

CHIRON

Melbourne Medical School | twenty twelve



1862
2012

150 Years of Medicine



MELBOURNE
MEDICAL
SCHOOL

SPECIAL
COMMEMORATIVE
EDITION

150 years : 16,270 doctors



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Welcome

From James D Best Head, Melbourne Medical School



'Mighty oaks from little acorns grow' describes the story of the Melbourne Medical School over 150 years, a milestone we celebrated throughout 2012. This year of reflection on the remarkable history of our Medical School is reported in this special edition of *Chiron*.

The planting of the 'acorn' was remembered at a breakfast for staff in March, the month in 1862 when our first three students began their course. These students were the first to enrol in a University medical course in Australia by more than ten years. The sandstone cloisters where we breakfasted were infused with an atmosphere of history and scholarship, encouraging us to reflect on the many great teachers who have been fundamental to the Medical School's success.

1862 was a period of optimism and planning in the history of Melbourne and the Melbourne Zoo also opened in that year. Not surprisingly, our histories have met at many points and our participation in the Zoo's anniversary 'Mali in the City' sculpture program is now a part of this history.

Of course, planting the seed of a medical school in Melbourne in 1862 was a challenging task. Luckily, our early growth was nurtured by Sir Anthony Colling Brownless, whose vision, courage and steely determination, resulted in the establishment of a medical school that set standards that exceeded those in the UK at the time. Brownless was acknowledged in many ways throughout the year. We created the Brownless Medal in commemoration of his contribution to medical education and presented it to five previous Deans and Heads of the Medical School. Brownless also featured, courtesy of Will Twycross, in the special production of *Med Medleys* at St Martin's Theatre in September. We were also pleased to welcome our founder's great grandson, also Anthony (Tony) Brownless, and by his children, Billy and Melanie, to the Medical History Museum to view the restored portrait of their forebear. Tony has lent his great grandfather's medals to the University, which can be seen at the Medical History Museum in the Brownless library.

The University's motto 'Postera Crescam Laude' can be translated from an ode by Horace as 'May we grow in the esteem of future generations'. The esteem in which the University and its Medical School are held around the world is endorsed regularly by our international rankings – a reputation which is embodied in our alumni and validated through the great range and value of their work. We are also mindful of the role our partner hospitals and research institutes play in securing this worldwide reputation. The contributions of our partner hospitals were explored in the exhibition 'The Art of Teaching: Clinical Schools at the Medical History Museum which was part of the 'A Body of Knowledge' group of exhibitions and activities that ran across the University. The opening of these exhibitions was accompanied by a presentation, from the Friends of the Baillieu to the University, of Pietro Mattioli's 16th century *Discorsi* which records and illustrates medicinal plants dating back to the time of Dioscorides, a surgeon in Nero's army. This wonderful

gift emphasises the importance of being part of a great University. In this spirit we celebrated throughout the year with other schools in our Faculty and with colleagues across the University. In particular, we were pleased to share the celebration with Chancellor Elizabeth Alexander, Deputy Chancellor Ross McPherson, Vice Chancellor Glyn Davis, Provost Margaret Sheil, Vice Principal of Advancement Sue Cunningham, Dean of our Faculty James Angus and other members of the University's senior executive who supported our many events.

Our byline for the year was 'Making doctors since 1862' and our primary aim for the year was connecting with our alumni. We estimate that over 10,000 doctors from the Melbourne Medical School (the leaves of our mighty oak) currently contribute to medicine and society around the world. It was wonderful to meet so many alumni at events in the USA, UK and Malaysia, and at the largest gathering in September at the world heritage listed Exhibition Building in Melbourne.

A recurrent topic of discussion at our alumni functions around the world was their appreciation of our teachers, both in the biomedical sciences and in clinical medicine. Alumni of the Melbourne Medical School have had an enormous impact on medicine in Australia and beyond – a record we celebrated by awarding 17 honorary degrees to alumni during the year.

Looking back at our history we also looked back on the history of the Wurundjeri people, traditional owners of the land where our main campus sits, and we were reminded of our special responsibility to address the health inequities that continue to disadvantage Indigenous Australians. As a symbol to honour the traditional owners of this land, the Faculty of Medicine, Dentistry and Health Sciences commissioned a traditional possum skin cloak, which was made and presented to the University as a gift from the traditional owners of the place where so many doctors started their careers in medicine.

A symposium on women in medical science acknowledged the importance of the relationship between those who advance medical knowledge in the laboratory, in the field and in the clinic in recognition of the concurrent 125th anniversary of women entering the medical course. Further events, including a major exhibition, will specifically celebrate the lives of women medical graduates in 2013.

Mindful that 150 years is a milestone, not a conclusion, we looked to our future and involved our current medical students in all of our onshore events. The level of their commitment and engagement was outstanding – in fact their participation was the highlight of our celebrations on many occasions including special tours of our teaching facilities and, of course, the Gala Dinner.

I can think of no better accolade of anyone than to say that 'he loved his fellow man' and there are many examples of alumni whose generosity of spirit endures through their philanthropy. For example, the brothers AE Rowden White and Edward R White, whose legacy supports many activities at the University. Their newest heirs are our medical student ambassadors who initiated a scholarship fund with contributions of \$20.12. They plan to continue building this fund throughout their careers so that students who come after them may reap the benefits and contribute in their own turn. Many of us enjoyed free or heavily subsidised medical education and that is no longer the case for most of our students. To remain one of the world's finest medical schools and to graduate doctors who are not burdened with major debt, we need to develop a culture of belonging and giving.

An unexpected and most significant gift to the Medical School last year was a Wollemi pine, one of the world's oldest and rarest plants, from the University's Property and Campus Services division, which now sits outside the Medical Building on Grattan Street. I started this commentary with

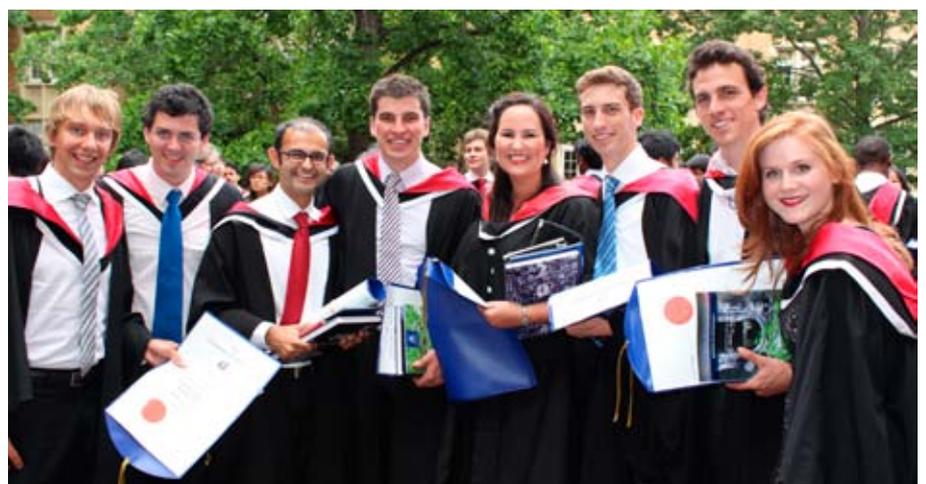
a mighty oak and, given that the world's oldest oak trees are aged over 1500 years, the analogy would predict a long and distinguished future for the Melbourne Medical School. Perhaps the Wollemi pine is more apt as a symbol of the Melbourne Medical School: uniquely Australian, majestic and attractive, hardy and versatile.

Lastly but by no means least, I would like to finish by expressing my heartfelt thanks to everyone who contributed to making our 150th Anniversary such a success. The year's program of activities was a remarkable achievement made possible by the collaboration and cooperation of a great many people over a three-year period. In particular I would like to thank alumni: Jane Gunn, David Hunt, Eric Lo, Will Twycross and Katrina Watson, students; from the UMMSS – Michelle Kim and Michelle Li, and all our Med150 Ambassadors, especially their President, Melissa Lee, and Committee Members Lachie Brennan, Tom Carins, Rachel Goh, Ben Jacka, Lauren Jenkins, Tess McClure, Aaron Paul, and Connor Wright; and all the staff of the Faculty Advancement and Alumni Unit in particular, Glenn Bowes (Associate Dean, Engagement) and Jan Thomas (Director of Advancement) and the 150th Anniversary team Kirsty Hooper, Liz Brentnall and Andi Jansz-Gallent.

Professor James D Best, MBBS 1972, MD 1989



Central to the Melbourne Medical School's 150th Anniversary was a celebration of the many generations of medical students who have passed through our lecture theatres and laboratories, who have lain on the lawns, studied in the libraries, gossiped in the cafes and walked the corridors of our affiliated hospitals. Each cohort of graduates remains a part of our public identity. In your daily lives, as you practice what you have learned, our alumni continue to build the great reputation of the Melbourne Medical School and, for this, we thank you.



2012 Graduation

By Ian Anderson

MEDICAL STUDENTS GRADUATION CEREMONY

The final celebration of the Melbourne Medical School's 150th Anniversary Year was the graduation of the 2012 cohort of medical students. The graduation address was given by Professor Ian Anderson who, earlier in the year, had been awarded an honorary Doctor of Medical Science from the University in recognition of his transformative work in Indigenous health research and education. Ian is pictured opposite wearing a possum skin cloak, made by Wurundjeri artist Mandy Thomas. The cloak, commissioned by the Faculty of Medicine, Dentistry and Health Sciences, was made for the University of Melbourne for use on ceremonial occasions as a symbol of respect to the Wurundjeri people and in acknowledgement that the University's Parkville campus stands on Wurundjeri Country. The following is an edited version of Professor Anderson's address to the 2012 Melbourne Medical graduates.

Chancellor, colleagues, guests and most importantly, graduands:

It is a privilege today to be here and celebrate this significant milestone in your educational and professional journey. Your graduation is a rite of passage, which we mark publicly with both ritual and symbolism that has an ancient history connecting the contemporary University with the medieval European church and its antecedents.

Although, here and now, we are distant in time and place from these origins, these ceremonial rites echo important values about knowledge traditions that we still hold – values such as a commitment to our discipline, collegiality and our recognition of the authority of the University to confer degrees.

Take, for example, the Mace. The historical antecedents of the Mace were weapons of war. Its earliest ceremonial forms represented the authority of military commanders but by the 13th century its use

had also extended to civil contexts. Here, today, it stands for the authority of the University – an authority that is embodied in the role of our Chancellor. In conferring your degree, the authority of the University confers legitimacy on your achievements and bears public witness to your skill, knowledge and capability. In return it is through your standing as a graduate and your commitment to the professional values and practices of your discipline that ultimately enhances the reputation of this University.

Your gowns and colours symbolise the collegiality of your degree: your endeavors in your discipline are not solitary. And your graduation connects you not only to your graduating cohort but also to the many who precede you and the many who will follow, charging you and your colleagues with responsibility for the growth and development of your discipline.

The University of Melbourne – like many Universities across the globe – is a proud witness to these ancient knowledge traditions. We are also an Australian University and our tradition is unique in a number of ways. Of this we should also be proud.

This year we marked 150 years of the Melbourne Medical School. While still young compared to some medical schools across the world, the Melbourne Medical School has nevertheless made its mark and as graduates you will have the opportunity to contribute to the development of knowledge and professional practice that meets the needs of our region. Much has been done to commemorate the significance of our 150 years of history.

As a part of the 150 years celebration the Faculty gifted the University with a possum skin cloak. This gift, crafted by the Wurundjeri artist Mandy Thomas, pays respect to the ongoing traditional custodianship of the Wurundjeri people, to this country here, and to an even more ancient cultural history to which this

University is also connected through this country. The gift was made for use in formal ceremonies such as today.

The possum skin cloak is cultural artifact of profound significance. In pre-colonial times the cloaks were a practical necessity, but they were also crafted with designs of totemic significance to the individuals who wore them. Few remain from the 19th century and only recently have Aboriginal artists revitalised the tradition of cloak making (using possum skins repatriated from NZ – much to the delight of many of my Maori colleagues and friends).

This possum skin cloak, which I wore today, uses a number of Wurundjeri totemic designs that are symbolic of your journey. The swirl throughout the design represents the smoke of traditional Wurundjeri welcoming Ceremony – welcoming students to Wurundjeri country from here and across the world; the swirls depict the learning and personal journeys of students and the personal and professional connections they make while at University and carry beyond after graduation. The multifaceted nature of the swirling pattern in the design also represents the different and intersecting directions of your journeys as students and graduates.

You should be deeply proud of your achievements, as we are of you. This is a significant milestone, but it is also part of a longer journey. And on that journey I wish you the very best.

Ian Anderson, MBBS 1989, is Foundation Chair Indigenous Higher Education and Director of Murrup Barak, Melbourne Institute for Indigenous Development, The University of Melbourne

Ian Anderson wearing the Possum Skin Cloak at the Doctor of Medical Science (Honoris Causa) presentation in September 2012.



Staff Breakfast launches celebrations

Med150 Student Ambassadors join in the celebrations



Sir Gustav Nossal, Richard De Steiger, student Garang Dut, and Graham Brown

A sea of umbrellas descended on the Law quadrangle as staff from across the Faculty of Medicine, Dentistry and Health Sciences arrived for the morning launch of the Melbourne Medical School's 150th Anniversary celebrations.

Med150 Student Ambassadors greeted guests with delicious coffee, pancakes and egg and bacon rolls. The early 7.00am start didn't deter guests who enjoyed the chance to meet up with colleagues from across the Faculty and celebrate the milestone.

Formal proceedings commenced with Master of Ceremonies, Professor Glenn Bowes, welcoming staff to the official launch

of the anniversary celebrations.

Professor James Angus expressed the importance of the 150th anniversary to the University and the Faculty.

Next to take the stage was Professor James Best who shared the history of the school with guests, enlightening everyone with details of the founding fathers and the first students to start their medical careers.

Professor Best took told guests that this was a year for welcoming our alumni back to the school and encouraging everyone to take part in the year long celebrations.

However it was Melissa Lee, President of the Med150 Student Ambassadors who really captured the spirit of the day expressing what a privilege it was for her and her fellow students to represent the Melbourne Medical School during its 150th year.

Med150 Student Ambassadors

By Melissa Lee

Nearly two years ago I learnt two things that would significantly shape my life. Firstly, that the next year was the 150th anniversary of Melbourne Medical School; and secondly, I was to be in charge of a Student Ambassador Program to ensure student involvement in all events and activities throughout the year of celebrations. Not just a handful of students, but 149 of them – bringing our total student group to 150, an appropriately auspicious number.

It was a busy year, but for us in particular it was a year of opportunities. We learnt about the rich history of our medical school and worked closely with the Faculty staff, but our greatest opportunity was to meet so many alumni – so many inspiring and exceptional members of the medical profession.

A highlight of the year was the Gala Dinner held at the Royal Exhibition Building, where we met doctors who had graduated over seventy years – from 1941 to 2011.

The ambassador program encompassed students from across the whole medical course. They helped organise and assisted with tours of the teaching facilities, worked to document the year's activities and supported the running of symposia, the Gala

Dinner and the Med Medleys. The Charity Group deserves particular mention. They coordinated a fundraising program amongst medical students collecting donations of \$20.12, and raised over \$1400, which will go towards the medical student scholarship fund being launched this year.

In 50 years time the Melbourne Medical School will be 200 years old. If 150 students donate an amount corresponding to the year, every year, for the next 50 years, the fund will grow to over four million dollars by 2062. The contributions of our alumni, however, will really make the endowment grow – providing much-needed support for more students to study medicine at Melbourne.

It was a privilege for the Medical Student Ambassadors to meet our alumni throughout the 150th celebrations – to learn about their lives as we prepare to follow in their footsteps. I hope all our ambassadors come back to the University in 50 years time, to share our stories, and to support the students of 2062.

There are a lot of people I would like to thank for making this extraordinary anniversary experience possible:



Melissa Lee, President of the Med150 Student Ambassador Program

The Dean, Professor James Angus, and Professor James Best, Head of the Melbourne Medical School, for giving me the opportunity to lead our student ambassadors, and the Faculty Advancement staff for their support of the program.

My fellow ambassadors, particularly the committee members, thank you for all your efforts over the year, it has been wonderful working with you and I hope the program continues into the future.

Alumni and guests, who came to events over the year, thank you for your involvement and for your continued support and interest in the Melbourne Medical School.

Melissa Lee was President of the Med150 Student Ambassador Program and is currently in final year of the MBBS





Above: The Med150 Student Ambassador Committee (back L-R) Connor Wright, Tom Carins, Lachie Brennan, Ben Jacka, Aaron Paul (front L - R) Tess McClure, Melissa Lee, Lauren Jenkins and Rachel Goh.



Sowing the Seeds of a Legacy

By Lauren Jenkins and Tess McClure

Who knows what it is like to be a medical student today? What hurdles do our students face and how can they clear these to achieve their hopes and dreams? What challenges will tomorrow's medical students face and how can we plan to support them in the future?

Probably the best people to answer these questions are our current medical students. When the Med150 Student Ambassadors were asked, they answered with the Student Ambassador Charity Group who, led by Lauren Jenkins, set about raising money amongst their fellow students to create a student scholarship fund aimed at supporting medical students of the future.

It was a grey and wintery eve at Tsubu when students and senior faculty staff alike gathered together adorned in blossoms, leaves and blooms. Another celebration of the 150 years of the Melbourne Medical School took place amongst the raindrops, which appropriately, helped to grow something incredible.

Following the tradition of our international colleagues from Harvard and Stanford Universities, the student body of Melbourne Medical School launched a student scholarship endowment fund. The fund will give those who are not able to attend medical school due to financial difficulty, the opportunity to realise their dream of becoming a doctor.

As part of the 150th Anniversary of Melbourne Medical School, we were delighted to be the first year to invite our fellow students, the doctors of the future, to donate to the medical student scholarship endowment fund. We encouraged all medical students to donate the amount of their study year for every year of medical school attendance. In 2012, that meant having as many students as possible donating \$20.12 to the fund. In 2013, it is hoped each student will donate \$20.13, and so on until the completion of their degree. But the giving doesn't have to end there! As our students become practitioners, we hope they will remember what it was like to be a student and be given the chance to come to medical school, knowing that not everybody has the

same opportunity. We hope students continue to make a contribution to the Melbourne Medical School, confident in the knowledge they are making a difference for another student in the future.

As an added incentive and to cultivate the giving culture, we provided students with the opportunity to win one of three generously donated prizes including an iPad, a suite of incredible textbooks and two tickets to the celebratory Gala Dinner!

Throughout the year we had enormous fun in cultivating a culture of giving and sowing the seeds of a lifelong legacy to create the doctors of the future. At the time of writing, we are delighted to report that we have already raised over \$1400 dollars in student contributions towards the endowment fund. On behalf of the Med150 Charity Portfolio, our student ambassadors and Committee, thank those who have so kindly already donated to the fund. We look forward to nurturing our seed of giving over the years to come and to celebrate in the future, doctors we have helped make.

Lauren Jenkins is in her final year of the MBBS.

Tess McClure graduated from the MBBS in December 2012.



MD Student Conference

By James McGann and Bridget Bishop

As a part of the 2012 MD Student Conference, the Med150 program was invited to conduct a plenary session to explore the history of studying and teaching medicine at the University of Melbourne – the first medical school in Australia to train doctors. While the conference as a whole was mainly focused on the future and shaping our clinical practice, it was extremely valuable to reflect on the rich history of medical education to provide context and points of comparison for the years to come. It was also a unique opportunity to hear from alumni and staff, who were happy to share their experiences and offer some useful advice, particularly on how to thrive in both medical school and the medical profession.

The panel session was chaired by Allison Hempenstall, a second year MD, while we provided questions for the discussion. Each panelist was asked to reflect on his time as a medical student, and in some cases, draw comparisons with their experience as a teacher of medicine. Through their anecdotes and memories the cohort was able to appreciate the changes in medical education that have occurred throughout the years; from a mainly didactic, predominantly lecture focused course to more patient centered, hands-on learning. Discussing the changes over the years, based on first-hand experience, was an engaging way to reflect on the 150 years of the Melbourne Medical School.

Overall, the ‘Celebrating 150 years of the Melbourne Medical School’ plenary was an interesting and inspiring session, with current students interacting with members of three different generations of alumni and staff, to discuss various aspects of the Melbourne Medical School, past and present.

James McGann and Bridget Bishop are in the second year of their MD.



David Smallwood, Michael Pain and Jonathan Galtieri share their experiences as part of the plenary session.



David Smallwood.



Students at the plenary session.

To provide a spectrum of perspectives of being involved with the Melbourne Medical School (MMS) across the years, three doctors were invited to join the plenary session and share their experiences with our group. The most recent graduate was Jonathan Galtieri, a former UMMSS president and currently a HMO year 2. The second was David Smallwood, a 20 year graduate of the University of Melbourne who is currently a respiratory physician at Royal Melbourne Hospital and a senior lecturer with the MMS. The final panelist was Michael Pain, and whilst he was not a University of Melbourne graduate (he studied at the University of Sydney), he is currently a Professorial Fellow and is heavily involved in teaching with the MMS.

In addition to differences, however, we focussed on what has not changed all that much. For example, it was great to hear that the University of Melbourne Medical Students’ Society (UMMSS) throughout the years has retained its important role of supporting medical students, both academically and socially; and that events like Pleasant Friday Afternoons (PFAs) and Medleys have strong roots in traditions as old as the Melbourne Medical School itself.

Paradise Lost?

PETER G JONES ELECTIVE ESSAY

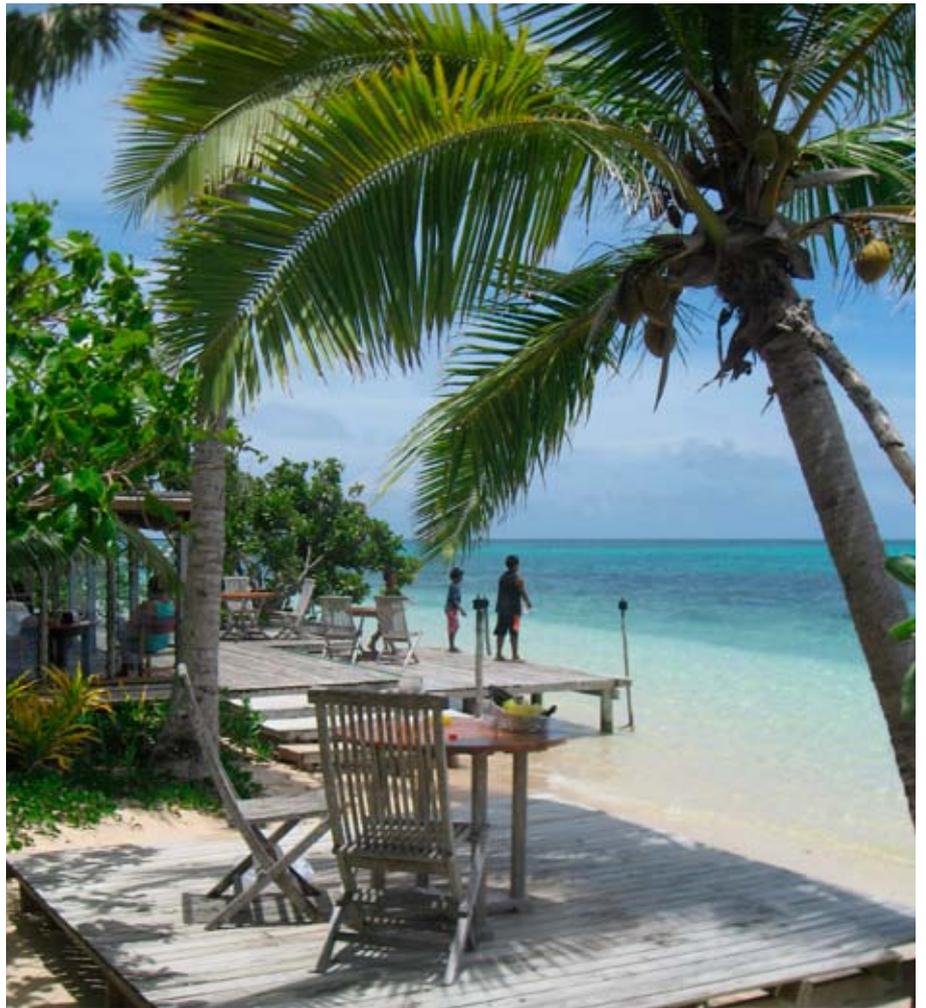
By Julia Payne

Each year, students in their final year of the course are invited to submit essays describing their elective experience for the Peter G Jones Elective Essay Prize supported by the University of Melbourne Medical Alumni Society and named in memory of Peter G Jones, inaugural editor of Chiron.

'My friends on the mainland think just because I live in Hawaii, I live in paradise, like a permanent vacation. We're all just out here, sipping Mai Tais, shaking our hips, catching waves. Are they insane? Do they think we are immune to life? How can they possibly think our families are less screwed up, our cancers less fatal, our heartache less painful?'

Although George Clooney utters these words in the opening of the popular film 'The Descendants' about Hawaii, they could just as easily travel smoothly south across the Pacific to describe life in Tonga. Like its neighbouring honeymoon islands, Tonga is considered a tropical island paradise and yet, as I discovered during my January elective, behind the waving palm fronds and glistening beaches problems exist that, like hidden, treacherous reefs, threaten stability and safety. These are the results of a potent coalescence between several significant factors, including health issues, entrenched cultural beliefs and attitudes, and the low socioeconomic status of most Tongans.

I spent my medical elective at Vaiola Hospital, Tongatapu, the main island in Tonga where 72% of the 104,000 strong population live.² Boarding the plane to the capital Nuku'alofa, I was struck by the fact that all passengers (grandparents and small children included!) resembled imposing rugby players of vast proportions. Running to the hospital on my first day through humid monsoonal rain, my impression as I dripped through the corridor to the ward, was that the hospital building (newly renovated thanks to Japanese aid money) looked orderly and in good condition. Ah, deceptive appearances!



The presentable exterior was soon undermined by obvious internal difficulties including poor staff motivation, lacklustre work practices and limited resources. Nursing staff declared openly that they 'didn't like working', and patients deteriorated while staff were 'busy at tea' or playing computer games. No one noticed, for example, that the humidifier on the ventilator had not been turned on, and the breaking down of the autoclave in my first week was almost a cause for celebration as this provided an excellent excuse to forego surgery and return home to make Christmas preparations.

The nonchalance and general air of lassitude was exasperating and yet the Tongans are perhaps not lazy, but rather care little for Western concepts of time and materialism, instead cherishing social life, family and friends. And the patients? Tongans are huge and obesity is an overwhelmingly huge problem, with over 90% of Tongans classified as overweight or obese.³ In 2008 the World Health Organization estimated that 74% of Tongan deaths are due to noncommunicable diseases.⁴ Given the prevalence of obesity and metabolic syndrome, it was no surprise to find hospital wards filled with patients suffering from diabetes, hypertension and



Julia Payne (right) spent her medical elective in Tonga

cardiovascular disease. The morning surgery list contained numbers of children needing rotten teeth yanked out. (By the way, Tongans have extraordinary pain tolerance and mobilise so quickly after surgery that DVT prophylaxis is unnecessary!)

Although most Tongans are relatively well-educated and thus aware of the importance of exercise and good nutrition, relaxing and feasting are a national pastime. Invited to a traditional meal, I was shocked by the gargantuan amounts the Tongan sitting opposite consumed: multiple courses of suckling pig, meat pies and sugary desserts! The range of food available to buy, however, is limited, with few (and mainly high carbohydrate) options in terms of fresh fruit and vegetables. At the quaint guesthouse where I stayed (the doily-filled decor giving a whole new meaning to the term Granny flat!) a New Zealand aid worker told of living predominantly on baked beans for weeks; it was simply the most nutritious, affordable food he could readily find. Tongans have

historically been keen eaters (their diet has never been considered ideal—cannibalism was once a cuisine of choice!) and now also have a sedentary lifestyle. Cars are readily available and widely used. On Sunday all forms of work and exercise (even beloved rugby) is banned: it is a day for Church, and once again the ubiquitous feasting and resting—the only exercise being robust gospel singing! Popular church conferences have attendant health risks as ‘week-long celebrations during which everyone attends three feasts every day... 21 feasts in a week.’⁵ Increasing obesity and metabolic disease create a terrible burden for low-income Tonga, dependent on remittances and aid. Lacking the affluence that allows for a serious contemplation of health prevention, and with a culture that supports a ‘live for the moment’ mentality, there is no market for healthy food. Increasingly, remittances from older Tongans abroad are waning, thus poverty is increasing and education deteriorating, with detrimental consequences for health.

Improving health in Tonga is a matter of changing traditional and tightly-held beliefs and customs. The building of new hospitals, acquisition of modern equipment, even the donation of time and services from developed countries is ineffectual without a deep-seated, grassroots change in attitude. People are slowly contemplating change (Tonga’s king Taufa’ahau Tupou IV reduced his weight from 209kg in 1976 to 130kg in 1997)⁵, but there is, as yet, little incentive for making robust alterations to lifestyle. Why bother when you live in paradise? Any feelings of smug complacency I may have had about our superior Australian position on health care were overturned, however, as I gazed past the numerous fast food outlets to the large figures lolling in the waiting lounges at Tullamarine airport when I disembarked. Although separated by distance, culture and socioeconomic position, the small island just visited and the larger one to which I had returned, share a common bond, the significant issue of obesity which must be urgently addressed if Paradise is to be regained.

Julia Payne graduated from the MBBS in 2012.

1. *The Descendants*, 2011, Motion picture. Fox Searchlight Pictures, United States of America.
2. Swinburn, B. A. et al (2011), *The Pacific Obesity Prevention in Communities project: project overview and methods*. *Obesity Reviews*, 12: 3-11. doi: 10.1111/j.1467-789X.2011.00921.x
3. www.wpro.who.int/publications/docs/Tonga_Commitment.Pdf
4. World Health Organization—NCD Country Profiles, 2011.
5. www.guardian.co.uk/lifeandstyle/2006/aug/03/healthandwellbeing.health

➔ More Peter G Jones Elective Essays are available online: <http://medicine150.mdhs.unimelb.edu.au/elective-essays>

2011 Medical Student Prizes and Awards

AMS Prize—Xavier Nicolo
Australian Medical Association Prize—Vivien Li
Donovan Johnston Memorial Scholarship Fund—Sophie Butcher, Andrew Farrington, Jessica Philips, Jessica Tang, Chi Xu
Dwight's Prize—Amy Fitzgerald, Ouli Xie
E S J King Prize—Jayne Moxey
G A Syme Exhibition—Stella Italiano
Geoffrey Royal Prize in Clinical Surgery—Edward James Buratto
Geriatric Medicine (Aged Care) Prize—Zi Hao Phang
Hedley F Summons Prize (for Otolaryngology)—Aaron Wong
Herbert Bower Memorial Prize—Kenneth Sim
Herman Lawrence Prize in Clinical Dermatology—Ashling McNally
Howard E Williams Prize—Xiuzhi Pham
Ian Johnston Prize in Reproductive Medicine/Biology—Julia Lai-Kwon
John Adey Prize in Psychiatry—Caroline MacCallum
John Cade Memorial Medal in Clinical Psychiatry—Vanessa Wong
Karl David Yeomans Prize—Eugene Ting
Katharine Woodruff Memorial Prize – Palliative Medicine—Alicia Jones
Prize in Clinical Gynaecology—Maya Reddy
R L Simpson Memorial Fund—Grace Chan, James Churchill, Katie Fitzgerald, Sara Nairn
RACGP Victoria Faculty Prize—Alicia Jones
RANZCOG Women's Health Award—Aaron Wong
Rehabilitation Medicine Prize—Alicia Jones
Robert Yee Prize—Edward James Buratto
Royal Children's Hospital Paediatric Handbook Award—Alana Bruce
Sir Albert Coates Prize in Infectious Diseases—Jayne Moxey
Clara Myers Prize—Dean Page
The David Danks Essay Prize for Human Genetics—Wycliffe Wei Enli
The Dr Kate Campbell Prize—Christine O'Leary
The Edgar and Mabel Coles Prize—Rebecca Trethowan
The Edgar Rouse Prize—Julia Lai-Kwon
The Fulton Prize—Alicia Jones
The Harold Attwood Prize—Amy Fitzgerald, Ouli Xie
The Ilana Rischin Award for Outstanding Achievement by an International Student in the Entry to Practice Medical Degree—Jennifer Crawford
The Jamieson Prize—Vivien Li
The Keith Levi Prize—Vivien Li
The Max Kohane Prize—Xiuzhi Pham
The Neil Johnson Prize—Kate Egan, Ouli Xie
The Robert Gartly Healy Prize (Medicine)—Vivien Li
The Robert Gartly Healy Prize (Obstetrics)—Vivien Li
The Robert Gartly Healy Prize (Surgery)—Amy Fitzgerald, Ouli Xie
The Royal Australian and New Zealand College of Ophthalmologists' Prize—George Thomas
The Therapeutic Guidelines Award—Benjamin Birch
The Velma Stanley Award—Betty Zhang
The Vermon Collins Prize in Paediatrics—Helen Chan
Victorian Metropolitan Alliance Prize in General Practice—Gary Tan
Walter and Eliza Hall Exhibition—Jane Moxey

Messages from Abroad

NEW YORK – 4 APRIL | SAN FRANCISCO – 14 JUNE | LONDON – 17 JUNE

With medical alumni flung far and wide across the globe – practising, teaching and researching in medical spheres as diverse as the places they live – it was neither possible nor desirable to confine our anniversary celebrations to Melbourne. A symposium and a few dinners held in places where alumni could travel to with ease were complemented at the Gala Dinner in September by videos of alumni who sent messages from places as diverse as Africa to Antarctica.

➔ To see these messages go to:
medicine150.mdhs.unimelb.edu.au/multimedia

New York



Alumni living on the east coast of the USA travelled to New York for dinner in celebration of the 150th Anniversary. After a great night catching up with friends, Treveylan Palmer (MBBS 1952) sent us this story of his life in the USA:

After spending the Second World War attached to a RAF Squadron in Italy flying B24s out of Brindisi, I finished school, entered the University of WA, then transferred to Melbourne, graduating from Medicine in 1952. I had travelled across the Pacific and the US in 1944, staying at Fort Slocum in New York, so after a short spell at the Royal Perth Hospital I returned the USA, where I built a career in cardiac and cardiovascular surgery.

My 30-year surgical career was fascinating – I worked with great surgeons and saw and participated in the evolution of cardiac and vascular surgery specialties. Since retiring from surgery 20 years ago I worked with Denton Cooley in Houston, then in Corpus Christi, Toronto, Harvard Medical School and the Mayo Clinic. I did locums in Perth and Hobart and visited Melbourne before spending four months in India as a volunteer surgeon in New Delhi and Bombay as well as accompanying a volunteer surgical team to Putta Parthi near Bangalore.

I then trained as a private pilot – amassing 760 hours, flying just about everything: single and twin engine, low flying, aerobatics, sea planes, and ski planes. When not flying I spent three years as a part-time anatomy instructor at New York Medical College.

Attending the 150th year reunion dinner in New York City with about 20 ex-students from a variety of faculties in USA was a pleasure, followed later in the year by seeing many of my classmates at the South Yarra Tennis Club for our 60th year reunion.

San Francisco

James Best, Head of the Melbourne Medical School and 1972 MBBS graduate, hosted a delightful evening with graduates at Masa's in San Francisco. With great enthusiasm, graduates, including Marion Peters (MBBS 1972), shared stories about their journey to the US and the mentors and events that shaped their choice of careers in medicine. Marion sent in the following story from the evening:

Diaspora from Melbourne present on the evening were:

Stephen Cantor (MBBS 1963) who trained in cardiology with Alf Barnett at The Alfred and then at Moffitt Hospital University of California, San Francisco. For the last two decades he has been a cardiologist in private

practice in Phoenix and in Prescott, Arizona. He travelled from Arizona for the dinner.

John Moran (MBBS 1969) who served as a senior research associate at the WEHI before moving to the US to serve as Chief Medical Officer and Senior Vice President of Vasca. After a short spell back in Melbourne as an attending physician he returned to the US where he is Vice President of Clinical Affairs Home Therapies at DaVita, Inc. and a consulting professor in nephrology at Stanford University.

Murray Brandstater (MBBS 1957) initially thought to pursue internal medicine/vascular surgery with Alf Barnett and Priscilla Kincaid Smith but, fascinated by the post-operative plight of amputees and the lack of post-surgical rehabilitation services, came to the US in search for programs to teach him this new field. He eventually became Chair of Physical Medicine and Professor of Neurosurgery at Loma Linda University in Southern California and spoke eloquently on the evening of finding his 'niche' while pursuing another goal.

Andrew Boyle, an MBBS graduate of Monash University (1994) obtained his PhD from the University of Melbourne and did his residency at St Vincent's Hospital in internal medicine and cardiology before travelling to John Hopkins University School of Medicine, Baltimore for a fellowship in interventional cardiology. He is presently a cardiologist at the University of California, San Francisco Heart and Vascular Center, specialising in caring for patients with coronary artery disease.

Niki Calastas (MA 2004) currently works for Stanford University with the Public Policy Program. She is an active volunteer with a Colorado based scholarship fund (Huliman Foundation), the Association of Small Foundations 'Next Gen' committee and in her local community.

CAMBRIDGE – 29 & 30 JUNE | KUALA LUMPUR – 14 JULY

Marion Peters (MBBS 1972, MD 1981) became fascinated by liver disease while pursuing immunology at the WEHI. She trained with Telfer Reynolds at the University of Southern California and with Drs Anthony Fauci and Jay Hoofnagle at The National Institutes of Health. She currently holds the John V Carbone Professor of Medicine Chair at the University of California, San Francisco.

After hearing from all about their different paths, we were able to compare and contrast our lives then and now and reflect upon how Melbourne University has both changed and stayed the same. We determined to share emails and remain connected. Thanks to Melbourne Medical School for bringing us together! Happy 150th!

London and Cambridge

150th Anniversary celebrations in the U.K started with a cocktail party for alumni at the gallery of University of Melbourne UK Alumni Society President Rebecca Hossack.

Rebecca Hossack Gallery, located in inner city Marylebone, provided a stunning location for alumni to reconnect with fellow classmates, enjoy a drink and celebrate 150 years of the University of Melbourne teaching medicine.



Rebecca's father, Dr Donald Hossack, is one of the Melbourne Medical School's most highly respected graduates. Dr Hossack made a significant contribution to healthcare

in Victoria and his love of art had a major influence on his daughter's career.

UK and Europe-based alumni then gathered in Cambridge for a special day of events.



James Best with Peter Brukner in Cambridge

and the Triple Helix of research, learning and teaching, and engagement.

Hosted by alumnus Ken Smith, Professor of Medicine and Head of the Department of Medicine at the University of Cambridge, the symposium provided alumni with an opportunity to learn of recent developments at the Melbourne Medical School and the University of Melbourne more broadly. Professor Tom Kay, Director of St Vincent's Institute, chaired the symposium, which explored the three elements of the University's strategic plan in relation to clinical medicine, addressing the question of how a university contributes to improved health outcomes.

After the symposium, guests proceeded



Alumni gathered at the University of Cambridge

Around 30 alumni participated in a Symposium, drinks and dinner at different venues across the University of Cambridge.

Participants arrived at McCrum Lecture Theatre at Corpus Christi College – one of the ancient colleges of the University of Cambridge – for the symposium, focused on the University's Growing Esteem Strategy

to pre-dinner drinks at the Fitzwilliam Museum, described as 'one of the greatest art collections of the nation and a monument of the first importance,' before the celebrations culminated with dinner at Pembroke College which, having been established in 1347, is the third oldest college at the University of Cambridge.

Malaysia



Glenn Bowes, Zuly Chudori, Khalid Yusoff, Australian High Commissioner to Malaysia Mr Miles Kupa, and James Best enjoying the celebrations in Kuala Lumpur.

Asian-based alumni and friends of the Melbourne Medical School gathered in Kuala Lumpur for a cocktail reception and dinner at Shangri-La hotel.

Teck-Hock Toh (MBBS 1997) did not manage to make it to the 150th anniversary celebration in Kuala Lumpur. He was needed at the opening ceremony of the Clinical Research Centre he heads at the Sibu Hospital in Sarawak. A recipient of The Outstanding Young Malaysians (TOYM) Award in 2010 in the category of 'Contribution to Children, World Peace or Human Rights', Teck-Hock is representative of many alumni who, taken up with the many pressing responsibilities of their career, found making time to attend an anniversary event difficult, if not impossible. He wrote to us providing a brief glimpse of his career:

'After graduation I trained in the United Kingdom then Singapore before returning to Malaysia to work as a paediatrician in my hometown of Sibu, Sarawak, in 2004. Although my initial training was focused on 'treating' children with illness, over the years I have shifted my focus onto preventing illness and become more involved in work related to community child health, childhood disabilities, and early childhood education, both locally and at a national

level. My development of this area of health has been assisted by a one-year fellowship in the Centre for Community Child Health at the Royal Children's Hospital, Melbourne in 2008.'

'I like paediatrics because I believe children are the future of society, preparing children well today means preparing for a better tomorrow.'

His many roles include: General Paediatrician and Head of Clinical Research Centre, Sibu Hospital; Adjunct Lecturer, Faculty of Medicine & Health Sciences, University Malaysia Sarawak; Visiting Lecturer, Department of Early Childhood Education, Methodist Pilley Institute, Sibu; National Director for Healthy Athletes Program, Special Olympics Malaysia and Asia Pacific Regional Clinical Advisor in Health Promotion®, Special Olympics Inc.; Member of Inaugural Committee for the National Early Childhood Intervention Council; Secretary, Association for Children with Special Needs, Sibu; and Assistant Secretary, Team Manager and Meets Doctor, Sibu Amateur Swimming Association.

Being involved in a wide range of programs aimed at improving child health and wellbeing enables Teck-Hock to work with teams of professionals and community participants in partnerships aimed at improving the health and lives of children throughout the country.

'Sibu Hospital is the paediatric referral centre for the whole of the Rajang Basin (with a population of about 1 million in half the area of Victoria). My work is becoming more challenging because I strongly believe in keeping children safe and healthy is equally, if not more important, than treating a sick child.'

He spends a lot of time running courses and giving lectures to other professionals and advocating for child health on the radio and at public seminars working closely with a range of government and community

organisations to promote and provide better children's health and educational services and care. He says a difficulty with this kind of work is that, 'the results come slowly and at times many years pass without obvious changes. It is difficult for people who wish for a 'fast result' to invest their time and effort in this kind of work. The most challenging part is probably how to convince other paediatric colleagues and policy makers that this work is important.'

In nominating Teck-Hock for the TOYM Award, Sibu Town Mayor His Respected Datuk Tiong Thai King said: 'Dr Toh's dynamism and ability to work in a team with people from various educational and cultural backgrounds, experience, team work and leadership are major factors contributing to the success of his efforts to involve parents, professionals, NGOs and the general public to give children with special needs the future that they deserve'. Teck-Hock encourages his fellow graduates from the University that: 'if I can do it, everyone can. My six years training and exposure in the University of Melbourne (both inside the lecture hall and on the university compound) prepared me well for my works now, and allowing me to achieve the standard listed by TOYM.'

Reunions

Class of 1997

17 March
Phyllis Fu and Lyn-May Lim



The graduating Medical class of 1997 gathered at University House to celebrate their inaugural reunion on 17 March 2012. Twenty-one years after embarking on the medical course together and 15 years after graduation, over 120 attendees gathered from far and wide, interstate and overseas, to celebrate the auspicious occasion.

It was a night to reminisce over the past, sharing recollections of the esoteric genius of Norm Eisenberg lectures, the beaming pearly whites of Jo Kavanagh, the cruelty of inserting nasogastric tubes into each other, the claustrophobia of anatomy tutorial rooms and of course, the unforgettable PFAs, Medleys and Med Balls.

The reunion was a wonderful opportunity to exchange stories of more recent years as we caught up on life 15 years after medical school. It was a palpable reminder of the indelible mark that medicine has left on all our lives. Some have not seen each other in all that time and it was fantastic to see that as a class, we have all aged rather well!

As the night drew to a close and contact details were exchanged, many lamented that we have let a reunion lapse for too long. Hopefully there will be another night like this to look forward to in the not too distant future.

Class of 1982

24 March
Jeremy Ryan



The class of 1982 30 year reunion was a great success, held on campus at University House in March 2012.

We decided to get in early rather than wait for the (socially) crowded end of the year. Nick Gelber, Jeremy Ryan and Arlene Murkies spent months contacting alumni and organising the event and about 100 graduates attended. Our year had reunited previously at 15 years in 1997 and 20 years in 2002, and for many this was the first time in ten or more years to catch up with old friends and colleagues. At this stage in our careers, and in our lives, we were delighted to chat about families, and fond memories of student and resident days. Michael Rasmussen (St Vincent's), Ian Fraser (RMH) and Mark Frydenberg (Austin) regaled the audience with amusing anecdotes from student days at each of the clinical schools. All who attended enjoyed the evening—too brief a time to talk to everyone!—and vowed to come to the next reunion in five or ten years' time.

The organisers wish to thank all who attended, and especially thank Jan Powell from the Alumni office for her help in contacting fellow graduates, and with the excellent venue.

Class of 1992

20 October
Anthony Poon



On 20 October, 136 people celebrated their 20 year reunion by watching the sunset over Melbourne at Eureka 89. This was a spectacular venue for our first reunion since we have graduated. Some graduates had travelled from Ireland, UK, Canada, New Zealand and interstate. Apologies came from these countries as well as USA, Malaysia and even Ethiopia!

Most of us have now settled into our chosen profession or specialty and are developing many outside interests. There were several professors and even a President of the AMA. Achievements also included artists and published authors of fiction.

Although many of us are greyer with thinner hair there were many who had kept a keen sense of a healthy lifestyle and looked the same as they did in university days.

The speeches were short with some fond memories of medical student days delivered (or embellished). The only other entertainment for the night was a continuous loop of scanned personal photos from university days, which proved immensely popular.

The fantastic night was capped off by after event drinks at The Langham Hotel, which was attended by 60 people, some enjoying the ambience until three am.

Class of 1972

8 September
Leslie Reti



I'm sure they all ask this, but has it really been 40 years? Yes it has and the elapsed time brings with it challenges to find everyone. We found most, and 69 people attended our scientific meeting at the newly completed Melbourne Brain Centre in Parkville. We had a series of five presentations and a panel discussion. The morning started with Jim Best, now Professor of Medicine and Head of the Medical School, giving us an entertaining version of the 150-year history of the school. This was followed by presentations on rural general practice, medical fraud, medical education and the intern crisis and then prostate cancer. There was a plenary lecture on an international career by Julian Pribaz who is now Associate Chief of Plastic Surgery at the Harvard Medical School. After morning tea the panel considered 'Will you still need me when you're 64?' expertly facilitated by Doris Young, Professor and Chair of General Practice.

After the presentations we had lunch and enjoyed the Parkville view. This was followed by a tour of the Medical History Museum in the Brownless Library

Our dinner, held at the Melbourne Museum, was well attended by 120 alumni and partners; Peter McPhee delivered a fabulous after dinner speech on Pansy Wright, having authored *Pansy: A Life of Roy Douglas Wright*. A collection of alumni mini biographies was published which was a lot of fun. Congratulations to the organisers Elizabeth Donnan (Chair), Geoff Donnan (Chair of Scientific Meeting), Chris Buckley (Treasurer), James Best, Jill Buckley, Jim and Gail Butler, Lach and Meg de Crespigny, Jim and Elizabeth Tatoulis and Doris Young.

Class of 1952

10 November
Hugh Hadley

As usual the main function was held on the first Saturday after Melbourne Cup Day and it took place at the Royal South Yarra Lawn Tennis Club. A group photograph of the 1952 graduates was taken before we sat down. The food and wine was superb and the service was excellent.

When many of us started our medical course in Mildura in 1947 there were 268 medical students. Of these, 115 graduated in 1952.

With 184 graduating in 1952, it means 69 joined us after our first year in Mildura. Amongst the 184 graduates, we are aware 87 are now deceased. Hence, 97 are believed to still be alive, and of these we have lost track of ten. At the luncheon 55 1952 graduates attended, the names of 18 were read out, who mainly for medical reasons were unable to attend and the names of the 87 deceased were read out during a period of silence and reflection. One came from New York, two came from Queensland, NSW and WA, one came from Tasmania and many from country Victoria. Many who came were not well and made a wonderful effort to attend.

On Sunday a midday barbecue was held in our back garden for the graduates, their families and friends. A total of 59 attended and enjoyed a catered-for spit roast with wonderful salads, desserts, bar service and an added surprise with chocolates which came in partitioned wooden boxes with advice on how to eat a chocolate!



Class of 1945

17 October
Jim Keipert



The reunion for the 67th year after graduation of the medical year of 1945 was held at the home of Jim and Lois Keipert on October 17, 2012.

We have 15 surviving members of whom 12 accepted the invitation to attend. Unfortunately Kit Critchley and Don Hewson were unable to attend at the last moment.

Present were Joan Hosking, Iris Leber, Ian Mackay, Des Prentice, Donal Rush, Kurt Schwarz, Stathy Shannos, Michael Shoobridge, Eric Taft and Jim Keipert.

For geographical and other reasons Keith Torode, Barry Christophers and Jack Swann were unable to attend.

It was a very happy reunion of old colleagues, catching up with happenings over the past year and reminiscing about past activities, some up to 72 years ago.

Class of 1941

11 October
James Guest



The 1941 Medical Graduates celebrated their 71st anniversary with a lunch at Graduate House on October 11 2012.

Only two people were present, Mary Wheeler and James Guest. They are friends of long standing, having read Science together before commencing Medicine. They have kept in touch since 1935 so there was plenty to talk about. The food was excellent.

Advancement and Alumni Contact Details

T: + 61 3 9035 7869
E: alumni-mms@unimelb.edu.au

2013 Reunions

Class of 1955

When: Wednesday, 2 October 2013
12:00 for 12:30pm

Where: Kooyong Lawn Tennis Club
Contact: Graham Syme t: 9822 7396 or e: gsyme@netspace.net.au

Class of 1983–30 year reunion

When: Sunday 24 March 2013
from 12:00pm

Where: Vine's Restaurant at Helen's Hill, Coldstream (Bus departs University of Melbourne at 10.30am)
Contact: Register via www.surveymonkey.com/s/MBBS1983_Survey

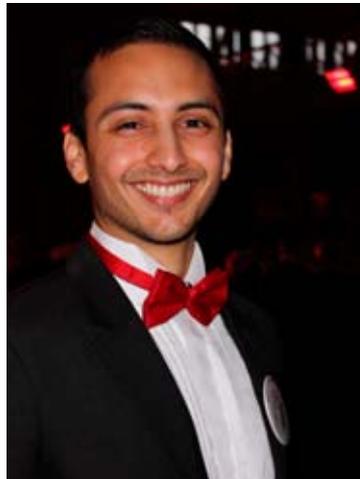
150th Anniversary Gala Dinner

By Aaron Paul

THE CULMINATION OF A YEAR OF CELEBRATIONS AND EVENTS, THE MELBOURNE MEDICAL SCHOOL'S GRAND ANNIVERSARY GESTURE, WAS THE 150TH GALA DINNER. SATURDAY 15 SEPTEMBER SAW ONE OF VICTORIA'S MOST HISTORIC AND ICONIC LANDMARKS-THE ROYAL EXHIBITION BUILDING- TRANSFORMED TO HOST A MAGNIFICENT DINING EXPERIENCE FOR 1200 GUESTS.



Scrumptious food, fine wine, designated dessert lounges, splendid musical performances from the University of Melbourne Conservatorium of Music Brass Choir and Trinity College Choir and messages from alumni and students, screened on short films during the evening, set the theme for the night. This helped to counter the many memories so many of us had of the venue's other use – University written examinations!



Guests spanned the generations from alumni graduating in the 1940s to the anniversary student ambassadors. The evening was an astounding success as the walls echoed with laughter, constant chatter and many stories were told and retold.

As students we were all inspired by the many Melbourne Medical School alumni present on the night – from much honoured household names to the GPs and local physicians who we meet and learn from throughout the course.



The evening was truly a night to remember!

Aaron Paul graduated from the MBBS in December 2012 and led the Med150 Ambassadors Gala Group.

➔ Gala Dinner photos and videos available at: www.mediciner150.mdhs.unimelb.edu.au/multimedia



MELBOURNE MEDICAL SCHOOL
150th ANNIVERSARY

Gala Dinner



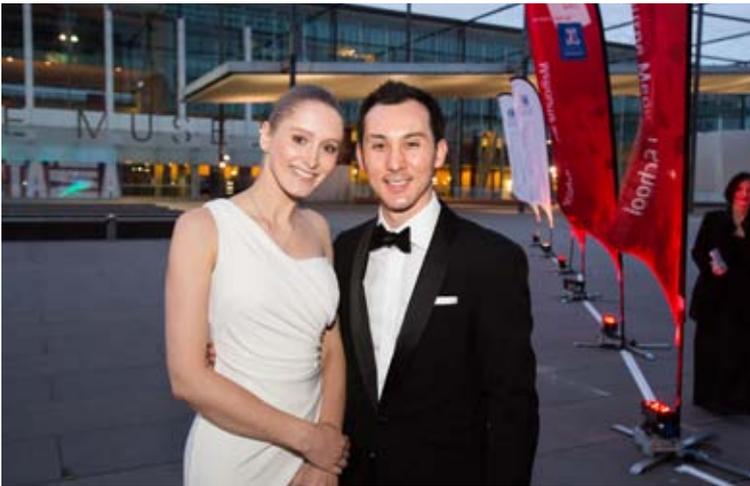




MELBOURNE MEDICAL SCHOOL
150th ANNIVERSARY

Gala Dinner







MELBOURNE MEDICAL SCHOOL
150th ANNIVERSARY

Gala Dinner



Passionate Minds: Women in Medical Research

By Rachel Goh

The Melbourne Medical School celebrated the 125th anniversary of women entering the Melbourne Medical School with a public colloquium focusing on the achievements of female medical researchers.

The plenary speech was delivered by Professor Elizabeth Blackburn AC, co-discoverer of telomerase and shared recipient of the 2009 Nobel Prize in Physiology or Medicine. She shared witty and erudite observations that she had recorded through her career, along with the following words of wisdom (paraphrased): ‘if you want to try, do’ and ‘you will at times succeed and fail – at those times, rage a little – but then for goodness’ sake, get back up and go on!’

Professor Ruth Bishop AO delivered a personal account of her path in medical research, with its humble beginnings in high school. She described feeling ambivalent about microbiology, and how she had gone into it simply because it had been one of the few subjects for which she had not felt ‘negative’ about! Later, she also modestly exclaimed that she never planned to go into the field of malnutrition research, but had the fortune of wonderful mentors who led her into it. This raised the question of the female researcher’s phenotype: that women are willing to continue research despite offers of higher, better paid positions. Had she been a man, she might not have stayed on to discover rotavirus!

Professor Emeritus Judith Whitworth AC spoke with characteristic succinct practicality on mentoring and leadership. Her advice, ‘just do it’, was accompanied by evidence underlining the importance of both mentoring and being mentored – not only in support at work, but in long-term career plans and the work-family-life balance. Professor Blackburn chuckled at this, quipping that she hadn’t been to the movies or travelled for years during her children’s upbringing.

Later that afternoon, our minds were tantalised with impassioned presentations from women researchers in the early stages of their career. Anna Price, previous winner of the University of Melbourne’s competitive three-minute-thesis, dispensed a highly humorous speech belying Generation Y’s worrisome qualities (such as a short attention span) by showing how these made Gen Y perfect for careers in scientific research. The audience was greatly amused by her analogy of Schrödinger’s cat and research as a mistress of spectacularly variable-interval rewards as being the perfect incentive for a generation with an incredibly short attention span (operant conditioning, anyone?).

I’m sure all medical researchers who attended the Passionate Minds colloquium were reassured by the conclusion that female and male researchers brought complementary attributes to the table – and how having a ‘female researcher phenotype’ can in fact be an advantage. If truth be told, Professor Ingrid Scheffer noted, it was the institutional phenotype, not the gender that put women at a disadvantage. Elizabeth Blackburn confirmed this, and the issue was raised of not enough women applying for awards, fellowships or senior positions. Any concerns about merit being the cause were erased, with Judith Whitworth confirming that although high calibre applicants were submitting in droves for L’Oreal’s \$30,000 scholarships, only ten per cent of applicants for the Australian Research Council’s \$50,000 scholarships were women.

The panel discussed changes that could be made at an institutional level to improve this disparity, in particular, improvements that would ease the burden of balancing work and family. Elizabeth Blackburn drew on success stories from the US, such as bringing these statistics to the attention of the heads of university departments, and making it routine to offer part-time positions as equal to full-time positions. It was possible, she said, to juggle



The first women medical graduates from the University of Melbourne: Helen Sexton, Clara Stone, Lilian Alexander, Margaret Whyte, Grace Vale, Elizabeth O’Hara, Annie O’Hara.

four children with part-time research for years and still win a Nobel Prize, using the career of a friend as a real-life example. She pointed out that Australia was lagging behind the rest of the world, with parental leave being implemented nationally only last year. Ruth Bishop admitted that she had ‘part-timed it’ for ten years of her career, but felt that she had simply been paid less to do the same amount of work.

Perhaps a forum named for women with Passionate Minds was the wrong place to ask why women are leaving science, given that the women on the panel had done everything they could to continue in science. What did come out of the day was a pride in what women researchers have achieved in Australia in spite of many experiencing obstacles because of their gender, a sense of hope that Generation Y might be the cohort to change this, and an obligation to effect change when we see discrimination occurring against our sisters.

➡ If you would like to revisit the day, go to: www.medicine150.mdhs.unimelb.edu.au/news/women-medical-research-passionate-minds

Rachel Goh was Secretary of the Med150 Student Ambassador Committee.

Presenters at the Passionate Minds Colloquium: Quantitative psychologist Professor Pip Pattison; Clinicians and medical researchers Professors Jane Gunn, Ingrid Scheffer, and Judith Whitworth (seated), Nobel Prize winning physiologist Professor Elizabeth Blackburn, microbiologist Professor Elizabeth Hartland, and medical researchers Professors Leann Tilley and Ruth Bishop.



Med Medleys

By Will Twycross

A revue style show as long lasting as the Med Medleys must have something going for it.

Venues as diverse as the Melbourne and St Kilda Town halls, the Royal Victorian Exhibition Building, the San Remo Ballroom, The Princess Theatre, and most lately, the Union Theatre have seen medical undergraduates stepping onto the boards in a variety of formats whose unifying themes are to entertain and to shock. Certainly in the 70s, when I was involved in the stage show/ med ball format at the St Kilda Town Hall, the shows were quite outrageous in terms of their political incorrectness.

The earliest evidence of a medical performance, rather than a dinner with singing, seems to be the rather beautifully drafted 1902 program for the 'Blow-out of the Medical Students Society' which includes a Grande Finale 'Lecture on the Life History, Morphology, Diagnosis and Prognosis of a Pimple.' This is a fine example of how the Medleys have reflected the curriculum of the day. Fifty years on, in the Medical Students Songbook (1955), we find a song entitled 'The Hogben Toad' which extols the virtues of *Xenopus Laevis*, the pregnancy test of the day, its peculiarly useful genetics now all but forgotten. Titles such as 'Thanks for the Mammaries' in the '60s proved too risqué for *The Age* to publish, and in the '70s and '80s, the Medleys took this a step further, it's ability to offend enhanced by its choice of sensitive subjects involving diseases (often sexually transmitted), orifices, and the politics of the day. The 'Gobblers Travels / Boobs, Pubes and Tubes' programme (1971) included acts such as 'Evil Cock', 'Spray a While' and 'Prick his Boil', (with a startlingly brilliant drawing on the program) left little to imagine about the content. The '90s experimented further with a theatre in the round for the 1992 'Medleys on Ice'. Today, a generation of more theatrically and musically talented students are able to create whole shows around largely non-medical themes.

My own theory is that the relatively immature sense of self that was the 17 or 18-year-old first year medical student was, from the outset, emotionally assaulted by the experience of the dissection room, and of the pathology pot. This led some to survival by humour ... in many cases very biological humour, but often very imaginative biological humour.

In the '70s, my own era, highlights and lowlights included a hysterectomy song entitled 'Wombaway', myself and the head doctor for the London Olympics jumping out of a barrel naked, and getting Split Enz as our concert band for \$600. It is, of course, always possible to romanticise the past ... not all of it was pretty, to be sure, but it was always passionate, and always fun. I remain very proud of the shows we put on, and I am proud of the fact that they spawned revue shows throughout Victoria, Australia, and even the world.

In my own case, I went on to direct reviews in Wangaratta, at RCH, in Antarctica, England and Kenya, and most lately several in my hometown of Mansfield.

Two thoughts endure: Laughter is the best medicine, and, of course, truth is stranger than fiction.

St Martins is a great old theatre, but has almost no wings or backstage area, so on the night of the Medleys it was minor chaos as alumni and students gathered down in the bowels, rehearsing lines from past and future triumphs, and 'Professor James Better' wandered around with his cane and white beard.

The backstage crew had done an amazing job setting the lighting, sound and props up for this completely 'new' show, with acts being inserted and cancelled right up to the rise of the curtain (there was no curtain).

As the crowd gathered, the stage band stuck up. They were sensational, setting the tone

for a wonderful show. I was amazed at how versatile the students were in their singing, dancing and comedic acting. They did a superb job not only with their own material, but also in reprising some of the very old acts which alumni had sent in to be included in the show. Some of their acts, and some of those of the alumni were pure gold ... from where I was backstage, the Babies' Riverdance, the Aliens, Dr Seuss, the Cicadas, Dr Spock, The Clown, the Bicycle sketch, the Mad Psychiatrist and the Finger Juggler were real standouts, but I missed quite a few getting ready backstage, so there were probably ten more that could be mentioned.

The 150th staff did a great job putting together a commemorative program. They also gathered together programs from yesteryear to project on the cyclorama during the show, giving the night a great sense of history.

It is hard to imagine that the students managed to put together two shows this year for Medleys. One a combined show with the performers of yesteryear, and then two nights of their own show. All in a completely new venue after the Union Theatre went down with a case of asbestosis. Having performed there many times, the diagnosis made me cough just thinking about it.

A number of the students said they enjoyed getting a greater sense of the tradition of the show. As an alumnus it was great to get a sense of how the Medleys is today, and how it has evolved.

The show had a great 'feel' to it ... the full house, many old Medleys stagers themselves, gave a great reception to the acts of both students and alumni.

History was both made and recreated. It was a huge ask, but also a brilliant triumph.

Will Twycross (MBBS 1977) practices and teaches primary care in Mansfield, Victoria.

Will Twycross performing at the Medleys. The large print of Brownless pictured in this image now resides in the Medical School foyer, thanks to a kind donation from Will.



James Best in full flight as 'Professor Better'



A 21st Century Practice

By Katrina Watson

The Australian television series *A Country Practice* was brought back to life on Saturday 6 October 2012 at the Rural Clinical School in Shepparton. An audience of Melbourne Medical School alumni from near and far, as well as current medical students, enjoyed an afternoon of presentations in a seminar entitled 'A (21st Century) Country Practice'. This special event celebrated two anniversaries: 150 years of contributions of Melbourne Medical School graduates to rural health, and ten years since the founding of the Rural Clinical School.

The attendees were greeted by the theme music from *A Country Practice*, before being welcomed to country. The welcome was echoed by Ross McPherson a Member of University Council, and Executive Chairman of McPherson Media Group in Shepparton, and Head of the Melbourne Medical School, Jim Best. John McKellar gave an overview of the history of Shepparton and Mooroopna hospitals, and David Simmons, a history of the Rural Clinical School by teleconference link from Cambridge UK.

Bill Adam and Jane Gunn chaired the afternoon's clinical proceedings: although neither actually wore moleskins or riding boots, both have country credentials. In the first session, 'It could only happen in the country', Will Twycross gave an appropriate and very entertaining talk entitled 'There's something in my gum boot' (no, it wasn't his foot – but good suggestion, you obviously did well in Anatomy).

In the next session, entitled 'It happens more in the country', the audience heard presentations on two major health problems more prevalent in rural than urban communities – obesity and mental illness. Glyn Teale gave an address on the problem of severe obesity complicating pregnancies in rural areas, and Paul O'Brien gave a presentation on lap-banding as a treatment for obesity in the Indigenous community of Shepparton. Jane Gunn spoke on 'Living in the country—not so idyllic', and David Pierce spoke on 'Dying in the country—all too easy'.

A welcome inclusion to the program was a series of clinical vignettes presented by a current rural clinical school student, preceding each session: Parthia Amoroduge, Adrian Talia and Katherine Pilkington. Additionally, students Jaideep Vazirani and Priyanka Kosanam presented their own qualitative research on overlapping relationships for country doctors –how do country doctors cope when their patient is also their footy coach child's teacher or friend?

Prof Dawn de Witt, immediate past Chair of Rural Health at Melbourne Medical School returned briefly from Vancouver, and spoke passionately on the topic, 'Students are our future—Making the Vision Come True', which left no-one unconvinced of the value of rural medical education.

The afternoon ended in celebratory mode as Jim Best presented a certificate commemorating ten years of partnership between the Melbourne Medical School and Goulburn Valley Health. After pre-dinner drinks at the Rural Clinical School, the participants enjoyed an excellent conference dinner at The Connection. The weekend was capped off by a tour of the wonderful and unique Mooroopna Hospital Museum on Sunday morning, courtesy of John McKellar, and a great family day at the Rural Clinical School.

Those of us who had to journey back to Melbourne on Sunday afternoon wondered why we were so unfortunate. The weekend had demonstrated to all that the challenges of 'A Country Practice' bring great rewards! We decided that the symposium should definitely be awarded a Gold Logie and that a sequel would achieve very high ratings.

Thank you to all the organisers from Parkville and Shepparton. The Seven Network would be proud of you!

Katrina Watson (MBBS 1977) was a member of the Melbourne Medical School 150th Anniversary Advisory Committee.

Katrina Watson (left) with Will Twycross, Ross McPherson and James Best.



Campus Tours

HARRY BROOKES ALLEN MUSEUM OF ANATOMY AND PATHOLOGY

By Lachie Brennan

As part of the Med150 celebrations, alumni were invited to experience firsthand two features of medical student life in 2012. A series of tours of the anatomy teaching facilities at Parkville, and of the newly completed Western Centre for Health Research and Education in Sunshine were well attended and hugely popular. Having Med150 Student Ambassadors as the tour guides also made this the perfect opportunity for alumni of the Melbourne Medical School to get to know current students in their 'native habitat'.

Anatomy teaching holds special significance in the medical curriculum, and has provided rich memories for every graduate of the Melbourne Medical School. The Med150 Anatomy Tour was an invitation for alumni to relive their student days and to experience how the teaching of anatomy has progressed. Co-ordinated by Dr Jenny Hayes, the tour took the form of 'The Anatomy Lesson', and replicated an anatomical workshop. These workshops, each focusing on a body region, are the now predominant mode of anatomy teaching. As Med150 Ambassadors, we were on hand as guides and to provide our perspective as students.

After a welcome in the Harry Brookes Allen Museum of Anatomy and Pathology our guests were granted a rare opportunity to revisit the dissection room. Every alumnus could recount their first steps into this room, where many had spent hundreds of hours of their university training. Reviving these memories brought a smile to the face of some and, it must be said, a look of consternation to others.

On the anatomy tours were graduates who entered a range of medical specialties. They brought with them valuable advice to pass on and an interest to hear about the current student experience. 'Do you still dissect?' was by far the most common question posed to the ambassadors. While we do undertake limited dissection, a meticulous regional

dissection is no longer part of the curriculum and alumni were keen to discuss the relative merits of our different learning methods.

The second student facility to open its doors to alumni was the Western Centre for Health Research (WCHRE). Based at Sunshine Hospital, the WCHRE was built in collaboration between the University of Melbourne, Victoria University and Western Health. It is home to medical students studying at the Western Clinical School, who were keen to show off their spectacular new facilities. The tours focused on the simulation laboratory – the best of its kind available for medical student learning. Alumni were fascinated by the interactive 'sim-man,' a high fidelity manikin with physical signs that can mimic a range of patient scenarios.

Again, a very varied group of graduates attended these tours. As student Ambassadors it was fantastic to teach a little to those unfamiliar with simulation manikins. One alumnus, a general surgeon now enjoying retirement, had clearly not lost his touch inserting an intravenous cannula or a nasogastric tube. It was also interesting to hear from practicing clinicians about their use of simulation to maintain practical skills. They were keen to impress upon us, however, that no amount of preparation can substitute for years of experience with real patients.

Both the Anatomy and the WCHRE Tours highlighted the essence in medicine of 'lifelong learning'. Alumni who attended shared stories from their own student experiences, and were equally enthusiastic to discover new techniques of medical teaching. It was a pleasure to welcome these lifelong learners back to the University and a highlight of the year for the student Ambassadors involved. Overwhelmingly positive feedback from alumni made it clear the Melbourne Medical School continues to do an exemplary job in its 150th year of making doctors.



Lachie Brennan graduated from the MBBS in December 2012 and was leader of the Med150 Ambassador Tours Group.

WESTERN CENTRE FOR HEALTH RESEARCH AND EDUCATION,
SUNSHINE HOSPITAL



Brownless family visit

In August, former Geelong footballer Billy Brownless met with Professor James Best at the Medical History Museum to look at a restored portrait of his great, great grandfather Sir Anthony Colling Brownless, who founded the Melbourne Medical School. With Billy were his father, Anthony (Tony) Brownless, and Billy's sister, Melanie Simmonds.

Anthony Colling Brownless, MD graduate of St Andrews University in Scotland, arrived in Melbourne in December 1852, his emigration made necessary due to his prolonged ill health (TB). Upon his arrival, his health recovered quickly, and Brownless set up and built an extensive medical practice. On 15 June 1855 Brownless was appointed to the young Council of the newly founded University of Melbourne: his agenda, to establish a medical school at the University, was clear from the outset.

The University Council, led by Brownless, made several applications to the government for funding to establish a medical school, all of which were knocked back. Eventually, the University made hefty cuts to its expenditure on the grounds and three lecturers (two from Law and one from Engineering) took salary cuts so that the Medical School could be established.

Brownless spent the rest of his life leading the University – as Vice Chancellor for 29 years, then as Chancellor until his death in 1897.

The lithograph, by British artist Thomas Herbert Maguire, is dated 1850 and must have been commissioned by Brownless well before he considered moving to Australia. Macguire was well known for completing a series of 60 portraits of prominent scientists of the day. The legend beneath the portrait reads: 'Anthony Colling Brownless, M/Late Physician to the Royal General Dispensary and to the Metropolitan Dispensary'.

The portrait was donated to the AMA Museum Collection by Mrs A J Brownless and came into the Medical History Museum collection when the AMA made a large part of its collection over to the University of Melbourne Medical History Museum.

The portrait has been tucked away in the back room of the Medical History Museum for many years and, since restoration, it is now possible to display it in the museum.

During their visit Billy and his family had an opportunity to look around the Medical History Museum, the largest and oldest of its kind in the Southern hemisphere. Billy's father, Tony bought along three medals that

were awarded to Sir Anthony Brownless during his lifetime and have been handed down through the family:

- Most Distinguished Order of Saint Michael and Saint George medal and medallion – awarded to AC Brownless in 1893
- Knight Commander of the Order of Pius Medallion – conferred on AC Brownless by Pope Leo XIII in 1883
- Knighthood of the Order of St Gregory the Great – conferred on AC Brownless by Pope Pius IX in 1870

The medals remained on display at the Medical History Museum until mid September 2012.



The restored original lithograph portrait of the young AC Brownless on display at the Medical History Museum, together with the newly minted Brownless Medal and other artefacts from Brownless' life

Knighthood of the Order of St Gregory the Great medallion and medal conferred on A C Brownless by Pope Pius IX 1870



Knight Commander of the Order of Pius Medallion conferred by Pope Leo XIII 1883



Melanie, Billy and Tony Brownless at the Medical History Museum.



With a photo of Sir Anthony Colling Brownless, founder of the Melbourne Medical School, are his great grandson Tony Brownless, and great, great grandson – and former Geelong footballer – Billy Brownless.

Obituaries

Recorded with regret, the passing of...

Dr David B Pitt MBBS (1941); MD (1962)
 Dr George S Hale MBBS (1953); MD (1959)
 Dr Jeanne O Wilson MBBS (1962)
 Dr Richard C Gutch OAM MBBS (1953)
 Dr Leslie G Wheeler MBBS (1957)
 Dr Peter L Colville AM MBBS (1948)
 Dr Michael S Hirshorn OAM MBBS (1974)
 Dr John B Anchen MBBS (1952)
 Mr David N Chamberlain MBBS (1970)
 Dr Ian D Gault MBBS (1951)
 Dr Laurence N Walsh MBBS (1951)
 Dr Alan J King, AM BSc (1933); MBBS (1935)
 Dr Sam Chani MBBS (1955)
 Dr Paul R Kitchen MBBS (1966)
 Dr Frank Slater MBBS (1953)
 Dr Charles G Shaw MBBS (1951)
 Dr Jack Jones MBBS (1954)
 Professor Allan Carmichael OAM MD (1988)
 Dr Ralph H Capponi MBBS (1956)
 Mr Haocheng Wang BBiomed (Hons) (2011)
 Dr Richard F Colahan MBBS (1952)
 Dr Adam Liston MBBS (1950)
 Dr Bernard G Clarke, PSM MBBS (1958)
 Dr Robert Taranto MBBS (1949)
 Dr Ian E Backwell MBBS (1953)
 Dr Keith E Brown MBBS (1948)
 Dr Dennis N Bleakley MBBS (1960)
 Dr Elizabeth M Ross MBBS (1963); GDipPsychMed (1968)
 Dr Llewellyn J Testro MBBS (1971)
 Dr Simon L Bridge MBBS (1974)
 Dr Marc Rigoni MBBS (1972)

Dr Charles W Wilson MBBS (1948)
 Dr Stuart P Brumley MBBS (1961)
 Dr Robert F Zacharin AO MBBS (1948); MO & G (1970); MD (1986)
 Dr Ann Diamond MBBS (1960)
 Dr Maurice M Gooley MBBS (1939)
 Dr Donald G Hopkins MBBS (1955)
 Dr Bernard Herman MBBS (1948)
 Dr Edward E Spring MBBS (1940)
 Dr Aleksander Joost MBBS (1967)
 Dr John F Richardson MBBS (1969)
 Dr William I Gordon MBBS (1944)
 Dr James P O'Neill MBBS (1950)
 Mr George W Westlake AM MBBS (1950)
 Dr Joan R Chen MBBS (1996)
 Dr Robert C Oliphant MBBS (1955)
 Dr Frederick A Stenning MBBS (1947)
 Dr Mathew C Green MBBS (1955)
 Dr David V Rodda MBBS (1952)
 Dr Alan J Goble OAM MBBS (1948); MD (1952)
 Dr Adam Rosenblatt MBBS (1954)
 Dr Harold K McComb MBBS (1947)
 Dr Jack Goldberg MBBS (1949)
 Dr Russell P Evans MBBS (1956)
 Dr Thomas D Hoban MBBS (1944)
 Dr John G Mackenzie BSc (1949); MSc (1953); MBBS (1957)
 Dr Robert Padanyi MBBS (1962)
 Dr Ian L Barker MBBS (1967)
 Dr Bill Kitchen AM MBBS (1949); MD (1954)
 Dr Clive T Pringle BSc (1948); MBBS (1953); MSc (1953)
 Professor Emeritus Paul I Korner AO MD (1989)
 Dr Allen P Yung OAM MBBS (1960)

Contributions

We are interested to receive and publish obituaries of Melbourne medical alumni, in *Chiron* and on our website.

Please contact or send obituaries to: Liz Brentnall, Editor, *Chiron*, 4th Floor, 766 Elizabeth Street, The University of Melbourne, Parkville 3010. T: (+61 3) 8344 5325 E: eabren@unimelb.edu.au



William Alexander Dott 1917–2011

On 14 September 2011, Australia lost one its first and finest facio-maxillary surgeons.

William Alexander (Bill) Dott was born on 14 December 1917, the son of William Alexander and Margaret Dott, his father a practising dentist in North Melbourne. He was educated at Melbourne Grammar then followed in his father's footsteps, graduating in dentistry at the University of Melbourne in 1939.

By this time, the war had started, and Bill was soon in the Dental Unit of the AIF, with the rank of Captain. Early in 1942, it was thought that the Japanese would invade Western Australia. His unit was sent over there in cattle trucks, and when there was no action, it was sent back again. Bill then served in New Guinea and Borneo, where for his services he was Mentioned in Dispatches. Just prior to the armistice, his unit was sent to Kuching to help in the repatriation of prisoners of war. The human suffering that had been inflicted by the Japanese left an indelible impression and was something he never forgot nor forgave.

In November 1946, following demobilisation, he joined the Dental Unit led by Roy Cash at the Alfred Hospital. It wasn't long before he witnessed a grossly displaced fracture of the mandible in an edentulous old lady, plated by CAM (March) Renou, and this was to play a dominant role in his career. In addition to running his private practice and his work at the Alfred, Bill returned to the University of Melbourne doing research, for which he was awarded first the MDS and then the DDS.

Bill's main interest was in the clinical side of dentistry, based at the Alfred Hospital. He was appointed as Clinical Assistant (the only one) to the Oral Surgeon, Professor Arthur (later Sir Arthur) Amies, which involved him in all the trauma cases. He soon had a significant experience in the management of fractured mandibles and depressed malars: at that time, the Alfred received more than 50 per cent of Melbourne's major motor car accident patients, many brawls ended pugilistically (knife fights were rare), and elbows were commonly used in Australian Rules football.

In 1952, Bill decided to go to England and the continent to see the advances being made in the facio-maxillary field. He was most impressed with the top English surgeons and famous plastic surgery units. Realising that all the senior facio-maxillary surgeons were doubly qualified, and that this was a great advantage both clinically and professionally, he returned to the University of Melbourne to study Medicine, graduating MBBS in 1959. Bill

completed his intern year at the Alfred in 1960, and probably holds the unique distinction of being taught by the Professor of Surgery in the morning, and being called to consult on one of his patients the same evening!

In January 1955, Bill was appointed honorary Facio-Maxillary Surgeon at the Alfred Hospital, a newly created position, and one of the first in Australia. At the same time, John Snell was appointed as Head of the newly formed Plastic Surgery Unit, and the two worked closely together, sharing an outpatient clinic at the Alfred, as well as their private rooms, first in Collins St and later Richmond. They had a large experience of patients with fractured mandibles treated by either intra-oral fixation or plating, and were able to report on a series of 500 patients. In addition to his technical skills, Bill would always listen, displaying many of the characteristics of an old fashioned doctor.

Bill was also Consultant Facio-Maxillary Surgeon to the RAAF with the rank of Group Captain. He was admitted to the Fellowship of the Royal Australasian College of Surgeons in 1974, having for some years given lectures to young surgeons preparing for their Fellowship examinations.

Bill was Chairman of the Medical Committee at the Alfred 1973-74, and later Chairman of the Old Residents and Graduates Society. He retired from his position of Facio-Maxillary Surgeon in 1983. With time to spare, he became Assistant to the Director of Road Trauma Services in 1984, during the formation of the Trauma Unit.

Always proud of his Scottish ancestry, Bill was an active member of the Melbourne Scots, later a Committee Member, and finally elected a Life Member. He always enjoyed a game of golf, and could be dangerous off his long handicap. He was a great supporter of the Essendon Football Club, his beloved Bombers, and was for many years an Essendonian. A regular monthly fishing expedition was another of his extra-curricular activities, and I gather highly successful if not measured by the number of fish caught.

One of Bill's outstanding characteristics was his loyalty, not only to his friends and principles, but to anyone to whom he felt an injustice had been done.

On his birthday in 1962, Bill married Shirley Hume ('Aunt Shaws' to her many nieces and nephews), who had been his dental nurse after the war. Unfortunately she did not always enjoy the best of health, but she was always there to support Bill. They were to spend the whole 39 years of their married life at their home in Coombs Avenue, where they were known for their hospitality. Shirley pre-deceased Bill by ten years.

Bill's last years were marred by the onset of macular degeneration, resulting in near-total blindness, but he displayed great fortitude and perseverance living with this disability. He was able to continue to live at home, where he died on 14 September 2011. At his funeral service at Holy Trinity in Kew, where he was a regular attender, there was standing room only.

Nick Hamilton, MBBS 1946



Nancy Millis AC, MBE
1922–2012

Professor Emeritus Nancy Millis AC, MBE, FAA, FTSE, died on 29 September aged 90. Nancy's long life had been filled with exemplary service over a broad range of activities affecting her discipline Microbiology, higher education and the wider community.

With a Bachelor of Agricultural Science and a Master of Agricultural Science from Melbourne University and a PhD from the University of Bristol in the UK where she had studied spoilage organisms of cider, Nancy was appointed Senior Demonstrator in the Bacteriology Department at the University of Melbourne by Syd Rubbo, who was quick to appreciate her qualities and the many contributions that she could make to the rapidly developing department. This was in 1952 and Nancy continued to be a highly valued member of that department for the next sixty years. She was promoted to Lecturer in 1953, Reader in Industrial Microbiology in 1968, and appointed to a Personal Chair in 1982. She was amongst the first women to be appointed to a Chair at Melbourne University. She became Professor Emeritus

in 1987 and remained closely associated with the Department until the time of her death.

A very important member of the Microbiology Department, Nancy contributed to its development into one of the leading such departments in the country with responsibilities for training medical, science, dental science and agricultural science students in the many aspects of microbiology and immunology.

Her extraordinary breadth of understanding of the subject coupled with a healthy skepticism for any unsubstantiated claims made her a very popular and very successful teacher. She was able to engage with students whether in field-work, in the lab or in the lecture theatre. She is fondly remembered by generations of agricultural science and other students at Melbourne University. In addition to the 'Ags', Nancy introduced and taught one of the first courses to be offered in Australia on industrial microbiology. She was also involved for many years giving lectures on this topic to the chemical engineering students.

Her research interests ranged from bacteriophage and bacteriocins of rumen bacteria, to micro-organisms involved in the nitrogen cycle in marine sludges, to bacteria able to break down phenols and other hydrocarbons. She also investigated the possibility of using hydrocarbons as a food for growing yeasts and was constantly being asked to solve problems caused by the growth of micro-organisms in unexpected places and on unexpected substrates. One of these involved deterioration

of a major highway between Melbourne and Sydney and another the blockage of drainage pipes in the new Arts Centre in Melbourne.

Her deep understanding of industrial and agricultural microbiology combined with a no nonsense approach to solving important problems meant that she was ideally placed to help steer the new developments in molecular genetics into a safe and acceptable framework for application in both industry and agriculture.

In 1978 Nancy was a member of the Fenner committee reviewing Recombinant DNA in Australia for the Academy of Science and for the next 20 years was chair of first the Recombinant DNA Monitoring Committee and then the Genetic Manipulation Advisory Committee. Under Nancy's guidance these committees produced and oversaw the implementation of important guidelines for work in laboratories, in industry and for the planned release of genetically modified organisms. The relatively untroubled and careful introduction of this technology in Australia owes much to the dedication and skills of Nancy Millis in her interactions with government, scientists and the general public.

Nancy also had an abiding interest in water quality and water management.

She was Chair of the Board for the CRC for Water Quality and Treatment, a member of the Board of the CRC for Fresh Water Ecology, Chair of the Research

Advisory Committee Murray–Darling Freshwater Research Centre and member of the Board of MMBW.

During her long professional career Nancy served on a wide range of committees which included the Schools Board for Pharmacy, the National Committee for Microbiology, NHMRC Medical Ethics Committee, the Board of Fairfield Hospital (later Chair) and the Board of PANCH to name just a few. She received an MBE, an AC, was elected to both the Academy of Technological Sciences and Engineering and the Academy of Science. She was immortalised by the post office as one of Australia's living legends and received honorary degrees from both Melbourne University and La Trobe University where for many years she was Chancellor.

Nancy Millis will be remembered with affection and gratitude by all those who knew her. For more information on her life see Sally Morrison's, interview with Professor Nancy Millis, at: www.science.org.au/scientists/interviews/m/nm.html

Jim Pittard MD 1999



Denis Michael O'Day 1935–2012

Denis Michael O'Day died at his home in Nashville, Tennessee on 9 September 2012 after a long illness.

The only son of the four children of ophthalmologist Kevin and Bernadette (Topsy) O'Day, Denis was educated at Xavier College and graduated in medicine at the University of Melbourne in 1960. In his resident years at St Vincent's Hospital he trained in internal medicine and became a Fellow of the Royal Australasian College of Physicians. He was well on the way to success as a specialist physician, but became interested in the eye as a mirror for disease.

In the 1960s career paths for specialty training were less structured than today, so Denis O'Day came into ophthalmology as a well-trained physician. After beginning with Gerard Crock and Dick Galbraith at the Royal Victorian Eye and Ear Hospital, Denis left Melbourne for residency training at the University of California, San Francisco. Then, with a Wellcome Research Fellowship in Corneal Diseases at the Institute of Ophthalmology, Moorfields Eye Hospital, London,

he began his lifelong interest and contributions to the study of corneal and external diseases.

From 1972, when he commenced at Vanderbilt University, Denis contributed outstandingly to the department and the institution, as an accomplished surgeon, much admired and respected by his patients and peers, and with particular expertise in diagnosing difficult and unusual ocular infections and fungal diseases. He was a wonderful teacher of students, residents and fellows, much sought after by them all for his superlative lectures and expert instruction in clinical examination skills, through all of which he emphasised the importance of the whole patient, not just the local disease.

During his tenure as Chairman, the Department of Ophthalmology and Visual Sciences grew to one of Vanderbilt's busiest and most successful programs. As well as being a compassionate and highly skilled physician administrator, he was a scientific leader in ophthalmology in the USA and internationally, with about 200 published original papers and several books, and service on the boards of several national organisations.

Controversially, he championed the idea of the relationship between patient and doctor as a 'covenant', which binds both individuals. It was inevitable that processes such as this met with battles on many fronts, but leading with intelligence, humour, forbearance and patience, he delivered outcomes that are greatly admired.

Denis was awarded the Lucien Howe Medal by the American Society of

Ophthalmology in 2009, the most prestigious award in the field, and was elected to the Academy for Excellence in Teaching in the same year. In 2010 Vanderbilt University acknowledged his exceptional contributions by establishing the Denis O'Day Chair in Ophthalmology and Visual Sciences. Despite the many accolades he received he always was modest about his success. The assessment of one of his most senior Australian ophthalmology colleagues would be difficult to argue with: that the most prominent Australian ophthalmologist at the international level has been Denis O'Day.

Upon stepping down from chairing Ophthalmology at Vanderbilt in 2002, Denis continued his great commitment to education by establishing and taking on leadership of the Vanderbilt School of Medicine's Emphasis Program. He took a personal interest in the welfare of individual students and was much loved and admired by them. He continued this work until shortly before his death, speaking publicly and openly with the students about his own experience as an example of how to convey compassionate understanding in patient care. Even in his most vulnerable moments, he was ready to help those less fortunate than himself and was a fearless advocate of making health care available to all.

Denis enjoyed the interface between science and religious faith. His lifelong passion for social justice included vice-chairmanship of the Visitation Foundation, which enabled the construction and operation of a hospital in Haiti, service as a lector at the Cathedral in Nashville,

membership of the Social Justice Committee, and active efforts in Nashville and elsewhere to promote the cause of the poor and disadvantaged.

Loved dearly by those who knew him, Denis had a twinkle in his eye that was never far from laughter. His broad smile, infectious dry wit and innate compassion masked his shyness and won him many friends. Although he will be widely remembered for these personal qualities and for his enthusiasm, drive and intellect, those who joined him in his favourite pastime of sailing will remember how his personality seemed to change, leading him often to outlandish moves on the water where he instilled fear in both his competitors and his crew.

Despite living and working in the USA for nearly 40 years, there was never any doubt about Denis' devotion to his Australian home. He would point to his family as his most significant achievement, and although they were distributed over the world for decades, he was the force that consistently united them.

He carried himself through the three years of his illness with the greatest grace and courage, inspired by his love of family and by his lifelong commitment to his faith. His family always took first place with him, and he is survived by his wife of 45 years, Ann; his sons Luke in Milwaukee, Simon in Melbourne, and Edward in Nashville; five grandchildren; and his three sisters in England.

T John Martin, MBBS 1960 and Justin O'Day, MBBS 1968

Giving Thanks

BODY DONOR THANKSGIVING SERVICE

By Jenny Hayes

In Australia and overseas, most anatomy programs have an annual formal service of gratitude to which families and friends of donors are invited. These ceremonies give students, faculty, and family members an opportunity to reflect on the immeasurable value of the gift of body donation. For many family members it provides a sense of closure and an alternative to the traditional funeral, which is inevitably compromised. The interaction with donor families allows students to develop a richer understanding of the life of the donors and can enhance their emerging sense of professional responsibility.

The body donor program at the University of Melbourne commenced in 1898 and, despite being the largest in Australia (1800 registered donors, 170 bequeathed bodies received in 2011 and over 2000 anatomy students) we had never held such a service. The 150th anniversary year of the Melbourne Medical School seemed an appropriate time to begin the tradition and so the inaugural Commemorative Thanksgiving Service, funded by a Vice Chancellor's Engagement Award, was held in Wilson Hall on 10 October 2012.

The service was attended by staff, students and approximately 140 family members and friends of those who had donated their bodies in the previous year. The order of proceedings was simple and included three student reflections highlighting their experience of anatomy and giving personal thanks to those who were present, the

reading of a specially commissioned poem by surgeon and poet David Francis, beautiful music from the Trinity College Choir, and the lighting of 176 candles, one for each donor honoured. After the service students and family members had the opportunity to meet and talk further over light refreshments.

Jenny Hayes is a Senior Lecturer in the Department of Anatomy and Neuroscience

Student Thanks

By James McGann

In the new Doctor of Medicine program, students hit the ground running. In the fast paced, content-rich weeks we have, information comes at us thick and fast. With so much to remember, interactive and memorable ways of learning are appreciated by every student, and I would count dissecting a cadaver as one of the most valuable experiences in our degree.

As medical students we take a journey, like all those who have studied before us, through the twists and turns of the human body. We dissect, we expose, we search, we identify, we trace, we discover, and we challenge ourselves as we explore the fundamental building blocks that make us who we are. Mostly, we wonder. We develop an understanding that we are more than just the sum of our parts. And there's an ever-present awareness of the person who lived and loved, and who graciously decided to donate their body for our education.

Whether it's the first time you see the cadaver, or in the midst of your last dissection, I'm sure every student has experienced their own moment of revelation, when they realised their donor was a person. Mine was when we shifted our cadaver in the middle of the prac, and their hand accidentally fell into my pocket, as if it were reaching to borrow my pen to take notes. It was then that my thoughts turned to the person themselves, not their body, and it dawned on me how generous the act is of bequeathing your body, your very own body, to benefit students like us.

Regardless of your views on the meaning of life, or spirituality, your body is you. It's personal. It allows you to act, to think, to experience. It is your physical presence. There is no greater, more powerful gift, than to donate your body to science. There are many of us who would readily give our lives to save our loved ones but to give your body to ultimately help save others surely is the height of compassion.

On behalf of the medical students here at the University of Melbourne, you can be sure that the donation of your loved one's body is appreciated, and acknowledged every time we enter the lab.

James McGann is in the second year of the MD.



Pith & Husk

By David Francis

We came with youth and trepidation,
a white-smocked flock of awed impatient questioners.
But there was nothing to fear from those volunteers
laid in lines on Anatomy's steel tables, like soldiers on parade,
for they were there to serve on our side, to help us learn
the body's ins and outs, its form and constitution.
We were startled for a while when the canvas sheet
was peeled back and we saw our first deceased,
the dear departed, embalmed and silvered,
waiting for our touch. We took their salutation,
wondered who they were, thought about their loves and lives,
their joys and daily grind, and what made them come
so far for us, beyond the call of grace and pride.
They put their trust in us to go about their bodies
so we paid them due respect, but to whom we were not sure
for we never knew their names, though we came to know them well.
We recognized our privileged place
and gave appreciation for their presence, for their gift,
their wish that even after death they would have a role to play.
We marveled at their husks of leathery skin
a textured shadow covering their core,
hands that once held hopes and dreams
perhaps no different from our own,
feet that had walked the path where we were yet to go,
and resting eyes that had seen beyond the needs of self.
In that room of light and learning they let us bring to life
their fabric, form and frame. They gave themselves
to science, so that we could learn the body's inner order,
its essence, gist and wonder,
the line of this, the course of that,
the relation of parts to the whole.
For them there was no pain beneath the knife,
no grief or secret exposed by our dissecting fingers,

no life beyond that we could ever disrupt.
From them we learnt the legacy of giving,
and the substance of the body and nature of the flesh.
We learnt that hysteria doesn't come from the womb,
that the spleen is more than an organ of wrath,
and the gut has nothing to do with valour.
And we learnt that hearts have strings called 'chordae',
though these were safe and could not be tugged
by love or loss or feelings that seem to last for ever
long after the body has turned to ash.
And what value did we gain from their donation?
They did not ask, and we can hardly measure.
For me, I took that learning to clinics and operating rooms
where the sick exposed the malice of disease
and the innuendo of what we call 'pathology',
that carnal consequence of time.
But thanks to them I had the blueprint of human structure,
the map of where to cut and where to not,
and where to place the stitch and suture.
I could find the fossae and folds and planes in tissues,
and so repair the bodywork while keeping the engine running.
Thus, years after they left the Anatomy room
our philanthropic strangers still made their contribution
to the healing of others they could never meet.
And did we know this corps of willing corpses?
Yes, we knew them well.
They were those who gave and didn't count the score,
who wanted life and health for others
and so held back their final place of rest.
They were like roots that spread and swell
to let the tree above ripen and bloom,
like magnolia in the first flush of spring.
We give thanks to them now and acknowledge them here.
Their memory and spirit are with us still,
for the pith remains long after the husk has gone

David Francis is a surgeon and poet.



The Gift of Insight

By Stephen Davis

I have very warm memories of my years as an undergraduate at the University of Melbourne 1967-72 and feel an enormous sense of gratitude to the University for this exciting and formative period, and for my later academic development. I have developed close friendships and collaborations with many former medical students from the 'class of '72' and often reflect on this era, an exciting time in terms of medical development and the aspirations and opportunities of the baby boomer generation. Our cohort were among the first occupants of the new medical school in 1968.

I have many close friends from the class of '72 and none closer than Geoffrey Donnan. Geoff and I have been friends since medical school and have collaborated closely on virtually every aspect of stroke research since that time, with many joint projects, grants and far too many plane flights! I have had the privilege of working with many other friends and colleagues from my medical school class, including James Tatoulis, James Best, Doris Young, Michael Green, Maurice Eisenbruch and Les Reti.

I therefore greeted with great enthusiasm the suggestion from Jim Best that a group of us from our medical school year of '72 get together and support a significant artistic gift to the Medical School and University, both to offer thanks and also hopefully as a source of inspiration that might have some enduring quality. An inspirational artistic proposal seemed ideal. I was familiar with the works of Michael Meszaros, particularly given the vibrant sculpture that sits outside the new Women's Hospital, adjacent to the Royal Melbourne Hospital. He has produced a number of large scale public sculptures and he is also well known for his medal work, some of which is exhibited in University House. Our group of donors met with Michael to discuss ideas for a sculpture to be placed outside the triradiate medical school building in Grattan Street. The concept of a sculpture representing the stages of medical development over the rich history of the medical school, also with an eye to the



Artist's impression of the sculpture

future, is a wonderful concept and will soon be realised. I am delighted to be involved.

Stephen Davis (MBBS 1972) is Professor of Translational Neuroscience and Director of Neurosciences and Continuing Care Service at the Royal Melbourne Hospital

A word from artist Michael Meszaros

The work aims to express the development in medical knowledge, practice and technology during the last 150 years. In addition, it addresses the influence of the mind on the rest of the body and the notion of the doctor as carer of the patient.

The work consists of four silhouette figures joined side by side in an irregular arrangement. Each of these figures represents the situation of medical knowledge and practice at roughly fifty year intervals over the 150 year period. This is expressed by negative and positive squares and rectangles embossed on these figures so that where there is a negative on one side it is a positive on the other side.

The first, representing 1862, has very few squares and these are in quite low relief. This represents the relatively basic medical knowledge of the time, the next figure, representing 1912, has somewhat more complexity of embossed squares in a little higher relief. There are a few holes, representing the beginnings of x-ray technology enabling penetration of the body. The third figure, representing 1962, has more complexity again, more penetrations, and still higher relief. Some of the embossed squares have further embossing within them, representing the development of medical specialisation. The penetrations now represent the ability to look into the body through pathology tests as well as developments in x-ray technology. The final figure, representing 2012, is a mass of very high relief embossed squares and rectangles, with many smaller embossed elements within larger elements. These represent the very high level of specialisation which exists today because of the vast amount of medical knowledge.

Mali in the University

The Melbourne Medical School was not the only Melbourne institution turning 150 in 2012. The Melbourne Zoo also had 150 candles on its birthday cake.

There has been a longstanding connection between the Melbourne Medical School and the Melbourne Zoo. To celebrate this joint milestone, the School was excited to be taking part in Zoos Victoria's Mali in the City program: a public art event that saw 50 life-sized baby elephant sculptures, named after the Zoo's most famous Asian elephant calf, exhibited around Melbourne for six weeks in August and September. The fibreglass sculptures were designed and decorated by a number of Australian artists, including internationally renowned artists David Bromley and Mirka Mora.

Representatives from the Medical School chose a fabulous design by young Melbourne artist Antonia Marshall, entitled 'The Frank Realities.' With a background in printmaking and painting, Marshall has spent a great deal of time exploring Melbourne's vibrant street art culture through collaboration with various street art collectives and galleries – an influence that is evident in her colourful and kaleidoscopic Mali design.

In July, Professors James Angus and Jim Best hosted a dinner to celebrate the 150th birthdays of both institutions and to unveil the Medical School Anniversary Mali design. Those present included board members of Zoos Victoria, the Dean of Veterinary Sciences Professor Ken Hinchcliff and Medical School alumnus James Guest – an elder statesman of the graduates of the Medical School and the inaugural president of Friends of the Zoo.

The Medical School Anniversary Mali was installed outside the Medical Building on August 10 and remained there until mid-September. The beautiful sculpture attracted many visitors and admirers, many of whom were trekking around the city, ticking off all 50 sculptures.

After six weeks all the elephants were herded back to the Melbourne Zoo, where they were auctioned to raise money for Zoos Victoria's wildlife conservation efforts.

The Melbourne Medical School was delighted to have the chance to support such a wonderful organisation in its 150th year and hopes that the relationship continues to strengthen into the future.



Readers will be glad to hear, as was Chiron, that the Medical School Anniversary Mali is now happily ensconced in her new home on Victoria's Mornington Peninsula. Her new 'keeper', Chris Thomas, says she seems happy, as well she might with such a beautiful bay-side view.



The Brownless Medal

THE 150TH ANNIVERSARY OF THE MELBOURNE MEDICAL SCHOOL WAS CAUSE TO RECOGNISE DISTINGUISHED INDIVIDUALS WHO HAVE CONTINUED THE HIGH IDEALS OF MEDICAL EDUCATION HELD BY THE FOUNDER ANTHONY COLLING BROWNLESS.

In 1855, only three years after his arrival in Melbourne, Brownless was appointed to the University Council and began a campaign to establish a medical school. His determination and strength of vision overcame many obstacles until eventually he succeeded, in 1862, with the appointment of chemistry lecturer John Macadam and the enrolment of three students.

The Melbourne Medical School thus became the first in Australia to teach medical students and, five years later, to graduate Australian educated doctors. The five-year medical curriculum designed by Brownless was revolutionary for its time and influenced international standards in medical curricula for many years after its introduction.

Brownless spent 29 years as Vice Chancellor and ten as Chancellor of the University during which time he kept a firm directorial hand on the Medical School. He died in 1897 and was greatly mourned; his achievements for the Melbourne Medical School and the University of Melbourne were immense.

Since 1862 our reputation for leadership in medical education, research and practice has been built on this firm foundation and the Melbourne Medical School has strived to extend the high standards set by its founder.

The Brownless Medal has been established in perpetuity in order to recognise individuals whose outstanding contributions to the Melbourne Medical School have been integral to its success, so honouring qualities and achievements congruent with Brownless himself.



The unique opportunity presented by the 150th anniversary was met in the choice of a special group of recipients, previous Heads of the Melbourne Medical School, to receive the inaugural Brownless Medals.

Left to Right: Medal recipients James Angus, Richard Larkins, Graeme Ryan, David Penington and Gordon Clunie

Artist Dan Flynn of Flynn Silver created a design for the Brownless Medal in sterling silver. The Medal is 65mm in diameter and incorporates a photograph of Anthony Colling Brownless encircled by an engraving of gum leaves. The back of the medal features an interpretation of the University of Melbourne angel. The recipient's name is engraved around the edge of the medal.



Dean's of the Distant Past

By Kate Robson



Kate Robson graduated from the University of Melbourne in 2007 with an MBBS (Hons).

She was awarded a Rhodes Scholarship in 2008, and, after completing her internship at St Vincent's Hospital, moved to Oxford to undertake a research Masters in History and Philosophy of Medicine. Kate returned to clinical practice in Melbourne in August 2011, and is now a medical registrar at St Vincent's Hospital.

At the Brownless Medal Award ceremony, Kate honoured past leaders of the Medical School who could not be with us.

➔ A full, unedited version of her speech is available at: www.medicin150.mdhs.unimelb.edu.au

George Britton Halford

Arriving in Melbourne in 1862, Halford was the only full-time medical lecturer, the only anatomy lecturer and the museum curator. He campaigned for the inclusion of more natural philosophy (or biology) in the course, sought to permit women to attend the University, and successfully advocated for the foundation of a Faculty of Medicine.

Harry Brookes Allen

One of Allen's first projects upon becoming Dean in 1886 was to negotiate with both the Melbourne Hospital and the Alfred Hospital to promote the acceptance of clinical teaching, and he later oversaw the addition of the St Vincent's Hospital clinical school in 1909.

Richard Berry

Richard Berry was appointed Dean in 1925 and set about reviving the discipline of anatomy, while overseeing ambitious building projects: first the addition of a second floor to the medical building, and then the erection of a purpose-built anatomy department in 1923.

William Osborne

William Osborne was Professor of Physiology at the University of Melbourne for over 20 years before becoming Dean in 1929. As Dean, he established the Chair of Biochemistry, and negotiated the move of the medical buildings across campus.

Peter MacCallum

MacCallum came from New Zealand in 1925 to take over Harry Allen's professorship of pathology. MacCallum is of course best known for his contribution to cancer medicine. He chaired the executive committee of the Anti-Cancer Council for almost 20 years, and advocated the foundation of a cancer institute.

Robert Marshall Allan

In 1944, Marshall Allan was appointed Dean, but was unfortunately forced to retire only a year later after a severe heart attack. He was the University's first Professor of Obstetrics, and his research shaped obstetric practice in Victoria.

Roy Douglas Wright

Wright was a graduate of the Melbourne medical school, and worked in Oxford with Howard Florey, before coming back as Professor of Physiology, a position which he held for 32 years, greatly expanding the curriculum and increasing student experimental work. He went on to be Chancellor of the University for nine years.

Sydney Sunderland

Sydney Sunderland served as Dean for almost 20 years during the 50s and 60s. While Dean, Sunderland oversaw the construction of the new medical school complex on the corner of Grattan Street and Royal Parade.

Lance Townsend

Lance Townsend became Melbourne University's Professor of Obstetrics and Gynaecology, and was a leading contributor in this field through the Royal Women's Hospital, the Austin Hospital, the Maternal Health Committee and the Victorian Cytology Service.

Professor Emeritus David Geoffrey Penington AC



David Geoffrey Penington began his medical training as an undergraduate of the University of Melbourne and went to Oxford on a scholarship in 1950, graduating there in 1955. After working as a medical specialist, teacher and researcher in London he was appointed Professor of Medicine at the University of Melbourne in 1970 as Head of the Department of Medicine at St Vincent's Hospital. He served as Dean of the Faculty of Medicine for eight years from 1978 to 1985, and Vice Chancellor of the University of Melbourne from 1988 to 1995. In recognition of his service to medicine and to the community, particularly in the field of medical education and health care he was made a Companion of the Order of Australia in 1988.

As Medical Dean from 1978 to 1985, David Penington was a respected spokesperson for the medical profession and an influential adviser to governments on medical and public health issues.

Some of David Penington's most notable achievements during this period included: the development of new approaches to undergraduate medical education and curriculum reform; the redevelopment of administrative infrastructure with clear lines of responsibility and delegation which saved academic time spent on administration; and the introduction of a more open and effective allocation of resources. His strategy included an expansion of graduate students working toward higher degrees and the development of postgraduate programs.

During David Penington's leadership of the Medical School he responded positively to government and community concerns about access to the medical course for socially and educationally disadvantaged students. Schemes for disadvantaged Victorian applicants and programs to prepare and admit refugee medical students, principally from Vietnam, were successful developments during this period.

David Penington also exerted significant national influence during his leadership of the Medical School. He chaired the National Blood Transfusion Committee of the Australian Red Cross Society, (1977-83) and led Australian aid programs to establish modern blood transfusion in Nepal (1978-81), and to modernise blood transfusion equipment in China (1978-82). He was a member of the National Health and Medical Research Council (1980-85) and chaired the federal body which came to be known as the National AIDS Task Force (1983-87) and undertook critical work at the early stage of this epidemic. The report from the Commonwealth Inquiry into Rights of Private Practice in Public Hospitals (1984), produced under his chairmanship, was widely acclaimed as a landmark in the development of health policy in Australia.

In 1986, recording appreciation for David Penington's leadership of the Melbourne Medical School, his successor, Graeme Ryan, wrote the following:

In stepping aside from the Deanship, David Penington can look back with much satisfaction in terms of his achievements, his leadership, his personal style and the stature that he brought to the position within and outside the University, he will be remembered as a truly great Dean of Medicine.

Professor Emeritus Graeme Bruce Ryan AC



Graeme Bruce Ryan graduated in medicine at the University of Melbourne in 1961. Following residency training at the Royal Melbourne Hospital, he embarked on further training in pathology completing a PhD in the University Department of Pathology before leaving in 1968 for eight years overseas. During this period, he worked for a year at St Bartholomew's Hospital in London, for four years at the University of Geneva in Switzerland and three years at the Harvard Medical School, Boston.

He returned to Australia to head a newly established National Health and Medical Research Council (NHMRC) funded renal research unit in the University's Department of Pathology in 1976 and he was appointed to a professorship in the Department of Anatomy in 1978, and Chair of that department in 1979.

In 1986, after a period of six years as Deputy Dean, Graeme Ryan succeeded David Penington as Medical Dean. That his leadership was characterised by a sense of security and unity of purpose is a consummate achievement given the profound changes made to the Faculty during that period. Graeme Ryan's calm executive manner steered the changes which saw firstly, in 1989, the Faculty of Medicine amalgamated with the Faculty of Dental Science, then its incorporation of two additional schools: Physiotherapy in 1991 and Behavioural Science in 1992, becoming the Faculty of Medicine, Dentistry and Health Sciences. This expansion of the Faculty was matched by an extensive series of Professor/Director appointments throughout the teaching hospitals. Concurrently, retaining his title as Professor of Anatomy and his position as a member of the Department, Professor Ryan continued his research activities into the causes and effects of kidney disease.

In addition to the outstanding leadership Professor Ryan gave to the Faculty of Medicine, Dentistry and Health Sciences he also made an exceptional contribution to the wider University. He was elected President of the Academic Board in 1989 and, with an appointment as Pro Vice-Chancellor, was involved in many major reviews of faculties and departments of the University.

Outside the University, Graeme Ryan served the NHMRC as a member of Council and on the Medical Research Committee. He also served on the advisory panel for a major external review of NHMRC and on the boards of several medical research institutes, including the Howard Florey Institute, Mental Health Research Institute, Murdoch Institute, St Vincent's Institute of Medical Research and the Walter and Eliza Hall Institute. He was Chair of the Committee of Deans of the Australasian Medical Schools, a member of the Zoological Board of Victoria and has been a Governor of the Ian Potter Foundation since 1987. His contributions to the community, particularly in the fields of medical research and medical education, were recognised by his appointment in 1994 as Companion of the Order of Australia.

His Department, his Faculty, the Academic Board, the University and his professional discipline are indebted to Graeme Ryan for his outstanding contributions and for the dedication he has shown throughout his long association with this University.

Professor Emeritus Gordon James Aitken Clunie



Gordon James Aitkin Clunie graduated in medicine from the University of Edinburgh in 1956. 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.

Gordon Clunie has made important contributions in senior positions 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 and leading important AusAID funded programs, one involving delivery of specialist care and the development of postgraduate training programs in Pacific islands. He has also made major contributions to the Anti-Cancer Council of Victoria, the National Health and Medical Research Council, the Australian Medical Council Accreditation Committee and has served on the boards of several medical research institutes and teaching hospitals.

After a long period as Deputy Dean Gordon 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. Gordon Clunie's management style was characterised by high standards of integrity and personal energy and his farsighted approach was crucial in the development of many other Faculty initiatives including the establishment of the Australian International Health Institute.

Reflecting in *Chiron* in 2005 upon the curricular changes he engendered, 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.'

Emeritus Professor Richard Graeme Larkins AO



Richard Graeme Larkins graduated MBBS from the University of Melbourne as the top student in 1966. His clinical training was at the Royal Melbourne Hospital where he took his first specialist position as Assistant Endocrinologist. In 1972 he was awarded his Doctor of Medicine and supported by Churchill and MRC Fellowships worked at Hammersmith Hospital, where he was awarded a PhD by the University of London. Richard Larkins returned to Melbourne in 1974 as a Senior Associate in the Department of Medicine, Royal Melbourne Hospital before being appointed as First Assistant in the University of Melbourne, Department of Medicine, Repatriation General Hospital, Heidelberg. He was appointed to the James Stewart Chair of Medicine and Head, Department of Medicine, Royal Melbourne Hospital/Western Hospital in 1984. He was Deputy Dean to Professor Gordon Clunie in 1996 before taking on the Deanship in 1998.

Richard Larkins led the smooth transition of the medical course from a curriculum in which departments held responsibility for teaching subjects, to an integrated pre-clinical/clinical curriculum with particular emphasis on problem based learning. He carefully nurtured the internationalisation of the student cohort and successfully negotiated arrangements for entire cohorts of undergraduates to undertake a research training year with university departments and affiliated research institutes and hospitals.

During this period, Richard Larkins took on considerable leadership roles in the wider community including presidency of the

Royal Australasian College of Physicians, and membership of the Prime Minister's Science, Engineering and Innovation Council and of the National Aboriginal and Torres Strait Islander Health Council. In addition, he chaired the National Health and Medical Research Council (1997-2000) at a time of profound change and growth; his leadership contributing to greatly improved funding for health and medical research.

Richard Larkins' 2002 award of Officer of the Order of Australia was made for his service to medicine and health; as an advocate for increased investment in research, as a contributor to health policy reform, and as an initiator of innovative medical programs and the provision of training opportunities for medical officers in the Oceania region. In the same year he was awarded the University of Melbourne Sir William Upjohn Medal for distinguished services to medicine in Australia.

Richard Larkins' role as Dean and Head of the Medical School concluded in 2003 when he took up the role of Vice Chancellor at Monash University. A Minute of Appreciation delivered to the Academic Board on 21 August 2003 noted the following details about Richard Larkins' period as Dean: He was a universally admired Dean, his qualities of high intelligence and mature judgement combined with a friendly manner and extraordinary dedication to the task, created a form of leadership admired around the nation. His trademark imperturbability in the face of a complex life and heavy responsibilities is, by now, legendary.

Professor James Alexander Angus AO



James Alexander Angus graduated in Science from the University of Sydney in 1970 and completed his PhD there in 1974. An NHMRC CJ Martin Fellowship enabled him to work with eminent pharmacologist and later Nobel Laureate, Sir James Black from 1977 to 1978 at University College London and at the Wellcome Research Laboratories. He returned to Australia, working at the Baker Institute as NHMRC Senior Principal Research Fellow in the field of cardiovascular pharmacology and was appointed to a Personal Chair in Pharmacology at Monash University in 1992.

In 1993 James Angus joined the University of Melbourne as Chair of Pharmacology and Head of the Department of Pharmacology. In 1999 – 2001 he was a Member of the University Council and in 2000 – 2001 President of the University's Academic Board. He was Pro- Vice Chancellor from 1999 – 2001 and was appointed Deputy Dean of the Faculty of Medicine, Dentistry and Health Sciences in 2002 and Dean of the Faculty in 2003.

The most recent of the Deans of the Faculty of Medicine, Dentistry and Health Sciences to also carry the role of Head of the Melbourne Medical School, James Angus created the structure that resulted in the establishment of the Melbourne Medical School within the Graduate School framework.

James Angus chaired the development of the Indigenous Health Curriculum Framework, published in 2004, and, during his tenure as

President of the Medical Deans of Australia and New Zealand from 2009–2011, was a champion of Indigenous issues. His support of Medical Deans Indigenous health projects has been invaluable to their development and implementation, making an outstanding contribution to the education of medical students in aspects of Indigenous health.

James Angus has been a recipient of many distinguished awards: the Gottschalk Medal of the Australian Academy of Science (1984), Australia's Centenary Medal for contribution to Pharmacology and the Community (2003), and an appointment as Officer of the Order of Australia (2010) for distinguished service to biomedical research, particularly in the fields of pharmacology and cardiovascular disease.

A First Vice-President of the International Union of Pharmacology (IUPHAR) James Angus was also President of the Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists. His current roles include directorships of the Walter & Eliza Hall Institute, Mental Health Research Institute, Melbourne Health, Incorporated Joint Venture of the Parkville Comprehensive Cancer Centre, Victor Smorgon Institute at Epworth Pty Ltd and Victorian Institute for Forensic Medicine.

James Angus' work in these many important roles throughout scientific and academic circles have brought distinction to the Melbourne Medical School and have facilitated its sustained high standing in those and wider communities.

Doctor of Laws (honoris causa)

By Mithun Nambiar

ON THE EVENING OF 5TH JULY, A GROUP OF MED150 AMBASSADORS HAD THE OPPORTUNITY TO ATTEND THE HONORARY DOCTOR OF LAWS (LLD) CONFERRING CEREMONY, THE 40TH HALFORD ORATION HELD AT MELBA HALL, AND THE SUBSEQUENT DINNER FOR RECIPIENTS

Many of us donned academic gowns and acted as ushers for the Honorary LLD ceremony, while others were responsible for the handling of the testamurs to be presented. For many of the undergraduate medical students, this was our first experience of an academic ceremony of any sort. During the ceremony we were all reminded that the conferral of the Honorary LLD was the highest honour that could be bestowed by the University, and that this was a rare occasion. In fact the last time that the Medical School awarded this honour to multiple recipients was during the 100th anniversary of the Melbourne Medical School in 1962. Accordingly one could assume that the next conferral ceremony of this kind would be in the year 2062 on the occasion of the 200th anniversary!

The achievements of the recipients were read out, and the Chancellor of The University awarded the honorary degrees. The ceremony was followed by the Halford Oration, delivered by Nuffield Professor Emeritus Sir Peter Morris, titled 'Organ Transplantation: a medical miracle of the 20th century.' Sir Peter Morris guided the audience through the history of organ transplantation, weaving the chronological progress of medicine with his own personal and professional growth as a surgeon and a researcher in the field.



The recipients of the Honorary Doctor of Laws.

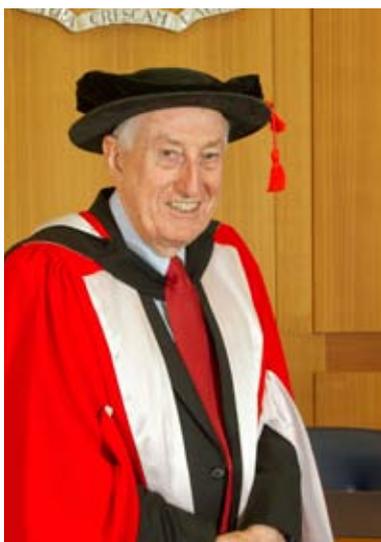
Following the events at Melba Hall, a dinner was held at the Woodward Centre in the Law Building. It was an enjoyable evening, and each Student Ambassador was paired up with an Honorary LLD recipient, which was a great opportunity for students to interact with the recipients. The recipients were keen to talk to us about their experiences, in medicine, as well as life outside medicine.

The recipients of the Honorary LLD have established themselves as authorities in the fields of immunology, endocrinology, transplant surgery, epidemiology, public health and ophthalmology- and amongst them had received several honours including a Nobel prize, a knighthood, an appointment to a Vice-Regal position as well as many honorary appointments to various colleges and organisations. Ultimately, they are all members of the University of Melbourne medical community, either as graduates or through later involvement.

A special moment in the dinner which highlighted this, was when Professor James Best proposed a toast to the Melbourne Medical School, and explained the meaning of the University motto: *Postera Crescam Laude* ('We grow in esteem of future generations'). We appreciated that the Honorary LLD recipients are a part of the very same university that we, as students, are part of; and that their achievements are remarkable milestones in the continuing history of the Melbourne Medical School.

Mithun Nambiar graduated from the MBBS in December 2012.





Professor Peter Charles Doherty AC

Peter Doherty studied veterinary science at the University of Queensland before taking his PhD in neuropathology at the University of Edinburgh, then joining the John Curtin School of Medical Research (JCSMR) at the Australian National University. It was during this period that he collaborated with Rolf Zinkernagel on the work that eventually led to their Nobel Prize for Medicine.

It is hard to overestimate the impact of this original discovery on clinical medicine. This phenomenon of MHC restriction is now a fundamental principle in immunology and has opened the door to an understanding of the immune system, influencing research into autoimmune disease, vaccine design, organ transplantation and the understanding of immune surveillance. The fundamental principles formulated by Doherty and Zinkernagel are considered during

trials of vaccination against the emergence of metastases in certain forms of cancer and have led to better explanations for the associations between disease susceptibility and the histocompatibility antigen type carried by an individual for many chronic inflammatory diseases.

Peter Doherty has, in turn, studied influenza, rabies and multiple sclerosis with the Immunology Graduate Group at the University of Philadelphia, and headed the Department of Experimental Pathology at the JCSMR, then the Immunology Department at St Jude Children's Research Hospital in Memphis, Tennessee. Since 2002, he shares his time between St Jude's and his role as Laureate Professor in the Department of Microbiology and Immunology at the University of Melbourne.

As a world authority on cellular immunity, Peter Doherty's research currently focuses on viral infections, the role of CD8+ T cells in immunity and his involvement in a National Health and Medical Research Council program to develop a new-generation influenza vaccine. His name will grace a new University of Melbourne facility of biomedical scientists, public health specialists and educators, all focused on solving the puzzles of infectious diseases and immunity, when the Peter Doherty Institute opens in 2014.

To date, Peter Doherty has published over 330 scientific papers together with more than 110 solicited reviews, book chapters and commentaries. He holds honorary doctorates from 19 universities and has been recognised as Australian of the Year in 1997 and by his election to the Royal Society of London, the Australian Academy

of Science, the US National Academy of Sciences and the French Academy of Medicine.

Concerned by the lack of scientific understanding in the wider community, Peter Doherty has consistently raised the public profile of science: through his two non-fiction books and his sustained contribution to an authoritative national discourse on science. This Nobel Laureate has set a bright blaze in the field of immunology, illuminating many continuing investigations and informing conversations that animate enlightened scientific dialogue.



Professor David M de Kretser AC

David de Kretser graduated MBBS from the University of Melbourne in 1962. A world-recognised and respected infertility and andrology expert, David de Kretser's contribution to the field of male fertility is prominent from both scientific and public perspectives. His research

into reproductive biology, infertility and endocrinology has produced more than 430 papers in national and international peer-reviewed journals. He has been a member of over 70 national and international advisory boards, editorial boards and committees.

His research on the regulation of reproductive processes identified a network of communication systems between the brain and the gonads establishing endocrine, paracrine and autocrine systems. He led the team that elucidated the structure and physiology of major players in these systems, the inhibins, activins and follistatin and their roles in both male and female reproductive function. David de Kretser's work has been critical to the understanding of male infertility, testosterone deficiency, impotence and other diseases affecting the male reproductive system and their links with heart and blood vessel disease, obesity, diabetes, and mental health.

As Foundation Director of the Monash Institute of Reproduction and Development (now the Monash Institute of Medical Research) and Associate Dean of Monash University's Faculty of Medicine, Nursing and Health Sciences, his integration of research with clinical medicine and teaching has been of principle importance. His founding directorship of a community and professional education program called Andrology Australia has done much to advance public education of men's health issues, some subjects of which are notoriously resistant to open discussion.

David de Kretser has been widely commended for the eminence of his achievements by national and international organisations including the Australian Academy of Science, the Australian Academy of Technological Sciences and Engineering and the American Society of Andrology. In addition to the award of a Centenary Medal, he was made a Companion of the Order of Australia for his distinguished contributions to public life as a medical researcher of international reputation in the field of reproductive biology and for his broader service to the Victorian and Australian community.

The appointment of a medical scientist and academic to the 28th governorship of Victoria was a break from tradition for the Victorian community. David de Kretser's scientific and educational breadth of understanding and belief that public debate should be informed by the best scientific information enhanced this role to the benefit of the wider community.

Upon his recent retirement as Victorian Governor, David de Kretser takes up once again the tools of the medical research specialist. The distinct public contributions arising from the work of David de Kretser have confirmed him as an example for all scientists and academics entering into roles of public engagement.



Professor Emeritus T John (Jack) Martin AO

Throughout his career Professor Emeritus Jack Martin has integrated an abiding commitment to and association with this University with strong international collegiate links. After graduating from the University of Melbourne in 1960 he moved into a career position as Professor of Chemical Pathology at the University of Sheffield, UK before returning to the University of Melbourne as Foundation Professor of Medicine at the Heidelberg and Repatriation General Hospital.

His directorship of St Vincent's Institute, held concurrently with his chairmanship of the Department of Medicine St Vincent's Hospital was characterised by its recognition of the changing face of medical research in the 1990s. The Institute's landmark association of industry research staff working side-by-side with academic scientists presaged later Federal

Government initiatives and the Institute participated actively in early collaborative measures into breast cancer research.

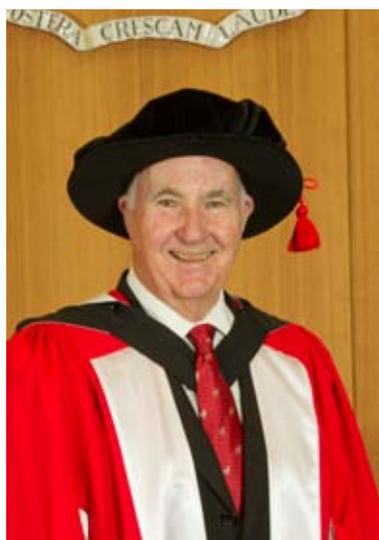
Determined to understand why some cancer patients develop dangerously elevated levels of calcium in their blood, Jack Martin's research began in the pioneering time of the recombinant DNA revolution. His search would become a story of discovery that evolved with the science and the emerging technology. His great contribution to science has been in the advancement of contemporary understanding of calcium regulating hormones, extensively developing modern concepts of bone cell biology and calcium regulating hormones.

One of his most outstanding contributions was the cloning of parathyroid hormone related protein. His research has had a major impact on the understanding of bone synthesis and disorders such as osteoporosis and bone tumours. His foundation presidency of the Australian and New Zealand Bone and Mineral Society, fostered this research discipline, both in Australia and internationally.

The prolific research of one of Australia's most distinguished medical scientists has been recognised by his appointment as Officer of the Order of Australia, his election to fellowships of the Australian Academy and the Royal Society and by twelve prestigious career awards, including the Eric Susman Prize from the Royal Australasian College of Physician. He has had twelve patents granted and held eight international visiting appointments in the United Kingdom, United States, and Switzerland.

He has served on twelve state and national committees and boards, been invited, since 1997, as a guest lecturer internationally to give 75 major lectures, and his work has been extensively published in a total of 420 original papers, 178 reviews, chapters and editorials, and seven books. He has been named an Australian citation laureate in biochemistry.

In 2010 Jack Martin wrote that: 'The task of the University is to educate people in ways that will equip them to contribute to the common good, the good of the community.' He has embodied this principle during a career spanning fifty years. Most latterly, through his commitment to providing evidential argument for the conceptual and technical questions surrounding stem cell science and his conscientious stewardship of ethical questions in science, he continues his service to the community.



**Nuffield Professor of Surgery Emeritus
Sir Peter Morris AC**

Professor Emeritus Sir Peter Morris is widely recognised for his pioneering achievements combining research on the immune response to histocompatibility antigens and its suppression with the clinical application of this work into transplantation.

After graduating MBBS from the University of Melbourne in 1957 and completing a residency at St Vincent's Hospital in Melbourne, Peter Morris travelled to London on a Dominion Postgraduate Fellowship. His time in the UK was followed by a series of appointments in America after which he returned to Australia taking up clinical and research roles in the University Department of Surgery at the Royal Melbourne Hospital and the Walter and Eliza Hall Institute of Medical Research. Since 1974 until early this century he was Nuffield Professor and Chair of the Department of Surgery at the University of Oxford and Radcliffe Hospitals, Director and Founder of the Oxford Transplant Centre and Fellow of Balliol College. He also cofounded the Wellcome Trust Centre for Human Genetics at Oxford. In 2001 he was elected as President of the Royal College of Surgeons of England, a post he held till 2004. He then established a Centre for Evidence in Transplantation, which is based at the College of Surgeons and the London School of Hygiene and Tropical Medicine, where he holds an honorary Professorship.

He is the recipient of numerous prestigious awards, prizes and medals bestowed in recognition of the role his scientific and clinical work has played in the development of transplant medicine and surgery. The exceptional character of Peter Morris' professional and civic contributions throughout his career received special

acknowledgement with the award of a knighthood for his services to medicine in 1996, and in 2004 he was made a Companion of the Order of Australia for services to medical science. He is a Fellow of the Royal Society and a Foundation Fellow of the Academy of Medical Sciences, while in the USA he is a foreign member of both the Institute of Medicine of the National Academy of Sciences and The American Philosophical Society.

One of the world's most cited authors in the area of clinical medicine, Peter Morris is the author of some 800 scientific articles, reviews, editorials and chapters and editor or co-editor of 18 books

Peter Morris' extensive public engagements through the media, and his involvement in civic debate, have greatly enhanced work in his areas of specialty and adjacent disciplines throughout the world.



Professor Fiona Juliet Stanley AC

Fiona Stanley, widely recognised for the strength and clarity of her promotion of maternal and child health, is Australia's most respected paediatric epidemiologist. Her public profile is built upon her pioneering approach to public health research, which is at once deeply collaborative and broadly inclusive.

After graduating in medicine from the UWA, Fiona Stanley embarked upon maternal and child health epidemiology and public health training with a determination to prevent such deaths by discovering their underlying cause.

As founding director of the Telethon Institute for Child Health Research in Western Australia, she created a multi-disciplinary team to tackle major issues in child health. This team played a critical role in the international collaboration that discovered the link between folate deficiencies and neural tube defects and instigated the world's first public health campaign promoting the need for folate in pregnancy. Under her guidance, the Institute has forged a leading reputation in the health and wellbeing of Aboriginal children.

The author of over 300 published papers and book chapters, Fiona Stanley has given equally as many presentations, both nationally and internationally, on the socio-economic determinants of child health.

A key driver of the researcher, practitioner and policy maker partnership that is the Australian Research Alliance for Children and Youth (ARACY), Fiona Stanley has worked to realise a vision of bringing together like-minded organisations

to work on new ways to improve the health and lives of young people.

Professional commendation of Fiona Stanley's achievements has come from medical colleges in Australia and overseas, from the Australian Academy of Science, the Academy of Social Sciences in Australia, the Royal Institution of Australia and the Australian Medical Association. Broad community appreciation of her work is demonstrated by her appointments as a Companion in the Order of Australia, as an Australian Living Treasure and as Australian of the Year.

In addition to her patronage of societies supporting women, families and children she is a UNICEF Australia Ambassador for Early Childhood Development and sits on the Prime Minister's Science, Engineering and Innovation Council.

Fiona Stanley's signal strengths have been in establishing evidence for the social determinants of disease and developmental risks and in promoting early intervention as the strongest path to prevention.

Retiring from 21 years leading Western Australia's largest research organisation, Fiona Stanley's research and informed advocacy will continue. This outstanding Australian continues to play an extraordinary role in advancing early childhood health and development.



Professor Hugh Ringland Taylor AC

While training in medicine and ophthalmology at the University of Melbourne, Hugh Taylor's keen interest in public health led him to work with the late Fred Hollows as Associate Director of the National Trachoma and Eye Health Program, screening more than 60,000 Indigenous Australians for trachoma. In working towards his Doctorate of Medicine, his work among Indigenous Australians had a profound influence on his career and his choice to work improving vision in the world's most disadvantaged populations, reaching beyond Australia to Liberia, Tanzania, Nepal Vietnam and Eritrea.

During an extended sojourn in the United States, Hugh held chairs in the Schools of Medicine and Hygiene and Public Health at Johns Hopkins University in Baltimore and was the associate director of the International Center for Preventive Ophthalmology at the Wilmer Eye Institute. Whilst

there, he developed a World Health Organization Collaborating Center for the Prevention of Blindness and started the first masters in public health program in preventive ophthalmology.

Returning to the University of Melbourne in 1990, Hugh was inaugurated as Ringland Anderson Professor of Ophthalmology – the chair named for his grandfather – and took up chairmanship of the Department of Ophthalmology. Hugh became Managing Director of the Centre for Eye Research Australia, which he founded in 1996. Upon resigning these roles in 2007, he took up the inaugural Harold Mitchell Chair of Indigenous Eye Health in the Melbourne School of Population Health at the University of Melbourne.

He is recognised as a clinician-scientist who has achieved an outstanding career with his research focus in laboratory science and clinical research. His contributions to the field of preventive ophthalmology include other seminal works with on the value of using ivermectin as chemotherapy for onchocerciasis (river blindness), his discovery of the link between ultraviolet radiation exposure and cataracts, and his contributions to the understanding of the pathogenesis and control of trachoma.

Hugh Taylor has served as a consultant to many agencies, governments, and foundations, and has been a member or chair on numerous advisory committees. He has been recognised with 16 international awards including the Lifetime Achievement Award from the American Academy of Ophthalmology and the Helen Keller prize for Vision Research. In 2001, he

was made a Companion in the Order of Australia in recognition of his multiple achievements.

Hugh Taylor's life's work has been characterised by the clarity of his vision for the elimination of preventable blindness. He continues to be a tireless advocate for concerted action from the Commonwealth Government believing that persistent active trachoma in outback communities could be eradicated in Australia within the next three to five years.



Professor Judith Ann Whitworth AC

Time spent in a clinical research unit attached to the Walter and Eliza Hall Institute, during a residence at the Royal Melbourne Hospital, ignited Judith Whitworth's interest in medical research – an interest which she kept alight during physician training early in her career.

She has made foundation contributions in three key areas. Firstly, her

fundamental interest in the role of glucocorticoid steroid hormones in the regulation of blood pressure has advanced scientific knowledge and clinical practice. Leading on from this work has been her involvement in the development of clinical guidelines for hypertension. Her third area of contribution is in research for better health policy.

Her research scholarship career, from her early fellowship at the Howard Florey Institute to her directorship of the John Curtin School of Medical Research, has been one of supporting translational science: beginning with fundamental discovery, moving through early human studies establishing proof of concept, feasibility and safety, to larger clinical trials establishing efficacy and finally, to changes in healthcare guidelines and policy.

Judith Whitworth has published extensively and has held over 20 visiting professorships and lectureships throughout the world. She held the appointment of Australia's Commonwealth Chief Medical Officer and was made a Companion in the Order of Australia in 2001 for service to the advancement of academic medicine and as a major contributor to research policy and medical research administration in Australia and internationally. She was Chair of the WHO Global Advisory Committee on Health Research from 2005–2011.

The value of Judith Whitworth's contributions to the development and advancement of medical research are signified by her involvement in roles of governance, leadership and advice. In addition to her guidance of umbrella organisations such as the Royal

Australasian College of Physicians and the Australian Society for Medical Research, she has assumed leadership and founding roles in a range of specialist professional organisations.

Her long association with the National Health and Medical Research Council, of which she chaired the Medical Research Committee from 1994–96, shows the value placed on her expertise in medical and public health research and is a measure of the respect in which she is held by peers and policy makers.

Judith Whitworth's strong voice for the mentorship and inclusion of women arises in part from her close professional relationship with Priscilla Kincaid-Smith, with whom she has worked and published extensively, and whom she counts as a mentoring influence.

 Full versions of citations are available at www.medicinere150.mdhs.unimelb.edu.au

Halford Oration 2012

ORGAN TRANSPLANTATION: A MEDICAL MIRACLE OF THE 20TH CENTURY

Presented by Sir Peter J Morris AC, FRS

SIR PETER MORRIS IS A 1957 MBBS GRADUATE OF THE MELBOURNE MEDICAL SCHOOL. ONE OF SEVEN LEADERS IN MEDICAL SCIENCE WHO WERE CONFERRED WITH THE HONORARY DOCTOR OF LAWS AS PART OF THE MELBOURNE MEDICAL SCHOOL'S 150TH ANNIVERSARY CELEBRATIONS, HE PRESENTED THE FOLLOWING LECTURE AT THE CONCLUSION OF THAT CONFERRING CEREMONY.

Chancellor, Dean, fellow Honorands, Ladies and Gentlemen, it is indeed a great honour to be asked to deliver this 40th Halford Oration as part of the celebrations for the 150th anniversary of the founding of the Medical School of the University of Melbourne. Like my fellow honorands I am proud to be a graduate of this Medical School.

In the late 1850s The University of Melbourne decided to establish a medical school. However this proved to be a painstaking process as finances were tight in the colony at that time. Dr Anthony Colling Brownless, Vice Chancellor, and a medical practitioner was relentless with his medical colleagues in his quest for a medical school and in 1861 the project was approved with a significant reduction in the sum requested. It was decided to seek a first chair in Anatomy, Physiology and Pathology and eminent physiologist Sir James Paget and Sir Richard Owen, perhaps the world's leading comparative anatomist, were consulted in the choice of this first professor. They recommended George Britton Halford describing him in their reference as: 'One of the most distinguished experimental physiologists of the day and his name would give distinction to any university' (reference for this quote?). Once Halford's appointment had been endorsed, the University of Melbourne council sent him £500 to buy books and specimens for a library and museum respectively. He arrived in Melbourne on 23 December 1862.

Halford first lived in a rented house in Madeline Street, which is now Swanston Street and, while the medical school building

was completed over a period of two years he held his lectures and practical classes in a converted coach house in the backyard of his home. His workload must have been enormous: for seven years he was the only full time lecturer in the medical school and the sole lecturer in anatomy in addition to examining Arts students in French.

In 1876 the Faculty of Medicine was established which took over the administration of courses from the medical school committee and Halford was elected as Dean, an office he held until 1886, then again from 1890-96. Following a visit to England in 1880 to see departments of physiology he returned to Melbourne and proposed an expansion of the physiology laboratories and that the responsibilities of his chair be divided leaving him responsible only for physiology. His proposals were accepted and in 1882 Halford became Professor of Physiology.

It should be pointed out that there were serious financial difficulties at that time and that the school survived was "a tribute to Halford's remarkable pioneering qualities" (reference for this quote?). The school started with three students in 1862 and grew to 180 by 1882 and 240 by 1896.

Halford had arrived in Melbourne with an enviable record for research but his work commitments at the medical school prohibited any significant involvement in research. Before he came to Melbourne his most significant and best publication was 'The action and sounds of the heart: A physiological essay' which was published in

the *Lancet* in 1860¹. However he did become distinguished as a teacher and established the tradition of excellent teaching at this medical school and from which we have all benefited.

Halford obviously had a sense of humour. One story that particularly appealed to me was that each year Halford gave an annual lecture on human physical endurance using a blow-by-blow description from *The Times* report of the famous prize-fight between Sayers and Heenan at Farnborough in 1860 as an example. He would read the whole report, round by round, and the students, in advance, would take sides supporting either Sayers or Heenan. As the description of the fight was recounted the students would be cheering and stamping depending on which one of the two fighters landed a telling blow and which one they were supporting.

Organ transplantation had not even been thought about when the medical school was founded or later when Halford was Dean. I want to give you a few highlights from the development of organ transplantation over the last 100 years, perhaps supporting the concept of my title that organ transplantation is a medical miracle of the 20th Century, but not, I hasten to add, the only one.



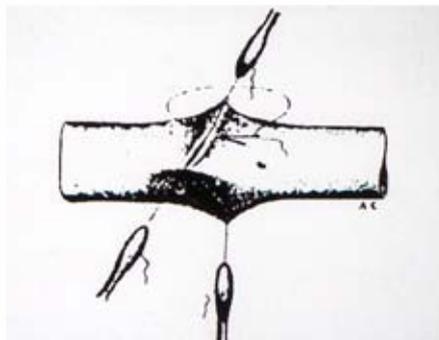
Although, in all probability, Halford had never given a thought to organ transplantation, I suspect he might have been aware of the legend of the transplanted leg by Saints Cosmos and Damien in the

third century, when they removed a leg with a tumour from a Roman citizen and replaced it with that from an exhumed Ethiopian. There are some 50 paintings of this legend displayed in a large number of museums around the world. There is no question that the saints must have had a good publicity relations officer in that there is no mention of rejection. In the 16th Century, Tagliacozzi in Italy removed skin from the buttocks of servants to reconstruct the severed noses of their masters but again these skin transplants all failed. In the 18th Century, John Hunter, the father of surgical science, successfully transplanted a human tooth into the comb of a cockerel – the specimen is still preserved in the Hunterian Museum at the Royal College of Surgeons. His numerous attempts to replicate that experiment numerous were unsuccessful, however this does represent the first successful xenotransplant. Hunter also investigated transplantation of other tissues, such as the spurs or testes from cockerels to hens, but more with a view to throwing light on the possible endocrine control of certain aspects of male human behaviour, such as aggression.



The real history of transplantation begins in the early 20th Century when Viennese surgeon Emrich Ullman successfully transplanted a kidney in a dog from its normal position in the loin into the neck, this being known as an auto transplant². One dog lived long enough to be shown passing urine from the neck on the same evening at

a meeting of the Viennese medical society. Other experimental kidney transplants were carried out, in particular by Dirk Castello, also in Vienna, and Unger in Berlin – indeed in 1909 Unger allegedly attempted to transplant a monkey kidney into a human.



The most significant development in this era came from a young resident surgeon in Lyon, Alexis Carrel, working in Jaboulay's department of surgery in Lyon where he developed techniques of joining arterial and venous vessels together, both end-to-end, and later in the USA, end-to-side. In his seminal publication in 1902 in the *Presse Medicale du Lyon*, he described the end-to-end anastomosis. Over 100 years later the techniques we use for organ transplantation in joining vessels together are exactly those described by Carrel – work for which he was awarded a Nobel Prize. In 1906, Jaboulay, the Professor of Surgery in Lyon and Carrel's Chief, transplanted a sheep and a pig kidney respectively to two humans dying of renal failure, where he anastomosed the renal vessels of the kidneys to the brachial vessels at the elbow. Neither attempt was successful.

A little later, Carrel moved to the University of Chicago where, together with Guthrie, he developed a major experimental transplant program in animals which he continued after he moved to the Rockefeller Institute a few years later. They had successfully transplanted kidneys, hearts and also limbs in dogs and cats. Indeed, in an amazing lecture given to the International Surgical

Society in 1914, Carrel stated that technical problems with transplantation of organs had been resolved but that until something could be done about the inflammatory reaction that led to the destruction of the organ about a week after transplantation, there would be no clinical application of this technology. He went on to say that perhaps some of the anticancer agents then being developed at the Rockefeller Institute might have a place in preventing this inflammatory reaction. It took 50 years until anticancer drug 6-mercaptopurine (6-MP), was shown to suppress the immune response to a graft and subsequently allow successful organ transplantation in man.

Mention should also be made of the Russian surgeon Yu Yu Voronoy, who made a number of serious attempts to transplant human kidneys from cadaver donors to patients with renal failure. The first such attempt was made in 1933 in a patient with renal failure from mercury poisoning. His rationale for considering the recipient an ideal patient was that he was interested in macrophages and that he had some evidence that the activity of macrophages was dampened down in the presence of mercury. The procedure was not successful but he did carry out another five such operations over the next few years – implanting the kidney in the thigh and joining the renal vessels to the femoral vessels, and bringing the ureter out on the skin of the thigh as an ureterostomy. There was no record that any of these procedures were successful³.

After the Second World War, pioneer efforts in kidney transplantation were pursued in Boston and Paris. In Boston the young surgeon, David Hume, performed a series of cadaver transplants in patients with renal failure, again implanting the kidney in the thigh, just as Voronoy had done. In Paris, Rene Kuss developed the technique of implanting a kidney experimentally in the iliac fossa with the ureter implanted in the bladder. He used the same technique in his early attempts at cadaver kidney

transplantation, again without any success. It has to be noted though that two or three of the kidneys implanted by Hume functioned for several weeks.



All attempts at reducing the rejection reaction, which had been recognised as the major cause of failure of skin allografts by Medawar and Gibson at the Glasgow burns unit⁴, and subsequently explored in a series of rabbit experiments by Medawar and colleagues, were directed at the use of total body irradiation, but with no real success. The despondency in the field was lightened by two major events. The first was the description of the induction of neonatal tolerance in mice to skin allografts by Billingham, Brent and Medawar in 1953, confirming the hypothesis developed by our own MacFarlane Burnet, here in Melbourne, that the recognition of self occurred in the foetus. The second major event, which took place in December 1954, was the successful transplantation of a kidney between identical Herrick twins at the Peter Brent Brigham Hospital in Boston, by Joe Murray, Hartwell Harrison and John Merrill. Although the donor nephrectomy was not without incident, the recipient made a good recovery

and lived an extremely healthy life until dying of recurrent glomerulonephritis some eight years later. This operation and its outcome was a great boost to morale for, although it had been confirmed that the twins were truly identical and therefore the inflammatory reaction of rejection should not occur, there was also considerable doubt as to whether a denervated kidney would function normally after transplantation. These two seminal events had a major impact on the early pioneers working in kidney transplantation. I should note that the late Sir Michael Woodruff, a University of Melbourne graduate and also a previous Halford Orator, did attempt to induce tolerance in rats by skin grafting foetuses while a senior lecturer at Aberdeen. This followed a visit by MacFarlane Burnet, who had stayed with the Woodruff's. Technically, this procedure was not successful – but how close it might have been!

Most attempts at immunosuppression during the 1950s were directed at exploring different methods of using sub-lethal whole body irradiation, until two clinical haematologists, Schwartz and Dameshek, studied the anticancer drug 6-MP, developed by Burroughs Wellcome biochemists Elion and Hitchings. They showed that this drug would suppress the antibody response to human protein that it would not only prevent the immune response to foreign protein, but produce tolerance to it. Later they also showed that this drug would significantly delay the rejection of skin allografts in the rat⁵.

One of these key papers was noted by Roy Calne, a young surgical registrar working with John Hopewell at the Royal Free Hospital at the time, and David Hume, who by then had moved from the Peter Brent Brigham Hospital to be chief of surgery at the Medical College of Virginia. Quite independently, in 1960, Calne and Zukoski with Hume reported that 6-MP could suppress rejection of a kidney allograft in dogs. Elion and Hitchings then developed

a parent compound of 6-MP, namely azathioprine which was shown to be equally immunosuppressive but perhaps associated with less toxicity. This rapidly replaced 6-MP, and renal transplantation began to be a definitive management of end stage renal failure.

Thus the azathioprine era began in 1963 and continued in the Western world until cyclosporine became available in the early 1980s. The addition of steroids to azathioprine as a routine immunosuppressive protocol was first advocated by Starzl. However, very high doses of steroids were used in conjunction with azathioprine and it was only when one of the very first randomised controlled trials was carried out in Oxford in the mid 1970s, showing that low dose steroids were just as effective as high dose steroids, that low dose steroids then became the normal regimen.

Patient and Graft Survival after Kidney Transplantation in 1968

Time after Transplant	Patient	Graft
Cambridge* (n=44)		
4 months	67%	58%
1 year	63%	59%
Melbourne** (n=52)		
6 months	78%	63%
1 year	77%	62%

* Calne RY, Evans DB, Herbertson BM et al. *BMJ* 1968; 1: 804
** Marshall VC, Kincaid-Smith P, Morris PJ et al. *Lancet* 1968; ii: 927

In the late 1960s, two pioneering results, one from Cambridge where Roy Calne had gone as the Foundation Professor of Surgery and one from our unit at the Royal Melbourne Hospital, showed that cadaveric graft survival was around 60% at one year but that there was a heavy patient mortality: nearly 40% in Cambridge but just over 20% in Melbourne. Most of these early deaths were due to infection and numerous other complications due essentially to the use of high dose steroids. Once low dose steroids in conjunction with azathioprine became the norm, there was an enormous reduction in

these non-infectious and infectious complications with a subsequent reduction in mortality, such that most experienced units were achieving a 90% one year patient survival in the late 1970s.

Another important development in the 1960s – and this indeed was a most exciting decade in organ transplantation – was the discovery that antibody played an important role in rejection. Although Peter Gorer had shown in the 1930s that antibody could lead to rejection of tumour allografts, the pioneer work done by Medawar and his team and later by Jim Gowans and Ave Mitchison after the Second World War, clearly showed that rejection of skin allografts in experimental models was due to leucocytes and in particular lymphocytes. Furthermore antibody did not appear to be involved in the rejection of a skin allograft. Indeed Medawar has been alleged to say: ‘thank goodness we have been released from the tyranny of antibody’. In the late 1960s, after I left the Massachusetts General, I was fortunate to have access to sera preserved at -120°C by David Hume from all the patients he had transplanted at the Medical College of Virginia, where he had by then established the biggest renal transplant program in the world. I was able to show that cytotoxic antibodies against donor histocompatibility antigens did in many instances develop after transplantation and were inevitably associated with a poor outcome⁵. Although the role of antibodies after transplantation remained controversial for many years, it is now firmly established that antibodies may occur after transplantation and may be responsible for what we call antibody mediated acute rejection as well as having a prominent role in chronic allograft rejection. Also at this time it was recognised that if a patient had cytotoxic antibodies directed against the donor before transplantation then this would inevitably lead to the phenomenon of hyper acute rejection i.e. rejection of the kidney within 24 hours and usually within an hour of transplantation. This possibility was first noticed by Terasaki

in one case of early graft failure, and a later report of two similar cases by Kissmeyer Nielsen was published in *Lancet* in 1966, when Kissmeyer Nielsen first coined the phrase ‘hyperacute rejection’⁶. At the Medical College of Virginia we had several such cases in 1967 – in fact three cases of hyperacute rejection occurred during one weekend. Not only were we able to show the presence of donor specific antibody in the recipient, but my colleague Mel Williams, who had returned from a year with Gus Nossal, also showed that immediate biopsies of the kidney revealed a massive infiltration of polymorphonuclear leucocytes, a classic indication of an acute antibody mediated reaction. This paper, the first to describe the whole phenomenon of hyperacute rejection, was published in the *New England Journal of Medicine* in 1968⁷. That, with other contributions, rapidly led to a cross-match between recipient sera and donor lymphocytes becoming a standard part of tissue typing. A positive cross match was to become an absolute contraindication to renal transplantation. Indeed the cross match was the most important part of the matching of donor and recipient which was crude in the 1960s but is much more sophisticated today with DNA typing. There is still a significant influence of matching on kidney graft outcome especially for HLA-DR matching, clearly demonstrated in 1978⁸.

In the 1960s Fred Belzer pioneered development of kidney preservation at San Francisco and later at the University of Wisconsin. His early attempts used hypothermic machine preservation of the kidney⁹, but at Wisconsin he developed a cold preservation fluid known as University of Wisconsin fluid, which then replaced machine preservation. Machine preservation is now making a major comeback, both hypothermic as well as normothermic machine preservation, with the hypothesis that it may improve the function of a marginal organ, be it kidney or liver, before transplantation.

Again in the 1960s we saw the early pioneering attempts at liver transplantation by Tom Starzl at Denver. The early results were very poor for, not only was there a problem with immunosuppression but the procedure was a technical tour de force. These technical aspects of liver transplantation were resolved over the ensuing years and after cyclosporine became available there was a dramatic improvement in the results of liver transplantation¹⁰.

The first heart transplant was carried out by Christian Barnard in 1968 in Cape Town – the patient survived 18 days. Enormous press coverage followed throughout the world and Barnard became an instant celebrity, which he thoroughly enjoyed. As the operation itself is relatively straightforward there was an explosion of cardiac transplants throughout the world, disaster following rapidly in most instances so that a moratorium was placed on cardiac transplantation in many countries. Fortunately, Norman Shumway, at Stanford University, who had been working on experimental cardiac transplantation for some ten years, continued to develop a major human cardiac transplantation program without much fanfare. Indeed, over the next decade, the majority of heart transplants in the world were carried out at Stanford¹¹. Gradually results of cardiac transplantation improved and an obituary I wrote about Norman Shumway was titled: ‘The quiet pioneer of cardiac transplantation’.

On the immunosuppressive front, cyclosporine, a calcineurin inhibitor, did lead to a major improvement in the results of organ transplantation. First developed at Sandoz as an antifungal agent cyclosporine was recognised for its immunosuppressive potency by Jean Borel, an immunologist working at Sandoz. It increased the one year graft survival in kidney transplantation from around 60% to 80% primarily because it led to a marked reduction in the loss of the organ from acute irreversible rejection. The early experimental work with this drug was carried out in Cambridge, and

then in Oxford, and there was no question that it was a major advance in drug immunosuppression. By the mid 1980s, cyclosporine had replaced or was used with azathioprine but of course steroids continued to be used at low dosages. There were significant side effects from cyclosporine, however, the most serious of which was nephrotoxicity. The subsequent development of tacrolimus, another calcineurin inhibitor but a little more potent than cyclosporine, have led to continued attempts to minimise the use of calcineurin inhibitors in order to avoid or diminish the nephrotoxicity. There are also other antiproliferative agents which have replaced azathioprine, such as mycophenolate mofetil and sirolimus. Whether mycophenolate mofetil is truly better than azathioprine is questionable. Sirolimus is a potent antiproliferative agent, but also has many side effects¹².

In the late 1960s Starzl first used a heterologous antilymphocyte globulin in renal transplantation. This was based on the work of Michael Woodruff who first showed that antilymphocyte globulin would significantly prolong the survival of skin allografts in the rat. Horse antilymphocyte globulins developed at Denver, Minnesota, and in Sydney by Ross Sheil, were used primarily for treating steroid resistant acute rejection, then subsequently as an induction agent, particularly in sensitised patients. Gradually, these biological agents produced in horses or rabbits were replaced with monoclonal antibodies and we now have a number of very interesting biological agents with specific targets such as a humanised anti CD52 antibody (Campath 1-H) and a fusion protein, belatacept, which blocks the second signal for T cell activation (See 12).

This is just a sample of biological agents that have been tested in a variety of randomised clinical trials. Of course it is hoped that the use some of these biological agents will lead to minimisation of calcineurin inhibitors and/or steroids, or even indeed allow their avoidance.

Another current development that is and will be increasingly important in transplantation is the recognition of the need for high quality evidence. This is an area I am now quite involved in as Director of the Centre for Evidence in Transplantation at the Royal College of Surgeons of England and the London School of Hygiene and Tropical Medicine. I feel a little embarrassed to realise that for most of my career I had not realised on what a flimsy basis of evidence I was practising.

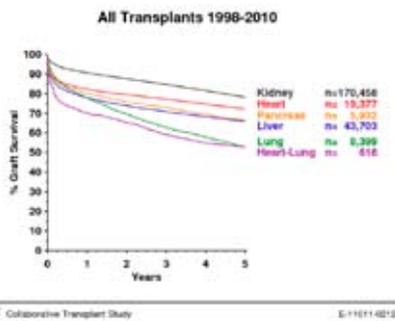
As immunosuppression becomes more potent our organ transplant patients are living longer and longer. This, in turn, is inevitably uncovering the long-term complications either associated with the drugs themselves or with long term immunosuppression. It has long been recognised that the incidence of putatively viral induced tumours, such as non Hodgkin's lymphoma, Kaposi's sarcoma, cervical cancer and perhaps even squamous cell cancer of the skin, are dramatically increased in patients on long term immunosuppression. However, it is now recognised that the incidence of all types of cancer are increased in immunosuppressed patients and it is interesting that a recent analysis from the Cancer Registry of ANZDADA has shown that the major killer of patients in Australia after renal transplantation is no longer cardiovascular disease, but cancer.

What then of the future? There is such enormous effort everywhere to develop tolerance to an organ allograft in recipients. What does the phenomenon tolerance mean? It would mean that the recipient of a kidney or a heart, for example, would accept the organ without an immune response and without the need for immunosuppressive drugs, both in the short term and, particularly, in the long term. Is this going to happen? I think it will but I am cautious: in 1970, when John Fabre and I first produced a rat tolerating a kidney transplant with no immunosuppression by prior exposure to

antigen in the form of blood transfusions from the donor, here in Melbourne, I said that the clinical application of methods producing tolerance successfully would occur within the next ten years! That was the optimism of youth speaking – of course that has not been achieved on any regular basis. There are, however, a considerable number of liver transplant patients and a very small number of patients in the world, perhaps 50, who have had a kidney transplant, who are not on immunosuppressive drugs. Usually the patients have stopped the drugs without telling their doctors. In the case of kidney transplantation, the inevitable result is rejection and loss of the organ, but not always so in the case of liver transplantation. These patients have been and are being studied extensively, particularly with modern molecular biological techniques, such as genome wide arrays, looking for patterns that might indicate a state of tolerance. David Sachs and Ben Cosimi at the Massachusetts General in Boston have produced tolerance to a kidney in a few patients, using an intensive pre-treatment program and three patients have been off all immunosuppressive drug therapy for well over a year¹³. Thus the successful translation of so much tolerance work in the experimental animal to the clinic may be realised, I hope definitely within my lifetime.

You might note that I have not said much about xenotransplantation, namely the transplantation of tissues or an organ from another species, such as the pig, into man and time doesn't allow me to do so. Considerable work has been done in this area, particularly by Tony d'Apice, Mauro Sandrin and Ian Mackenzie, all in the Melbourne Medical School. Indeed, the first demonstration that man had cytotoxic antibodies to the pig, and indeed most animals except the higher order primates, took place in my labs at the RMH with Ian McKenzie, Jon Stocker and Alan Ting¹⁴. We now know that these antibodies are directed mostly against an antigen, known for brevity as the Gal antigen. With the development of

pigs that do not express the Gal antigen, the so called Gal knockout pig, it may be possible with some additional tricks to use organs or especially tissues such as pancreatic islets from the pig for transplantation into the human. Similarly, stem cell technology is advancing and although there is an enormous amount of hype associated with this technology and its possible clinical application, it will undoubtedly have a role, possibly in neural transplantation for conditions such as Parkinson's disease, or in diabetes, but particularly in tissue engineering to replace tissue defects.



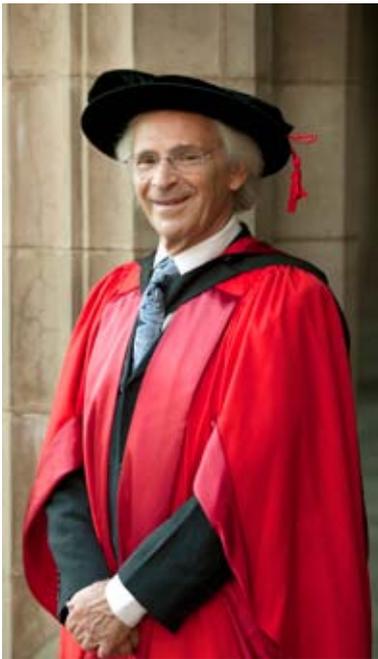
Over the past 50 years there have been remarkable advances in organ transplantation with graft survival results that not even I would have imagined possible. This is why I say that transplantation has to be considered one of the medical miracles of the 20th Century.

I wonder what Halford would have said about this. I am sure he would have been amazed but very proud that much of the early and continuing work has arisen from the University of Melbourne. Halford was obviously an outstanding clinical scientist of his time and later a great teacher and administrator. It is a great honour for me to have been able to give this 40th Halford Oration.

Sir Peter Morris AC is Director of the www.transplantevidence.com

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Doctor of Medical Science (honoris causa)



DURING THE MELBOURNE MEDICAL SCHOOL'S 150TH ANNIVERSARY TEN MEDICAL GRADUATES WERE PRESENTED WITH THE DEGREE OF HONORARY DOCTOR OF MEDICAL SCIENCE IN RECOGNITION OF THEIR OUTSTANDING CONTRIBUTIONS TO THE FIELD OF MEDICINE. TWO CEREMONIES WERE HELD – ON 1 AUGUST AND ON 11 SEPTEMBER – AND STUDENTS BHARAT RAMAKRISHNA AND JOHN DAVIS REPORT ON THE PROCEEDINGS BELOW.



By Bharat Ramakrishna

Over one million people worldwide use Tumour Necrosis Factor-alpha inhibitors (TNF inhibitors) in the treatment of chronic inflammatory conditions such as rheumatoid arthritis, ankylosing spondylitis, inflammatory bowel disease, and psoriatic arthritis. In past times these patients were treated with immune modulating and immune suppressive therapies, dampening the immune system with accompanying side effects. TNF inhibitors specifically target the molecule Tumor Necrosis Factor-alpha (TNF-alpha), which has been implicated in inducing and maintaining the inflammatory process and has been shown to be highly effective in treating these conditions.

The discovery of this therapy by Sir Marc Feldmann and his colleague Sir

Ravinder Maini consolidated the work of several groups at the University of Melbourne and the Walter and Eliza Hall Institute of Medical Research.

A special conferring of degree ceremony celebrated Sir Marc's work at the University of Melbourne and it was a great privilege for fellow student Belinda Liu and I to attend the ceremony and Sir Marc's address Translating Molecular Insights in Autoimmunity into Effective Therapy. The ceremony and presentation took place at in the Council Chambers, with cocktail drinks then dinner in the historic Karagheusian Room at University House. Belinda and I were both surprised when we were invited to give speeches, and to our embarrassment, received a hearty round of applause.

Bharat Ramakrishna is in the final year of the MBBS.



By John Davis

My participation in activities celebrating the Melbourne Medical School's 150th Anniversary as one of the Med150 student ambassadors was both a delight and an honour but nothing stands out more than the degree conferrals where a few exceptionally lucky students had the opportunity to meet with the honoured individuals and other esteemed guests.

At the conferring ceremony on 11 September nine alumni of the Melbourne Medical School received their awards. Hearing their achievements read out was stirring, and not a little intimidating; these were the titans of our field, each of whom seemed to have done the work of ten people.

While the ceremony was awe-inspiring, it was the dinner which has stayed with me. It is not often that, as a student, you sit at a table with professors, senior doctors and faculty in various ranks of the Order of Australia and Order of the British Empire.

Two things especially made an impression on me that night. The first was a chance to meet Dr Margaret Henderson, who was the mentor of the mentor of the mentor (four generations of mentors!) of the teaching doctor I look up to the most at my hospital. It was grounding to see that even the doctors held in the most esteem by students have had their own motivational figures, and reaffirmed that by modelling ourselves on these great doctors we could one day contribute as much as they. The second was the symbolic presentation of the possum skin cloak to the University by

Professor Ian Anderson; this gesture was truly touching, and had all the more resonance in the year when the number of Indigenous medical students reached population parity across the nation.

Every student that evening was moved, and as we left we were discussing, with only half genuine laughter, our intentions to be awarded DMedSci Honoris Causa at events celebrating the 200th anniversary of the Melbourne Medical School in 2062 – inspired not only to be the best doctors, but also the best Aristotelian citizens we can – and in fifty years to have medical students looking up to us with the same awe and aspiration.

John Davis is in the third year of the MD.



Professor Ian Philip Smith Anderson

The quiet determination of Professor Ian Anderson, the first Indigenous medical graduate of the University of Melbourne, is a driving force for the transformation of the Indigenous health landscape across Australia. A Tasmanian who is proud of his Palawa heritage, he is related to Pyemairrenner peoples with specific connections to the Trawlwoolway, Plairmairrenner and related clans.

Ian Anderson has written widely on issues related to Aboriginal health, identity and culture. A 1989 MBBS graduate, he also holds a PhD in sociology and anthropology. He is a Fellow of the Australasian Faculty of Public Health Medicine.

Ian Anderson has an outstanding record of achievement in research, teaching and knowledge transfer. He developed and held the position of Director at Onemda VicHealth Koori Health Unit. He has held more than 30 high level grants for research and workforce development and provided leadership through the various iterations of the Cooperative Research Centre for Aboriginal Health (now the Lowitja Institute) for over 14 years.

In a series of senior roles in the Faculty of Medicine, Dentistry and Health Sciences, Ian Anderson has promoted high-quality research through increased Indigenous leadership and partnerships with key groups and communities in the Indigenous health sector, government agencies and research institutions.

His leadership of the development of an Indigenous health medical workforce development program, Leaders in Medical Education (LIME), in collaboration with the medical deans of Australia and New Zealand, has produced strategies improving the quality and efficacy of Indigenous health content in medical education.

Standing alongside these achievements are over 145 published journal articles, book chapters, encyclopaedia entries and editorials. A mark of his intellectual generosity and commitment to his vision are the 140 occasions he has presented as invited speaker or guest lecturer.

Ian Anderson has worked resolutely, not only to change Indigenous health outcomes, but also to develop inclusive pathways to health. In his position as Director of Murrup Barak, the Melbourne Institute for Indigenous Development, he led the development of the University's Reconciliation Action Plan and a reconfiguration of the University's Indigenous strategy. His recent appointment as Assistant Vice-Chancellor, Indigenous Higher Education Policy, will enable him to extend his experience in the reform of health policy to a wider range of Indigenous programs and build on the University's desire to support Indigenous leadership and participation across all its activities.



Professor Lorraine Dennerstein AO

Professor Lorraine Dennerstein was appointed to a personal chair at The University of Melbourne, where she was Foundation Director of the Office for Gender and Health and Professor in the Department of Psychiatry. Her ground-breaking commitment to women's health has led to a therapeutic and social recognition of the staging of reproduction and the needs inherent at each age. She established and directed the first Australian academic centre for teaching and research in women's health and also the first inpatient mother-baby psychiatric unit in an obstetrics hospital. In recognition of her contribution to women's health she was made an Officer of the Order of Australia in 1994.

In 1970 Lorraine Dennerstein graduated MBBS achieving the Exhibition in obstetrics and gynaecology and associated prizes. She has been a consultant to the Commonwealth Secretariat (London), the World Health Organisation, the Global Commission on Women's Health (WHO) and the International Bioethics Committee of UNESCO. For over 30 years she has researched the relationship of ovarian steroids

to mood and sexual functioning. Studies included effects on mood and sexual functioning of: changes in endogenous hormones with menstrual cycle and menopause; hysterectomy and bilateral oophorectomy; oral contraceptive pill and hormone therapy.

Her extensive research experience includes surveys, bioavailability studies, double blind randomised clinical trials and epidemiological studies. Publications include 24 books, which she has either authored or edited, and in excess of 450 journal articles and chapters. A Fellow of the Royal Australian and New Zealand College of Psychiatrists, she has been president of national and international medical societies. She is a past President of the International Society for the Study of Women's Sexual Health and is currently Review Editor of the Journal of Sexual Medicine. In July 2005 the World Association of Sexology awarded Lorraine Dennerstein a Gold Medal for Lifetime Achievement in Sexuality Research.

Lorraine Dennerstein is a world authority on menopause and her achievements for medical education in relation to women's health issues have been recognised by the Australian government and by the international medical community with multiple awards throughout her long career. She is Professor Emeritus in the Department of Psychiatry, The University of Melbourne. The excellence she has shown in good practice in women's health, in particular through midlife health projects, has been of inestimable benefit in improving awareness, investigative action and better care for women in Australia and worldwide.



Professor Sir Marc Feldmann

Marc Feldmann is a pre-eminent immunologist at the University of Oxford where he is Head of the Kennedy Institute of Rheumatology and leads the Cytokine and Cellular Biology section. He graduated with an MBBS degree from the University of Melbourne in 1967, and earned a PhD in Immunology in 1972 at the Walter and Eliza Hall Institute of Medical Research. He then went to the UK as a CJ Martin Fellow of NHMRC and his career has since progressed in London, initially at the Imperial Cancer Research Fund's Tumour Immunology Unit, prior to its transfer to the University of Oxford in 2011.

Marc Feldmann's pre-eminence stems from his 1983 publication that provided a new hypothesis for the mechanism of induction of autoimmune diseases and highlighted the role of cytokines. He was awarded the 2007 Curtin Medal for outstanding achievements throughout his career, which have stemmed from this discovery and the subsequent development of therapies improving the quality of life of millions of people worldwide with rheumatoid arthritis.

From 1984 he collaborated with Ravinder (now Sir) Maini at the Kennedy Institute of Rheumatology. They showed that diseased joints have far more pro-inflammatory cytokines than normal, and identified one of these, Tumour Necrosis Factor Alpha, (abbreviated TNF- α) as the key. Blocking TNF- α with a monoclonal antibody reduced levels of the other pro-inflammatory cytokines in test-tube models of arthritis, and provided the rationale for testing TNF blockade in rheumatoid arthritis patients for whom all existing treatment had failed. This led to the first of a series of successful clinical trials performed in 1992. Several approved anti-TNF drugs have now become the therapy of choice for stopping the inflammatory and tissue-destructive pathways of not only rheumatoid arthritis, but other diseases including Crohn's disease, ulcerative colitis and psoriasis.

In 2000, Feldmann and Maini were awarded the Crafoord Prize 'for identification of TNF blockade as an effective therapeutic principle in rheumatoid arthritis'. In 2003, they were awarded the Albert Lasker Award for Clinical Medical Research followed in 2004 by the Cameron Prize for Therapeutics. In 2007, Marc Feldmann was awarded The European Patent Offices 'European Inventor of the Year' in the Lifetime Achievement category. Marc Feldmann is a fellow of several Royal colleges and national academies, the Academy of Medical Sciences, and the Royal Society of London. He was knighted in the 2010 Queen's Birthday Honours for his services to medicine.

There are few of whom it can be said they have led a therapeutic revolution, but Professor Sir Marc Feldmann's work in the area of autoimmune

diseases has changed the course of medical practice and improved the lives of millions of people throughout the world.



Dr Joanna Flynn AM

Dr Joanna Flynn has made an exceptional contribution to the development of the pivotal discipline of general practice as a distinct professional specialty. She graduated equal second, and with prizes in surgery and gynaecology, in the University of Melbourne's MBBS class of 1975 after which she continued training in general practice and public health.

With experience in North Queensland, Tasmania and rural Victoria, for the past 20 years, she has worked in a West Brunswick practice, where she is a partner. In parallel, she was State Director of the Royal Australian College of General Practitioners (RACGP) Training Program in Victoria, for the ten years until 1998.

Dr Flynn was President of the Medical Practitioners Board of Victoria from 2000 to 2008 having been first appointed to the Board in 1989, President of the Australian Medical Council from 2003 to 2008

and a member of the Board of the Postgraduate Medical Council of Victoria for eight years, and chair in 2007.

She also chaired the Australian Medical Council working party that developed the seminal 'Good Medical Practice: A Code of Conduct for Doctors in Australia' in preparation for the introduction of national medical registration. In June 2009, Joanna Flynn was appointed Chair of the Board of Eastern Health, one of Melbourne's largest metropolitan health services, and in August 2009, was appointed the Inaugural Chair of the Medical Board of Australia.

She has served as a member of significant accreditation committees and advisory boards and has been a representative of the Australian Medical Council on the Expert Group on Legislation, Australian Health Ministers Advisory Committee, the Commonwealth Medical Training Review Panel and the Australian Medical Workforce Advisory Committee.

Joanna Flynn's lucid, strongly written and informative editorials and communiqués have been integral in the dissemination of the framework of a new era in the regulation of health professions in Australia. The Australian National Registration and Accreditation Scheme which regulates health practitioners and students, is developing with Joanna Flynn as a key leader to be responsive, adaptive, open, outward facing and engaged with the professions and community. Throughout the development and implementation of this scheme Dr Flynn has been a respected source of advice and guidance.

A Membership of the Order of Australia was awarded to Joanna Flynn in 2011 for her service to medical administration and to the community, particularly in the areas of practice standards, regulation and professional education and as a general practitioner. Her tireless industry for high standards in medical practice and medical regulation throughout Australia brings credit to this University and the Melbourne Medical School.



Mr James Stuart Guest AM OBE VRD

Born in 1916, James Guest attended Geelong Grammar School before enrolling at the University of Melbourne and graduating in science (1938) and medicine (1941) – the first year of the medical course to be shortened due to the war.

After graduating James Guest enlisted in the Royal Australian Navy and served three years as medical officer in HMAS Westralia, which was engaged in seven major Pacific landings. He received the award of OBE for his war service.

After the war, James Guest undertook surgical training in London where he became a Fellow of the Royal College of Surgeons of England. Upon his

return to Melbourne he was appointed Surgeon to the Alfred Hospital. He taught and examined in anatomy, examined for the Royal Australasian College of Surgeons, was Board Member and later Chairman of the Peter MacCallum Cancer Institute, was on the Board of the Murdoch Childrens Research Institute and Honorary Naval ADC to the Governor of Victoria.

In 1979 James Guest was invited to become a Director and medical advisor to the recently formed Jack Brockhoff Foundation. Working closely with Sir Jack, he gained a wide knowledge of the needs of the disabled and disadvantaged in the community and of wider medical and social issues.

As Chairman of the Foundation (1990-2005) James Guest was active in promoting the work of the Foundation and extending its recognition in the community. The Foundation has had a profound impact throughout Victoria and work is being continued through its recent endowment of a Chair in this University, the Jack Brockhoff Chair of Child Health and Wellbeing.

Although he entered the University to study science, James Guest's switch to medicine was greatly influenced by Professor Wood Jones, who occupied the Chair of Anatomy from 1930-37. Wood Jones had already achieved world distinction as a scientist, as a master of human anatomy and as a leader of biological thought. His passion for these subjects and for medical history had a major impact on Guest and greatly influenced his career.

Guest was Inaugural President of Friends of the Zoos and in 1984 was recognised by his old college by being elected a Fellow.

James Guest has served his discipline with distinction, as surgeon, anatomist, medical historian and as an astute leader. His service to medicine and the community was recognised in 1982 by Membership of the Order of Australia.



Dr Sandra Michelle Hacker AO

Sandra Hacker has spent much of her career using the distinctive insights and skills used in her professional practice to work for the benefit of the medical profession, for victims of sexual abuse and the wider community.

In her private practice as a psychiatrist, Sandra Hacker's special interest lies in psychotherapy, particularly in the fields of adult post-traumatic stress disorder arising out of severe child sexual abuse. She spearheaded the establishment of a working party to eliminate motor vehicle exhaust gas suicide from Australia. At the Alfred Hospital she also works with heart-lung transplant patients on issues related to transplant suitability and psychiatric disturbance prior to or after transplant.

After graduating MBBS from the University of Melbourne in 1969

Sandra Hacker undertook further training in psychiatry and gained fellowship of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) in 1978.

Much of Sandra Hacker's work has been in the area of support and advancement for the medical profession, serving on numerous committees and in leadership roles for the Australian Medical Association (AMA), including terms as Victorian Branch president and national vice president, and for the RANZCP. She is currently a member of the Victorian Medical Benevolent Association and a councillor of the AMA (Victoria). Her work in establishing the Victorian Doctors Health Program has been of particular value to the profession.

Sandra Hacker's extensive contribution in the medico-legal arena includes medical advisor on female genital mutilation in the role of amicus curiae, and as expert witness in matters of repressed memory and sexual abuse, crimes compensation and sexual abuse, professional misconduct and medical negligence.

Her expertise in dealing with ethically contentious and problematic issues has been of great value in her multiple roles with the National Health and Medical Research Council (NHMRC). She has served the Council on a range of committees focusing on issues including ethics and genetics and recently retired from the chair of the NHMRC Australian Health Ethics Committee. In Victoria, she has served on the Board of Eastern Health, as Chair of the Board of Northern Health and of the Mental Health Research Institute and as a director of the Dax Centre.

In 2005 Sandra Hacker was appointed an Officer of the Order of Australia for service to medicine, particularly in the field of psychiatry, and to excellence in professional education and promotion of the highest standards of health care in Australia.



Dr Margaret Mary Henderson OBE

Margaret Henderson's capacity for academic excellence was evident early in her life when, at 16 years old, she won a Government University Exhibition. Too young for university, she repeated her leaving honours, and then took a year of science at the University of Western Australia before moving to The University of Melbourne to study medicine.

After graduating MBBS in 1938, Margaret joined the Royal Melbourne Hospital (RMH) where she was employed as a resident medical officer. As the tide of war swept over Australia, taking with it many of her contemporaries, Margaret Henderson sat for and took out an MD; undertook research at the Walter and Eliza Hall Institute; worked and served with the Australian Military Forces with the rank of Captain.

As the war ended she was recruited

by the Red Cross for post-war civilian work and soon found herself as Senior Medical Officer, leading a team of ten working in outlying Malay villages and dealing with a range of nutritional and tropical diseases.

After her time with the Red Cross, while working in London and Switzerland, Margaret Henderson developed an interest in specialising in respiratory and thoracic medicine obtaining membership, then fellowship, of the Royal College of Physicians and of the Royal Australasian College of Physicians. While still in London she was appointed Honorary Physician to Outpatients at the Royal Melbourne Hospital; the first woman to be appointed to the hospital's honorary staff. Writing in her autobiography, she notes that she had 'really applied mainly to strike a blow for women in medicine – and then put it out of [her] mind as being far too great a break with tradition'. One of only a few women medical graduates at the time, this was one of many blows Margaret Henderson struck for women in an era where greater tenacity and talent were required to achieve parity with men.

In addition to her work at the RMH, she was Honorary Physician to the Queen Victoria Hospital and Medical Officer to Janet Clarke Hall for many years. She also provided outstanding service to the Management Committee of the Royal District Nursing Service for 18 years, including four years as Vice President. She was awarded the Order of the British Empire for services to medicine in 1976, a rare distinction in that era. It is 125 years since women were admitted to the medical course at the University of Melbourne. There have been many

outstanding contributions to the practice of medicine, to teaching and research by generations of women graduates. Margaret Henderson was a leader and pioneer in establishing the rightful place of women in medicine.



Professor John Mathews

As a science and medical student John Mathews was inspired by some of the legendary teachers at the University of Melbourne: Pansy Wright, Maurice Belz and Victor Trikojus, among others. At the Walter and Eliza Hall Institute of Medical Research (WEHI), he came under the aegis of Macfarlane Burnet, who told him about kuru, the neurological disease decimating the Fore population in New Guinea. After graduating MBBS in 1964, John moved to New Guinea to coordinate Australian research on kuru, where he studied the spread of the disease.

After New Guinea, he completed MD and PhD theses at WEHI. After two years in Oxford as CJ Martin Research Fellow, he returned to the Department of Medicine at the University of Melbourne where he worked with John Hopper and Nick Martin to help establish the discipline of genetic epidemiology and the Australian Twin Registry.

As Foundation Director of the Menzies School of Health Research in Darwin from 1984, John Mathews built and led a multidisciplinary research team to provide new insights into the social and biological causes of ill-health in Aboriginal communities, and to advocate for improved health services, education and living conditions.

John worked with Indigenous leaders to create the Cooperative Research Centre (CRC) for Aboriginal and Tropical Health, with Lowitja O'Donoghue as inaugural chair. He also negotiated a ground-breaking legal agreement with the Tiwi people to guarantee their legal ownership of research information and samples held in trust by the Menzies School. As Deputy Chief Medical Officer in Canberra (1999-2004) John Mathews provided expert technical and strategic advice and leadership on public health matters for the Federal Government.

Since returning to Melbourne as a professorial fellow, he has explored innovative models for the spread of influenza and has also initiated a ground-breaking project, using de-identified Medicare records, to quantify cancer risks following early exposures to medical X-rays.

Professor Mathews served as senior scientific adviser to the Agent Orange Royal Commission and has advised the Commonwealth Government on ionising radiation, HIV/AIDS, Aboriginal health, mad-cow disease, SARS and the white powder (anthrax) scares. He is a fellow of the Royal Australasian College of Physicians, the Royal College of Pathology of Australasia and the Australasian Faculty of Public Health Medicine.

John Mathews' contributions to the University and to health and medical research have been extraordinary in their intellectual breadth and enduring impact. His legacy reflects his integrity, humanity and focus on outcomes that matter.



Dr Hugh David Niall

Hugh Niall matriculated in 1954, obtaining first place in the State of Victoria, with special exhibitions in Latin, Greek and calculus and applied mathematics. Although he was attracted to pursuing classics and mathematics, family tradition and the example of his late father, a physician, led him into medicine.

Niall interrupted his medical course to work at St Vincent's Institute in Melbourne with the acclaimed Swedish scientist Pehr Edman. Reclusive by nature, Edman rarely travelled and, at a time when the shadow of McCarthyism still lingered, had been refused an entry visa to the United States. So when, Hugh Niall went to work in the US in 1967, he found himself in an enviable position for a junior researcher, being the only scientist in the country with expertise in a protein sequencing method that was far better than anything else available at the time.

Working at the National Institutes of Health, and later at the Harvard Medical School, Hugh Niall set out to improve on the Edman technique. He made it more sensitive and applicable to a wider range of proteins and collaborated with an instrument company on the development of a commercial version of the Edman instrument. Meantime, in the face of competition from rival groups, he was first to report accurate structures for growth hormone, prolactin, parathyroid hormone and calcitonin, the latter two leading to treatments for osteoporosis and Paget's Disease.

Returning to Australia in 1974 Hugh Niall took up a position at the Howard Florey Institute where his team cloned and synthesised the reproductive hormone, relaxin. In 1985 he moved to California to work at the biotechnology company Genentech, where he became Vice-President of Research Discovery. There he was a director and mentor of younger scientists helping to develop new drugs. It was a productive time for Genentech's research; drugs developed under Niall's supervision that are now used to treat patients include Nutropin for dwarfism, Herceptin for breast cancer, Avastin for cancer and Lucentis for preventing blindness.

In 1995 Hugh Niall returned again to Melbourne to apply his decade of experience in a world-leading biotech company to an Australian setting, initially as CEO of Biota Holdings where he fostered an alliance between Biota, the Victorian College of Pharmacy, CSIRO and GlaxoWellcome, which led to development of the anti-influenza drug, Relenza. After a variety of other leadership roles in medical research and industry he now combines several

directorships with an appointment as a Vice Chancellor's Professorial Fellow at Monash University.

Three years ago Hugh Niall returned to an old love: the classics. He is now well into an undergraduate degree, and has won prizes for unseen translation in both Latin and Ancient Greek in national undergraduate competition, in some measure fulfilling the promise of his accomplishments nearly 60 years earlier.



**Professor Emeritus
Richard Alan Smallwood AO**

Influenced by his mother's work as a doctor in the Malayan Medical Service and in Malay camps during the Second World War, Professor Emeritus Richard Smallwood chose to study medicine at the University of Melbourne.

After graduating MBBS in 1960 and MD in 1964 he undertook further training at the Royal Free Hospital in London and at Boston University School of Medicine. Upon returning to Melbourne in 1970 he was recruited by Professor Austin Doyle into a pioneer team establishing academic medicine at the Austin Hospital in Heidelberg. In this role he established

and directed Victoria's first adult-centred gastroenterology department. He subsequently became Professor of Medicine, Head of the Department of Medicine and Chairman of the Division of Medicine at the Austin and Repatriation Medical Centre.

In 1993 he co-authored, with Richard Larkins, *Clinical skills: the medical interview, physical examination and assessment of the patient's problems*, a text that has played a major role in the education of medical students. He has published over 250 scientific and clinical papers, focused chiefly in his speciality area of the liver and its diseases.

Richard Smallwood's presidency of the Royal Australasian College of Physicians (1996-98) corresponded with his long association with the National Health and Medical Research Council (NHMRC). Beginning with a position on the Council's Health Care Committee, he served as a member or chair of several committees and chaired the Council itself between 1994 and 1997. As convener of the Faculty of Medicine, Dentistry and Health Sciences annual ethics seminar series (1993-99), the University, the medical and general communities benefited greatly from his enthusiasm for open and informed public debate. He was awarded an Officer of the Order of Australia in 1997 for services to medicine and a Centenary Medal in 2001.

In 1999 Richard Smallwood was seconded from the University to Canberra as Australia's Chief Medical Officer. His tenure in this position until 2003 covered a period of heightened public and official concern about the risk of bioterrorism and naturally

occurring pandemics. He met the community concern arising out of the Bali bombings and American anthrax incidents in 2001, and the SARS epidemic in 2003, with a measured response, balancing the national need for security with the public need for credible information. Since 2008 he has been President of the Australian Medical Council.

Richard Smallwood's discerning intellect and geniality enables him to bring people together and garner support for progress in public health policy. His work has been of great benefit to the nation and to the reputation of the University of Melbourne.

➔ Full versions of citations are available at www.medicinere150.mdhs.unimelb.edu.au

Congratulations

Australia Day Honours 2012

John F Forbes (MS 1976, BMedSci 1972, MBBS 1968)—AM for service to medicine in the field of breast cancer research, to the development of improved clinical practice standards, and to the community.

Timothy H Mathew (MBBS 1961)—AM for service to medicine in the field of renal disease and transplantation through research and advisory roles, and to Kidney Health Australia.

K Vernon Bailey (MD 1961, MBBS 1953, BSc 1952)—OAM for service to the community of the Australian Capital Territory.

Alan J Goble (MD 1952, MBBS 1948)—OAM for service to medicine as a cardiologist, and to the National Heart Foundation in Victoria.

Frank Incani (MBBS 1964)—OAM for service to medicine as a surgeon, and to the Italian community in Victoria.

Ben Korman (MD 1996, MBBS 1971, BSc 1969)—OAM for service to the community, particularly through the Holocaust Institute of Western Australia.

Geoffrey A Rickarby (MBBS 1956)—OAM for service to medicine, particularly in the field of child and adolescent psychiatry.

Thomas V Roberts (MBBS 1957)—OAM for service to the community of Ballarat, particularly through the Royal Australian Air Force Association, and to medicine.

Ian F Robertson (MBBS 1952)—OAM for service to ophthalmology, and to the Lions Eye Donation Service.

Les A Woollard (MBBS 1974)—OAM for service to medicine in rural and remote areas of New South Wales.

Queen's Birthday Honours 2012

Ian H Frazer (MD 1988)—AC for eminent service to medical research, particularly through leadership roles in the discovery of the Human Papilloma Virus vaccine and its role in preventing cervical cancer, to higher education and as a supporter of charitable organisations.

Geoffrey A Donnan (MD 1980, MBBS 1972)—AO for distinguished service to neurology as a clinician and academic leader, and through international contributions to research, particularly in the prevention and treatment of stroke.

Stephen Baddeley (MBBS 1973)—AM for service to orthopaedic medicine in the Northern Territory, to international humanitarian aid, and to St John's Ambulance.

Wilma M Beswick (MBBS 1972, MD)—AM for service to medical education and research through training and administrative roles, to curriculum development and clinical assessment reform, and to professional associations.

Harry A Derham (GDipPsychMed 1971, MBBS 1960)—OAM for service to psychiatry, particularly in the field of eating disorders.

Robyn M Horsley (MBBS 1978)—OAM for service to occupational and environmental medicine, and to medical education.

Jim Martin (GDipOphth 1956, MBBS 1951)—OAM for service to medicine, particularly in the field of ophthalmology, and to the community.

A Body of Knowledge

A SERIES OF EXHIBITIONS ACROSS THE UNIVERSITY OF MELBOURNE.



➔ View the catalogue online:
[http://mediciner150.mdhs.unimelb.edu.
au/multimedia](http://mediciner150.mdhs.unimelb.edu.au/multimedia)

The past is important to understanding the present and planning for the future. It was therefore fitting that the museums in the Faculty of Medicine, Dentistry and Health Sciences – the Medical History Museum, the Henry Forman Atkinson Dental Museum and the Harry Brookes Allen Museum of Anatomy and Pathology – joined with the University's Ian Potter Museum of Art to play an intrinsic part in our celebration of 150 years.

*These exhibitions explored the differing perceptions of the human body through art in *The Anatomy Lesson*, and through the various approaches to teaching students the functions, intricacies and wonders of medicine and dentistry in *The Art of Teaching*.*



James Angus, Glyn Davis and James Best at the official opening of A Body of Knowledge

The Anatomy Lesson

Curator: Ms Jenny Long

This exhibit displayed a wonderful range of images and objects sourced from the University's many distinctive collections. Seventeenth-century anatomical texts and prints from the Baillieu Library collection jostled alongside paintings and drawings from the University of Melbourne Art Collection and the Victorian College of the Arts.

The Art of Teaching: Models and Methods

Curators: Emeritus Professor Henry Atkinson, Dr Ryan Jefferies, Rachael McMillan and Louise Murray

Encompassing models, moulages, notebooks, photographs and illustrations – items from the extensive collections of the Harry Brookes Allen Museum of Anatomy and Pathology, the Henry Forman Atkinson Dental Museum, the Medical History Museum and other University collections – this exhibition highlighted the fascinating objects and materials used in the teaching of medicine and dentistry at the University of Melbourne.

The Art of Teaching: Clinical Schools

Curator: Dr Jacqueline Healy

Clinical schools have always been an intrinsic part of the teaching of doctors. The first University of Melbourne medical students to be clinically attached to the Melbourne Hospital occurred in 1864. Other hospitals followed – St Vincent's, the Eye and Ear Hospital, the Alfred, the Women's and Children's and later Prince Henry's and the Austin – a network that has continued to expand. This exhibition examined these historic connections and traced the beginnings of some of Victoria's major hospitals from the nineteenth century and their relationships with the University of Melbourne through artworks, documents and objects from the hospital's archives.



Sally Smart Anatomy lesson 1995. Cotton, synthetic polymer paint, watercolour, gouache, ink, charcoal, wooden dowel on paper and canvas, 6 components. The Vizard Foundation Art Collection of the 1990s, acquired 1995. On loan to the Ian Potter Museum of Art, the University of Melbourne. © Sally Smart. Reproduced with permission from the artist

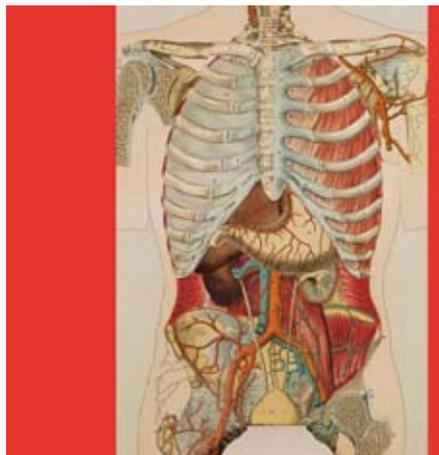
Model of the brain (dissected on wooden base) c1990. Gypsum, paint, wood. Harry Brookes Allen Museum of Anatomy and Pathology



Johannes Pieter de Frey after Rembrandt van Rijn. The anatomy lesson 1798. Etching on paper. Baillieu Library Print Collection, The University of Melbourne. Gift of Dr J Orde Poynton 1959



Anatomical teaching model of jaws and teeth c1885. Bone, wax, wood, brass. Henry Forman Atkinson Dental Museum



Physician's Anatomical Aid 1888. Print on paper, canvas, cardboard. The Hurley Family Collection. The Royal Melbourne Hospital Archives



Samuel Thomas Gill (1818-1880). The Original Design of the Alfred Hospital by C Webb (1821-1898) 1870. Watercolour. Inscribed by Victor Cobb on its presentation to The Hospital, November 12th, 1929. The Alfred Hospital Archives

Recognising our Clinical Schools



THE 150TH ANNIVERSARY OF THE MELBOURNE MEDICAL SCHOOL PROVIDED A WONDERFUL OPPORTUNITY TO RECOGNISE THE OUTSTANDING ACHIEVEMENTS OF THE SCHOOL'S STUDENTS, STAFF, DISTINGUISHED ALUMNI AND FRIENDS.

The Melbourne Medical School is renowned for global leadership in health research, policy and practice. This would not be possible without the School's long standing relationships with many of Melbourne and Victoria's leading hospitals and research institutes.

As Head of the Melbourne Medical School, James Best has been presenting certificates of appreciation to these valued partner institutes throughout 2012 and 2013, including:

- Austin Health
- Ballarat Health Services
- Epworth Healthcare
- Goulburn Valley Health
- Melbourne Health
- Mercy Health
- Northern Health
- Peter McCallum Cancer Centre
- St Vincent's Health
- Royal Children's Hospital
- Royal Victorian Eye and Ear Hospital
- Royal Women's Hospital
- Western Health

These partnerships and collaborations provide students with valuable clinical training opportunities and access to outstanding facilities. They are an integral part of the Melbourne Medical School's development and have a significant impact on teaching, learning, research and clinical practice.



CEO Sleep Out



Glenn Bowes, Peter Ebeling, Susan Sawyer and Mark Cook spent a freezing night at Etihad Stadium as part of the CEO Sleep Out



IN 2012 FOUR COLLEAGUES FROM THE UNIVERSITY OF MELBOURNE TOOK PART IN 'VINNIES CEO SLEEP OUT.'

Braving one of Melbourne's cold winter nights to participate in the event at Etihad Stadium, Professors Peter Ebeling, Mark Cook, Glenn Bowes and Susan Sawyer joined CEOs, community leaders and senior business in a nationwide sleep out to raise awareness of homelessness.

The event raised over \$5.3 million nationally to assist homeless services.

Peter, Mark, Glenn and Susan all share a commitment to the health and wellbeing of the community and hoped their participation in the sleep-out would encourage their colleagues in the medical community to support this most important initiative.

'As a father I am deeply concerned that there is such a large number of young people with nowhere to go at night. In our profession we focus on the health and wellbeing of our community through teaching and learning and research, yet sometimes we need to be reminded that there are so many people living without basic shelter,' reflected Professor Bowes.

Participants were told not to bring any luxury items, alcohol, extra food or bedding. All were given warm soup and rolls and cardboard to lie on.

The intrepid team members said that it was a great experience and are already planning to take part in this year's event. Hopefully with some encouragement, there will be many more representatives from across the University at the CEO Sleep Out in 2013.

A Body of Knowledge Symposium

By Mark Cook

A personal highlight of the 150th celebratory events was the 'A Body of Knowledge Symposium', which featured a variety of speakers touching on different aspects of the intersection between art, technology, philosophy and history.

The first part, chaired by Jacky Healy, curator of the Medical History Museum, started with 'The Demon in the Body', in which I provided a perspective on attitudes to epilepsy over the ages, in particular the early attempts to distinguish between disease and demonic possession. This interpretation of the origin of seizures has influenced the management of the illness significantly over the ages, and – perhaps surprisingly – continues to inform popular conceptions.

When Dr James Bradley, from the Centre for Health and Society and the History and Philosophy of Science, spoke on 'The sick man thesis: bodies and disease in the nineteenth century' he examined the history of anatomy and pathology, particularly the conceptual underpinning of the reduction of disease to lesions in organs. How this later related to the writings of Foucault and Jewson in the late 60's and early 70's was elaborated, emphasising though, that doctors were still operating in a holistic universe where the body and mind of the patient was integrated with the wider environment.

Dr Ross L Jones, Historian, and Senior Fellow, Department of Anatomy and Cell Biology, spoke on 'Cadavers, Medicalisation and the Social Dimension of Dissection at the University of Melbourne in the Nineteenth and early Twentieth Centuries', describing the founding of the Melbourne Medical School, and the demand this produced for a regular supply of cadavers for medical students. The changing relationship between students and society was demonstrated in a thought-provoking and novel manner, particularly through contemporary photographs.

A high point of the event was a rendition of a medical students' song from the period, sung by Ross! Incredibly the lecture was given in the very building (Old Medicine, now the Elisabeth Murdoch building) many of the contemporary photographs were taken in. To conclude the morning Dr Anthony J Hill, President of the Australian Society of Forensic Odontology and Society representative Interpol DVI Organisation, provided a remarkable account of the 'Bazar de la Charite Fire of 1897', discussing how this represented the genesis of forensic odontology. Fascinating historical perspectives on Parisian and European aristocracy were provided, and how this catastrophic fire led to the first application of forensic odontology to mass disaster.

In the afternoon session, Jenny Long, Exhibition Curator, The Anatomy Lesson, introduced a group of speakers examining a variety of aspects of art and medicine. Victoria Hobday, Curator and Art Historian spoke on the relationship between artists and anatomists in the creation of wax anatomical models, in 'Close and Detailed', focusing on the Tramond wax anatomical models produced in Paris that were bought for the medical school at the end of the nineteenth century as teaching aids.

The history of interaction between artists and anatomists to produce books and anatomical models, central to the teaching of anatomy, was outlined, and how this altered over time to reflect new technologies and changing social perspectives. Dr Helen McDonald, Honorary Research Fellow at the University of Melbourne, spoke on 'Issues of Contemporary Motherhood in the art of Patricia Piccinini'. In this talk different perspectives on the interpretation of Piccinini's art, on the one hand described as 'ethical aesthetics,' contrasted with the view that Piccinini's art is driven by emotion, and reflects the dilemmas that prospective mothers confront.



Mark Cook

Whilst all the sessions were fascinating, I don't think anyone could dispute that the talk by Stelarc, Performance Artist, and Chair In Performance Art, School of Arts, Brunel University, London, 'Meat, Metal and Code: Alternative Anatomical Architectures' was truly the grande finale. A true visionary, Stelarc illustrated his projects and performances with prosthetics, robotics and biotechnology, using dramatic audiovisuals and provided a startling demonstration of how ideas about the interaction between man and machine that were once viewed as extreme, perhaps even outrageous, have now become part of our everyday world. Quite unforgettable.

*Mark Cook (MBBS 1983, MD 2000) is
Chair of Medicine at St Vincent's Hospital*

THE ANATOMIST'S SONG.*

R. J. A. BERRY.

(Melbourne.)

E. P. TRUMAN.

Allegretto.

mf

A more hu-mane a - na - tom - ist did nev - er be - fore ex - ist, To

mf

no - bo - dy se - cond, I'm cer - tain - ly reckoned, a mod - ern ma - ter - ial - ist. It

is my ve - ry hu - mane en - dea - vour to make, to some ex - tent, The

CHORUS.

me - di - cal mass - es of stu - dents' class - es to mine sub - ser - vi - ent. My

ob - ject all sub - lime, I shall a - chieve in time — To

* Sung originally to the tune of "A more humane Mikado," from "The Mikado" (Sullivan).

The Anatomist's Song, as sung by Ross Jones, to the accompaniment of his brother, Paul Jones, during the 'A Body of Knowledge' Symposium, was written by RJA (Dicky) Berry (1867-1962), Chair of Anatomy 1905-1929 and EP Truman, and published in the Australasian Students' Songbook, (Melbourne: George Robertson & Co, 1911)

A Med Student's Life

MEDICAL HISTORY MUSEUM

By Jacqueline Healy

A Med Student's Life was about the heart of the life of Melbourne Medical School our students. Many alumni contributed directly to the exhibition with stories, photographs, and ephemera contributing to the celebration of our 150th anniversary year.

This exhibition, A Med Student's Life, brought together the key elements of student life; the teachers, the study and the camaraderie. Our facilities and technology may have changed significantly but the pressure and joys of student life remain the same.

Student notes connect us directly to the process of learning. Alumni gave and loaned their student material. Examples included Dr Prashanth Pawar's lecture notes from 2000 and Dr Hugh Taylor's from the 1970s. These were exhibited alongside J. W. Springthorpe's notes of Halford's lectures in 1877 which are the only remaining evidence the first Professor of Melbourne medical school teaching methods.

Programs from the Med Medleys Revue show how generations of medical students have entertained their friends and families since 1921. One of the programs, titled Thanks for the Mammary from 1958 gifted by Dr Colin Melville was considered so risqué by The Age in the 1950s that they refused to publish the correct title. Similarly, posters, menus and merchandise in the exhibition were filled with a very particular type of humour. The 2004 MIPS & MSS present Grand Medical Ball poster boasts It's a bloody business and The Blow Out of the Medical Students Society dated 1902 invites fellow students to "A dead cold invitation."

The Medical Students Society has been the means of bringing together students to party and critique the school and society. Speculum has provided a student voice since 1882 periodically under other names such as Gubernaculum. This Medical Student



Melbourne University Jubilee : University Students at Princess Theatre, 'La Fille du Tambour Major', April 20 1906.



Ted Medleys... Bachelor of Medleys and Bachelor of Surfing from 1987.

Society magazine is a remarkable record of the life of the medical school from the students' perspective. Many alumni gifted copies of Speculum for this exhibition which are significant additions to the Medical History Collection.

The camaraderie of student life was also revealed by a plaque dedicated to Canute Henry Clowes a student enrolled in Medicine at the University of Melbourne. He died shortly after the end of the academic year in December 1910 from a peritonsillar abscess. The plaque was erected by his fellow students "in remembrance of his manliness of character and kindness of heart and to commemorate the services that he rendered to student life in the University". Originally located in the Sports Union it was taken from its original location. Research by Rita Hardiman re-established its significance.

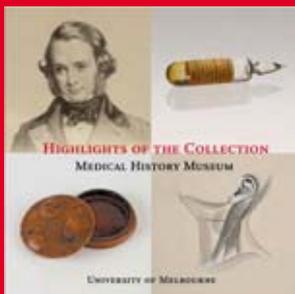
There were also tributes to the academic staff from colleagues, staff, students and the wider community such as the Medallion for the Knight of the Order of Pius presented to AC Brownless by Pope Leo XIII in 1883 (loaned by the Brownless family) and Letters patent conferring knighthood on Harry Brookes Allen with the Great Seal of King George V from 1914.

Importantly, there were also many photographs of the students showing turning points in the life of the school; a picture of William Carey Rees, one of the three students attending Melbourne Medical School in 1863; a photograph showing the first female students who entered the school in 1887, 25 years after the founding of the school and the first group of graduates from Western Clinical School 2011. A Med Student's Life reflected on the changes and similarities of medical education across generations giving alumni the opportunity to share their memories of student days.

Jacqueline Healy is curator of the Medical History Museum

Merchandise for Sale

➔ Available online: <http://medicine150.mdhs.unimelb.edu.au>
or by calling 9035 7869



Highlights of the Collection: Melbourne Medical School Edited by Jacqueline Healy. A book presenting fifty specially selected items from the Medical History Museum collection totalling more than 6000 pieces and representing some four centuries of Western medical history.



Melbourne Medical School Classic Striped BOW TIE 100% silk jacquard woven classic striped BOW TIE tie with red embossed Chiron emblem.



Melbourne Medical School Modern Red Chiron BOW TIE 100% silk jacquard woven modern Chiron BOW TIE tie with red embossed Chiron emblem.



Melbourne Medical School Modern Red Tie 100% silk jacquard woven tie in a deep red with Chiron emblem embossed in silver.



Melbourne Medical School Classic Striped Tie 100% silk jacquard woven classic striped tie with red embossed Chiron emblem.



Melbourne Medical School Elegant Spot Tie 100% silk jacquard woven elegant tie, deep red with navy and silver spots and the Chiron emblem embossed in silver.



Melbourne Medical School Ladies Yoryu Silk scarf in white, silver and deep red (100cm x 100cm) 100% silk yoryu chiffon silk scarf in tones of white, silver and deep red featuring the Chiron emblem.



Melbourne Medical School Ladies Silk Yoryu Scarf in white and silver (150cm x 40cm) 100% silk yoryu chiffon scarf, in tones of white and silver, featuring the Chiron emblem.



Melbourne Medical School Ladies Twill scarf in silver and deep red (100cm x 100cm) 100% silk scarf made from a delicate yoryu chiffon silk in tones of silver and deep red featuring the Chiron emblem in the design.

Books

Lion Hearts. A Family Saga of Refugees and Asylum Seekers

By Henry R Lew, Hybrid Publishers, 2012
Available for A\$29.95 at:
www.hybridpublishers.com.au

When Melbourne ophthalmologist Dr Henry (Harry) Lew's father Lonek died, Dr Lew (MBBS 1970) found it too painful to write an obituary. *Lion Hearts*, is his attempt to rectify that omission but achieves much more: an obituary for a generation of Polish Jews, Holocaust survivors who became the basis of a European community in Melbourne in the late 1940s.

Dr Lew has documented Lonek's life by telling stories about Lonek's friends and family. Born in Bialystok, Poland in 1907, Lonek was given the name the Hebrew name of Arieh Lev, which translates to 'Lion Heart'. As Dr Lew compiled this book he realised that all his father's friends and acquaintances had lion hearts. The experiences of these lion-hearted Bialystokers parallel the insults to their city. Just as their city suffered for over fifty years – under Czarist rule, German occupation, a brief Polish jurisdiction, and alternating Nazi and Soviet invasions – so did the Bialystokers suffer. Not all survived – many died in the Holocaust, some have since committed suicide, many have been scattered across the globe. However the survivors and their descendants are linked by their responses to the persecution – responses characterised by a remarkable determination to make the best of things.

Some of those Bialystokers, like Lonek and his wife Genia, found themselves washed up in Melbourne, where their unspeakable experiences shaped their attitudes as they participated in Australian culture. I laughed at Lonek's response to an orthopaedic surgeon who dared to tell him nothing could be done for the necrosis of his femoral head.

Told he would only have a 30 per cent chance of surviving a total hip replacement, Lonek countered that if his brother Fishel or sister Basia had been given a 30 per cent chance when the Germans put them on a train to Treblinka they would have grabbed it with open arms: 'I'll have the operation tomorrow morning, thank you Doctor'.

Dr Lew describes his father as a Scaramouche – the swashbuckling rogue with a wry sense of humour, who is the hero of Sabatini's novel. This characteristic must be somewhat hereditary – close to the end of Lonek's life he asked his son Harry to purchase a new kettle. Harry chose a rather 'elegant' one, but was subsequently upbraided by his father for buying an expensive kettle, 'I'll be dead in six weeks; you should have bought me a cheaper one'. Harry, a little offended, retorted: 'I didn't want to inherit a crummy kettle'. Lonek was somewhat taken aback, but then, according to Harry, broke into a grin: 'Quite correct, Harry. Quite correct'.

This book is important on many levels. Firstly it is a remarkable obituary, created by seemingly simple stories, and shows us that our legacies will be tapestries made up of the various influences we have had on many people. Secondly, the piecing together of this book was possible only because of an enormously strong bond of love between a father and his son. And finally because it does not leave us feeling depressed – rather it leaves us with Lonek's positive philosophy: 'I pledge to myself that this new day shall be gain, not loss; good, not evil; success, not failure'.

Dr Lew has honoured his remarkable father, and by telling these tales of persecution, suffering, displacement, suffering, survival, determination and optimism he has told the story all refugees.

Katrina Watson, MBBS 1977



Professor Gordon Lynch, Dr Juliet Flesch and Professor Barry Jones

Life's Logic. 150 Years of Physiology at the University of Melbourne

By Juliet Flesch, Australian Scholarly Publishing, 2012 Available for A\$49.95 at:
www.scholarly.info/home

The arrival in Melbourne of George Britton Halford on 23 December 1862 signalled the establishment of medical education and research in physiology in Australia. For a century and a half the Department of Physiology at The University of Melbourne has been at the forefront of research and teaching in this essential discipline.

'Melbourne University's Department of Physiology has gained international recognition for its outstanding research and teaching. It was a pioneering institution. Now, Juliet Flesch has written, with passion and insight, the history of a great achievement and the controversial characters who ran it in *Life's Logic*.' — Barry Jones

Dr Juliet Flesch is an Honorary Fellow in the School of Historical and Philosophical Studies at The University of Melbourne, a librarian of thirty years' standing and author of a number of historical books, scholarly articles and chapters.

The Medical History Museum, Highlights and Catalogue Online

By Jacqueline Healy

In addition to running two exhibitions the Medical History Museum played a key role in the 150th Anniversary celebrations by improving access to its collection of more than 6000 pieces covering more than 400 years of Western medical history. A catalogue showcasing fifty items from the collection titled *Highlights of the Collection*, Medical History Museum was published and the Museum's database was placed online.

Since its inception in 1967, the Medical History Museum has developed a diverse and varied collection encompassing documents, photographs, artefacts, ceremonial objects, medical and scientific equipment and associated research material. It has grown through gifts from graduates, families and institutions. The core of the collection relates to the history of the Melbourne Medical School but has expanded to encompass the history of medicine in Victoria, Australia and internationally.

The *Highlights of the Collection*, Medical History Museum publication brings together fifty items from a collection. Some of the items celebrate major examples of human endeavour and scientific discovery. Others appear so mundane or ordinary that they might normally be overlooked. Yet their distinct provenances all enrich our knowledge of medical history. Leaders in medical and related disciplines were invited to write about these items in the collection from their own perspectives. It is these contributions that have given new life and significance to the 50 items and reveal the great value of this collection. Contributions illustrate key aspects of the collection; photographs of Melbourne medical school students, evidence of major Australian discoveries and medical technology in the nineteenth century.

The online collections page begins with highlights of the collections. Examples include medical and scientific equipment



such as Julian Smith's direct blood transfusion pump and William Stone's x-ray tubes. Photographs encompass early images of teachers and students of Melbourne Medical School including Professor Halford in a dissection class in 1864 and the first group of women students.

The Medical History Museum's purpose is 'to encourage appreciation and understanding of the history of medicine and its role in society through direct engagement with the collections'. The establishment of an online database has provided students, researchers and alumni with immediate, accurate and structured access to the items in the collection, considerably enhancing the public value of the Museum collection. This result was only achieved due to the generous sponsorship of Victorian Medical Insurance Agency Ltd the name behind PSA Insurance.

➔ View the collection online at:
<http://museum.medicine.unimelb.edu.au>



Jacky Healy and James Best at the launch of The Highlights of the Collection, Medical History Museum.

There are so many more stories to tell, the Medical History Museum looks forward to working with the Melbourne Medical School Alumni in the future to gather material and share the heritage of medical practice and research.

Jacqueline Healy is curator of the Medical History Museum

A Living Legacy

On the evening of Wednesday 12 December, Professor James Angus, Professor James Best and a selection of distinguished guests gathered to mark a quiet yet momentous occasion in the history of the Melbourne Medical School.

As part of the 150th Anniversary celebrations, Mr Chris White, Executive Director of Property and Campus Services, presented Professor Angus and Professor Best with one of the world's oldest and rarest trees, the Wollemi Pine, to plant outside the Melbourne Medical School. The tree was discovered in 1994 in a rainforest gorge in the Blue Mountains in New South Wales.

Professor Angus said at the ceremony that the planting of the tree was 'deeply symbolic.'

"The Melbourne Medical School was the seed planted 150 years ago, which has grown into what is now the Faculty of Medicine, Dentistry and Health Sciences. A tree with many strong branches, with a wide, spreading canopy and which bears excellent fruit."

The Property and Campus Services division of the University has long held ties with the Melbourne Medical School. In the early years of the School's establishment, the University struggled to secure sufficient government funding for staff, buildings and equipment. In order to pay for medical staff and laboratory supplies, the University used savings from cuts to funding set aside for work on the University's grounds.

Professor Best, who turned the first sod at the planting ceremony, said that the tree would act as a reminder of the Medical School's enduring gratitude to all those who made sacrifices to ensure the School's foundation, many years ago.

James Best turns the first sod at the tree planting ceremony.



Left to Right: James Angus, Mr Chris White, Geoff McColl and James Best

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