001, Hon DMedSci 2016)

in recognition of his internationally significant contributions to the research evidence that underpins the case for early detection and screening of bowel cancer and the development of Australia's landmark policy response to this public health threat—the National Bowel Cancer Screening program.

#### Professor Christine Kilpatrick

(MBBS 1976, MD 1986, MBA 2007, Hon DMedSci 2016)  
in recognition of her distinguished career as a leader who has built cultures of collaboration and excellence spanning clinical and academic medicine and hospital administration.

#### Professor Richard George Pestell

(PhD 1991, MD 1997, Hon DMedSci 2016)  
in recognition of his exceptional and distinguished contributions to cancer care through his institutional and professional leadership, through important scientific discoveries and his entrepreneurial translation of these into novel cancer therapies and diagnostics.

### DOCTOR OF SCIENCE (HONORIS CAUSA)

The Doctor of Science (Honoris Causa) is awarded to individuals who have made significant contributions to their field and to society.

#### Professor Margot Prior AO (BMus 1958, Hon DSci 2016)

in recognition of her highly distinguished contributions to the scientific investigation of child psychology and the application of developmental research to clinical practice and social policy, in particular the clarity she has brought to the age-old debate between nature and nurture.

# 2016 QUEEN'S BIRTHDAY HONOURS LIST

We pay tribute to many MMS alumni and staff, and members of the broader Faculty of Medicine, Dentistry and Health Sciences University community, whose outstanding contributions to their field and society were recognised in the Queen's Birthday Honours List in June 2016, and the Australia Day Honours List in January 2017.

## COMPANION OF THE ORDER OF AUSTRALIA (AC)

### **Laureate Professor Alan Lopez AC**

Melbourne Laureate Professor and the Rowden-White Chair of Global Health and Burden of Disease Management at the University of Melbourne; Director, Bloomberg Initiative for Civil Registration and Vital Statistics at UoM

for his eminent service to science, both nationally and internationally, as an academic, researcher and author, and to the advancement of planning and policy development to improve public health in developing countries.

## OFFICER OF THE ORDER OF AUSTRALIA (AO)

### **Professor James Donovan Best AO**

(MBBS 1972, MD 1989)

in recognition of his distinguished service to medicine, particularly in the area of endocrinology, to medical education as an academic, researcher and administrator, and to rural and Indigenous health. Former Head of the Melbourne Medical School, Professor Best is one of the Melbourne Medical School's most distinguished alumni, has been Dean of the Lee Kong Chian School of Medicine, Nanyang Technological University, Singapore, since mid-2014.

### **Professor Glenn Bowes AO**

Deputy Dean, Faculty of Medicine, Dentistry and Health Sciences

in recognition of his distinguished service to medical education and its administration, to the advancement of child health and welfare, and through contributions to government and professional organisations.

### **Dr Andrew Cuthbertson AO**

(BMedSc 1978, MBBS 1980, PhD 1986)

in recognition of his distinguished service to medical science, particularly through the development and delivery of innovative biotherapies to assist public health, and to professional research organisations. As Chief Scientific Officer and Director of Research and Development at CSL Limited, Dr Cuthbertson makes important contributions to improving the health and wellbeing of humanity and to the collaborative culture of the Parkville Biomedical Precinct.

### **Professor Douglas James Hilton AO**

(BScHons 1986 PhD 1990)

Director and Division Head (Molecular Medicine) at Walter and Eliza Hall Institute of Medical Research

in recognition of his distinguished service to medical research and education, particularly in the field of haematology, as a molecular biologist and author, to gender equity, and as a mentor of young scientists.

## MEMBER OF THE ORDER OF AUSTRALIA (AM)

### **Professor Emeritus Sidney Bloch AM**

(GDipPsychMed 1970, PhD 1972)

for his significant service to medicine in the field of psychiatry, to medical education as an academic and author, and as a mentor and role model. Professor Sidney Bloch continues to make highly valuable contributions to the life and work of the Faculty of Medicine, Dentistry and Health Sciences in his role as Emeritus Professor to the Department of Psychiatry.

### **Dr Edward Colin Crawford AM**

(BDSc 1972, MDSc 1976)

for significant service to dentistry in the field of orthodontics, to professional organisations, and to tertiary education. Dr Crawford has made important contributions to the life and work of the Faculty of Medicine, Dentistry and Health Sciences through his teaching and mentorship of students in the Melbourne Dental School.

### **Dr John Dewdney AM**

(BA 1954, MBBS 1961, MD 1975)

for significant service to tertiary education as an academic, researcher and administrator, particularly in the field of public health development.

### **Dr Elizabeth Finkel AM**

(PhD 1984)

for significant service to the print media as a science journalist and author, and as a supporter of a range of not-for-profit organisations.

### **Dr John Timothy Kennedy AM**

(MBBS 1963)

for significant service to medicine, particularly in the field of otolaryngology, to medical education and training, and to the community.

### **Associate Professor John Owen King AM**

(MBBS 1966, MD 1973)

for his significant service to medicine as a neurologist, to medical education, to Multiple Sclerosis research and to professional organisations. Associate Professor John King makes important contributions to the life and the work of the Faculty of Medicine, Dentistry and Health Sciences as an honorary staff member of the Department of Medicine at the Royal Melbourne Hospital.

### **Professor Joseph Proietto AM**

(MBBS 1973, PhD 1983)

for significant service to medicine in the field of endocrinology, particularly obesity and diabetes research, and as a clinician, educator and mentor. Professor Joe Proietto makes significant contributions to the life and work of the Faculty of Medicine, Dentistry and Health Sciences as an honorary member of staff to the Department of Medicine at the Austin Hospital.

## MEDAL OF THE ORDER OF AUSTRALIA (OAM)

### **Dr David Brumley OAM**

(MBBS 1974)

for service to medicine as a general practitioner, and to palliative care.

### **Dr Bernard Crimmins OAM**

(MBBS 1980)

for service to medicine, and to men's health awareness.

### **Ms Janet Farrow OAM**

(BSW 1988)

for service to community health through a range of roles.

### **Dr Gerrit Westerink OAM**

(GDip in Psychological Medicine 1966)

for service to medicine, particularly in the field of psychiatry.

# 2017 AUSTRALIA DAY HONOURS LIST

## COMPANION OF THE ORDER OF AUSTRALIA (AC)

**Professor Keryn A Williams AC**  
(BSc (Hons) 1970, PhD 1975)

for eminent service to medical science in the field of ophthalmology through the research and development of corneal transplantation, as an academic and mentor, and as a supporter of young women scientists.

## OFFICER OF THE ORDER OF AUSTRALIA (AO)

**Professor Mark E Cooper AO**  
(MBBS 1979, PhD 1989)

for distinguished service to biomedical research in the field of diabetes and related renal and cardiovascular diseases, to medical education, and as a mentor of young scientists.

**Professor Leon Flicker AO**  
(GDipEpid&Biostat 1993, PhD 1996)

for distinguished service to medicine and medical education in the field of geriatrics, as an academic and researcher, and through contributions to improved dementia prevention and care.

**Professor Gwendolyn L Gilbert AO**  
(MBBS 1965, MD 1990)

for distinguished service to medical research, particularly the study of infectious disease prevention and control, to tertiary education as an academic, and to public health policy.

**Ms Mary P Hemming AO**  
(GDipEpid&Biostat 1995)

for distinguished service to community health as a leader and consultant in the development of therapeutic and pharmaceutical guidelines, nationally and internationally.

**Professor Colin L Masters AO**

Laureate Professor, University of Melbourne; Distinguished Florey Fellow, Florey Institute of Neuroscience and Mental Health; Executive Director of the Mental Health Research Institute.

for distinguished service to medical research through international and national contributions to understanding Alzheimer's and other neurodegenerative diseases.

**Dr Alain G Middleton AO**  
(GDipForenOdon 1994)

for distinguished service to dentistry as a forensic odontologist, as a global expert in victim identification, and through the development of international standards in disaster response.

**Professor Graeme Sloman AO**

(BSc 1950, MBBS 1953, Hon DMedSci 2010)

for distinguished service to medicine, particularly to the specialty of cardiology, as a clinician, through advisory roles with a range of medical organisations, and to the community.

**Professor David L Vaux AO**

(BMedSci 1981, MBBS 1984, PhD 1990)

for distinguished service to medicine in the field of biomedical cancer research, to higher education as an academic and mentor, and to professional integrity and ethics.

## MEMBER OF THE ORDER OF AUSTRALIA (AM)

**Dr Noel A Alpins AM**  
(MBBS 1970, GDipOphthalmology 1976)

for significant service to ophthalmology, particularly to the development of innovative refractive surgery techniques, and to professional associations.

**Dr John M Quinn AM**  
(MBBS 1974)

for significant service to medicine in the fields of general and vascular surgery, and to professional organisations.

## MEDAL OF THE ORDER OF AUSTRALIA (OAM)

**Dr John W Farmer OAM**  
(BOptom 1977, MOptom 2007)

for service to optometry, and to the community.

**Dr Patrick H Giddings OAM**  
(MBBS 1981)

for service to rural and remote medicine.

**Dr Martha L Kent OAM**  
(MBBS 1975)

for service to medicine, particularly to mental health.

**Dr Leonard J Kliman OAM**  
(MBBS 1977)

for service to medicine in the field of obstetrics and gynaecology.

## PUBLIC SERVICE MEDAL (PSM)

**Professor Michael J Ackland PSM**  
(MBBS 1973)

for a significant contribution to public health including leading major innovations and policy development in chronic diseases, risk factor surveillance and prevention.

# OBITUARIES

## PROFESSOR EMERITUS GORDON CLUNIE

29 MARCH 1932 – 26 SEPTEMBER 2016

Gordon James Aitken Clunie (MD 1997) was a pre-eminent figure in the surgical life of Australia, New Zealand and the Pacific. Born in Fiji, he received his primary school education in Suva and secondary schooling first in Hamilton, New Zealand and later in Edinburgh. He studied medicine at the University of Edinburgh, graduating in 1956, and trained in surgery in Edinburgh and Newcastle-Upon-Tyne.

After early clinical training in Scotland, he undertook surgical training in Edinburgh before being appointed Reader in Surgery at the University of Queensland and Director of the Dialysis and Renal Transplant Unit at Princess Alexandra Hospital in Brisbane in 1968. In 1973 he was appointed Professor of Surgery at the University of Queensland then, in 1978, the James Stewart Professor of Surgery at the University of Melbourne.

In senior positions Professor Clunie made important contributions with many external bodies. His chairmanship of the Division of Surgery and the Medical Advisory Committee at the Royal Melbourne Hospital was much valued, as was his active role in curriculum review and teaching. His involvement with the Royal Australasian College of Surgeons included a period as a member of the council as Editor-in-Chief of the Australian and New Zealand Journal of Surgery. He led important AusAID-funded programs, one involving delivery of specialist care and the development of postgraduate training programs in Pacific islands. He made major contributions to the Anti-Cancer Council of Victoria, the National Health and Medical Research Council, the Australian Medical Council Accreditation Committee and served on the boards of several medical research institutes and teaching hospitals.

After a long period as Deputy Dean, Professor Clunie was appointed Dean of the Faculty of Medicine, Dentistry and Health Sciences and Head of the Medical School in 1995. During this relatively short term, up to his retirement from the University in 1997, he demonstrated outstanding leadership and administrative skills, playing a seminal role in a major, unprecedented, remodelling of the Medical School's curriculum. While drawing on a range of new but widely acknowledged components for the design of the curriculum, the Medical School also included the original concept of twin graduate and undergraduate streams and the introduction of a compulsory research year for undergraduates.



Professor Clunie's management style was characterised by high standards of integrity and personal energy and his far-sighted approach was crucial in the development of many other Faculty initiatives including the establishment of the Australian International Health Institute. His work for the University was recognised by the award of an MD Honoris Causa and an inaugural Brownless Medal in 2012.

Reflecting in *Chiron* in 2005 upon the curricular changes he engendered, Professor Emeritus Gordon Clunie, writing with Susan Elliott, noted that: "No medical curriculum can be static but should reflect the changing needs of the student population and the wider community. The Melbourne medical curriculum aims to remain dynamic, innovative and informed by the best available medical and educational advice."

Professor Clunie enjoyed a full and meritorious career. In retirement his great pleasure was to enjoy home life with his wife Jess, daughters Louise and Pam and son David. His time with his grandchildren gave him the greatest joy of all.

## DR JAMES DOWNIE

### 5 NOVEMBER 1932 – 21 JANUARY 2017

**D**r Michael (Taffy) Jones, in summing up Jim Downie's role at The Austin Hospital to the large gathering to honour him, said that "he made a unique and extremely valuable contribution to The Austin, was universally liked and admired by everyone for his excellence as a surgeon and his behaviour as a gentleman, and we will not see his like again".

James Russell Fergusson Downie (Jim) was born on 5 November, 1932 to George and Gertrude Downie at St Georges Hospital, Kew. He spent his childhood in Auburn, attending first Auburn South Primary School then Gardenvale Central School, then Melbourne High School, from where he matriculated with distinction. This led to his study of medicine at the University of Melbourne. He is remembered as being a very high achiever there.

In 1956 he married Betty Ashton and in 1961, gained his Fellowship of the Royal Australasian College of Surgeons. He travelled to England with Betty and young son Paul, working as ship's doctor, to enable him to undertake further studies and qualify for admission to the Royal College of Surgeons. On returning to Australia, Jim resumed his work at The Austin Hospital. A second son, Peter, was born.

Twice in the 1960s, Jim undertook three-month tours of Vietnam as part of the volunteer surgical teams who treated the civilian population.

The major part of Jim's professional life was at The Austin Hospital where he served as chair of the Senior Medical Staff and Acting Head of Surgery on a number of occasions. When the Committee of Executives was created, Jim was appointed chairman.

Jim was regarded very highly because of his excellent surgical skills and his clinical judgment. He had the respect of his colleagues as a good man to go to for advice. Besides being a good surgical teacher, he was renowned for his support of younger surgeons. He earned a great deal of respect for keeping up-to-date with current literature which he drew upon in weekly audit meetings. He specialised in gastric/bypass/stapling surgery, which was in its infancy in this country at that time. In his private practice, he carried out a considerable amount of legal medical work.

His colleagues speak very warmly of his kindness, modesty and calmness. He is credited with being a major factor in the maintenance of a harmonious relationship in the surgical team of which he was a member. It was said of him by his colleagues that "he used words softly and always to good effect" and that "he had a dry wit and was never abrupt or aggressive even when under pressure".

Betty's health deteriorated in 1980 and she died in 1982. Jim subsequently married Judith Fogarty, who died in 1992. In 1993 Jim met Eril Deighton, who became his partner until his death.

Those who knew Jim well said he was a frustrated architect. He was intensely interested in design and building and participated in the construction of various houses and a medical centre. He designed and built a special cubby house for his eldest grandchild. This was an example of his devotion to and pride in his family.

He valued education very highly and was a generous donor to institutions he credited with helping him to achieve his professional success: Melbourne High School, the University of Melbourne and the Royal College of Surgeons. In turn he supported his sons and grandchildren to further their education.

Jim read widely and maintained his teaching role in retirement by lecturing on medical history and genetics at the Yarra U3A. Jim was an enthusiastic traveller and he and Eril travelled extensively until his health deteriorated in 2015.

Jim is survived by Eril, his sons Paul and Peter and five grandchildren.

#### **Margaret Watters**

*Courtesy of The Age.*

*This obituary first appeared in The Age on Friday 5 May 2017*

# DR GERARD JOHN MCCAFFREY

## 22 MARCH 1972 – 9 NOVEMBER 2016

The second of five children, Dr Gerard John McCaffrey was born to Paul and Maree on 22 March 1972. As the son of a diplomat, Gerard's childhood was characterised by travel and immersion in new and different cultures. At school, Gerard worked hard because he wanted to fulfil a longstanding dream of becoming a doctor. As befits a Renaissance man, he not only excelled academically, he was also a keen and talented soccer player, played music and was effortlessly fluent in French. He adored reading, in keeping with his curious, intellectual and reflective mind, always looking for different perspectives on life.

After gaining entrance into Medicine at Melbourne University, Gerard resided at Newman College. He sailed through exams and, at a time before the University offered double degrees in Medicine, Gerard quietly and with determination completed a combined Arts-Medicine degree.

Between the preclinical and clinical years, Gerard took a break to resume his passion for travel. The next 12 months were incredibly precious to him and he often reflected on them with great fondness. He was inspired by the endless possibilities that life had to offer and was energised by new and different languages and cultures.

Gerard met Emily Jane Chester in 1987 and over the next five years built up enough courage to ask her out. Within a short time, he knew he had found his true love. They married and started their family, with the birth of Patrick at the dawn of the millennium. Joseph, Louis and Finian arrived over the course of the next decade. Gerard maintained that his greatest achievement in life was their four sons and there is no doubt that he will continue to live on through them.

Gerard started his clinical years at St Vincent's Hospital, Fitzroy, in 1994. It was here that his theatrical flair and showmanship found a natural outlet under the watchful eye of the Clinical Dean, Wilma Beswick. After completing his physician training, Gerard first worked as a Gastroenterologist at Western Hospital, Footscray, and then again at St Vincent's, an institution he loved and respected for its ethos and values. A brilliant career loomed. With his mastery of Spanish language, he organised a Doctorate in Hepatology in Barcelona. Tragically, however, on the eve of his departure the cancer diagnosis was made.



Despite not identifying with any organised religion, a Jesuit education, together with his personal reflections on the meaning of justice and the value of human life, made him a deeply moral and spiritual man. His profound sense of right and wrong never faltered and he always stood up for things he believed in. His deep respect for other people and cultures made him a compassionate man who recognised our common humanity over and above our differences. These attributes served him particularly well as a clinician. His intellect and sharp and attentive mind along with his kindness and empathy made him a brilliant doctor, loved and respected equally by his patients and colleagues.

Gerard faced each new health challenge with the same dry wit and determination. After becoming ill, much of his treatment was at St Vincent's, and he was appreciative of the efforts of the many people who treated him with the kind of compassion and respect he gave to his own patients. He spent his last days in Caritas Christi Hospice, surrounded by family and friends, and in the care of a wonderful group of doctors and nurses. At the age of 44, Dr Gerard McCaffrey passed away in Emily's arms in the early hours of 9 November 2016.

**Mr Anand Ramakrishnan (MBBS 1996, MD 2008)**

*Director of Department of Plastic, Reconstructive and Facial Surgery,  
The Royal Melbourne Hospital*

## DR MARY BLYTHE WHEELER 5 JANUARY 1919 – 25 DECEMBER 2016

& DR BERNICE STRATFORD  
14 JULY 1923 – 9 JANUARY 2017



*Dr Mary Blythe at the Healesville Sanctuary where she was a guide*

In the space of two weeks from Christmas Day 2016, the Melbourne Medical School lost two remarkable women and pioneering members of staff. As their lives were closely intermeshed professionally, and as they were good friends sharing regular lunches until shortly before their deaths, it seems appropriate to celebrate their lives jointly.

Dr Mary Blythe Wheeler (BSc 1939, MBBS 1941) was born in Mornington to Philip (a pharmacist and JP) and Alice Wheeler. She attended Frankston State Primary School and then the recently-founded (1924) Frankston High School—a school created under the *Education Act 1912* that had introduced secondary education for the whole population. For her final years of schooling, Dr Blythe was sent to board at Phelia Grimwade House, Melbourne Girls Grammar School, in 1934. She had a passionate interest in nature and a brilliant mind and so began a BSc at the University of Melbourne as a 16-year-old in 1935, taking up residence in Janet Clarke Hall. Her wish was to study medicine but, due to her youth, this was not possible, so a science degree became the only alternative, and she graduated BSc in 1939, while studying medicine. It must have been firstly during her science degree that she came under the influence of the charismatic Professor of Anatomy, Frederic Wood Jones, as she was one of the select members of the pioneering ecological expeditions he organised to the Bass Strait islands in the holidays. Her considerable contributions as a zoologist are preserved in the copious outputs of those expeditions—in publications, maps, photographs and film.

Dr Blythe graduated MBBS in September 1941 (a few months earlier than usual because of the Second World War), having won numerous prizes, awards and scholarships. From 1941 she was a Resident at the Royal Melbourne Hospital for nearly two years and in 1943 she married her fellow classmate, Alan Ross Wakefield, with whom she had four children. In 1969 they were divorced and she reverted to her maiden name. At this time she was involved in a gallstone research project at the Melbourne Medical School. A younger colleague, Chris Briggs, recalls:

Mary held a lectureship when I first started teaching in the department, in 1975, and she and I (together with Coralie Kenny) taught the first dissection-based Science anatomy course to run in Australia. Many graduates from this course went on to study medicine, dentistry or the health sciences. She helped run dissection for the medical students and also taught dental students, therefore had an extensive knowledge of all areas of anatomy. Mary was a very pleasant colleague, very knowledgeable anatomist and an excellent prosector. She spent many hours in the staff dissecting room and her prosections were used for many years. Mary was a demanding teacher and became somewhat annoyed when the students couldn't recall details she had covered in her lectures or tutorials. She had a good sense of humour, however, and would make us laugh often. Mary was a valued colleague and mentor to me in the early stages of my career.

During the 1970s, Dr Blythe also became Doctor in Residence and Deputy Principal at University Women's College (now University College). In the 1980s and '90s she lived in 'Hurst'—a cottage in the Bickleigh Vale community in Mooroolbark, created by the visionary garden designer, Edna Walling, where she gardened with enthusiasm. During the '70s, '80s and '90s she bush-walked and travelled extensively, both within Australia and overseas, with her great friend and noted botanist, Gretna Weste. Dr Blythe was a pillar of the community, including acting as a Guide at Healesville Sanctuary, a reader to the Vision Impaired, a volunteer at the Mission of St James and St John in Mooroolbark (later part of Anglicare), and a contributor to many charities—her favourite being Médecins Sans Frontières.

Dr Bernice Stratford (MBBS 1950, PhD 1965)—Bernie to her friends—was born to Harry and Ruby Miller and spent her early years in the Mallee, on the farm her father had taken up under the soldier settlement scheme after returning from the First World War. For her secondary schooling she attended the Academy of Mary Immaculate in Fitzroy as a boarder. After the interruption of the Second World War she attended Melbourne Medical School with a scholarship, graduating MBBS in 1950, specialising in obstetrics. It was during these years that she met another medical graduate, Brian Stratford, who she married in 1950 and with whom she subsequently had six children. After a period raising her children and working as a GP in Moonee Ponds and then Bairnsdale, Dr Stratford then returned to the University and worked in the Pathology Department under Edgar King, gaining a PhD in Histology and taking up a senior lectureship in Histology and Embryology in the Anatomy



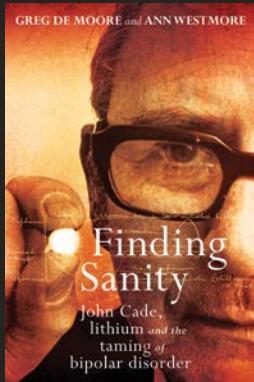
Dr Bernice Stratford

Department from 1965. Until that time no woman had ever been appointed to a permanent academic position in the Anatomy Department, although female medical graduates had been around for over 80 years, and few, if any, postgraduates in the Department were female. She recalled, when interviewed in 2007, that it was some years before her older male colleagues deemed that she was capable of teaching medical students, rather than her usual diet of dental and physiotherapy students. A later member of the department, and subsequent Head, Daine Alcorn, remembered Bernie as an especially welcoming teacher and colleague. She remained in the Department into the 1980s and took early retirement to teach in rural China, where she combined instructing practitioners how to use newly-donated medical technology with teaching medical English. Dr Stratford was a devout Roman Catholic and an active member of the St Carthage's Parkville community.

Dr Mary Wheeler and Dr Bernice Stratford both made a remarkable contribution to the medical community of Melbourne and beyond, and not just in forwarding the role of women. Their achievements cannot be underestimated as they juggled the traditional role of women as wives and mothers with the rigours of academic and professional lives, not always with the understanding by others of the difficulties this involved. They will be greatly missed by those that knew them and those whose lives they touched.

**Dr Ross L Jones (BA (Hons) 1978, GDipEd 1979)**  
with the assistance of Chris Briggs, Coralie Kenny, Robert and Liz Wakefield and Clive Stratford.

## BOOK REVIEWS



# FINDING SANITY

**John Cade, lithium and the taming of bipolar disorder**

by *Greg de Moore and Ann Westmore*

Published by Allen & Unwin, 2016

The story of lithium is the remarkable story of the penicillin of mental health: without doubt it is Australia's greatest mental health story.

Selected by *The Australian Spectator* as one of the best books of 2016, *Finding Sanity* tells the story of John Cade and his 1948 discovery of the use of lithium as a treatment for bipolar disorder.

Lithium became the first specific medication for treating severe mental illness. John Cade, a Melbourne Medical School graduate and recently returned prisoner of war, stumbled across its utility as part of experiments that began with the examination of urine from patients with mania, extended to observations of the effects of lithium on guinea pigs and on himself, and concluded with its prescription to patients and their long-term monitoring.

*Finding Sanity* had its origins as the PhD of Dr Ann Westmore (BSc 1973, MSc 1994, PhD 2002), an historian of medicine, and the curiosity of Dr Greg de Moore (MBBS 1982), a psychiatrist who had become aware of Dr Cade's 'slim but remarkable book *Mending the Mind*' as a fifth-year medical student at the Royal Melbourne Hospital.

Together these authors trace Dr Cade's life and the path to his remarkable discovery, weaving a fascinating narrative about the history of mental health in Australia and the role of a sensitive and intelligent man who changed the face of medicine through his determination to ease the suffering of his patients.

*"As John prepared to take lithium, the spirit of the alchemist stirred within, knowing he was doing what many would regard as against the natural order. He emptied the lithium powder into a test tube, stirred a solution and raised the transparent fluid to his lips. Whatever the nature of the force that guided his hand, it was deep-rooted and arcane ... Eyes closed, he drank.*

*... Nothing happened; wonderfully, nothing. He cleansed the vial of the solution and put it back on the rack. The world, for the moment, remained as it had five minutes earlier, with equanimity undisturbed.*

*The following day John returned and did the same. And the next ...*

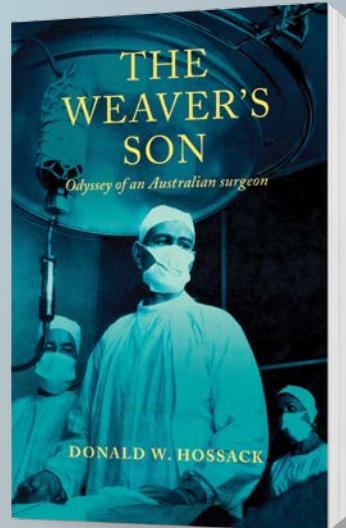
*As the clear liquid drained from the glass and into his body, he could only have imagined its course. The mechanic in him knew that the liquid would descend from mouth to oesophagus, and that it would be absorbed, rapidly, all along his gut. The writings from the nineteenth century, familiar to John, suggested that lithium would seek out every organ, seeping into every cell and across the blood-brain barrier, that Great Wall of China, which separated the brain from blood. And it was the brain that was lithium's final target."*

# THE WEAVER'S SON

**Odyssey of an Australian surgeon**

by Donald W. Hossack

Published by the Faculty of Medicine, Dentistry and Health Sciences University of Melbourne, 2016



The Weaver's Son is a very personal memoir that tells the story of Dr Hossack's struggle to overcome dyslexia to become an eminent surgeon with the encouragement and support of the University of Melbourne.

Dr Hossack (OBE PSM, MBBS 1954) was an inaugural member of the Victorian-based Road Trauma Committee, founded in 1970 and credited with leading the world in successfully campaigning for compulsory seat belts, random breath testing and other reforms.

Subsequent reforms targeting drink driving, based on research led by Dr Hossack as consultant surgeon to the Melbourne City Coroner, were at least as important as the introduction of seat-belt laws. In November 1970, when seat belts became compulsory in Victoria, Dr Hossack released his alcohol analysis of 171 driver fatalities: 103 had alcohol in their bloodstream and, of those, 86 had levels between two and ten times the legal limit of .05 per cent.

The findings prompted a series of campaigns and reforms over several years, including the introduction of police breath tests (August 1971), compulsory hospital blood alcohol content (BAC) testing of all road accident victims over the age of 15 (1974), and random breath testing (1976).

In an excerpt from the memoir, Dr Hossack tells of his decision to pursue a medical career while working as a lab assistant in the Department of Zoology under Professor Wilfred Agar:

*"Well Laddie," he said, "what is it you want to do with your life?"*

*"I'd like to be a doctor."*

*A look of exasperation spread over his kind face. "Look Laddie, there are some things in life that are not possible. We just have to accept that reality! Please, think over what I said, and let me know what you decide." He looked irritated by my absurd reply.*

*My answer about wanting to be a doctor surprised me as much as it did Professor Agar. Although I had been wondering vaguely about the possibility of studying at university, I had not formed any definite idea of which course to pursue, let alone consciously considered becoming a doctor. I can only think that my close association with medical students during their dissection classes, and drawing charts for Dr Tiegs, had somehow planted a seed. Also, after I had dissected the cranial nerves of a discarded shark's head, it pleased me that my effort compared favourably with dissections done by the students. My spontaneous reply to the professor suggested a subconscious identification with the medical students.*

*Besides, no-one had ever before asked me what I really wanted! My revelation, once brought into the light of day, overwhelmed me with joy and relief beyond anything in my experience. I was committed. Thereafter, without any doubt, whatever it might take to overcome my learning defect, or however long the process of study, I would do it. I would become a doctor.*

Dr Hossack tells his remarkable story in a warm and honest style. *The Weaver's Son* is an inspiring testament to the power of education and perseverance to transform lives.

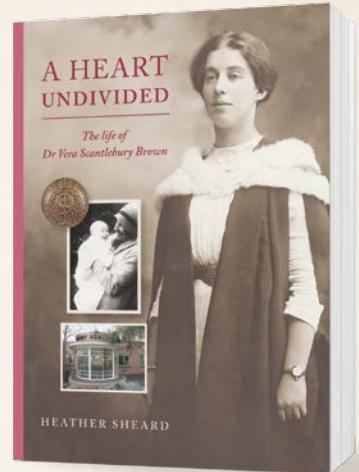
Copies of *The Weaver's Son* are available from Readings in Carlton for \$30.

# A HEART UNDIVIDED

The Life of Dr Vera Scantlebury Brown

by Heather Sheard

Published by the Faculty of Medicine, Dentistry and Health Sciences  
University of Melbourne, 2016



**A** Heart Undivided is as much about the development of women's role in medicine as it is about the remarkable Vera Scantlebury Brown (MBBS 1914, MD1924).

Born in 1889 in the small town of Linton, about 150 kilometres west of Melbourne on the Glenelg Highway, the first 27 years of Vera's life took her from a declining Australian gold-mining town to the operating theatre of a London military hospital.

Vera enrolled in the University of Melbourne's medical school in 1907 and was a weekly boarder at Trinity College Hostel, now Janet Clarke Hall. In the previous 16 years, just 42 women had graduated from medicine in Victoria. In 1915 she became the first female doctor appointed to the Royal Children's Hospital in 14 years. From December 1915 until late 1916, Vera and five other women doctors made up the entire medical staff at the Children's due to wartime resignations. In 1917, Vera left Australia for London where she spent 20 months at Endell Street Military Hospital. At the end of the war, in early 1919, she returned to Melbourne. Her first appointment was as a house surgeon at the Royal Women's Hospital, followed, in late 1919, by an appointment at the Children's Hospital as clinical assistant to Dr Wilfred Kent Hughes, an ear, nose and throat consultant, as well as a part-time position of medical officer for the Victorian Baby Health Centre Association. Early in 1920 she became medical officer for the Melbourne City Council's three baby health centres and for the Free Kindergarten Union's 26 kindergartens, and medical inspector for Melbourne Church of England Girls' Grammar School. To add to the frenetic nature of her work at that time, she also began a private practice at 84 Collins Street, Melbourne.

Vera was appointed director of the newly created Department of Infant Welfare in 1926—the first woman to head a government department in Victoria. Having also married Edward (Eddie) Byam Brown (a lecturer and later an associate professor in electrical engineering at the University of Melbourne) in September 1926, Vera's position as a middle-class married woman with children holding down the salaried directorship of a government department was an exceptional one.

Among the few women to achieve a position of professional leadership and to shape public policy at both the state and national levels, Vera's work in nurturing the physical and mental development of children remains at the heart of Victoria's free and universal maternal and infant health system.

In her Foreword, University of Melbourne Vice-Chancellor's Fellow, Professor Fiona Stanley AC, FAA, FASSA, notes, "This book is thoroughly researched and beautifully written...It is such an important book for us to read now. Whilst the rates of death and illness that were common in the early twentieth century have decreased dramatically (due mostly to the preventive strategies that Vera and colleagues implemented across the whole state of Victoria and taken up nationally), we are seeing many problems in our children, youth and families that also demand a community-wide, preventive approach."

## About the author:

**Dr Heather Sheard,**

**BComm, GradDipEd, GradDipEdAdmin, MA, PhD**

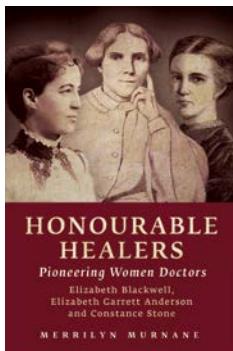
was a secondary school teacher and assistant principal before retiring and completing a master's thesis on the history of Victoria's maternal and child health services, subsequently published as *All the Little Children: The Story of Victoria's Baby Health Centres*. Her PhD thesis, completed in 2013, is a biography of Dr Vera Scantlebury Brown. Dr Sheard is currently researching the contribution of Australian women surgeons and medical officers in World War I.

# HONOURABLE HEALERS

Pioneer Women Doctors:  
Elizabeth Blackwell,  
Elizabeth Garrett Anderson  
and Constance Stone.

by Merrilyn Murnane

Australian Scholarly Publishing, 2015



Social change in any realm is never easy. It takes remarkable effort by individuals and communities to achieve major shifts in a society's values and institutions.

In 1887, women were admitted to the Medical School at the University of Melbourne, 25 years after men and 21 years before women were entitled to vote in Victoria. *Honourable Healers* places this hard fought battle for inclusion in an international and national context, introducing us to the key individuals involved.

Initially focusing on the history of women in medicine from the ancient world until the 19th century, the book shares the contribution of women healers through the centuries. Homer mentioned women surgeons practicing in ancient Greece, while in the 15th century the Catholic Church banned women from medicine and surgery. Despite fluctuations in views on their role and various obstacles, women have consistently contributed to medicine over the centuries.

Following chapters focus on key individuals that led institutional change in the 19th and early 20th centuries for women wishing to enter the medical profession. Elizabeth Blackwell (1821-1910) was English and the first woman admitted to a medical school in the US. Elizabeth Garrett Anderson (1836-1917) was the first woman to qualify as a medical practitioner in Britain, though required to train elsewhere. Sophia Jex-Blake (1840-1912) led the fight for women to be trained in medicine in Britain through the establishment of the London School of Medicine for Women. Constance Stone (1856-1902) was the first woman to be registered as a doctor in Australia.

Extensive biographies have been written about these individuals, but *Honourable Healers* provides a succinct overview of their achievements and examines them side by side. The common theme is their pursuit of medicine for reasons beyond personal advancement. All were driven by a desire to serve their communities, in particular disadvantaged women and children. While they did not always agree with each other's methods to achieve change, they did inspire each other both directly and indirectly.

*Honourable Healers* is written by Merrilyn Murnane (PGDip Arts (Classic & Arch) 2010, Grad Dip Health & Medical Law 1998, MBBS 1960), a renowned paediatrician. Mentored by Dame Kate Campbell at the Queen Victoria Hospital, to whom the book is dedicated, Murnane reminds us of the power of individuals to change institutions and the remarkable legacy of the early Australian women doctors.

**Dr Jacqueline Healy**

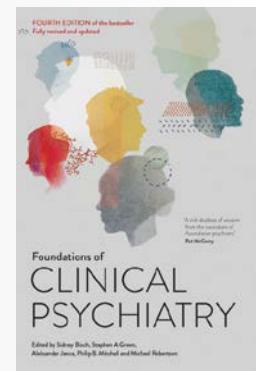
Senior Curator, Medical History Museum and Henry Forman Atkinson Dental Museum

# FOUNDATIONS OF CLINICAL PSYCHIATRY

Fourth Edition

Edited by Sidney Bloch, Stephen A. Green, Aleksandar Janca, Philip Mitchell and Michael Robertson

Melbourne University Publishing, 2017



A trusted introductory text for students of medicine and other health professions, including psychiatric nursing, psychology, social work and occupational therapy, *Foundations of Clinical Psychiatry* has also been a useful reference for family doctors.

This new edition has been revised and updated by five editors, leaders in their fields, in collaboration with a group of expert psychiatrists. Its four-part structure—an introduction to clinical psychiatry; conditions encountered; specific patient groups and clinical settings; and principles and details of typical clinical services and treatments—provides a clear overview of clinical practice. It also explores the causes of mental illness and the ethical aspects of its treatment, and covers the full range of psychiatric disorders encountered by health professionals.

*Foundations of Clinical Psychiatry* emphasises biological, psychological and social factors in assessing and treating patients, includes the integrated use of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and provides further reading suggestions. It is richly illustrated with dozens of clinical stories. It also features chapters on ethics and the effects of trauma, and a section on the mental health of indigenous people and refugees.

## About the authors:

**Sidney Bloch AM, MB ChB, PhD, DPM, FRCPsych, FRANZCP**

is Emeritus Professor of Psychiatry at the University of Melbourne and Honorary Senior Psychiatrist at St Vincent's Hospital, Melbourne.

**Stephen A. Green MD, MA**

is the Clinical Professor of Psychiatry, Georgetown University, USA.

**Aleksandar Janca MD, MSc, FRCPsych, FRANZCP**

is the Winthrop Professor of Psychiatry, School of Psychiatry and Clinical Neurosciences at the University of Western Australia.

**Philip B. Mitchell AM, FASSA, MBBS (Hons I), MD, FRCPsych, FRANZCP**

is Head of the School of Psychiatry at the University of New South Wales.

**Michael Robertson MBBS (Hons), PhD, FRANZCP**

is Clinical Associate Professor of Mental Health Ethics at the Centre for Values, Ethics and the Law in Medicine at the University of Sydney.

HEALTH AT MELBOURNE

# DISCOVER WHAT YOU'RE MADE OF

The Faculty of Medicine, Dentistry and Health Sciences has recently launched a new student recruitment campaign called 'Health at Melbourne' that uses the tagline 'Discover what you're made of'. The campaign features five current MDHS students adorned in body paint representing human anatomy. Although designed to appeal to all potential students, this campaign specifically targets those from a regional or rural background, in line with the federal government's goal of strengthening the health workforce outside metropolitan areas. The campaign includes print and digital collateral, including videos of the students discussing their University of Melbourne experience.

For more, visit [mdhs.unimelb.edu.au/health](http://mdhs.unimelb.edu.au/health)



THE UNIVERSITY OF  
MELBOURNE