



CHIRON

MELBOURNE MEDICAL SCHOOL | TWENTY THIRTEEN



THE UNIVERSITY OF
MELBOURNE

MELBOURNE
MEDICAL
SCHOOL

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and stands outside the Medical
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EDITORIAL

THE SHOULDERS OF GIANTS

JAMES D BEST



On Saturday 14 December 2013, the final Melbourne MBBS class received their degrees from Chancellor Elizabeth Alexander in Wilson Hall, and graduated from the University of Melbourne. I found the MBBS hood, in which I had graduated 41 years earlier, and wore it to the ceremony, which I always find a very moving event. The graduation address, given by Professor Susan Elliott, herself a Melbourne MBBS graduate, architect of the MBBS course introduced twelve years ago, and now Pro-Vice Chancellor (Engagement), is reproduced in this issue of *Chiron*.

After receiving their degrees the graduating class stand and recite the World Medical Association Declaration of Geneva. The declaration includes the statement, 'My colleagues will be my sisters and brothers', a sentiment that infuses all our annual alumni reunions and, over recent years, our meetings with international alumni, which we see as 'family' reunions. As an alumni journal, *Chiron* is the ideal setting to report these events more widely amongst the family.

The new Doctor of Medicine (MD) course is into its fourth year and our first class will graduate this December. In a sense this is a 'back to the future' change as the first medical degree awarded by the University, as early as 1856 (before the medical course started in 1862), was the MD. Medical graduates from the UK, such as our founder Anthony Colling Brownless, who had taken the examination

for the MD from St Andrews University in Scotland, were awarded an MD ad eundem gradum.

Another event of great significance during 2013 was the celebration of 125 years of women in medicine at the University of Melbourne. Although the 125th anniversary was actually in 2012, we thought a more fitting tribute to those pioneers who fought for entry to the medical course, and the thousands of women who have followed in their footsteps, would be paid by separating this major celebration from the 150th anniversary. The 'strength of mind' shown by these remarkable women is recorded in this issue of *Chiron* and was the title of a wonderful exhibition in the Medical History Museum, and a published collection of 60 stories written by and about alumnae of our Medical School.

The other major exhibition and catalogue produced during 2013 was 'Venom: Fear, Fascination and Discovery'. Copies of both catalogues have been popular with alumni and the general public alike and are available through the University's Co-Op Bookshop. We are fortunate to have an exceptional collection in the Medical History Museum which our curator, Jacky Healy, uses to produce fabulous exhibitions and publications. We have plans to expand the Museum, enhance its role in medical education, and produce more extensive displays of the collection. We always welcome visits from alumni and invite your support for the Museum.

Our many thousands of alumni continue to make a remarkable contribution to medicine and to society, in Australia and internationally – arguably as great as those from any medical school in the world. Over the past two years we have recognised some of the most outstanding contributors amongst our alumni with the award of honorary degrees. A highlight of 2013 was the awarding of five Doctor of Medical Science honoris causa to distinguished alumni. This ceremony was held in conjunction with the award of the

Sir William Upjohn Medal (named after another distinguished alumnus) to Professor Emeritus Richard Smallwood, whose address is presented in this issue of *Chiron*. We plan to recognise further distinguished alumni in this way in 2014.

We are always very grateful to receive financial support from alumni and others who value the work of the Melbourne Medical School. Mrs Pamela Galli has been a remarkable philanthropist, endowing the Lorenzo and Pamela Galli Chair in Melanoma and Skin Cancers in 2012 and then, in 2013, another Chair, the Lorenzo and Pamela Galli Chair in Developmental Medicine. This level of support is truly inspiring and a mark of the wide esteem in which the University and its Medical School is held.

Over the past two years, alumna and anatomist Associate Professor Jenny Hayes has convened a wonderful tribute to those who have donated their bodies for the study of anatomy. Supported by medical students and academic teaching staff, the families of these exceptional donors are involved in a ceremony with music, poetry and candles lit for each donor. Having the event in Wilson Hall, where our students graduate, lends added significance to this important acknowledgement of those who make our excellent anatomy teaching possible.

It was Isaac Newton who acknowledged that he had been able to see further by 'standing on the shoulders of giants'. During 2013, as in each year, we lost some giants whose contributions have helped to build the reputation of the Melbourne Medical School. With over 300 graduates each year there are many stepping up to continue their work, ensuring that the Melbourne Medical School will endure as one of the finest medical schools in the world.

Professor James D Best

*Head, Melbourne Medical School
MBBS 1972*

STRENGTH OF MIND

JANE GUNN

Today, just over half of the graduates of the Melbourne Medical School are women. The past 125 years of the Medical School have seen women contribute and achieve so much. In 2013 we celebrated the outstanding contribution of women doctors, a contribution that began in 1887 with the first seven female medical students: Clara Stone, Margaret Whyte, Grace Vale, Elizabeth and Annie O'Hara; Helen Sexton and Lilian Alexander. It was my great honour to Chair the Steering Committee for the celebrations supported by the wonderful committee members: Jacqueline Healy, Katrina Watson, Judith Savige, Lorraine Baker, Sue Sleep, Melissa Lee and Liz Brentnall.

Our celebrations began with the public launch of a major publication and exhibition *Strength of Mind: 125 years of women in medicine at the Medical History Museum*. The evening event attracted large numbers of alumni, University staff and members of the public. The Melbourne Medical School Student Ambassadors were on hand to greet the attendees and to make them feel an important part of this significant event. The Medical History Museum was alive with conversation and reminiscences prompted by the magnificent displays carefully brought together by our Curator, Jacqueline Healy.

The exhibition and catalogue include key historic and contemporary individuals and events that track the changes over 125 years. Over 100 women graduates of the Medical School participated in the publication as subjects or as authors. Each woman participant, whether subject or author, is inspiring in her own right. The exhibition and catalogue can only provide a fleeting snapshot of our rich and inspiring history.

Every female graduate has faced the challenge of gaining admission to the University to study medicine, but none so great as the challenge faced by the first



Wilma Beswick (above) is the subject of Kim Yeoh's article in *Strength of Mind*

seven women. Being accepted as a woman doctor took time. The catalogue provides an insight into how women took charge of their own future, identified supportive networks, grasped opportunities and then worked extremely hard, often against the odds, to ensure that women doctors were able to make their contribution to medicine and to the health of the community.

The more contemporary stories highlight just how far women have come, with inspiring stories from every facet of medical endeavour. Yet, this is not the time for complacency, as despite the fact that women outnumber men as medical students, women are grossly under-represented in senior clinical, academic and policy positions. We hope that the catalogue and exhibition will serve as a focal point for considered reflection on women's place in medicine and prompt all of us to work towards ensuring that any remaining imbalance is overcome.



Generations of medical women attended the *Strength of Mind* launch

Professor Jane Gunn

Professor Jane Gunn (MBBS 1987, PhD 1998), Chair, *125 Years of Women in Medicine Steering Committee*; Chair, *Primary Care Research*; Head, *General Practice and Primary Health Care Academic Centre, Melbourne Medical School*

125 YEARS OF WOMEN IN MEDICINE

MERRILYN MURNANE

In the early 19th century in Australia, universities refused the admission of women to medical schools. Attempts were made by women who graduated overseas to be registered as medical practitioners. Dr Wilhelmina Ferguson, a medical graduate of The University of Pennsylvania, who in 1865 came to Australia as a ship's doctor, applied to the Victorian Medical Board for registration and was refused. She was ridiculed by the editor of The Australian Medical Journal who wrote:

“there is little fear in any British community that medical women will exist as a class. They will occasionally be imported like other curiosities, and the people will wonder at them just as it wonders at dancing dogs, fat boys and bearded ladies.”

The history of women's struggle to enter medicine in Australia starts with Constance Stone. Both Constance and her younger sister Clara were academically gifted but were growing up when the only occupation for ladies was that of governess or teacher.

In 1882, when she was 26, Constance met a young Welsh clergyman, David Egryn Jones, who had migrated to Australia. David decided to study medicine because of the plight of the poor, ill and needy within his congregation. It was David Egryn who influenced Constance to consider the idea of studying medicine.

Constance decided to enter the medical field, but like Elizabeth Blackwell in the USA and Elizabeth Garrett Anderson in England, faced many challenges.

The University of Melbourne's medical school, having opened in 1862, did not admit women, and there was not one registered woman doctor in Australia at the time.



Constance Stone (1865 - 1902) c1890 Courtesy Southern Health Historic Archive Collection

Constance's only option was to study medicine overseas, and there was no guarantee that when she returned to Australia she would be accepted into the profession.

In 1884 Constance applied, and was accepted, into The Women's Medical College of Pennsylvania, USA, this being the first medical school for women in the English speaking world. In 1887 Constance Stone graduated MD and obtained a six months residency as physician in a hospital for women and children on Staten Island, New York. Constance continued her studies at the University of Trinity College in Toronto for a year and in 1888 was awarded the MD CM with first class honours.

After graduating, Constance went to London and attended lectures at The London School of Medicine for Women, which had been founded by Sophia Jex-Blake. Constance was awarded the Licentiate of The Society of Apothecaries in September, 1888. This English qualification would strengthen her claim to professional recognition on her return home.

Dr Constance Stone was appointed to the position of Assistant Physician at the New Hospital for Women in London which had been founded in 1871 by Dr Elizabeth Garrett Anderson, the first English woman graduate in medicine. The New Hospital for Women was staffed entirely by women and supplied a much needed service to the women and children of London. Her time in London gave Constance the experience of working in a hospital run by women for women and later inspired her to found a similar hospital in Melbourne: The Queen Victoria Hospital.

Upon her return to Australia, Constance was interviewed by members of The Medical Board of Registration and her name was recorded as a qualified Medical Practitioner in February 1890. Dr Constance Stone was the first woman doctor to be registered in Australia.

During Constance Stone's five year absence abroad, Melbourne University had at last admitted women students to its medical school, and in 1887 her sister Clara had been one of a group of seven women to commence the medical course.

Constance's arrival back in Melbourne bought with it the realisation that the poorer women had no medical care, and it became her ambition to make a medical service available to all women. Initially, she joined the staff of the free medical mission which Dr John Singleton, an Irish physician, had established in the poor suburb of Collingwood. The clinic had over 16 000 patients attending each year. Dr Singleton encouraged the employment of medical women and for five years both Constance, and her sister Clara, worked in his

clinic one day a week in an honorary capacity, seeing 60 to 100 patients each day. There the poor, both adults and children, could receive treatment as outpatients at very little cost. At the same time Constance also established her own practice, in Collins Street Melbourne, where she was joined by her sister, Clara. The two women had a sympathetic and holistic approach to medicine which proved very popular with women. By 1895 the State of Victoria had more than ten qualified women doctors including Drs Constance Stone, Clara Stone, Mary Page Stone (her first cousin), Lilian Alexander, Amy Castella, Freda Gamble, Janet Lindsay Greig, Jean Green, Bertha Main, Helen Sexton and Margaret Whyte who apart from Constance had all graduated from Melbourne University. Other graduates included Grace Vale who went to Ballarat to practice, and Drs Annie and Elizabeth O'Hara who set up a practice in Port Melbourne.



First women students at the University of Melbourne School of Medicine, 1887. Courtesy Medical History Museum

On 22 March 1895 Constance invited all the women graduates to a meeting at her home at 179 Gipps Street, East Melbourne, and The Victorian Medical Women's Society (VMWS), the first in Australia, was formed.

Constance Stone was elected Foundation President, with Lillian Alexander the Secretary. Constance realised that women doctors needed to support each other professionally in a hostile male environment. At this time the two professional societies; the Victorian branch of The British Medical Association and The Medical Society of Victoria, were reluctant to accept women into full membership.

Meanwhile, Constance had become engaged to David Egryn Jones and they were married on 4 July 1893 in the Alma Road Congregational Church. Constance was 36 and David Egryn 40.

On 5 September 1896, 18 months after the VMWS was formed, the same women met again at Gipps Street to discuss the proposal to establish their own hospital – The Victoria Hospital to serve the women and children of Victoria. This idea gained strong public support.

Dr Clara Stone had £2, which had been sent to her by a grateful patient from Queensland, so she contributed this to the fund for the opening of the Victoria Hospital. The name of the colony was chosen because the service was distinct from other hospitals and was to be for all women from town or country who were willing to use it. The hospital planned to treat diseases suffered by women and children and was to be staffed by women doctors.

From the day the outpatient clinic opened, the doctors were amazed at the response.



Victorian Women's Medical Association, 1898

In the first three months there were nearly 2000 attendances, many of them women coming from country areas as well as the city. Working under difficult conditions, the doctors interviewed the patients in the vestry sitting at the end of the table with the plate for contributions in the middle. The women attending the clinic placed any spare coins they could afford in the plate to cover the cost of the medicines which the women doctors themselves dispensed in a room that was little more than a cupboard. They also carried water by the jug-full from a tap in the churchyard. The clinic usually lasted well into the mid-afternoon, following which the doctors then cleaned the rooms, filed the records and prepared the medicine for the next day, handwriting all the instructions on the medical bottle.

Three years after the first clinic in St David's Hall opened its doors to the women of Victoria, the Queen Victoria Hospital was ready to be opened. The official opening

Also the Education and Welfare Officer and editors of the campus newspaper *Farrago*. Together we went to the lecture.

It began with a slide of a woman with her breasts exposed in a frontless red satin dress sipping a cocktail. It was, again, peppered with lewd comments. At the point when a slide showing a cartoon of a woman with very large breasts skipping and being hit in the face by one of her breasts and falling over was shown, the Woman's Officer stood up, identified herself and suggested that the content and tone of the lecture was inappropriate. The lecture theatre erupted. Students yelling abuse. At us. Offended that outsiders had infiltrated. Offended that someone so eminent and successful would be challenged. That we were the target of their indignation and hostility was shocking to me. The lecturer offered no acknowledgement or apology. He didn't need to. He had been defended, protected. When the din died down, after several minutes, he continued with the lecture.

Again I went to the faculty office, this time with a delegation that included the Women's Officer and others. The staff in the faculty office had heard the noise and were on alert. A meeting with the Sub-Dean Graeme Ryan was immediately arranged. He was most alarmed by our reports and took the matter very seriously; undertaking to speak with the lecturer, only invite him to give future lectures if he showed an understanding of the inappropriateness of the content and so on.

That might have been the end of it...but it wasn't. In the weeks to come, I was identified as the antagonist. Students from my year and the years above and below would hiss as I passed, would throw paper darts as I entered lectures. Two of the anatomy prosectors, trainee surgeons who were my tutors, on occasions whispered as I came in to the dissection room or passed by, things like: 'there's no place for people like you in medicine, you should get out'. For the first time in my medical career I attained public recognition. Not in a peer-reviewed journal

or some other illustrious publication but on a toilet wall – Mary Belfrage is a feminist twat.

A subsequent lecture I attended as a second year student a few weeks after the breast lecture was on the anatomy of male genitalia and was given by the same lecturer. He had clearly gone to some trouble to prepare a new introduction that suggested that there were people in this audience who were uncomfortable with nakedness, perhaps too immature to be attending university, that perhaps parental permission should be sought and so on. He had slides to accompany his comments – censorship ratings like PG, M, R, X. It felt like the intention was to humiliate. His had been an affirming experience it seemed, mine one of harassment and disillusionment.

In the face of sustained vilification, with support from a very few other students, I survived. Just. Constantly considering whether or not it was bearable to stay in medicine. Drawing on my capacity to put off making major decisions in the heat of things. And when it died down, and I got through my exams and reconsidered, I stayed.

With some trepidation I attended the breast lecture again the next year. It was squeaky clean. It was a lecture on the anatomy of the female breast. Interestingly a version of this story was told at the event to mark 100 years of women in medicine by a student who hadn't been obviously involved at the time but in hindsight it seemed, recognised the significance, perhaps felt the insult to women and found a place to express her condemnation. It is clear that not everyone who is insulted or disadvantaged will always take action. The offence may be so familiar as to be hardly noticed, or it may be felt that the cost of taking action is too great, or it may be about confidence or not knowing what to do or something more pragmatic...

When I reflect on the Breast Lecture Saga and other times I observed or challenged behaviour where women, either as colleagues

or patients, were being put down in some way, I feel I know something of the struggle and the achievement of pioneer women in medicine. I think about the values and principles that govern both access to join the profession and access to health care, and who decides what those elements are. And I think about my values that include recognising the importance of having equity of opportunity and of having medical care that is equitable, effective, respectful and responsive to need.

We know that despite the numbers entering medicine and excelling as students, women don't consistently have equal status and opportunity within the profession. I also recognise other groups that are excluded in overt and subtle ways and I applaud and respect all those who find a way to combine individual achievement with a commitment to creating better health care for all and a more just and civil society.



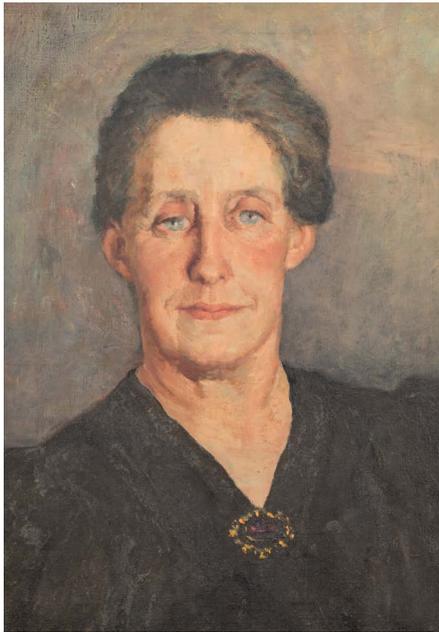
Dr Mary Glowrey 1887-1957 in the Out Patients Department at St Vincent's Hospital, c1914-16)

Mary Belfrage

Mary Belfrage (MBBS 1989) is the medical director of the Victorian Aboriginal Health Service in Fitzroy, a visiting lecturer at several Universities and has an appointment at the University of Melbourne as an honorary senior clinical lecturer.

EXHIBITION HIGHLIGHTS

JACQUELINE HEALY



Winifred McCubbin, *Vera Scantlebury Brown*, 1943, oil on canvas

'I wish to persuade women to endeavour to acquire strength, both of mind and body.'

— Mary Wollstonecraft, *A Vindication of the Rights of Woman*, 1792

Inspired by Wollstonecraft's comment, the title *Strength of Mind: 125 Years of Women in Medicine* encapsulates the struggle of women to achieve equality in education. This exhibition traced the journey made by women in the Melbourne Medical School at the University of Melbourne through key events and individuals. Crucial to telling their stories was the material in the Medical History Collection: photographs, notebooks and personal items. For example, the student photographs were visual evidence of the increasing presence of women across time.

Important items were also borrowed from the University of Melbourne Archives; major hospital archives, such as St Vincent's Hospital and the Royal Women's Hospital; university college collections, such as Trinity and Janet Clarke Hall; and community and private collections. This historical material brought to life the achievements and challenges faced by these women in medicine.

Borrowed from a private collection, Mary De Garis's (1899–1905) medals for service in World War I from the Serbian and British governments were proof of the contribution of an important woman graduate who commanded a medical field hospital in Serbia during the war. They also reveal her conviction to use her medical training at a time when women doctors were prohibited from enlisting in the armed forces.

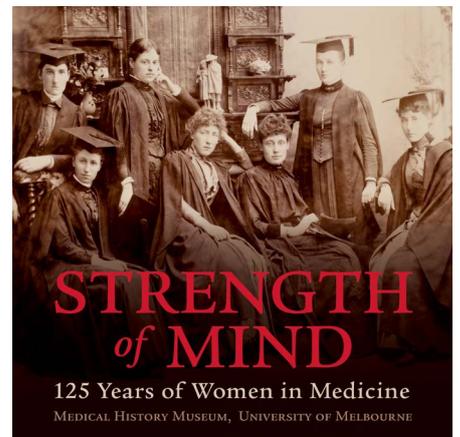
Of extraordinary significance were items from the Catholic Women's League, part of the Mary Glowrey Archive. Mary Glowrey (1887–1957) graduated in 1910 with a Bachelor of Medicine and Bachelor of Surgery, and in 1916 with a Doctor of Medicine. She went to India in 1920 as a medical missionary and established a major hospital and system of healthcare and education that still flourishes today. In 2012, Sister Mary Glowrey entered the first stage of canonisation. The objects, letters and publications on display encompassed local Indian remedies, correspondence with family, photograph albums and medical papers meticulously collected by her sister. Now with the status of 'relics', these objects offered remarkable insight into Sister Glowrey's determinedness to receive an education.

On display in the exhibition was a recent gift to the collection of a portrait of Dr Vera Scantlebury Brown (1889–1946), donated by her daughter, Catherine James Bassett. The oil painting was painted by Winifred McCubbin (1893–1967), a daughter-in-law of Frederick McCubbin. The portrait was an entry in the Archibald Prize in 1943. 'Dr Vera', as she was

affectionately known, was a leader in her field, putting in place the universal structure of maternal and child health services and pre-schools we still enjoy in Victoria today.

The stories of the women alumni of the Melbourne Medical School are enriched by these collections, which will be key sources for further research in the future. This exhibition increased our understanding of the history of women in medicine and their role in society.

Jacqueline Healy,
Curator, Medical History Museum



Strength of Mind: 125 Years of Women in Medicine



MEDICAL SCHOOL NEWS

BUILDING A LEGACY

In 2012 Mrs Pamela Galli, wife of the late Lorenzo Galli, donated \$5 million to the University of Melbourne to support the establishment of the Lorenzo Galli Chair in Melanoma and Skin Cancers. After losing her husband to skin cancer, Mrs Galli felt compelled to support and advance medical research in this field.

In 2013 Mrs Galli donated a further \$5 million to support the establishment of the Lorenzo and Pamela Galli Chair in Developmental Medicine. This Chair will be based at the Royal Children's Hospital, building on strong collaboration between the Hospital and the University.

The total amount of \$10 million represents one of the largest and most significant gifts ever made by an individual donor to the

University of Melbourne. These gifts will ensure Lorenzo Galli's legacy lives on in the projects Pamela has supported.

'Building A Legacy' is a short film exploring the power of these gifts and tracing the relationship between giving, research and impact in the fields of melanoma and developmental medicine. The film screened in front of over 300 guests at the annual Faculty of Medicine, Dentistry and Health Sciences 'Thank You' cocktail function, hosted by the Dean, Professor Stephen Smith.

Thank you to all those who generously donated their time to be part of this production: Mrs Pamela Galli, Professor James Best, Professor James Bishop AO, Mr Bruce Bonyhady AM, Professor Katrina Williams, Professor Dinah Reddihough, Katie O'Callaghan, Jonty O'Callaghan, Poppy Van Heer and Troy Van Heer.



Left - Right: Professor James Best, Mrs Pamela Galli, Professor Katrina Williams, APEX Australia Chair in Developmental Medicine and Professor James Bishop, Executive Director, Victorian Comprehensive Cancer Centre, at a function recognising Mrs Galli's significant contributions to the Melbourne Medical School.

ACADEMY OF CLINICAL TEACHERS



The 2013 Award winners of the Melbourne Medical School Academy of Clinical Teachers Award. See story on opposite page.



NEW CHAIRS

APPOINTED IN 2013

The Academy of Clinical Teachers

The role of the Academy is to promote excellence in clinical teaching and professional engagement with the University's health sector colleagues. The Melbourne Medical School supports the Academy's activities by publishing the Academy Roll on the School website, hosting engagement activities and involving Members and Fellows in the School's clinical teaching training programs.

2013 Members

The Academy was launched on 13 August 2013 with a presentation to 29 Fellows and 22 Members. Recipients were recognised for the important leadership role they played in teaching clinical skills to medical students. We congratulate all award recipients and record our ongoing gratitude for the vital role clinical teachers play in the education of our students.

FELLOWSHIP

Prof William Adam, Dr Nick Antoniadis, Dr David Brumley, Prof David Castle, Dr Lisa Cheshire, Dr Jennifer Critchley, Dr Jaycen Cruickshank, A/Prof Kate Drummond, A/Prof Carol Harvey, Dr Patrick Hayes, Dr Stefan Herodotou, A/Prof James Hurley, A/Prof Louis Irving, Prof Rodney Judson, Dr Benny Katz, A/Prof Jonathan Knott, Dr Robert Krones, A/Prof Garry Lane, Dr Helen Malcolm, Dr Rees McCarthy, Dr Catherine Poliness, Prof David Russell, Dr David Smallwood, Ms Wanda Stelmach, Dr Neil Strathmore, Dr Graeme Thompson, A/Prof William Van Gaal, Dr Christopher Worsnop, Dr Nina Zhang

MEMBERSHIP

Dr Naveed Alam, Dr Craig Aboltins, Dr Amanda Baric, Dr Steven Bismire, Dr Andrew Cheasley, Dr Alvin Chong, Dr Malcolm Clark, Dr Jennifer Collier, Dr Adrian Dabscheck, Dr Caleb Fisher, Dr Andrew Gleason, Dr John Green, Dr Joel King, A/Prof Brian Le, Dr Peter Mount, Dr Louisa Ng, Dr Chris Plummer, Dr Mani Rajee, Dr Joe Rotella, A/Prof Tony Snell, Dr Meng Tan, Dr Verena Veth

Metcalf Chair in Leukaemia Research

PROFESSOR ANDREW ROBERTS

Professor Andrew Roberts is a cancer researcher, the head of clinical translation at the Walter and Eliza Hall Institute and a clinical haematologist at The Royal Melbourne Hospital. He will champion fundamental and translational leukaemia research in his new role, and lead a team of researchers who are making major contributions to improvements in the diagnosis and treatment of leukaemias and related cancers of the blood. He serves on the boards of the Cancer Council of Victoria, the Australasian Leukaemia and Lymphoma Group and the Australian Government's Pharmaceutical Benefits Advisory Committee.

Healthscope Chair of Psychiatry

PROFESSOR CHEE NG

Professor Chee Ng is the Director of the Professorial Unit at The Melbourne Clinic and Director of International Unit within the University's Department of Psychiatry, based at St Vincent's Mental Health. He is currently the Co-Director of Asia-Australia Mental Health and Site Director of WHO Collaborating Centre in Mental Health. He has a wide interest in academic and clinical psychiatry including pharmacogenetics, psychopharmacology of depression and bipolar disorder, transcultural psychiatry and global mental health. He has served as an international mental health consultant for WHO, the Commonwealth of Nations and APEC, and worked on national mental health projects in Asia Pacific countries.

Chair of Psychiatry, Austin Health

PROFESSOR RICHARD KANAAN

Professor Richard Kanaan specialises in conversion disorder, including psychogenic non-epileptic seizures. He currently lectures on medically unexplained symptoms,

conversion disorder and psychiatric ethics, and has previously lectured on chronic fatigue syndrome, factitious disorder, neuropsychology, diffusion tensor imaging and clinical skills. He has conducted neuroimaging and neuropsychological studies of conversion disorder and has published over 50 papers in leading neurology and psychiatry journals. He has advised the Royal College of Psychiatrists and the National Health Service on the management of conversion disorder and developed and led a specialist conversion disorder clinic. He was recently awarded the Lishman prize.

Ramsay Health Care Professor of Psychiatry and Director, Professorial Psychiatry Unit

PROFESSOR MALCOLM HOPWOOD

Professor Malcolm Hopwood has worked in the public health-care system for many years. He has led research into the psychiatric aspects of Acquired Brain Injury (ABI) and other neuropsychiatric disorders, has held several senior positions within the Royal Australian and New Zealand College of Psychiatrists and became President Elect of the College in 2013, to be President from 2015 to 2017. His current research interests include psychopharmacology and clinical aspects of mood and anxiety disorders.

Chair of Primary Care Cancer Research

PROFESSOR JON EMERY

Professor Jon Emery was previously Winthrop Professor of General Practice at the University of Western Australia, a Senior Clinical Research Associate at the University of Cambridge, the Director of the Cancer Australia Primary Care Collaborative Cancer Clinical Trials Group (PC4) and a practicing GP. A great deal of his research involves parallel programs of work on cancer screening, diagnosis and follow up care in Australia and Cambridge. He has published over 100 peer-reviewed papers and has been a Chief Investigator on research grants and awards.

DINNER IN NEW YORK

MEDICAL REUNION FOR EAST COAST USA ALUMNI



Valerie Nykyforets (guest of Richard Pestell), Claudia Palmer, Ted Palmer & Richard Pestell

It was my great pleasure to enjoy a dinner with medical alumni from Philadelphia, Boston, upstate New York and Manhattan in the Library of The Metropolitan Club in New York last November.

Having last gathered in 2012 to celebrate the Melbourne Medical School's 150th Anniversary, the New York launch of the Campaign for the University of Melbourne was a great opportunity for the Medical School's diaspora in the USA to get together again and share stories about their experiences at the University of Melbourne. We were also joined

by Glenn Bowes, Associate Dean (External Relations) and James McCluskey, Deputy Vice-Chancellor (Research).

Over the past year both Julian Pribaz (MBBS 1972) and Trevalyan (Ted) Palmer (MBBS 1952) have visited the Medical School, maintaining strong links with their alma mater.

Richard Pestell (PhD 1991, MD 1997) came from Philadelphia where he is Director of the Kimmel Cancer Center at Thomas Jefferson University. His father George Pestell was a mentor and friend of Ted Palmer.

John Schaefer (MBBS 1968), who retired recently after many years of practice as a neurologist, recalled his teachers and classmates and had many stories about medical practice in Manhattan. He emphasised how the superb clinical training medical graduates received at the University of Melbourne was highly valued in the US.

Nadine Levick (MBBS 1983) entertained us all again with her experiences as Director of Paediatric Emergency Services at Harlem Hospital.

We were also pleased to welcome Peter Hamilton, the son of James Hamilton (MBBS 1928). Peter, who works as a consultant in documentary television, engrossed us with stories of his father's general practice in Gardenvale during the depression.

We plan to hold another reunion in New York in 2014 and will provide notice to all of our alumni, hoping some will be able to join us from Australia for this now annual event.

James Best

(MBBS 1972) Head, Melbourne Medical School

THE MORE WE KNOW

Stephen Davis reflects on the unveiling of The More We Know, commissioned by a group of 1972 graduates in commemoration of the 150th Anniversary of the Melbourne Medical School

The unveiling of the sculpture in front of the Medical School in 2013 was an exciting moment for the group of donors from the Class of '72, including, from left; Stephen Davis, Les Reti, Michael Denton, Tony Costello, Jim Best (who led our group), Doris Young, Jim Butler and Jim Tatoulis. Standing outside the triradiate building in Grattan St for the event brought back many memories, as our cohort were among the first occupants of the new medical school in 1968.



We all had very warm memories of our years as undergraduates 1967-72 and a great sense of gratitude to the University for this exciting and formative period, and for facilitating our later clinical and academic careers. Many of us would recall watching Neil Armstrong take the

first steps on the moon on a black and white TV in the medical library in 1969. This was an era in which anything seemed possible.

The completed sculpture by Michael Meszaros met all of our expectations and should serve as an ongoing source of inspiration. The work symbolises the incredible advances in medical science, therapies, imaging and specialisation made over the 150 years of our medical school, also with an eye to the future. It is a wonderful concept and we were all delighted to be involved as a tribute to the first 150 years. There are even more exciting times ahead.

Stephen Davis

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

ULTRASOUND SIMULATION IN ANATOMY EDUCATION

DAVID CANTY

Clinical Anaesthetist and Senior Lecturer, David Canty, has trialed an exciting new high-tech computer simulator at the University of Melbourne, which he believes will greatly aid the teaching of anatomy.

The Ultrasound Education Group, situated in the Department of Surgery at the Royal Melbourne Hospital (RMH), runs postgraduate courses in clinical ultrasound at the University. With two ultrasound simulators and expertise from the Ultrasound Education Group, I'm developing new "ultrasound assisted examination" courses to integrate ultrasound teaching into the University of Melbourne undergraduate curriculum in the medical sciences, as well as in postgraduate medical training at The Royal Melbourne Hospital.

Last year I represented the University of Melbourne as an invited speaker at the 87th Annual Scientific Meeting of the Japanese Society of Ultrasonics in Medicine in Osaka Japan, where I spoke about the role of simulation in ultrasound teaching in medicine.

Originally designed to teach performance of clinical ultrasound on patients to diagnose medical conditions, the simulator allows students to virtually explore internal anatomy by producing accurate, moving, color, three-dimensional rendered slices from any angle or approach leaving the organs and their relationships intact.

I recently completed a PhD in the role of focused transthoracic echocardiography in anaesthesia and surgery and continue to carry out research and teach in the field today, where I discovered the ultrasound simulator.

With help from Prof Colin Royle, A/Prof Jenny Hayes and Prof David Story, I recently tested the technology in a research trial at the University of Melbourne Department of Anatomy. In this randomised trial of 39 students studying anatomy, we compared the efficacy of teaching cardiac anatomy using the simulator



David teaching University of Melbourne anatomy students with the ultrasound simulator

to conventional teaching in the dissecting room.

The results were recently published in the top ranked science education journal, *Anatomical Sciences Education*, and showed that the simulator was as effective as the cadaver specimens in aiding learning of cardiac anatomy. The student feedback was also very positive, with most students requesting it to be used more often in class.

The simulator also teaches students skills in performing ultrasound and interpreting radiology, providing valuable insight into how anatomy knowledge is used in clinical medicine.

While ultrasound simulators have great potential in teaching anatomy, I believe that the greatest benefit is in aiding clinical bedside assessment.

Ultrasound machines are now the size of a

mobile phone. They are not only likely to replace the stethoscope in assessment of the heart and lungs, but are likely to significantly improve clinical assessment of other organ systems, such as the lungs, abdomen and pelvis and improve guidance of invasive procedures such as central vein catheterisation and chest drain insertion.

Bedside 'focused' ultrasound is already rapidly increasing in clinical use by many medical and surgical specialties. Simulators will help fill the rapidly enlarging requirement for ultrasound in medical education.

David Canty

Senior lecturer, Ultrasound Education Group, Department of Surgery - RMH, Faculty of Medicine, Dentistry and Health Sciences

FINAL MBBS GRADUATION

SUSAN ELLIOTT

This year the School of Medicine celebrates the achievements of some of its earliest pioneers. In 1887, women did not have the right to vote – not in Australia or anywhere else in the world other than, surprisingly, the Isle of Man and the Pitcairn Islands. Middle class women did not work and certainly did not have careers.

outstandingly and graduated as the top student. In response, it was said that ‘men were furious and extremely rude’. In spite of the prejudice they faced, all seven women graduated. Although the hospital system would not employ them, each successfully practiced medicine and most lived lives devoted to the care of their patients.

of Surgeons. Helen O’Connell; the first female urologist in Australia. Professor Doris Young was the first Chair of General Practice at this University. There are many, many more, and just as the first female Prime Minister of Australia and the first Australian woman to be awarded the Nobel Prize in Medicine are graduates of the University, so are all these women.



In January 1887, two young Melbourne women, Lilian Alexander and Helen Sexton, audaciously placed an advertisement in the newspaper, seeking women interested in studying medicine at Melbourne University - having been refused entry to the male-only medical course and wanting to attract other women to join their quest to overturn the University policy that prevented women from studying medicine. They also lobbied Council members and launched a media campaign through *The Age*. Faced with the same task today they would use Facebook and Twitter.

The Vice-Chancellor of the time, Sir Anthony Brownless, was implacably opposed to women studying medicine. However, the Head of the School of Medicine, Professor GB Halford, was supportive and in a vote at the University Council it was decided, by ten votes to three, to let women in. They had won their campaign.

So in 1887, these seven women started the course. Their time was not easy. One, Clara Stone, wrote that, ‘We knew that when we entered the course that we were not wanted’. Another, Margaret Whyte, performed

At the outbreak of the First World War, women doctors offered their services in the field, but were knocked back. Helen Sexton, showing the same remarkable persistence, passion and resilience that had gained women entry to medicine, travelled to France and with four friends funded and established a 25 bed military hospital providing surgical and medical care to wounded soldiers. She said of her medical work: ‘Body, brain and spirit were put into our efforts...the joy was as great as the work’.

Since that time there have been over 4000 female medical graduates of the Melbourne Medical School. Some have made groundbreaking contributions to medical science, public health and every discipline of clinical medicine. Women such as Dame Jean Macnamara; (with Sir Macfarlane Burnet) discovered that there is more than one strain of polio virus. Dame Kate Campbell; discovered that excessive oxygen could cause blindness in premature babies. Dr Lucy Bryce; established Australia’s first blood transfusion service and was the first woman elected to the Council of our University. Lorna Sisley; the first woman admitted to the Royal Australasian College

It is easy to say now that it was inevitable that women would eventually enter medicine, just as it was inevitable Australian women would become Prime Ministers and Nobel Prize winners one day. However, those who went first, who broke down the barriers, required tenacity, resilience, courage and a confidence in their own ability to meet the challenges of their undertaking.

Persistence and resilience are critical. You will have times of working long hours, times when you do not know enough to correctly manage the patient you are caring for, times when complications of your treatment occur and your patient suffers. You need to be able to reflect, analyse and have the courage to seek help when you need it. Passion is a powerful motivator. I hope you find it in the medical discipline that you pursue, and in your personal lives.

Professor Susan Elliott
(MBBS 1982), Deputy Provost and Deputy Vice Chancellor (International)

FROM THE STUDENTS

Reflection on what it means to be a graduate of the Melbourne Medical School

It seems not so long ago that I was one of 330 bright-eyed undergraduates converging into the Sunderland Lecture Theatre wondering where I should sit. It was the first day of school, more specifically, Melbourne Medical School (MMS). Little did we know what the next six years held for us. As we traversed the first two and a half preclinical years with each other, we soon realised that we were about to diverge on our own separate Bachelor of Medical Science paths before embarking on our clinical years in one of the six clinical schools of the MMS. A key strength at Melbourne is our connections with some of the world's best hospitals and research institutions locally, regionally and abroad, and the people who work within them. This translates into unique opportunities for research, teaching and networking with some of the world's best for both students and alumni. It is not often that you can claim a Nobel Prize Laureate such as Sir Peter Doherty as one of yours, let alone have them come and give a lecture, or see other namesakes such as Sir Gus Nossal wandering through the Medical Building.

I feel extremely fortunate to have been the President of the Med150 Student Ambassador Program during the 150th Anniversary and President of the University of Melbourne Medical Students' Society last year. These two roles gave me experiences and opportunities I never thought were possible on that very first day six years ago. Particular highlights for me included working closely alongside the staff of the MMS including the Advancement Team, the chance to engage one-on-one with many of our alumni and to address the 1,200 guests at the 150th Anniversary Gala Night, and the challenging, yet highly rewarding, opportunity to represent the 1,200 large medical student body. Although my time was devoted mainly to the MMS, I am not alone in the rich experiences gained through the years as a medical student. Others have led and volunteered their time to groups aimed at improving the health of third world countries, been supported in their journeys to world rowing championships and representing Australia in hockey, started peer-to-peer tutoring programs, published papers and presented research overseas – this endless list is highly impressive.

As we came together once again on the 14th December last year and converged one by one

onto the stage of Wilson Hall dressed in black gowns and cardinal red hoods, it dawned on me that this was it – the end of our six year journey. We may be the last cohort of MBBS to graduate from the University of Melbourne but we are not alone, as we join the community of other Melbourne Medical School MBBS graduates here and all around the world. As 2014 marks the first year of a MMS full of MD students, we look forward to receiving our MD colleagues into the MMS alumni community later this year.

Melissa Lee
(MBBS 2013)



MD Foundation Week: Student Perspective

As I cross the threshold into Sunderland Theatre during the second week of lectures, thoughts of foundation week flash in snippets as I reflect on how I ended up living this waking dream so far from home.

Canada: cold, snowy, beautiful and filled with enthusiastic (and polite) ice hockey fans. The backdrop to my journey to University of Melbourne's new MD program is both colourful and long-winded. The University of Melbourne's innovative MD program immediately drew me in and after a year of intense preparation, multiple mini-interviews, visas, and health checks, I was finally ready for the move of a lifetime.

Sitting in the middle of 330 bright-eyed medical students on day one was exhilarating. We were greeted with a welcome to country by an Aboriginal Elder who set the tone for appreciation of not only the land we would be studying on, but all the future opportunities to come. The new Billibellary walking tour experience galvanized this appreciation further on day two. Recognising the traditional owners of the land and imagining worlds of the days of future past was a deep, reflective, and personal experience.

Orientation week ran like a well-oiled machine. From professors, students, clubs and honoured guests, we were given a very warm welcome. One thing all the speakers had in common was their enthusiasm and passion to teach. There was no other place they would

rather be. Ormond Hospital initiated us with some of the realities we may face in the future. The Global Health Lunch expanded our world view and challenged us to strive to become culturally competent global citizens. The rest of the week gently nudged us into academic scheduling and framed our state of mind.

Entering the theatre, I recognise the faces of classmates and snapped out of my time warp. I'm left with a warm residual feeling in my heart as I glance at my future life-long friends trying to teach other Canadians the basics of Aussie Rules Football, and ponder the unforgettable experiences to come.

Jason Hsu
(BHSoc., M.PT, MD1)



NOT JUST SKIN-DEEP

JADA KAPOOR

Professor Julian Pribaz (MBBS 1972) is a Professor of Surgery at Harvard Medical School and distinguished plastic surgeon who has enjoyed an outstanding career since graduating in 1972. In April he delivered a public lecture at the University, exploring the growing importance of anatomical study in the field of reconstructive surgery. Jada Kapoor (MBBS 2013) shares her reflections on the lecture and her changing thoughts about the (at times controversial) domain of face transplantation.

To be honest, when I first heard about the increasing popularity of the controversial and highly experimental domain of face transplantation, I had my doubts. Is it OK for us to subject a person living with a non-life-threatening condition to a surgery that will require lifelong immunosuppression? What happens if the surgery fails? Where did our boldness to embark on this 'grand human experiment' even come from?

Professor Pribaz's talk was not just a revision on applied anatomy and grafts and flaps, it wasn't a crash course on the ingenious techniques used in face transplantation either; to me, it was all that and so much more. It was a discourse on how innovations transpire in medicine and surgery, the ethical minefield that needs to be traversed and the contentious decisions that need to be made.

What if ...

Imagine you walk out of your door, a high voltage wire slips off an electric pole, lashing you across your face, liquefying your entire skin. You are left permanently blind, and devoid of anything that resembles a face – no nose, lips or eyebrows. Not only can you no longer see, eat or talk, you are avoided by any person you walk past on the sidewalk, you hear parents protecting their kids from what they think is a monstrous sight, and perhaps you have a teenaged daughter of your own who'd rather save herself the embarrassment of being seen in public with you. And you go through this every single day for the rest of your life.



Jada Kapoor

'This is not life-saving surgery; it is life-giving surgery.'

When Professor Pribaz shared the stories of the recipients of these transplants, not too dissimilar to this, I felt so ignorant for having ever questioned the ethics of this procedure. If this was you or I, we would want a shot at regaining the life we had before an unfortunate accident. We would try anything to be able to live a life – rather than just stay alive.

The beginnings of facial transplantation

So, when standard restorative and reconstructive surgery fails or is not enough, facial transplantation proves to be a very valuable tool to have in a plastic surgeon's armamentarium. But how did we arrive at this new epoch?

Apparently, hundreds of experimental papers had been written about face transplantation before anyone mustered the courage to try it on humans. Since the first face transplant in France in 2005, the surgery has gained momentum due to its perceived success, and surgeons, in the US particularly, are increasingly venturing into this new realm of plastic surgery, learning something new from each case they undertake.

The advent of face transplantation taught every field of research one very important lesson - there comes a time when enough studies have been done, and enough is known about an experiment, but the only way to answer the questions that remain is to do the experiment itself. And as ambitious as this experiment may have seemed, the basic principles underpinning it closely resembled the fundamentals of providing any patient care:

- The utmost caution was required to select patients who would benefit the most from this procedure, and were psychologically prepared to accept the risks associated with it;
- Surgeons had to go back to basics, revise the minutiae of facial anatomy and practice their surgical technique for innumerable hours on cadavers before the operation; and
- Most importantly, surgeons needed to collaborate and work as a team - learn from their counterparts, build on existing knowledge (rather than reinvent the wheel) and create a cohesive work environment, whereby teams of health professionals could work together to give a fellow human being the best shot at having a normal life.

Jada Kapoor
(MBBS 2013)

ANATOMY AND ART

THOMAS O'DONNELL

THE HARRY BROOKES ALLEN MUSEUM OF ANATOMY AND PATHOLOGY ART COMPETITION

Initiated by Dr Jason Ivanusic, the inaugural Anatomy Student Art Competition was held in the Harry Brookes Allen Museum of Anatomy and Pathology. Current Anatomy students were given six hours to create an artwork based on museum anatomical specimens using any medium with the exception of photography or film. St Vincent's Hospital Aikenhead Centre for Medical Discovery Art Prize winning artist Gina Kalabishis was available to mentor students during the creation of their artwork and shared her knowledge of drawing and the human body. The winner of the competition, Bachelor of Science (Honours – Physiology) student Thomas O'Donnell reflects on the importance of art in science.

As a student of science and anatomy, it would be easy to grow up being diverted further from my artistic roots and towards a career and lifestyle that revolves around problems and solutions. The Anatomy Art Competition only ran for one day. But it was a day to escape the chaos.

The Department of Anatomy and Neuroscience Coordinator, Jason Ivanusic, led this project as an experiment – to see how students would feel doing something that was different from the common; regurgitating body parts, rehearsing physiological pathways or drowning in the flood of lecture notes. I spoke to him on the day of the competition, and he told me a bit about the philosophies of his teaching methods. He wants anatomy students to study by learning the 'bigger picture,' how different body parts and systems connect, and gaining a holistic understanding of the human body. His passion for the University Cadaver Program is embodied in the multitude of students like me that got their passion for anatomy by seeing it live, not just by reading text books.

I always took art subjects at school, distracting my mind from my other favourite subjects of Maths and Science. Whether I did it intentionally or not, balancing both sides of the brain was important to a healthy mind – the right side used for emotion and creativity (art) and the left side for logic and reasoning (maths and science). The International Baccalaureate program (alternative to VCE) that I completed at school requires students to undertake subjects from six different disciplines: Maths, English, LOTE, Science,



The winning 'untitled' piece

Humanities and Other. While this already provides a great breadth of diversity among subjects, and students don't get trapped in narrowing their mind into one area of knowledge which regularly occurs in VCE, IB students commonly fill that 'other' with another Science or Humanities subject. Contrary to the norm, I used my 'other', for Art. I felt this was a significant decision and

it ultimately provided me with that balance. I had my other subjects that plugged my brain full of information class after class, assignments due one after the other, and tests that came around as regularly as the hour hand of my watch. But art, just like the anatomy art competition, was my escape. I could settle down in my own space and draw and draw and draw. I could research whatever I wanted and whoever I wanted. I had freedom and this importantly gave me passion.

The 2013 Anatomy Art Competition was the first ever, but it won't be the last. Because whether you are a medical professional or a student aspiring to become one, Art, in the form of painting, drawing, music, dance or drama, is significantly important to the wellbeing of the modern academic. We should use art as a way to escape the problems in our busy lives. A balance between both the left side and the right side of the brain will keep us healthy, will keep us creative and most importantly, will keep us passionate.

Thomas G O'Donnell
(BSc Major in Physiology [Hons] 2013)



Gina Kalabishis & Thomas O'Donnell

ALUMNI HONOURED

KATRINA WATSON

DOCTOR OF MEDICAL SCIENCE (HONORIS CAUSA) AND THE 2013 SIR WILLIAM UPJOHN MEDAL

Six Melbourne Medical School alumni were recently honoured in a special ceremony held in University Hall, on 10 October, 2013. Five alumni were presented with one of the University's highest accolades, the Doctor of Medical Science (honoris causa), and Professor Emeritus Richard Smallwood was presented with the prestigious Upjohn medal.

The event was attended by colleagues, family and friends, who enjoyed the pageantry of the colourful academic procession, and the singing of the traditional *Gaudeamus Igitur*, ("Let us rejoice"), by the Conservatorium choir. Chancellor Elizabeth Alexander presented the Honorary Degrees, after each citation had been read by the new Dean of the Faculty of Medicine, Dentistry and Health Sciences, Professor Stephen Smith.

The combined influence of the recipients of these awards on health in Australia and beyond is staggering. Prof Emeritus Norman Beischer AO has devoted his career to improving health outcomes for women and children in Australia. Prof John Funder AO has made enormous contributions to the field of cardiovascular endocrinology. Prof Christina Mitchell is an internationally acclaimed researcher in biochemistry, and is now Dean of the Faculty of Medicine, Nursing and Health Sciences at Monash University. Assoc Prof Jill Sewell AM has been an advocate for children's health rights and a leader in Paediatrics. Mr Ivo Vellar has almost had two careers: stellar surgeon and highly regarded historian.

The Sir William Upjohn Medal was established in 1974, and is awarded once every five years for distinguished service to medicine in



Recipients of the Doctor of Medical Science (honoris causa) TOP Left to Right) Ivo Vellar, Jill Sewell and Christina Mitchell; Left - John Funder with Chancellor Elizabeth Alexander; and Right - Norman Beischer, also with Elizabeth Alexander.



Australia. Prof Smallwood's Upjohn Oration was entitled 'The health of a nation: what awaits us in the coming years?'. His wealth of experience across sectors, jurisdictions, committees and governments equips him perfectly to speak on this topic.

Prof Smallwood sounded warnings about the growing expense of health care and the ageing



population. The choir appeared to heed this message - as they sang a recessional song in Latin, which translates as: 'Our life is brief, It will shortly end; Death comes quickly, Cruelly snatches us; No-one is spared.' Fortunately the song ends rather more optimistically with: 'May our Alma Mater thrive'.

The Melbourne Medical School offers its congratulations to the recipients of these prestigious awards, 'infrequently proposed and sparingly given'. The School is proud of the magnificent achievements of these extraordinary alumni, and in fact all alumni who work for better health and a better society.

Katrina Watson
(MBBS 1977)



THE HEALTH OF A NATION: WHAT AWAITS US IN THE COMING YEARS?

RICHARD SMALLWOOD



Upjohn Medallist Richard Smallwood with Chancellor Elizabeth Alexander

We must be doing something right in the Australian Health System. Those born today can expect to live into their early eighties, and that puts us into the top three or four countries in the world.

However, we are confronted by difficulties and potential threats to our health and our health system, many of which are not new but which are coming into sharper relief in this century. Let me go back a decade or more, when I was Chief Medical Officer in Canberra, to see what health matters occupied us then, and look at what is happening today and the future.

Patient safety

Patient safety came to the fore in this country in 1995 with the publication of the Quality in Australian Health Care Study: ten percent of hospitalised patients suffered a serious adverse event, half of which were preventable.

This finding was met by many in the medical profession with scepticism or downright hostility, but it became clear that the same figure held true in many other countries with advanced health care systems.

As the Australian Council for Safety and Quality in Health Care was established, some important changes started to happen and there has been an important culture shift toward the open acknowledgement and discussion of error. But this shift has been impeded by the regulatory system and we have an adversarial court system which does not encourage openness.

Despite many worthwhile initiatives, there are still too many people being harmed.

The fault lies partly with the complex systems in which doctors and nurses have to work, without adequate failsafe mechanisms to back them up, unlike what we see in commercial airlines.

The culture of acknowledgement of, and careful appraisal of, error needs strengthening. The understanding and remediation of system faults needs to be enhanced. I would also strongly advocate a no-fault system of compensation for patients who have been harmed, as in NZ, unless you are dealing with egregious error that amounts to criminal negligence.

Infectious disease & biosecurity

In 1967 the then US Surgeon General boasted that 'The time has come to close the book on infectious diseases.' In 1994, by contrast, Jonathan Mann said; 'The history of our time will be marked by recurrent eruptions of newly discovered diseases.' How right he was. The total in the last two-three decades is well over 30 new infectious diseases.

All this was thrown into sharper relief after 9/11. You will remember the drama occasioned by the sending of anthrax spores in the US mail, which led to several deaths, a week or two after the twin towers went down. In Australia, we then had months of 'white powder incidents' which cost emergency services a lot of money. More importantly, we were facing much wider concerns about biosecurity, with a range of agents potentially available to terrorist organisations.

Smallpox was a case in point. Eliminated from the natural world many years before, stocks of virus remained in the US and the USSR. When the USSR broke up, nobody knew what

had happened to their virus stocks. Given how easily smallpox could be spread, and how devastating could be the consequences, the threat of a 'smallpox attack' was taken very seriously. We had an expert committee to advise on responding to the release of smallpox virus; we built up a store of vaccine; and drew up detailed plans.

At about the same time, variant CJD and the possible risk to our blood supply popped up. And then there was SARS, caused by a new coronavirus out of China, which led to worldwide alarm and cost governments and businesses a lot of money, out of all proportion to the number of cases. Alarm was heightened by the initial high death toll among doctors and nurses caring for the sickest patients. The saving grace of SARS was that it was not very infectious until the infected individual was seriously ill. Thus it did not spread readily in the community, and in a matter of months had disappeared.

More recently there have been other viruses, including new strains of 'flu emerging, which have been deadly but not spread readily between humans. But it is inevitable that, sooner or later, a strain of flu will emerge with the potential to wreak as much havoc as the pandemic of 1918-19. It will be impossible to stop such a strain from entering this country.

Virtually none of these threats, naturally occurring or resulting from human malevolence, have gone away for good. It is very difficult to sustain alerting and response measures at a high level to these 'negligible burden but high threat' diseases.

Red flags have been raised now for many years about the profligate use of antibiotics in human and animal health, all with seemingly little effect. We in Australia issue more antibiotic prescriptions per head of population than in the US and it has been estimated that several thousand Australians are dying now, each year, from untreatable bacterial infections. 'The world is slipping, bit by bit, into the 'post-antibiotic era.'

The post-antibiotic world will not be a nice place to live in.

The time has indeed come for stronger action, and it is pleasing to see that there is now in Australia an 'Antimicrobial Resistance Standing Committee' and a 'Containment Steering Group'. But I believe that health authorities in this country should institute more rigorous regulation of the prescribing of antibiotics in human and animal health now. Moreover, OECD government policies need to be directed toward encouraging the pharmaceutical industry to develop new classes of antibiotics. There have been none for several decades.

The World Health Organisation needs to continue beating the drum. The post-antibiotic world will not be a nice place to live in.

The march of chronic disease

Several decades ago, Sir Peter Medawar predicted that the ageing of the population would see a greater number of chronic diseases emerging due to the influence of genes that are expressed later in life, beyond the reproductive period, and therefore are not subject to evolutionary pressures.

Alzheimer's Disease presents a striking example. Perhaps 20-30 percent of those of us who reach our eighties, will prove to have been on that 30 year trek to oblivion, largely because of our genetic make-up. We will impose an insupportable burden on the health system unless the new drugs currently being trialled manage to slow down the progression of the disease in the years before symptoms appear.

By contrast, a recent *New England Journal of Medicine* (NEJM) paper 'Measuring the Global Burden of Disease' focused on environmental influences on the world's afflictions. It estimated the global disability adjusted life years lost, or DALYs, (ie the years of healthy life lost) and compared the numbers in 2010 with those 20 years earlier.

Ranked first among the diseases or injuries contributing to the global DALYs in 2010 was ischaemic heart disease, followed in order by lower respiratory tract infection, stroke, diarrhoea, HIV-AIDS, and malaria. Diabetes comes in at 14, up from 21 in 1990, and the first cancer on the list, lung cancer, is down at number 22.

Infections still take four of the top six places worldwide so it's not all about non-communicable, chronic disease.

Considering the leading, non-infectious risk factors globally, the top six, four of which matter to Australia, are: high blood pressure, tobacco smoking, household air pollution from solid fuels, diet low in fruit, alcohol use, high body mass index.

There has been a marked change in Australia's attitude to tobacco smoking, but it has taken several decades to get to where we are now. Alcohol abuse and unhealthy eating will be tougher nuts to crack. Tobacco smoke starts causing harm with the first puff; alcohol in moderation, by contrast, may well confer health benefit, and we all have to eat.

A campaign to minimise harm caused by alcohol or unhealthy eating will need to be more nuanced than the attack on the tobacco industry, and involve both regulatory and educational approaches. It would be wiser to work with the two industries, so that changes in drinking and eating behaviours happen more expeditiously, but I concede that many public health professionals do not share this view.

Our creaking health system

The health system has served us well over many years, but it is looking increasingly stressed. A decade ago, John Paterson, a former head of health in this State, said:

Australian health services are still working tolerably well, but the underlying system is operating at the limits of its architecture. Objective signs of stress have become increasingly apparent in recent years. In the absence of radical measures, the performance of the system will degrade rapidly, and increasingly visibly, in the years to come. Only radical measures will do.

Some years ago, a health economist from Princeton, Uwe Reinhardt, put forward the view that health systems in developed countries would move inexorably into a three-tiered structure: on top are the wealthy, who will have access to any treatment they want, when they want it, because they are able and willing to pay for it themselves. On the second level are those who are well enough off to take out insurance, but whose range of choices will be increasingly restricted as health care costs rise. On the bottom, are the low income earners who can't insure and who will only gain access, mostly for emergency care, to a beleaguered public health care system.

This is the US now: is it starting to sound like our system as well? Is our health system becoming progressively less affordable, more inequitable and of increasingly variable quality? Have we arrived at John Paterson's tipping point?

Thinking first about cost. Australia spends over nine percent of GDP on health, and this figure continues to rise, on current projections, unsustainably. We have an unwieldy and costly approach to managing health which involves two levels of government.

There is considerable waste in the system. What Archie Cochrane called 'medical inflation' is widespread, ie the use of medical services which do not work, together with the failure to use appropriately medical services that do work.

In the US, the Institute of Medicine (IOM) recently estimated the annual excess cost due to waste. It was US\$765 billion – 30% of total health expenditure. Our equivalent figure would be A\$40 billion.

Money spent in the last months of life – the cost of dying – is hugely disproportionate to any benefit conferred and new technologies are proving to be a two-edged sword, effective but costly, not least because of overuse or misuse. Costs to the patient are rising: out of pocket expenses (particularly for specialist services) and the cost of health insurance is out of the reach of many people.

The Commonwealth Fund, a health think tank based in New York, has us falling behind NZ, the UK and the Netherlands in the quality of our health services.

Our system is not 'as good as it gets'. We do not have what the NEJM calls 'high value health care'; we are not achieving the best health outcomes at the lowest cost, and if nothing is done, things will get worse.

So what might be done to revitalise the system and stave off future breakdown? I don't have a blueprint, but a few thoughts...

The disjointed, shared arrangements between Federal and State Governments have to change. On balance (and with some trepidation) I would plump for health to be the Federal Government's responsibility.

We must eliminate waste. The Institute of Medicine's list of what constitutes waste for the US system is instructive. In order of magnitude: unnecessary services, excess administrative costs, inefficiently delivered services, excessive prices, missed prevention opportunities, and fraud. All are pertinent to us.

Medicare needs a detailed overhaul, and with that, government needs to consider reining in doctors' fees. 'Fee for service' could be phased out, and a bundled fee or some form of capitation applied for an episode of care, no matter how many individual services are provided.

The 'cost of dying' must be more effectively managed, and any perceived moral or ethical issues confronted.

R&D needs greater support; better integration of new knowledge into patient care is crucial – perhaps the mooted Integrated Health Research Centres will be a key vehicle for achieving this.

The health workforce needs to become much more flexible, as envisaged by the Productivity Commission and Health Workforce Australia. Information and communication are vital issues both for patient care and the health system as a whole. The technology is available to transform health services and it needs to be put to best use. Struggling areas such as mental health and aged care services require urgent attention. Prevention and health promotion need to figure much more prominently, but on the IOM's calculations for the US, we can expect prevention to eliminate only a limited percentage of excess health expenditure.

Most importantly, government must understand that growing social inequality will seriously blunt or defeat any of the above attempts to improve the nation's health, however vigorously they are pursued.

We are still a lucky, healthy country, but to prevent things deteriorating will require radical re-thinking. John Paterson was right. I think there are those in government who know at heart that radical change has to happen, but as Goethe said: 'Knowing is not enough, we must apply. Willing is not enough, we must do'.

Doing will demand political courage of a high order, but as the Ancient Greeks put it: 'Even the Gods cannot strive against necessity'.

Richard Smallwood

(MBBS 1960, MD 1964, Hon DMedSc 2012)
Professor Emeritus, The University of Melbourne

ALUMNI STORIES

MAKING THE IMPOSSIBLE POSSIBLE

MAITHRI GOONETILLEKE (MBBS 2006)



Maithri Goonetilleke

I have only met with Maithri Goonetilleke once, for under an hour, but that hour changed my life. As I walked out of Baretto Coffee Shop into Grattan Street, just across from the Medical School building, I felt like shouting ‘Hey everybody – how can you just be carrying on normally - you must come and meet this man!’

I first became aware of Maithri when I saw the briefest paragraph about his recent book in *The Age*. *Vula Bevalile: letters from a young doctor* is, like its author, modest, humble and slim. The book consists of a number of short stories, written as letters home. The stories are simple, and tell of everyday matters of life and death in Swaziland. Well, perhaps that should be death and life. The book only took an hour to read, but I was a changed person when I put it down.

Maithri was born in Sri Lanka in Colombo. His family came to Australia when Maithri was six years old, seeking refuge from the civil war and he graduated from Melbourne Medical School in 2006. In his final year Maithri visited Swaziland on elective and says simply that, from that time on he felt he had no choice, he simply had to dedicate himself to the people of Swaziland.

Swaziland has the highest death rate due to HIV/AIDS in the world. It has, accordingly, one of the lowest life expectancy rates in the world, set against a self-perpetuating backdrop of extreme poverty.

During his elective Maithri met a number of other volunteers from all over the world, and he has spent the subsequent seven years harnessing their various expertise, to establish a foundation: Possible Dreams International. The foundation is non-religious and has the following mission: *to empower rural and remote communities in areas of extreme poverty and/or high disease prevalence by engaging dynamic rural community networks, and offering compassionate holistic care in the form of emergency relief aid and sustainable development solutions.*

Maithri came back to Australia to do his internship. He worked in city hospitals, in remote Indigenous and rural communities, and commenced physician training at the Austin Hospital, but the call to help Swaziland was overwhelming. He now works for Corrective Services at Fulham Prison for nine months a year, and devotes all his spare time to running the Foundation. This includes fundraising (through sale of his book and Possible Dreams International Choir tours), and spending as much time as possible in Swaziland.

In only seven years the Foundation has developed sustainable model programs of holistic care delivered through local communities. The programs are showing signs of success and the Foundation wants to expand into other districts of Swaziland. If all this seems impossible – well you’ll have to read Maithri’s book.

Maithri never asks for money. He doesn’t need to: he simply tells the stories of the Swazi people. Possible Dreams International has developed solutions to HIV/AIDS, but the solutions are often not medical. They may be economic (helping a family start up a vegetable patch), social (making sure orphans have safe place to live) or physical (excluding rats from the hut of a dying person). Sometimes there are no solutions other than musical ones – the Possible Dreams International Choir, whose members are people affected by HIV/AIDS, has toured the UK and Australia to raise funds, and, back home in Swaziland, sings at the bedsides of people dying from AIDS.

I wouldn’t blame you for being disbelieving. All I can say is: ‘read Maithri’s book’. It will only take an hour, and it may change your life. It demonstrates what is not impossible and might make you want to shout in the street too.

Katrina Watson
(MBBS 1977)

Possible Dreams International
www.possibledreamsinternational.org



FROM A DUCATI TO CINCINNATI

NEIL JOHNSON (MBBS 1976)

MEDICAL HISTORY MUSEUM: SEARCHING FOR STORIES

Constance Bronwen Jones (1899-?) was the daughter of Dr Emma Constance Stone (1856-1902) and Rev. Dr David Egryn Jones (d.1935). Emma Constance Stone was the first female doctor to practice in Australia. She was instrumental in forming the Victorian Medical Women's Society in 1895 and the Queen Victoria Hospital in 1899.

Constance Bronwen was born in 1899 and was only three years old when her mother died. She followed in her mother's footsteps however, graduating in medicine from the University of Melbourne in 1923. In 1926, she married a fellow graduate Arthur Wellesley Bayley.

She held posts at the Queen Victoria Hospital from 22 August 1928 to 8 February 1935, and practiced from rooms at 61 Collins St, Melbourne. In 1935 she went to live and practise in the United Kingdom.

Her class photograph – of Fifth Year Medical Students, taken in 1922, (right) is in the collection of the Medical History Museum. Unfortunately a class list does not accompany the photograph. We are seeking help in identifying the individuals in the photograph, in particular, Constance Bronwen Jones. Another photograph identifying Constance Bronwen would be very helpful.

Please send any information or images you have to mhm-unimelb.edu.au.

Neil has managed to combine his loves of medicine, photography and technology by becoming a Paediatric Interventional Radiologist, in Cincinnati, Ohio. His initial paediatric training was at the Royal Children's Hospital in Melbourne and was followed up with a diagnostic radiology residency at the Royal Melbourne Hospital. Neil then completed a fellowship in paediatric radiology at the University of Rochester Medical Center, Rochester, NY. He is now an Interventional Radiologist and Director of Vascular Access at the Cincinnati Children's Medical Centre, Ohio, as well as Professor of Radiology at the University of Cincinnati. He is a past president of the US Society for Pediatric Radiology, and has been instrumental in establishing the World Federation of Pediatric Radiology. He had a brief fling with IT as Medical Director of Information Systems, but then was persuaded to return to radiology. Neil has special expertise in bone interventions (placing screws and bone grafts under image guidance),

which Neil says is 'all based on the experience I gained with motorcycle mechanics so many years ago...'

Neil demonstrated his gratitude to the Melbourne Medical School by donating a prize in 1977: the Neil Johnson Prize, originally given for Surgery, and which is now awarded for the equivalent subject within the Principles of Clinical Practice 2.

Neil is truly a high flyer, and has swapped motorbikes for planes. He is married to Lorraine, an Australian radiographer, and their twin grandchildren are already getting their flying hours up.

'My mother thought I would fail medical school because of motorcycles (and other bad habits) but it has all turned out fairly well' says Neil, who has not lost his Australian inclination for understatement.

Katrina Watson
(MBBS 1977)



Fifth year medical students, 1922



FROM CHAPEL STREET TO FIFTH AVENUE

ARETA PODHORODECKI (MBBS 1980)

YOUR STORY

Since 1862, when the Melbourne Medical School opened its doors to the first three Australian medical students, over 16,500 medical doctors have graduated from the University of Melbourne. Each year, around 300 new Melbourne Medical School graduates join a community of over 10,000 alumni around the globe.

Our pride in our alumni is matched by our desire to stay connected with all who have passed through our doors. There are many options available to those who wish to remain associated with the Melbourne Medical School. We welcome your interest and involvement and invite you to stay in touch, share your stories and remember old friends.

Contact mms-alumni@unimelb.edu.au to share your stories.

Areta grew up in the wilds of downtown Strathmore, graduated from University of Melbourne in 1980 and did her pre-vocational training at the Austin Hospital. We're not sure if it was the medicine, her future husband or the shoe stores, but something lured Areta to New York at the end of 1982, and she finished her post-graduate specialty training in Physical Medicine and Rehabilitation (PM and R) at St Vincent's Medical Center, New York. She was Attending Physiatrist (Rehabilitation Physician) for the International Center for the Disabled, New York, from 1986 to 1990.

In 1987 she became board certified (US equivalent of Fellowship) in PM and R and a faculty member of Columbia Presbyterian Hospital. Since 1989 she has been an 'attending' (Attending Physician) at St Vincent's Hospital Department of Rehabilitation. She became board certified in Electromyography and Sports Medicine in 2008.

Areta is also an Assistant Professor at New York Medical College, and teaches Rehabilitation Medicine to trainee neurologists, orthopedic surgeons and medical students. She runs a busy private practice at her own clinic – St Mark's Rehabilitation Center, in the heart of Manhattan. Her specialty areas include hand conditions, pregnancy pain syndromes, orthopedics, ergonomics, low back rehabilitation, and treatments for spasticity, headaches, dystonia, and hyperhidrosis.

Areta and husband Zen have three sons. They live in a New York brownstone, eat pastrami on rye and barrack for the Yankees. Areta last caught up with the University at the launch of Believe - The Campaign for the University of Melbourne in New York last year.

Katrina Watson
(MBBS 1977)

COMPASSION AND COURAGE: AUSTRALIAN DOCTORS AND DENTISTS IN WW1

The Faculty's three museums – Medical History Museum, Henry Forman-Atkinson Dental Museum and Harry Brookes Allen Museum of Anatomy and Pathology – are putting together a major exhibition for next year as part of the program of activities to commemorate the centenary of ANZAC day.

This exhibition will tell the story of the contributions of doctors and dentists on the war front. We are interested in collecting material: photographs, objects and letters from Melbourne Medical School Alumni that will assist us in telling the stories of the individuals who served during this period.

Please contact Jacqueline Healy, Curator, Medical History Museum on: mhm-info@unimelb.edu.au or +61 3 8344 9935



Compassion and Courage will tell the story of contributions of doctors and dentists on the war front



SNAKE GERMS AND PROFESSOR HALFORD'S WEBS

PETER HOBBS

The arrival, on a sleepy Sunday in April 1867, of the SS *Bombay* occasioned little attention in colonial Melbourne. The regular intercolonial steamer from India, however, had embarked an unusual passenger in Ceylon. Snuggled into a wicker basket owned by 33 year old manure merchant, John Barton Burstall, was a cobra-di-capella (an Indian hooded cobra of the *Naja* genus). After taking up rooms at Tankard's Temperance Hotel in the city, Burstall invited several fellow passengers to visit his room in order to show off this exotic pet.

The imported snake was at first sluggish, although active enough for its teeth to scratch Burstall's left hand. Unworried, its owner explained that he had removed the cobra's fangs before departing Ceylon. He likewise remained calm when subsequently — in the hotel's smoking room — the now more vigorous cobra bit his ring finger on the same hand. A few hours later, however, two guests who had missed this serpentine spectacle heard a sound resembling 'the suppressed baying of a hound' as they walked past Burstall's bedroom. Looking in, they found him writhing in agony, clutching his swollen hand. As his speech became slurred and his pulse weak, the cobra's victim also vomited up a ropy fluid and discharged copious, watery diarrhoea. Despite their ministrations, the attendance of a local surgeon, and hurried transport to the Melbourne Hospital, Burstall became torpid and died just after 5pm.

Among those attending the autopsy the following day was George Britton Halford, the University of Melbourne's inaugural professor of anatomy, physiology and pathology (and subsequently first dean of medicine). His presence was perhaps more than a professional courtesy: a decade earlier he had reported on the relatively rare phenomenon of an adder bite in Britain. Although fear of snakebite was

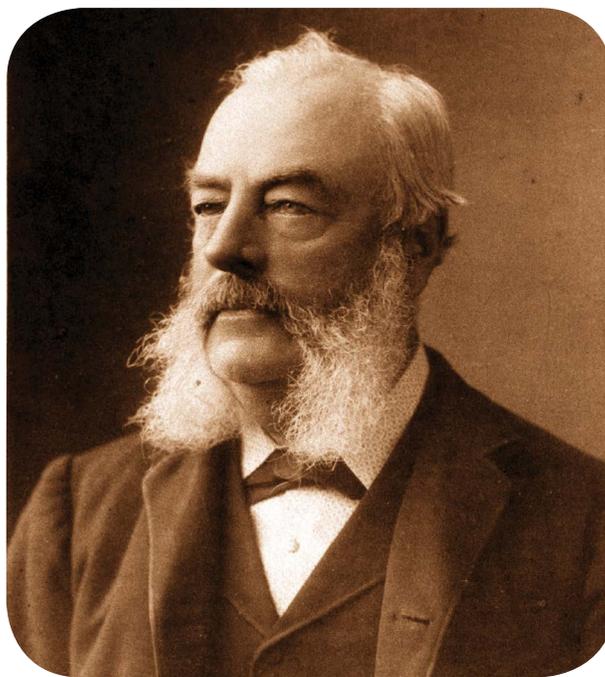
common enough in Victorian Victoria, actual mortality was relatively low. While almost certainly an underestimate, one contemporary source listed only five deaths in Melbourne — including presumably Burstall's case — from 1861 to 1874. More to the point, however, bites by imported cobras were certainly a novelty and, as his large albums of press clippings held

the dog's corpuscles. Amazed, he and two of his students rushed to inspect the venom of the cobra, plus that of an Australian black snake (probably the red-bellied black snake, *Pseudechis porphyriacus*) and its effects on the blood of another sacrificed dog, a kitten, a pigeon and a rat. What Professor Halford believed he had found was living 'germinal

matter' in the venom of the snake. He rapidly hypothesised that these snake 'germs' in the venom had hybridised with the blood cells of the victim, overwhelming normal corpuscles and draining them of their 'animal power'. Coupled with the knowledge that desiccated snake venom could retain its potency for months or even years, plus some of Burstall's intestinal symptoms, he took yet another conjectural leap. Might not the dried venom of innumerable dead cobras be carried by the wind from India to other parts of the globe, causing the epidemic of cholera that was again ravaging Europe in 1866–67?

To a modern-day toxinologist — a specialist in venoms and natural toxins — Halford's germ theory of snake poisoning sounds quaint, or even ludicrous. Snake venoms are now understood to comprise a plethora of bioactive molecules that,

depending upon the species, may paralyse victims by interfering with the conduction of nerve impulses; damage muscles including the heart; impair or conversely increase the ability of the blood to clot; or indeed degrade blood cells and the vessels that carry them. Venom proteins are not currently considered to be 'alive' in the manner of bacteria, nor are they able to 'hijack' host cells to do their bidding, as many viruses do. They certainly share almost nothing in common with the pathogen, *Vibrio cholera*, responsible for the acute vomiting, diarrhoea and dehydration that, if untreated, can lead to death within 24 hours after infection by cholera.



Professor George Britton Halford, c.1880

in the University of Melbourne Archives and the State Library of Victoria suggest, Professor Halford was not averse to publicity. Indeed, he may well have recalled the intense interest generated when a cobra killed its keeper at the London Zoological Gardens in 1852.

While his examination of Burstall's body and blood was unremarkable, Professor Halford obtained and killed the cobra, subsequently injecting its extracted venom into a dog. The animal died 'after the usual symptoms', yet under a microscope the professor observed a remarkable phenomenon: a vast population of nucleated cells appearing to multiply amidst



The 1860s, however, were an era of uncertainty about the causation of many diseases, and Louis Pasteur's new germ theories were far from predominant. Professor Halford was more open than many colonial doctors to these new ideas, and even more ready to propound his own. Less than two weeks after Burstall's demise he had despatched a letter to the Melbourne *Argus* and a very similar missive to the influential *British Medical Journal*, outlining his observations and theories about cobra venom and its putative link to cholera. Throughout the remainder of 1867 and into 1868, he presented his experiments and conjectures to both the Royal Society of Victoria and the Medical Society of Victoria, while authoring a series of additional articles for the lay and medical presses and publishing his own pamphlet on the subject.

Despite his minimal evidence and shaky logic, the responses to Professor Halford's theorem reveal just how intricately his position was interlinked with practitioners across the colony, the Empire and globe, a bare five years after he took up his antipodean post.

Although many of his papers are no longer extant, the University of Melbourne Archives received a significant accession of Halford holdings in 1981. The bulk of this material — including press clippings, correspondence, experimental notes and memoirs — relate to Professor Halford's research into snakebite and its remedies from 1867–1894, including his germ theory of snake poisoning. Related materials are also held in the Ann Tovell Archives stored in the basement of the Brownless Biomedical Library, as well as the State Library of Victoria and the Public Record Office of Victoria. Together, these archival trails lay out the web of connections that emanated from Australia's first teaching professor of medicine.

Reviewing the Halford papers soon after they were received by the University, Sharon Wallace catalogued their provenance in 1982 as part of her Bachelor of Medical Science



A plate from Joseph Fayrer's 'The Thanatophidia of India' (1872/1874), illustrating a cobra-di-capella (*Naja tripudians*)

(Honours) thesis on Australian snakebite treatments. Now a senior pathologist, Dr Wallace observed that most of Halford's local correspondents in the 1860s and '70s hailed from the Victorian goldfields, which were then settling into post-rush respectability. Indeed, prior to his several years in Ceylon, cobra victim John Burstall had himself run a chemist's shop in Sandhurst (now Bendigo). Responding to Halford's rash of publications, many of these country doctors sent the professor their observations, case reports, blood samples and even snake heads for his evaluation. As with many similar letters

published in local medical periodicals, these epistles to Halford confirm the impotence of many colonial clinicians in the face of fatal snakebites — and their equally willing credulity toward any manner of 'cures'. The desire for expertise, for a definitive solution to the problem, remains palpable. However, as observed both by Wallace and by tropical medicine physician Charles Campbell (in two superb 1966 papers on Halford), many metropolitan doctors were less convinced of the value of the professor's evidence, let alone his extrapolations. By the mid-1870s, their experiments — and in some cases their

outright derision — had permanently impaired Halford’s reputation. Nevertheless, he never truly abandoned his germ theory of snake poisoning, and, as the span of the surviving correspondence reveals, many Victorian doctors remained loyal to his expertise until the end of the 19th century.

Professor Halford’s international influence was equally extensive, profound and prolonged. His April 1867 letter to the *Argus* was not only reproduced in many of the dailies around the Australian colonies; it was also facsimiled in several local scientific and medical proceedings, whence it was taken up by the London *Medical Times and Gazette* and thus conveyed across the Atlantic to the post-Civil War USA. Indeed, responses to this report by the American rattlesnake venom expert, Silas Weir Mitchell, were published both in the *New York Medical Journal* and in the *Medical Times and Gazette*, the latter piece being subsequently extracted back to the *Australian Medical Gazette* as late as May 1869. Mitchell also sought direct contact: the University Archives hold a letter that he wrote from Philadelphia in February 1868, forwarding a pill box containing dried rattlesnake venom and requesting the courtesy of a reciprocal sample. In an 1886 publication, Mitchell lamented that he was still awaiting a reply ...

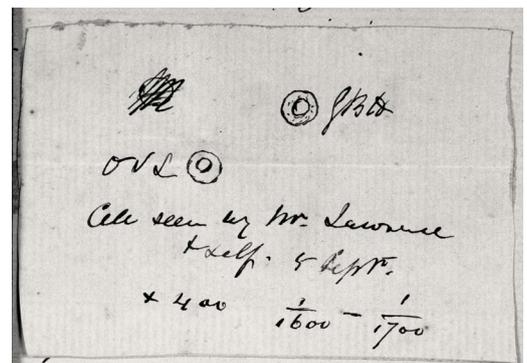
Professor Halford’s second letter of April 1867 — to the *British Medical Journal* — had a similarly convoluted inter-colonial impact. It provided impetus for a string of exchanges and observations that were published first in the *Indian Medical Gazette*, reworked for the *Edinburgh Medical Journal*, from where they were adapted yet again for the *Australian Medical Gazette*, appearing once more in mid-1869. By this time, Halford had largely set aside public pronouncements on his germ theory, and had moved instead to promoting the use of intravenous ammonia as a treatment for snakebite. Yet it was his early note on the single case of cobra bite in Melbourne that seems to have provoked such an exhaustive series of experiments by officers of the Indian Medical Service, most notably Joseph Fayrer, surgeon in the Bengal Army and professor of surgery at the Medical College of Bengal. Melbourne University’s Special Collections hold a copy of Fayrer’s magnum opus, *The Thanatophidia of India* (1872; second edition 1874). This massive work not only collated the numerous papers Fayrer had published across the Empire’s medical journals; it also detailed his claim that in one year alone — 1869 — approximately 20 000 people had died throughout British India from snakebite, the majority due to cobras.

Until the 1860s it was widely presumed that there was a single venom common to all serpents, and perhaps even shared with scorpions. By the end of that decade however, this orthodoxy was faltering — not in the least owing to the claims made by Professor Halford. Thanks to Burstall’s misfortune and Mitchell’s generosity, by 1868 Halford was the only investigator in the world with the direct experience to claim that

“We have arrived at a point where a difference seems to exist between the effects of the poison of the tiger snake and that of both the cobra and the rattlesnake.” Based again on a rather limited series of experiments, he was further emboldened to claim that the venom of the Australian tiger snake (*Notechis scutatus*) was more deadly than that of the American rattlesnake (*Crotalus* species), if not that of the cobra.

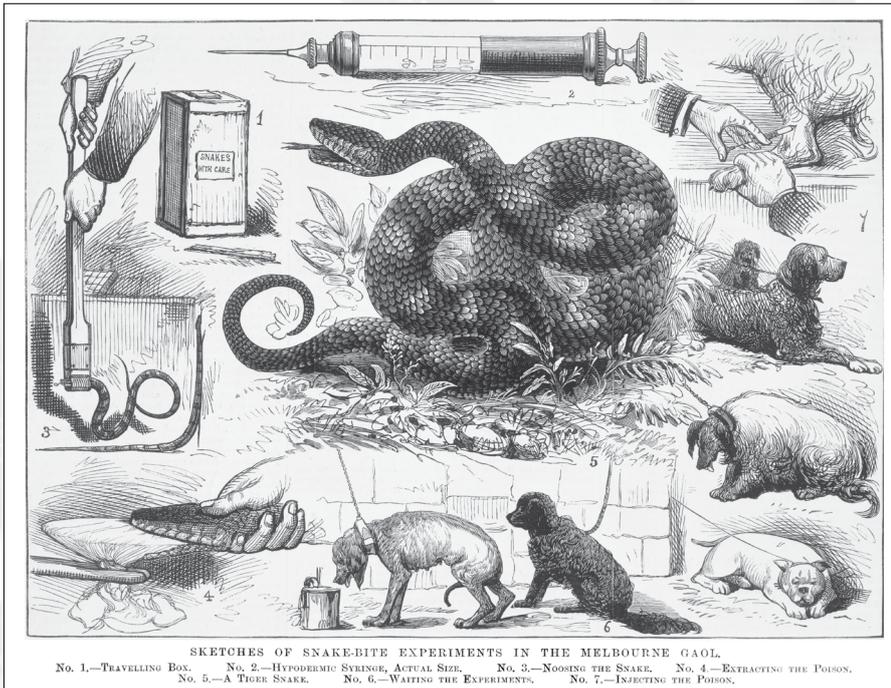


Extract of a letter from American snake venom expert, Silas Weir Mitchell, dated 28 February 1868. This missive confirms that Mitchell posted ‘a small amount of dried Rattlesnake venom’ to Halford, requesting ‘the dry venom of your own serpents’ in return — a courtesy which Halford never returned.

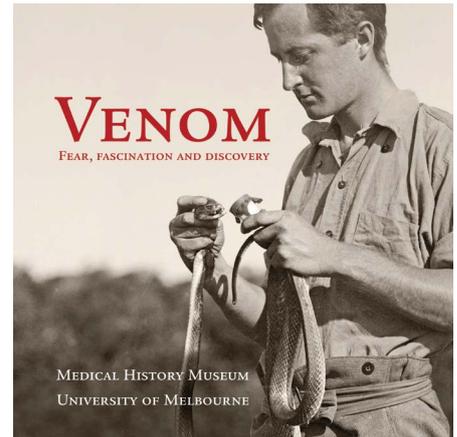


Hand-drawn sketch by Professor Halford of ‘Cells seen by Mr. [Octavius] Lawrence & self, 5 Sept [1867].’





Sketches of snake-bite experiments in the Melbourne Gaol,
Australasian Sketcher with Pen and Pencil, 17 February 1877, p. 184



Top: *Venom: Fear, Fascination and Discovery*
Bottom: Tiger snake *Notechis scutatus*, c1870

Given such a gambit, it was perhaps not surprising that Halford so jealously guarded access to poisonous Australian snakes. The point of seeking to bring Australian, American and Indian snakes — or their venoms — together in one place was so that comparative studies of their effects and overall potency could be conducted. Both Fayrer and Mitchell tried for years to obtain examples of poisonous Australian snakes, or at least samples of desiccated venom, from Halford. More fortunate than Mitchell, Fayrer finally succeeded in obtaining two dozen Australian snakes from the recalcitrant professor in 1873, but only via intercessions by colonial governments in both Victoria and India. Nevertheless, this was clearly a case of institutional niceties trumping pragmatics. After all — as Burstall's cobra had so readily illustrated — there was little to stop the transnational transport of dangerous serpents. Indeed, by the 1860s adventurous pet owners as far afield as London and Liverpool could readily purchase snakes 'by the mile', including cobras, from 'wild beast merchants' such as Charles Jamrach and William Cross. A cobra, for instance, is widely considered the most likely basis for the apocryphal 'swamp adder' central to the 1892 Sherlock Holmes mystery, 'The Adventure of the Speckled Band.'

By then, the competition was on. From the late 1860s, the cobra overtook the rattlesnake as the consummate deadly serpent in the Imperial imagination. Yet its ascendance was brief: by the 1890s this status was under renewed threat. For what Professor Halford had instigated at Melbourne University was the stirring of international rivalry for the world's most deadly serpent. As it ultimately crossed over into the new 20th century, this contest not only spanned the emerging sciences of pharmacology, biochemistry and immunology, but also encompassed new claimants from Asia, Africa and South America. Although rather different from the curious cells he originally observed in 1867, this germ of an idea was perhaps Halford's most lasting legacy to the fascinating field of venom research.

Peter Hobbins

Peter Hobbins studied English literature and the Pharmacology of snake venoms at the University of Melbourne. He recently completed his PhD on the history of venom research in colonial Australia under the auspices of the Department of History at Sydney University and the Australian Venom Research Unit in the Department of Pharmacology at the University of Melbourne. This article was originally published in the UMA Bulletin - News from the University of Melbourne Archives, No. 29, July 2011.



REUNIONS

CLASS OF 1941 72 YEAR REUNION



19 OCTOBER, JAMES GUEST

The year of 1941 celebrated the 72nd anniversary of their graduation at a luncheon at Graduate House on 19 November 2013.

Three members were present: Mary Wheeler, Brian Costello and James Guest. We mourned the passing of Ida Benson (Seward). Clarice Hetherington was unable to attend.

CLASS OF 1945 68 YEAR REUNION

7 NOVEMBER, JIM KIEPERT

11 of the 14 remaining members of our graduating class of 1945 gathered on November 7, all looked as bright and good looking as last year, but with a few more walking sticks.

It was a very happy reunion of old colleagues, reviewing what had happened in the past year, and reminiscing about past activities, some up to 73 years ago when we first met as students at the beginning of a five year course.

CLASS OF 1953 56 YEAR REUNION



15 NOVEMBER, JOHN WEBB

Graduates of the class of 1953 celebrated their 60th anniversary with a luncheon at Kooyong Lawn Tennis Club. 29 attended, accompanied by 20 spouses/partners. Apologies came from 21 of our number, many of whom, unfortunately, were unable to attend because of poor health.

The event was most successful with much interesting conversation and renewal of old friendships. As we have found on previous occasions, the food and wines at Kooyong were excellent, and we all enjoyed the event very much.

CLASS OF 1955 58 YEAR REUNION



2 OCTOBER, GRAHAM A SYME

An enjoyable luncheon was attended by 29 of the 1955 graduated class and their partners, which contributed to a very sociable occasion. The proceedings were given a cerebral tone by the contributions of Ian Maddocks and Cas McInnes reflecting on the modern training of medical students and the preparation of surgical trainees. Regret was expressed for the passing of the old 'live in'

residency requirements which contributed greatly to the camaraderie of early medical training. Once again, aging faces were recorded for posterity by the John Aloysius Henderson team. John has always been good at concealing the ravages of time of Melbourne's doctors.

We also farewell two of the long time organisers of the reunions, John O'Brian who died before the event and Gerald Little who died a few days later.



DON'T MISS OUT ON YOUR NEXT REUNION! EMAIL YOUR DETAILS TO: ALUMNI-MMS@UNIMELB.EDU.AU

CLASS OF 1960 53 YEAR REUNION



26 SEPTEMBER, WARREN JOHNSON

24 colleagues came together to celebrate their reunion luncheon at University House.

It all started in 1955 when 240 students enrolled for the Pre-Med year but only half of them passed and that included a large number who were repeating because of the disastrous failure rate in Chemistry the year before.

From that time on, the friendships made and the camaraderie which developed in the class, buoyed these students through the long slog of a medical course which only came to life in the final two years as it all started to come together.

After this rather difficult start, the group always thought they were a bit special and Professor Rubbo said as much at the end of 4th year. So there was no surprise in 2010 that 80 members were keen to oblige when asked to write a one page autobiography which the University of Melbourne put together as a book to celebrate 50 years.

Two medical school student ambassadors were invited to attend the 2013 lunch and they took photographs of the event and had time to chat with their senior colleagues about the changes that have come about in the last 53 years.

The number attending was low but many have moved off interstate or overseas and 20 have passed. Never the less it was a very happy occasion and will be repeated next year.

CLASS OF 1962 50 YEAR REUNION



13 OCTOBER, GEORGE SANTORO AO

An epic reunion attended by 69 graduates took place at the RACV club in Melbourne on Saturday the 13th October 2012. At pre-dinner drinks nobody wanted to sit down as they were too intent on catching up and recognising each other. 2012 was a year to remember; the anniversary of 150 years since the Melbourne University Medical School was inaugurated, and 50 years since we had graduated. We sat down to an excellent dinner and were honoured by a welcome speech by Prof David De Kretser AC the recently retired Governor of Victoria. David is one of us, a 1962 graduate.

Among those present from overseas were: Elizabeth Shaw, Alan Ebringer, Paula Colette all from the UK. Andy Burgess and Peter Pletka from USA, Sylvia Topor from Honolulu, Sam Slutzki from Israel and Mary Schramm from Fiji. We were thrilled to catch up with a senior member of our year from Geelong, Gwynne Duigan.

On the Sunday we met at the ANZ College of Anaesthetists, this time with partners. An excellent afternoon tea was provided. Thanks to Ian Rechtman for the organisation of the weekend. Without his assistance the reunion would not have been so successful.

For future 1962 reunions contact Ian Rechtman's on rechtman@connexus.net.au

CLASS OF 1973 40 YEAR REUNION



26 OCTOBER, HAMISH EWING

105 graduates, of our graduating class of 186, gathered with their partners at the Kooyong Lawn Tennis Club for the 40th Year Reunion.

Talking was very much the major activity of the evening which was promoted by the absence of the loud music and dancing of younger former years. Instead, a quiet background of our favourites from the 60's and 70's transported us back to Uni days. In addition, *aides-de-memoire* were flashing up on screens with photographs, disreputable and otherwise, being projected throughout the night.

Guests were greeted by jazz music from the Medical Student Apollo Health Music Group, followed by dinner inside. In deference to the passage of time, especially large name tags were created and greatly appreciated by many! Similarly, the words to our theme song from the Beatles 'When I'm 64' was also in large print which undoubtedly helped us sing all the more vigorously, even for a reprise!

In essence the evening was a wonderful success. Festivities were brought to a fitting close when Geoff Courtis brought out his bagpipes for an impromptu air or three to herald the closure of the bar.

We all sang 'When I'm 64' one final time, and agreed that we shouldn't wait so long for the next reunion.

REUNIONS 101

THE ULTIMATE GUIDE TO PLANNING YOUR REUNION

CLASS OF 1993 20 YEAR REUNION



19 OCTOBER
ANNE POLINNESS

On Saturday 19th October the 20 year reunion of the graduating class of MBBS 1993 was held with a great turnout of 114 attendees. Many of us had not seen each other since graduation so it was a wonderful opportunity to catch up and reminisce.

The venue was the Pavilion Room at the RACV Club in Bourke St Melbourne for a cocktail function with a DJ and dancing, however it was mainly a night to catch up and find out what everyone has been doing over the last 20 years. Afterwards many of us kicked on to a local pub as we didn't want the night to end.

There was a photographer provided by the Melb Uni Medical School Alumni Association to take photos to mark the occasion, and the night was such a success that many people were already talking about planning our next reunion!

1. Be decisive and sort out who is organising the reunion.

2. Make contact. Contact the Faculty Advancement and Communications Unit (ACU) as soon as possible to inform us of your intention to hold a reunion, to prevent any duplication. Under privacy legislation we can't give you the contact information of your class, but we can send invitations for you, and ask them to contact you.

3. Advertise the reunion to your group. We can help you by sending invitations, advertising in *Chiron*, the *Chiron e-newsletter*, and on the Melbourne Medical School (MMS) and University Alumni websites. An (invitation only) class Facebook page is also a great way to drum up interest.

4. Start early. Ideally, inform people about a year in advance. Many colleagues need adequate notice to plan their travel.

5. Which year is which? For some, there is still confusion about defining their Year. The University has lists for both graduation and completion years. Some people identify with more than one cohort, so advertise widely so that all feel welcome.

6. When is the best time? You'll need to decide to either avoid or target Melbourne's great sporting events and festivals. Most MMS reunions are held around October/November, away from the big events.

7. Selecting a venue. The ACU has a list of great venues – including the Woodward Centre and University House. Tours of the Medical School, including whatever is currently on display at the Medical History Museum can be arranged.

8. Use our templates. We have template invitations, save-the-dates and reminders designed by our great graphic designers.

9. Silence is deafening. Don't be surprised if you are deluged by non-replies – replies can come in right up until the last day.

10. Yearbook. Our class had a yearbook in its final year and we've had one produced at each ten-year reunion since. Getting a bio and a photo out of everybody is harder than getting blood out of stone, but worthwhile.

11. Charge an adequate amount. The fee should cover everything, including expenses for hire of the venue, AV equipment and a band.

12. Remember not everyone wants to attend a reunion. Reunions can be stressful for some – however a survey of attendees at a 30-year reunion indicated that most felt supported, nurtured and optimistic afterwards – even the organisers!

13. Consider a program. At a 30-year reunion there was a mini-lecture program entitled 'How to stay out of trouble', with speakers from the graduating class. A highlight was a videoed message from the year's old physics lecturer Robert Budwine – who admitted that he always knew that physics was not a very useful subject for doctors.

14. Raise money for student scholarships or other projects. Today's Med students often have significant financial struggles. The MMS has scholarship programs to encourage greater diversity and social justice for medical education. What better way for a year level to express their gratitude for the education they have received.

15. History in the making. The ACU can suggest professional photographers who are happy to attend and document your reunion.

16. Help us to help you. Send the ACU any changes to contact information at the end of your reunion so they can record the updated contact details you will have worked hard to obtain, for next time.



DON'T MISS OUT ON YOUR NEXT REUNION! EMAIL YOUR DETAILS
TO: ALUMNI-MMS@UNIMELB.EDU.AU

ALUM'NATING THOUGHTS

KATRINA WATSON

The word *alumni* is one all of us hear over and over again. In 2013, the Melbourne Medical School celebrated the 125th anniversary of the admission of women, and so the words *alumna* and *alumnae* have been used frequently. As the recently-appointed part-time Alumni Relations Co-ordinator at MMS, I thought it about time I looked up the meaning of *alumnus*. No, it is nothing to do with lights, or aluminium. We *alumni* (male and female) are ones who have been nourished or nurtured – from the Latin *alere* – to nurture. *Alumnus* actually means *foster-son* and *alumna* means *foster-daughter*. And our *Alma Mater*, the University of Melbourne – is our foster-mother.

I once attended a graduation ceremony at a large USA university – North Western University in Chicago – where my brother was being conferred with a PhD. There were many differences from the traditional University of Melbourne graduation ceremony we all remember so well. For a start, a US graduation is called ‘a Commencement’. The North Western graduation celebrations extended over a whole weekend, with much partying. The actual ceremony is quite different, but the most striking memory I have is of the first words spoken by the

President of the University to the new graduates. She didn’t open with ‘congratulations’ or ‘well done’. She simply said: ‘You are now alumni’.

For most of us, the nurturing by the University of Melbourne Medical School has been one of the most significant elements in our lives. The Medical School has not only given us a career, it has given us an identity, integrity, and lifelong friends. This struck me when I attended a cocktail party hosted by MMS in late 2012, to celebrate the start of the 150th anniversary year. There were approximately 80 alumni of all ages in the Sanderson Room. I suddenly realised I was surrounded by a roomful of incredibly capable, honest and decent doctors. The highest quality medical education had been given to them largely free of charge, and most of them had in turn, unquestioningly taken up the responsibility of nurturing younger doctors and students – as teachers, supervisors, mentors and donors.

It is easy to forget how fortunate one may have been in life. I felt very fortunate at that cocktail party, and discovering the derivation of *alumnus* has made me realise why.



Katrina Watson
(MBBS 1977)

3 APPROACHES TO ORGANISING A REUNION

1 THE NOT ME APPROACH

- a) Never, ever leave the room if you are catching up with a group of your alumni peers – when you return you may find you have been unanimously elected to organise the next reunion
- b) Find the person who has organised anything, ever, for your year and tell them what a fabulous job they did
- c) Or, if (b) fails, find a person who needs a focus in their lives – e.g. recently divorced or retired – and persuade them it will be good therapy.

2 THE IMMINENT CANONISATION APPROACH

You could decide to secretly embrace the task! The trick here is to be persuaded by your peers, accept grudgingly and then maintain a saintly martyristic attitude and milk it for all it’s worth. Some advantages of this approach are;

- You have complete control
- We could always blame the committee (of 1)
- It only ever takes one phone call to sort something out.

3 THE CAMEL APPROACH

This approach involves a larger committee, many dinners and a lot of wine. The focus is on the journey rather than the outcome. The advantage is that this method provides an excuse for never-ending dinners – there will always be a reunion to organise. The disadvantage is that there is the Kafka-esque risk that the reunion will never actually take place.



THANKSGIVING SERVICE

SIMONE ALLEN

Medical Students are privileged to continue to embark on the journey, challenge and invaluable experience that is human dissection. This enlightening opportunity is purely afforded to us by the generosity of anonymous donors who pledge to donate their body, after death, to the Body Donor Program founded by the Department of Anatomy and Neuroscience at the University of Melbourne.

On the evening of Thursday August 22, 2013 The University of Melbourne Body Donor Program hosted the second annual Commemorative Thanksgiving Service. Wilson Hall was filled with the heavenly sounds of the Trinity College Choir, lit by the hundreds of candles representing every body generously donated and was occupied by current students and staff alongside the family members and friends who had come to remember their loved ones.

Accompanied by the choir, the service included personal words from members of staff and students of Medicine, Dentistry, Physiotherapy, Nursing, Science and Surgical trainees. As well as a spiritual tribute offered, a poem was written and read by Jennifer Harrison (right). The service was both stirring and enlightening for all who attended. I was honoured to be a part of the team Associate Professor Jenny Hayes led to create this wonderful event.

Simone Allen

MD3, Northern Clinical School

THE ANATOMY ROOM

AN EXCERPT

*Someone has died and someone is not yet born
but you are with me here in the anatomy room with all
particularity, your body exact, ancient as Galen's of Pergamon.*

*You give yourself to science, to my gaze and I to yours.
Death is a curtain and my hands tremble before it
but in your silence I hear the modest verbs without clause:*

*look, see, touch, think. Everything is here, you seem to say,
come, discover what lies beneath the skin so that later
you can understand and help those patients who every day*

*test the Hippocratic oath with illnesses, grave and discrete.
To trust the physician's hands, you say, hold mine, learn mine.
You teach me to read the origin of signs, to hear the body speak.*

*There's nothing that is not in its place: the knee, the elbow, the heart.
Each miracle of design is also a kind of grief for the child you were.
But anatomy is old science, in the cave both the arrow and body were art.*

*And this atlas of yourself, open, unbound, the precious first book,
reveals more than pages of text and diagrams can show.
Erasistratus believed that the arteries ferried air; that nerves took*

*our neural spirit from the brain. Was he right or wrong?
Now, we have scans and MRI and if you could hear me would you agree
that we've been joined in this task of knowledge all along?*

*We meet briefly and part again. We commune silently our aims
of infinite responsibility. That life is not something distant and cold
but generous and true. That the body written in Greek/Latin names*

*is yet unwritten, defiant, beloved, a horizon defining itself.
And forgive me if I speak too grandly or with too small a voice
but I am trying to find the words for us both. Andreas Vesalius*

*in 1543 engaged the finest block cutters of Italy,
draftsmen from Titan's atelier, to publish the Fabrica
the first masterwork of anatomy. In a way, we continue, utterly,*

*that history, that cycle of arriving and leaving, of flesh laid bare.
Outside the table, outside the window of the anatomy room,
I see light. I see how the tree and human lung share air.*

Jennifer Harrison

Jennifer manages The Dax Poetry Collection at the Dax Centre, University of Melbourne. She runs the Developmental Assessment and Management Program and the Neuropsychiatry Clinic for Children and Youth at the Alfred Hospital, Melbourne.



OBITUARIES

RECORDED WITH REGRET THE PASSING OF...

EACH YEAR WE CELEBRATE THE LIVES OF ALUMNI WHO ARE NO LONGER WITH US.

Unfortunately, the pages of *Chiron* are not sufficient to record them all. More tributes and extended versions of many here are published on the Melbourne Medical School Alumni Website.

We are always interested to document the lives of our alumni. Obituaries and tributes can be sent to: The Editor, *Chiron*, 4th floor, 766 Elizabeth Street, The University of Melbourne, 3010 or via email to: alumni-mms@unimelb.edu.au



Evelyn Livingston Billings

1918 - 2013
MBBS 1942

An eloquent, witty and resourceful woman, Lyn's life changed profoundly early in the medical course when she glimpsed prosector, John Billings, across a sea of cadavers. They married in 1943, only to be separated shortly afterwards by the war.

Working at Melbourne's Children's Hospital, paediatrics attracted her. In the post-war period, juggling parenthood and study, she acquired paediatric credentials at Great Ormond Street Hospital for Children, London.

In 1966, when the youngest of their nine children was in primary school, Lyn joined John in refining and communicating what became known as the Billings Ovulation Method of fertility regulation.

The Melbourne Medical School recognised Lyn's teaching talents, appointing her a demonstrator, tutor and prosector in the late 1960s and 1970s. She resigned in 1982 and was appointed an honorary associate. By then, she and John were travelling often, explaining and teaching the method. They visited more than a hundred countries and were especially sought-after in China, which they visited more than 20 times.

Lyn considered that self-knowledge by women of their in-built signs of fertility was their birthright, regardless of race, religion, education or income. She died last February aged 95, her legacy spanning continents.

*Ann Westmore
Honorary Fellow, Centre for Health and Society*



William Samuel Calhoun Hare

1923 - 2013
MBBS 1951

World pioneer of 'Interventional Radiology', William began his career within the Department of Radiology at the Royal Melbourne Hospital in 1954. In 1958 he was appointed Director, a position he held until his retirement in 1988.

In 1963, as Head of the newly created Department of Radiology at the University of Melbourne, Bill set up the most comprehensive postgraduate radiology teaching program ever seen in Australia.

Winning numerous awards from the Royal Australian and New Zealand College of Radiologists (RANZCR) and serving on its Education Committee and Council, Bill was appointed as President in 1986 and 1987 and awarded the gold medal of the RANZCR, its highest honour. He was advisor to and Chair of numerous state and federal health committees.

Constantly invited to NZ, the UK, Scandinavia and the USA, he was awarded the extremely rare honorary membership of the Radiological Society of North America (RSNA) in 1984 and of the International Society of Radiology (ISR) in 1994.

Bill was pivotal in organising 19 South East Asian and Oceanian countries to form the Asian and Oceanian Society of Radiology (AOSR), serving as Foundation President and later Secretary. His comprehensive world leadership in Radiology was ultimately recognised in his appointment as an Officer in the Order of Australia (AO) in 1990.

*Brian Tress (MBBS 1967) with assistance
of Katrina Watson (MBBS 1977)*

Bernard Neal

1924 - 2013

MBBS 1947

Bernard (or Bun) spent almost all his professional life at the Royal Children's Hospital Melbourne (RCH) as Physician Head of Unit, and also as chairman of many boards and committees. He was a superb clinician who quickly established an easy relationship with children and their parents.

As inaugural Dean of Postgraduate Studies at the RCH he obtained the Diploma of Education at Monash University and introduced many innovative and stimulating initiatives into the field. He was actively involved with the Australian College of Paediatrics, the Victorian Postgraduate Foundation and with the University of Melbourne as a teacher of under- and post-graduate students and with the Board of Examiners.

He shared knowledge internationally as lecturer and examiner for the Universities of Singapore and Malaysia and through his activities with the International Pediatric Association. He was an authority on medical ethics. Awards were Fellow of the Australian Medical Association 1984, the President's Medal of the RCH 1989, Member of the Order of Australia 1994 and Honorary Life Governor of the Australian Postgraduate Foundation 1995. In 1959 Bernard married Enid Murphy and they had a very happy and intellectually stimulating time together with their four children.

After retirement Bun became fluent in German, visiting Germany on many occasions, enjoyed skiing and was a member of Kew Golf Club, the Melbourne Club and the MCC.

Bun was a warm, kind, wise, compassionate person with a wide circle of friends. He loved the use and meaning of words and discussions on a wide variety of subjects. The complete doctor, Bun also contributed to an amazingly high degree to a wide range of medical activities, particularly to those involving postgraduate education and governance of the profession, and was a chairman par excellence.

James A Keipert (MBBS 1945)



Donald Esmore

1949 - 2013

MBBS 1973

After beginning his career at PANCH, Prince of Wales, Wollongong and Sydney hospitals, Don was appointed a cardiothoracic surgical registrar at Sydney's St Vincent's Hospital. He undertook a fellowship at Papworth Hospital in Cambridge, returning to St Vincent's in 1985. He performed Australia's first heart-lung transplant in 1987 with Victor Chang, Mark Shanahan and Phil Spratt.

Don moved to Alfred Hospital in 1989 to head a second national cardiothoracic transplant program, performing 30 consecutive heart transplants without an early death, elevating his program to world class. He performed Australia's first domino heart-lung transplant and undertook the first single lung transplantation in 1990, and first double lung transplantation in 1992.

Other important innovations included heterotopic heart transplantations, modifying lung transplant techniques including improved airway anastomosis and cutting down lungs to fit smaller recipients. Don was passionate to not waste any useable organs, retrieving them from donors located in areas beyond the 5 hours considered the limit of ischaemic time at the time, but achieved superb transplant outcomes in his transplants. The proportion of donors used for lung transplants became the highest in the world in 1996. He was passionate about artificial heart technology and performed his first Thoratec LVAD insertion in 1990. His team performed more than 1566 thoracic transplants and over 10,000 open-heart surgeries.

Don was a leader and innovator in his field. His achievements are recognised as an Officer of the Order of Australia, and recipient of the Prime Minister's Centennial Medal. He will be remembered for peerless surgical skill, clinical acumen and quite extraordinary instincts.

*Trevor Williams (MBBS 1980) with assistance
of Katrina Watson (MBBS 1977)*



**Ida
Benson**
(nee Seward)
1917 - 2013
(MBBS 1941)



**Michael
Benson**
1918 - 2008
(MBBS 1941)

Ida Benson (nee Seward) was born to an exceptional family. Her father, Norman, an optometrist, was a keen photographer, a poet, and an adventurer. Her mother, Effie, a teacher, was the second of four sisters who co-founded what later became Mentone Girls Grammar School.

Ida herself was the youngest of five children. Three of these, Ida, David, and Winsome, studied Medicine at Melbourne University. Ida grew up with her cousin, Lindsay Thompson, who was to become Premier of Victoria.

Michael Benson was the only child of Tom, a banker and Gallipoli veteran, and his wife Evelyn.

Ida and Michael started medicine in 1936. Michael was awarded a blue for swimming. He rowed, boxed and sang in the choir. However, it was the time of the great depression, war was looming, and trenches were cut into University grounds. Michael remembered delivering babies as a young medical student. When the bell sounded he had to get to the house by any means possible, but always hoped that the District Nurse was there first.

One night he was called to a destitute family in Fitzroy, with only one bed and one sheet. It was the mother's 12th pregnancy and she was only 28. Things progressed slowly, and at daybreak, Michael ventured out into the street. The children were playing with their only toy – a tightly rolled up newspaper bundle, with which the boys played 'footy'. The family were on the dole and their father had had to 'hump

his bluey', making one less mouth to feed. The baby – mouth number 13 - arrived later that day.

After graduating Ida and Michael both worked as junior residents at Bendigo Base hospital. They were married in 1943.

During 1945 Michael worked at Fairfield treating patients with diphtheria, whooping cough, measles, typhoid fever and scarlet fever- he developed scarlet fever and tuberculosis himself, and was transferred to the Austin Hospital for seven months. Ida meanwhile did sessional work. She would push Jane in the pram to the Austin and wave to Michael up on the balcony. Michael made a gradual recovery and came home,

In 1947 Ida and Michael started work as GPs in Maldon. They were fully occupied. Ida did all the midwifery, so she had most of the night calls. Michael tried to look after the daytime surgery hours, and did most of the surgery. Ida gave the anaesthetics. They ran a small 30 bed hospital, and handled everything. Sometimes they were paid in rabbits and potatoes.

In 1949 they moved to Mooroopna where Michael took up the position of Medical Superintendent of Mooroopna Base Hospital. Here, he was instrumental in the detection of a new virus that caused Murray Valley Encephalitis. Ida continued anaesthetics, and in 1953 became a member of the Australian Society of Anaesthetists.

The family moved to Geelong in 1955, where Michael became superintendent of the

Geelong Hospital, and stayed in Geelong for the rest of their lives. Michael went on to do radiology, and in 1969 moved into private practice. Ida worked as an Honorary Anaesthetist at the Geelong Hospital until 1979, and then in private practice.

Ida and Michael had four children: Jane, Robert, Simon and Tom. The three youngest studied Medicine at Melbourne University. Tragically, Tom developed cancer during his first year, and became progressively more disabled year by year. He died in 1977, on the first day of the final year exams. After Tom's death, Ida and Michael established the Tom Benson Bursary at Melbourne University, which has since helped many disabled students.

Michael was physically imposing and intellectually astute. He enjoyed making speeches and loved an argument. He was energetic, and was impatient to get things done. During his time in Geelong, Michael served on the Geelong Ambulance Committee for 23 years, was a Shire Councillor, served on the Diocesan Council of the Anglican Church, and continued his love of choral singing.

Ida was Michael's foil. She was blessed with a gentle good humour, and an ability to see beyond the crisis. She was the steady ship in a stormy sea – peaceful, cheerful, kind, welcoming and generous. Both were loving, and greatly loved, parents; both led lives of service to the community.

Dr Robert Benson (MBBS 1975) with the assistance of Katrina Watson (MBBS 1977).

**Marie
Swaney**
(nee Cockbill)
1916 - 2013
(MBBS 1943)



**William
Swaney**
1919 - 2013
(MBBS 1943)

Marie and Bill were a remarkable couple: both alumni of the Melbourne Medical School, they died within four weeks of each other after a long and rewarding life together.

Marie was a scientist, a medical practitioner, an anaesthetist, a qualified Cordon Bleu cook, a wool classer, a meticulous bookkeeper, a farmer, a gardener, a skier, a skilled hockey player, a sneaky tennis player, and an imaginative historian; she was also a doting mother, grandmother and great grandmother, a loving and enduring partner, a friend to many, a tireless letter writer, an endless telephone-caller, a memoriser and congratulator of every conceivable anniversary, and very often a peacemaker.

Bill was an orthopaedic surgeon, a feared examiner, an exacting teacher, a demanding surgeon, a domestic autocrat and a Collins street farmer.

Clearly a success at school, Marie enrolled in science at the University at the age of 16. She also acquired domestic science and secretarial qualifications before returning to University to study medicine in the same year that Bill entered the medical course. They were married in 1943 and their life together was a dynamic mixture of close collaboration and intellectual competition. They were inseparable, but their occasional noisy domestic discussions surprised and even alarmed visitors to the house. Their fierce loyalty and strong mutual support was often only recognised by close friends and family.

Despite the prejudices and expectations of Melbourne society of the 1930s, there were a significant number of women in science and medical courses with Marie. But, throughout her medical course and the early years of professional life she encountered stereotyping and patronising attitudes. She told of one male student who at the start of every prac. class would call out, 'Come over here Marie and I'll help you with your work'. The correct interpretation of this statement was: 'Come over here Marie and help me with my work'. Marie said she got used to patients saying to her, 'Thank you sister, I'd like to see a doctor.'

Whilst Bill had an extraordinary memory he recognised that Marie was the more intellectual of the two. Inevitably, however, Bill, as the male, would have a more constant and socially recognised career. Whilst Marie's first love would have been cardiology it would not have blended well with her family or Bill's career and so she chose anaesthetics as a specialty – which her attention to detail, organisation and perfection suited particularly well.

In 1966, Marie moved to the Royal Melbourne Hospital as an anaesthetist and joined the original open heart surgery team in Melbourne. Finally, in the early 1970s she took up the position in which she was most interested, working as a demonstrator in histology at the Anatomy School at Melbourne University. At the time of the Vietnam War, nothing could attract more interest and attention than for her children to tell their mates that they had a mother who was a demonstrator at Melbourne University.

After his residency at the Alfred Hospital, Bill joined the Army as medical officer. Bill had various hospital appointments after the war, eventually taking a position at the Royal Melbourne Hospital and completing his fellowship exams for the Royal Australasian College of Surgeons before moving his young family to England in 1951 to sit for the Royal College of Surgeons Fellowship. He passed the exam on his first attempt, a feat that was at that time considered exceptional. On their return to Melbourne, Bill was appointed Senior Orthopaedic Surgeon at the Royal Melbourne Hospital and consultant Orthopaedic Surgeon to the Australian Army, holding the rank of colonel, a role that sent him once again into the war zone of Vietnam. He also served in various community organisations and was President of the Physiotherapists Association of Australia. Bill pioneered several unique procedures, in many cases restoring mobility and quality of life for many patients.

Marie and Bill Swaney shared 70 years of companionship, support, separation by war, professional careers, family achievements, sadness caused by their son John's premature death. Marie and Bill saw it out to the last. Bill provided interest and legendary hospitality: in particular his gin and tonic pouring – he could make a bottle of tonic water last a whole year! If the occasional feather was ruffled, Marie was there to smooth it down. They very obviously loved each other.

Compiled by Katrina Watson (MBBS 1977) with assistance from Bill and Marie's family.

IN BRIEF

Congratulations to the recipients of Australia Day Honours in 2014 and Queen's Birthday Honours in 2013, each who have been recognised for their outstanding work and contribution to medicine.

AUSTRALIA DAY HONOURS 2014

Sam Berkovic AC (BMedSc 1974, MBBS 1977, MD 1984) – AC for service to medicine as a neurologist, particularly in the field of epilepsy research and treatment.

Sam Berkovic is a world-leading clinical neurologist who discovered the first known epilepsy gene. His clinical work combined with research has contributed to a deeper understanding of the causes of epilepsy and has had a major impact on epilepsy research worldwide and on strategies for diagnosis and development of new treatments.

He has authored more than 420 peer-reviewed journal articles largely related to epilepsy and genetics. His work has placed Australia at the forefront of the world's epilepsy research. He is not just Australia's leading academic neurologist, he is an acknowledged world leader in the clinical and molecular genetics of epilepsy.



Sam Berkovic

Edward Byrne AC, DSc(1995) — AC for eminent service to tertiary education, particularly through leadership and governance roles with Monash University, to biomedical teaching and research, as a scientist and academic mentor, and as a contributor to improved global health.

Rob Moodie AM (MBBS 1976) — AM for significant service to medicine through HIV/AIDS research, and through leadership roles in population health and disease prevention programs.

Rob Moodie is Professor of Public Health at the Melbourne School of Population and Global Health at the University of Melbourne.

He was the inaugural Director of Country Support for UNAIDS in Geneva from 1995-1998, CEO of VicHealth from 1998-2007 and the inaugural Chair of Global Health at the Nossal Institute. He has also worked in refugee health care in Sudan; and for the Aboriginal community controlled health service, Congress; the Save the Children Fund; Medecins Sans Frontieres; the Aboriginal Health Service; the Burnet Institute; and the World Health Organization.



Rob Moodie

John H Olver AM (MBBS 1977, MD 2000) — AM for significant service to medicine, particularly the treatment and rehabilitation of acquired brain injuries.

James F King OAM (MBBS 1964) — OAM for service to medicine, particularly in the field of perinatal epidemiology.

Rosemary A Lester PSM (MBBS1980) — PSM for outstanding public service in public health leadership, particularly on communicable diseases and immunisation.

QUEEN'S BIRTHDAY HONOURS 2013

Eric C Fairbank AM (MBBS 1968) — AM for significant service to palliative care medicine in regional Victoria.

Edgeworth D McIntyre AM (MBBS 1948) — AM for significant service to orthopaedic medicine as a surgeon and an educator.

John G Rogers AM (GDipMtHlthSc Infant&MtHlth 1999, MBBS 1965) — AM for significant service to medicine in the fields of clinical genetics and paediatrics.

Ian E McInnes OAM (MBBS 1955) — OAM for service to medical surgery.

John Nathan OAM (DSc 1995, MAppSc 1965, BSc 1946) — OAM for service to medical education, particularly in the field of optometry.

Peter J Vine OAM — OAM for service to medicine, and to education.

STAY IN TOUCH

IN JUNE 2013 THE MELBOURNE MEDICAL SCHOOL LAUNCHED CHIRON E-NEWS, A QUARTERLY E-NEWSLETTER THAT IS DISTRIBUTED VIA EMAIL TO ALL STUDENTS, STAFF AND ALUMNI OF THE MELBOURNE MEDICAL SCHOOL.

Chiron e-News includes information about reunions, news from the Melbourne Medical School, stories from alumni and invitations to events, exhibitions and lectures.

We are keen to hear from all our alumni and to publish your correspondence or contributions. Please contact us with news of your reunions, stories about your work or tributes to departed colleagues at alumni-mms@unimelb.edu.au, on +61 3 9035 7869 or to the Advancement and Communications Office, Faculty of Medicine, Dentistry and Health Sciences, 4th floor, 766 Elizabeth Street, The University of Melbourne, 3010, Australia.

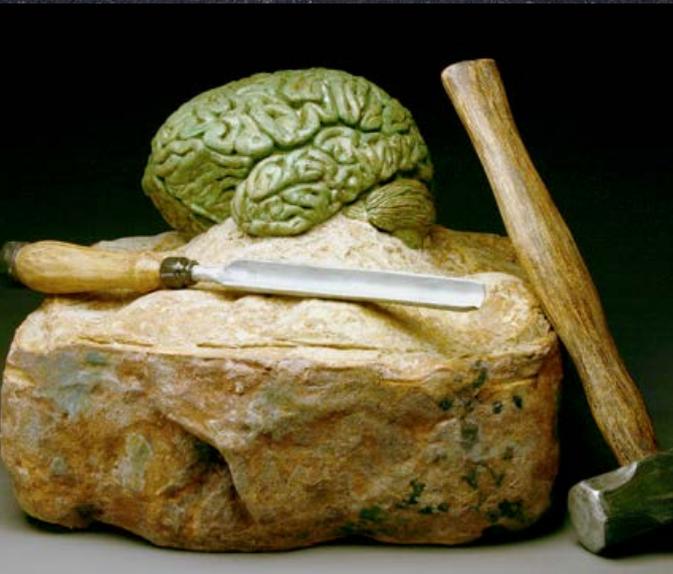
This year's issues of *Chiron e-News* will include invitations to the Robert L Simpson Memorial Lecture, and openings to the Medical History Museum's exhibitions – Epilepsy: From Demons to Enlightenment and Boisterous Beginnings: Doctors in the Port Phillip District.

Make sure you receive this year's editions of *Chiron e-News* by subscribing at: medicine.unimelb.edu.au/alumni/publications or by updating your email address via the University of Melbourne's alumni portal at: alumni.unimelb.edu.au/





The Rebecca Hossack Art Gallery, London



WHAT'S ON IN 2014

Robert L Simpson Memorial Lecture

Lessons Learned in a Life in Sport and Medicine

to be delivered by Dr Peter Brukner OAM

Tuesday 22 July 2014

Epilepsy: From Demons to Enlightenment

Medical History Museum, Brownless Biomedical Library

The University of Melbourne

Thursday 16 April 2014 to Saturday 20 September 2014

Attitudes to epilepsy provide an excellent view of the collision between magic and science. This exhibition, curated in consultation with Professor Mark Cook, Sir John Eccles Chair of Medicine and Director of Neurology at St Vincent's Hospital, Melbourne, marks the fiftieth anniversary of the Epilepsy Foundation of Victoria.

NiteArt at the Harry Brookes Allen Museum of Anatomy and Pathology

Wednesday 23 July, 6pm-10pm

A rare opportunity to visit the Harry Brookes Allen Museum of Anatomy and Pathology, which this year joins other galleries and museums around Melbourne as part of the NiteArt event. Activities will include guided tours of the collection, life-drawing sessions with renowned artist anatomist

Nina Sellars, and a talk by winner of the Rick Amor Drawing Prize, artist Gina Kalabishis, whose artwork has been inspired by the museum collection.

Melbourne Medical School Reunion in London

Friday 4 July 2014, from 6:00pm

This cocktail party for graduates of the Melbourne Medical School visiting or living in Europe and the UK will be held at the stunning Rebecca Hossack Gallery in London. Hosted by Professor James Best, Head of the Melbourne Medical School, and gallery owner Rebecca Hossack, guests will meet the new Dean of the Faculty of Medicine, Dentistry and Health Sciences, Professor Stephen Smith, and be able to reconnect with fellow alumni.

Boisterous Beginnings: Doctors in the Port Phillip District

Medical History Museum, Brownless Biomedical Library

Thursday 2 October 2014 to Saturday 28 February 2015

George Bass, surgeon and Matthew Flinders' close friend, visited what became Victoria when he landed in Western Port Bay in 1798. It was not until settlement in the 1830s, however, that doctors began their work in what was then known as the Port Phillip District. This exhibition examines the early beginnings of a professional association focusing on key individuals and the social values of the day.

FOR FURTHER INFORMATION ABOUT ANY OF THESE EVENTS PLEASE CONTACT THE ADVANCEMENT AND COMMUNICATIONS UNIT

**ALUMNI-MMS@UNIMELB.EDU.AU
WWW.MEDICINE.UNIMELB.EDU.AU**

Left: Discovering The Source by Jim Chambliss, 2007