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It is with great pleasure and humility that I write my first editorial in Chiron as the Head of the Melbourne Medical School. I will first pay tribute to my predecessor, Professor James Best, who was appointed as Dean of the Lee Kong Chian School of Medicine in Singapore in the middle of last year. Jim’s stewardship of the Melbourne Medical School was thoughtful, purposeful and effective and it was my great privilege to work with him closely over many years. Jim has left a highly vibrant and productive school for me to serve over the next five years.

The Melbourne Medical School changed its configuration at the beginning of this year and is now composed of the departments of medicine and radiology, surgery, obstetrics and gynaecology, paediatrics, general practice, psychiatry, rural health and medical education with the biomedical science departments now forming a separate school within the faculty (these changes and the rationale behind them are described in detail on page 12). In this new configuration the rich 153 year history of the Melbourne Medical School will endure and its values, so well described by Professor Best in this issue, will continue to be enacted by us into our future.

We are committed to working with the communities we serve to improve health and advance health care. We will do this through our teaching, learning, research, clinical care and advocacy. Our values are: commitment, integrity, compassion, respect and service.

The end of 2014 was memorable for the graduation of the first cohort of students completing the Doctor of Medicine (MD). This new course, rebuilt using the substantial strengths of the Melbourne Medical School and its affiliated health service partners, is designed to imbue the students with these values. Students in this first cohort describe an innovative learning experience based on a program which leads to the acquisition of 67 graduate attributes. The student conference, scholarly selective and transition to practice semesters were particularly well received by the students. This first MD group are now in clinical practice and, by all reports, fulfilling the promise seen during their university education.

As with this most recent group of graduating doctors, the values of our alumni more generally enrich and improve the health system and community we serve. Our alumni are spread around the globe and through their clinical service, teaching and research they enhance the lives of patients today and into the future. In this regard I would like to pay particular tribute to a treasured alumnus, Dr James Stuart Guest, who died recently at the age of 98. James was the embodiment of our values and as a result made a substantial and lasting contribution to our community. He will be greatly missed.

Our values are also enacted each day by our academic and professional staff and the hundreds of affiliated honorary staff who fuel the engine of our teaching, research and engagement. Of particular note in our academic ranks are Professors Sam Berkovic and Ingrid Scheffer. Sam and Ingrid, jointly awarded the Prime Minister’s Award for Science for their seminal contribution to unravelling the genetic determinants of epilepsy, work at the interface between basic science and clinical practice and each epitomise the clinician researcher.

Another clear embodiment of our values is the Teddy Bear Hospital. This student led activity benefits both our students, through their contact with children, and the children who learn about medicine and allied disciplines in a safe environment. I had the privilege of attending the Good Friday Appeal Teddy Bear Hospital this year and seeing over 800 volunteer students from all health disciplines work with many thousands of happy children. I was particularly impressed with the student leadership team who worked so hard to make a success of the day.

From these examples it is clear that the mission and values of the Melbourne Medical School are in good hands today and into the future. The next few years will provide both opportunities and challenges for the Melbourne Medical School but our staff, alumni and students will rise to this task by “working with the communities we serve to improve health and advance health care”.

Professor Geoff McColl
Head, Melbourne Medical School
MBBS 1985
An accompanying catalogue includes fresh perspectives on the impact of WWI on the Australian community, through the contribution of the medical and dental professions. Contributors to the catalogue include prominent members of the medical and dental professions, historians and relatives of key individuals.

The war precipitated much change and discovery, in both the medical profession and the field of dentistry, due mainly to necessity and the immediacy of the issues at hand. The forefront of innovation was in the field, in the midst of makeshift hospitals, poor hygiene and inadequate supplies. Servicemen dealt with appalling conditions in the trenches, and were subjected to the effects of new weapons such as mustard gas. Consequently, medical professionals in the field faced a courageous battle against the challenges of war wounds, poor sanitation and disease. In this context the importance of dental health also emerged: one of the requirements for acceptance into the military was ‘a good set of teeth’. At the commencement of the war there were no dental services in the Australian Armed Forces but by war’s end the value of dental expertise in the field, and in facial reconstruction surgery, had been recognised.

The exhibition draws on the Faculty’s collections in the Harry Brookes Allen Museum of Anatomy and Pathology, the Henry Forman Atkinson Dental Museum, and the Medical History Museum as well as other major collections, such as those held by the Australian War Memorial. Of particular interest is material from the AMA (Australian Medical Association) archives, which has not been seen before. These include trench maps used by Dr BW Cohen in France and Belgium and the case notes of Major Dr Helen Sexton from the Hospital Australien de Paris.
Both the Australian and the British Armed forces refused to employ women doctors. Despite this, 16 Australian women doctors travelled to Britain to offer their services. Denied enlistment, they worked instead in various voluntary and paid positions, often with Allied governments and organisations, such as the Scottish Women’s Hospitals and Red Cross. The exhibition examines their contribution with particular focus on Mary de Garis, who was awarded the Serbian Order of St Sava, and Major Dr Helen Sexton, surgeon, one of the first seven women to undertake medicine at the University of Melbourne.

The loss of medical expertise was extensive. Captain Gordon Clunes McKay Mathison (1883-1915) landed at Gallipoli as a battalion doctor on the original ANZAC day in the same week he was appointed as the inaugural Director of the Walter and Eliza Hall Institute. He was fatally wounded on 9 May 1915. Many students, alumni and staff of Melbourne Medical School enlisted. In fact, Speculum (Journal of the Melbourne Medical Students’ Society) in 1915 included a section headed, ‘Notes from Students at the Front’. Due to the extent of casualties and the need for medical expertise at the front and at home, Professor Harry Brookes Allen encouraged students to finish their courses prior to enlisting. However, the medical course at the University of Melbourne was reduced in length. By 1918, over 90 members of the MMS community were lost on the battlefields of Europe.

WW1 resulted in a massive loss of life and lasting physical and mental challenges for returned servicemen. Psychiatrist Dr Clarence Godfrey pioneered the recognition and treatment of shellshock. These excerpts from the exhibition catalogue tell stories of these three medical practitioners – Godfrey, De Garis and Mathison – and canvas some of the many issues faced by the community and the medical profession at this time.

Dr Jacqueline Healy
Senior Curator, Medical History Museum
and Henry Forman Atkinson Dental Museum

Mary De Garis graduated from the University of Melbourne in 1905, and in 1907 became the second woman in Victoria to gain a Doctor of Medicine. After travelling abroad in 1908–10, she was appointed to Tibooburra Hospital where she met Colin Thomson. They became engaged two weeks before the outbreak of war. Colin Thomson enlisted in the Australian Imperial Forces in 1915 and Mary, a patriotic feminist, applied to work with the Australian Army, but was refused so travelled to London in search of work that would support the Allied war effort.

Colin Thomson was killed at Pozieres, France in August 1916, while Mary was working at Manor Hospital, London. In February 1917 she joined the Scottish Women’s Hospital (SWH) as a surgeon and chief medical officer. This was a feminist organisation providing mobile medical units, staffed by women, to the Allied armies.

Mary De Garis (1881–1963) front row, second from the right, next to Dr Agnes Bennett (1872–1960), Miles Franklin (1879-1954) far left. Glasgow City Archives.

Mary ran the camp efficiently, reporting to the administration in Edinburgh. The staff wrote that they felt very safe with her and were particularly impressed when she made charcoal burners from kerosene tins!

In another episode, Mary and two of the nurses were operating in a tent at a dressing station near the front. The smoke was thick; German bombs were dropping around them. Mary and the nurses worked on steadily to extract a bullet from the back of a French soldier’s palate—a delicate procedure. They carried on calmly and methodically, like a well-oiled machine, until the operation was successfully completed. Dr Agnes Bennett the doctor from New Zealand who preceded Mary as Commanding Medical Officer before succumbing to malaria wrote:

_There were fifteen aeroplanes aiming at them, and the camp next to them, which suffered very badly. The girls’ presence of mind and courage during air raids and bombardments have been a source of amazement and admiration to me... Only those who know what it is to have bombs falling all round them can realise what an amount of presence of mind and courage such a thing takes._

The writer Miles Franklin arrived to work as an orderly and cook; she became firm friends with De Garis in her inimitable way, also reported:
A story of the sang froid of Dr De Garis was current. Once, in the earlier days of the Unit, while a serious operation was proceeding in the little operating tent of the advanced dressing station, the bombs began to rain. The men assistants promptly disappeared to their funk holes, but Doctor continued her operation, occasionally remarking very politely to the Sister who stayed with her, that she was sorry, she supposed Sister would like to have a look at what was going on outside, but the patient had to be attended to or he would bleed to death.

On 30 September 1918, a few months after her mother’s death and with the end of the war approaching, Mary De Garis resigned to make the long journey home via Rome. Here she contracted Spanish Influenza and was discovered by two American doctors, who saved her life. The SWH sent a nurse to accompany her back to London after her six weeks’ recuperation. Finally arriving in Melbourne in February 1919, Mary De Garis had completed her ‘service under fire’, for which she was decorated by the Serbian and British Governments, although she was not recognised in Australia.

No medical graduate from the University of Melbourne has been more inappropriately forgotten than Clunes Mathison. An internationally acclaimed medical scientist, he was the Howard Florey or Frank Macfarlane Burnet we never had. Mathison’s academic results were studded with honours and exhibitions, and he shared the final year exhibition in medicine. Venturing to England in 1908, he was awarded a Sharpey Scholarship, which enabled him to research with a renowned expert, Professor EH Starling, at the prestigious University College London, who had been told that Mathison was the best student to have graduated from Melbourne’s medical faculty. According to Starling, Mathison ‘not only maintained this reputation but added to it, producing a mass of original work of the highest importance’ that was published in ‘a rapid succession of masterly papers’. Mathison was awarded the degrees of Doctor of Medicine and Doctor of Science, and he also received one of the first Beit Fellowships for medical research, which underlined his growing international reputation. It was not just the quality of his research that was distinctive, but the way he went about it. ‘Mathie’ was an engaging companion with infectious energy, who had a keen interest in sport, politics and literature, as well as an encyclopaedic familiarity with his research specialties. He was a ‘wonderful’ friend, enthused classics lecturer ‘Barney’ Allen. Mathie’s ‘cheery, chubby presence was welcome everywhere; he knew every professor and every policeman in London, and was equally at home hobnobbing with either’.

The war began a year after Mathison returned to Melbourne, and he enlisted in the AIF straight away. Captain Mathison landed at Gallipoli as a battalion doctor on the original Anzac Day in the same week that his appointment as inaugural director of the new Walter and Eliza Hall Institute was finalised. This position would have suited his unique talents perfectly, but Mathison was fatally wounded on 9 May 1915. His death, wrote Starling, was an ‘irreparable loss … for the science of medicine throughout the world’. Some 60,000 Australian soldiers died during WW1. No individual loss was more calamitous than the death of Clunes Mathison.

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GORDON CLUNES MCKAY MATHISON (1883–1915)
ROSS MCMULLIN

Psychiatrist Clarence Godfrey treated scores of returned servicemen suffering from war-related mental disturbances during and after WW1, and oversaw special provisions and services in Victoria for them.

A fervent advocate of combining hypnosis and psychotherapy, Godfrey had “some amazing results” with sufferers of shell shock. Through the success of his ministrations, he helped elevate the standing of psychological therapies for mental illness, at a time when they were on the fringe of acceptance in Australia.

Despite the ‘ scoffing ’ of some colleagues, he had an optimistic view about the prospects for psychotherapy and hypnotic suggestion. He taught a generation of medical students in these and other approaches and mentored a number of psychiatrists to incorporate the use of psychological interventions in their work.

The head of Victoria’s Lunacy Department, Dr W Ernest Jones, explained Godfrey’s vital role in these words:

*The first few shell shock cases returning from Gallipoli were placed under my observation but as it was quite impossible for me to find time to do them justice, I put Dr Godfrey on to the staff at No. 5 AGH [Australian General Hospital, in St Kilda Rd, Melbourne] and he had some quite amazing results with hypnotic suggestion … There were very many of the emotional and hysterical cases which responded to suggestion sometimes without hypnotism but often more rapidly after a mild first degree hypnosis."

At the time of Godfrey’s appointment to No 5 AGH, he was in his eighth year as visiting medical officer in charge of the Lara Inebriate Retreat near Geelong, and in his sixth year as medical superintendent of the Royal Park Mental Hospital and Receiving House in Melbourne. In both facilities he was the founding medical officer, which indicates the regard Jones had for his administrative ability and clinical acumen.

In addition to holding these three jobs throughout the war, he took responsibility for all returned soldiers sent to Royal Park when its receiving house was designated a military hospital in 1915. He also assessed military recruits for psychological health, suggesting an admirable capacity for hard work.

Dr Ann Westmore

**COMPASSION AND COURAGE: DOCTORS AND DENTISTS AT WAR**

will run from 24 April 2015 to 30 April 2016 at the Medical History Museum, Level 2, Brownless Biomedical Library, University of Melbourne.

Opening Hours are Monday to Friday: 10:00am to 5:00pm and Saturday 1:00pm to 5:00pm, during the University term.

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**FOUNDERS & SURVIVORS PROJECT**

Calling all volunteers! General history researchers and retired doctors, what really happened to the Diggers after the war? In this centenary year of Gallipoli, we still do not know.

This project looks at the lives of Victorians who served in WW1. We will be researching their health, family formation and social and geographical mobility, as well as the impact of war injury and psychological trauma on their subsequent lives.

Workshops will be held on Saturdays at the Centre for Health Equity, 4th Floor, Melbourne School of Population Health, University of Melbourne, 207 Bouverie St, Carlton. The medical team will meet at their convenience at the Victorian Archives Centre, Shiel St, North Melbourne. We hope it becomes a way we can all make new friends and enjoy working with others and sharing what we find. To register your interest in volunteering, please email Tricia Curry at yaboo22@gmail.com.
THE MELBOURNE POCHE CENTRE FOR INDIGENOUS HEALTH

In 2014, a $10 million gift to the University of Melbourne from leading Australian philanthropist Greg Poche AO and his wife, Kay van Norton Poche, established the Melbourne Poche Centre for Indigenous Health: A Centre that provides training and development programs for emerging and established Indigenous leaders, and creates academic pathways for Indigenous PhD candidates and postdoctoral fellows in health. The gift was part of Believe – the Campaign for the University of Melbourne.

Shaun Ewen, Director and Ian Anderson, Pro Vice-Chancellor (Engagement)

Indigenous Australians enjoy a life expectancy close to the highest in the world – but this is not the case for Indigenous Australians. Despite recent advances in healthcare, Indigenous Australians still face higher rates of preventable illness, such as heart disease, kidney disease and diabetes. The life expectancy of Indigenous Australians born between 2005 and 2007 is estimated to be around 62 years for males and 73 years for females: around 10 years less than non-Indigenous Australians. The Melbourne Poche Centre for Indigenous Health joins
sister’ Poche centres at the University of Western Australia, Flinders University and the University of Sydney. The goal of Poche centres around Australia is to contribute significantly to improved Aboriginal and Torres Strait Islander health and to reduce disparities in health outcomes between Aboriginal and non-Aboriginal people. Greg Poche and Kay van Norton Poche believe improving the health and wellbeing of Indigenous Australians is one of our nation’s biggest and most urgent challenges.

Professor Shaun Ewen is the foundation director of the Melbourne Poche Centre for Indigenous Health. Professor Ewen says the gift is an investment in the future health of our nation, and will play a critical role in reducing health inequalities between Indigenous and non-Indigenous Australians.

"Aboriginal and Torres Strait Islander people need to be on the same playing field in health and higher education as non-Aboriginal people. To make real, long-term gains in Indigenous health, we need leadership from highly skilled, well-qualified Indigenous people who are able to mobilise action and build an agenda for change in their areas of health practice," he says.

"The program over the next 10 years will enrol 20 new PhD students in health. We will also see around 100 research higher degree students in health sciences graduate through the program’s intense but accelerated leadership development courses."

"As the Melbourne Poche Centre for Indigenous Health works together with the other Poche Centres around Australia, the gap in health outcomes between Indigenous and non-Indigenous Australians should be vastly reduced."

The Poche’s say they are pleased to be able to support the future leaders of Australia.

"Greg and I believe that the best thing we can do is to work towards the future – the young people who will go back to their communities and give back. They will be the future leaders, the future caretakers of Australia," says Ms van Norton Poche.

"Five years from now, I believe we will have Indigenous doctors and healthcare specialists back in their communities – not only helping with the health issues, but helping across the board on all of the issues that impact on health outcomes for Indigenous people."

The Centre’s training programs will have separate tracks for emerging and senior leadership. Themes of the emerging leadership program will include exposure to a breadth of career options, including clinical, public health and policy and research. It will also provide emerging Indigenous health professionals with a platform to accelerate their influence and development.

Working collaboratively with counterparts across Australia, the Centre is well placed to develop the next generation of Indigenous leaders in health and build enduring partnerships to transform the health outcomes of Indigenous Australians. The Centre’s programs will be enhanced by existing strengths in Indigenous health at the University, with programs delivered by Indigenous leaders in higher education from both the University of Melbourne and across Australia.

Participants will benefit from a wide range of expertise in health, community leadership, government and other sectors.

"The mission of the Melbourne Poche Centre for Indigenous Health is to develop the next generation of Indigenous leaders," says Professor Ewen.

"These leaders will influence the strategic directions of institutions, be mentors for emerging Indigenous leaders, build enduring partnerships and influence the health outcomes of Australia so that the gap in health status between Indigenous and other Australians is closed."

TO WATCH THE ‘INVESTING IN THE FUTURE’ FILM, PLEASE VISIT WWW.POCHE.MDHS.UNIMELB.EDU.AU
On 16 November 2014, the Melbourne Medical School celebrated as the University of Melbourne honoured the outstanding contributions to medicine of five alumni with the awarding of degrees of Doctor of Medical Science (honoris causa).

At that ceremony, Professor James Best, on the threshold of leaving the University to take up the Deanship of the Lee Kong Chian School of Medicine in Singapore, addressed the audience on the subject of a set of articulated values for the Melbourne Medical School, developed under his leadership, beginning with a reflection on the ceremonial nature of the day’s proceedings:

Although relatively new in the history of formalised learning, our University does have centuries old traditions that we have adopted from European sources and maintained. The gowns and hoods we wear as academic regalia originated in the 12th century and derive from the clothing worn by monks who started centres of learning in Europe. The ceremonial mace is a European symbol of authority that can be traced back to the 13th century.

Our University’s motto ‘Postera crescam laude’ or ‘I will grow in the esteem of future generations’, comes from an ode by Horace and remains a relevant goal more than 2000 years after it was written, and 160 years after its adoption by the University.

In Horace’s ode it was actually part of a boast that his writings would outlive the pyramids. We see it as aspirational and the esteem as needing to be earned. But we have at our doorstep, or, more correctly, on our campus, a tradition that goes back through tens of millennia: the heritage of Australia’s Indigenous people. This location has been the site of age-old ceremonies and celebrations by the original inhabitants and their descendants.
One of the most significant cultural changes at the University over my 25 years as a member of the academic staff has been the acknowledgement of the traditional owners of this land and of their culture and traditions. That acknowledgement includes an understanding of the importance of personal relationships and loyalties, as well as respect for the environment and the land.

An absolute highlight of the 150th anniversary of the Melbourne Medical School two years ago was the commissioning of the making of a possum skin cloak on behalf of the Wurrundjeri people, the traditional owners of the land where this University has been built. I am delighted that it has been used today in this ceremony and I am sure our previous Dean James Angus, a strong supporter of its production, is also delighted to see it in use today.

It is wonderful that we have on stage with us two Indigenous Australian Professors of the University of Melbourne in Ian Anderson and Shaun Ewen, the wearer of the possum skin cloak today. It was to my friend and colleague Shaun Ewen whom I turned when wanting to develop a set of values for the Melbourne Medical School.

For the Medical School at Islamic Science University in Malaysia it is a relatively easy task to define their values. They come from the sections of the Koran that are relevant to health and medicine, so that the ethos of the Medical School is underpinned by noble Islamic values. Similarly, the ethos of Christian Medical College Vellore is underpinned by noble Christian values.

As a secular university, answering the question ‘What do we stand for as a Medical School?’ is not as straightforward. We have had to define our values through a process of discovery. While acknowledging that there are universal humanist values, we also sought values that would reflect this country, including the values of its Indigenous peoples.

So, led by Shaun Ewen, we held a series of meetings over the past two years to define a set of values for the Melbourne Medical School. Health ethicist, Lynn Gillam, has also played a major role. Both Shaun and Lynn coordinated input from a broad range of more than 100 stakeholders, including our students, and we have chosen this occasion to share these values publicly.

We are committed to working with the communities we serve to improve health and advance health care. We will do this through our teaching, learning, research, clinical care and advocacy. Our values are:

Commitment: working together to achieve excellence

Integrity: having the courage to act on our convictions

Compassion: understanding and caring about the needs of others

Respect: appreciating the intrinsic worth of humanity

Service: advancing and sharing knowledge related to health
Our success in adhering to these values will be measured by our actions. This last statement is important. To quote St James (I think that is permissible at a secular university) ‘Faith by itself, if it does not have works is dead’ [2: 14–26].

Our success in adhering to these values will be measured by our actions. There’s the rub! It could be many years before we are ready for that judgment, and who will judge?

Well perhaps we don’t need to wait. It is clear to me we should start with Anthony Colling Brownless, founder of the Melbourne Medical School. And we would cover Commitment and Integrity admirably. Brownless was a tireless proponent of establishing a Medical School at the University of Melbourne and overcame opposition from the colonial government, from sections of the medical profession and from the Chancellor of the University and Chief Justice, Sir Redmond Barry. He then set standards for our Medical School that were higher than any in existence in the UK at that time and which were later adopted there.

The Melbourne Medical School is now, 152 years later, one of the leading medical schools in the world, positioned in the top 20 this year in two of the most influential rankings, those published by the Quacquarelli Symonds and the Times Higher Education Supplement. And we calculate that there are 10,000 Melbourne Medical School alumni in Australia and around the world, actively contributing to medicine and to society.

Do not these alumni collectively embody these explicit values? Do not those we honour today with honorary degrees represent these very values?

They do so, as is said, ‘in spades’. They are here because of their own achievements and contributions as alumni of our illustrious Medical School, but they are also here as representatives of the many thousands of academic staff and graduates of the Medical School who have achieved in medicine and contributed to society.

Can we see intrinsically Australian values reflected here, particularly of those who have been custodians of these lands for millennia? I believe we can, particularly in the values of Compassion and Respect.

Is our work then done and can we move on to the next project? No. This is not just a project. Making these values part of the essence or ethos of the Medical School and its alumni is a worthwhile task because there are new challenges and hurdles as the world changes, and with it medical practice. We will need new champions and new quiet, selfless exponents, like those we honour today. I have every confidence that the Melbourne Medical School is currently producing such champions and will continue to do so.

Whether implicit or explicit, it is the embodiment of these noble values that will ensure we remain one of the world’s finest medical schools and that we continue to earn the esteem of future generations.

Professor James Best
Dean of the Lee Kong Chian School of Medicine, Nanyang Technological University, Singapore
HONORARY DOCTOR OF MEDICAL SCIENCE AWARDED TO MEDICAL LEADERS

APPOINTED IN 2014

The Doctor of Medical Science (honoris causa) is one of the highest honours awarded by the Faculty of Medicine, Dentistry and Health Sciences. Each of the 2014 recipients has played a role in shaping modern Australia, and forging bonds with our neighbours in the Asia Pacific and further afield.

Graduating from Melbourne Medical School in 1964, Professor Ian David Gust AO became a leader in Australia’s response to the HIV/AIDS crisis of the early 1980s. He oversaw the development of a national AIDS reference laboratory before becoming Chief Commonwealth Medical and Scientific Adviser on AIDS.

Professor Gust masterminded the creation of the Marfarane Burnet Centre for Medical Research (now the Burnet Institute), named in honour of his former patron at Fairfield Hospital. Later in his career, Professor Gust was Head of Research and Development at CSL, playing an integral role in its evolution into a major publicly listed company.

The modernisation of Australia’s palliative care system has been a lifelong dedication for The Reverend Dr Ruth Redpath AO (MBBS, ’64). While working in the UK, Dr Redpath was shocked by the comparative underdevelopment of Australia’s care system. Returning home, she was determined to develop a care system to meet the needs of the terminally ill, establishing the Victorian Association for Hospice and Palliative Care (now Palliative Care Victoria). In 2005, Dr Redpath was made an Officer of the Order of Australia and later served as board President for Cancer Council Victoria. In 2007, Dr Redpath was made deacon and priest and has served at St Paul’s Cathedral in Melbourne since 2010.

Today, Professor Dato’ Dr Khalid Yusoff is Vice Chancellor and President of UCSI University, Malaysia. In the early 1970s he came to Melbourne Medical School as a Colombo Plan Scholar, for students who had demonstrated outstanding leadership potential. Professor Yusoff has certainly lived up to this potential, becoming a leading cardiologist in Malaysia and playing a vital role in developing the country’s medical infrastructure. As Foundation Dean of the Universiti Teknologi MARA (UiTM), Professor Yusoff worked closely with his alma mater to develop formal partnerships with the University of Melbourne and Bio21.

Professor Marion Glynn Peters graduated from Melbourne Medical School in 1972 with honours, beginning her medical career at St Vincent’s Hospital. A fellowship in hepatology took Professor Peters to the US, where she has since become one of the nation’s leading doctors. Pursuing her interest in viral hepatitis, Professor Peters’ research has greatly furthered treatment options for Hepatitis B and C. She is currently based as a Professor of Medicine at the University of California, San Francisco where she holds the John V Carbone, MD Endowed Chair in Medicine and is Chief of Hepatology Research.

The distinguished career of Professor Emeritus Bruce S Singh AM will be known to many alumni. After arriving at the University of Melbourne in 1991 to take up the Cato Chair of Psychiatry, Professor Singh led a significant expansion of the Department of Psychiatry establishing 11 professorial appointments both within the University and at major private Melbourne psychiatric hospitals. As an academic, author and policy advisor, Professor Singh has been a champion for post-traumatic health, neuropsychiatry and women’s mental health.

The Melbourne Medical School extends its congratulations to all of the 2014 recipients of Honorary Doctor of Medical Science.

CITATIONS FROM THE AWARD OF THESE HONORARY DOCTORATES ARE AVAILABLE ONLINE AT: WWW.MEDICINE.UNIMELB.EDU.AU/ALUMNI/STORIES/DECEMBER, 2014

Ian Gust AO and Chancellor Elizabeth Alexander

Marion Peters (right) with her aunt, Maev O’Collins

Khalid Yusoff and Chancellor Elizabeth Alexander
Staff, alumni and students welcome the appointment of Professor Geoff McColl as the new Head of the Melbourne Medical School. Geoff brings a long and strong relationship with the Melbourne Medical School to his position, having graduated BMedSc in 1983, MBBS in 1985 and PhD in 1996, practiced and researched in rheumatology at the WEHI and the Royal Melbourne Hospital and taught medical students for many years at the Royal Melbourne Hospital and, more recently, led the development of the current MD medical course. The shape of the School has undergone some changes of late, outlined here by Geoff as follows:

In 2013 the Provost of the University of Melbourne, Professor Margaret Sheil, commissioned a review of the biosciences which focused particularly on the learning and teaching and research activities of the Faculties of Science, Engineering and Medicine, Dentistry and Health Sciences. Among its recommendations this review suggested that the then Melbourne Medical School should separate into two schools: one containing the clinical departments, and a second the biomedical science departments. In response to this report, the Dean of the Faculty, Professor Stephen Smith, completed a period of consultation and then made a recommendation to alter the structure of the faculty to the University Council in the middle of 2014.

The final approved structure did separate the Melbourne Medical School into a school of clinical departments (which continues to be called the Melbourne Medical School) and a new School of Biomedical Sciences. The other schools of the Faculty were not changed structurally but the Department of Optometry and Vision Sciences moved from the Faculty of Science to the School of Health Sciences.

The School of Biomedical Sciences consists of six departments: anatomy and neuroscience, physiology, biochemistry, pathology, microbiology and immunology and pharmacology and therapeutics and a Head of the School has been appointed, Professor Fabienne McKay, who will commence in September this year.

The clinical departments in the new Melbourne Medical School were also restructured: the three departments of medicine at the Austin, St Vincent’s and Royal Melbourne Hospitals and the Department of Radiology forming a single Department of Medicine and Radiology, and the three departments of surgery at Austin, St Vincent’s and Royal Melbourne Hospitals and the departments of ophthalmology and otolaryngology forming a single Department of Surgery. In addition the clinical schools at the five University of Melbourne affiliated metropolitan teaching hospitals (Austin, St Vincent’s, Western, Northern and Royal Melbourne) and the Medical Education Unit were combined into a single Department of Medical Education. The Departments of Obstetrics and Gynaecology, Paediatrics, General Practice, Psychiatry and Rural Health remained unchanged in the new structure.

The new structure of the Melbourne Medical School will facilitate greater connectivity between disciplines in our learning and teaching, research and engagement mission while maintaining our important partnerships with the health services which we serve. It is also envisaged that this structure will assist in the further development of research and learning and teaching excellence into the future.

Professor Geoff McColl
Head, Melbourne Medical School
MBBS 1985
Professor James Best has been appointed the new Dean of the Lee Kong Chian School of Medicine, founded in 2010 on a partnership between Imperial College London and Nanyang Technological University (NTU) Singapore.

Head of the Melbourne Medical School since 2007, James Best chaired the Medical Course Committee, which was responsible for the introduction of the Doctor of Medicine (MD) the first professional, entry to practice, qualification of its type in Australia and a major success for the University.

Many will know Jim from the Melbourne MBBS class of 1972, and his many years as Head of the Department of Medicine at St Vincent’s Hospital. Trained as an endocrinologist, he has focused much of his research effort on diabetes and cardiovascular disease. His current research is predominantly in healthcare delivery for diabetes prevention and management.

In addition to his research, Professor Best has taught extensively, particularly in the fields of diabetes and metabolism.

His has served on the Boards of three different Health Services—St Vincent’s Institute of Medical Research, and on the Heart Foundation (Australia) Research Committee. He also served on the Council of the National Health and Medical Research Council (NHMRC) and Chaired the NHMRC Research Committee for two terms, from 2006 to 2012.

Although many will be sad to see James Best leave the University of Melbourne, we wish him well in this new endeavour, certain that the medical students of the Lee Kong Chian School of Medicine and the medical community of Singapore stand to benefit greatly from his medical acumen and visionary leadership.
Colleagues of Professor Graham Brown marked his recent retirement with a scientific forum. Presentations from Graham’s past students, mentees and colleagues explored a wide range of subjects that reflected Graham’s long and diverse career.

A 1970 graduate of the Melbourne Medical School, Graham has a reputation as an exemplar medical practitioner, teacher, researcher, supervisor, advocate and leader in global health. He has woven together these many threads in a colourful career that has included significant leadership roles: James Stewart Professor of Medicine at the Royal Melbourne Hospital; Head of the Victorian Infectious Diseases Service; and Inaugural Director of the Nossal Institute for Global Health.

The forum marked his retirement in typical fashion – a strong focus on science and education and on advances in medical knowledge, clinical care and global health, and celebration of those careers which have been fostered through Graham’s mentorship, leadership, teaching and research.

Professor Geoff McColl
Head, Melbourne Medical School
MBBS 1985
Two Brownless Medals were awarded in 2014: to Professors James Best and Graham Brown. The Brownless Medal was created during the Melbourne Medical School’s 150th anniversary in 2012 to be awarded in recognition of distinguished contributions to the Melbourne Medical School.

Over a period of 25 and 30 years respectively, James Best and Graham Brown have served their patients, their students and the wider community making contributions of the highest order. Their exceptional service has been transformational for the Melbourne Medical School.

NEW CHAIRS
APPOINTED IN 2014

**Don Metcalf Chair of Haematology and Leukemia Research**
PROFESSOR ANDREW ROBERTS
Cancer researcher and haematologist Professor Andrew Roberts has been named the inaugural Metcalf Chair of Leukaemia Research, a joint appointment between The University of Melbourne, the Walter and Eliza Hall Institute of Medical Research and The Royal Melbourne Hospital. Through his new position Professor Roberts will champion fundamental and translational leukaemia research in Melbourne, and lead a team across all three institutions to make major contributions to improvements in the diagnosis and treatment of leukaemia and related cancers of the blood.

**Chair of Imaging Science**
PROFESSOR ROGER ORDIDGE
With over 35 years of research expertise in the development and clinical application of Magnetic Resonance Imaging (MRI), Professor Roger Ordidge is a pioneer in MRI technology. He has recently been appointed as Chair of Imaging Science in the Department of Anatomy and Neuroscience at the University of Melbourne, building on his role as Director of the Melbourne Brain Centre Imaging Unit (MBCIU). In 2011, Professor Ordidge facilitated the creation of a National Imaging Facility node at the University of Melbourne, housing a Siemens combined PET/CT scanner, and a Siemens 7T Tesla whole body MRI (operational in 2014).

**Lorenzo Galli Chair in Melanoma and Skin Cancers**
PROFESSOR GRANT MCARTHUR
Appointed as the inaugural Lorenzo Galli Chair in Melanoma and Skin Cancers, the Peter MacCallum Cancer Centre’s Professor Grant McArthur will spearhead a new era of Victorian melanoma and skin cancer research. The Chair has been made possible by the generosity of Mrs Pamela Galli in memory of her late husband. The gift will enable research to be undertaken in melanoma and skin cancers by the University of Melbourne, in partnership with Peter MacCallum Cancer Centre, as part of the Victorian Comprehensive Cancer Centre (VCCC).

**Chair of Anaesthesia**
PROFESSOR DAVID STORY
Professor David Story, Chair of Anaesthesia at the University of Melbourne, has been appointed as coordinator of the Clinical Sciences and Health Practice Research Domain, which involves diverse disciplines from anaesthesiology through to paediatrics, sports science and more. Working with all 14 hospitals affiliated with the University of Melbourne, Professor Story promotes research and teaching in these roles, as well as in his capacity as Head of the Anaesthesia, Perioperative and Pain Medicine Unit within the Melbourne Medical School. His personal research interests include strategies to reduce complications after surgery and anaesthesia, and perioperative acid-base disorders and their underlying pathophysiology.

**Don Metcalf Chair of Haematology and Leukemia Research**

**Chair of Imaging Science**

**Lorenzo Galli Chair in Melanoma and Skin Cancers**

**Chair of Anaesthesia**

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The Brownless Medal

**BROWNLESS MEDAL AWARDS**

Two Brownless Medals were awarded in 2014: to Professors James Best and Graham Brown. The Brownless Medal was created during the Melbourne Medical School’s 150th anniversary in 2012 to be awarded in recognition of distinguished contributions to the Melbourne Medical School.

Over a period of 25 and 30 years respectively, James Best and Graham Brown have served their patients, their students and the wider community making contributions of the highest order. Their exceptional service has been transformational for the Melbourne Medical School.
Let me first say congratulations. Most of us have spent the last seven long years at University, and some even more. It definitely hasn’t been an easy journey. We have been referred to as the guinea pig year, which has been at times testing. But that’s all part of the fun and at least no other year has received as many medals, dinners, or in fact surveys. I’m sure our input will shape the course for future cohorts.

Today is not just a celebration for us new doctors, but it is a celebration for all the people who have supported us over the past many years. On behalf of our entire year, thank you. Whether you helped monetarily, or were there to just listen and guide us. We could not have possibly achieved what we have without your support. Can you please put your hands together to say thank you to our friends, family and loved ones.

There are many people within the Medical School that have contributed enormously to this course and our cohort in particular. There are the obvious stellar people such as Prof McColl and Prof Trumble along with many other doctors. The administrative staff that ensured the course ran at all need to be acknowledged and recognised for the work they have done, so thank you.

One of the first things that struck me when entering the hospital system was how willing everyone is to teach. The culture of passing on medical knowledge to the next generation is quite remarkable. It is also the reason why we have been able to receive such an outstanding education.

It was not until recently when helping with some second year students study that I realised just how much we have actually learnt. I assumed that I wouldn’t be able to help that much. I soon found out that just having to go through an examination made them tremble with nerves and that like John Snow, they knew nothing. I was struck back to our first exams we had. At that time some students were shaking, others vomiting whilst others outraged that we had to actually examine live women for our exams.

The next stage of the course in hospitals was also quite nerve racking. Just putting a blood pressure cuff on a patient was an achievement, and a successful day was considered one in which you didn’t make a complete fool of yourself in front of a doctor, nurse or patient. In those first few weeks I can remember being asked to examine a patient, finding nothing obviously wrong with them, only for the doctor to tell me they had the most obvious murmur or enlarged liver that they had ever seen. Learning how to be a clinician meant putting yourself in many awkward situations, and there were many of these situations. Such as when a student dropped her phone in the sharps bin or unnecessarily attempted to perform CPR on a mannequin during an exam about breaking bad news.

Although at the moment it sounds quite odd to call ourselves doctors, I am sure that will pass shortly given what we are likely to encounter. Just think about how far we have come over the past four years and this will give you an idea of how much could change in the next four years. Although we go our separate ways to many hospitals, you’re bound to run into fellow 2014 Melbourne graduates in the years to come. As we progress through our careers, the friends and now colleagues we have made will still be with us. I hope you will look upon the time spent and those friendships that you have formed at Melbourne with fondness.

Tom Carins
Valedictorian, Melbourne Medical School
MBBS 2014
Melbourne Medical School Student Ambassadors speaking with Professor Sharon Lewin at the opening of the Doherty Institute for Infection and Immunity in 2014.

Maliburn Medical School Student Ambassadors have gone on to become excellent representatives for the University. Now a sizeably smaller group compared to the group of 150 keen student ambassadors four years ago, the MMSSA spent 2014 engaging with alumni at a number of events.

One of the highlights of 2014 for the MMSSA was organising and hosting a TedMed event and seeing some of the world’s brightest and most innovative people share ideas about the future of medicine. It was also an opportunity for the MMSSA to re-launch its Student Giving Fund—an initiative designed to accrue donations to fund scholarship for students within the Melbourne Medical School.

The ambassadors were also present at the launch of the Doherty Institute for Infection and Immunity, represented the University at the Thinking Melbourne Dinner (formerly known as Town and Gown) and celebrated the retirement of Professor Graham Brown from the Nossal Institute for Global Health on behalf of the student body.

This year is shaping up to be an extremely exciting one for MMSSA with many more projects on the horizon. Including an exhibition in collaboration with the Melbourne Medical Museum, as well as a seminar for young alumni.

This year, our group numbers approximately 25 ambassadors. As always, the ultimate aim of the program is to engage with all alumni from the Melbourne Medical School. We always welcome correspondence and interaction from alumni. This year we can be contacted through the MDHS Faculty Advancement Office on Email: alumni-mms@unimelb.edu.au

James McGann is a 4th year MD Student President of the MMS Student Ambassadors.

This year is the first time in the Teddy Bear Hospital’s history that it has managed to recruit volunteers from across all schools in the Faculty of Medicine, Dentistry and Health Sciences. This is a stunning success; in only five years, the group has grown from about 150 members to 1000+ volunteers.

The team behind the Teddy Bear Hospital is approaching the upcoming Good Friday Appeal on Friday 3 April 2015 with much excitement and hope.

The Teddy Bear Hospital aims to encourage interaction between children and healthcare providers, achieved through structured play between student volunteers, the child and their teddy bear. There is a particular focus on alleviating fear and anxiety through these roleplays, as well as instilling strong and positive messages about good health.

An entirely philanthropic endeavour, the Teddy Bear Hospital relies on the generosity of all those involved, and support from the wider community. A lot of resources go into the implementation of a successful Teddy Bear Hospital program.

Ultimately, the philosophy behind the Teddy Bear Hospital is about helping and protecting some of society’s most precious: children—both sick and well. The organising team always welcomes offers of assistance and support to help expand and make the program better. They can be contacted at: tbh.melb@gmail.com

James McGann is a 4th year MD Student President of the MMS Student Ambassadors.
The Hon. Sussan Ley MP, Australian Minister for Health recently officiated at the opening of the Northern Centre for Health Education and Research. The opening took place on Monday April 29th 2015 in the presence of esteemed members of government and representatives from Northern Health, The University of Melbourne and La Trobe University.

Completed for the commencement of the 2015 academic year, the Northern Centre for Health Education and Research (NCHER) will enable the training of almost 1000 health professionals. It is not only going to further the education of health professionals but also be the facility to advance collaborative research at Northern Health. This investment in the future of healthcare in the northern suburbs is a partnership between Northern Health, the University of Melbourne, La Trobe University and the State and Commonwealth governments.

As a final year student of the Northern Clinical School, I know that this centre will be beneficial to not only the current cohort of medical students but all of those yet to come. I am fortunate enough to be undertaking my scholarly selective in this facility until June and will complete my clinical training at the Northern Clinical School here until October. This facility is an investment into the future of Northern Health and it’s community, an investment we are proud to be a part of.

Simone Allen is a 4th year MD Student at the Northern Clinical School and a MMS Student Ambassador

Since 2012, groups of Melbourne Medical Students from the Western and Northern Clinical Schools have been volunteering their time to assist in community health development projects in Melbourne’s western and northern suburbs. The program began with a series of community health screening days held at local Centrelink offices in western and northern Melbourne suburbs, during which students tested people for diabetes and high blood pressure. These programs, led by Bill Noonan OAM from the Western Melbourne Regional Development Australia (WMRDA) Committee, and with student transport facilitated with a bus donated by Ventura Bus Lines, screened four thousand people over the two regions and identified significant numbers of ill people.

Medical students also carried out health screenings at a community festival at the Sunshine Harvester Primary School as part of a program to improve the health and wellbeing of African families in Melbourne’s west. The University partnered again with WMRDA, as well as Brimbank Council, Western Region Health Centre and the Macedon Ranges and North Western Melbourne Medicare Local to make this pilot program a success.
The University of Melbourne MD Student Conference (MDSC) is now preparing for its fifth iteration - the biggest one yet. A staple of the Melbourne Medical School (MMS) curriculum, and the envy of medical schools around the country, the MDSC is an innovative way to deliver education about sensitive and important topics to the MD student body.

With heavy student involvement in both its organisation and implementation, the MDSC has been well supported by MMS.

“The underlying principle of the student conference is to engage a broad range of students in choosing themes and associated educational methods to deliver an outstanding learning experience to their colleagues,” says Professor Geoff McColl, Head of the MMS.

The MDSC has given students the opportunity to explore themes of interest in greater depth via an engaging, session-based program. Topics that have been covered in previous conferences include LGBTIQ health, interprofessional development, politics behind the healthcare system, leadership within the medical community, and much more.

Ever expanding and evolving, the executive committee for the MDSC has been working hard since mid-September last year to create an exciting experience for all students at this year’s conference.

“The MDSC allows students to explore all facets of a full conference experience; in addition to a strong academic program, we have created a full social program aimed at facilitating inter-year level networking and collaboration. This is what makes the MDSC so unique and empowering,” says Kasun Wickramarachchi, Convenor of the MDSC for 2015 and a MPH/MD student.

The MDSC is an annual subject for MD students at the Melbourne Medical School. This year, the conference will be held at the Melbourne Convention and Exhibition Centre from 29th June until the 2nd July.

Ben Sutu is a 3rd year MD Student, Vice President of the MMS Student Ambassadors and a member of this year’s MD Conference Committee.
Khan Academy is an American non-profit teaching organisation dedicated to levelling the playing field of education provision worldwide, with its ultimate goal to ‘provide a free, world-class education to anyone, anywhere’.

The Academy started in 2006 when its founder, Salman Khan, a Wall Street hedge fund analyst, began creating YouTube math tutorials for his young cousin who lived across the country and was struggling academically.

Khan’s videos had an unexpected extra audience though—YouTubers across the world were quite vocal in their appreciation of his clear and effective teaching style, and before long, Khan was fielding tutorial requests from students around the globe in subjects like math, chemistry, and finance.

Khan realised that he enjoyed teaching more than working on Wall Street, and decided to focus his attention on creating tutorial videos.

In 2014, Khan Academy is backed by financial supporters, including the Bill & Melinda Gates Foundation and Google, and has created thousands of clear, easy to understand videos on subjects taught from kindergarten through to medical and law school.

It was late one night, after wrapping up my surgical rotation, I went online to seek clarification on some concepts I was having difficulty with, when I learnt that my favourite organisation, Khan Academy, was hosting a global teaching competition that would give the winner a chance to work with them.

They had partnered with the American Association of Medical Colleges (AAMC) to create teaching content for the new North American Medical College Admissions Test, the MCAT.

Competitors were to create three 10-minute teaching videos on a topic in health sciences, aiming to teach the concepts as clearly and as engagingly as possible. To make things even more interesting, the competition closed in three days, after being open for an entire two months. I decided to create my three videos on the cardiac cycle, and got to work.

I didn’t realise how difficult it was to create a coherent lesson plan. You have to gauge your audience, provide a simple but detailed explanation and learn the Khan video style. You need to get used to your voice on the microphone, and stop your cats from meowing right in the middle of a perfect recording.

It was an absolute nightmare learning curve. Nevertheless, I worked for two days and two nights straight on my videos.

To be honest, I had no faith that I would win, as there’s obviously so much talent in the US, but I knew I had to give it a go. I ended up submitting my videos at 4:00am on a Friday morning—two hours before flying from Melbourne to my home in Vancouver.

A few days later, I got a call from Dr Rishi Desai, an infectious diseases physician at Stanford and Head of Medical Content at Khan Academy, that I had won the competition.

I was flown, all expenses paid, to San Francisco, California, for a nine-day training camp with the group of eight other winners, and while it was hard work, I had a blast.

We visited Stanford, Google, and of course the Khan Academy HQ, and I met fellow medical students and doctors who I know will be lifelong friends. Near the end of the training camp, four of us were upgraded from pre-medical content to work on graduate medicine videos – a neurosurgery resident from Minnesota, an attending pediatric radiologist from Seattle Children’s Hospital, an attending psychiatrist from Harvard Medical School, and me. It was a great honour.

Shortly thereafter, I was offered a permanent contract to create health and medicine content for Khan Academy and I couldn’t be happier doing it.

I learned a very important lesson through this experience: You are more talented than you give yourself credit for. When you feel like it can’t be done, give yourself the opportunity to shine and you will quite often be surprised by the outcome.

Vishal Punwani
Vishal is a Teaching Fellow at Khan Academy and current MD4 Student at Melbourne Medical School
The 1941 medical graduates celebrated the 73rd anniversary of their graduation by lunching together at Graduate House. Present were Mary Wheeler, Brian Costello and James Guest.

We had a very pleasant meeting. It was good to see old friends and to catch up. We decided to meet again in two years. Hal Breidahl, Howard Farrow, Jeff Faulkner, Gertrude Bornstein, Bob Kelly and Joe Santamaria attended the reunion.

We had a happy reunion catching up with everyone’s present day activities and reminiscing about the past.
CLASS OF 1954
60 YEAR REUNION

14 NOVEMBER, PETER HARDY SMITH

Held at the Royal South Yarra Tennis Club, our ‘Diamond Anniversary’ was a very special occasion and was recognised as such by the University, who gave their whole-hearted support to the organisers, Peter Hardy-Smith and Lloyd Jago, in helping to make it a memorable one. The only sad note was the illness of our previous chief organiser, Norman Beischer, who was unable to attend, and passed away in January. Fortunately Elizabeth Beischer could be present and she and Gill Jago performed their usual magic with the floral arrangements.

Some years ago a decision was made to extend an invitation to partners of deceased members to attend the reunion - current partners have been invited for many years – and it was gratifying to welcome a number who accepted the invitation. Some 31 graduates indicated their intention to be present, and the final expected numbers, including partners and widows, was some 54; unfortunately a number had to withdraw in the last days and the ultimate attendance was 45. The University arranged for the recently appointed Dean of the Faculty of Medicine, Dentistry and Health Sciences, Professor Stephen Smith, to address us. We were treated to an interesting and stimulating discourse which provoked a number of cogent questions and made us realise how things have changed since our day – not the least being how much more expensive it is to attend University! Our alma mater deserves our fullest support so that those following can share in the benefits that we enjoyed.

CLASS OF 1957
57 YEAR REUNION

31 OCTOBER, DAVID YOFFA

A luncheon was held at the Kooyong Lawn Tennis Club. The following attended; Graeme Peck, Gerry Joyce, Reuban Wein, Gabriel Kune, Jim O’Collins Doc McTeague, Ian Hopkins, Arthur Day, Peter Brown, Ed Caldwell, Dick Strangward, Hal Mc Mahon, Tony Mirams, Dorothy Moody, Barbara Martin, Dorothy Mallatt, Eleonar Parker, Barry Aarons, John Miller and David Yoffa.

CLASS OF 1959
55 YEAR REUNION

22 NOVEMBER, KEVIN A. RICKARD

Held at the RACV Club, 34 graduates attended and this year for the first time a number of partners were in attendance so total number present was 51. It was a splendid evening, enjoyed by all, with the University of Melbourne Banner displayed front and centre of the room.

Front Row, left to right: Drs. Bert deVoogd, Janet Fitzpatrick, Anna McBain, Isla Williams, Anne Lynch (McKenna), Verna Madill, Clive Bennetts, Frank Gallichio

Second Row, left to right: Richard Ham, Mario Croata, Justin Kelly, John Cocks, Ray Leeton, George Lipton, Maurice Rosenbaum, Paul Duggan, Kevin Rickard, Ronald Brown, Thomas Poliness, Stan Schofield

Back Row, left to right: Alec Morley, John Horstfall, John McNamara, John Spicer, Malcolm Scott, Ike Raiter, Ian Robertson, Norm Rose, Andrew Pogany, John Matthew, Geoff Klug, Jim St. John, Colin Melville, Eric Miller
On October 25th 2014, the main dining room of University House provided a wonderful venue in the bosom of our alma mater to celebrate four decades since we graduated as doctors. 154 people attended the dinner: 112 alumni and 42 partners. Four came from overseas - Geoffrey Durham-Smith and John Wark from the United States, Stanley Korman from Israel and Allan Bong from Hong Kong. 21 came from interstate.

Eisenberg was unable to be present to give us an anatomy refresher, we were all very entertained by Rick Dowling’s fabulous speech.

The balmy spring weather smiled upon us, encouraging us to mingle in the courtyard, with the mellow refrain of the Jazz de Resistance trio in the background, prior to us taking to our seats for the dinner and speeches in the dining room, which was magnificently decorated with giant orchid-containing vases. The emcee was Tony Heinz, whose welcoming and friendly manner set a tone for the evening in which the warmth and enjoyment of shared reminiscing was notable and maintained throughout.

The experiences we shared at the Royal Melbourne, Austin and St Vincent’s Clinical Schools were evocatively brought to life by, David Russell, Roger Allen and Lee Gruner, respectively. Each representative from the three clinical schools reflected on the syllabus and intensity of endeavour shared by each cohort, but also the differences in terms of the size, history and ‘special feel’ of each school.

At the conclusion of these speeches, Max Eser paid tribute to the 12 people from our year who are no longer with us. A great deal of effort was invested in coordinating the reunion, especially by the Chair of the Coordinating Committee Tony Heinz, with assistance from his secretary Lyn Bingham, and support from other members of the Committee, namely Cathie Rose, Lee Gruner, Alain Lavoipierre, Roger Allen, Max Eser, Tim Costello and David Copolov.

The Faculty of Medicine, Dentistry and Health Sciences provided significant administrative assistance with particular thanks going to Susan Jones. Of special note, Gail Lavoipierre oversaw the striking venue decorations and Cathie Rose curated the dozens of photos from yesteryear that were projected on the screen throughout the evening.

The consensus was that this reunion was the best so far and it reinforced what a privilege it is to have studied medicine at such a fine university with like-minded colleagues, who seem to have negotiated the challenges of the past four decades in a well-travelled manner.

The MBBS class of 1984 enjoyed their 30th year reunion in October very much. We kicked off with pots and pints at Naughton’s, and then headed across Royal Parade for tours of the Medical History Museum and the Anatomy Museum, ably herded by current MD student ambassadors. After reacquainting ourselves with our favourite skeletons and pots—this time of the formaldehyde kind—we were led up Professors’ Walk to University House. Although a little disappointed that Norm Eisenberg was unable to be present to give us an anatomy refresher, we were all very entertained by Rick Dowling’s fabulous speech.

Don’t miss out on your next reunion! Visit www.medicine.unimelb.edu.au/alumni/reunions and send your details to email: alumni-mms@unimelb.edu.au
Receiving this support from someone who comes from a similar background to me makes this scholarship all the more meaningful,” she says. “It provides the strongest motivation for me to do well and work hard to achieve all that I hope to.

“At the same time, having the opportunity to be mentored at such an early stage in my career is a privilege, and one that I am very excited about.”

Despite being very young when her family left Bosnia, she retains a deep connection to her home country – ties that are only strengthening with time.

“My connection to Bosnia was initially supported by the many stories my parents shared with me about the happy and fulfilled lives they cherished and the moments spent surrounded by family,” Korajkic says. “But I’ve been back to visit several times and I feel that as I mature more, my connection to Bosnia remains and makes my life here in Australia, our new home, all the richer.”

Nadja Korajkic was born in Bosnia in 1992, in the midst of the civil war that saw more than 2.7 million people displaced and forced to seek asylum elsewhere in the world. Fleeing during the height of the conflict, she and her parents arrived in Australia as refugees in 1995.

This early hardship instilled in Korajkic a strong set of values around education, compassion, family and hard work. In 2015, she commenced the Doctor of Medicine (MD) at the University of Melbourne, a goal she has worked hard throughout her life to realise.

“My aspiration to study medicine came in large part from my background. I believe my experiences as a refugee – being exposed to very difficult circumstances and such a range of emotions at a young age – have shaped me as a caring and empathetic person,” Korajkic says.

“My empathy for others led me to develop a great personal interest in medicine. At the same time, a developing sense of intrigue in the body and the mind has led to a strong academic interest in the field.”

Korajkic is the inaugural recipient of the Bao Nguyen Student Empowerment Scholarship. The scholarship has been established by Dr Bao Nguyen, an assistant orthopaedic surgeon in Melbourne, to provide financial and mentoring support for medical students from a refugee background. The scholarship will be offered to one commencing student each year over the next ten years.

Dr Nguyen studied at Melbourne Medical School (MBBS 1997) after arriving in Australia as a refugee in 1975 following the conclusion of the Vietnam War. Throughout his career he’s given back to the Melbourne Medical School Scholarship Fund, which supported him during his time as a student.

After giving for many years to support students in financial need, Dr Nguyen wanted to play a role in encouraging more people from diverse social and cultural backgrounds – particularly refugees – to pursue a medical career. This led to the establishment of the Bao Nguyen Student Empowerment Scholarship.

“I want these students to know that there are people out there who are supporting what they are doing. For me, it’s a way of saying: ‘You’re doing the right thing. Keep going,’” Dr Nguyen says.

For Korajkic, the scholarship is deeply significant, both personally and professionally, and affirms in her mind that the path she has chosen is the right one.

“Receiving this support from someone who comes from a similar background to me makes this scholarship all the more meaningful,” she says. “It provides the strongest motivation for me to do well and work hard to achieve all that I hope to.”

“At the same time, having the opportunity to be mentored at such an early stage in my career is a privilege, and one that I am very excited about.”

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THE FINE ART OF BALANCING

ANNE BUIST

Diary check, 2015:

January.

Twenty-three years earlier, as a psychiatrist with my second child on the way, I was also writing fiction. One page a day. You can’t edit a blank page. Now I had a book I could edit, and submit—rejection one. Two children, part-time work, a research masters completed and a doctorate underway, I was still writing fiction, had an agent and was at the last phase at Random House—rejection two. Third time lucky; one thing a medical course teaches you is that perseverance and hard work pay. *Medea’s Curse* came after ten erotic romance novels/novellas written under a pseudonym. Writing requires practice!

February.
Talk to newbie medical students. Tell them that a mentor, mine was Lorraine Dennerstein, can guide you at critical times. Remind them there is a world of difference between specialties.

Psychiatry allowed for part-time work and breaks in training. I sat for six months in a French farmhouse writing up my MD. It meant taking a longer route to Professor, but not much, and those early years with my children were priceless.

At the Austin when I was responsible for registrar rotations I was very committed to making sure this was an option. If psychiatrists can’t understand the importance of life-work balance, who can?

Our marriage has been an equal union at every level—when Graeme was working 12-hour days I cooked and did child care, and when I was Director on the $4 million beyondblue postnatal depression project, he took over household duties. He has supported my dream and I his—we work on plot and character together. He helps me with my male characters and me with his female ones.

I also appear with Dawn Barker, another psychiatrist who writes fiction; we tread carefully with audience questions.

March.
Dubai Literary Festival as husband’s handbag. Have fun and time for writing. Finalise presentation for International Women’s Mental Health Conference. Return home while Graeme goes on UK book tour. Work as usual and evenings—see friends and family. Have booked them ahead!

Go to Japan for IAWMH 2015 and deliver presentation. Fly to New York to meet husband. Meet psychiatrist colleague—but the rest is ‘holiday’ – talking books.

Take Away Message: Dream big but be grateful for the small achievements. Follow what you are passionate about—and while you might have to reshape the dream, never let it go.

Anne Buist
Chair of Women’s Mental Health, MMed (1992), MD (1999), and Psychological Thriller Author
Ever been hit by such an outstandingly brilliant idea that it’s a bit stunning? That’s what happened to me when I learned about an idea called #lettertome on social media.

Although I have been a firm supporter of other initiatives to promote patient-centred care, I had never questioned the tradition of sending outpatient letters to the referring doctors involved in the patient’s care rather than to the patient themselves.

Patient-centred care is a new buzzword in design of health care services. It supports the active involvement of patients and their families in medical decision-making and treatment options.

Person- and family-centred care puts the patient and the family at the heart of every decision, and empowers them to be genuine healthcare partners.1 Patient outcomes are better when they are active, engaged and informed participants in their care.

Patients’ recall of verbal information given to them is quite poor, with patients remembering only around half of the information given.2 When patients are older, stressed, and receive a lot of information, recall becomes even worse. During medical interactions, patients have to understand and ‘encode’ into their brain, several bits of information for each problem they present with. Most medical information is given verbally, but we know that written information is retained better.3

In my quaternary cancer hospital, the Peter MacCallum Cancer Centre, very often patients have more than one outpatient appointment on any given day. It’s hardly surprising that often patients cannot fully remember what we’ve talked about together and the treatment plan we decided on. The details have been securely recorded in the letter I send to every member of the treating team except its most important member, the patient.

In the #lettertome letters I write to patients (with their permission, of course), it’s not just a matter of who the addressee is. The letter is a summary in patient language, not medicalalese, of the issues which are important to the patient, and the plan we have agreed on for their assessment and management.

Patients have been very keen on the new letters. I sometimes write them there and then but if they are long, I will do them later so as not to hold up the clinic. If I write them at the time, the patient can take a hardcopy home with them, and I often hand them a copy to give to their GP and the community palliative care team involved as well.

So, in summary, we know patient participation is good and patients want it, the informed and involved patient does better, that stressed and older patients don’t remember oral information well, and written information is better. So why wouldn’t we write outpatient letters to the patient?

There’s been quite a lot of interest in this idea, with some old and new media attention. Other doctors are doing it too. #lettertome was part of my pledge for Change Day, when people in Australia and around the world are asked to pledge to do just one thing to make health services a better place.

And the other good thing? It’s free, and you don’t have to ask anyone’s permission to do it. It’s an example of patient-centred, clinician initiated, bottom up change in the health service.

Let me know if you try out #lettertome at your place.

Dr Sonia Fullerton
MBBS 1996
FRACP FACAPM GDPallMed
Acting Director of Pain and Palliative Care
Peter MacCallum Cancer Centre
@sonialf

On Friday evening 19 September an historic event occurred at the Australian and New Zealand College of Anaesthetists (ANZCA) headquarters in Melbourne.

Following a smoking ceremony and Welcome to Country overseen by Aunty Caroline Briggs, senior Boon Wurrung Elder, David Davies MLC, Victorian Minister for Health, declared the relocated Geoffrey Kaye Museum of Anaesthetic History open and unveiled a plaque commemorating the historic event. After a long history of wandering, the Museum had landed.

Geoffrey Kaye MD, an alumnus of the University of Melbourne, was born in 1903 in St Kilda, Melbourne. His Prussian-born father took the family to England and Geoffrey was educated at Gresham’s School in Norfolk. Returning to Melbourne, Kaye entered the medical course and graduated MB in 1926, BS in 1927 and MD in 1929. His father had endowed him with an annual allowance and this allowed Kaye to pursue research studies at the Baker Institute of Medical Research in Melbourne, and Clinical Assistant at the Alfred Hospital. He began work on research into chemical reactions in urine.

Published in the Journal of Experimental Biology and Medical Science in 1929, Kaye was awarded with an MD and the University of Melbourne Armytage Prize for “the young medical research beginner”. He decided at this time to pursue a career in the newly developing field of anaesthesiology.

At this time the status of the anaesthetist was similar to that of a surgeon’s GP assistant and the surgeon paid the anaesthetist a small moiety from his fee. Kaye later reflected on anaesthesia of the time, saying that “… the care of patients was rudimentary. Anaesthesia of the time was entirely practical – any attempt to bring basic science in to it was resisted, even resented.” Kaye’s career was to have a profound effect on the development of safe anaesthesia, the technical aspects of the associated equipment and the status of anaesthesia in the community. In 1929, as a result of his research at the Baker Institute, he presented a seminal paper on anaesthetic-related deaths in Melbourne hospitals at a meeting of the British Medical Association in Sydney.

At the same meeting, Dr Francis McMechan of Cincinnati, USA, Secretary of the International Anesthesia Research Society, was so impressed by Kaye he offered to sponsor a visit to America, an offer which Kaye accepted.

His independent means allowed him to travel via the United Kingdom and Germany, spending time working with eminent anaesthetists of that era and finally arriving in the USA in 1930, where he stayed until early 1931.

In 1928, he became an honorary research assistant at the Baker Institute of Medical Research in Melbourne, and Clinical Assistant at the Alfred Hospital. He began work on research into chemical reactions in urine.

In 1929, as a result of his research at the Baker Institute, he presented a seminal paper on anaesthetic-related deaths in Melbourne hospitals at a meeting of the British Medical Association in Sydney. At the same meeting, Dr Francis McMechan of Cincinnati, USA, Secretary of the International Anesthesia Research Society, was so impressed by Kaye he offered to sponsor a visit to America, an offer which Kaye accepted.

His independent means allowed him to travel via the United Kingdom and Germany, spending time working with eminent anaesthetists of that era and finally arriving in the USA in 1930, where he stayed until early 1931.

In 1931, back at the Alfred Hospital and the Baker Institute, he instituted the multi-author writing of, and edited, Australia’s first monograph on anaesthesia, Practical Anaesthesia, which was published in 1932. It was at this time he appeared to begin his collection of anaesthetic equipment.

In 1938, Kaye became a part-time lecturer at Melbourne Medical School but the following year was commissioned into the Australian Army. He served in the Middle East and New Guinea as captain and adviser in anaesthetics to the Australian Army Medical Corps, as well as training soldiers to service and repair equipment from 1940 to 1943.
After 25 years of hard work and maintaining the museum’s significance, Dr Rod Westhorpe resigned as honorary curator in 2013. Dr Christine Ball, previously assistant honorary curator for almost the same period of time, was appointed as his successor.

Triarico was succeeded by Maria Drossos as curator in 2008, who continued the professionalisation of the museum, including completing the Hazardous Objects Project which identified and managed dangerous material in the collection.

In February 2015, the Geoffrey Kaye Museum of Anaesthetic History was formally accredited by Museums Australia (Victoria) as demonstrating the museum’s compliance with overarching legislation, museum sector ethics and best practice.

Dr John Paull
MBBS 1961

Kaye lecturing Melbourne School students.

The Australian and New Zealand College of Anaesthetists and now the Geoffrey Kaye Museum of Anaesthetic History.

He transferred to the Officer Reserve after returning to Melbourne, where he resumed his role as lecturer in anaesthetics at the University. His growing collection was moved to the Department of Physiology, where he used the objects as teaching aids in his lectures to medical students.

Dr Kaye’s vision was: ‘To cultivate an interest in anaesthesia and promote the development of the practice among students, physicians and the general public through the display and use of a wide variety of anaesthetic equipment.’ He continued in the role of honorary lecturer until 1957.

In 1950, he purchased a substantial property in Toorak and proceeded to renovate it to his own design. He saw the property as a ‘centre of excellence in anaesthesia’. Kaye converted the ground floor, providing a meeting room, library, museum, laboratory and darkroom. His equipment collection was moved from the university to his new museum.

In 1952, the Faculty of Anaesthetists was formed in the RACS and Kaye became a Founding Fellow. He was awarded the Orton Medal from the Faculty in 1974 and was elected an honorary fellow in 1978.

In 1955, he joined the Department of Electrical Engineering at Melbourne University, under Professor David Dewhurst. He set about designing and developing electrometrical equipment. He spent the next ten years designing many monitoring and teaching devices, and even built a car for Dewhurst’s disabled son!

This man of many parts embraced so many different pursuits with the enthusiasm that many of us find hard to apply to one. When asked if he had any hobbies, his reply was ‘No, I never had time for them’.

In 1955, his anaesthetic equipment collection was gifted to the new Faculty of Anaesthetists and was moved from his home to the RACS building in Spring Street. Selected material was displayed in the Faculty Education Centre but the bulk was confined to the attic and tended by Dr Peter Penn. Dr Kevin McCaul, a Faculty Dean, became a part time curator but subsequently resigned because of lack of support from the Faculty Board. In 1987, Dr Rod Westhorpe was appointed Honorary Curator.

In February 1992, ANZCA was established and the following year the fledgling college bought its new home, Ulimaroa, at 630 St Kilda Road Melbourne. Ulimaroa is a heritage listed, 19th century Italianate building, built in 1889-90, and became the ANZCA headquarters in February 1994.

The museum was then moved from the RACS building and housed in Ulimaroa. After the six-storey ANZCA house was built at the rear of Ulimaroa in 2002, the museum, still on the move, was placed in the foyer of the new building. Twelve months later, Elizabeth Triarico was appointed curator, the first qualified museum professional to hold this position.

In 2005, the museum was moved to the fifth floor of ANZCA House and in 2007, the exhibition ‘All in a Day’s Work’ was launched, with a further revamp in 2012.
Unfortunately, the pages of Chiron are not sufficient to record them all. More tributes and extended versions of many here are published in 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

Each year we celebrate the lives of alumni who are no longer with us.

Helen M Andersen (MBBS 1976)
Anthony Augenino (BSc 1995, BSc Hon 1996, PhD 2001)
Jack M Armour (MBBS 1952)
James H Atkinson (BSc 1948, MBBS 1951)
Zygfryd Atlas (MBBS 1954)
John L Bartram (MBBS 1954)
Clive Bowman (MBBS 1952)
Peter C Bradley (MBBS 1947)
Wieslaw M Bugiera (MBBS 1973)
Pamela S Carpentier (MBBS 1949)
William F Cooper (MBBS 1942)
Peter A Cooke (MBBS 1947)
William D Coombie (MDS 1953, MBBS 1961)
John M Crotty PSM (MBBS 1950)
Michael A Denborough AM (MBBS 1950, DSc 1977)
Bill Derham (MBBS 1946, GDip Psych Med 1954)
Maurice F Dowell (MBBS 1951)
David M Downing (MBBS 1942)
John B Drake (MBBS 1952)
Roy L Fink (MBBS 1961)
Richard W Fletcher (MBBS 1967)
Robert E Gardiner (MBBS 1952)
John P Griffiths (MBBS 1944)
Geoff Gillam (MBBS 1962)
Samuel J Goddard (MBBS 1950, BSc 1946)
Melville D Goey (MBBS 1946)
David G Gome (MBBS 1968)
Nigel J Goey AO (MBBS 1953)
James S Guest (BSc 1938, MBBS 1941, Hon DMedSc 2012)
Robert H Hall (MBBS 1968)
Ian T Harper (MBBS 1949)
Nicholas T Hamilton (MBBS 1946)
John A L Hart (MBBS 1961)
Leslie Hemingway (MBBS 1955)
Clarice A Hetherington (MBBS 1941)
Richard W Horton (MBBS 1976)
Euan R Howell (MBBS 1959)
Howard D Irish (MBBS 1950, MMed)
Don R Kaplen (MBBS 1963)
Arthur Kandel (MBBS 1954)
Stephen Kargotich (MBBS 1954)
Gordon E Kelley (MBBS 1951)
Serge Kunstler (MBBS 1952)
Donald T Larsen-Disney (MBBS 1957)
Anne E Leong (MBBS 1995)
Ian A Maciasac (MBBS 1956)
Hector Maclean (Department of Ophthalmology)
Jim Martin OAM (MBBS 1951, GDip Ophth 1956)
John A McArthur (MBBS 1951)
Charles F McGann (MBBS 1942)
John J McCarthy (MBBS 1947)
Neil M McKern (PhD 1981, BSc 1970)
Margery C McKinnon (MBBS 1950, BSc 1945) Joan Moalim (MBBS 1945)
Raymond E Mylius (MBBS 1953)
Bill Orchard (MBBS 1952, MD 1966)
Sylvia R Pager (nee Topors) (MBBS 1962)
Darryl J Pinto (MBBS 1982)
Hylton A Pouler (MBBS 1954)
Bill Pratt (MBBS 1952)
Dulcie G Rayment (MBBS 1943)
Alan Rembach (PhD 2007)
John B Richardson (BDSc 1955, MBBS 1962, MDS 1967)
Roger B Rodrigue (MBBS 1956)
Harvey Rotstein (MBBS 1970)
Simon L Scharf (MBBS 1982, MD 1999)
Geoffrey R Serpell (MBBS 1946)
Anthony W Shannon (MBBS 1945)
Edward H Shen (MBBS 1959)
Geoffrey W Sinclair (MBBS 1953, MS 1959)
Jean B Sloss (MBBS 1946)
Alexander D Spies (MBBS 1960, PhD 1967, MD 1975)
Peter Spitzer (MBBS 1972)
William B Stephens (MBBS 1957, MD 1970)
Lloyd R Stewart (MBBS 1969, GDip Ophth 1979)
Wayne G Stott (MBBS 1968)
Jurij Turlakow (MBBS 1968)
Bertram Sutherland Vanssenen (MBBS 1951)
Alexander W Venables (MD 1951, MBBS 1946)
Bob Waterhouse (MBBS 1950)
Kenneth J Whight (MBBS 1951)
John H Wriedt (MBBS 1948, GDip Radio 1952)
Norman Albert Beischer was educated in Bendigo, then at Geelong Grammar School and graduated MBBS from the University of Melbourne in 1954. A distinguished undergraduate career saw First Class Honours in Obstetrics and Gynaecology, the Fulton Scholarship Obstetrics & Gynaecology and the Hubert Sydney Jacobs Prize in Clinical Gynaecology. His early postgraduate years included training at the Alfred Hospital and the Royal Children’s and Women’s Hospitals. He subsequently journeyed to Northern Ireland taking up positions at the Lurgan and Portadown Hospital, the Royal Maternity Hospital in Belfast and the North Antrim.

Returning to Australia, Norman took up positions at the Royal Women’s Hospital, the Austin Hospital, the Alfred Hospital and the University of Melbourne under the mentorship of Professor Sir Lance Townsend. In 1968, he was appointed inaugural Chair at the University of Melbourne Department of Obstetrics and Gynaecology at the Austin Hospital, and the then newly established Mercy Maternity (later the Mercy Hospital for Women), a post he held for 28 years. From 1976 to 1996 he was also Senior Gynaecologist at the Repatriation General Hospital.

The author of over 180 peer-reviewed publications, Professor Beischer also edited a number of landmark undergraduate textbooks, including Obstetrics and the Newborn and the Illustrated Textbook of Gynaecology with Eric V. Mackay, which ran multiple editions and has been translated into three languages.

The current standing of gestational diabetes mellitus as a major issue for not only the index pregnancy but also future health is very much due to Professor Beischer’s enthusiastic and productive research at the Mercy Hospital for Women, assessing foetal well-being in the third trimester of pregnancy.

He contributed over 30 years to the Australian and New Zealand Journal of Obstetrics and Gynaecology, first as subeditor from 1969 to 1982, then as Editor and Chairman of the editorial board for 17 years.

Following retirement from the university Chair at the Mercy Hospital for Women in 1995, Professor Beischer remained active as Chair of the Research Foundation for Women and Babies, which he first established in 1981 as the Mercy Maternity Hospital Research Foundation.

Providing support for clinical research by medical practitioners, nurses and scientists investigating diseases and conditions that affect women and/or babies, the Foundation has funded important research in areas from the prevention of diabetes mellitus in women who have had gestational diabetes to investigating surgical and non-surgical management of orthopaedic problems.

Professor Beischer had served on the Consultative Council on Obstetric and Paediatric Morbidity and Mortality of Victoria (CCOPMM) for 15 years when, with the death of his mentor and the Inaugural Chair, Professor Sir Lance Townsend, he took over as Chair in 1984.

Over the next 15 years, until his retirement from CCOPMM in 1999, he was Chair of the Council and all of its subcommittees. Through his tireless efforts and meticulous attention to detail, he established the Council as the gold standard for Australian reporting and analysis of maternal, perinatal, and child deaths. He oversaw the extension of Council functions to include congenital malformations and deaths of children up to the age of 18 years and was the driving force behind the reporting of maternal deaths in Australia for 25 years.

As a clinician, teacher and researcher, Professor Beischer had unbounded energy and an almost unequalled reputation for tireless dedication to his work. He is survived by his wife Elizabeth, and their three children, Andrew, David and Anne.

Michael Permezel, Professor of Obstetrics & Gynaecology, Mercy Hospital for Women
If we use Charles Winslow’s definition of public health, as “the science and art of preventing disease, prolonging life and promoting health”, then Nigel Gray was not only a scientist of great rigour and constant enquiry, but was also a consummate artist.

He was Director of the Anti-Cancer Council Victoria for over 27 years, during which time it became the pre-eminent non-government health organisation in Australia and a global leader in tobacco control, and started the International Cancer Control Union (UICC) Tobacco Program in the mid-70s, a small group which became the driving force behind the first programs to promote global action on tobacco.

Later, as President of the UICC, he brought together cancer societies and many other health organisations across the globe to battle the economic and political muscle of the tobacco industry, now more commonly referred to as Big Tobacco.

He also led the introduction of the Slip! Slop! Slap! campaign as well as Pap smear and breast cancer screening. David Hill, Nigel Gray’s protégé and successor, acknowledges him as a generous mentor and an “extraordinary mix of establishment persona and radical thinker” remarking that, “his ability to bring out the best in those working with him created a blueprint for creating change that will be used for many decades to come”.

He was known to give people the freedom to work and to not tell them directly what they should be doing. They knew, however, what he thought!

In 1947, just post-war, Nigel Gray began his medical studies at the University of Melbourne, graduating in 1953.

Roy Fink graduated from the University of Melbourne in 1961 and completed Residency at St Vincent’s Hospital (SVH). He likened this to a period of imprisonment alleviated by parties and games, including one that involved attempting to fit as many people as possible on the mantelpiece in the residents’ quarters. His association with SVH lasted for 53 years. Roy married Jill Duncan in 1963 and had three children, Michael, Kathryn and Liza. Fink was awarded the Fellowship of the Royal Australasian College of Surgeons in 1967.

Roy rounded out his surgical training in England, where he developed his interest in colorectal surgery. He was awarded the Fellowship of the Royal College of Surgeons (England) in 1967. In 1970, the family returned to Melbourne and Roy renewed his association with SVH, being appointed Casualty Surgeon and Honorary Outpatients Assistant, and opened a private practice. He was a Consultant Surgeon, before joining the Ryan Colorectal Unit. Roy was Director of the Department of Colon and Rectal Surgery from 1999 to 2003 and was a founding member of the Colorectal Surgical Society of Australia and New Zealand.

Roy’s had a strong interest in teaching and was particularly renowned for his ‘lumps and bumps’ teaching sessions. An examiner for the MBBS for 25 years, and the RACS Clinical Examination. He pursued research in anorectal pathophysiology and colorectal clinical disorders. From 1974 to 1991 he was Senior Lecturer in the University of Melbourne Department of Surgery and Associate Professor of the University of Melbourne, SVH Clinical School from 2000 to 2011.

Roy will be remembered for his absolute dedication to his patients whom he treated equally no matter their walk in life, his unerring sense of responsibility, honesty, empathy, modesty and great humour.

Michael Fink
1953. His post-graduate career included roles at the Walter and Eliza Hall Institute in 1957, as a Research Fellow in Paediatrics at the Case Western Reserve University, USA and the Royal Melbourne Hospital Cleveland Fellowship from 1959-60.

He then moved to become Deputy Superintendent at Fairfield Infectious Diseases Hospital for four years, followed by another four as Assistant Medical Director at the Royal Children’s Hospital in Melbourne, before taking over as Director of the Anti-Cancer Council Victoria.

Knowing that rigorous evidence was essential, but not sufficient, to produce the change needed for effective tobacco control, he elevated the ‘arty’ of public health to new heights.

He instigated the use of forceful anti-smoking ads, in addition to using the humour of comedians Warren Mitchell, Fred Parslow and Miriam Karlin in the early ’70s and working with John Clarke much later on. John Clarke describes Nigel as an unconventional and anti-establishment figure – “Nigel’s genius was to wear a suit so that he looked like one of the establishment going about their normal business, but he was not one of them”.

Along with other leaders such as Cotter Harvey, founder of the Australian Council on Smoking and Health (ACOSH), Nigel played a crucial role in banning tobacco advertising, starting in the late 1960s.

He sent off numerous missives about, and met repeatedly with, government ministers at both state and national levels and wrote to 14 different Ministers for Communication under seven different governments over 20 years.

The fact it that took eight Victorian Health Ministers before he found one sympathetic to the notion of using a dedicated tax on tobacco to buy out and replace tobacco industry sponsorship of sport and the arts, has become the stuff of public health legend. He made the most of a meeting to lobby the Health Minister David White about the need for mammography. As he and former Cancer Council Victoria CEO David Hill were about to leave, it was the Minister who said: “Now what more can we do about tobacco?”

Nigel then led the campaign for the Victorian Tobacco Act 1987, which banned all forms of outdoor advertising of tobacco products and established a world first – the Victorian Health Promotion Foundation (VicHealth) to fund major health promotion initiatives at the same time as replacing tobacco sponsorships in sports and the arts.

Following his retirement from the Cancer Council Victoria, he remained remarkably active, working with Scottish epidemiologist Peter Boyle at the European Institute of Oncology in Milan and later at the International Agency for Research in Cancer (IARC) in Lyon, where his work focused on the constituents of tobacco smoke and tobacco regulation to modify the risk.

Nigel was never able to accept that he had done enough. He was publishing and researching well into his ninth decade and searching for new answers.

At the beginning of 2014, he sent an email to researchers across the globe asking them to select their best, most interesting and useful publications, as he was interested in looking at the nexus between “what we know, when we knew it, what the industry knew, when they knew it” – all arising from his “long held sense of frustration over the rate at which important research work gets into the arena of public health policy and is put to good use”.

Only a couple of weeks before his death, Nigel Gray attended a special dinner at the UICC World Congress where the guest of honour, John Seffrin, the long standing CEO of the American Cancer Society, paid particular tribute to Nigel as a major influence on his work.

There is little doubt that Nigel Gray and many others have produced huge benefits through their work in tobacco control. Tobacco control is one of the most important health and medical successes of the last fifty years. Nigel Gray’s work is deserving of a Nobel Prize as I have no doubt that, in the words of Alfred Nobel’s will, it has “conferred the greatest benefit on mankind”.

Abridged with permission from Croakey, the Crikey Health Blog.

Rob Moodie, MBBS 1976
Rob Moodie is Professor of Public Health at the Melbourne School of Population and Global Health. He was CEO of VicHealth from 1998-2007 and benefited greatly from Nigel Gray’s work in establishing and guiding VicHealth in its first ten years.

Image provided by Cancer Council Victoria
How can I describe Jim’s achievements and interests in this short space? I can’t, it is impossible and has been well documented in other places. I will therefore describe a little about each of three activities: his surgery; his war service, for which he won the OBE; and his contribution to the Jack Brockhoff Foundation.

I first met Jim Guest as an undergraduate medical student at Trinity College. He had been senior student there and, when I met him, was tutor in anatomy. Some years later, when Jim was a consultant surgeon at the Alfred Hospital, I became his registrar.

He taught me many things about surgery and about life in general. One lesson I remember well says much about the man. Jim was a great one for punctuality. I had a late Friday night and was due to meet him for a ward round at eight o’clock on the Saturday morning but slept in and woke up at 7:30. I quickly dressed, jumped into the car, and drove to the Alfred, arriving moments before 8:00. In the corridor outside the ward, Jim stroked my cheek with his index finger:

“Didn’t stand too close to the razor this morning Royle.”

“No sir,” I replied.

“You should show more respect for your patients.”

He took respect – for everyone – very seriously and his great capacity to relate to his patients was matched by his empathy for everyone he met.

During World War II he was appointed a ship’s surgeon to HMAS Westralia in 1943. When it transported troops to the front line, the ship was organised as a floating emergency department as well as a transport vessel for troops. At a landing on enemy held territory, the troops would be taken ashore in landing craft. Westralia would stay positioned just offshore until troops and stores were safely landed. Immediate casualties would be transported back to ship, and any emergency treatment undertaken. For the landings, the medical staff were reinforced by a senior surgeon, an anaesthetist and an emergency team. Jim assisted the senior surgeon with the complex cases and operated on others himself. Westralia was involved in seven landings on Japanese held territory during US General Douglas MacArthur’s ‘island hopping’ strategy in the islands to Australia’s north. In early 1944 the ship was attacked by Japanese aircraft off the coast of New Guinea, and again later in the Philippines by a kamikaze pilot.

Jim was inspired by the surgery he saw in active service and after the war decided to pursue a surgical career, training at St Mark’s Hospital, London where he met Simonetta whom he married shortly after. Theirs was a long and happy union, Jim caring for her tenderly in the last years of her life. On his return to Australia he was appointed as an honorary surgeon to the Alfred Hospital, where his reputation grew steadily over decades of service.

Jim was extremely loyal and supportive to the junior surgeons he trained. When I was at St Bartholomew’s Hospital in London he came and visited me and, on my return to Australia, helped me establish my career at the Austin Hospital. This support continued right to the end - just last year I worked with Jim on a paper I presented at the annual College of Surgeons meeting. He gave similar support to many others throughout their careers.

From its very beginning Jim played a major role in establishing the Monash Medical School and enjoyed a long association with the Melbourne Medical School, actively maintaining his contacts and friendships there. In 2013, he spoke eloquently and engagingly, without notes, at a graduates’ lunch for some 300 people: a testament to his standing in the University community. The year before, the University had awarded him an honorary Doctor of Medical Science as part of its sesquicentenary celebrations.
Of the other organisations to which he gave long and valuable service, perhaps one most dear to his heart was the Jack Brockhoff Foundation. The first major bequest of the foundation was to David Danks and his team at the Royal Children’s Hospital, and what a great institution its Research Institute has now become.

Jim’s guidance as Chairman of the Board, persuading people to join the board, his attention to detail in requests for support, and the follow-up with supported grantees, set the pattern for the Foundation. Its high regard in the philanthropic community is in large part due to him.

The support of the research of Ian Taylor, and the plastic and reconstructive surgery unit at the Royal Melbourne Hospital, followed the diligence Jim showed in his research into potential grantees. Ian and his team are held in very high regard internationally and Jim deserves some credit for this.

The Jack Brockhoff Chair of Child Health and Wellbeing at Melbourne University, enabling the creation of a unit now receiving worldwide recognition, is another result of Jim’s initiatives with the Foundation. He attended Brockhoff board meetings right to the end, the members of the board and the staff regarding him as a personal friend, and he them. In typical style, Jim left instructions that he be remembered by “a short service followed by a good party”, and it was.

Professor John Royle OAM, MBBS 1957

Hector Maclean 1937 - 2013

Hector Maclean was a part of University of Melbourne Department of Ophthalmology for more than 20 years. He was Deputy Head of the Department for many years and served as Head of Department from 1986-89.

Born in Scotland, Hector first came to Melbourne in 1973, specifically because the Department of Ophthalmology had one of only three scanning electron microscopes in the world. The microscope proved an unreliable piece of equipment, forcing Hector to spend much of his research time on diagnosis and repair of the machine.

Nonetheless, he opted to extend his stay in Australia and finally settled here, declining an offer of a Chair appointment in ophthalmology from Aberdeen in the early 1980s.

He was a gifted teacher who trained a generation of ophthalmologists, and a problem solver who improved clinical practice wherever he saw a need. He excelled as a clinician with a passion for helping children. Appointed to a Health Department clinic examining children reported as being blind or visually impaired to confirm they were, he found nearly half of them were not and recommended extra teaching exposure.

Hector retired from clinical practice in 2010. He remained an honorary member of staff at the Department and was one of the most generous supporters of the work of the Centre for Eye Research Australia (CERA) until the end.

Hector was a very big part of the history of the University of Melbourne Department of Ophthalmology and a much-loved elder in the extended CERA family. He is sadly missed and fondly remembered.

Jonathan Crowston, Ringland Anderson Professor of Ophthalmology and Head, Department of Ophthalmology
Dr Ian Rechtman (MBBS 1962) notified us of the recent death of Dr Sylvia Pager. Sylvia had been a student at University High School with Ian’s wife. When Sylvia commenced the medical course in 1957, she was the youngest in their class and had not yet matriculated as this qualification was denied her until she reached the age of 17. After graduation she was a very popular intern at the Royal Melbourne Hospital but left Melbourne soon after for overseas where she completed her paediatric training. She returned to Melbourne often however, making a point of attending medical school reunions. The following notice was published first in the Honolulu Star-Advertiser, and more recently in Melbourne’s Jewish News.

Dr Silvia P Pager, a Honolulu paediatrician and national expert on breastfeeding, died following a severe stroke that occurred just after she testified at the state Legislature.

Pager, 74, was born in Australia, graduated from the University of Melbourne Medical School and came to Hawaii in 1968 with her husband, David Pager who had joined the computer science faculty of the University of Hawaii.

Sylvia Pager opened a private practice in 1976 in the Queen’s Physician’s Office Building and also served as a clinical associate professor at the UH school of medicine, chief of paediatrics at the Queen’s Medical Centre and a consultant to the state Health Department. The paediatrician had a passion for breastfeeding education and for helping hundreds of new mothers to overcome the challenges of nursing.

A tribute to Pager was posted Monday on the Facebook page of Breastfeeding Hawaii, where she was a founding member and on the not-for-profit organisation’s board: ‘Sylvia was a passionate supporter, promoter and protector of breastfeeding families in our state’.

Pager, who was also on the board of Hawaii Mothers’ Milk Inc., was the first international board-certified lactation consultant physician in Hawaii. She was also a fellow of the Academy of Breastfeeding Medicine and the American Academy of Paediatrics.

She was active in the Legislature, helping to pass laws on breastfeeding in public and working and breastfeeding. On the day she fell ill, Pager had just testified in support of the Paid Family Leave Bill.

Pat Bilyk, a board-certified lactation consultant, said Pager was passionate about the benefits of breastfeeding long before most people understood them.

Pager is survived by her husband, a UH professor emeritus; her brother, Rodney Topor, professor emeritus at Griffith University in Brisbane, Australia; her sons, Sean Pager, associate professor at Michigan State University, and Dr Chet Pager, medical officer at Princess Grace Hospital in London; her daughter, Devah Pager, professor at Harvard University; and three grandchildren.
Having enrolled in the Melbourne Medical School pre-war, 'Bert' enlisted in the army as a student at Ormond College, served in the Commandos in New Guinea and Bougainville from 1943-46, before resuming his studies, with some post-war effects, until graduation in 1951.

He followed the footsteps of his uncle, Dr Bertram Milne Sutherland, while his three brothers continued in agriculture in Victoria.

Bert was a proud, traditional general practitioner who made family medicine his life’s work. He firmly believed and preached early diagnosis and preventive medicine.

His impact on patients was evidenced by the stories told by those attending his funeral, “Go to any doctor to get pills, go to Dr Vanrenen if you want to find out what’s wrong”. Thus his patient questionnaires were quite thorough and long as he sought clues to current and potential issues. If he was unsure, and had to refer patients onwards, his detailed patient notes were appreciated. Late night emergency call outs were common, as were 80-hour weeks.

He supported his family, provided them with great opportunity, and was quite active until around 2008.

Bert passed away peacefully at The Gables on 6 July 2014, survived by his wife and three children.

Alan Vanrenen

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**Bertram Sutherland Vanrenen**  
1920 - 2014  
MBBS 1951

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**JOIN THE MEDICAL HISTORY TEAM**

**DIGGERS TO VETERANS – RISK, RESILIENCE & RECOVERY IN THE FIRST AIF**

**An Australian Research Council funded public collaboration led by the Universities of Melbourne and Queensland**

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**MEDICAL HISTORY WORKSHOP**  
22 AUGUST 2015, 11AM - 3PM  
**The Hub**, 4th floor, Melbourne School of Population & Global Health, 207 Bouverie Street, Carlton  
Lunch provided.  
RSVP: 14th August 2015, yahooc2@gmail.com
CONGRATULATIONS

Professors Sam Berkovic AC and Ingrid Scheffer AO have changed the way the world thinks about epilepsy.

For their contribution to the study of epilepsy, its diagnosis, management and treatment, they were awarded the 2014 Prime Minister’s Prize for Science.

Laureate Professor Sam Berkovic and Professor Ingrid Scheffer from the Departments of Medicine at the Austin Hospital and the Florey Department of Neuroscience and Mental Health have contributed to worldwide efforts to explore and map inherited epilepsy.

Professor Berkovic said, “Twenty years ago, doctors tended to regard most forms of epilepsy as acquired rather than inherited. In other words, they believed epilepsy was mostly due to injury: the result of things like a crack on the head in a car accident, a bad fall in the playground, a tumour, or something having gone wrong in labour. Parents felt responsible, and the resulting guilt was enormous”.

The two clinician researchers have led the way in finding a genetic basis for many epilepsies, building on their discovery of the first ever link between a specific gene and a form of epilepsy. “Finding answers to the puzzle of epilepsy has been of profound importance for families,” Professor Scheffer said.

Along the way, Professors Berkovic and Scheffer discovered that a particularly severe form of epilepsy, thought to result from vaccination, was actually caused by a gene mutation.

This finding dispelled significant concerns about immunisation. Their discoveries of the connections between epilepsy and genes have opened the way to better targeted research, diagnosis and treatment for epilepsy.

Together with collaborators, they have shown that genes can lead to seizures in different ways in different forms of epilepsy.

“An important cause, for instance, is interference with the movement of nutrients across nerve cell membranes. In one of these cases, treatment using a diet that avoids glucose is effective,” Professor Scheffer said.
Congratulations to the recipients who have been recognised for their outstanding work and contribution to medicine.

**Member of the Order of Australia (AM)**

**Jonathan Burdon (MBBS 1971)**
For significant service to respiratory medicine as a clinician and researcher, particularly occupational asthma, and to medical administration.

**Paul Komesaroff (MBBS 1984)**
For significant service to ethics in medicine as a physician, researcher and philosopher.

**Richard McLean (Rural Clinical School)**
For significant service to medicine, particularly in the fields of rural health and nuclear medicine as a clinician, academic and mentor.

**Henry Prince (Medicine, SVH)**
For significant service to medicine, particularly through blood cancer research, improved patient care and fundraising.

**Jeffrey Szer (RMH/MH)**
For significant service to medicine in the field of clinical haematology.

**James Tatoulis (MBBS 1972, MS 1989, MD 2005, RMH/MH)**
For significant service to medicine as a cardiothoracic surgeon, and as an adviser to government.

**Ambulance Service Medal (ASM)**

**Stephen A Bernard (MBBS 1981)**
For driving a quality, evidence-based approach to patient care as a Medical Advisor with Ambulance Victoria.
What is a life worth? What is a good life?
Professor James Tatoulis asks, sitting by the window of his office, overlooking the oval of University High.

Head of Cardiothoracic Surgery at the Royal Melbourne Hospital, Professor of Cardiothoracic Surgery at the University of Melbourne and a Melbourne Medical School alumus, Professor Tatoulis explains these concepts are not beyond the bounds of medicine. In fact, they inform the work doctors do everyday.

“These are philosophical questions that have been present for thousands of years, since Ancient Greece and Rome,” he says.

It was a shared passion for Classics that led Professor Tatoulis and his wife Elizabeth, also a University of Melbourne alumus, to recently endow a Chair of Classics within the Faculty of Arts at the University of Melbourne.

Mrs Tatoulis, a teacher and Classics scholar, recognised the discipline had faced waning interest in the past two decades and wanted to offer support.

While Australia’s education system has become increasingly specialised both she and Professor Tatoulis advocate for a well rounded approach. They see the ideas of the ancient societies of Greece and Rome — a grasp of history, politics, science, medicine, art and literature — as vital to understanding the society we live in.

“How people perceive themselves and the world around them, morals and self, liberty and worth,” Professor Tatoulis explains. “These are issues that were first brought into our consciousness by ancient philosophers, and their legacy is what needs to continue.”

Encouraged by friends Allan and Maria Myers, the Tatoulis’ see the endowment of a Chair as an opportunity to foster Classics in the long term. It is their hope it will send a signal to students and young academics that Classics is a discipline worth pursuing.

“We strongly believe that a broad education is important. We should not just go to university to get a degree to get a job,” Professor Tatoulis explains. “I do believe that if people feel valued and supported, and believe they’re doing something good and important, they’ll do even better.”

Their heritage also played a role in their decision — as children of Greek immigrants, both Professor and Mrs Tatoulis are strong supporters of the power of education.

“My parents barely completed primary school… [Elizabeth’s] father came as a 14-year-old by himself to Australia from Greece,” Professor Tatoulis explains. “They came in search of a better life, and particularly to educate their children.”

“We both believe we’ve got to where we are through education, we’ve been very fortunate to be beneficiaries of the wonderful education that Australia has,” Professor Tatoulis says. “Education has been the way that we’ve progressed and transcended social and other barriers, so we believe it’s essential.”
NEW TRICKS: REFLECTIONS ON A LIFE IN MEDICINE AND TERTIARY EDUCATION
BY RICHARD LARKINS

As Professor Richard Larkins explains in his recently released memoir, *New Tricks: Reflections on a life in medicine and tertiary education*, he grew up surrounded by high achievers.

His mother, Margaret ‘Peg’ Lusink, was the first woman ever appointed to the Family Court of Australia, and his grandmother the first ever admitted to the Victorian Bar.

However, it was the footsteps of his father Graeme, a distinguished doctor and alumnus of Melbourne Medical School, he followed after graduating dux of Melbourne Grammar School.

Why medicine and not the law? In retrospect, it was the memory of Graeme Larkins’ passion for his profession that guided a young Professor Larkins towards medicine after his father’s unexpected passing.

“I should not be paid for what I am doing,” Professor Larkins recalls his father saying in *New Tricks*. “I enjoy it so much.”

Being a medical student in the 1960s instilled within Professor Larkins a life-long passion to improve and evolve the medical curriculum, pushing for a greater focus on clinical experience. He graduated from Melbourne Medical School in 1966, collecting 13 of 15 graduate prizes.

Eventually specialising in endocrinology, he would go on to become the James Stewart Chair of Medicine, Head of the National Health and Medical Research Council and Dean of the Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne before being awarded an Order of Australia in 2002.

However, it was the role of Vice-Chancellor of Monash University that would present Professor Larkins with his greatest challenge, and require some new tricks.

“My life was almost completely unplanned,” Professor Larkins remarks in his memoir.

It’s an ode to the vital importance of being open to opportunity: Doctor, academic, researcher, leader and reformer, Professor Larkins’ career is perhaps the definition of distinguished.

NEW IDEAS FOR OLD CONCERNS
BY DEREK PRINSLY

Born 1921, Derek Prinsley witnessed first hand medical developments in geriatric medicine over more than seven decades, many of which he initiated or helped to drive forward. After wartime service as a doctor with the Royal Air Force (RAF), Prinsley practised as a pioneering geriatrician in Teesside and in Yorkshire before moving to Australia in 1976 to take up the Foundation Chair of Geriatric Medicine at the University of Melbourne and the directorship of the newly inaugurated National Research Institute for Gerontology and Geriatric Medicine (NRIGGM), which was to morph into the National Ageing Research Institute (NARI) in 1994. The final five years of his professorial career were spent in Galveston, Texas from 1986–1991 and he also consulted extensively for the World Health Organization. Now he finds himself caring for his wife who had a stroke.

Prinsley has produced a fascinating autobiography, with many insights about the practice of geriatric medicine. As a young man he met both Wilfred Thesiger, author of *The Empty Quarter*, and John Christie, founder of the Glyndebourne Opera Festival, and he is one of a very small band of surviving RAF veterans actually to have flown in the cockpit of a Vickers Wellington.

Of all the important developments in clinical care, teaching and research which he oversaw in his career, is the 1984 inception of Geriatric (later Aged Care) Assessment teams, which determine whether older people with chronic disabilities need to receive government subsidised residential care.

The erudition and charm of its author shine through on every page and there is something here for everyone, whether it be accounts of medical practice in the 1940s, the social milieu of South Texas in the 1980s or a consumer’s perspective on geriatric medical and home support services in the second decade of the 21st century.

David Ames
Book Review Editor International Psychogeriatrics, Director National Ageing Research Institute and University of Melbourne Professor of Ageing and Health, Parkville, Victoria, Australia
WHAT’S ON IN 2015

MEDICAL HISTORY WORKSHOP
22 AUGUST 2015, 11AM - 3PM
The Hub, 4th floor, Melbourne School of Population & Global Health, 207 Bouverie Street, Carlton. Lunch provided.
RSVP: 14th August 2015, yahoo22@gmail.com

COMPASSION AND COURAGE: DOCTORS AND DENTISTS AT WAR
EXHIBITION FROM
24 APRIL 2015 – 16 APRIL 2016
Medical History Museum
Level 2, Brownless Biomedical Library, Parkville

LONDON ALUMNI COCKTAIL PARTY
MONDAY 6 JULY AT 6PM
Rebecca Hossack Gallery
2A Conway Street
Fitzroy Square
London WIT 6BA
Email alumni-mms@unimelb.edu.au for more information

THE UNIVERSITY OF MELBOURNE ANZAC CENTENARY LECTURE SERIES
A series of free multidisciplinary lectures to celebrate the ANZAC centenary
www.events.unimelb.edu.au/tags/4140-anzac-lectures

SINGAPORE ALUMNI REUNION
MONDAY 13TH JULY AT 6PM
Fullerton Bay Hotel
La Brasserie Restaurant
80 Collyer Quay,
Singapore 049326
Email alumni-mms@unimelb.edu.au for more information

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