



RADIUS

Newsletter of the University of Sydney Medical Graduates' Association

Volume 13, Number 3
October, 2000

Editorial

Since the previous issue of *Radius* appeared, the Medical Graduates' Association has had yet another of its Annual General Meetings. An inevitable consequence is that the Association now has a new Council, although several former Councillors continue to serve upon it. As those graduates who take an interest in the activities of the Association will know, the outgoing Council distinguished itself by achieving some important goals during its term of office. In doing so, it set a standard that the incoming Council members will have to work hard to match. Fortunately, a continuity of policy should prevail, and an enthusiasm to carry forward existing projects as well as developing some new ones.

Perhaps the two outstanding recent achievements are the completion of the furnishing of the Graduates' Room in the Anderson Stuart Building—"The Old Med School", as many remember it; and maintenance of the continuity of Reunions, in which most of us indulge from time to time. Relatively few of our members have, presumably, as yet visited the Graduates' Room. That is an omission that all should seek to rectify promptly. The refurbishment of that Room is an achievement of which we can all be proud. By undertaking the project of enhancing what many older graduates will recall as the Reading Room of the former Burkitt Library, the Association has made an important

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Reflections of a Life-Long Learner

An edited text of the Lambie-Dew Oration given earlier this year by Ann Sefton

It is the greatest privilege the Medical Society could have bestowed on me to invite me to give this Oration. I am all too conscious of the galaxy of Nobel laureates, distinguished clinicians, researchers and lawyers that I join, and I confess to being daunted by the task. I never imagined when Ian Cooke and I nervously organised the first of these orations that I might be up here again, actually delivering it!

One of the privileges of the Oration is the opportunity to speak in this Great Hall. With the quadrangle outside, it represents one of the most easily recognisable icons within the University of Sydney. For graduates, it is a

special ceremonial place, and the students here tonight can look forward to receiving their degrees in this Hall. The graduation ceremonies earlier this year were particularly memorable, since the last substantial cohort was graduating from the six-year undergraduate medical program. We were privileged to hear two good addresses. The first, from Chris Sidoti [see page 14 - Ed] dealt with issues focusing on the then

impending reconciliation events. It was only later that several graduating students commented that the message was inappropriate and irrelevant to them. If anything ever convinced me that we had needed to change, it was this! For six years, we had clearly managed to deliver many facts to these highly intelligent individuals, but we had failed *completely* to educate them broadly, arouse their humanity or even encourage the realisation that poverty and injustice are relevant to health.

Along with my contemporaries, though, I do have rather less happy memories of this Hall since it was used over many

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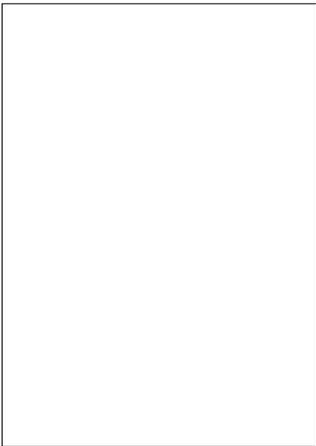
contribution to the ennoblement of the whole of the Anderson Stuart Building, albeit an ennoblement accompanied by the vested benefits that graduates will themselves derive from the future enjoyment of using their Room.

The long-overdue redecoration of the Anderson Stuart Building as a whole should stir strong pangs of sympathy in the hearts of many. Far too many cohorts of Sydney medical (and related) graduates recall that edifice as a drab and deteriorated chunk of stone. It clearly had inspired architects. Even the most philistine of medical students could discern grandeur in the sweeping lines of its massive spiral staircase. You doubtless will immediately recall that structure - the one that is neither internal nor external - the one that curls up flamboyantly from the central courtyard to emphasise that this building was a unique achievement for Australian construction in the somewhat prosaic age in which it was built. Now, fortunately, most of the detritus of a century that for so long littered corridors of the building has gone. Fresh paint; cleaned portraits, glimpses through half-open doors of well-appointed lecture rooms, laboratories and offices; and tidy lawns to replace the former ragged surroundings: these have all revitalised the whole. And not before time too, most of us would say.

That the Association can assist the University in undertaking such material works provides it with an important justification for its existence. That it can, furthermore, assist groups of graduates to organise their Reunions gives it an additional justification. It need not, however, restrict itself to such activities. Australian graduates seem almost to have a national aversion to participating in alumni associations. Many who have attended American universities find that an extraordinary characteristic. There is no doubt that one's university years are immensely influential in shaping the sort of person that one will remain for much of the rest of one's life. One remains friends with (a few at least) of the people whom one met at that perhaps most outward-looking phase of one's career. One remains a rival, perhaps, of occasional others; but it

is always a different type of rivalry from those that develop at other times of life. As likely as not one's lifelong domestic partner(s) will be some person(s) whose acquaintance one first made at or shortly after leaving the university. Many people have excellent reasons to treasure and relive their memories of university days. Alumni associations provide them with a simple means of doing that. A challenge, however, that faces all Australian alumni associations is how to make themselves relevant to a broad range of their members.

A principal reason for the existence of this newsletter, *Radius*, is to provide a medium through which members can express their thoughts on almost any subject that grips them. We have almost 10,000 living medical graduates, and so almost 10,000 members of this Association. If a topic excites one member the chances are that at least one other, if not a few thousand others, will also find it interesting. *Radius* is your magazine and you are welcome to contribute to it. The Editor would encourage members to forward Letters to the Editor, obituaries, social snippets, announcements, news items, gripes (about the cosmos, the University, medicine, or whatever) for publication. If they are intelligent, non-defamatory and stirring, he will give them all reasonable consideration. Thus, if you would like *Radius* to reflect the wealth of interests of Sydney graduates, then you are invited to use it to express and address them. That is one way in which the Association perceives that it can serve you.



Charles George, a renal physician, is the new Editor of *Radius*. He graduated MBBS from Sydney University in 1966 and is a fellow of the Royal Australasian College of Physicians. He also holds the degrees of BA(Hons) and MSc from Sydney University.

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Beyond the Olympics

by Stephen Leeder

What a year this is! With the Olympics behind us, and having celebrated with a three week break, it is disorientating now to be contemplating Christmas! As one journalist put it during the Olympics we were showing off Sydney at its least typical, with half a million Sydneysiders gone bush or overseas! Despite their absence the city was in dazzling form, clean and beautiful beyond imagining, a splendid mix of old and new, for its hundreds of thousands of national and international visitors.

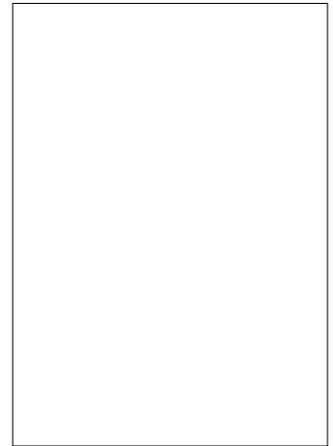
On the University campus, scaffolding that had been supporting engineers and builders in their work to renovate the clock tower near the Great Hall was removed for the Olympics. Some of the scaffolding will now return to permit the repairs to be completed. But when the work was in full swing, the Vice-Chancellor had the scaffolding draped on the Sydney side in white, rather like a Christo wrap. An evening show of blue lasers was beamed from the roof of the Fisher Library opposite onto it. It promoted, as one might expect, the work and image of the University - and it was lively, witty, flexible and good fun! There was a nice irony as the ultra modern lights and motifs danced against the shrouded sandstone tower that houses the University's ancient clocks and carillon.

The 9 September issue of *The Economist* carried a 16-page survey on Australia, inspired by the Sydney Olympics. Titled "Spot On", it explored how our lucky country was travelling. We had mixed old industries with new in interesting ways, it said. Our old extractive industries (iron ore and coal) and agriculture are still vital. But new technology applied to them, everything from making wine to developing pacemakers, is pushing us forward. We are doing well with 'something old, something new'.

And so we are as a medical school and as a university. One recent chilly but clear late Saturday morning I had the pleasure of welcoming 70 doctors and their spouses who had been members of the AMA for half a century or more to the University. Professors Cris dos Remedios and Roger Dampney organised the visit. First we toured the 'old medical school', the Anderson Stuart Building, parts of which have been refurbished in recent years. Missing was the once familiar smell of formalin, but new dissecting rooms and superbly refurbished anatomy museums provoked memories, reinforced by photographs and other memorabilia.

Lunch, hosted by the NSW Branch of the AMA, followed in the University Union, now named the Holme Collection. At the lunch Dr Robin Napier was installed as secretary and Dr Michael Ridley as the new president of the NSW Branch. Dr Kerryn Phelps, as the new national president, presided and gave a medal to each of the fifty year members. It was a grand occasion, a fine way to warm the heart on a chilly Sydney winter Saturday. Dr Keith Harris, known for his sterling work in tuberculosis control over decades, spoke on behalf of his fellow medal recipients. Within walking distance of where Keith was speaking, Professor Warwick Britton and his colleagues are pioneering new approaches to the genetics of TB and leprosy with a vaccine as the shining goal.

The lasers on ancient stones are a metaphor for your University, proud to maintain its tradition, careful of its fabric, but not averse to the joy of the dance of the new at the same time! Feeling a bit ancient? Stop by and see us, and we'll convince you that that's fine, so long as you also take delight in, and make excellent use of, the best of what's modern!



**Professor Stephen Leeder,
Dean, Faculty of Medicine**

President's Report

At the recent Annual General Meeting of the Medical Graduates' Association, Barry Catchlove was elected to succeed Katrina Loveridge as President. This is Katrina's last President's Report, and is an edited version of the address she delivered at the Annual General Meeting.

This year has been particularly rewarding as President of the Medical Graduates' Association as many long-term plans are finally coming to fruition.

A few years ago a simple five year plan was devised for the Association. It focused on improving support in four main areas: graduate services; education and assets within the Faculty; students in financial need; and administration of the association. Whilst it is pleasing that we have made some inroads in these areas, there is still much to be done.

It is important to remember that the Medical Graduates' Association is firstly an alumni body and exists because of graduates and for graduates. I think this was one of the original ideas behind the Medical Graduates' Room, to give the alumni a presence and identity within the Faculty and to find a fitting place as a home for graduates within the heart of the Faculty. It is for that reason that the Medical Graduates' Room has been such a focus over these years. Unfortunately builders being builders, the chairs and tables and fittings of the room, due for completion at the time of this report, are not quite ready but will be arriving within the next month. The room has already generated some practical use as a function room and I think will continue to be a financial asset to the Association. This will complete the first stage of the Medical Graduates Room and as such, is quite a mark of achievement for the MGA.

I feel we are beginning to foster that alumni spirit that is so potent in the USA. One of the most important roles of the Association is to keep the graduates informed of each other and the University and we have traditionally done this through *Radius*. Over the last two years we have directed the content to focus more upon graduates and have increased the number of issues. The quality and quantity of each issue has also increased. As a result there is far more recognition, readership amongst graduates and positive feedback and has generated more involvement of graduates on an individual level.

Another initiative for graduates has been corporate benefits with the Hyatt chain, Thrifty and hopefully Ansett. However, probably the most successful service instigated this year for graduates has been the employment of the reunion coordinator, a role adopted by the association's secretary. Of the three reunions organised to date there have been only glowing reports. Each of these groups has subsequently donated proceeds to the MGA.

We have also tried to foster our relationship with the undergraduates. Over the last two years we have awarded book grants for students in financial need and this year that has increased. We envisage that this will expand to include computer grants and other scholarships.

The Graduates' Fund is just being launched as an investment fund for the Association. It is hoped that this fund, the result of graduate donations, will provide perpetual income (without encroaching upon any capital) to dedicate yearly toward certain projects within the Faculty but particularly toward students in financial need and educational resources.

Lastly although every association does not like to dedicate funds toward administration it does become necessary with increasing activity. One of the greatest assets the Association has acquired this year has been a part time secretary, Clarissa Chaloner. Without her help this year there would have been very little achieved and I would like to take this opportunity to thank her personally particularly as she was somewhat thrown into the deep end as I was interstate for a large proportion of this year. With her help the database is being steam-lined, an office within the Faculty has been acquired and the day-to-day administration has become infinitely more efficient. There is however, as with other areas, still much to be done.

This year I will be resigning as President and I would like to thank a few key people. In particular, Stephen Leeder, who has provided sound advice and encouragement. Tom Rubin, who has always had an answer for my questions and come to my aid numerous in times of crises. The staff in the Faculty Office for helping out, especially prior to Clarissa joining our ranks, and also to Council. There are a few members on council who also deserve a special mention, Ann Sefton for her efforts with *Radius*, David Duke for his work with the Medical Graduates' Room and with *Radius* and Johnathon Stone for his input with the Medical Graduates' Room.

It has been a pleasure and very satisfying to see the MGA inch closer to becoming a successful alumni association. I think Professor Baird, who first co-opted me onto the committee and who had great belief in the Association would be pleased. There is still much to be done however and I hope that this last year has just added a few more bricks to the foundation.

Forthcoming Reunions

Note that the "Graduation Year" is the year in which your graduation ceremony was held. For most Sydney University Medical Graduates, the graduation ceremony was held in March, April or May of the year following their final examinations.

1940 Graduation Year

The 1940 medical graduates are holding a reunion luncheon on Sunday, 5 October 2000 at 12.00 noon at Curzon Hall, Marsfield NSW.

Contact: Dr Bill Scales
10 Sherwood Terrace, Glen Osmond SA 5064
Phone: (08) 8379 4814

1951 Graduation Year

The 1950 Medicine VI Reunion Committee is holding a 50 year reunion luncheon for graduates of 1951 on Friday, 17 November 2000.

Enquiries to: Dr Eleanor Dawson
5 Greendale Avenue, Pymble NSW 2073
Phone/Fax (02) 9144 1358

1955 Graduation Year

The 1955 medical graduates are holding a reunion dinner on Saturday, 18 November 2000 in The Great Hall.

Contacts: Dr John Wright
Mobile: 0416 280953
or
Clarissa Chaloner, MGA Co-ordinator
Phone: 9590 4219

1956 Graduation Year

The 1956 medical graduates are organising a 45 year reunion. The reunion is a luncheon to be held on Saturday, 7 October 2000.

Contact: Dr John Alam
Phone: (02) 9389 7976 or (02) 9130 5678

1966 Graduation Year

The 1966 medical graduates are organising a 35 year reunion, to be held on Saturday, 27 January 2001, at the Novotel Hotel, Brighton Beach, Sydney.

Contact: Dr Paul Lancaster
Phone (w): (02) 9382 1047
E-mail: p.lancaster@unsw.edu.au

1971 Graduation Year

The 1971 medical graduates are organising a 30 year reunion. It is to be held on Saturday, 10 February 2001.

Contact: Dr Keith Hartman
Phone: (02) 9968 1266
Fax: (02) 9968 2756
E-mail: keith@amicus.net

20 Year Reunion

by Judy Kirk

The 1980 Medical Graduates had a very successful 20 year reunion, held at the University on 6 May 2000.

After a great deal of work tracking down wandering graduates, the evening finally arrived. It began with drinks served in the Nicholson Museum, though the lively chatter drowned out the notes of the harpist in the background. It was a very difficult task to move large groups of friends intent on catching up as quickly as possible to a wonderful dinner held in the restored McLaurin Hall.

The evening was conducted with the minimum of formal proceedings, but was greatly enhanced by an hilarious review of the year's personalities (with amazing slides) presented by Ron Grunstein. There was still plenty

of time to renew old friendships, and the requests for "no loud band" and "large print name tags", though perhaps a sign of age, were successful suggestions. Some poor souls were caught up by work at the last moment, and missed the night. Perhaps one of them, Kim Slater, best illustrates satisfaction in the mid 40's with this paragraph, which was included in a book published for the night: Kim says, "Hair grey and thinning. Hobby: Orthopaedic Surgery. Wonderful wife. Two beautiful kids. Golf Handicap 8. Happy." Sounds alright!

Thanks to the Medical Graduates' Association for great help with co-ordination and organisation. We'll do it again soon!

Sydney Graduate New Leader of Asia Pacific Orthopaedic Association

Robert ("Bob") Bauze graduated from Sydney University in 1964 where he was, for several years, medical representative on the Students Representative Council and busied himself with various student activities including the old Aboriginal Scholarship Scheme.

After internship at Wollongong, Bob moved to Adelaide for surgical training. He also trained in London and Oxford. He has practised orthopaedic surgery in Adelaide since 1973. He is currently in private practice in Adelaide, is the Director of the Department of Orthopaedics and Trauma of the North Western Adelaide Health Service, and is Clinical Associate Professor and Deputy Head of the Department of Orthopaedics and Trauma of The University of Adelaide.

Bob has always had a keen interest in Asia, particularly Malaysia and China, but especially Myanmar (Burma) where he has conducted training programmes and organised travelling fellowships to Australia on and off for 25 years.

His election to Presidency of the Australian Orthopaedic Association, representing about one thousand

surgeons, reflects the long standing interest that Australian orthopaedic surgeons have had in Asia and the Pacific and their long term involvement in training and exchanges with countries in the region.

Concurrently with his Presidency of the Australian Orthopaedic Association, Bob is President of what was, until a few weeks ago, the Western Pacific Orthopaedic Association (WPOA). He was elected to the Presidency of the WPOA in Fukuoka, Japan, in November 1998, having been on its Council for 16 years. The WPOA was founded in 1962 with member countries of Japan, Korea, Taiwan, Hong Kong, Vietnam, Thailand, Malaysia, Myanmar Singapore, Indonesia, Philippines, Australia and New Zealand. Bob says that the most difficult political exercise he has ever performed was to get the name changed to the Asia Pacific Orthopaedic Association, with the admission of more member countries. "It took more than five years," he said "to lobby the 46 Council members from East Asia and Western Pacific, until an almost unanimous decision was reached at a special Council meeting on the Gold Coast on 9 April 2000." The Association is now the Asia Pacific Orthopaedic Association and India, Pakistan and China are new member countries.

Bob is looking forward to developing the APOA further with the admission of more member countries during the remainder of his Presidency which culminates in the Triennial Congress of the Association planned for Adelaide in April 2001. The organisers anticipate that up to 1500 Orthopaedic Surgeons from the Asia Pacific region will attend.

When asked why he does it, Bob reports his belief in the importance of Australia being part of Asia Pacific and that it is up to individuals to make a difference. He also quotes from one of his Indonesian orthopaedic colleagues, Professor Chehab Hilmy from Jakarta who expressed it as "to make the world a better place".

New MGA Council

Elected at the Annual General Meeting in July

President	Dr Barry Catchlove
Vice-President	Dr Katrina Loveridge
Treasurer	Dr David Duke
Secretary	Dr Andrew Eakin
Editor of Radius	Dr Charles George
Council Members	Dr Gaston Bauer
	A/Prof Jill Gordon
	Dr Keith Hartman
	A/Prof Richmond Jeremy
	Prof Paul Seale
	Prof Ann Sefton
	Dr Choong-Siew Yong
	Prof Stephen Leeder (<i>ex officio</i>)
	Prof Jonathon Stone (<i>ex officio</i>)

Ms Clarissa Chaloner is the MGA's Co-ordinator.

Biochemistry

by Campbell Thompson

Despite officially being in the Faculty of Science in the College of Sciences and Technology, the Department of Biochemistry still provides a large part of the pre-clinical training for medical students at the University of Sydney.

As well as teaching, the department has an active medical and scientific research focus. The Combined Degree Programme provides a means for students to complete a Ph.D. in Biochemistry in two years, usually between the second and third years of their medical studies. Over the last 20 years, the advent of molecular medicine has expanded the Biochemistry Department's research profile that now boasts projects involving protein crystallography, enzymology, nutrition and metabolism, molecular biology and molecular biotechnology. The Human Nutrition Unit, one of only two in Australia, also is involved in basic research, clinical trials and public health. The Department has an impressive number of project grants currently funded by industry, the Australian Research Council and the National Health and Medical Research Council (greater than \$3.5 million per annum). Some recent projects have gained media attention, including:

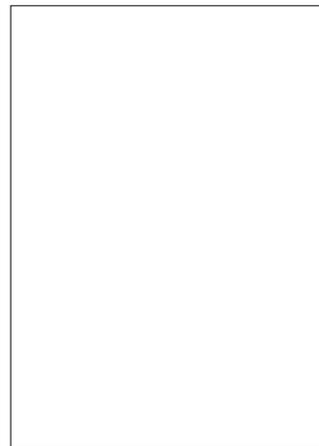
- the synthesis of an analogue of human skin;
- a web page to assist athletes identify the key nutritional elements of their meals in the Olympic Village;
- a rapid and cost-effective test to diagnose different sorts of leukaemias;
- the molecular mechanisms of epigenetic modification and how these mechanisms influence phenotype;
- the development and implementation of labelling of common foods with their glycaemic index; and
- the introduction of magnetic resonance (MR) spectroscopy as a diagnostic and research tool to study metabolism *in vivo*.

High resolution MR has been used in the Department to define cell structure and

to characterise funnel web spider and platypus venoms but the widespread installation of whole body magnets inside Australian hospitals has increased the availability of both MR imaging and spectroscopy of humans. MR spectroscopy is a non-invasive technique that delivers, within a few minutes, the concentrations of particular chemicals from an organ *in vivo*. This technique can replace muscle or brain biopsy in some conditions and is especially useful when such a biopsy could harm the patient. For example, the causative organism of a cerebral abscess can be identified by MR spectroscopy in a matter of minutes. Treatment can thus be initiated much sooner and patient morbidity is less. MR spectroscopy can also deliver a neurological prognosis after head injury, drug overdose or birth asphyxia.

The application of MR spectroscopy to paediatric research also has advantages, allowing research to proceed that would otherwise be ethically impossible. Using MR spectroscopy, we have related cognitive ability to brain biochemistry and this increases our understanding of the location and type of pathology present in conditions such as developmental dyslexia, Williams syndrome and muscular dystrophy. Skeletal muscle is important in the regulation of blood glucose and lipid concentrations. Our research on muscle metabolism in childhood has shown that familial and anthropometric associations exist that predict the risk of developing obesity or insulin resistance in adult life. We can thus identify, at an early age, those subjects who need to diet and exercise more intensively.

An understanding of metabolism and molecular biology is a fundamental part of medical education. Productive, patentable research embracing new technologies is a large part of our role within the University, but teaching basic science and cutting edge biochemistry using the latest Web-based tools is also a priority.



Campbell Thompson graduated from Sydney University with BSc(Med) 1980, MBBS 1984, and MD 1993. In 1991 he completed advanced training (FRACP) in nephrology at Concord Hospital. He graduated in Biochemistry (DPhil) from Oxford University in 1996. Since returning from Oxford he has worked as an NHMRC RD Wright Fellow at the Department of Biochemistry.

Concord Hospital

by Emily Hibbert

Emily Hibbert graduated MBBS (Hons) from Sydney University, became a Fellow of the Royal Australasian College of Physicians in 1997, practises as an endocrinologist and supervises the Clinical School at Concord Hospital.

After four years, we are shortly to see the first results of the Graduate Medical Program. The first cohort of graduates start internship at the beginning of 2001. Many eyes will be upon them to see how they fare in comparison with interns of other medical programs.

We are finalizing preparations for the last section of the Graduate Medical Program, the preinternship (PRINT) term. This is an eight week immersion experience for students, who are assigned to a team in a specific discipline, to prepare them in the day-to-day workings of internship. They will have few formal teaching sessions but will be expected to work as a member of the team and take on 50% of the intern's patient load, caring for those patients under the supervision of the more senior members of the team. They will require more supervision than the interns and will, of course, not have the ability to prescribe medications, etc. It will be an opportunity to confirm that they know how to order tests, chase results, liaise with other medical and allied health professionals and polish up their procedural skills. It should assist in ensuring a less stressful transition to internship.

It has been a challenge to have six years of medical students in the hospital simultaneously. We currently have the last two years of the Undergraduate Medical Program at Concord in addition to the four years of Graduate Medical Program students. Next year will be the final year of the Undergraduate Medical Program and we will return to four student years after this. As ever, we are dependent on a vast team of tutors from both within and outside the hospital, giving up their time freely. We are indebted to these people, the vast majority of whom are unpaid for their tutoring.

There are some exciting developments afoot at Concord Clinical School. Plans have been drawn up for a new Medical Education Centre at Concord. There is a need to expand the educational facilities for students and junior doctors, particularly with the imminent threat of losing ward facilities for patient-based student teaching through upgrading of

the hospital and the required decanting of patients into some of the older wards. Fundraising is in progress through the Marketing Office of the Hospital to enable building to start as soon as possible. The plans include a 60-seat lecture theatre, a versatile multi-purpose area for use in patient-based teaching sessions and clinical skills sessions as well as tutorial and computer rooms.

The new building will be situated at the northern end of the Clinical Sciences Building, directly opposite the brand new ANZAC Research Institute which was completed and became operational this year under the leadership of Professor David Handelsman. With the library, ANZAC Research Institute and current Clinical Sciences Building, it will form a new educational precinct.

Last year, under the leadership of the late Professor Geoffrey Marel, the Concord Clinical School Research and Assessment Committee (CCSARC) was formed. The aim of this committee is to perform research into Medical Education both in the medical student and postgraduate years. It already has an article in press with Medical Education regarding levels of confidence and competence of Postgraduate Year 1, 2 and 3 doctors in performing various procedures and dealing with specific clinical situations following a study last year. CCSARC was successful earlier this year in obtaining a grant from PGMC for further study.

There have been some staff changes relating to the Clinical School over the last year. Professor Michael Field has taken on the Chair of Medicine at Concord and Professor Robert Lusby has taken over from Professor Ben Freedman as Sub-Dean of the Clinical School. We are grateful for the input and leadership from both of them.

The other change this year has been the addition of Ms Carolyn Towle to the Clinical School office. Fresh from completing an IT degree at UTS we have been extremely fortunate to have her with us. With the aid of her superb computer skills, she is helping to revolutionize the running of the Clinical School office.

Ryde Hospital

by Alex S Bennie

I enjoyed my undergraduate education through the major teaching hospital program. It was not until after graduation that I realised that there were benefits for students in being seconded to smaller hospitals as part of their general medical education. In my career as a medical administrator I have had the opportunity of associations with three of these, all of them associated with Sydney University.

Teaching at the Mater Public Hospital, North Sydney, was excellent. Before its closure this hospital had the same high calibre medical educators as any of the major teaching hospitals. Students were well received by both the medical community and the nursing staff. Patients were always willing to accommodate students' needs. There was adequate opportunity for students to intermix in a social context with all disciplines within the hospital, aiding the necessary interaction for students to feel part of the team. The loss of the Mater as a teaching hospital some years ago contrasts with the recent focus of the Graduate Medical Program which uses a broad range of teaching facilities: not merely in major metropolitan hospitals but also in private and smaller public hospitals and specialist units.

When I went to Manly the teaching role was informal. It especially drew interested overseas students for lengthy periods of time (mainly because we didn't charge them very much). With enthusiastic and intellectually stimulating medical staff, Manly became a full teaching hospital in 1989. Credit must go to all concerned, students and teachers alike, for fostering the teaching of medicine, surgery and specialist areas. Academic departments at Manly reflect the recognised benefits of the University association. Thus they have experienced the introduction of a formal program of graduate student teaching in such an environment.

Now, I am very pleased to see that Ryde Hospital will be taking graduate medical students in the year 2001. The clinical material and the small but intimate relationship between staffing, patients and students at this hospital is self-evident. Students have long appreciated the co-existence of education and clinical expertise which such environments offer. I have been pleased to have been associated with this diverse range of metropolitan hospitals for most of my management career and proud to be associated with the development of their university linkages.

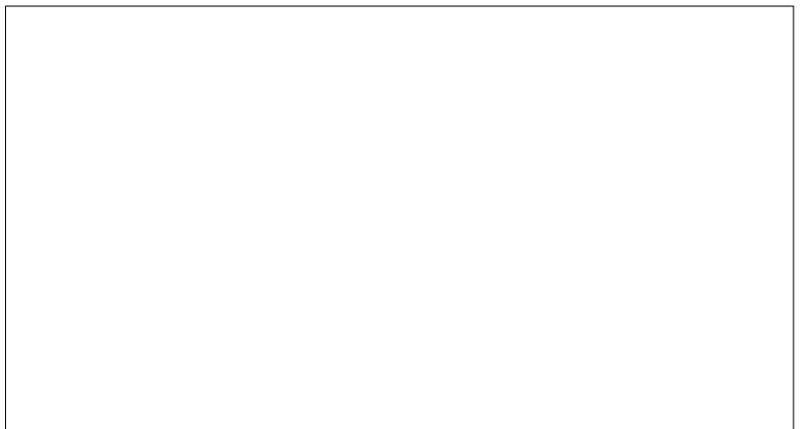
Alex S Bennie graduated MBBS from Sydney University in 1974, and as Master of Health Planning from the University of NSW in 1981. He is a Fellow of the Royal Australian College of Medical Administrators, and also holds a Master of Business Administration degree. He trained in Paediatrics in Sydney and in the United Kingdom before becoming Assistant Superintendent of the Mater Misericordiae Hospital at North Sydney. More recently he has been Executive Director of Manly Hospital and subsequently of Ryde Hospital.

Second Ivy Lew Oration

by Kim Oates

The second annual Ivy Lew Oration was held in the Lorimer Dods Lecture Theatre at the New Children's Hospital on Thursday 30 March 2000. The Oration is sponsored by Dr William Lew, a graduate of this University, in honour of his mother Mrs Ivy Lew. Dr Lew was also one of the founders of the Sydney University Graduates' Union in North America (SUGUNA).

An inspiring oration "Living with the Killers" was given by Professor Doherty, Australia's most recent Nobel Prize winner and 1998 Australian of the Year.



(L to R) Dr Alyson Kakakios, Professor Peter Doherty, Mrs Ivy Lew, Prof David Isaacs and Professor Kim Oates at the Second Ivy Lew Oration.

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years for exams. They were often in August, when it was always very cold. Then there was no heating at all, and it was not unknown to see shivering students writing in gloves, with feet on hot water bottles or wrapped in rugs. Some of us perhaps hoped that the wooden angels above with their books would provide us with specific inspirations to answer the hard questions on the papers, but I don't think they ever did.

Our earliest University experiences were in sharp contrast with the present students who engage early with the medical faculty and the hospitals. In First Year, with no contact with medicine at all, we trudged from lectures in Zoology across to the Physics building, to the Wallace Theatre for Botany and into a range of theatres around the quadrangle for Chemistry. At that time, there were few paved roads, so you can imagine the delights of ploughing through the mud on wet days. Clearly, the novel idea that it was easier to move one lecturer every hour than about 400 students had not occurred to the powers that be!

Our Third Year lectures were held in the Anderson-Stuart Building, known as the "Old Med School", in theatres now gone – the Vesalian, Anderson-Stuart, Hunterian and Listerian. Their wooden seats were acutely uncomfortable and the whole building was cold all year, with a pervading miasma of formalin. We carried out biochemistry, histology and physiology practicals with antique equipment, some of which was brought out by Anderson-Stuart himself from Edinburgh when he arrived in 1883 to take up the deanship at the ripe old age of 26.

The Blackburn building (then the "New Med School") had, and has, few redeeming features for staff or students, perhaps the only one being that it is the home of the Medical Society. In those surroundings we started learning about the para-clinical and clinical disciplines and got very fit climbing the stairs since none of us trusted the lifts. Current students are at least spared the atrocity of the "Barn" – an aptly named huge, echoing lecture hall built of corrugated material that predated the present Bosch Buildings. It had all the charm of the so-called Transient Building opposite the Edward Ford Building.

The more romantic buildings in this institution were erected during the nineteenth century when teaching was didactic and before modern teaching aids or even electricity were available. Retaining the heritage values of those buildings while adapting them to modern uses for teaching or research is both difficult and enormously expensive. Unfortunately, it seems that Australian benefactors do not want to provide new buildings – a great pity given the importance of having appropriate environments for academic excellence to flourish.

Staff

Turning to the theme of people, it is the staff and students who are obviously the greatest strengths of this medical school. Medicine is a diverse Faculty: staff may be basic scientists, clinicians, or those taking broader views of health delivery and public policy. A new collegiality across the Faculty and indeed between other health faculties has been emerging through shared enterprises in education and research. Unfortunately, financial stringencies imposed by Government policy have tended to divide us as we compete for scarce resources. We have to find ways of maximising our collegiality and minimising conflicts.

I recall some of my university and clinical teachers with real affection, a few with awe, many others with much gratitude. My black-list is quite short and it includes those who were uninterested in students' needs, those who were sarcastic or destructive, a few who were unfair and some who let us down consistently. More of them were responsive, helpful and effective. I will not single out those who influenced me profoundly, as there are too many of them and I would risk offence.

I want to draw attention to the continuing willingness of those with hospital appointments to contribute to teaching. For this School's first fifty years, that was the sole source of clinical education. Without this contribution, clinical education would be of poor quality, or very infrequent, and all of us who graduate from Sydney owe a considerable debt to them. Such a generous commitment by so many has been an essential resource for the Faculty. That contribution is neither well understood nor properly valued by Governments, by the University or even by parts of the Faculty itself.

As a student, I recall that I did not have a single lecture from a female member of staff, although we were taught by several helpful and friendly women in laboratories and all my school teachers had been women. I later spent some years as the only female academic member of staff in the Department of Physiology. That was at times lonely and somewhat difficult. I learned the value of mentors the hard way. We have come some distance in gender equality, but I would agree with Mary Gaudron's comments that there is still some distance to travel in academia, as in law.

Teaching and Learning

I have obviously had a keen interest in the educational changes that have occurred since I first walked up the hill into this institution. I was then sixteen, tossing up whether to enrol in medicine, arts or science. At that time there were no limits to enrolments. The minimum requirements were very modest. Commonwealth Scholarships provided many with access to a university education that might not otherwise have been possible.

The most striking recent change of focus has been from stressing teaching to thinking about learning. We encourage life-long learning. Effective learning and critical reasoning are now valued above memorisation and recall. We now focus on clearly defined outcomes, and we recognise and seek to reward effective teamwork and shared enterprise amongst students. In earlier times that sharing was often regarded as plagiarism.

Skills, broadly defined, are now explicitly taught, not left to chance: including communication, clinical examination and information literacy. In embracing the use of information technology to support learning, we have not replaced the face-to-face experiences so essential to a people-centred area of study, but have used the technology to provide a rich set of resources.

In any medical curriculum there are concerns about content, and how novel molecular and new genetic understanding will be accommodated. Our new programs in both medicine and now dentistry have been designed to make educational evolution possible, although it will always be difficult to remove any element in the face of new knowledge.

One of the most important elements for good learning is a strong collegiality amongst staff and students. I am particularly pleased to see that the Medical Society retains its vigour. I regard highly those students who seek to put something back into the educational process or into the institution. Amongst them, I would particularly acknowledge a stalwart band from the six-year program who contributed generously to developing a course from which they themselves would not benefit. We still have plenty of such contributors in the GMP and they carry on a noble tradition.

Life-Long Learning

In commenting about those changes, I am to some extent tracing my own university experiences and on-going learning. I did acquire a great deal of academic knowledge as a student here, despite the many inadequacies of the system. I would have to say that the BSc(Med) year spent in research – essentially self-directed, tackling new problems with minimal but supportive guidance – was undoubtedly the high point for me. However, I probably learned just as much from extracurricular activities, most particularly with the Medical Society and the Students' Representative Council. The most stimulating challenges came from working for the establishment of the University Health Service and the first child care centre. The social and political lessons I learned then have stood me in good stead through countless committees, boards and projects over the years.

Since joining the staff I have continued to learn a great deal in developing or modifying educational activities,

through active inquiry, and research in neuroscience. I am still on a sharp learning curve in dentistry! Much of my learning, however, has not come from formal sources, but rather from interactions with family, colleagues and students (especially those I've supervised for honours and higher degrees) and it has indeed been life-long.

Research

In my student days, research here in Medicine was not a high priority. The PhD was still a relatively new degree. Gus Nossal, a towering alumnus, still talks wryly of the surprise caused by his decision to enter research rather than undertake the more conventional path of physician training. Many of my past and current colleagues as well as many of our former students have contributed solidly to the growing reputation of Sydney as a leader in medical research.

The future holds promise if we can transcend individual enterprises and embrace multi-disciplinary collaborations. Excellence is unachievable across all areas so we must be selective. We have to second-guess the directions for future developments offered by the new technologies and the revolutions in biomedical science, not just apply strategies that have worked so far. It is not easy.

Many ethical issues still await resolution – especially in molecular genetics. Sophisticated biomedical technology and targeted pharmacological agents hold exciting prospects, but they pose new threats because of ever-increasing costs. Can this ageing society afford good quality health care for all? How can we move towards access that is fairer, more just and based on need? Who will decide on professional and community priorities? How can we resolve conflicts of professional interest? There will be no shortage of big scientific, medical and social questions to tackle.

I finish by pondering on what Lambie and Dew would make of today's students in the new, University of Sydney GMP. I dare say they would regard them as insufficiently deferential, too informal altogether, and probably inappropriately dressed: but they might well say the same about many of the staff! I like to think, however, that they would be impressed by their breadth and diversity of educational backgrounds. They would value their communication skills and reasoning capacities. Dew in particular would be pleased to see the Faculty's research tradition being maintained by those in the combined degree program. Lambie would recognise the emphasis on systematically developing clinical skills, although he might demand even more rigor in the process!

I thank you for coming, the students for their invitation, and in particular, I acknowledge the support of *all* the students and colleagues I have known over the years.

Graduation Day, 2000

On Thursday 25 May this year two graduation ceremonies were held for the University of Sydney Faculty of Medicine. These were followed in the evening by the Graduation Ball. Here we reprint in full the Graduation Addresses given and a report on the Ball.

Judith A. Whitworth

Professor Judith Whitworth is Director of the John Curtin School of Medical Research at the Australian National University in Canberra. She is a graduate of the University of Melbourne (MBBS 1967, MD 1974, PhD 1978, DSc 1992). She trained as a renal physician in Melbourne, Adelaide, Paris and London, and has subsequently held a Chair of Medicine at the University of New South Wales, at St George Hospital, and been Chairman of the Medical Research Committee of the NHMRC.

Chancellor, Vice-Chancellor, Deans, Directors, distinguished guests, Faculty, graduates, ladies and gentlemen. First and most importantly, congratulations to all the new graduates whose intellect and endeavour have combined with support from family and friends to make today possible, a day which represents one of the most important milestones in your lives.

I'm not going to succumb to the temptation to tell you that these are the best days of your lives and indeed I hope that there are still better things to come and many of them. I am not going to talk too much about when I was a girl, when you could walk barefoot on Sydney beaches, but I can't resist saying this is a wonderful time to be embarking on a career, particularly in science, and I do want to say that when I was a girl the values Australia cherished above all were tolerance and giving everyone a fair go in a society on the brink of massive cultural transformation due to immigration. Today's Australia is diverse in a way we couldn't have imagined in the fifties, and immeasurably richer.

Today is a day for looking to the future. Around twenty five hundred years ago, Heraclitus said, "there is nothing permanent except change". In the absence of a crystal ball, making predictions is chancy, and the best we can do is to position for the future. You can be confident that your experiences and education at the University of Sydney have fitted you to manage a variety of possible futures. Predicting those futures is another matter. A group of scientists got together in the late 1930's to predict major future directions in science. They came up with synthetic petroleum, and synthetic rubber. They failed to predict antibiotics, rocket and space travel, nuclear power, the transistor or the explosion in computer and information and communications technology, let alone R2D2 or the South Park genetic engineering farm.

The Bureau of Industry Economics reporting recently on the performance of Australian science, pointed to the whimsical nature of prediction in science and technology. Charles Duell US Patent Office, 1899, "Everything that can be invented has been invented". IBM 1948, "The computer has no commercial future". Thomas Edison, 1895, "The possibilities of the aeroplane have been exhausted". Astronomer Royal, 1956, "Space travel is utter bilge". That was one year before Sputnik. One of the visions Bob Hawke, aided by Barry Jones, had for Australia, unhappily one that has not yet been fulfilled is that we should become a clever country. This notion recognises the direct relationship between a country's strength in research and development and its wealth generation.

In predicting your futures, I can be absolutely sure that it is the products of research which will shape your lives. So, today I want to speak about health and medical research in Australia. I am reassured in so doing by a recent public opinion poll conducted for the Australian Society for Medical Research which showed that the community strongly endorsed the importance of research to health care in Australia and that people felt Australia should do significantly more medical research.

It is important to recognise that Australian medical and health research, indeed Australian scientific research as a whole, like the Australian Ballet and like the Australian Cricket Team is one of the jewels in the national crown. And my own School, the John Curtin School of the ANU, has a very prominent place. Australia's first Nobel Laureate in medicine, Howard Florey was instrumental in founding the School, and two of Australia's 3 Nobel Laureates in medicine have done their prize winning research in the School, Eccles in 1963 and Doherty in 1996.

Health and medical research is something Australia does very well. Let me quote the PM,

John Howard “Any balance sheet of human progress over the last couple of generations will tell us that there is no area of human endeavour where there has been more success than in the area of medical science and medical research. The unbelievable progress that has been made in that area, all around the world, is something that ought to give us, as human beings, part of the human race, an immense amount of pride”.

Research is original, creative, intellectual activity leading to the generation of new knowledge. Spin-offs come as often as not from curiosity-driven research. When Prime Minister Gladstone visited the laboratory of Michael Faraday and enquired whether this esoteric substance called electricity would ever have any practical applications, Faraday replied, “one day sir you will tax it”. Having spent a couple of years in the bureaucracy, I can assure you nothing is more practical than that. To quote Paul Rogers, a US Congressman who has actively promoted medical research in the US, “Knowledge for diagnosis comes from research, knowledge for treatment comes from research, knowledge for cures comes from research. Medical research is the beginning, the starting point in hope, in efforts to diagnose, treat, or cure the diseases of mankind”. Put more simply, today’s treatment is yesterday’s research. Today’s research is tomorrow’s treatment. A recent article in the prestigious international journal *Science* reminded us that lithium treatment for manic depressive disorder has saved the United States alone, over 145 billion dollars in hospitalisation costs and that the discovery of the role of *Helicobacter pylori* in ulcer disease saves around \$US600 to 800 million annually in treatment costs. What that article did not mention was that both were Australian discoveries. Extrapolating these arguments to this country, it’s apparent that these discoveries alone have led to savings well in excess of the cost of our entire national health research effort ever.

Most Australians rate good health as their number one priority and most Australians accept that medical research must be undertaken to improve and maintain human health. This notwithstanding, we are often asked why Australia should do medical research rather than simply import it from overseas, as we do with so much else. The answers are simple. We undertake research to contribute to world knowledge. We have less

than 0.5% of the world’s population but we do 2.5% of the research. Much outstanding health and medical research has been done in this University. In Australia research is carried out to ensure a broad base of expertise in the professions delivering health care, teaching health care, and administering health care. Research is carried out to ensure a broad base of expertise in biological, behavioural and social science. In this way we can deal with uniquely Australian problems. For example, research into Aboriginal health will never be done overseas; it must be done here. Conditions like melanoma and asthma occur world-wide but are more common in Australia than anywhere else. We do research locally to provide us with local expertise. To respond to new diseases, on-site expertise is necessary- in terms of disease containment the Australian response to AIDS has been outstanding. We have also responded to old diseases — we lead the world in reducing road traffic accident deaths in men, we have been very successful in reducing heart attack and stroke, and we have cut smoking rates in men from 70% during WWII to under 30% today. In case there is anyone here who doesn’t understand the significance of these figures, by 2020 according to WHO, tobacco will be the biggest single cause of death world wide, accounting for 9.6% of all deaths.

Medical research cannot be bought off the shelf or to order. Neither can quality standards in health care. We need a highly trained research workforce with relevant expertise and interest. The critical climate produced by research is the best in which to train young people. You have had that critical climate in your education.

The health and future of Australian research and Australian health care depends on the recognition by all Australians of the importance of research to our culture and to our development. Science and research need advocates. Translation of research into practice may take decades. Research needs a long-term investment and a long-term commitment, and it needs the advocacy of everyone in this room.

Australian health and medical research has a star-studded history. I am confident that it has a very exciting future and I am confident also that there is an equally exciting future in store for today’s graduates. I extend every good wish for the future to you and your families and friends who have helped you make it here today.

Chris Sedoti

Chris Sidoti has been Human Rights Commissioner for the last five years. He came to the position with a long involvement in government and non-government organisations working on human rights and social justice. He has also acted as Race Discrimination Commissioner (1991) and Disability Discrimination Commissioner (1997-99) within the Human Rights and Equal Opportunity Commission.

When asked last year to give this address I was very pleased. I realised it would coincide with the 25th anniversary of my own graduation, this month in 1975, in this same Great Hall. On that occasion the address was given by the then Prime Minister, EG Whitlam; I apologise that I am nowhere near as distinguished.

I thought, when I was invited, I would reflect on how my fellow students and I felt when we graduated 25 years ago and on what we as a generation might have accomplished since then - a general kind of address that is appropriate and customary on these occasions. But the events that will take place in this city this weekend are of such longstanding and continuing national significance that I must speak very specifically about them. On Saturday, over 2000 Australians will gather at the Sydney Opera House for Corroboree 2000, the public event to mark the completion of the decade long work of the Council for Aboriginal Reconciliation. Those participating will include the Governor General, the Prime Minister, the Leader of the Opposition, the leader of the Australian Democrats, federal ministers and shadow ministers and all state premiers and territory chief ministers. They will include almost all the indigenous leadership. Heads of religious communities and community organisations will be there. And many hundreds of ordinary people, indigenous and others.

On Sunday, tens of thousands, hopefully hundreds of thousands, of people will walk the walk of reconciliation across the Sydney Harbour Bridge, which will be completely closed to traffic for only the second time since it opened in 1932. These events are without doubt the most significant events of the decade or more. That is why I must speak today about our need for reconciliation.

The Historical Need for Reconciliation

If we are to understand why we need reconciliation, we must go back to the very beginning of modern Australia, to the day in January 1788 when Arthur Phillip raised the British flag and proclaimed about half this continent the property of His Majesty the King of England. Australia was already an ancient

land that had had owners and custodians from time immemorial. Yet they were not consulted; they were not asked their opinion; they did not consent and they signed no treaty ceding land or sovereignty.

Indeed they were not even forced, let alone invited, to sign a treaty. In this respect the colonisation of Australia was unique among British colonies. No other land colonised by Britain was decreed to be empty, no one's land, and no other original peoples were dispossessed without rights under treaty or law. Not in the United States, not in Canada, not in New Zealand, only here. Often, of course, those treaties were honoured more in the breach than in the observance but they did recognise prior sovereignty and ownership and their provisions today have new life and are effecting real change in the legal and economic positions of the first peoples of those countries.

From this original wrong of non recognition and dispossession flowed the sorry history of poverty, marginalisation, deaths by disease and murder, removal of children, degradation. The worst periods may be over but they are not events of the far distant past. The last massacres of Aboriginal people, known euphemistically as punitive expeditions, occurred in the 1920s and 1930s, during the lifetimes of many still alive today, far more recently than the Gallipoli landing we remember on Anzac Day. The last removals of Aboriginal children under explicitly racist laws occurred in the 1960s, during my lifetime and the lifetimes of at least half of us in this Great Hall.

I recall this history this morning for two reasons. First, because it must be recognised and accepted. I don't feel guilty for our history or consider that any one else here should feel guilty. On the contrary no one can be personally responsible for the actions of another. It's not a matter of personal guilt but of national responsibility: that we acknowledge our nation's past, including its very recent past, and as a national community express our sorrow.

Second, I recall the history because its legacy is present today for indigenous Australians. It divides indigenous Australians from other Australians. Healing that division requires reconciliation and reconciliation is impossible unless and until we come to terms with our history.

The Present Need for Reconciliation

Dealing with the past is necessary for reconciliation but it alone is not enough. We must also deal with the present. For large numbers of indigenous Australians the present is an experience of poverty and disadvantage. Indeed no matter what social or economic indicator is used, the lives of indigenous Australians today remain marked by inequality. I don't like quoting lists of statistics in addresses but it is important that we remember the facts, the extent of the disadvantage.

Indigenous Australians have a life expectancy 20 years less than other Australians; death from diabetes 5 times the national average; an infant mortality 5 times higher than other Australians; 30% of all maternal deaths though they make up only 2% of the population; a one in three chance of having some form of trachoma by the time a child is nine years old; a one in four chance of being under-nourished; 16 times the likelihood of being homeless compared with other Australians; chronic overcrowding due to lack of housing supply; a lack of basic sewerage and roads in remoter communities and safe water; a school retention rate to year 12 of 33%, compared with the

national rate of 75%; nearly half of all Aborigines over 15 with no formal education; a one in eight chance of not even going to school between the ages of 5 and 9; an unemployment rate four times the national average; an unemployment rate of 46% for those aged 20 to 24; annual income of less than \$12000 for nearly 60% of those aged 15 and over; household income around half the national average; police custody rates 27 times the national rate; children placed in institutional care at 19 times the national rate; and children detained in a juvenile justice institution at 20 times the national rate.

Reconciliation is in large part a question of social justice. My friend and colleague Mick Dodson, when Aboriginal and Torres Strait Islander Social Justice Commissioner, described social justice in these terms.

Social justice must always be considered from a perspective which is grounded in the daily lives of indigenous Australians. Social justice is what faces you in the morning. It is awakening in a house with an adequate water supply, cooking facilities and sanitation. It is the ability to nourish your children and send them to a school where their education not only

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equips them for employment but reinforces their knowledge and appreciation of their cultural inheritance. It is the prospect of genuine employment and good health, a life of choices and opportunity, free from discrimination.

Reconciliation then is also very practical. I have visited many Aboriginal communities in all states and territories. I have seen the conditions in which people are forced to live, in which children grow up. When I went to Halls Creek Shire in Western Australia I was told of research that establishes that child nutrition levels there are comparable with those in Cambodia according to UN criteria. I have also seen communities with life and hope, doing wonderful things to address the disadvantage. Let me give you two examples. Yirrkala in Arnhem Land has a lively, innovative school that teaches children in both the local languages and English. Bathurst Island has a program to ensure that by the year 2010 there will be a local person educated and trained for every job on the island, whether in education, health, the land council, the community council or whatever.

Reconciliation requires that we address these and other basic life issues for indigenous people, the issues that Mick Dodson listed: safe running water and food, a house, a school, a doctor, a job. It is a present need, not just an historical one.

Our Need for Reconciliation

When I speak about past treatment and present disadvantage, you might think that I consider that only indigenous Australians need reconciliation. The truth, however, is that we all need it, our nation needs it. The Governor General, Sir William Deane, put it most clearly when he said that without reconciliation we are diminished as a nation. That's why the events of this weekend are significant for all of us.

The weekend will not be a celebration of reconciliation achieved. Maybe that was always too ambitious a goal but I think it could have been accomplished. Unfortunately it hasn't been. The failure of national political leadership has left

reconciliation out of reach, still beyond us. The statement that the Council for Aboriginal Reconciliation will deliver the nation on Saturday will not be a statement of reconciliation but a statement towards reconciliation. It will not have the unequivocal support of the Prime Minister or his government.

For me now that is a deep disappointment but perhaps in years to come, in retrospect, we will see that as a good thing. The failure of political leadership has forced the cause to be taken up by ordinary people in cities, suburbs and towns across the country. That is happening. There are 369 local reconciliation groups registered with the Council for Aboriginal Reconciliation. There are over 200 local groups that are part of the network of Australians for Native Title and Reconciliation. There are regional and local coalitions to promote the development and well being of whole communities. In the Barwon-Darling Valley in north west New South Wales, all the local councils, cotton growers, farmers organisations, tourism groups and Aboriginal organisations have formed a regional development alliance. In Cape York in far north Queensland the graziers, miners, tourism groups and local governments have negotiated a regional development and land use agreement with the indigenous communities. Reconciliation is happening already on the ground in many parts of Australia and it must continue.

That is, in my opinion, why the walk across the bridge on Sunday will be the most important event of the weekend. It will be the occasion when we can show that we are committed to healing the divisions, to building a united Australia based on justice, equality and respect.

Our nation then needs the commitment of each of us to this cause. Our future depends on it. We are diminished without it. That's the challenge you face as new graduates. What contribution can you make, as doctors and as citizens? What contribution will you make? What about your families and friends? Your teachers and others here this morning?

Though we cannot be held personally

responsible for what was done in the past, we are responsible, and history will judge us, for what we do or fail to do in our own time, with the opportunities and privileges given to us by our education and position.

Chancellor, ladies and gentlemen, I hope I run into you on the bridge on Sunday.

1999 Graduation Ball

by Simon Rodda

As the new graduate medical curriculum slipped into top gear, the final full graduating year of the old curriculum slipped quietly away to be absorbed into the public hospital system. We had been willing guinea pigs during the development of the graduate program — the first problem-based learning sessions used by the Faculty were trialled on us. We watched the implementation of the new curriculum, which was regarded with all the grandeur of an Olympic Opening Ceremony.

We were slain with budget cuts and witnessed the closing of many departments that had served us for so many years. We eagerly awaited the completion of new information technology facilities and building developments knowing we would only have limited access. Even the press releases, which made pejorative comparisons of us with them, were accepted as necessary steps in the Faculty's quest for the perfect medical school. However the significance of our student days were receding rapidly as we were immersed in internships.

Held midweek in May on the day of the ceremony it is little wonder that it was a cosy group who attended the Graduation Dinner. We celebrated our special occasion, however it was in many respects an anticlimax following a fantastic final year dinner at the conclusion of the '99 academic year. Nevertheless the highlights of our graduating class were shared amongst ourselves in an arcane manner on the evening of graduation. It was quite a stretch to attend the ceremony, have lunch with family and dinner with friends before

crawling to work the next day. Little wonder many thought better of it and swerved the dinner.

Confirmed within hours of the event, there was not enough notice for the Dean to be present — although many graduates' last minute decision to attend meant that the occasion had a pleasant air of impromptu disorganisation.

A sparkling view of the city was enjoyed from the Maritime Museum in a quite corner of Darling Harbour. Whilst wining, dining and catching up with fatigued colleagues, the relaxed course of the evening was only briefly interrupted by an enthusiastic toast to the Faculty and ourselves.

The class of 1999 would like to thank our two supporters of the graduation dinner the Medical Society Bookshop and MedFin.

A small but cosy group celebrate after their Graduation Ceremony



Second Ivy Lew Oration

by Kim Oates

Second Ivy Lew Oration

The second annual Ivy Lew Oration was held in the Lorimer Dods Lecture Theatre at the New Children's Hospital on Thursday 30 March 2000. The Oration is sponsored by Dr William Lew, a graduate of this University, in honour of his mother Mrs Ivy Lew. Dr Lew was also one of the

founders of the Sydney University Graduates' Union in North America (SUGUNA).

An inspiring oration "Living with the Killers" was given by Professor Doherty, Australia's most recent Nobel Prize winner and 1998 Australian of the Year.

Kim Oates

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