

The University
of Sydney



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**Medicine
Handbook
1986**

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The University
of Sydney



Medicine
Handbook
1986

The University of Sydney
 N.S.W. 2006
 Telephone 692 2222
 Telex UNISYD AA 26169

Information about examinations,
 appeals and other matters, are in Part II of the
 handbook.

Term dates 1986

	Term	Lectures begin	Lectures end	Examination period	Term ends
First Year	Lent	24 Feb	2 May	5-9 May	10 May
	Trinity	2 June	1 Aug	4-8 Aug	9 Aug
	Michaelmas	1 Sept	1 Nov	from 10 Nov	6 Dec
Second Year	2.1	24 Feb	2 May	5-9 May	10 May
	2.2	2 June	8 Aug	11-15 Aug	16 Aug
	2.3	1 Sept	8 No	from 10 Nov	6 Dec
Third Year	3.1	22 Jan	26 Mar		26 Mar
	3.2	7 Apr	20 June		21 June
	3.3	30 June	5 Sept		6 Sept
	3.4	15 Sept	31 Oct	from 3 Nov	22 Nov
Fourth Year	4.1	13 Jan	21 Feb	during each term	22 Jan
	4.2	3 Mar	2 May		3 May
	4.3	12 May	11 July		12 July
	4.4	21 July	19 Sept		20 Sept
	4.5	29 Sept	28 Nov		29 Nov
Fifth Year	5.1	Unallocated			
	5.2	17 Feb	23 May		24 May
	5.3	2 June	5 Sept	8 Sept-3 Oct	4 Oct
	5.4	7 Oct	28 Nov		29 Nov

Australian Vice-Chancellors' common weeks: 12-16 May; 25-29 August.

Set in 8 on 8½ Times Roman by
 Love Computer Typesetting Pty Ltd
 Lane Cove, N.S.W.
 and printed in Australia by
 Bridge Printery, 29-35 Dunning Avenue,
 Rosebery, N.S.W. 2018

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Introduction

This handbook provides as much information about the Faculty of Medicine as has been possible to prepare in advance. However, further information will be required on a day-to-day basis and the sources of this are given below. General information about the University as a whole is presented in Part II of the handbook.

Dean's Office, Level 3, Bosch Building

Ms D. Dukes, Secretary to the Faculty

Ms B. Fisher

- For preliminary discussion of university courses, matriculation, and general information.
- Enquiries from graduates of other universities, and enquiries from undergraduates in other faculties about entry into the undergraduate medical course or about postgraduate medical studies.

Information and advice on particular courses

Head of the department concerned.

For first and second year medicine: Professor K. W. Cleland, Sub-Dean (Preclinical), Department of Histology and Embryology (ground floor, Anderson Stuart Building).

For the paraclinical and clinical years: Professor J. G. McLeod, Department of Medicine, (Blackburn Building).

Noticeboards

Current information about courses and tutorials is posted on noticeboards in the Anderson Stuart, Blackburn and Bosch Buildings. It is worthwhile checking these often.

Timetables

Timetables for the various years of the undergraduate course are available from the departments and the Dean's Office, and are also posted on the noticeboards.

Message from the Dean



I welcome you to the Faculty of Medicine. I congratulate you on your admission to the course and look forward to the opportunity of meeting all of you personally at some stage during your training in the University.

In my position as Dean I have presided, in the last decade, over substantial curriculum change generated as a result of far-reaching changes in the art of medical practice and the explosion of knowledge in the medical sciences. In the years to come there will undoubtedly be further developments. This year we are introducing our new six-year curriculum in an endeavour to provide the most satisfactory course in response to these advances and the changing needs of the community. The community, quite reasonably, expects its medical schools to provide an educational training that enables doctors to acquire a comprehensive understanding of people in sickness and health, an appreciation of their physical and social environment, and to develop those skills and attitudes associated with the highest standards of clinical competence and professional integrity.

Your time with us is brief by comparison with the careers that will lie before you after graduation, and I must emphasise that the education of medical practitioners is a continuing process of which the undergraduate course is the first part irrespective of the field you will follow in your professional life.

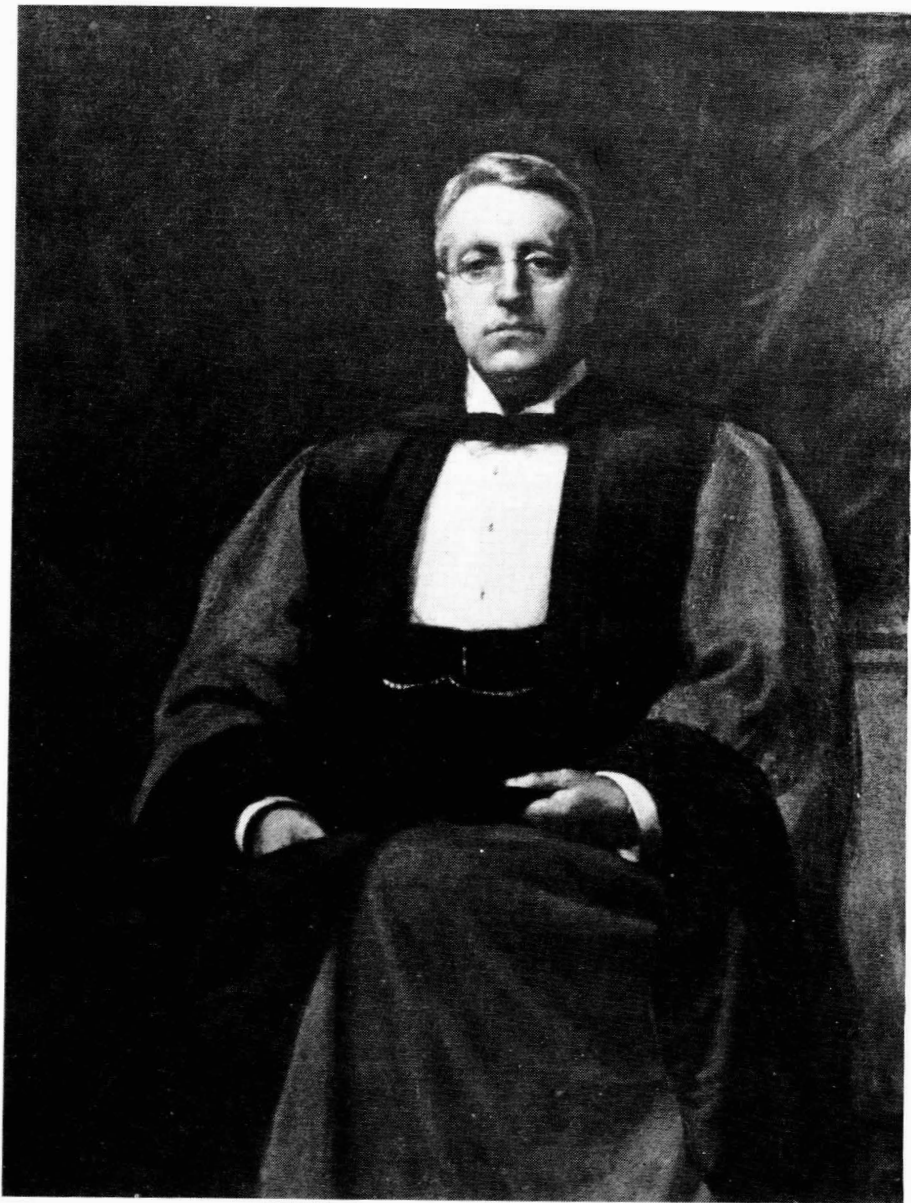
I hope that your experience in the course and your contact with the staff and your fellow students will help you develop and maintain a sense of enthusiasm and an appreciation of your responsibility to the needs of the community. These attitudes are central to good medical practice.

I also hope you will appreciate that there is a great deal more to a university education than attending lectures and passing examinations. It is desirable that you should participate in the corporate life of the University if you are to have the full and rich experience that distinguishes a university graduate from those of other post-secondary institutions.

Finally, may I say that the faculty is delighted to have you with us. I hope that if you have any difficulties or problems you will not hesitate to consult me or other staff members of the faculty.

A stylized, handwritten signature in dark ink, appearing to read 'Richard Gye'.

Richard Gye
Dean



Sir Thomas Peter Anderson Stuart, MD Hon.LLD Edin.DSc, foundation Professor of Anatomy and Physiology from 1883.

FACULTY

Dean

Richard Spencer Gye, MA DPhil Oxf. BSc(Med) MB BS, FRACS FRCS

Sub-Deans

John Atherton Young, BS BSc(Path) MD DSc Qld, FRACP (Academic Affairs)

Kenneth Wollaston Cleland, MB BS (Preclinical)

Douglas William Piper, MB BS, FRACP (Clinical)

William H. McCarthy, MEd Ill. MB BS, FRACS (Medical Education)

Robert R. Munro, MD BS, FRCSEd (Staff/Student Affairs)

Ernest Sydney Finckh, MD BS DCP, FRCPA FRACP FRCPath (Westmead)

James Graham McLeod, DPhil Oxf. BSc(Med) MB BS, FRACP, FAA MCRP (Special Duties)

Administrative Officers (Registrar's Office)

Secretary to the Faculty:

At Westmead Hospital: Catherine M. Cahill, DipEd N.E. BA

Secretary to the Postgraduate Committee in Medicine: Timothy Evans, BSc N.S.W.

Clerk

Bronwyn Fisher, BA DipEd

DEPARTMENTS OR SCHOOLS

Anaesthetics

Nuffield Professor

Douglas Joseph, MB BS, FFARCS FFARCS

Appointed 1963

Senior Lecturer

Michael J. Bookallil, MB BS, FFARCS FFARCS

Lecturers (part time)

Bruce S. Clifton, MB BS DA, FRACP, FFARCS

Ross B. Holland, MB BS, FFARCS

Gregory J. Purcell, MB BS DA, FFARCS FFARCS

Brian E. Sharkey, MB BS, FFARCS

Denise Sporr, MB BS, FFARCS

Lidcombe Hospital

Clinical Lecturers in Anaesthetics (part time)

G. Branch, BSc MB BS, FFARCS

P. Burt, MB BS, FFARCS

F. Y. Chiew, MB BS Malaya, FFARCS

L. Miller, MB BS DA Lond., FFARCS

S. M. Taylor, MB BS, FFARCS

Repatriation General Hospital, Concord

Clinical Lecturers in Anaesthetics (part time)

M. W. Harpur, MB BS, FFARCS

P. Lawrence, MB BS, FFARCS

Royal Alexandra Hospital for Children

Clinical Lecturers in Paediatric Anaesthetics (part time)

J. Keneally, MB BS, FFARCS

Royal North Shore Hospital

Clinical Lecturers in Anaesthetics (part time)

N. Best, MB BS, FFARCS

R. J. Binsted, MB BS, FFARCS FFARCS

D. L. Cay, MB BS, FFARCS FFARCS

M. M. Fisher, MB ChB N.Z., FFARCS

J. C. Hennessy, MB BS DA, FFARCSI FFARCS

A. F. T. Hobbes, BSc(Med) MB BS, FFARCS

E. H. Morgan, MB BS DA, FFARCS

C. E. B. Norgate, MB BS, FFARCS

J. C. Warden, MB BS, FFARCS

T. J. Wilson, MB BS, FFARCS

Royal Prince Alfred Hospital

Clinical Lecturers in Anaesthetics (part time)

F. M. S. Bodlander, MB BS, FFARCS FFARCS

G. J. Letham, MB BS, FFARCS

A. S. Selwyn, MB BS, FFARCS

R. H. Woog, BSc MB BS, FFARCS

Westmead Hospital

Clinical Lecturers in Anaesthetics (part time)

C. Borton, MB BS, FFARCS

F. H. Cox, MB BS, FFARCS

I. F. Edmiston, MB BS, FFARCS

C. A. Kam, MB BS, FFARCS FFARCS

P. L. Klineberg, MB BS, FFARCS

F. X. Lah, MB BS, FFARCS

I. Pearson, MB ChB Cape T., FFARCS FFARCS

T. Voss, MB ChB Cape T., FFARCS FFARCS

T. G. Watkins, MB BS Wales, FFARCS

P. Woods, MB BS Lond., FRACP

K. F. Yee, MB BS, FFARCS

¹ As at November 1985.

Anatomy

Challis Professor

.....

Reader

Bogden Dreher, MS PhD *Warsaw*

Associate Professors

Richard J. Bandler, BA *Miami (Ohio)* PhD *Carnegie-Mellon*

Cristobal G. dos Remedios, BSc PhD

Philomena McGrath, MD BS, FRACS

Robert R. Munro, MD BS, FRCSEd

Senior Lecturers

Peter L. Davies, MDS

William S. Webster, BSc PhD *Lond.*

Lecturer

Anne Glucina, BSc *Otago*

Lecturers (temporary)

Brett D. Hambly, BSc(Med) MB BS

Roshun Rodriguez, MA BM BCH *Oxf.*, FRCS (half time)

Margaret Scott, MB BS BSc *N.S.W.*

Senior Tutors

Robyn Beirman, MB BS *N.S.W.*

John A. Cartmill, BSc(Med) MB BS (half time)

Garry J. Schaffer, MB BS (half time)

Nalini Shameen, MB BS *Madr.* MHB *Auck.*

Professional Officers

Barry C. Lockett, DipMT *A.I.M.L.T.*, AAIMLS

Kenneth C. Parsons, DipMT *A.I.M.L.T.*, FAIMLS

Kenneth N. Smith, DipMT *A.I.M.L.T.*, AAIMLS

Behavioural Sciences in Medicine

Associate Professor

Wendy-Louise Walker, BA PhD

Senior Lecturers

Lorna D. Channon, BSc PhD *Manc.* MSc *Leeds*

Susan C. Hayes, BA PhD *N.S.W.*

Lecturer

Susan D. Ballinger, BA *Macq.* PhD

Tutors

Michael D. Fine, BA

Jennifer R. Flatt, BA *N.S.W.*

S. Helene Levin, BA *Macq.*

Biochemistry

McCaughey Professor

Robert Gerard Wake, MSc PhD

Appointed 1976

Boden Professor of Human Nutrition

Arthur Stewart Truswell, MD ChB *Capt T.*, FRCP
FRACP FFCM

Appointed 1978

Professor

Philip William Kuchel, BMedSc MB BS *Adel.* PhD
A.N.U.

Appointed 1980

Associate Professors

Arnold L. Hunt, BSc PhD *Adel.*

Alan R. Jones, PhD *Manc.* MSc

Michael A. Messer, MSc PhD *Melb.*

Michael B. Slaytor, MSc PhD

Senior Lecturers

Ivan G. Darvey, BSc PhD *N.S.W.*

Richard E. Loughlin, MSc PhD *Melb.*

M. Dan Montague, BSc PhD *Manc.*

Gregory B. Ralston, BSc *N.S.W.* PhD *A.N.U.*

David C. K. Roberts, BSc *Liv.* PhD *A.N.U.*

Michael A. W. Thomas, DPhil *Oxf.* BSc

Vivian K. L. Whittaker, MB BS *Qld.* PhD *A.N.U.*

Lecturers

Audrey M. Bersten, MSc

Richard I. Christophenson, BSc PhD *Melb.*

Margaret R. Dwyer, BSc PhD

Simon B. Easterbrook-Smith, BSc *Well.* PhD *Adel.*

Lecturers in the Human Nutrition Unit

Susan Ash, MHP *N.S.W.* BSc DipND (SPHTM)

Jennie C. Brand, BSc PhD *N.S.W.*, AAIFST (SPHTM)

Ian Darnton-Hill, MB BS *Adel.* DA *R.C.P.&S.*
DipNut&Diet *Flin.* (SPHTM)

Senior Tutors

Michele A. Hanwell, MAppSc *N.S.W.I.T.*

Joan P. Loke, DipEd *Kuring-gai* *C.A.E.* MSc

Tutors (half time)

Sharon V. Cleland, BS *Wheaton Coll.* PhD *North-western* DipEd *Kuring-gai* *C.A.E.*

Helen P. Hudson, PhD *Stan.* DipEd *Mitchell* *C.A.E.*
BSc

Professional Officer Grade IV

Leonard W. J. Lawler, DipMT *A.I.M.L.T.*, FAIMLS

Professional Officers Grade III

John R. Alden, DipMT *A.I.M.L.T.*, FAIMLS

William A. Bubbs, DIC *Lond.* BSc PhD

Dennis R. Leonard, MSc

Emil Trifonoff, DipMT *A.I.M.L.T.*, AAIMLS

Professional Officer Grade II

Leonard Higginbottom, DipMT *A.I.M.L.T.*, AAIMLS

Honorary Appointments

Honorary Associate

V. A. Lovric, MB BS, FRACP FRCPA FRCPath (U.K.)

Research Affiliate

B. A. Cornell, BSc PhD *Monash* DipElectroEng
R.M.I.T.

Cancer Medicine

Professor

Martin Henry Norman Tattersall, MA BChir MD
Camb. MSc *Lond.*, FRCP FRACP

Appointed 1977

Senior Lecturers (Honorary)

Alan S. Coates, MD BS *Melb.*, FRACP

David Hedley, MB ChB *Leeds*, MRCP

Community Medicine

Professor

Charles Bridges-Webb, MB BS *Melb.* MD *Monash*,
FRACGP

Appointed 1975

Professor of Community and Geriatric Medicine

Stephen Ross Leeder, BSc(Med) MBBS PhD, FRACP
FFCM

Appointed 1986

Senior Lecturer

John Barrand, MHPed *N.S.W.* DA *R.C.P.&S.*,
FRACGP LMSSA

Senior Lecturer in Community and Geriatric Medicine (part time)

Michael Price, MB BS, FRACP

Lecturers (temporary)

Grace Chapman, MB BS, FRACP

Brian Driver, MB BS *N.S.W.* BPharm, FRACGP

Peter Lake, MB BS *Adel.* MPH

Clinical Lecturers in General Practice (part time)

B. J. Abeshouse, MB BS

W. L. Adams, BSc MB BS, FRACGP

A. Andrew, MB BS MBA *N.S.W.*, FRACGP

B. Appleby, DObst *R.C.O.G.* MB BS, FRACGP

M. E. Armstrong, DObst *R.C.O.G.* MB BS

J. K. Arundell, MB BS

E. Asher, MB BS, FRACGP

A. Assef, DObst *R.C.O.G.* MB BS, FRACGP

R. M. Ayres, MB BS *N.S.W.*

P. J. Baker, MB BS

R. J. L. Baker, MB BS, FRACGP

J. Barker-Whittle, MB BS FRCSEd

M. Bar-Mordecai, MB BS *N.S.W.* BPharm

R. E. Barros, MB BS *N.S.W.*

D. E. Barton, DObst *R.C.O.G.* MB BS, FRACP

J. M. Beith, MB BS, FRCS FRACS

J. M. Bell, MB BS

H. Berenson, MB BS

H. B. Bernard, MB BS

M. Beveridge, BSc MB BCh *Witw.* DObst *R.C.O.G.*

C. Bilinsky, MB BS

R. Binks, MB BS, MRACGP

F. Black, MB BS, FRACGP

P. J. Black, MB BS DObst *R.C.O.G.*, FRACGP

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J. Bloomfield, MB BS *N.S.W.*

P. Bookalil, DObst *R.C.O.G.* MB BS, FRACGP

Z. Botskor, MD *C.L.U.J. Hungary* MB BS

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Dip.R.A.C.O.G.

H. J. E. Bowen, BSc *N.S.W.* DObst *R.C.O.G.* MB BS,
FRACGP

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R.C.O.G., FRACGP

D. J. Brennan, MB BS, FRACP MRCP

A. J. Brown, MB BS

P. T. Brown, MB BS

P. K. Brownlie, MB BS

A. J. Buchanan, MB BCh *Witw.*, FRACGP

P. R. Buckley, MB BS *Monash*, FRACGP

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W. H. Chan, FRACGP FAMAS MRCS LRCP

A. H. B. Chancellor, MB BS, FRACP FRACGP

S. J. Choong, MB BS, DPH

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A. N. Ciardi, MB BS

J. Clarke, MB ChB *Leeds*

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E. W. Connolly, MB BS, FRACGP

J. B. Connolly, MB BS

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MAGPP

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R.C.O.G.

R. M. Green, MB BS, FRACGP

D. Grinius, MB BS

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Dip.R.A.C.O.G.

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G. B. Jones, MB BS *N.S.W.*

J. N. Jones, MB BS

A. Joshi, MB BS *Bom.*

H. Kalmath, MB BS *Bom.*

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G. J. Keighery, MB BS

G. Kenny, MB BS, FRACGP

V. Kijvanit, MB BS, FRCSEd FRCSI

R. J. Kirk, MB BS

R. Kirkby, MB BS

C. E. Kleinig, MB BS *Tas.*, FRACGP

B. Klineberg, MB BS *N.S.W.*, FRACGP

- D. C. Knight, BSc(Med) MB BS, MRCOG MRACOG
 E. A. Kok, MB BS *N.S.W.*
 S. Koussa, MB BS
 W. J. Laurence, MB BS *DCh Lond.*
 G. J. Lee, Dip.*R.A.C.O.G.* MB BS
 R. J. Lee, MB BS
 A. M. Liebhold, MB BS *Melb.* DCH *Lond.*, FRACGP
 L. Livingston, MB BS
 J. W. Logan, MB BS, FRACGP
 A. H. Lowy, MB BS, FRACGP
 E. H. Loxton, MB BS *Lond.* DObst *R.C.O.G.*
 G. R. Lucas, MB BS
 N. A. Lucas, DObst *R.C.O.G.* MB BS, FRACGP
 K. McDonald, MB BS, FRACGP
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 J. L. McRae, MB BS *N.S.W.* DObst *R.C.O.G.* Dip.
R.A.C.O.G.
 D. M. Madew, MB BS, FRACGP
 E. M. J. Marshall, MB BCh DAO *Belf.*, FRACGP
 D. Mawter, MB BS
 R. J. Medbury, DObst *R.C.O.G.* MB BS
 D. A. Merrington, MB BS, FRACGP
 H. N. Merrington, MB ChB *N.Z.*, FRACGP
 L. W. Middleton, MB BS, FRACGP
 B. Mileshekin, MB BS, FRACGP
 T. W. D. Millar, MB ChB *Edin.* DObst *R.C.O.G.* DA
R.C.P&S., FRCS MFARCS
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 J. Miller, MB BS *N.S.W.*, FRACGP
 D. Moore, MB BS DObst *R.C.O.G.*
 M. F. Morgan, MB BS, FRACGP
 D. M. Morrison, MB BS, FRACGP
 T. Moss, MB BS
 S. Mulvaney, MB BCh *Eire*, FRACGP
 E. Mulvey, MB BS *Melb.*
 O. R. Muratore, MB BS *N.S.W.*
 J. D. Musgrove, DCH *Lond.* MB BS
 G. Naker, MB BS *Bom.*
 H. Nathan, MD *Sofia*
 G. T. Nelson, BA MB MCh *Dub.* DObst *R.C.O.G.*,
 FRACGP
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 R. K. K. Ng, MB BS
 J. P. Nicholas, MB BS *N.S.W.*
 R. Nichols, DObst *R.C.O.G.* MB BS, FRACGP
 M. Nicholson, MB BS *Lond.* DObst *R.C.O.G.*,
 FRACGP
 J. Norris, MB BS
 J. D. O'Donnell, MB BS
 J. T. O'Dowd, MB BCh *Dub.*
 D. O. Oliver, MB BCh *Edin.* DObst *R.C.O.G.*, FRACGP
 MRCGP
 J. O'Loan, MB BS, FRACGP
 J. Olsen, MB BS
 T. D. O'Neill, DObst *R.C.O.G.* MB BS
 P. Oystagh, DObst *R.C.O.G.* MB BS, FRACGP
 D. J. Paddison, MB BS
 K. J. Peadon, MB BS
 B. F. Pegum, MB BS
 D. J. Penney, MB BS
 A. Pennington, MB BS DTM&H, FRACGP
 A. S. Pollack, MD *Bratislava* DPH *Czech.* MB BS
 E. D. Pragasani, MB BS *Madr.*
 H. B. Pratt, MB ChB *Otago*, FRACGP
 O. A. Preda, MB BS, FRACGP
 D. L. A. Pryde, MB BS, FRACGP
 G. L. Pulley, MB BS
 R. Ramrakha, MB BS
 J. Reeve, MB ChB *Otago*, FRACGP MRNZCP
 R. J. T. Reid, MB ChB *Glas.*, FRACGP
 C. Rietberger, MB BS
 B. Rich, MB BS, FRACGP
 M. J. Richmond, MB ChB *Leeds*
 G. S. Rieger, MB BS
 D. C. Roantree, MB BS *Adel.*
 J. V. Roche, DObst *R.C.O.G.* MB BS, FRACGP
 S. Rosenberg, MD *Lodz* MB BS
 A. W. Rosonsinski, MB BS *Adel.*, FRACGP
 P. Rowland, MB BS *Qld*
 T. Schofield, MB ChB *Edin.*, MRCGP MRCPsych
 R. S. Sekel, MB BS
 B. Shea, MB BS *Qld* DObst *R.C.O.G.*, FRACGP
 R. Sheather, MB BS
 M. A. S. Shehab, MB BCh *Cairo*
 M. Simpson, MB BS *Monash*
 N. Singh, MB BS *Bom.*, FRACGP
 S. Sinnathamby, MB BS *Ceyl.*, FICS FRCS
 S. A. Sloggett, MB BS
 P. L. Smeeth, MB BS
 W. J. Smith, MB BS, FRACGP
 J. Sos, MB BS
 I. Spencer, MB BS
 R. D. Stone, MB BS *N.S.W.*
 D. F. Sutherland, MB BS BE
 R. D. Taranto, DObst *R.C.O.G.* MB BS, FRACGP
 M. J. Tarlington, MB BS FRACGP
 R. M. Tinning, MB BS
 D. J. Unwin, MB BS
 R. F. Unwin, MB BS
 W. Utber, MB BS, FRACGP
 V. L. Velens, MB BS
 G. J. Vett, BSc MB BS *Qld*, MRCP
 B. Vingilis, MB BS
 F. Virant, MB BS
 I. R. Walker, MB ChB *Brist.*
 J. B. Ward, MB BS, FRACGP
 J. Warnford, MB BS
 J. H. Waters, MB BS, FRCSEd
 D. F. Weinman, MB BS *Ceyl.*
 W. Willie, MB BS
 T. D. Wilkins, MB BS
 M. G. Williams, MB BS *Qld*
 F. R. Wilson, DObst *R.C.O.G.* MB BS
 P. H. Wilson, MB BS, FRACGP FRACGP
 H. Wong-See, MB BS *N.S.W.* FAMAS
 D. J. Wood, MB BS *Lond.*
 G. I. Woodgate, MB BS
 L. A. Woolard, MB BS *Melb.* DA *Lond.* DObst
R.C.O.G.
- Clinical Lecturers in Community and Geriatric
 Medicine (part time)*
 N. A. Anderson, MB BS DTM&H, FRACGP FRCGP
 T. Cahill, MB BS, FRACP
 T. Choy, MB BS, FRACP
 C. F. Clowes, MB BS *N.S.W.*, FRACP
 K. D. Coorey, DCH *Lond.* MB BS, FRCPEd
 K. Cotton, PhD *Lond.* MD BS
 P. J. D'Arbon, MB BS, FRACGP
 C. Faulder, MB BS, FRACGP
 R. B. Geeves, MB BS, FRACGP FCGP *Sing.*
 T. Gibian, MB BS, FRACP
 A. N. Gyory, MS *Minn.* BSc(Med) MB BS, MRCP
 E. Imperial, MD *Philippines* FPCC FACC
 D. C. Ingham, MB ChB *Edin.* DPM *Lond.*, FRANZCP
 MRCPsych
 P. Kelleher, MB BS, FRACP
 J. E. Marosszeki, MB BS DPRM
 G. Miller, MB BS *Lond.*, MRCP
 J. Murphy, MB BS *W.Aust.*, FRACP
 R. Oakeshott, MB BS DPRM, FRCSEd FRACS
 T. J. O'Neill, DObst *R.C.O.G.* MB BS, FRACGP
 J. Pettigrew, MB BS, FRANZCP
 S. Prakash, MB BS *Madr.* MS *New Delhi*, FRACS

M. Price, MB BS, FRACP
 G. Roberts, MB ChB *Cape T.*
 B. H. Stone, MB BS FRCSEd
 J. H. E. Voss, MB BS, FRACP
 S. Williams, MB BS, FRANZCP
 C. Winer, LLB *Lond.* DPRM *Aust.* *PG.Fed.Med.*
 DObst R.C.O.G. MB BS, LRCP LLCO MRCS
 J. Yeo, AO, DPRM *Aust.* *PG.Fed.Med.* MB MS

Histology and Embryology

Bosch Professor

Kenneth Wollaston Cleland, MB BS
 Appointed 1957

Reader

John K. Pollak, PhD *McG.* BSc

Associate Professor

Cedric D. Shorey, MSc PhD *N.S.W.*, CGIA FIST

Senior Lecturers

Johnston W. McAvoy, BSc *Belf.* PhD *Flin.*

Clare A. Rae, PhD *N.E.* BSc

George E. Sullivan, MSc *N.Z.* PhD

Margaret A. Swan, BSc PhD

Lecturers

Lynette A. Moffat, BSc PhD

Christopher R. Murphy, BSc *Adel.* PhD *Flin.*

Professional Officer Grade III

Robin Arnold, MSc

Honorary Appointment

Research Affiliate

E. W. Van Lennep, NatPhilDrs *Utrecht*

Infectious Diseases

Bosch Professor

Yvonne Edna Cossart, DCP *Lond.* BSc(Med) MB BS,
 FRCPath

Appointed 1985

Senior Lecturer in Immunology

Raymond Kearney, BSc PhD *Qld*

Lecturers

Colin Harbour, BSc *Wales* PhD *Lond.*

Mary A. Pegler, MSc, MASM

Lecturers (part time)

Richard A. Benn, DipBact *Lond.* BSc(Med) MB BS,
 FRCPA FRACP

Ross Bradbury, MB BS, FRACP

Gerald Williams, BSc(Med) MB BS, FRACPPath

Senior Tutor (temporary)

Carol H. Thompson, BVSc

Medicine

*Laura Bushell Professor of Neurology and Bosch
 Professor of Medicine*

James Graham McLeod, DPhil *Oxf.* BSc(Med) MB BS,
 FRCP FRACP FAA

Appointed 1972

Professors

Douglas William Piper, MD BS, FRCP, FRACP
 Appointed 1973

James Roland Lawrence, MB BS *Adel.*, FRACP
 Hon.FACP

Appointed 1976

Peter Anthony Castaldi, MD BS, FRACP FRCPA

Appointed 1978

John Ross Turtle, MD BS, FRACP

Appointed 1979

Scandrett Professor of Cardiology

David Thomas Kelly, MB ChB *N.Z.*, FRACP FACC

Appointed 1976

Florance and Cope Professor of Rheumatology

Peter Michael Brooks, MD BS *Monash*, FRACP

Appointed 1983

Professor of Respiratory Medicine

Ann Janet Woolcock, MB BS *Adel.* MD, FRACP

Appointed 1984

Professor of Geriatric Medicine

Gerald Anthony Broe, BA MB BS, FRACP FACRM

Appointed 1985

Clinical Professor of Gastroenterology

Neil David Gallagher, MD BS, FRACP

Appointed 1985

Associate Professors

Norbet Berend, MD BS, FRACP

Akos Z. Györy, MD BS, FRACP

John D. Pollard, BSc(Med) MB BS PhD, FRACP

Solomon Posen, BA MD BS *Adel.*, FRACP FRCP

Tania C. Sorrell, MD BS *Adel.*, FRACP

Colin Sullivan, BSc(Med) MB BS PhD, FRACP

Ronald Walls, MB ChB *Cape T.* DPhil *Oxf.*, FRC(SA)

FRACP FRCPA

Dennis K. Yue, MB BS PhD, FRACP

Senior Lecturers

Geoffrey C. Farrell, MB BS *Tas.* MD *Qld.*, FRACP

Peter J. Fletcher, MB BS PhD, FRACP

Robert H. Loblay, MB BS PhD, FRACP (*Immunology*)

Leslie Schrieber, MD *N.S.W.* MB BS, FRACP
 (*Rheumatology*)

Senior Lecturer in Cardiology and Chapman Fellow

Saul B. Freedman, BSc(Med) MB BS PhD, FRACP

Lecturer

Daniel Stiel, MSc *Lond.* MB BS, FRACP

Professional Officers Grade III

Peter M. Donnelly, DipMT *A.I.M.L.T.*, AAIMLS

Wesley F. Green, DipMT *A.I.M.L.T.*, AAIMLS

Professional Officer Grade II

German Kositzin, BSc *N.S.W.*

Honorary Appointments

Honorary Associates

R. C. Baxter, BSc PhD

C. J. Eastman, MD BS, FRACP

L. A. Engel, MB BS *Melb.* PhD *McG.*, FRACP

G. A. Nicholson, MB BS PhD, FRACP

Research Affiliates

L. Dintenfass, MSc PhD *N.S.W.* DipIng *Poly. Lvov.*,
 FRACI FRSH FICA MIEAust MACPSM

W. K. T. Fowler, MSc *N.Z.* PhD *Lond.*

Lidcombe Hospital

Clinical Lecturers in Medicine (part time)

J. A. Booker, MB BS, FRACP MRCP

T. M. Cahill, BA MB BS, FRACP

T. Choy, MB BS, FRACP

C. F. Clowes, MB BS, FRACP

R. F. Dunn, MB BS, FRACP

G. Elder, MB BS, FRACP

T. P. Gibian, MB BS, FRACP
P. Kelleher, MB BS, FRACP

Clinical Lecturers in Gastroenterology (part time)
K. Bhanthumnavin, BSc(Med) MB BS, FRACP
T. Tydd, MB BS, FRACP

Clinical Lecturer in Haematology (part time)
W. Hughes, MB BS, FRCPA

Clinical Lecturers in Neurology (part time)
J. Ell, MB BS, FRACP
C. F. Elliott, MB BS Qld, FRACP
D. Rail, MB BS, FRACP
V. Vignaendra, MB BS, FRACP

Clinical Lecturer in Rheumatology (part time)
T. Choy, MB BS, FRACP

Clinical Lecturer in Thoracic Medicine (part time)
J. Mann, MD BS, FRACP

Clinical Lecturer in Dermatology (part time)
K. Georgouras, MB BS DDM, FACD

Clinical Lecturers in Cardiology (part time)
F. R. Dunn, MB BS, FRACP
E. Imperial, MD Philippines, FPCC FACC

Clinical Lecturers in Endocrinology (part time)
J. Flack, MB BS, FRACP
J. Tidmarsh, MB BS, FRACP

Mater Misericordiae Hospital

Clinical Lecturers in Medicine (part time)
L. B. Coy, MB BS, FRACP
G. Diethelm, MB BS
R. C. Edwards, MB BS, FRACP MRCP(UK)
R. F. O'Rielly, MB BS, FRACP
D. Sinclair, MB BS, FRCPCan FRACP
J. R. Johnson, MB BS, FRACP
I. S. Love, MB BS, FRACP

Clinical Lecturers in Dermatology
M. Rogers, MB BS, FACD
G. S. Cottee, MB BS DDM, FACD

Repatriation General Hospital, Concord

Clinical Lecturers in Medicine (part time)
B. J. Arnold, DCP Lond. MB BS, FRCPA FRCPATH
FRACP
W. J. Arter, MB BS, FRACP
W. J. Benson, MB BS, FRACP FRCPA
R. Bradbury, MB BS, FRACP FRCPA
A. B. X. Breslin, MB BS, FRACP
T. Burfitt-Williams, MB BS, FRACP
J. N. Carter, BSc(Med) MD BS, FRACP
Y. T. Choong, MB BS, FRACP
P. V. Collett, MB BS, FRACP
I. S. Collins, MB BS, FRACP FRCPed MRCP
A. B. Conomy, MB BS, FRACP
A. B. Corrigan, DipPhysMed Lond. MB BS DPM,
FRACP MRCP MRCPed
J. L. Cowlshaw, MB BS, FRACP
G. G. Crane, MB BS, FRACP FRCPA
M. B. Dally, MB BS, FRACP
P. R. Davis, MB BS, FRACP
H. M. Eisenberg, MB BS, FRACP
R. A. Evans, MB BS, FRACP
C. K. George, MB BS, FRACP
M. Gillies, MB BS, FRACP
K. Goulston, MD BS, FRACP
F. Hanly, MB BS, FRCPA
F. Harding-Burns, MB BS, FRCP FRACP
M. R. Harris, MSc MB BS, FRCP FRACP

B. J. S. Hartnett, MB BS, FRCPed FRACP
J. Hewson, MB BS, FRCPA
S. N. Hunyor, MB BS, FACC FRACP
C. R. Jenkins, MB BS
R. Joffe, MB BCh Witw., FRACP FRCP
S. Kalowski, MB BS, FRACP
S. Kannangara, MB BS, FRACP
D. Latt, MB BS, FRACP
P. Lawrence, MB BS, FFARCS
G. D. Lord, MB BS, FRACP
V. A. Lovric, MB BS DCP, FRCP FRCPA FRACP
R. A. Mackenzie, MB BS, FRACP
P. J. Maloney, MB BS, FRACP MRCP
G. E. Marlin, MD BS, FRACP
M. D. Nicholls, MB BS, FRACP FRCPA
G. Nicholson, MB BS PhD, FRACP
N. R. Noble, MB BS, FRACP
G. O'Neill, MB BS, FRACP
N. Patel, MD BS, FRACP
C. G. Pawsey, MB BS, FRACP
D. Peiris, MB BS Ceyl. FRCPed FRACP MRCP
K. Phadbe, MB BS, FRCPA FRACP
J. W. Riley, MD BS, FRACP
R. A. Royle, MB BS, FRACP
J. Rutland, MB BS, FRACP
D. Sharpe, MB BS, FRCP
C. I. Smith, MD BS, FRACP
K. Steinbeck, MB BS, FRACP
S. Waller, MD BS Lond., FRACP MRCP MRCPed
P. Wikramanayake, MD BS Ceyl., FRCPed FRACP
MRCP
R. N. Wyndham, MB BS, FRACP

Clinical Lecturers in Dermatology (part time)

C. L. Bear, MB BS DDM, FACD
J. S. Brooks, BA MB BS DDM, FACD
G. D. Cains, MB BS DDM, FACD
L. D. Cains, MB BS DDM, FACD
G. Palmer, DDM Vienna MB BS, FACD FRCPed
MRCP
W. Regan, MB BS DDM, FACD

Royal Alexandra Hospital for Children

Clinical Lecturer in Paediatric Dermatology (part time)
M. Rogers, MB BS DDM, MACD

Clinical Lecturers in Paediatric Pathology (part time)

P. M. Bale, MB BS Melb., MRCPA MRCPATH
C. J. Bryant, MB BS Qld, FRCPA
D. C. Dorman, BSc Adel. PhD Lond.
A. E. Kan, MB BS, FRCPA
A. T. Lammi, MB BS, FRACP FRCPA

Royal North Shore Hospital

Clinical Lecturers in Medicine (part time)
D. H. Allen, MB BS, PhD, FRACP
G. E. Bauer, MB BS, FRCP FRACP FACC
D. R. Bell, MB BS, FRACP
M. Bridegman, MB BS, FRACP
P. G. Caspari, MB BS, FRACP FACC
R. Caterson, MB BS, FRACP
P. Clifton-Bligh, BSc(Med) MB BS, FRACP
R. A. Cooper, MB BS, FRACP
G. Diethelm, MB BS
A. C. Edwards, MB BS, FRACP
R. C. Edwards, MB BS, FRACP MRCP(UK)
F. M. Elliott, MB BS, PhD, FRACP
D. I. Fevre, MB BS, FRACP
T. Finnegan, BMedSc MB BS Adel., FRACP
J. F. Gunning, MD BS, FRACP FACC
I. B. Hales, MD BS, FRCP FRCPed FRACP
T. R. Heap, MB BS, FRACP
R. Hoschl, MD

L. S. Ibels, MB BS, FRACP
 J. P. Isbister, BSc(Med) MB BS, FRACP FRCPA
 R. Joffe, MB BCh *Witw.*, FRCP FRACP
 R. W. Johnston, MB BS DPM, FRACP MRCP
 K. O. Jones, MB BS DCP, FRCPA FRCPPath
 J. A. Levi, MB BS, FRACP
 M. R. Lunzer, MB BS, FRACP MRCP
 D. D. F. Ma, MD BS, FRACP FRCPA
 J. F. Mahony, MB BS, FRACP
 W. R. J. Middleton, BSc MD BS, FRCP FRACP
 G. I. Nelson, MB BS, FRACP
 R. J. Oakeshott, MB BS DPRM, FRCSed FRACS
 FACRM
 R. F. O'Reilly, MB BS, FRACP
 P. Piggott, MB BS, FRACP
 S. R. Potter, MB BS, FRACP
 R. B. M. Ravich, MB ChB *N.Z.*, FRACP
 J. W. Riley, MD BS FRACP
 R. D. Scurr, MB BS, FRCPA
 M. R. Shanahan, MB BS *N.S.W.* DTM&H *Liv.*, FRACP
 B. H. Short, MB BS, FRACP
 P. Slezak, MB BS, FRACP
 R. E. Spielman, MB BS, MANZCP, FRANZCP
 J. N. Stiel, MB BS, FRACP
 C. Storey, MB BS, FRACP
 M. Sulway, MD *Birm.* MB BS, FRACP
 S. F. Tattersall, MD BS *Lond.*, FRACP MRCP
 T. R. Terenty, MB BS, FRACP
 A. G. Tyndall, MB BS, FRACP
 R. A. Vandenberg, MB BS, FRACP
 S. Van Nunen, MB BS, FRACP
 H. Washington, MB BS, FRACP
 J. Webb, MB BS *Qld.*, FRACP
 J. V. Wells, MD BS, FACP FRCPA FRACP
 P. M. Williamson, MB BS, FRACP
 E. G. Wilmshurst, MD BS, FRACP
 J. D. Wingfield, MB BS, FRACP
 J. C. Wiseman, MD BS, FRACP
 R. L. Woods, MB BS, FRACP MRCP(UK)

Clinical Lecturers in Cardiology (part time)

G. E. Bauer, MB BS, FRCP FRACP FACC
 P. Caspari, MB BS, FRACP FACC
 G. L. Donnelly, MB BS, FRCP FRACP
 A. C. Edwards, MB BS, FRACP
 R. C. Edwards, MB BS, FRACP MRCP(UK)
 J. Gunning, MD BS, FRACP FACC
 K. Hellestrand, MB BS PhD, FRACP
 S. Hunyor, MB BS, FRACP FACC
 F. Nasser, MB BS, FRCP FRACP
 G. I. Nelson, MB BS, FRACP
 B. H. Short, MB BS, FRACP
 H. Washington, MB BS, FRACP

Clinical Lecturers in Dermatology (part time)

G. Cains, MB BS, FACP
 A. J. Cooper, BSc MB BS
 G. S. Cottee, MB BS DDM, FACP
 I. McCrossin, MB BS, FACP
 N. Goldman, MB BS
 J. M. Lark, MB BS, FACP
 J. L. Le Guay, MB BS DDM, FACP

Clinical Lecturers in Endocrinology (part time)

M. Bridgeman, MB BS, FRACP
 P. Clifton-Bligh, BSc(Med) MB BS, FRACP
 R. Cooper, MB BS, FRACP
 S. J. B. Grant, MB BS, FRACP
 I. Hales, DTM&H *Liv.* MD BS, FRACP
 M. J. Hooper, MB BS, DTM&H *Liv.*, FRACP
 R. Mason, MB BS PhD
 M. R. Shanahan, MB BS *N.S.W.* DTM&H *Liv.*, FRACP
 G. Shenfield, MB BCh *Oxf.*, FRACP MRCP

J. Stiel, MB BS, FRACP
 M. Sulway, MD *Birm.* MB BS, FRACP
 E. Wilmshurst, MD BS, FRACP
 J. Wiseman, MD BS, FRACP

Clinical Lecturers in Gastroenterology (part time)

C. P. Bambach, MB BS, FRACP
 D. I. Fevre, MB BS, FRACP
 I. R. Fielding, PhC MB BS, FRCS FRACS
 T. R. Heap, MB BS, FRACP
 R. M. Hollings, MB BS, FRCS FRACS
 M. R. Lunzer, MB BS, FRACP MRCP
 W. R. J. Middleton, BSc(Med) MD BS, FRCP FRACP
 J. P. Percy, MB BS, FRCS FRACS
 J. Riley, MD BS, FRACP

Clinical Lecturers in Haematology (part time)

J. P. Isbister, BSc(Med) MB BS, FRCPA FRACP
 K. O. Jones, MB BS DCP, FRCPPath FRCPA
 K. S. Lau, MB BS *Malaya*, FRCPA
 D. D. F. Ma, MD BS, FRACP FRCPA
 R. Ravich, MB ChB *N.Z.*, FRACP
 R. D. Scurr, MB BS, FRCPA

Clinical Lecturers in Neurology (part time)

R. Joffe, MB BCh *Witw.*, FRCP FRACP
 R. W. Johnston, MB BS DPM, FRACP FRCP
 G. Selby, MD BS, FRCP FRCPed FRACP
 C. Storey, MB BS, FRACP
 T. R. Terenty, MB BS, FRACP
 P. M. Williamson, MB BS, FRACP
 J. D. Wingfield, MB BS, FRACP

Clinical Lecturers in Rheumatology (part time)

S. Dodman, MB ChB *Manc.*, FRACP MRCP
 D. Latt, MB BS, FRACP MRCP(UK)
 P. J. McNaught, BSc *Well.* MB ChB *Otago*, FRACP
 MRCP(UK)
 M. Nelson-Marshall, MB BS, FRACGP
 S. R. Potter, MB BS, FRACP
 G. L. Smith, MB BS DTM&H
 A. G. Tyndall, MB BS, FRACP
 J. Webb, MD BS *Qld.*, FRACP

Clinical Lecturers in Thoracic Medicine (part time)

D. H. Allen, MB BS PhD, FRACP
 F. M. Elliott, PhD *Lond.* MB BS, FRACP
 J. B. Lawson, MB BS, FRACP
 P. Piggott, MB BS, FRACP
 S. Tattersall, MD BS *Lond.*, FRACP MRCP
 R. A. Vandenberg, MB BS, FRACP
 H. E. Ward, MB BS, FRACP

Royal Prince Alfred Hospital

Clinical Lecturers in Medicine (part time)

R. A. V. Benn, BSc MB BS, FRACP
 W. J. Benson, MB BS, FRCP FRACP
 J. A. Burgess, MB BS, FRACP
 F. H. Burns, MB BS, FRACP MRCP
 I. D. Catterson, MB BS, FRACP
 D. T. Church, MB BS, FRACP
 P. E. Donnelly, MB BS PhD, FRACP
 J. Forrest, MB BS, FRACP
 R. Garsia, MB BS, FRACP
 M. A. Gillies, MB BS, FRACP
 J. M. Greenaway, MB BS, FRCP FRACP
 B. M. Hall, MB BS PhD, FRACP
 J. E. Hassall, MB BS, FRACP
 A. Joasoo, MD BS, FRACP
 R. M. H. Kater, MB BS, FRACP FRCP
 P. Laird, MB BS, FRACP
 J. Leicester, MB BS, FRACP

G. L. McDonald, BA MB BS, FRCP FRACP
 R. J. Mulhearn, MB BS, FRCP FRACP
 K. W. Perkins, MB BS, FRACP
 D. Raghaven, MB BS, FRACP
 C. S. H. Reed, MB BS, FRACP
 P. M. Stewart, MB BS, FRACP
 P. C. Thorpe, MB BS, FRACP MRCP
 P. C. Vincent, BSc(Med) MD BS, FRACP FRCPA
 P. R. Wikramanayake, MD *Ceyl.* MB BS, FRCP
 FRCPEd
 G. V. Williams, MB BS, FRACP
 J. York, MD *Melb.* MB BS, FRACP
 W. Zylstra, MB BS DTM&H, FRACP

Clinical Lecturers in Cardiology (part time)

I. K. Bailey, MB BS, FRACP
 L. Bernstein, MB BS, FRACP FACC
 P. J. Harris, BSc(Med) MB BS PhD, FRACP
 J. G. Richards, MB BS, FRCP FRACP
 D. R. Richmond, MB ChB BSc *Leeds MSc Minn.*,
 FRCP FRACP FACC

Clinical Lecturers in Dermatology (part time)

I. H. E. Dawson, MB BS
 S. Lee, MB BS, FACP

Clinical Lecturers in Haematology (part time)

D. Joshua, PhD *Oxf.* MB BS, FRACP FRCPA
 H. Kronenberg, MB BS DCP, FRACP, FRCPA
 FRCPath
 K. A. Rickard, MB BS *Melb.*, FRACP FRCPA FCAP
 MRCPPath

Clinical Lecturers in Neurology (part time)

J. L. Allsop, MB BS, FRACP
 G. J. Halmagyi, BSc(Med) MB BS, FRACP
 J. Leicester, MB BS, FRACP
 J. Walsh, BSc(Med) MD BS, FRACP
 W. H. Wolfenden, MB BS, FRCP FRCPEd FRACP

Clinical Lecturers in Renal Medicine (part time)

G. G. Duggin, MB BS PhD, FRACP
 J. Horvath, MB BS, FRACP
 J. R. Johnson, MB BS, FRACP
 D. Tiller, MB BS, FRACP

Clinical Lecturers in Thoracic Medicine (part time)

P. Gianoutsos, MB ChB *N.Z.*, FRACP
 H. P. B. Harvey, MB BS, FRCP FRACP
 J. H. Lee, MB BS, FRACP

Westmead Hospital

Clinical Lecturers in Medicine (part time)

D. V. Cody, MB BS, FRACP
 P. Despas, MB BS, FRACP
 C. J. Eastman, MD BS, FRACP
 L. A. Engel, MB BS *Melb.* PhD *McG.*, FRACP
 P. E. Gillespie, MB BS, FRACP
 P. W. Harvey, MB BS, FRACP
 J. R. Hazel, MB BS *Qld.* FRSTM&H FRACP
 J. Kouts, MB BS, FRACP FRCPA
 T. I. Robertson, MB BS, FRACP FRCP
 T. Rosenfield, MB BS, FRACP
 P. Russell, MB BS, FRACP
 J. Stewart, MB ChB *N.Z.*, FRCP FRACP
 A. P. Skyring, MB BS, FRACP
 A. Young, MB BS, FRACP FRCP

Clinical Lecturers in Cardiology (part time)

D. V. Cody, MB BS, FRACP
 D. Ross, MB BS *Melb.*, FRACP
 P. Russell, MB BS, FRACP
 J. F. B. Uther, MD BS, FRACP
 A. Young, MB BS, FRACP FRCP

Clinical Lecturers in Dermatology (part time)

C. Commens, MB BS, FACP
 W. E. de Launey, MB BS DDM, FACP FRACP
 J. F. Krivanek, MB BS, FACP

Clinical Lecturers in Endocrinology (part time)

C. J. Eastman, MD BS, FRACP
 J. R. Hazel, MB BS *Qld.* FRSTM&H FRACP
 H. C. Smith, BSc(Med) MB BS, FRACP

Clinical Lecturers in Haematology (part time)

W. Hughes, MB BS, FRCPA
 J. Koutts, MB BS, FRACP FRCPA
 T. I. Robertson, MB BS, FRACP FRCP

Clinical Lecturers in Neurology (part time)

C. F. Elliott, MB BS *Qld.* FRACP
 I. Lorentz, MB BS, FRCP FRACP
 J. G. L. Morris, DM BCh BA *Oxf.*, FRACP FRCP
 G. Walker, MB BS, FRACP
 C. Yiannikas, MB BS, FRACP

Clinical Lecturers in Thoracic Medicine (part time)

P. Despas, MB BS, FRACP
 L. A. Engel, MB BS *Melb.* PhD *McG.*, FRACP
 I. Gardiner, MB BS, FRACP

Clinical Lecturers in Renal Medicine (part time)

S. Lawrence, MB BS, FRACP
 J. Stewart, MB ChB *N.Z.*, FRCP FRACP

Clinical Lecturers in Rheumatology (part time)

G. Howe, MB BS, FRACP
 D. G. Spencer, MB BS, FRACP

Clinical Lecturers in Immunology (part time)

S. Kamath, MB BS DCP, FRCPA
 G. Stewart, BSc(Med) MB BS, FRACP

Clinical Lecturer in Infectious Diseases (part time)

R. Munro, MB BS DipBact *Manc.*, MRCP MRCPPath

*Clinical Lecturers in Nuclear Medicine and
 Ultrasound (part time)*

E. F. Crocker, MB BS BSc *N.S.W.* DDU *Aust.Soc.*
Ult.Med., FRACP
 S. M. Gruenewald, MB ChB MSc *Cape T.*, MRCP
 P. J. Sullivan, MB BS, FRACP
 A. G. Walker, DDU *Aust.Soc.Ult.Med.* MB BS, FRACP

Obstetrics and Gynaecology

Professors

Rodney Philip Shearman, MD BS DGO, FRCOG
 FRACOG
 Appointed 1968

Reader

Bevan L. Reid, MD BS BVSc DTM&H

Associate Professors

Ian S. Fraser, BSc MB ChB *Edin.*, FRCOG FRACOG
 J. Derek Llewellyn-Jones, OBE, BA MD BCh MAO
Dub., FRCOG FRACOG
 Douglas M. Saunders, MD BS, FRACS FRCOG
 FRACOG

Senior Lecturers

Suzanne F. Abraham, MSc PhD *Melb.*
 Diana L. Jakubowicz, MB BS *Melb.*, MRACOG
 Brian J. Trudinger, BSc(Med) MB BS *N.S.W.* DDU
Aust.Soc.Ult.Med., FRCSEd FRACOG FRCOG

Professional Officer Grade IV

Peter M. Blackwell, DipMT *A.I.M.L.T.* MSc, FAIMLS
FRMS

Professional Officer Grade III

Robert Markham, DipMT *A.I.M.L.T.*, FAIMLS

Repatriation General Hospital, Concord

Clinical Lecturer in Gynaecology (part time)

J. K. Tully, MB BS, FRCOG FAGO FRACOG

Royal North Shore Hospital

Clinical Lecturers in Obstetrics and Gynaecology (part time)

E. S. Boyce, MB BS, FRACOG MRCOG

E. D. M. Gallery, MD BS, FRACP

J. C. Hunter, MB BS, FRACOG MRCOG

I. McN. Kelso, MB BS *N.S.W.*, FRACOG MRCOG

J. F. Kemp, MB BS, FRCSEd FRCOG FRACS FAGO FRACOG

I. D. McCrossin, MB BS, FACD

D. C. Morton, DDU *Aust.Soc.Ult.Med.* MB BS, FRCOG FRACOG

W. H. Patterson, MB BS, FRCOG FACS FRACOG

J. C. Pennington, MB BS, FRACOG MRCOG

D. W. Pfanner, MB BS, FRCSEd FRACS FRCOG FRACOG

R. H. Picker, DDU *Aust.Soc.Ult.Med.* MB BS, FRCSEd FRACOG MRCOG

R. Robertson, MB BS, FRACOG MRCOG

D. Smith, MB BS, FRACOG, MRCOG

E. Sussman, MB BS, FRCOG FRACOG

I. D. Truskett, MB BS, FRCOG FRACOG

Clinical Lecturers in Human Reproduction (part time)

C. N. Kellow, BSc PhD *LaT.*

C. J. O'Neill, BSc PhD *N'cle*

M. J. Sinosich, MSc *N.E.*, AAIMLS

Clinical Lecturers in Neonatal Paediatrics (part time)

P. A. Barr, MB BS, FRACP

G. J. Bench, DCH *Lond.* MB BS, FRACP

J. R. Davis, MB BS, FRACP

B. Wyeth, MB BS, FRACP

Royal Prince Alfred Hospital

Clinical Lecturers in Obstetrics and Gynaecology (part time)

K. H. Atkinson, MB BS, FRACOG MRCOG

J. C. Anderson, MB BS, FAGO FRACOG

W. R. S. Birrell, MB BS, FRCOG FRACOG

A. Boogert, MB BS, FRACOG

A. H. Bradfield, MB BS DGO, FRCOG FRACOG

A. G. Child, MB BS, FRACOG MRCOG

J. V. Malcolm Coppleston, MD BS, FRCOG FRACOG

P. M. Elliott, MB BS DGO, FRACOG MRCOG

A. M. Frumar, MB BS, FRCOG FRACOG

F. C. Hinde, MB BS DGO, FRCSEd FRACS FRACOG MRCOG

C. R. S. Houghton, DPhil *Oxf.* BSc(Med) MB BS, FRACOG

R. P. Jansen, BSc(Med) MB BS, FRACP FRACOG MRCOG

A. R. Korda, MB BS, FRACOG MRCOG

R. Lawrence, MB BS DGO, FRCOG FRACOG

R. Lyneham, MB BS, FRACOG MRCOG

J. C. Murray, MB BS, FRCOG FRACOG

M. C. O'Connor, MB BS, DCH, FRACOG MRCOG

G. M. Parkin, MB BS DGO, FRCOG FRACOG

H. J. Solomon, MB BS DGO, FRACOG MRCOG

Clinical Lecturers in Infectious Diseases, Pathology and Cytology in Obstetrics (part time)

P. Bannatyne, MB BS, FRCPA

P. Russell, BSc(Med) MB BS, FRCPA

St Margaret's Hospital

Clinical Lecturers in Obstetrics and Gynaecology (part time)

I. Brake, MB BS, FRCOG FRACOG

T. J. Cody, MB BS, FRACOG MRCOG

K. L. Collins, MB BS, FRCOG FRACOG

D. Eisenberg, MB BS, FRACOG

M. J. Fortune, MA MB BCh *Camb.*, FAGO FRACOG MRCOG

K. G. Hartman, MB BS, FAGO FRACOG MRCOG

K. Hollebhone, MB BS, FRACOG MRCOG

W. B. Molloy, MB BS, FRCS FRCOG FRACOG

J. V. Mutton, MB BS, FRACOG MRCOG

P. Papapetros, MB BS, FRACOG

A. A. Pickett-Heaps, MB BS, FRACOG, MRCOG

S. Robertson, MB BS, FRCOG FRACOG

G. Turner, MB BS DCH, MRCPEd

Clinical Lecturer in Obstetric Anaesthetics (part time)

M. G. Scarf, MB BS, FFARCS

Clinical Lecturers in Care of the Newborn (part time)

D. Bau, MB BS DCH *Lond.*, FRACP MRCP

G. Bench, MB BS DCH, FRACP

P. Chidiac, MB BS, MRCP

P. Van Vliet, BSc MD *N.S.W.* MB BS, FRACP

Clinical Lecturer in Obstetric Medicine (part time)

Richard O'Reilly, MB BS, FRACP

Westmead Hospital

Clinical Lecturers in Obstetrics and Gynaecology (part time)

A. Baccarini, MB BS, FRCOG FRACOG

R. Bellingham, MB BS, FRACOG MRCOG

Phillip S. Cocks, MB BS, FRACOG MRCOG

A. J. Crandon, PhD *Leeds* MB BS, FRACOG MRCOG

G. L. Driscoll, MB BS, FRCS FRCOG MRCOG

R. Fay, MB BS, MRCOG

J. S. Gibson, MB BS, FRCOG FRACOG

W. Giles, MB BS, FRACOG

K. B. Kuah, MB BS *Sing.* AM *Malaya*, FRCOG FICS FRACOG

R. D. MacDonald, MB BS, FRCS FRACS FRCOG FRACOG

G. A. Mobbs, MB BS, FRCOG FRACOG

M. J. Simcock, BMedSc MB ChB *N.Z.*, FRCS FRCOG FRACOG

B. R. Spurrett, MB BS, FRACOG MRCOG

E. Tischler, MB BS, FRACOG MRCOG

Clinical Lecturer in Family Planning (part time)

B. W. Simcock, BSc MB BS, MRCS LRCP

Clinical Lecturers in Gynaecological Pathology (part time)

P. J. Baird, MB BS PhD, FRCPA

R. Osborn, BSc MD BS, FRCP FRCPATH FRCPA MAAC MAC

Clinical Lecturer in Reproductive Biology (part time)

J. Tyler, BSc *S'ton* PhD *Lond.*

Ophthalmology and Eye Health

Professor of Clinical Ophthalmology

Francis Alfred Billson, MB BS *Melb.* DO *R.C.P.&S.*, FRCSEd FRCS FRACS FACS FRACO

Appointed 1977

Lecturers (part time)

Frank Martin, MB BS DO, FRACO FRACS

Justin Playfair, MB BS, FRACS FRACO

Peter A. Rogers, MB BS DO, FRACS FRACO

Lidcombe Hospital*Clinical Lecturers in Ophthalmology (part time)*

R. S. Bengier, MB BS *Adel.*, FRACS FRACO
 J. Chandra, MB BS *Luck.*, FRACS FRACO
 A. Charawanamuttu, MB BS *AM Sing.* DO, FRCSEd
 M. Kearns, MB BS DO, FRACO
 S. H. Sarks, MB BS DO, FRCSEd FRACS LRCP
 G. B. Thomson, MB BS DO
 I. B. Wechsler, MB BS DO, FRACS FRACO

Repatriation General Hospital, Concord*Clinical Lecturers in Ophthalmology (part time)*

F. M. Booth, DO *Lond.* MB BS, FRACS
 I. C. Francis, MB BS, FRACS FRACO
 M. B. Kappagoda, MB BS *Ceyl.* DO *Lond.*, FRCS
 FRACS FRACO
 J. F. Killick, MB ChB *Edin.* DO, FRCS
 A. L. McKay, DO *R.C.P.&S.* MB BS, FRACO

Royal Alexandra Hospital for Children*Clinical Lecturers in Paediatric Ophthalmology (part time)*

G. C. T. Burfitt-Williams, DO *R.C.P.&S.* MB BS,
 FRACO FRACS
 J. W. Hornbrook, DO *R.C.P.&S.* MB BS, FRACO
 FRACS
 F. Martin, MB BS DO, FRACO FRACS

Royal North Shore Hospital*Clinical Lecturers in Ophthalmology (part time)*

C. N. Banks, MA MB BCh *Camb.*, FRCS FRACO
 LRCP
 S. E. Cains, MB BS, FRACS
 D. Campbell, MB BS, FRACS FRACO
 G. C. Hipwell, MB BS DO, FRCS FRACO
 S. Hollo, MD DipOphth *Bud.*, FRACO
 C. M. Rogers, MB BS, FRACS FRACO

Royal Prince Alfred Hospital*Clinical Lecturers in Ophthalmology (part time)*

P. S. Duke, MB BS DO, FRCS FRACS FRACO
 L. F. Hann, MB BS DO, FRACO
 P. H. Hughes, BSc MB BS *N.S.W.* DO *Lond.*, FRACS
 FRACO
 I. B. Jack, MB BS DO, FRACO
 P. J. McCluskey, MB BS *N.S.W.*, FRACO FRACS
 K. M. Silva, MB BS *Qld* DO *R.C.P.&S.*, FRCS FRACO
 H. Stern, MB BS *W.Aust.* DO, FRACO
 R. F. Taylor, DO *Lond.* MB BS, FRACS FRACO
 D. T. Treloar, MB BS DO, FRACS FRACO
 R. D. Williams, MB BS, FRACS FRACO

Sydney Eye Hospital*Clinical Lecturers in Ophthalmology (part time)*

D. Campbell, MB BS, FRACS FRACO
 E. J. Donaldson, MB BS DO, FRACS FRACO
 P. Hanbury, MB BS DO, FRACO
 R. A. Higgins, MB BS DO, FRACS FRACO
 J. W. Hornbrook, DO *R.C.P.&S.* MB BS, FRACO
 FRACS
 A. B. L. Hunyor, BSc(Med) MB BS DO, FRACS
 FRACO
 F. J. Martin, MB BS DO, FRACS FRACO
 E. J. Milverton, MB BS DO, FRACO
 W. Muntz, DO *R.C.P.&S.* & *Vienna* MB BS, FRACO
 G. Pittar, DO *Lond.* MB BS, FRCSEd FRACO
 J. Playfair, MB BS, FRACS FRACO
 L. P. Robinson, MB BS DO, FRACS FRACO
 P. A. Rogers, MB BS DO, FRACS FRACO
 A. W. Wechsler, MB BS, FRACS FRACO

Westmead Hospital*Clinical Lecturers in Ophthalmology (part time)*

D. J. Du Temple, MB ChB *N.Z.* DO *R.C.P.&S.*, FRCS
 FRACS FRACO

J. A. Harding, DO *R.C.P.&S.* MB BS, FRCS FRACS
 FRACO

J. G. Henry, DO *R.C.P.&S.* MB BS, FRCS FRACS
 FRACO

G. G. B. Thomson, MB BS DO, FRACO

Paediatrics and Child Health*Professor of Child Health*

Neil Buchanan, BSc MB BS *Lond.* PhD *Witw.*,
 FCP(SA) FRACP MRCS LRCP
 Appointed 1979

Douglas Burrows Professor of Paediatrics and Child Health

Ronald Kim Oates, MHP *N.S.W.* DCH *R.C.P.&S.* MD
 BS, FRACP FRACMA MRCP
 Appointed 1985

Senior Lecturer (fixed term)

Edward V. O'Loughlin, MB BS, FRACP

Lecturer (temporary)

Penelope Hawe, BSc

Royal Alexandra Hospital for Children*Clinical Lecturers (part time)*

G. Angel-Lord, MB BS
 A. Antony, BSc MD *Pitt.*, FRACP
 D. D. Arnold, MB BS, FRCS FRACS
 P. A. Barr, MB BS, MRACP
 I. R. Barrett, MB BS, FRACS
 E. J. Beckenham, MB BS, FRCSEd FRACS
 B. N. P. Benjamin, OBE, MB BS DLO, FRACS
 D. L. Bennett, MB BS, FRACP
 M. Bergin, MB BS, FRACP
 M. Besser, MB BS, FRACS FRCSCan
 J. M. Brown, MB BS, FRACP
 G. C. T. Burfitt-Williams, DO *R.C.P.&S.* MB BS,
 FRACO
 M. Burgess, MD BS, FRACP
 J. M. Celermajer, MB BS, FRACP
 D. H. Cohen, AM, MB BS, FRACS
 P. Concannon, MB BS, FRACP
 G. Cummins, BSc MB BS *Melb.*, FRACS
 J. R. Davis, MB BS, FRACP
 M. De Silva, MB BS *Ceyl.* DMRD *Lond.*, MRACR
 R. Dewey, MB BS DCH
 J. C. M. Friend, BA MB BS, FRACP MRANZCP
 W. J. Fysh, MB BS, MRCP(UK)
 K. Gaskin, MB ChB *Otago*, FRACP FRCPCan
 M. D. Gett, MB BS, FRACP
 M. J. Glasson, MB BS BAgr, FRCS FRACS MRCPI
 C. Green, MB DCH *Belf.*, FRACP MRCPI MRCP
 W. G. Grigor, MB BS, FRACP
 J. G. Harvey, MB BS *Lond.*, FRCS FRACS LRCP
 R. Hawker, MB BS, FRACP
 P. Hutchins, MB BS, MRCP
 C. A. James, MB BS, FRACP
 K. R. Kamath, MD DCH *Madr.*, FRACP
 B. E. Kearney, MB BS, FRACP
 A. S. Kemp, MB BS *Melb.*, PhD *A.N.U.*, FRACP
 J. P. Keneally, MB BS, FFRACS
 H. A. Kilham, MB BS, FRACP
 A. H. Lam, MB BS *H.K.* DDU *Aust.Soc.Ult.Med.*,
 MRACR
 A. T. Lammi, MB BS, FRACP FRCPA
 A. Lipson, MB BS *N.S.W.*, FRACP
 M. Llewelyn, MB BS
 D. Macauley, MB BS
 A. Mansour, MB BS PhD, FRACP
 H. C. O. Martin, MB BS, FRACS FRCS

E. May, MB BS DCH, FFCM
 J. D. McDonald, MB BS, FRACP
 C. M. Mellis, MB BS, FRACP
 A. W. Middleton, MB BS, FRCS FRACS
 A. S. Oldfield, MB BS, FRACP
 R. A. Ouvrier, BSc(Med) MD BS, FRACP
 P. G. Procopis, MB BS, FRACP
 P. M. Rahilly, BSc MD BS Lond., MRCP
 M. Rogers, MB BS, FACP
 P. B. Rowe, MD BS, FRACP
 L. P. Roy, BSc(Med) MB BS, FRACP
 M. Silink, MD BS, FRACP
 D. O. Sillence, MD *Melb.* MB BS, FRCPA FRACP
 G. B. Soutter, MB BCH *Cape T.* DCH *R.C.P.&S.*, FRACP
 V. Soutter, MB BS, FRACP
 M. Stevens, MB BS, FRACP
 A. R. Tink, MB BS, FRACP
 R. H. Vines, DCH *R.C.P.&S.* MB BS, FRCP FRACP
 B. Webster, MB ChB DCP *Otago*, FRACP
 D. W. Whiteway, MB BS, FRCS FRCSEd FRACS FACS
 R. D. Wines, MB BS, FRCS FRACS FRCSEd
 B. E. Wyeth, MB BS *Qld.* FRACP
 J. S. Yu, DCH *R.C.P.&S.* MB BS, FRACP

Clinical Lectures in Child Psychiatry (part time)

J. L. Brennan, BSc(Med) MB BS, MRANZCP
 M. Fairley, MB BS, MRANZCP

Royal North Shore Hospital

Clinical Lecturers (part time)

J. Arnold, MB BS, FRACP
 P. Barr, MB BS, FRACP
 G. J. Bench, DCH *Lond.* MB BS, FRACP
 J. Davis, MB BS, FRACP
 B. Wyeth, MB BS, FRACP

Royal Prince Alfred Hospital

Clinical Lecturers in Care of the Newborn (part time)

M. Gett, MB BS, FRACP
 D. Henderson-Smart, MB BS PhD, FRACP
 C. James, MB BS, FRACP
 P. M. Rahilly, BSc MD BS Lond., FRCP
 G. N. B. Storey, DABP *Amer.Bd Paediatrics* MB BS, FRACP

Westmead Hospital

Clinical Lecturers (part time)

D. Cass, MB BS, FRACS
 A. Chong, MB BS MMed *Sing.*, FRACP
 S. Clarke, MB BS, FCP(SA)
 M. Deloughery, MB BS, FRACP
 A. M. Fasher, MB BS
 B. Filmer, MB BS, FRACP FRCS FACS
 M. Frost, MB BS
 A. Greenberg, MB BS
 E. Haskard, DPH, MRCS LRCP
 E. John, MB BS *Madr.*, FRACP
 B. E. Kearney, MB BS FRACP
 P. W. Knight, MB BS, FRACP
 G. C. Miller, MB BS, FRACP
 S. O'Flaherty, MB BS, FRACP
 J. Pitkin, MB BS, FRACP FRCS
 C. C. Poon, MB BS, FRACP
 D. Thomas, MD BS, FRACP
 P. Van Asperen, MB BS, FRACP
 M. West, MB BS, MRANZCP
 D. Whiteway, MB BS, FRCS FRACS FACS

Temporary Lecturer

P. Hawe, BSc

Pathology

Professors

David Agar Cameron, MDS PhD
 Appointed 1968
 Alan Beh Puan Ng, MB BS *Melb.*, FASCP FIAC
 FASDerm FRCPA
 Appointed 1980
 Susan Evelyn Dorsch, MB BS PhD
 Appointed 1983

Professor of Neuropathology

Clive Gordon Harper, MB BS, FRCPA
 Appointed 1985

Clinical Professor

Ernest Sydney Finckh, MD BS DCP, FRCPA FRACP
 FRCPath
 Appointed 1978

Reader

John R. Gibbins, MDS PhD

Senior Lecturer

Leslie Arnold, BSc(Med) MB BS PhD

Lecturer

Annabelle Farnsworth, MB BS, FRCPA

Senior Tutor

David J. Gorman, BSc(Med) MB BS

Visiting Senior Lecturer (part time)

W. A. Evans, BSc(Med) MB BS DCP, FRCPA

Visiting Lecturers (part time)

P. Bale, MB BS *Melb.*, FRCPA MRCPPath
 A. M. Bilous, MA MB ChB *Oxf.*, FRCPA
 W. H. Brighton, MB BS, FRCPA
 T. Jelihovsky, MB BS DCP
 R. C. Newland, BSc(Med) MB BS DCP, FRCPA
 E. J. Wills, BSc MD BS DCP

Visiting Tutors

S. Andersen, MB BS, FRCPA
 B. Arnold, MB BS, FRCPA
 F. Chambers, MB BS
 A. Chan, MB BS, FRCS
 I. Cheng, MB BS *H.K.*, FRACP
 S. Cheng, MB BS
 S. Danieleto, BSc MB BS
 V. Geddes-Dwyer, MB BS
 M. Gibson, MB BS
 L. Gupta, MB BS *Delhi*
 H. G. Healy, MB BS, FRACP
 N. M. Hedberg, BDS
 J. F. Huang, MB BS
 N. Hunter, BDS PhD
 K. L. Kneale, MB BS, FRCPA
 S. Kondapalli, MB BS
 H. Lunzer, MB BS *Lond.*, MRCS LRCP
 G. Martin, MB BS, FRCPA
 E. McGirr, MB BS, FRACP
 R. L. O'Grady, BSc BDS PhD
 S. Prakash, MD BS DCP *Madr.*
 P. Samson, MA MB BS
 H. Stenning, BSc MB BS, MRCOG MRACOG
 M. Van Rooijen, MB BS
 H. Yeung, MB BS *H.K.*, FRCPA

Professional Officers Grade III

Graeme L. Morrison, DipMT *A.I.M.L.T.*, FAIMLS
 Bruce H. Munro, DipMT *A.I.M.L.T.*, FAIMLS

Pharmacology

Reckitt and Colman Professor of Clinical Pharmacology

John Shaw, MB BS PhD, FRACP
Appointed 1979

Professor

Graham Allen Ross Johnston, PhD *Camb.* MSc, FRACI
Appointed 1980

Reader

Gregory B. Chesher, MSc PhD

Associate Professors

L. Bruce Cobbin, BSc *Melb.* PhD
David M. Jackson, BPharm MSc PhD
J. Paul Seale, MB BS PhD *Lond.*, FRACP
Graham A. Starmer, MSc *Manc.* PhD
Diana M. Temple, BSc *W.Aust.* MSc PhD

Clinical Associate Professor

Gillian M. Shenfield, MA BCh DM *Oxf.*, FRCP
FRACP

Senior Lecturers

Robin D. Allan, BSc *Qld* PhD *James Cook*
Rosemarie Einstein, BSc PhD
Ewan J. Mylecharane, BPharm *Vic.I.C.* BSc PhD *Melb.*

Tutors

Edward J. Damas, BSc
A. Susie Mihailidou, BSc
Susan D. Whicker, BSc *Adel.*

Clinical Lecturers (part time)

J. L. Black, MB BS PhD
G. M. Eckert, MB BS MSc PhC, FPS

Honorary Appointments

Honorary Associate

S. D. Anderson, PhD *Lond.* BSc

Research Affiliates

Professor P. R. Andrews, BSc PhD *Melb.*
J. Boutagy, BPharm MSc PhD
L. P. Davies, BSc *Flin.* PhD *A.N.U.*
G. M. Eckert, MB BS MSc PhC, FPS
J. J. Grygiel, BPharm MD BS, FRACP
R. Malor, BSc PhD
J. F. Marwood, BSc PhD *W.Aust.*
C. M. Mellis, MB BS, FRACP
I. Spence, BSc PhD *Monash*
G. S. Stokes, MD BS, FRACP
R. P. Weatherby, BPharm MSc PhD

Physiology

Professors

Michael Gleeson Taylor, MD BS *Adel.* PhD DSc *Lond.*, FRACP

Appointed 1961

Appointed Deputy Vice-Chancellor 1975

William Burke, BSc PhD *Lond.*

Appointed 1967

John Atherton Young, BSc(Path) MD BS DSc *Qld.*, FRACP

Appointed 1976

Reader

Joseph F. Y. Hoh, PhD *A.N.U.* BSc(Med) MB BS

Associate Professors

David F. Davey, BSc PhD *McG.*
Barry S. Gow, MDS PhD, FRACDS
David J. C. Read, MD BS, FRACP
Ann E. Sefton, BSc(Med) MB BS PhD

Senior Lecturers

Brian G. Cleland, BE *N.S.W.* MS PhD *Northwestern*
Roger A. L. Dampney, BSc PhD
Brian J. Morris, BSc *Adel.* PhD *Monash*
Alan G. Pettigrew, BSc PhD

Lecturer (temporary)

David I. Cook, BSc(Med) MB BS MSc

Tutors (half time)

Simon Carlile, BSc
Miriam I. Fabian, PhD *Lond.* BSc

Professional Officer Grade III

Donald J. Bowen, HNC LIBiol *Lond.* BA *Mitchell*
C.A.E., MRSH

Professional Officer Grade II

John W. A. Dodson, HNC *Lond.*, MIEEIE

Honorary Appointments

Research Affiliates

I. Hutchinson, BSc *Lond.* PhD *Leeds*
J. M. Lingard, BSc *Qld* PhD
A. Van der Valk, BA *Macq.* MSc

Psychiatry

Professors

Pierre Joseph Victor Beumont, MB ChB *Pret.* MSc *Oxf.*
MPhil *Lond.* DMP, FRANZCP FRACP FRCPsych
MRCPed

Appointed 1975

Russell Ainslie Meares, MD BS *Melb.* DPM *Lond.*,
FRANZCP FRCPsych

Appointed 1985

Associate Professors

Gordon F. S. Johnson, MB BS *Qld* DPM *Lond.*,
FRCPsych FRANZCP
Christopher C. Tennant, MD BS MPH DPM,
MRCPsych MRANZCP

Senior Lecturer

Ralph J. Schureck, MA DPM *Camb.* MB BS *Qld*
MHPed *N.S.W.*, MRCPsych MRANZCP

Lecturers

Robert Hampshire, MB BS, MRANZCP
Janice Russel, MB BS, FRACP MRANZCP

Honorary Appointment

Research Affiliate

J. Bergen, MB BS, MRANZCP

Banks House, Bankstown District Hospital

Clinical Lecturers (part time)

M. Giuffrida, MB BS, MRANZCP
W. B. Andrews, MB BS, MRANZCP

Cumberland Hospital

Clinical Lecturers (part time)

C. S. Balaraman, MB BS *Mad.*, MRANZCP
K. A. Henson, MB BS, FRANZCP
C. Kordick, MB BS, MRANZCP
G. J. M. Westerink, MB ChB *N.Z.* DPM *Melb.*,
FRANZCP

Lidcombe Hospital

Clinical Lecturers (part time)

D. Learoyd, MB BS, MRANZCP
J. Pettigrew, MB BS, MRANZCP
R. Schmidtman, MB BS, MRANZCP
S. Williams, MB BS, FRANZCP

Macquarie Hospital

Clinical Lecturers (part time)

W. A. Barclay, MSc Col. BSc(Med) MB BS DPM, FRANZCP
S. K. Dutta, MB BS Calc. DPM Lond., MRCPsych
R. Kaneyson, MB BS Calc. MPM Malaya, MRANZCP
D.J. Kral, MB ChB MHP, FRANZCP MRCPsych
M. D. McGrath, MB ChB Leeds DPM, FRANZCP MRCPsych
D. I. Nasser, MB BS DPM Qld MHP MHPed N.S.W., FRANZCP FRACMA MRCPsych
A. Rosen, MB BS DPM, MRANZCP MRCPsych
A. Smallman, MB BS, MRANZCP

Northside Clinic (an affiliated teaching unit of the Department of Psychiatry)

Clinical Lecturers (part time)

B. Glass, MB ChB Cape T., MRANZCP
K. Mayne, MB BS, FRANZCP MRCPsych
C. MacFie, MB ChB Glas. MPhil Lond. DPM, MRCP MRCPsych MRANZCP
R. Morstyn, MB BS Monash DipABPN Harv., MRANZCP
A. Orsmond, MB BS Lond. DPM, FRANZCP MRCPsych MRCS LRCP
J. Phillips, MB BS Melb. FRANZCP
J. Williams, BSc(Med) MB BS DA, FRANZCP

Palmerston Clinic—Hornsby Hospital

Clinical Lecturers (part time)

W. Eaton, MB BS, MRCPsych MRANZCP
M. Roberts, MB BS, MRANZCP

Repatriation General Hospital, Concord

Clinical Lecturers (part time)

B. Boman, MB BS, MRANZCP
M. J. Fairley, MB BS, MRANZCP
A. E. McCarron, MB BS, MRANZCP
M. G. Roxanas, MB BS N.S.W. FRANZCP
C. Smith, MB BS, MRANZCP
G. S. Spragg, MB BS DPM, FRANZCP
J. H. Streimer, MB BS, MRANZCP

Rozelle Hospital

Clinical Lecturers (part time)

H. Barnes, MB BS, FRANZCP
M. H. D. Johnson, MB ChB Cape T., MRCPsych MRANZCP
P. H. Merory, BM DOMS Lond. DPM, FRANZCP MRCS MRCPsych LRCP

Rydalmere Hospital

Clinical Lecturers (part time)

R. Elliott, MB BS, MRANZCP
D. Johns, MB BS Qld, FRANZCP
R. D. Moorthy, MB BS Madr., MRANZCP
G. Murugesan, MB BS MPM Malaya BHA N.S.W., FRANZCP FRACMA MRCPsych
C. Sochan, MB BS, MRANZCP

Royal North Shore Hospital

Clinical Lecturers (part time)

R. Bartrop, MD N.S.W. DPM MB BS Lond., FRACP MRCPsych MRANZCP
M. Freeman, MB BS DPM, MRANZCP
J. Greenwood, MB BS, MRANZCP
R. Kaneyson, MB BS Calc. MPM Malaya, MRANZCP
J. G. Short, MB BS, FRANZCP
J. H. Streimer, MB BS, MRANZCP
J. A. Telfer, MB BS, FRANZCP
J. A. Thompson, BSc MB BS, FRANZCP
J. M. Vautin, MB BS DipEd, MRANZCP

Royal Prince Alfred Hospital

Clinical Lecturers (part time)

G. J. Barnes, MB BS, FRANZCP MRCPsych
M. Bashir, MB BS, FRANZCP
J. Bergin, MB BS, FRANZCP
F. J. Buttsworth, MB BS, FRANZCP
R. Cooper, MB BS, FRANZCP
R. Gertler, MB BS, FRANZCP
A. Gilandas, BSc Oregon MSc PhD
M. Jennings, MB BS DPM, FRANZCP FRCPCan
K. Kerr, MB BS, FRANZCP MRCP
J. Plapp, BA Melb. PhD St Louis
J. Rey, MD, MRANZCP
I. Richards, MB BS, MRANZCP
H. H. Smartt, MB BS DPM, FRANZCP
S. Touyz, BSc PhD Cape T. BSc Witw.
R. B. Vickery, MB BS DPM, FRANZCP
R. T. White, MB BS DPM, FRANZCP MRCPsych

Westmead Hospital

Clinical Lecturers in Psychiatry (part time)

G. A. Edwards, MD MHA N.S.W. DPM, FRANZCP MRCPsych
R. Garofali, MA DipPsychol
P. Morse, MB BS, FACMA MRANZCP
M. Nicholas, MSc Auckland MPsychol
A. Robertson, MB BS Lond. MRCS MRANZCP LRCP
L. I. Sregel, MD DPM, FAPA MRANZCP
J. Stephenson, MB BS, MRANZCP
G. J. M. Westerink, MB ChB N.Z. DPM Melb., FRANZCP
N. Whan, MB BS, MRCPsych
R. W. White, MB BS DPM, FRANZCP MRCPsych

Radiology¹

Lidcombe Hospital

Clinical Lecturer in Radiology (part time)

B. T. Hammond, MB BS, MRACR

Repatriation General Hospital, Concord

Clinical Lecturers in Radiology (part time)

G. R. Faithful, MB BS DDR, FRACR FRCR
S. C. Kos, MB BS, FRACR
M. C. Schieb, PhC MB BS DDR, FRACR FRACP
W. F. Sporr, MB BS DDR

Royal Alexandra Hospital for Children

Clinical Lecturers in Paediatric Radiology (part time)

M. D'Silva, MB BS Ceyl. DMRD R.C.P&S., MRACR
A. H. Lam, MB BS H.K., MRACR

Royal North Shore Hospital

Clinical Lecturers in Radiology (part time)

V. J. Acton, MB BS DDR, MRACR
I. F. Anderson, MB BS, MRACP
J. G. Barratt, MB BS, MRACR
D. Brazier, MB BS, FRACR
G. M. Briggs, DMRD R.C.P&S. MB BS, FRCR
J. D. Cashman, MB BS
G. K. Chapman, MB BS, FRACR
B. R. Figtree, MB BS, MRACR
A. J. Fulton, MA MB BChir Cantab. DMRD Lond. DDU, FRCR FRACR
V. S. Grinnell, BA Harv. MD U.S.C.
J. H. Hunt, MB BS, FRACR
M. W. Jones, BSc(Med) MB BS, FRACR
P. K. Macintosh, MB BS, MRACR
C. N. Mathews, MB ChB Manc. DDR, FRACR FRCR
J. Roche, MB ChB Liv., MRACR
P. A. Scamps, MB BS, FRACP MRACR
W. A. Sorby, MB BS, FRACP FRACR
P. C. Wilson, MB BS DDR DDU, FRACP FRACR
H. D. Wood, MB BS, FRACP MRACR

¹ Not a department in the university.

Royal Prince Alfred Hospital*Clinical Lecturers in Radiology (part time)*

M. E. Birchland Stewart, MB BS DDR, FRACR
 J. M. Hallinan, MB BS, FRCR FRACR
 L. J. Harding-Smith, MB BS DDR, MRACR
 T. S. Lamond, MB BS DDR, FRACR
 B. A. Markell, DMRD R.C.P.&S. MB BS, FRCR
 FRACR MRCP
 J. F. Ryan, MB BS, FRACP
 K. J. Sherbon, DDU Aust.Soc.Ult.Med. MB BS DDR,
 FRACR FRCR
 A. B. Thiele, MB BS DDR, FRCR
 R. Waugh, MB BS DDR, FRACR

Westmead Hospital*Clinical Lecturers in Radiology (part time)*

E. M. Broadfoot, DCH Lond. DDU Aust.Soc.Ult. Med.
 MB BS DDR, MRACR
 K. C. Simmons, MB BS, MRACR
 Y. S. Soo, MB BS H.K. DMRD R.C.P.&S., MRACR

Radiotherapy¹**Repatriation General Hospital, Concord***Clinical Lecturers in Radiotherapy (part time)*

B. W. McEwen, MB BS, FRACR FRCR
 R. L. Woods, MB BS Lond., FRACP MRCS MRCP

Royal North Shore Hospital*Clinical Lecturers in Radiotherapy (part time)*

B. J. Biggs, MB BS Melb. DTM&H, MRACR
 M. Holecek, MB BS, MRACR
 A. Mallik, MB BS Calc. DMRT Lond. FRCR
 R. T. H. Shephard, MB BCh Oxt. DMRT Liv. &
 Lond., FRCR

Royal Prince Alfred Hospital*Clinical Lecturers in Radiotherapy (part time)*

D. Green, MB BS, FRACR FRACS FRCS
 J. K. Donovan, DMRT Lond. MB BS, FRACR
 P. J. Duval, MB BS, FRCR FRACR

Westmead Hospital*Clinical Professor of Radiotherapy*

Allan Ogilvie Langlands, BSc MB ChB DMRT Edin.,
 FRCR FRACR FRCSEd

Clinical Lecturer in Radiotherapy (part time)

K. W. Tiver, MB BS, MRACR

School of Public Health and Tropical Medicine

[See 'Other units' at the end of the Faculty of Medicine section]

Surgery*Bosch Professor of Surgery*

Gerald White Milton, MB BS Adel., FRCS FRACS
 Appointed 1966

Professor of Orthopaedics and Traumatic Surgery

Thomas Kinman Fardon Taylor, DPhil Oxf. MB BS,
 FRCS FRCSEd FRACS
 Appointed 1969

Professors

Thomas Smith Reeve, CBE, DDU Aust.Soc.Ult. Med.

MB BS, FACS FRACS Hon.FRACR

Appointed 1974

John Miles Little, MD MS, FRACS

Appointed 1977

James May, MB MS, FRACS FACS

Appointed 1979

Robert J. Lusby, MD BS N.S.W. MD Brist., FRCS
 FRACS

Appointed 1983

Raymond E. Purves Professor (in the field of Transplantation)

Ainslie Glenister Ross Sheil, BSc MA Oxf. MB MS Qld,
 FRCS FRACS FACS

Appointed 1978

Professor of Otolaryngology

William Peter Rea Gibson, MD BS Lond., FRCS
 (Otolaryngology)

Appointed 1983

Director of the Gordon Craig Urological Research Laboratories

Paul M. Satchell, BSc(Med) MB BS PhD, FRACP

Associate Professors

William H. McCarthy, MEd Ill. MB BS, FRACS

Janet McCredie, DMRD Lond. MD BS, FRCR FRACR
 (Diagnostic Radiology)

Frederick O. Stephens, MD MS, FRCSEd FACS
 FRACS

Senior Lecturers

E. Lesley Bokey, MB MS, FRACS

Stephen A. Deane, MB BS, FRACS FRCS (temporary)

John P. Fletcher, MB BS W.Aust., FRCS FRACS

John P. Harris, MB BS, FRCS FRACS (temporary)

John E. Payne, MB BS, FRCSEd

Michael D. Ryan, MB BS, FRCSEd FRACS

Ross C. Smith, MD BS N.S.W., FRACS

Senior Lecturers (part time)

Michael Appleberg, MB BCh Witw., FCS(SA) FRACS

Christopher P. Bambach, MB BS, FRACS

Pierre H. Chapuis, MB DS Qld, FRACS

Michael S. Stephen, MB BS, FRACS

Clinical Senior Lecturer

Peter F. Thursby, MB BS, FRACS

Lecturers (temporary)

Leigh W. Delbridge, BSc(Med) MB BS, FRACS

David W. Storey, MB BS, FRCS FRACS

Director of the Raymond Purves Laboratories

Peter Ghosh, BSc Lond. PhD, FRACS ARIC

Lecturer to Dental Students (part time)

Nicholas A. Packham, BDS MB BS, FRACS

Lecturer in Plastic Surgery (part time)

Edward W. Gibson, MB MS, FRACS FACS

Lecturers in Surgical Diseases of Children (part time)

D. H. Cohen, MB BS, FRACS

A. W. Middleton, MB BS, FRCS FRACS

Lecturers in Orthopaedics and Traumatic Surgery (part time)

Francis W. Marsden, MB BS, FRCSEd FRACS

Stephen Ruff, MB BS, FRACS

David H. Sonnabend, MB BS, FRACS

Lecturers in Ear, Nose and Throat Surgery (part time)

Craig Johnson, MB BS (temporary)

Bruce N. P. Benjamin, MB BS DLO, FRACS

Professional Officers Grade III

Desmond Varga, Diplng E.L. Bud.

Douglas Mears, DipMIT S.T.C., FACBS FRMS MASM

¹ Not a department in the university.

Honorary Appointments

Research Affiliates

O. Dent, MA PhD

G. Kossoff, BSc DEng

A. Sendel, MD *Justus Liebig*, FRACR

Lidcombe Hospital

Clinical Lecturers in Surgery (part time)

F. Bonar, MB BS, FRACS FRCS

P. Catts, MB BS, FRCS FRACS

M. Hughes, MB BS, FRACS

W. O. Shields, BSc MB ChB *Glas.*, FRCSEd

B. H. Stone, MB BS, FRCSEd

P. F. Thursby, MB BS, FRACS

S. K. C. Wong, MB BS, FRACS FRCSEd

Clinical Lecturers in Ear, Nose and Throat Surgery (part time)

O. Harrison, MB BS, FRACS

V. Rasa, MB BS *Cey.*

Clinical Lecturer in Neurosurgery (part time)

B. Kwok, MB BS, FRACS

Clinical Lecturers in Orthopaedic Surgery (part time)

G. Kalnins, MB BS, FRCSEd FRACS

J. Walsh, MB ChB *Otago*, FRCSEd FRACS

Clinical Lecturer in Reconstructive Surgery (part time)

N. V. Sweeney, MSc MB BS, FRACS FRCSEd

Clinical Lecturers in Urology (part time)

J. Boulas, MB BS, FRACS

A. Mitterdorfer, MB BS, FRACS

Macquarie Hospital

Clinical Lecturers in Surgery (part time)

D. E. Cam, MB BS, FRCS FRACS

S. Khan, MB BS *Osm.*, FRACS FRCSEd

Mater Misericordiae Hospital, North Sydney

Clinical Lecturers in Surgery (part time)

F. H. D. Breslin, MB BS, FRCS FRACS

G. J. Coorey, MB BS, FRCS FRACS

M. K. Eagleton, MB BS, FRCS FRACS

I. R. Fielding, DPharm MB BS, FRCS FRACS

T. O'Connor, MB BS, FRCS FRACS

B. F. Sheridan, MB BS, FRCS FRCSEd FRACS

Clinical Lecturers in Orthopaedic Surgery (part time)

R. A. Elliott, MB BS, FRCS FRACS LRCP

F. J. Harvey, MB BS MChOrth *Liv.*, FRCS FRCSEd FRACS FACS

A. Hodgkinson, MB BS, FRCSEd FRACS FACS

J. P. H. Stephen, MB BS, FRCS FRACS

Repatriation General Hospital, Concord

Clinical Lecturers in Surgery (part time)

P. H. Chapuis, MB DS *Qld*, FRACS

R. C. Claxton, MB BS, FRCS FRCSEd FRACS

D. Dunn, MB BS, FRACS

M. M. De Burgh, MB BS, FRACS

D. J. Gillett, ChM *Liv.* MB BS, FRCS FRCSEd FRACS

A. C. Gray-Weale, MB BS, FRACS

R. J. Healey, MB BS, FRCS FFR FRACS MCRA

J. Hollinshead, MB BS, FRACS

W. J. Hughes, MB BS, FRCS FRACS

P. B. Humphries, MB BS, FRCS FRCSEd FRACS

P. J. Kennedy, MB BS MDS, FRACDS FRACS

S. G. Koorey, MB BS, FRCS FRACS

E. R. Lippey, MB BS, FRACS FRCS

D. C. Mackenzie, MB BS, FRCS

J. E. Moulton, MB BS, FRCS FRCSEd FRACS

M. T. Pheils, MA MB MChir *Camb.*, FRCS FRACS LRCP

Clinical Lecturers in Ear, Nose and Throat Surgery (part time)

O. J. Davies, MB BS DLO, FRACS

J. Szasz, MB BS DLO

Clinical Lecturers in Neurosurgery (part time)

N. Dan, MB BS, FRCS FRACS

H. E. Hudson, MD *Chile*, FRACS

Clinical Lecturers in Orthopaedic Surgery (part time)

R. J. E. D. Higgs, MB BS *Lond.* FRCSEd FRACS (Orth)

K. Hume, MB BS, FRCS FRACS

W. P. Lennon, MB BS, FRACS

K. W. Walter, MB BS, FRCSEd FRACS

Clinical Lecturers in Reconstructive Surgery (part time)

T. R. M. Furber, MB MS, FRACS

P. Haertsch, MB BS, FRACS FRCSEd

A. W. Lewis, MB BS, FRACS

Clinical Lecturers in Urology (part time)

J. H. Alexander, MB BS, FRACS

A. Lalak, MB BS, FRCSEd FRACS

P. W. O. Maher, MB BS, FRCS FRACS

A. Mitterdorfer, MB BS, FRACS

Royal Alexandra Hospital for Children

Clinical Lecturers in Paediatric Surgery (part time)

D. H. Cohen, AM MS, FRACS

G. Cummins, BSc(Med) MB BS, FRACS

M. J. Glasson, MB BS, FRCS FRACS

J. G. Harvey, MB BS, FRCS FRACS

H. C. O. Martin, MB BS, FRACS FRCS

A. W. Middleton, MB BS, FRCS FRACS

Clinical Lecturers in Paediatric Ear, Nose and Throat Surgery (part time)

E. J. Beckenham, MB BS, FRACS FRCSEd

B. N. P. Benjamin, OBE, MB BS DLO, FRACS

Clinical Lecturers in Paediatric Neurosurgery (part time)

M. Besser, MB BS, FRCS FRACS

I. H. Johnston, MB ChB *St.And.* BSc, FRCS FRCSEd

Clinical Lecturers in Paediatric Orthopaedic Surgery (part time)

I. Barrett, MB BS, FRACS

M. D. Ryan, MB BS, FRCSEd FRACS

D. W. Whiteway, MB BS, FRCS FRCSEd FRACS FACS

Clinical Lecturers in Paediatric Urology (part time)

D. D. Arnold, MB BS, FRCS FRACS

R. B. Filmer, MB BS, FRACS FRCS FACS

R. D. Wines, MB BS, FRCS FRACS

Royal North Shore Hospital

Clinical Lecturers in Surgery (part time)

M. Appleberg, MB BCh *Witw.*, FCS(SA) FRACS

C. P. Bambach, MB BS, FRACS

A. R. Brown, MB ChB *N.Z.*, FRCS FRACS

G. A. Cutler, BEc MB BS, FRCS FRACS

G. Douglas, MB BS, FRACS

M. K. Eagleton, MB BS, FRCS FRACS

I. R. Fielding, MB BS, FRCS FRACS

N. A. Fowler, MB BS, FRCS FRACS

J. Graham, MB BS, FRACS

R. M. Hollings, MB BS, FRCS FRACS

P. B. Humphries, MB BS, FRCSEd FRCS FRACS

S. Khan, MB BS *Osm.*, FRACS FRCSEd

R. Lane, DDU *Aust.Soc.Ult.Med.* MB BS., FRCS FRCSEd FRACS

M. J. Morris, BSc(Med) MB BS, FRACS

B. J. Parker, MB BS, FRCSEd FRACS
 J. P. Percy, MB BS, FRACS FRCS
 B. Piper, MB BS, FRCSEd FRACS
 A. G. Poole, MB BS, FACS FRACS
 S. B. Rutkowski, MB BS
 D. Stephenson, MB BS, FRACS FRCSEd
 J. D. Yeo, MB MS, FRACS

Clinical Lecturers in Cardiothoracic Surgery (part time)
 C. W. Deal, MB BS, FRCSEd FRCS FRACS
 A. Gale, MB BS, FRACS MRACP
 D. E. Ross, MB BS, FRCSEd FRACS

Clinical Lecturers in Ear, Nose and Throat Surgery (part time)
 O. J. Davies, MB BS DLO, FRACS
 A. C. Dowe, DLO Lond. MB BS, FRCS FRCSEd FRACS
 G. Lucchese, MB BS, FRCSEd FRCS

Clinical Lecturers in Neurosurgery (part time)
 J. M. F. Grant, MB BS, FACS FRACS
 R. G. Rushworth, MB BS, FRCS FRACS

Clinical Lecturers in Orthopaedic and Traumatic Surgery (part time)
 K. R. Daymond, MChOrth Liv. MB BS, FRCSEd FRACS
 D. Dixon, MB BS, FRACS
 F. J. Harvey, MChOrth Liv. MB BS, FRCSEd FRCS FRACS
 R. W. D. Middleton, MB BS, FRCSEd FRACS
 D. H. Sonnabend, BSc (Med) MB BS, FRACS

Clinical Lecturers in Reconstructive Surgery (part time)
 R. Barnett, MB BS, FRACS
 R. P. Chandler, MB BS, FRCS FRACS
 P. J. O'Keefe, MB BS, FRCS FRACS
 J. Vanderwood, MB BS, FRACS

Clinical Lecturers in Urology (part time)
 J. H. Alexander, MB BS, FRACS
 F. Breslin, MB BS, FRACS
 D. H. Keller, MB BS, FRCS FRACS
 J. A. A. H. Saalfeld, MB BS, FRCS FRACS

Royal Prince Alfred Hospital

Clinical Lecturers in Surgery (part time)
 P. J. Burke, MB BS, FRACS
 A. A. Evers, MB BS, FRACS
 D. C. Glenn, BSc(Med) MB BS, FRCS FRACS
 J. E. D. Goldie, MB BS, FRCS FACS FRACS
 D. Millons, MB BS, FRACS
 B. P. Morgan, MB BS, FRACS
 G. R. Nicks, OBE, MB ChM N.Z., FRCS FRCSEd FRACS
 F. W. Niesche, MB BS, FRCS FRACS
 C. O'Brien, MB BS, FRACS
 R. C. Opie, MB MS, FACS FRACS
 N. A. Packham, BDS MB BS, FRACS
 D. M. V. Rea, MB ChB N.Z., FRCS FRACS
 S. B. Renwick, MB BS, FRCS FRACS FACS
 L. M. Roberts, MB BS, FRCS FRACS
 D. M. Sheldon, MB BS, FRCS FRACS
 M. Spigelman, MB BS, FRCS FRACS
 M. Stephen, MB BS, FRCS FRACS
 G. Ramsey Stewart, MB BS, FRCS FRACS FRCSEd FACS
 R. West, MB BS, FRCS FRACS

Clinical Lecturers in Ear, Nose and Throat Surgery (part time)
 G. M. Halliday, MB BS, FRCSEd
 J. H. Lancken, MB BS, DLO, FRACS

D. Pohl, MB BS, FRACS
 J. Scoppa, MB BS, FRACS
 J. H. Seymour, MB BS, FRACS

Clinical Lecturers in Neurosurgery (part time)
 M. Besser, MB BS, FRACS FRCS
 G. K. Vanderfield, MB BS, FRACS FACS

Clinical Lecturers in Orthopaedic Surgery (part time)
 I. Barrett, MB BS, FRACS
 P. Holman, MB BS, FRACS
 R. Honner, MB BS, FRCS FRACS
 D. Macdonald, MB ChB N.Z., FRACS
 F. W. Marsden, MB BS, FRCS FRACS
 H. D. D. Tyer, MB BS, FRACS
 K. W. Walter, MB BS, FRCS FRACS

Clinical Lecturers in Plastic and Reconstructive Surgery (part time)
 E. W. Gibson, MB MS, FRACS
 A. E. D. Meares, MB BS, FRCS FRACS

Clinical Lecturers in Thoracic Surgery (part time)
 D. K. Baird, BSc(Med) MB BS, FRCS FRACS
 A. F. Grant, MB BS, FRCS FRACS
 C. F. Hughes, MB BS, FRACS
 B. D. Leckie, MB BS, FRCS FRCSEd

Clinical Lecturers in Urology (part time)
 D. D. Arnold, MB BS, FRCS FRACS
 J. Boulas, MB BS, FRACS
 G. J. Coorey, MB BS, FRCS FRACS
 B. S. Pearson, MB BS, FRCS FRACS
 J. Rogers, MB BS, FRCS FRACS
 R. Wines, MB BS, FRACS FRCSEd FRCS

Westmead Hospital

Clinical Lecturers in Surgery (part time)
 B. H. Barraclough, MB BS, FRACS
 T. B. Comins, MB BS, FRCSEd FRACS
 R. Campbell, MB BS, FRCSEd FRACS
 D. G. Failes, MB BS, FRCS FRACS
 J. Grassby, MB BS, FRACS
 S. J. Hazelton, MB BS, FRACS FRCS
 D. S. Johnson, MB BS, FRCS FRACS
 I. Kalnins, MB BS, FRACS
 I. C. O'Rourke, MB BS, FRCS FRACS
 W. Roney, MB BS, FRCSEd FRCS
 G. V. Shead, MB MS, FRCS FRACS

Clinical Lecturers in Ear, Nose and Throat Surgery (part time)
 J. Currotta, BSc MB BS, FRACS
 P. F. Kevin, MB BS, FRCS FRACS
 P. W. Noyce, MB BS, FRACS

Clinical Lecturer in Facio Maxillary Surgery (part time)
 A. J. Coren, BDS, FDSRCS FFDRCS

Clinical Lecturers in Neurosurgery (part time)
 N. W. C. Dorsch, MB BS, FRCS
 M. R. Fearnside, MB MS, FRACS

Clinical Lecturers in Orthopaedic Surgery (part time)
 J. L. Cummine, MB BS, FRACS
 P. J. McGrath, MB BS, FRCS FRACS
 D. W. Whiteway, MB BS, FRCS FRACS FACS
 J. T. Wong, MB BS, FRACS

Clinical Lecturers in Paediatric Surgery (part time)
 D. Cass, BSc(Med) MB BS, FRCS FRACS
 J. Pitkin, MB BS, LRCP FRCS FRACS

Clinical Lecturer in Paediatric Urology (part time)
 R. B. Filmer, MB BS, FRCS FRACS FACS

Clinical Lecturers in Reconstructive and Plastic Surgery (part time)

G. P. Curtin, MB BS BDS, FRCS FRACS FRACDS
P. G. Thompson, MB BS, FRCS FRACS
G. N. Threlfall, MB BS, FRACS
V. Zielinski, MB BS, FRACS

Clinical Lecturers in Thoracic Surgery (part time)

T. B. Cartmill, MB BS, FRACS
D. C. Johnson, MB BS, FRACS
G. Nunn, MB BS, FRACS

Clinical Lecturers in Urology (part time)

J. Boulas, MB BS, FRACS
A. Brooks, MB BS, FRACS
M. Drummond, MB BS, FRCS FRACS

OTHER TEACHING STAFF

Diseases of the Ear, Nose and Throat

Lecturer

Bruce N. P. Benjamin, MB BS DLO, FRACS

Diseases of the Skin

Lecturer

W. E. de Laune, MB BS DDM, FACD FRACP

OTHER UNITS

Menzies School of Health Research

Robert Menzies Professor and Director

John Duncan Mathews, BSc MD BS PhD *Melb.*,
FRACP

Senior Lecturer

K. S. Sriprakash, BPharm *Andhra* MPharm
Barnares PhD (*IIS, Bangalore*)

National Occupational Health and Safety Commission

Professor of Occupational and Environmental Health

David A. Ferguson, MD BS, FRACP FFOM
FACOM

Appointed 1976

Lecturers

Anthony W. Findlay, BSc *N.S.W.* (*Occupational Hygiene*)
Michael S. Frommer, DOBst *R.C.O.G.* Dip *R.A.C.O.G.*
MB BS MPH, FACOM (*Occupational Health*)
Colin C. Reid, MB BS (*Occupational Health*)
Alan J. Rogers, BSc *N.S.W.* MSc *Lond.*
(*Occupational Hygiene*)
Neill H. Stacey, BSc PhD *Adel.* (*Environmental Toxicology*)

Tutor

Barbara J. McPhee, DipPhy *Aust. Physio. Asscn.*,
MAPA (*Occupational Physiotherapy*)

School of Public Health and Tropical Medicine

Director of the School

.....

Professor of Preventive and Social Medicine and Acting Director of School

Charles Baldwin Kerr, DPhil *Oxf.* MB BS, FRACP
MFCM

Appointed 1968

Professor of Public Health Biology

David O. Silience, MD *Melb.* MB BS, FRACP FRCPA
Appointed 1982

Professor of Tropical Medicine

.....

Associate Professors

Geoffrey Berry, MA *Camb.*, FIS (*Biostatistics and Acting Head of Epidemiology and Biostatistics*)
Joan Bryan, AO, BSc *Qld* PhD *Lond.* (*Medical Entomology*)
Grahame M. Budd, MD BS, FRACP (*Environmental Health*)
Peter M. Moodie, MD BS DTM&H (*Acting Head of Tropical Health*)
Janice C. Reid, BSc *Adel.* MA *Hawaii* PhD *Stan.*
(*Medical Anthropology*)

Senior Lecturers

Antonia Bagshawe, MB BS *Lond.*, DTM&H *Liv.*,
FRCP FRCPed (*Clinical Tropical Medicine*)
Robert S. U. Baker, BSc PhD *W.Aust.*, MASM (*Cell Biology*)
John R. Brotherhood, MB BS *Lond.* (*Environmental Health*)
Leslie M. Irwig, BSc MB BCh *Witw.*, FFCM AFOM
Paul A. Lancaster, MPH *Calif.* MB BS, FRACP
(*National Perinatal Statistics*) (temporary)
John P. Pierce, BSc *Monash* MSc *McM.* MA PhD
Stan. (*Health Education*)
Richard C. Russell, MSc (*Medical Entomology*)
John C. Walker, MSc (*Medical Parasitology*)

Lecturers

Susan Ash, MHP *N.S.W.* BSc DipND (*Nutrition*)
Janette C. Brand, BSc PhD *N.S.W.*, AAIPST
(*Nutrition*)
Ian Darnton-Hill, MB BS *Adel.* DA *R.C.P.&S.*
DipNut&Diet *Flin.* (*Nutrition*)
Gregory B. Goldstein, MB BS, FRACP (*Preventive & Social Medicine*)
Melvyn E. Henderson, BSc *Wales* MA *Melb.*
(*Environmental Health*)
Chloe Refshauge, BA *Macq.* (*Health Services*)

Senior Tutor

Patricia M. Desmarchelier, BAppSc. *Q.I.T.* (*Public Health Biology*)

Registrar of the Institute

Vera Charnas, BA

Academic Registrar

Susan Hudson

Librarian

.....

Honorary Appointments

Emeritus Professor

R. Black, ED, DTM&H *Liv.* MD BS DipAnth, FRACP

Honorary Associates

Professor J. Biddulph, MB BS DTM&H DCh,
FRCPed FRACP MRCP
A. R. Sweeney, MScAgr PhD

Research centres

Children's Medical Research Foundation

Lorimer Dods Professor and Director

Peter Brock Rowe, MD BS, FRACP

Appointed 1980

Senior Lecturer

Peter L. Jeffrey, PhD N.S.W. DipEd *Monash* BSc

Lecturers

Eric McCairns, BSc PhD *Glas.*

Geoffrey P. Symonds, PhD *Weizmann* MSc

Clinical Immunology Research Centre

Director and Professor of Immunology

Antony Basten, MB BS *Adel.* DPhil *Oxf.*, FRCP

FRACP FRCPA FTS

Appointed Professor 1975; Director 1982

Senior Lecturers

Robert H. Loblay, MB BS PhD, FRACP

Robert L. Raison, BSc PhD *Monash*

Ronald J. A. Trent, DPhil *Oxf.* BSc(Med) MB BS PhD,

FRACP FRCPA (*Molecular Biology*)

Senior Lecturers (honorary)

Paul A. Gatenby, MB BS PhD, FRACP FRCPA

(temporary)

Karen Z. Walker, MSc PhD (temporary)

Neurobiology Research Centre

Director and Professor of Physiology

Maxwell Richard Bennett, BE MSc PhD *Melb.* DSc,

FAA

Appointed Director 1982; Professor 1983

University administrative units in the teaching hospitals**Cumberland Hospital**

G. Westerink, MB ChB *N.Z.* DPM *Melb.*,

FRANZCP (*Clinical Supervisor*)

Lidcombe Hospital

P. F. Thursby, MB BS, FRACS (*Warden of the Clinical School*)

Macquarie Hospital

M. D. McGrath, MB ChB *Leeds* DPM, FRANZCP

MRCPsych (*Clinical Supervisor*)

Mater Misericordiae Hospital

R. F. O'Reilly, MB BS, FRACP (*Director, Division of Medicine*)

Northside Clinic

R. Morstyn, MB BS *Monash* DipABPN *Harv.*,

MRANZCP (*Clinical Supervisor*)

Repatriation General Hospital, Concord

S. G. Koorey, MB BS, FRCS FRACS (*Warden of the Clinical School*)

O. Peiris, MD BS *Ceyl.*, FRACP MRCPEd MRCP

Royal Alexandra Hospital for Children

..... (*Clinical Supervisor*)

Royal North Shore Hospital

..... (*Warden of the Clinical School*)

C. P. Bambach, MD BS, FRACS

R. C. Edwards, MB BS, FRACP MRCP(UK)

Royal Prince Alfred Hospital

J. A. Burgess, MB BS, FRACP (*Warden of the Clinical School*)

D. K. Baird, BSc(Med) MB, FRACS FACS

A. Joasoo, BSc(Med) MD BS, FRACP

Rozelle Hospital

L. H. Barnes, MB BS, DPM, FRANZCP MRCPsych
(*Clinical Supervisor*)

St Margaret's Hospital

D. Llewellyn-Jones, OBE, BA MD BCh MAO *Dub.*,
FRCOG FRACOG (*Clinical Supervisor*)

Westmead Hospital

..... (*Warden of the Clinical School*)

C. M. Cahill, DipEd *N.E.* BA (*Administrative Officer*)

2

The Faculty of Medicine

The medical curriculum

In 1974 the University of Sydney introduced a five-year undergraduate medical curriculum, replacing its previous six-year course for the degrees of Bachelor of Medicine and Bachelor of Surgery. However, the reduction of one year placed undesirable constraints on curriculum development and the loss of flexibility produced difficulties, particularly in programming the clinical years of the course with their integrated teaching sessions based on campus and in the hospitals. In May 1983, the faculty resolved to extend the course to six years commencing with the intake of new students in 1986. In reaching this decision the faculty recognised that there had been many useful innovations introduced with the five-year course which would be retained. In fact the content of the course would suffer little change; rather it will be spread over six years to allow more unallocated time in line with other undergraduate courses.

Planning of the six-year curriculum was intensified in 1985 and revised Resolutions of the Senate establishing the new courses of study were approved by the Academic Board and the Senate in October and November last year.

Objectives of the course

The undergraduate course aims at providing basic training for every type of doctor. Its purpose therefore is to give graduates a rational approach to the practice of medicine in the light of existing knowledge, and to provide them with the capacity to understand and utilise the new developments which they will later encounter in their own particular branch of medicine. For this reason it places considerable emphasis on the scientific aspects of medicine. This includes consideration of the science of normal and abnormal human behaviour, both in individual patients and in communities.

The faculty has had very much in mind the information explosion in all fields of knowledge. As medical graduates will be involved in a lifetime of postgraduate study in all fields of medicine, the undergraduate course must therefore provide the scientific basis for such studies and must equip graduates with sufficient skills to begin the practice of medicine under supervision during the preregistration year following completion of the undergraduate course.

The bulk of the course consists of 'core' material,

which is defined as material that provides essential orientation for subsequent studies. It is selected in relation to some important principle that the teacher wishes to illustrate. Each student also has the choice of options, which allow study of certain fields in greater depth. Both the 'core' and 'option' components of the course should give students opportunities for learning through their own experience and efforts.

Outline of the five year course

(Students in second and later years in 1986)

The first year and second year of the course each consist of three terms. Third year consists of four terms and fourth and fifth years consist of five and four terms respectively. The first two items of first year are a premedical component, in which Physics and Chemistry are taught. In first year the student is introduced to the basic medical sciences, including Anatomy, Histology and Embryology, Biochemistry, Physiology and Behavioural Sciences in Medicine. These subjects are continued throughout second year, and Pharmacology is introduced. At the beginning of third year paraclinical subjects are taught: general and special Pathology, Infectious Diseases and Pharmacology. The clinical part of the course is undertaken during the third, fourth and fifth years. In the third year, students are taught Clinical Science and History-Taking and Physical Examination. In Clinical Science the principles of Medicine and Surgery are taught in a coordinated manner and are closely integrated with Pathology, Physiology, Biochemistry and Pharmacology. The aim here is to correlate clinical medicine with basic medical science. Most of the clinical work will be in relation to observation of inpatients in the teaching hospitals, but the student will also obtain some outpatient experience, and some experience of medicine in community health and general practice settings. At the beginning of the fourth year the course includes components of Preventive and Social Medicine, Tropical Medicine, Health Services, Occupational Medicine, Epidemiology and Biostatistics, Law, Ethics and Medicine and Clinical Pharmacology.

In the fourth year students also undertake Obstetrics and Gynaecology, Psychiatry, Paediatrics and Community Medicine (which includes Geriatrics and Rehabilitation Medicine). These courses, which are each of one term's duration, are taught in teaching hospitals. (Community Medicine is taught in community health centres and general practices.)

During this section of the course there is a more direct involvement of the student in patient care in the particular subject.

The fifth year consists of block teaching in Medicine and Surgery. There are two terms of fourteen weeks each in which Medicine and Surgery are taught, both separately and correlatively, in the hospitals and on campus.

The last term of fifth year is a compulsory Option term which may be undertaken in clinical and/or basic science subjects, or in any combination of these approved by the faculty.

Students are allocated to one of the clinical schools at the beginning of the third year, and from there on undertake all their clinical training in that clinical school or in a specialist hospital.

At the end of the fourth year there is an unallocated term in which students may undertake any type of clinical attachment they wish, or in fact, do nothing at all if they so desire, as this is not a formal part of the course. However, during this period most students seek a clerking attachment at a hospital or with a private practitioner, either locally, interstate, or overseas.

Outline of the six year course

(Commencing in first year in 1986)

The first four years of the course will each consist of three terms, but those in third and fourth year may not be of the same timing and duration as the normal university terms.

The first year comprises mainly premedical instruction together with an introduction to preclinical subjects. Students receive a broadly based grounding in the physical and biological sciences and some understanding of statistical and analytical methods, human behaviour and the role of medicine in society and have their initial contact with the basic medical sciences of Anatomy and Histology and Embryology. Anatomy, Behavioural Sciences in Medicine and Histology and Embryology continue into second year when the study of Biochemistry, Pharmacology and Physiology is commenced.

Clinical work in the teaching hospitals begins in third year when students learn the skills of history taking and physical examination for one day each week. In Clinical Sciences I the clinically relevant aspects of the basic medical sciences, the pathological, microbiological and immunological aspects of disease and the mechanisms underlying the actions of drugs are taught.

Fourth year is again an integrated course, Clinical Sciences II, providing instruction in basic Medicine and Surgery and paramedical disciplines supplemented by clinical tutorials so that students are able to observe inpatients in the hospitals. The skills of history taking, physical examination and diagnosis will be further developed.

In the fifth year students undertake Obstetrics and Gynaecology, Paediatrics and Psychiatry in the teaching hospitals and Community and Geriatric Medicine in community health centres and general practices. Each subject is taken for one term during which students are more directly involved in patient care.

The sixth year consists of block teaching in Medicine and Surgery. There are two terms of fourteen weeks each in which Medicine and Surgery are taught in the hospitals and on campus.

One term in sixth year is a compulsory Option term which may be undertaken in clinical and/or basic science subjects, or in any combination of these approved by the faculty.

Teaching in Law, Ethics and Medicine, in Occupational Health and Safety and in Preventive and Social

Medicine is given as appropriate throughout the course.

Students are allocated to the clinical school at one of the teaching hospitals at the beginning of the third year and undertake all their clinical training in that clinical school or in a specialist hospital.

At the end of the fifth year there is an unallocated term in which students may undertake any type of clinical attachment they wish, or in fact, do nothing at all if they so desire, as this is not a formal part of the course. However, during this period most students seek a clerking attachment at a hospital or with a private practitioner, either locally, interstate or overseas.

Objectives of the medical curriculum

In planning the new six year curriculum the faculty adopted the following aims and principles:

The general aims of the undergraduate medical course

To produce practising doctors and medical scientists who have—

- (i) the highest academic standards and integrity;
- (ii) scientific, analytical and clinical skills and a background of knowledge and technical expertise who will be equipped, after internship, to enter further training for family practice, other medical specialties or the medical sciences;
- (iii) the desire and capacity to maintain professional standards by acquiring new knowledge and skills from continuing self education;
- (iv) an appreciation of the range of careers within medicine;
- (v) a sense of responsibility towards patients and patients' families, and the skills needed to establish rapport with patients and to communicate effectively with them and their families;
- (vi) an ability to cooperate and communicate effectively with other health professionals;
- (vii) values and attitudes which promote caring and concern for the individual and society;
- (viii) a perception of ethical issues relating to individual doctor/patient relationships, interactions with other health professionals, other professionals and with society as a whole;
- (ix) insight into the role of medicine in society;
- (x) awareness of their own personal strengths and weaknesses, and the impact on their professional responsibilities; and
- (xi) had some experience of research work during their studies.

Principles underlying the curriculum

The curriculum should—

- (i) prepare students for further supervised post-graduate vocational training;
- (ii) be sufficiently flexible to make students aware of the wide range of educational opportunities within medicine and the medical sciences;
- (iii) teach students to identify and evaluate clinical evidence and relevant literature and educate them to utilise and interpret appropriate data in day to day clinical decisions;
- (iv) be integrated to the optimum extent;
- (v) achieve effective use of teaching time and resources, minimise redundancy and optimise efficiency;
- (vi) encourage students to gain some experience of research work during their studies; and
- (vii) encourage students to recognise their own strengths and limitations when making clinical decisions and career choices.

Correspondence from a nursing sister

In 1984 an experienced nursing sister was moved to write to the dean with her views on the medical curriculum. Extracts of her letter follow:

Dear Sir

I write to you with respect, Sir, to tell you something that you already may know; nevertheless it is the cause of problems.

Firstly, I am a nursing sister who completed her training in 1959 and so have been in the profession for some years. It is experience on which I base this letter about doctors who have not long finished their university and hospital training.

I do not ask for 'old heads on young shoulders' regarding experience; this can only come to us all over years of learning. I do ask, please, that these younger graduates be given some learning and advice from more experienced doctors and in particular the more experienced general practitioners. The younger graduates are so vulnerable to gruff old and now younger matrons and sisters, who, I'm ashamed to have to say,

think they know everything. In the long run it is the patients, particularly the old, young or incapable, who suffer and the doctor does not even know.

Please may doctors be taught (1) to be firm and definite about their orders right from the start; (2) *always* to read the reports written by the nurses on the patients; (3) to remember that nurses and other staff have every right to expect professional courtesy at all times; (4) to talk to the patients privately and to listen to them, even if they are confused (patients trust their doctors); and (5) to write down all their orders and expect them to be carried out—even as far as patients being walked each day or exercised as the case may be.

Forgive me if you know all this. I just feel the younger doctors need some help in these trying times and it is always better to start in the right place.

Thank you.

Yours sincerely

Sister J. A. W.

New Bachelor of Medicine and Bachelor of Surgery curriculum (commencing 1986)

First Year

Premedical/Preclinical
9 weeks

Premedical/Preclinical
9 weeks

Premedical/Preclinical
9 weeks

Subjects: Anatomy, Behavioural Sciences in Medicine, Biomathematics, Chemistry, Histology and Embryology, History of Medicine, Introductory Medical Science, Physics.

Second Year

Preclinical
9 weeks

Preclinical
9 weeks

Preclinical
9 weeks

Subjects: Anatomy, Behavioural Sciences in Medicine, Biochemistry, Histology and Embryology, Pharmacology, Physiology.

Third Year

Clinical Diagnosis
Clinical Sciences I
10 weeks

Clinical Diagnosis
Clinical Sciences I
10 weeks

Clinical Diagnosis
Clinical Sciences I
10 weeks

Subjects: Clinical Diagnosis, Clinical Sciences I comprising: Clinical Physiology, Immunology, Infectious Diseases, Medical Biochemistry, Neurosciences, Pathology, Pharmacology.

Fourth Year

Clinical Sciences II
12 weeks

Clinical Sciences II
11 weeks

Clinical Sciences II
9 weeks

Subjects: Clinical Sciences II comprising: Clinical Epidemiology, Infectious Diseases, Medicine, Occupational Health and Safety, Pathology, Clinical Pharmacology, Preventive and Social Medicine, Surgery.

Fifth Year

Community &
Geriatric Medicine
9 weeks

Obstetrics &
Gynaecology
9 weeks

Paediatrics
9 weeks

Psychiatry
9 weeks

Unallocated/Option
(continues into
sixth year)

(Rotating assignments)

Sixth Year

Unallocated/Option
(from fifth year)
8 weeks

Medicine & Surgery
14 weeks

Medicine & Surgery
14 weeks

Option
8 weeks

Subjects: Medicine and Surgery, Option.

Bachelor of Science (Medical)

Information about this degree is included on page 42.

Composition of the Faculty

Membership

Extract from Chapter XII of the By-laws

1. The Faculty of Medicine shall comprise the following persons:

- (a) The Professors, Readers, Associate Professors, Directors, Senior Lecturers, Lecturers, and Senior Tutors, being full-time members of the teaching staff and those persons upon whom the Senate has conferred the title of Professor, Reader, Associate Professor, Director, Senior Lecturer or Lecturer in the departments of Anaesthetics, Anatomy, Behavioural Sciences in Medicine, Biochemistry, Cancer Medicine, Community Medicine, Histology and Embryology, Infectious Diseases, Medicine, Obstetrics and Gynaecology, Ophthalmology and Eye Health, Pathology, Pharmacology, Physiology, Psychiatry and Surgery and in the School of Public Health and Tropical Medicine, the Clinical Immunology Research Centre and the Neurobiology Research Centre;
- (b) the University Lecturers in Medical Jurisprudence, Diseases of the Ear, Nose and Throat and Diseases of the Skin;
- (c) the Heads of the Schools of Chemistry and Physics or their representatives, the Professor of Mathematical Statistics, the Dean of the Faculty of Arts or his nominee and the Dean of the Faculty of Dentistry or his nominee;
- (d) unless he is a member pursuant to subsection (a), the Director of the School of Public Health and Tropical Medicine;
- (e) not more than seventeen persons each of whom shall be a nominee of a teaching hospital and of whom—
 - (i) not more than thirteen shall each be a nominee of one of the following hospitals:
 - Royal Prince Alfred Hospital
 - The Royal North Shore Hospital of Sydney
 - Repatriation General Hospital, Concord
 - Lidcombe Hospital
 - Westmead Hospital
 - Royal Alexandra Hospital for Children
 - St Margaret's Hospital for Women
 - Rozelle Hospital
 - Cumberland Hospital
 - Macquarie Hospital; and

- (ii) not more than four persons appointed in the manner prescribed by resolution of the Senate from teaching hospitals specified by the Senate, other than those listed in subclause (i);
- (f) the Wardens of the clinical schools at the Royal Prince Alfred Hospital, the Royal North Shore Hospital of Sydney, the Repatriation General Hospital, Concord, and Lidcombe Hospital;
- (g) the General Superintendents of the Royal Prince Alfred Hospital, the Royal North Shore Hospital of Sydney, the Westmead Hospital, and the Royal Alexandra Hospital for Children, the Repatriation General Hospital, Concord, and Lidcombe Hospital;
- (h) not more than five students appointed in the manner prescribed by resolution of the Senate;
- (i) such Fellows of the Senate as are legally qualified members of the medical profession;
- (j) the Director of Postgraduate and Continuing Medical Education;
- (k) one nominee each of the Royal Australasian College of Physicians, the Royal Australasian College of Surgeons, the Royal College of Obstetricians and Gynaecologists, the Royal College of Pathologists of Australia, the Royal Australian College of General Practitioners and the Royal Australian and New Zealand College of Psychiatrists who may be a member of the Faculty by virtue of one or other of subsections (a) to (j) above;
- (l) the members of the Postgraduate Committee in Medicine who are not members of the Faculty by virtue of one of subsections (a) to (k) inclusive; and
- (m) such other persons as may be appointed by the Senate on the nomination of the Dean of the Faculty of Medicine with the approval of the Faculty and the Academic Board, provided that any person appointed pursuant to this subsection should be appointed for a period of 3 years and should be eligible for reappointment.

Committees of the Faculty

The following are the committees of the Faculty of Medicine which are responsible for the planning and implementation of faculty policies:

- Faculty of Medicine (including Standing Committee of the Faculty)
- Boards of Examiners
- Standing Committee on Courses of Study
- Executive Curriculum Committee
- Centenary Research Institute Committee
- Interdepartmental Committee on Paraclinical and Clinical Sciences
- Interdepartmental Committee on the Option Term
- Staff/Student Liaison Committee
- Medical Ethical Review Committee
- Animal Ethical Review Committee
- Animal Houses Committee of Management
- Animal Houses Inspection Committee
- Committee on Restriction upon Re-enrolment
- Prizes Committee
- Admissions Committee
- Board of Postgraduate Studies
- Clinical Sciences I Interdepartmental Committee
- Clinical Sciences II Interdepartmental Committee

Interdepartmental Committee on Behavioural Sciences
 Interdepartmental Committee on Introductory Medical Science
 Medical Library Advisory Committee
 Medical Research Committee
 Committee of Wardens of the Teaching Hospitals
 Boards of Medical Studies for the Teaching Hospitals

In addition there are special *ad hoc* committees or working parties concerned with the following areas: liaison with the Faculty of Medicine of the University of New South Wales; liaison with the Department of Veterans' Affairs; various hospital and health planning services in association with the Department of Health of New South Wales.

There are conjoint boards of the various teaching hospitals and the Senate of the University, which are concerned with appointment of staff at the hospitals.

Student membership

The Resolutions of the Senate make provision for five students to be elected to membership of the Faculty of Medicine.

The five students shall comprise:

- (a) The Senior Undergraduate Vice-President of the Sydney University Medical Society, provided he or she is a student enrolled for a degree or diploma in the Faculty of Medicine (*ex officio*);
- (b) Four undergraduate students, representing the second, third, fourth and fifth years of the course for the degrees of Bachelor of Medicine and Bachelor of Surgery.

See also the section on student participation in university government in Part II of this handbook.

Boards of Examiners

Faculty resolutions

Pursuant to section 12 of Chapter VIII of the By-laws, the Faculty of Medicine has resolved to appoint the following Boards of Examiners:

MB BS

1. The Faculty of Medicine shall appoint annually Boards of Examiners which shall be responsible for the conduct of examinations for the degrees and which shall determine the specific results of each of the candidates after considering the recommendations of the examiners appointed by the Faculty.

2. There shall be a Board of Examiners for—
 (a) each of the academic years of the curriculum, and

(b) the Option term in the final year.

3. (i) Each Board of Examiners shall consist of the heads of the departments and schools, or their nominees, which contribute to the courses being examined.

(ii) The Board of Examiners for the Option Term shall consist of all heads of departments and/or their nominees and the chairman of the Interdepartmental Committee on the Option Term or the nominee of the chairman.

(iii) The Boards of Examiners for the third and subsequent academic years of the five year curriculum (1974 Resolutions) shall include Sub-Deans and Wardens of the teaching hospitals.

4. The Dean of the Faculty or the nominee of the Dean shall chair meetings of the Boards of Examiners.

BSc(Med)

1. The Faculty of Medicine shall appoint annually a Board of Examiners which shall be responsible for the conduct of examinations for the degree and which shall determine the specific results of each of the candidates after considering the recommendations of the examiners appointed by the Faculty.

2. The Board of Examiners shall consist of the heads of Departments of Anatomy, Behavioural Sciences in Medicine, Biochemistry, Histology and Embryology, Infectious Diseases, Medicine, Obstetrics and Gynaecology, Pathology, Pharmacology, Physiology and Surgery or their nominees.

3. The Board of Examiners may coopt other members of the Faculty.

4. The Dean of the Faculty or the nominee of the Dean shall chair meetings of the Board of Examiners.

Undergraduate enrolments

The number of students in each year 1980–85

	1980	1981	1982	1983	1984	1985
Medicine I	251	264	257	271	232	245
Medicine II	246	245	261	248	270	226
Medicine III	265	266	247	271	242	275
Medicine IV	217	254	251	245	244	232
Medicine V	244	206	238	241	251	237
BSc(Med)	19	18	22	12	16	10
Total	1242	1253	1276	1288	1255	1225

History of the Medical School

The University of Sydney was founded in 1850 by an Act of the legislature of New South Wales and is the oldest university in Australasia. The medical school, however, did not come into being until 1883, one hundred and three years ago this year. Prior to the establishment of the University there had been several attempts to develop medical education on a regular basis in New South Wales. Medical training had been initiated by William Redfern who was transported to New South Wales in 1801 and appointed Assistant Surgeon in Sydney in 1808; together with William Bland, another emancipist surgeon, he had accepted occasional apprentices for training. The Medical Practice Bill of 1838 referred to the possibility of a medical school in Sydney, and in 1846 it was proposed that a medical school be established at the Sydney Infirmary (later renamed Sydney Hospital). Students were admitted as apprentices to the practice of the Infirmary not later than 1849 and received official recognition from the directors in 1851.

The Act of Incorporation of the University of Sydney provided for the granting after examination of degrees in Medicine as well as in Arts and Law. Strenuous efforts were made from the beginning to start a medical school at the University and support was especially strong from medical members of the Senate. However, lack of finance was the main stumbling block: there was a definite objection from some quarters to the idea of having to share the University's slender means with a further faculty. In 1859 the Senate of the University adopted a scheme of medical teaching which was intended to commence in 1860, and instructed the University's architect, Edmund Blacket, to prepare plans for an anatomy school. However, the plan was opposed on the grounds that 'the constitution of such studies and the establishment of a medical school would retard the completion of the curriculum in the Faculty of Arts'. Further schemes in 1866 and 1874 likewise failed.

Two major events assisted to bring about the realisation of a scheme for a medical school. First, in 1868 there was an attempt upon the life of H.R.H. Prince Alfred, Duke of Edinburgh, during his visit to New South Wales. The Duke recovered, and as a thanks-offering the community raised the sum of £30 000 for a suitable memorial. The Duke wished the money to be allocated for the erection of a hospital and a public

meeting resolved that a Prince Alfred Memorial Hospital should be erected on the site of the Sydney Infirmary. This proposal encountered legal difficulties and the University resolved the problem by granting the use of twelve acres of University land, provided that a portion of this were reserved for a school of medicine. The Prince Alfred Hospital Act of Incorporation, which was passed in 1873, stipulated that the hospital's medical staff be appointed by a conjoint board consisting of the Senate of the University and the hospital's Board of Directors sitting together, and that it be open for clinical teaching to students of the medical school when established. The hospital was opened for patients in 1822. In the same year the government agreed to finance a medical school.

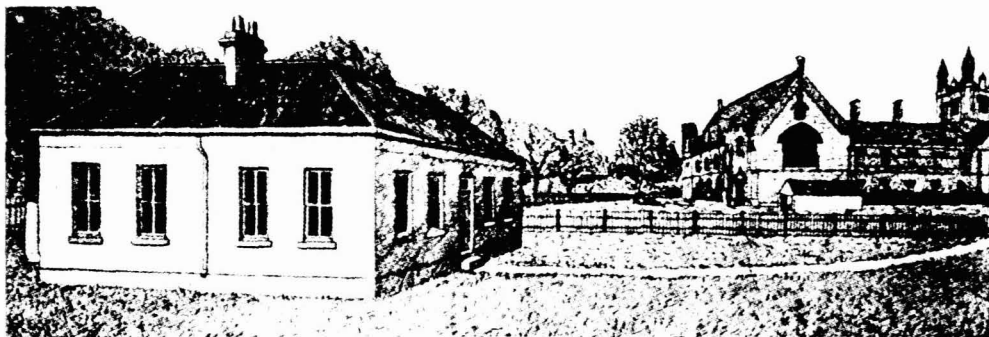
The second event that influenced the Senate in its determination to proceed with the medical school was the death of John Henry Challis in 1880, which resulted in the bequest of the residue of his substantial estate for the benefit of the University. Applications were subsequently invited for a chair of anatomy and physiology and Thomas Peter Anderson Stuart came from Edinburgh to fill the chair and to establish the medical school. The Faculty of Medicine owes its development to the genius of Sir Thomas Anderson Stuart, a man of great ability, determination and energy who presided as its dean until his death in 1920.

The medical school commenced teaching in March 1883 with four students in a four-roomed cottage built between the Great Hall of the University and Parramatta Road. Anderson Stuart pressed for the construction of a more suitable medical school and in 1887, a new building subsequent known as the *Anderson Stuart Building* was commenced on plans prepared by Blacket. The first part of the building was finished in 1891, and the building was completed in 1922. To strengthen the faculty's teaching staff, Anderson Stuart turned to the Edinburgh Medical School and recruited Alexander MacCormack, Robert Scot Skirving, J. T. Wilson and D. A. Welsh. MacCormack and Scot Skirving took up appointments in 1883; Wilson became professor of anatomy in 1890 when Anderson Stuart relinquished the position to concentrate on his other duties, and Welsh was appointed to the new chair of pathology in 1902.

Initially the medical curriculum was of five years' duration, the first year being spent in the Faculty of Arts. In 1890 the medical course proper was lengthened to five years and in 1926 it was extended to cover six years. Commencing in 1886, the five year curriculum which had been introduced 12 years earlier is being replaced by a revised six year course.

The medical school outgrew the Anderson Stuart Building and the University received a grant from the Rockefeller Foundation to construct a new building. The *Blackburn Building*, named in honour of Sir Charles Bickerton Blackburn who was Dean of the Faculty from 1932 to 1935 and Chancellor of the University from 1941 to 1964, was opened to clinical students in 1933. This too proved inadequate and in time the *Bosch Building* was erected on a site adjoining the Blackburn Building. Two stages of the complex were completed: lecture theatres in 1965, and a principal block including a library and animal houses in 1968. A third stage, an eleven-floor building, was not undertaken.

The Bosch Building is named in honour of George Henry Bosch, a Sydney businessman who has been the faculty's greatest benefactor, and through whose generosity full-time chairs in histology and embryology, medicine, surgery, and bacteriology were estab-



The first medical school building

ished between 1927 and 1930. The first occupant of the full-time chair of medicine was C. G. Lambie, who held the position from 1930 until 1957; the first appointment to the full-time chair of surgery was Sir Harold Dew, from 1930 to 1956. At the same time the School of Public Health and Tropical Medicine was established, funded by the federal government and controlled jointly by the government and the University. In 1933 the chair of obstetrics became full-time and was occupied by J. C. Windeyer, and in 1958 the Queen Elizabeth II Research Institute for Mothers and Babies was established to investigate causes and prevention of illness and deaths of mothers and infants. In recent years the faculty has established chairs in areas such as psychiatry, otolaryngology, rheumatology, ophthalmology, child health, pharmacology, clinical pharmacology, cardiology, orthopaedic and traumatic surgery, preventive and social medicine, anaesthetics, behavioural sciences in medicine, immunology, community and geriatric medicine and neurology, as well as multiple chairs in pathology, physiology, paediatrics, medicine and surgery. Present and future academic developments include new chairs in adolescent and child psychiatry, dermatology, infectious diseases, and neuropathology.

In 1982 the Commonwealth Government approved \$3.6 million to establish two centres of excellence in the University, to promote current research activities. They are the *Clinical Immunology Research Centre* and the *Neurobiology Research Centre*. There are only ten such centres in Australia. The two centres will be associated with the proposed *Centenary Institute of Cancer Medicine and Cell Biology*, which is to be jointly established by the University and the Royal Prince Alfred Hospital at an estimated cost of \$40 million. The Institute will commemorate the centenary of the hospital in 1982 and the School of Medicine in 1983. A building within the medical precinct is projected to accommodate the Centenary Institute.

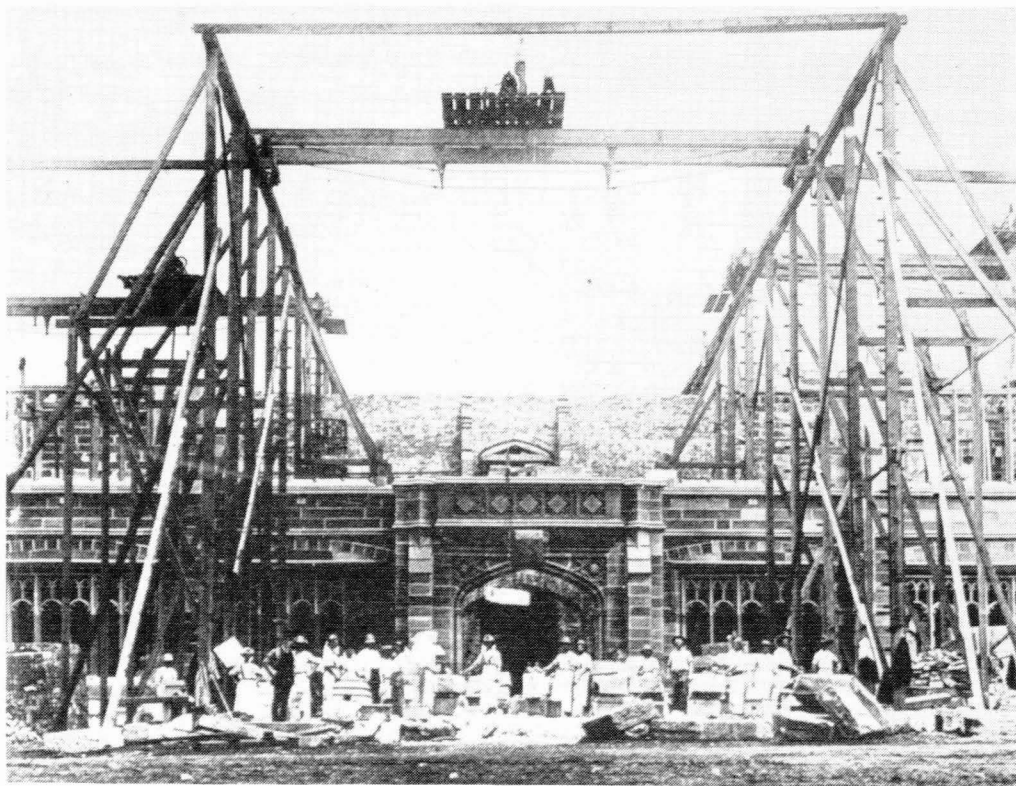
The faculty has developed clinical schools based in the Royal Prince Alfred Hospital, the Royal North Shore Hospital, the Repatriation General Hospital, Concord, Lidcombe Hospital and Westmead Hospital, and uses a further nine hospitals for teaching in

specialist branches of medicine. As well, eleven suburban hospitals have been affiliated to supplement teaching at both the general and specialist hospitals. The faculty is also involved in the field of continuing medical education, through the activities of the Postgraduate Committee in Medicine. The Medical Foundation of the University raises funds which provide generous support for postgraduate training and research. Most recently it has assisted in the creation of the Menzies School of Health Research, Darwin. The School's role will be to investigate health problems of all people living in tropical and central Australia. The Senate has conferred the title of Robert Menzies Professor upon the Director of the School and the Royal Darwin Hospital and Alice Springs Hospital have been recognised as special teaching hospitals of the University. Higher degree candidatures of the Faculty of Medicine may be undertaken through the School.

The Faculty of Medicine of the University is the largest medical school in Australia and is among the largest in the English-speaking world. It has established a strong international reputation through the high standard of its graduates and through its significant and extensive research activities.

Deans of the Faculty of Medicine

In accordance with the original Act of Incorporation of the University of Sydney of 1850, the University was empowered to confer degrees in arts, law and medicine. In 1856, at the instigation of the Provost, Sir Charles Nicholson, the Senate created a Faculty of Medicine and appointed Professor John Smith, MD *Aberd.*, Professor of Chemistry and Experimental Physics, Dean of the Faculty. He held this post until 1883 and, *ex officio*, was a Member of the Board of Directors of Prince Alfred Hospital from its foundation. Smith was succeeded as dean by Thomas Peter Anderson Stuart, Professor of Anatomy and Physiology, the first full-time professor of the faculty. The current dean, Professor Richard Gye, was appointed in 1974 as the first full-time dean in the University. The complete list of Deans of the Faculty of Medicine, with qualifications at the time of relinquishing the deanship, is as follows:



Anderson-Stuart Building under construction

- | | | | |
|-------------------------|--|-----------|--|
| 1856–1883 | The Hon. John Smith, CMG, MD Hon. LLD <i>Aberd.</i>
Professor of Chemistry and Experimental Physics | 1952–1957 | *Sir Edward Ford, OBE, MD, BS <i>Melb.</i> DPH <i>Lond.</i> Hon.DLitt DTM, FZS FRSH FRCP FRACP
Professor of Preventive Medicine |
| 1883–1920 | Sir Thomas Anderson Stuart, MD ChM Hon.LLD <i>Edin.</i> Hon. DSc <i>Durh.</i> MD <i>Melb.</i>
Professor of Anatomy and Physiology until 1890
Professor of Physiology until 1920 | 1957–1959 | *B. T. Mayes, CMG MVO, MB BS, FRCSEd FRCOG FRACS Hon. FRACGP FRACOG
Professor of Obstetrics |
| 1920 | J. T. Wilson, MB ChM <i>Edin.</i> MA, FRS
Professor of Anatomy | 1960–1965 | *F. A. Magarey, MD BS <i>Adel.</i> , FRCPA FRCPATH MRCP Hon.FRACS
Professor of Pathology |
| 1920–1925 | A. E. Mills, MB ChM
Professor of Medicine | 1966–1971 | Sir John Loewenthal, CMG ED, MS <i>Melb.</i> MB BS, FRCS FRACS FACS Hon.FACS Hon.FRCSEd Hon.FCS(SA)
Professor of Surgery |
| 1925–1929 | D. A. Welsh, BSc MA MD <i>Edin.</i> , FRCPEd
Professor of Pathology | 1972–1974 | D. C. Maddison, MB BS DPM, FRACP FRANZCP
Professor of Psychiatry |
| 1930–1931 and 1939 | J. C. Windeyer, MD ChM, FRACS FRCOG MRCS LRCP
Professor of Obstetrics | 1974– | R. S. Gye, MA DPhil <i>Oxf.</i> BSc(Med) MB BS, FRCS FRACS
Professor and full-time Dean of the Faculty |
| 1932–1935 | Sir Charles Bickerton Blackburn ¹ KCMG OBE, BA <i>Adel.</i> Hon. DLitt <i>N.E. & Syd.</i> Hon.DSc <i>Tas., N.S.W. & Qld</i> Hon.LLD <i>Melb. & W.Aust.</i> MD ChM, FRCP FRSM FRACP Hon.FRCPEd
University Lecturer in Clinical Medicine | | |
| 1936–1938 and 1940–1952 | Sir Harold Dew, MB BS <i>Melb.</i> Hon.DSc, FRCS Hon. FRCSEd FRACS FACS
Professor of Surgery | | |

¹ Chancellor, 1941–1964

* Emeritus Professor

3

Undergraduate degree requirements

Degrees

There are eight degrees in the Faculty of Medicine, viz.:

MB	Bachelor of Medicine
BS	Bachelor of Surgery
BSc(Med)	Bachelor of Science (Medical)
MM	Master of Medicine
MS	Master of Surgery
MPH	Master of Public Health
PhD	Doctor of Philosophy
MD	Doctor of Medicine

The first three are undergraduate degrees, the rest are postgraduate.

Before admission to the Medical School, candidates for the MB BS degrees must have matriculated into the University of Sydney and have been selected for entry into the Faculty of Medicine.

The degrees of Bachelor of Medicine and Bachelor of Surgery are awarded to successful candidates. These degrees are those recognised for registration purposes. Full registration, however, is not attained until a further year has been spent as an intern in a recognised hospital.

The degree of Bachelor of Science (Medical) is an additional degree, obtained during the medical course. It requires interruption of the normal course for a year.

The degree of Doctor of Philosophy is obtained by full-time or part-time postgraduate research.

The degree of Master of Public Health, which is available to non-medical graduates, is obtained on a full-time or part-time basis, and may be undertaken by coursework and treatise; coursework, research and thesis; or by research and thesis alone. The degree of Master of Medicine, available to medical graduates, may be undertaken full or part-time, by coursework and treatise or research and thesis. It is available in all departments of the faculty.

The degrees of Doctor of Medicine and Master of Surgery are obtainable five years after graduation and require unsupervised postgraduate study and research.

Statutes: MB BS and BSc(Med) degrees

Extracts from Chapter XII of the By-laws

Bachelor of Medicine and Bachelor of Surgery

3. A candidate for the degrees of Bachelor of Medicine and of Bachelor of Surgery shall subsequent to matriculation complete such requirements for the degrees as may be prescribed from time to time by resolution of the Senate on the recommendation of the Academic Board and of the Faculty.

4. A person who has enrolled as a candidate for the degrees of Bachelor of Medicine and Bachelor of Surgery before 1 January 1974 and who has not completed the requirements for the degrees by that date, shall complete the requirements for the degrees under such conditions as may be prescribed by resolution of the Senate on the recommendation of the Academic Board and of the Faculty.

5. Bachelors of Medicine, Bachelors of Surgery and Masters of Surgery of this University shall not possess any right to assume the title of Doctor of Medicine.

Bachelor of Science (Medical)

18. A candidate for the degree of Bachelor of Science (Medical) shall complete such requirements for the degree as may be prescribed from time to time by resolution of the Senate on the recommendation of the Academic Board and of the Faculty.

Resolutions of the Senate

1974 Resolutions—five year curriculum

Bachelor of Medicine and Bachelor of Surgery

In accordance with section 3 of Chapter XII of the By-laws, the Senate has prescribed the following Resolutions governing candidates for the degrees of Bachelor of Medicine and Bachelor of Surgery:

1. (a) A candidate for the degrees of Bachelor of Medicine and Bachelor of Surgery shall complete:
 - (i) In the First Year, the prescribed courses of study in the following:
 - (a) Terminating subjects:
 - Chemistry
 - Introductory Medical Science
 - Physics
 - (b) Non-terminating subjects:
 - Anatomy
 - Behavioural Sciences in Medicine
 - Biochemistry

Histology and Embryology

Physiology

- (ii) In the Second Year, the prescribed courses of study in the following subjects:

Anatomy

Behavioural Sciences in Medicine

Biochemistry

Histology and Embryology

Pharmacology

Physiology

- (iii) In the Third Year, the prescribed courses of study in the following subjects:

Infectious Diseases

Immunology

Pathology

Pharmacology

Clinical Sciences

- (iv) In the Fourth Year, the prescribed courses of study in the following subjects:

Community Medicine

Obstetrics and Gynaecology

Paediatrics and Child Health

Psychiatry

Preventive and Social Medicine

Environmental and Occupational Health

Clinical Pharmacology

Clinical Laboratory Methods

Tropical Medicine

Ophthalmology and Eye Health

Dermatology

- (v) In the Fifth Year—

- (a) The prescribed courses of study in the following subjects:

Medicine

Surgery; and

- (b) an optional assignment in any one subject selected from the following, in accordance with Resolutions of the Faculty:

- (i) Anaesthetics and Resuscitation;

Anatomy; Behavioural Sciences in

Medicine; Biochemistry; Community

Medicine; Environmental Health;

Histology and Embryology;

Infectious Diseases; Medicine;

Obstetrics and Gynaecology;

Ophthalmology and Eye Health;

Paediatrics and Child Health;

Pathology; Pharmacology;

Physiology; Preventive and Social

Medicine; Psychiatry; Surgery;

Tropical Medicine; or

- (ii) any other subject as may be approved from time to time by Resolution of the Faculty; or

- (iii) a subject which is a combination, approved from time by time by Resolution of the Faculty, of any two or more subjects listed under subsection (v) (b) (i) or approved under subsection (v) (b) (ii).

(b) For the purpose of these Resolutions 'Clinical Sciences' shall comprise an integrated course of instruction in paraclinical and clinical subjects as determined from time to time by the Faculty of Medicine.

2. (i) A course shall consist of lectures, together with such clinical, laboratory and tutorial instruction or practical work, exercises or essays as may be prescribed by the Faculty.
- (ii) In these resolutions, the words 'to complete a course' and derivative expressions mean:

- (a) to attend the lectures and seminars if any for clinical, laboratory or tutorial instruction;
 - (b) to complete satisfactorily the practical work, exercises or essays if any; and
 - (c) to pass the examinations if any in the course.
3. (i) There shall be barrier assessments:
- I at the end of the First Year;
 - II at the end of the Second Year;
 - III at the end of the Third Year;
 - IV at the end of the Fourth Year;
 - V at the end of the Fifth Year.
- (ii) At each barrier assessment, a Board of Examiners appointed by the Faculty for that purpose shall review the performance of candidates in the courses prescribed for the degrees.
- (iii) A candidate who fails to complete one or more courses satisfactorily shall be deemed to have failed at the barrier assessment.
- (iv) A candidate who has been deemed to have failed at barrier assessment shall repeat such courses and complete satisfactorily such assessments as the Board of Examiners, in accordance with the Resolutions of the Faculty, shall prescribe, provided always that he shall be eligible for reconsideration at the barrier assessment when a period of twelve months shall have elapsed.
- (v) Notwithstanding anything to the contrary elsewhere in these Resolutions, a candidate who, in the First Year, has not completed one or more non-terminating courses satisfactorily may be allowed to proceed into the Second Year provided that he has completed all terminating courses satisfactorily; the conditions under which such a candidate shall be allowed to proceed into the Second Year shall be determined by the Board of Examiners, in accordance with Resolutions of the Faculty, which may include a requirement to pass examinations in such courses at or before the Second Year barrier assessment.
4. A candidate who has completed all requirements for the degrees shall be recommended to the Senate for admission to the degrees of Bachelor of Medicine and Bachelor of Surgery.
5. Except with the permission of the Faculty, all requirements for the degrees shall be completed within nine calendar years from the first enrolment in the Faculty.
6. The degrees shall be awarded jointly in one of two grades, either Pass or Honours. There shall be two classes of Honours, namely Class I and Class II.
7. Honours at graduation shall be awarded in accordance with Resolutions of the Faculty, and the candidate who shall have been most distinguished shall receive a bronze medal, provided that he shall have obtained first-class honours and be deemed to be of sufficient merit.
8. For the purposes of section 17 of the Medical Practitioners Act, 1938, 'the Fourth, Fifth and Final Year examinations prescribed by the Senate of the University of Sydney for students in the Faculty of Medicine' shall be the examinations of the Third, Fourth and Fifth barrier assessments as set out in Resolution 3 (i).
- 8A. A candidate who has been enrolled for the degrees of Bachelor of Medicine and Bachelor of Surgery but has not re-enrolled for a period of three or more consecutive years shall complete the requirements for

the degrees under such conditions as the Faculty may determine.

Transitional provisions for the degrees of Bachelor of Medicine and Bachelor of Surgery

9. Pursuant to section 4 of Chapter XII of the By-laws, and except as provided in Resolution 10A, a candidate enrolled for the degrees of Bachelor of Medicine and Bachelor of Surgery before 1st January, 1974, and who has not completed the requirements for the degrees by that date, shall proceed to the degrees in accordance with the By-laws in force immediately prior to 1st January, 1974.

10. Except as provided in Resolutions 9 and 10A, a candidate enrolled for the degrees of Bachelor of Medicine and Bachelor of Surgery in accordance with the Resolutions of the Senate in force immediately prior to 1st January, 1981, who has completed the requirements for the Third Year prior to 1st January, 1981, shall proceed to the degrees in accordance with those Resolutions.

10A. Where a course for the degrees is no longer available for a candidate referred to in Resolution 9 or 10, that candidate shall complete instead such other course or courses as the Faculty may by Resolution prescribe.

Bachelor of Science (Medical)

11. (i) A candidate for the degrees of Bachelor of Medicine and Surgery who—
- (a) has completed the course leading to the second barrier assessment as set out in Resolution 3 (i);
 - (b) has shown special merit in his studies, and
 - (c) is considered by the Head of the Department a suitable candidate for advanced work,
- may be permitted by the Faculty to interrupt his candidature for the degrees and attend an approved course of advanced study in Anatomy, Histology and Embryology, Biochemistry, Behavioural Sciences in Medicine, or Physiology.
- (ii) On completion of the course such a candidate may be recommended by the Faculty for admission to the degree of Bachelor of Science (Medical).
- (iii) The degree shall be awarded in one of two grades, either Pass or Pass with Distinction.
12. (i) A candidate for the degrees of Bachelor of Medicine and Surgery who—
- (a) has completed the course leading to the third barrier assessment as set out in Resolution 3 (i);
 - (b) has shown special merit in his studies and
 - (c) is considered by the Head of the Department a suitable candidate for advanced work,
- may be permitted by the Faculty to interrupt his candidature for the degrees and attend an approved course of advanced study in Anatomy, Histology and Embryology, Biochemistry, Behavioural Sciences in Medicine, Physiology, Infectious Diseases, Pathology or Pharmacology.
- (ii) On completion of the course such a candidate may be recommended by the Faculty for admission to the degree of Bachelor of Science (Medical).
- (iii) The degree shall be awarded in one of two grades, either Pass or Pass with Distinction.

Resolutions of the Faculty

Degree of Bachelor of Science (Medical)

1. A thesis written to fulfil the requirements for the degree shall normally be submitted by the first day of classes in the year of the medical course in which the candidate is entitled to enrol after completion of candidature for the degree.

2. A candidate who requires an extension of candidature must apply formally to the Board of Examiners. Any extension granted by the Board of Postgraduate Studies will commence from the date referred to in Resolution 1.

Bachelor of Medicine and Bachelor of Surgery

1986 Resolutions—six year curriculum

In accordance with section 3 of Chapter XII of the By-laws, the Senate has prescribed the following Resolutions governing candidature for the degrees of Bachelor of Medicine and Bachelor of Surgery:

1. (1) A candidate for the degrees of Bachelor of Medicine and Bachelor of Surgery shall complete the prescribed courses of study in the following subjects:
 - (a) In the first year:
 - Anatomy
 - Behavioural Sciences in Medicine
 - Biomathematics
 - Chemistry
 - Histology and Embryology
 - History of Medicine
 - Introductory Medical Science
 - Physics
 - (b) In the second year:
 - Anatomy
 - Behavioural Sciences in Medicine
 - Biochemistry
 - Histology and Embryology
 - Pharmacology
 - Physiology
 - (c) In the third year:
 - Clinical Diagnosis
 - Clinical Sciences I comprising
 - Clinical Physiology
 - Immunology
 - Infectious Diseases
 - Medical Biochemistry
 - Neurosciences
 - Pathology
 - Pharmacology
 - (d) In the fourth year:
 - Clinical Sciences II comprising
 - Clinical Epidemiology
 - Infectious Diseases
 - Medicine
 - Occupational Health and Safety
 - Pathology
 - Clinical Pharmacology
 - Preventive and Social Medicine
 - Surgery
 - (e) In the fifth year:
 - Community and Geriatric Medicine
 - Obstetrics and Gynaecology
 - Paediatrics
 - Psychiatry
 - (f) In the sixth year:
 - Medicine and Surgery
 - Option
- (2) For the purposes of these Resolutions Clinical Sciences I and II shall include integrated courses of instruction in Human Nutrition, Occupational Health and Safety, Preventive and Social Medicine and such other subjects

as may be prescribed from time to time by the Faculty.

- (3) Instruction in Occupational Health and Safety and in Preventive and Social Medicine shall be given in Clinical Sciences I and II and in all courses of study in the fifth and sixth years.
- (4) For the purposes of the Resolutions Community and Geriatric Medicine shall include Clinical Epidemiology, Community Health, General Practice, Geriatric Medicine, Primary Care and Rehabilitation Medicine.
- (5) For the purposes of these Resolutions Medicine and Surgery in the sixth year shall include Anaesthetics and Resuscitation, Clinical Pharmacology, Dermatology, Diagnostic Imaging, Diseases of the Ear, Nose and Throat, Law, Ethics and Medicine, Ophthalmology, Orthopaedics, Therapeutics and Trauma.
- (6) For the purposes of these Resolutions the Option shall be a research assignment in any one subject selected from the following in accordance with Resolutions of the Faculty:
 - (a) Anaesthetics and Resuscitation; Anatomy; Behavioural Sciences in Medicine; Biochemistry; Clinical Epidemiology; Community and Geriatric Medicine; Environmental Health; Histology and Embryology; Infectious Diseases; Medicine; Obstetrics and Gynaecology; Ophthalmology and Eye Health; Paediatrics; Pathology; Pharmacology; Physiology; Preventive and Social Medicine; Psychiatry; Surgery; Tropical Medicine; or
 - (b) any other subject as may be approved from time to time by Resolution of the Faculty; or
 - (c) a subject which is a combination, approved from time to time by Resolution of the Faculty, of any two or more subjects listed under subsection (4) (a) or approved under subsection (4) (b).
2. (1) A course shall consist of such lectures, clinical, laboratory and tutorial instruction, practical work, exercises and essays as may be prescribed by the Faculty.
- (2) In these Resolutions, the words 'to complete a course' and derivative expressions mean—
 - (a) to attend the lectures and seminars, if any, for clinical, laboratory and tutorial instruction;
 - (b) to complete satisfactorily the practical work, exercises and essays, if any; and
 - (c) to pass the examinations, if any, in the course.
- (3) The provisions of Resolution 2(1) and 2(2) shall apply to each of the component courses in Clinical Sciences I and Clinical Sciences II and to each of Medicine and Surgery in the sixth year.
- (4) Resolution 4 notwithstanding, the result in the first and second year courses in Anatomy and in Histology and Embryology shall be determined at the end of the second year.
3. Except with the permission of the Faculty, no candidate shall be permitted to sit for any yearly examination in any course unless the requirements of that course as prescribed by the Faculty for that year have been completed.
4. Except with the permission of the Faculty, no candidate shall be permitted to enrol in any courses prescribed for the second or subsequent years of

candidature unless that candidate has completed all the courses prescribed for the previous year.

5. In order to be eligible for the award of the degrees, a candidate shall, except with the permission of the Faculty, complete all the requirements for the degrees within ten calendar years from and including the year of first enrolment as a candidate.

6. A candidate who has completed all the requirements for the degrees shall be recommended to the Senate for admission to the degrees of Bachelor of Medicine and Bachelor of Surgery.

7. (1) The degrees shall be awarded jointly in one of two grades, either Pass or Honours.

(2) There shall be two classes of Honours, namely Class I and Class II.

8. (1) Honours at graduation shall be awarded in accordance with the resolutions of the Faculty.

(2) (a) Subject to subsection (b), the candidate who shall have been most distinguished may be awarded a bronze medal, provided that the candidate has obtained first class honours and the candidate's work is deemed by the Faculty to be of sufficient merit.

(b) Subsection (a) notwithstanding, the candidates who have been most distinguished may share the award of a bronze medal, provided that they have obtained first class honours and their work is deemed by the Faculty to be of equal and sufficient merit.

9. A candidate who has been enrolled for the degrees but has not re-enrolled for a period of three or more consecutive years shall complete the requirements for the degrees under such special conditions, if any, as the Faculty may prescribe.

Transitional Provisions

10. Pursuant to section 4 of Chapter XII of the By-laws, and except as provided in Resolution 13, a candidate enrolled for the degrees before 1 January 1974, who had not completed the requirements for the degrees by that date, shall proceed to the degrees in accordance with the By-laws in force immediately prior to 1 January 1974.

11. Except as provided in Resolution 10 and 13, a candidate enrolled for the degrees in accordance with the Resolutions of the Senate in force immediately prior to 1 January 1981, who has completed the requirements for the third year prior to 1 January 1981, shall proceed to the degrees in accordance with those Resolutions.

12. Except as provided in Resolutions 10, 11 and 13, a candidate enrolled for the degrees before 1 January 1986, who had not completed the requirements for the degrees by that date, shall proceed to the degrees in accordance with the By-laws and the Resolution of the Senate made thereunder in force immediately prior to 1 January 1986.

13. Where a course for the degrees is no longer available for a candidate referred to in Resolutions 10, 11 and 12 that candidate shall complete instead such other course or courses as the Faculty may by Resolution prescribe.

Procedures

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MB BS
BSc(Med)

BSc(Med) degree

Applications

Those students desiring to proceed to the BSc(Med) degree following the second or the third year examinations are requested to apply to the Registrar on the appropriate form, before the end of November. (Forms are available from the Dean's Office, Faculty of Medicine.)

Applications should indicate the department(s) in which the student desires to work whilst proceeding to the degree. It is not necessary for a student to work in the department in which the best examination results were obtained.

Scholarships

Some scholarships may be available for students who are accepted as candidates for the degree of BSc(Med). The availability and value of the scholarships vary from year to year. Candidates who wish to be considered for a scholarship should indicate this when applying for permission to proceed to the degree of BSc(Med). *Candidates for such scholarships should state in their application whether they receive tertiary education assistance from the Australian Government, or any other living allowance.*

MB BS degrees

Honours at graduation

1974 Resolutions — five year curriculum

Under the undergraduate curriculum, the degrees of Bachelor of Medicine and Bachelor of Surgery may be awarded with honours. There are two classes of honours, namely Class I and Class II.

The final year candidate who is considered to have been the most distinguished, may be awarded a bronze medal, provided he or she has obtained Class I honours and is deemed to be of sufficient merit.

The award of honours for students is determined on the basis of an aggregate of marks obtained at the barrier assessments during the course. The results at each barrier are weighted as follows:

1st year	barrier assessment × 2
2nd year	barrier assessment × 10
3rd year	barrier assessment × 10
4th year	barrier assessment × 10
5th year	barrier assessment × 10

The marks gained in the individual subjects, which contribute to each total barrier mark, are weighted separately as follows:

<i>1st Year Barrier assessment</i>	
Physics	40%
Chemistry	40%
Introductory Medical Science	20%
<i>2nd Year Barrier assessment</i>	
Anatomy	18%
Behavioural Sciences in Medicine	18%
Biochemistry	18%
Histology and Embryology	18%
Pharmacology	10%
Physiology	18%
<i>3rd Year Barrier assessment</i>	
Pathology (general pathology and practical examination)	10%
Infectious Diseases (includes practical examination)	5%
Pharmacology (includes practical examination)	5%
Clinical Science (includes pathology, infectious diseases, immunology, pharmacology, psychiatry, medicine and surgery)	80%
<i>4th Year Barrier assessment</i>	
Term 4.1 courses	16%
Obstetrics and Gynaecology	21%
Paediatrics	21%
Psychiatry	21%
Community Medicine	21%
<i>5th year Barrier assessment</i>	
Medicine	50%
Surgery	50%

Assessment in Pathology, Infectious Diseases, Immunology and Pharmacology

Faculty resolution

It is a prerequisite for the term 3.4 barrier assessment that a student shall have satisfied in the various assessments conducted through the year in Pathology, Infectious Diseases, Immunology and Pharmacology. The nature and format of these assessments must be approved by the Interdepartmental Committee of the Faculty of Medicine on Paraclinical and Clinical Science.

The marks obtained by a student in the assessments conducted in Pathology, Infectious Diseases, Immunology and Pharmacology will count towards a cumulative total mark in these subjects in the Third Year barrier assessment.

Students attempting the barrier assessment will be required to satisfy in these components of the course, as well as the Clinical Science component.

Honours at Graduation

1986 Resolutions — six year curriculum

The degrees of Bachelor of Medicine and Bachelor of Surgery may be awarded with Honours. There are two classes of Honours, namely Class I and Class II.

The final year candidate who has obtained Class I Honours and is considered to have been the most distinguished, may be awarded a bronze medal, provided the candidate's work is deemed to be of sufficient merit.

The award of Honours is determined on the basis of an aggregate of marks obtained at the annual assessments during the course.

The method of calculating the weighting and the final aggregate will be determined by the Faculty early in

1986. It is expected that all years of the course will be weighted equally.

BA MB BS degrees: Arts/Medicine course

A candidate may qualify for the pass degree of Bachelor of Arts by completing seven qualifying courses in the Faculty of Arts and all the requirements for the degree of Bachelor of Medicine. The candidate must complete the seven Arts courses before entering the final year of Medicine and must complete that final year. A student who wishes to be considered for entry should seek the advice of the Faculty of Arts Office and the Dean's Office, Medicine.

Books

You are expected to own all books listed as *Textbooks*. However, you are not required to buy books listed as *Preliminary reading* or *Reference books*.

Changes sometimes occur in the selection of prescribed textbooks, or reference books, owing to supply difficulties, or the publication of new and more suitable works. Such changes will be announced by lecturers and it is prudent to check with the relevant lecturer before buying the books you expect to need.

Courses are subject to alteration

Note: Courses and arrangements for courses, including staff allocated, as stated in the *Calendar* or any other publication, announcement or advice of the University are an expression of intent only and are not to be taken as a firm offer or undertaking. The University reserves the right to discontinue or vary such courses, arrangements or staff allocations at any time without notice.

First year**1986 Resolutions—six year curriculum****Anatomy**

The anatomy of the upper and lower limb, including somatic components of the peripheral nervous and peripheral vascular systems, will be taught during Michaelmas term.

Teaching/learning situations will depend on the use of specific behavioural objectives, small group discussion techniques and the use of prosected specimens and other teaching media. Lectures will be held as an introduction to many of the tutorials. Course orientation will be functional and directed towards clinical applications. Facilities for dissection may be optionally provided.

Students are strongly advised to provide themselves with half-sets of bones.

Prosectors

Fourth year students may undertake an elective term in anatomy, working in the area of applied anatomy. Those who do so will dissect and prosect. One or more prosectors may be awarded the Wolfe Solomon Brown Prize and the A. M. Loewenthal Prize each year.

Practical anatomy

Tutorial rooms and the Anatomy Museum are open to members of the practical class only, during all the three terms, from Monday to Friday, for periods between the hours of 9 am and 5.20 pm, under the supervision of the Professor and the teaching staff.

Admission to dissecting rooms, tutorial rooms and the Anatomy Museum is strictly limited to graduates in Medicine and Dentistry and undergraduates enrolled in Anatomy.

Removal of anatomical material from the department is prohibited by law as specified in the Anatomy Act.

Textbooks

M. J. Blunt *Learning Objectives for Anatomy* (1984)

E. Gardiner *et al.* *A Regional Study of Human Structure*, 4th edn (Saunders, 1975)

R. McMinn and R. Hutchings *A Colour Atlas of Human Anatomy* (Wolfe, 1977)

or

J. Rohen and C. Yokochi *Colour Atlas of Anatomy* (Igaku-Shoin, 1983)

M. L. Barr *The Human Nervous System—An Anatomic Viewpoint*, 3rd edn (Harper and Row, 1979)

or

R. S. Snell *Clinical Neuroanatomy for Medical Students* (Little, Brown, 1980)

Reference books

M. J. Blunt and M. Girgis *Multiple Choice Questions in Anatomy and Neurobiology Undergraduates* (Butterworths, 1979)

P. McGrath and P. Mills *Atlas of Sectional Anatomy, Head, Neck and Trunk* (Karger, 1984)

Behavioural Sciences in Medicine

The general aim of the Department of Behavioural Sciences in Medicine is to conduct a preclinical course that lays a foundation for the development, throughout later undergraduate and postgraduate years, of knowledge, skills and attitudes involved in the effective management of the interpersonal and social aspects of the practice of medicine. The department's main contribution is during the first two years of the undergraduate medical course, when students have lectures and a tutorial weekly.

In first year, Lent term introduces communication between doctor and patient, scientific method in research in medicine, human personality and develop-

ment, and processes of learning. Trinity and Michaelmas terms examine the person through his or her lifespan, with emphasis on areas of special medical relevance, such as human sexuality and death, dying and bereavement. The first-year tutorial course develops some of the lecture material and introduces basic communication and interviewing skills. Assignments are community-based and focus upon developing interviewing skills further.

In the second year of the course focus is upon the doctor and the patient in the medical situation. There are four lecture strands in second year: motivation, emotion and stress; the doctor and the patient; the social organisation of medicine; and current issues in the delivery of health care in our society. Second-year tutorials relate to the four lecture strands and develop further the interviewing skills required by students in first year. Assignments in second year are designed to give students more responsibility for guiding their own learning, deciding on areas of interest and finding out about them.

Textbooks

• Years I and II

N. Black *et al.* (eds) *Health and Disease. A Reader* (Open U.P., 1984)

J. V. McConnell *Understanding Human Behaviour. An Introduction to Psychology*, 4th edn (Holt, Rinehart and Winston, 1983)

J. S. Turner and D. B. Helms *Lifespan Development*, 2nd edn (W. B. Saunders Co., 1983)

Workbook in Behavioural Sciences in Medicine (available from the department)

Biomathematics

Given in the first two terms and consisting of 18 hours of practical work, this course provides instruction in relevant areas of biostatistics and the elements of epidemiology.

Calculators are required for the practical classes.

Chemistry I (Life Sciences)

A three term course to suit the needs of the student who requires a good general grounding in Chemistry, and who will subsequently undertake a study of such subjects as Biochemistry and Physiology. Covers chemical theory, inorganic, physical, and organic chemistry with many examples from biological areas. The course will presuppose a satisfactory prior knowledge of the Chemistry component of the Science multistrand HSC course. Detailed information is available from the Chemistry School.

Lectures: 69 lectures comprising 42 in inorganic and physical chemistry and 27 in organic chemistry, with many illustrations from biological areas.

Practical work: 17 three-hour sessions during Lent and Trinity terms.

Examinations: Theory examinations are held at the end of term. Students are advised at the beginning of the year about other factors contributing to the assessment for the course.

Textbooks

T. L. Brown and H. E. Le May *Chemistry: The Central Science*, 2nd edn (Prentice-Hall, 1981)

W. H. Brown *Introduction to Organic Chemistry*, 3rd edn (Wadsworth, 1982)

G. H. Aylward and T. J. V. Findlay *S.I. Chemical Data*, 2nd edn (Wiley, 1975)

P. G. Simpson and H. G. Holland *Chemistry I Laboratory Handbook*, 5th edn (Science Press, 1984)

Chemistry I Staff *Chemistry I Problem Book* (Univ. Sydney)

Students who have not taken the 2 unit Chemistry course or a 4 unit Science multistrand HSC course are required to study the following book before the beginning of Lent term:

R. J. Hunter *et al.* *Chemical Science* (Science Press, 1980)

Histology and Embryology

In Michaelmas term this course, consisting of one lecture and one two-hour practical period per week, is concerned with the structure of cells and several of the tissues.

Textbook

M. H. Ross and E. J. Reith *Histology. A Text and Atlas* (Harper and Row, 1985)

History of Medicine

A short course of lectures is planned on selected topics including the place of medicine in different societies, the development of our concepts of health and disease and the relationship of medicine to the other sciences. A series of tutorials related to these topics has also been arranged and will be based on research material compiled specifically for student use. The examination will consist of a formal 2 hour paper, the questions will be chosen so that they may be answered from the students' tutorial assignments. The lectures and tutors are drawn from the Faculty of Medicine generally rather than from any individual department and enquiries about the course should be directed to Professor Y. E. Cossart, Department of Infectious Diseases.

Textbooks

A reading list will be issued in lectures in Michaelmas term.

Introductory Medical Science

This course, consisting of about 150 hours of lectures and practical work, provides an introduction to areas of knowledge which are basic to an understanding of the preclinical sciences.

The first two terms are given by the School of Biological Sciences and follow the general lines of their course Human, Social and Environmental Biology. In the third term consideration is given to selected topics in cell physiology, cellular interactions and the biology of microorganisms.

Textbook

I. W. Sherman and V. G. Sherman *Biology, A Human Approach*, 3rd edn (Oxford U.P., New York, 1983)

Physics I (Life Sciences)

The Physics course consists of 72 lectures together with 18 three-hour laboratory sessions. It is designed to emphasise the concepts of Physics, and where possible, to show the application of Physics in the Biological Sciences. There are six lecture units: forces and energy, electricity, thermal physics, optics, ionising radiation and properties of matter. Two-thirds of the lectures are given on closed-circuit television.

Textbooks

Physics I (Life Sciences) (School of Physics, 1986)

Physics I Laboratory Manual, Dentistry, Medicine and Veterinary Science (School of Physics, 1986)

Students who have not previously studied Physics and have not reached the assumed standard for this

course are advised to find (for example in a state, municipal, school or university library) physics books and to read (not study) one or more such books before the beginning of Lent term. Examples of suitable books are:

The Project Physics Course: Readers 1-6 (Horwitz, 1972)
 E. Rogers *Physics for the Inquiring Mind* (Oxford U.P., 1960)
 G. Gamow *One, Two Three ... Infinity* (Macmillan, 1947)
 S. K. Kim *Physics: The Fabric of Reality* (Macmillan, 1975)

Additional instruction will be available for these students during the academic year.

Second year

1974 Resolutions — five year curriculum

Anatomy

During second year attention will be given to the musculo-skeletal framework of the trunk, the visceral systems of the body and the neuro-endocrine system. The course is planned so that the visceral systems and the central nervous system may be 'fitted into' the musculo-skeletal framework in a coordinated programme of study.

Behavioural Sciences in Medicine

See the first year entry.

Biochemistry

Biochemistry is studied during four terms of first and second year Medicine.

Students will receive three lectures per week in Michaelmas term of first year. Topics include the following: the structure and properties of amino acids, peptides and proteins, nucleotides and nucleic acids; an introduction to the nature of enzymes and enzyme catalysis. Two practical classes will be held dealing with topics related to the lectures in Michaelmas term.

About 90 lectures are given during terms 2.1, 2.2 and 2.3. Topics include the following: biochemistry of cellular organisation and function; chemistry, digestion, absorption and metabolism of carbohydrates; biological oxidations, including the chemistry and functions of porphyrins and cytochromes, electron transport, oxidative phosphorylation and mitochondrial organisation; the chemistry of lipids; digestion, absorption and metabolism of fats and fatty acids; digestion and absorption of proteins and amino acids; metabolism and functions of complex lipids; nitrogen metabolism and the metabolism of one-carbon compounds; mechanism and control of the synthesis of nucleic acids and proteins including biochemical genetics; antibiotics and gene expression; recombinant DNA technology; the control of intermediary metabolism; biochemical aspects of hormone action; inborn errors of metabolism; plasma proteins and immunoglobulins; biochemistry of the red blood cell; the synthesis and degradation of haemoglobin and the metabolism of iron and bilirubin; vitamins; the biochemistry of connective tissue; aspects of neurochemistry; principles of nutrition.

Six five-hour practical classes will be held in terms 2.1 and 2.2. Tutorials will be given from time to time.

Textbooks

- E. L. Smith *et al. Principles of Biochemistry: General Aspects*, 7th edn (McGraw-Hill, 1983) and
E. L. Smith *et al. Principles of Biochemistry: Mammalian Biochemistry*, 7th edn (McGraw-Hill, 1983)

Reference books

- V. Schwarz *A Clinical Companion to Biochemical Studies* (Freeman, 1978)
R. W. McGilvery *Biochemistry—A Functional Approach*, 3rd edn (Saunders, 1983)
L. Stryer *Biochemistry*, 2nd edn (Freeman, 1981)
S. Davidson *et al. Human Nutrition and Dietetics*, 7th edn (Churchill Livingstone, 1979)
E. A. Newsholme and A. R. Leach *Biochemistry for the Medical Sciences* (Wiley, 1983)

mately 110 lectures and 60 hours practical work, tutorials and clinical cases, distributed throughout the year. It deals successively with the following systems: cardiovascular and respiratory systems (first term); immunology, gastrointestinal, renal and body fluid physiology (second term); endocrine, reproduction and central nervous systems (third term).

Textbooks

- A. C. Guyton *Textbook of Medical Physiology* (Saunders, 1981)
R. D. Keynes and D. J. Aidley *Nerve and Muscle* (Cambridge U.P. 1981)

Histology and Embryology

The second year Histology course, which has the same form as the first year course, is concerned principally with the structure of organs.

The Embryology course, of one lecture per week, is concerned with the morphology of development in terms 2.1 and 2.2 and with developmental biology and teratology in term 2.3.

Textbook

- K. L. Moore *The Developing Human*. Clinically oriented Embryology, 2nd edn (W. B. Saunders)

Pharmacology

Pharmacology is taught over six terms, commencing in term 2.2 of second year and ending in term 4.1 of fourth year. In second year it is coordinated on a topic basis with Physiology. Instruction is by lectures, tutorials and correlation sessions.

Third year students will receive a course of lectures and tutorials on systematic pharmacology.

Clinical pharmacology will be taught in term 4.1 by lectures, tutorials and selected practical sessions.

Examinations are by assessments at the end of each teaching term throughout the course and each will cover the work of that term. Pharmacology as a whole will be examined in the 3.4 barrier assessment.

Textbooks

- G. S. Avery *Drug Treatment* (Adis, 1980)
L. S. Goodman and A. Gilman *The Pharmacological Basis of Therapeutics* (Macmillan, 1980)

Reference book

- W. C. Bowman and M. J. Rand *Textbook of Pharmacology* (Blackwell, 1980)

Physiology

Physiology is taught over four terms in first and second year; there are 51 hours of formal instruction in the third term of first year and 170 hours in the three terms of second year. The purpose of the first year segment is twofold. First, it serves as an introduction to the study of living systems and provides core instruction in basic cell physiology. Second, it provides core instruction in cellular neurophysiology, muscle physiology and the physiology of epithelia, which are not dealt with again in the course. The course consists of 31 lectures in third term and 5 practical classes, three of 5 hours' duration and two of 3 hours' duration.

The second year course is the final three terms of the four-term Physiology course. It consists of approxi-

Third year

1974 Resolutions—five year curriculum

specific disease states. The disciplines in this teaching will include:

- Medicine, including subspecialties
- Surgery, including subspecialties
- Clinical Immunology
- Pharmacology
- Infectious Diseases
- Pathology

In addition to the university teaching sessions, clinical tuition correlated with the campus teaching, will be given in the hospitals. The aim of this part of the course is to present the core facts about specific disease states in an integrated manner, correlating the different disciplines involved in the diagnosis and treatment of the disease.

History-taking and Physical Examination

In term 3.1 of third year students commence instruction at the clinical schools. This will include instruction at the bedside in the physical examination of patients, taking history of a patient's illness and recognition of symptoms of disease.

Infectious Diseases

A course of approximately 50 lectures and 40 practical classes/tutorials is given in third year. The principles of medical microbiology are explained and their application to the diagnosis, treatment and prevention of disease demonstrated.

Textbooks

- E. Jawetz *et al.* *Review of Medical Microbiology*, 14th edn (Lange, 1980)
- J. D. Sleight and M. C. Timbury (eds) *Notes on Medical Bacteriology*, 1st edn (Churchill Livingstone, 1981)
- M. C. Timbury *Notes on Medical Virology*, 7th edn (Churchill Livingstone, 1983)

Reference book

- A. S. Benenson (ed.) *Control of Communicable Disease in Man*, 13th edn (American Public Health Association, 1981)

Pathology

Pathology is taught in all four terms in third year. The course consists of lectures, tutorials, practical classes and autopsy demonstrations. General Pathology which provides an understanding of basic disease processes is taught in first term. At the end of the General Pathology course the students are introduced to Forensic Pathology. There is an assessment at the end of first term. Systematic Pathology, in which the principles learnt in the General Pathology course are applied to the study of specific diseases, is correlated with teaching in the relevant clinical science disciplines.

The entire year's work in Pathology is examined at the 3.4 barrier examination.

Textbooks

- S. L. Robbins *et al.* *Pathologic Basis of Disease*, 3rd edn (W. B. Saunders and Co., 1984)
- or
- J. R. Anderson (ed.) *Muir's Textbook of Pathology*, 11th rev. edn (Edward Arnold, 1984)

Pharmacology

See the second year entry.

Clinical Science

In third year, clinical instruction will be given on campus in the form of correlative lectures dealing with

Fourth year

1974 Resolutions—five year curriculum

Term 4.1

The term is of 6 weeks' duration and includes:

- (a) a course in Health and the Australian Community of approximately 48 hours during weeks 1 to 4;
- (b) lectures in dermatology and ophthalmology;
- (c) lectures and practical classes in clinical pharmacology and tropical medicine;

All material is examinable.

The Health and the Australian Community programme aims at providing students with an understanding of matters of importance to medical practitioners from the perspective of human groups—of whole populations, communities or groups of people defined in some particular way. The perspective is different from that in clinical medicine, where the emphasis is on individuals, on the doctor-patient one-to-one relationship.

In order to facilitate presentation of material by teachers and learning by students, the programme has been split into five disciplinary units:

- Epidemiology and Biostatistics
- Ethics and Law in Relation to Medicine
- Health Services
- Occupational Health
- Preventive and Social Medicine
- Tropical Health.

Assignment Terms

There are four assignment subjects: Community Medicine; Obstetrics and Gynaecology; Paediatrics; and Psychiatry. Each subject is undertaken during a term of 9 weeks. The assignments commence in the second term of fourth year, and finish in the fifth term of fourth year. Students, where performance in an examination appear unsatisfactory, may be expected to attend a repeat (professorial) *viva voce* examination before proceeding to the next assignment.

Community Medicine

The general objectives of the term are to demonstrate and provide information about the experience in community medicine, so that students will be able, as members of a health team, to plan and effect health promotion and the management of health problems of individuals and families in a community setting.

The term will cover community health, general practice, geriatric medicine, primary care and rehabilitation medicine.

Students will spend two weeks in a full-time general practice attachment and three weeks in a full-time geriatric-rehabilitation placement, plus sessional placements in other community health services.

Each student will prepare several case history reports, and present material on tutorial topics. Full details are provided each year in a department handbook.

Textbooks

- C. Coni *et al. Lecture Notes in Geriatrics*, 2nd edn (Blackwell Scientific Publications, 1977)
- D. B. Shires and B. K. Hennen *Family Medicine: A Guidebook for Practitioners of the Art* (McGraw-Hill, 1980)
- G. A. Okamoto *Physical Medicine and Rehabilitation* (Saunders, 1984)
- H. J. Wright and D. A. MacAdam *Clinical Thinking and Practice* (Churchill Livingstone, 1979)

Recommended reading

- E. Cassell *The Healer's Art: A New approach to the Doctor-Patient Relationship* (Penguin, 1978)
- Fabb *et al. Focus on Learning in Family Practice* (RACGP Family Medicine Programme, 1976)
- W. E. Fabb and J. R. Marshall (eds) *The Nature of General Family Practice* (ADIS Health Sciences Press, 1983)
- J. W. Rowe and R. W. Besdime (eds) *Health and Disease in Old Age* (Little, Brown and Co., 1982)
- R. Walpole (ed.) *Community Health in Australia* (Penguin, 1984)

Reference books

- J. C. Brocklehurst (ed.) *Geriatric Medicine and Gerontology* (Churchill Livingstone, 1978)
- I. R. McWhinney *An Introduction to Family Medicine* (Oxford U.P., 1981)
- R. B. Taylor (ed.) *Family Medicine: Principles and Practice* (Springer Verlag, 1978)

Obstetrics and Gynaecology

The assignment term in obstetrics and gynaecology has the following objectives:

1. To give the student insight into the functional and organic processes of human reproduction and sexuality and the biology of women;
2. To instruct the student in the principles and practice of management of normal labour;
3. To indicate the value of prevention of disease in obstetrics and gynaecology;
4. To stress the socio-economic, psychological and psychosomatic factors in the discipline;
5. To demonstrate the care of the neonate;
6. To establish a firm base from which a deeper understanding of, and vocational training in, obstetrics and gynaecology can be obtained in the early postgraduate years.

The nine-week term will be divided into an introductory week when all students will spend Monday-Thursday in the University, attending lectures, films, discussion and demonstrations. On the Friday students will attend orientations at the hospitals to which they will be attached.

The remaining 8 weeks will be spent attending the practice of the student's chosen hospital. *Residence in hospitals will normally be expected for at least 4 of the 8 weeks.*

The arrangements for the scheduled teaching sessions will vary between hospitals but, in general, students will receive weekly tutorial sessions and teaching ward rounds from the academic and visiting staff. One half day each week is normally given over to clinicopathological and other seminars.

An important educational experience will be duty on the delivery floor, during which *each student will*

will be expected to admit to hospital, attend during labour, deliver and check the post-natal progress of at least four mothers and babies.

Each student will also spend periods each week with the antenatal service, both inpatient and outpatient; the gynaecological service; and the neonatal intensive care facility of the hospital.

In the last week of the assignment term, an assessment of the student's knowledge, attitudes and skills will be made. This will consist of an essay paper, a viva voce examination and a clinical examination. The latter will be conducted by two examiners. Students are also required to complete a written project on a particular topic throughout the term and submit two written case histories of adult patients, one neonatal history and one sexual history which is separately assessed.

Text books

- N. A. Beischer and E. V. McKay *Obstetrics and the Newborn*, 2nd edn (W. B. Saunders, 1981)
 M. Garrey *et al.* *Gynaecology Illustrated* (1978)
Obstetrics illustrated (Churchill Livingstone, 1980)
 M. G. R. Hull *et al.* *Undergraduate Obstetrics and Gynaecology* (Wright, 1980)
 D. Llewellyn-Jones *Fundamentals of Obstetrics and Gynaecology*, vol. I—*Obstetrics*; vol. II—*Gynaecology*, 3rd edn (Faber and Faber, 1982)
 B. Wren *Handbook of Obstetrics and Gynaecology* (Cassell, 1978)

Reference books

- C. J. Dewhurst (ed.) *Integrated Obstetrics and Gynaecology*, 3rd edn (Blackwell, 1981)
 H. W. Jones and G. S. Jones *Novak's Textbook of Gynaecology*, 10th edn (Williams and Wilkins, 1981)
 D. Llewellyn-Jones *Human Reproduction and Society* (Faber and Faber, 1974)
 R. R. Macdonald (ed.) *Scientific Basis of Obstetrics and Gynaecology*, 2nd edn (Churchill, 1978)
 E. E. Philipp *et al.* *Scientific Foundations in Obstetrics and Gynaecology* (Heinemann Medical, 1977)
 J. A. Pritchard (ed.) *Williams Obstetrics*, 16th edn (Appleton, Crofts, 1980)
 R. P. Shearman *Human Reproductive Physiology*, 2nd edn (Blackwell, 1979)
 P. A. Davies *et al.* *Medical Care of Newborn Babies* (Spastics Int. Med. Publns, London: Heinemann Medical; Clinics in Developmental Medicine Nos 44/45)

Suggested additional reading

- L. Speroff *et al.* (eds) *Clinical Gynaecological Endocrinology*, 3rd edn (Williams and Wilkins, 1983)
 R. J. Pepperell *et al.* (eds) *The Infertile Couple* (Churchill-Livingstone, 1980)
 E. E. Hytten and G. Chamberlain *Clinical Physiology in Obstetrics* (Blackwell, 1980)
 H. S. Kaplan *The New Sex Therapy* (Bailliere, Tindall, 1974)
 E. Belliveau and L. Richler *Understanding Human Sexuality* (Hodder, 1970)
 M. Chiswick *Neonatal Medicine* (Update Publications, 1974)

Paediatrics

A complete assignment term is allocated to child health. Students are based at the Royal Alexandra Hospital for Children or at the Westmead Hospital. As comprehensive an exposure as possible to all aspects of child health and disease is provided. The objectives of the course are:

- to teach students about common paediatric conditions as seen in general practice;
- to assist students to recognise important but less common conditions, and to be adequately informed as to how appropriately to refer such patients;
- to encourage students to exhibit personal initia-

tive and involve them in the broader philosophical aspects of paediatrics and medicine.

The programme emphasises out-patient and community aspects of paediatrics with a somewhat lesser emphasis on in-patient medicine than has been the case in the past.

The method of assessment is by a written examination of two hours' duration, held in the eighth week of the term. The written assessment includes a section during which slides are shown as an introduction to clinically orientated questions. Students are expected to research and write a project during the term and a clinical examination is held in the ninth week.

Reference books

Whilst there is no ideal textbook covering the whole range of paediatrics, it is suggested that reading might be divided into three categories: essential reading, reference books, and 'additional reading' for students who wish to pursue a particular course of interest.

Textbook

- D. Hull and D. Johnson *Essential Paediatrics* (Churchill Livingstone, 1981)

Reference books

- R. S. Illingworth *The Normal Child*, 7th edn (Churchill Livingstone, 1979)
 W. E. Nelson (ed.) *Nelson's Textbook of Paediatrics*, 12th edn (Saunders, 1983)
 A. Rudolph *et al.* *Paediatrics*, 16th edn (Appleton-Century-Croft, 1977)
 J. Stanbury *et al.* *The Metabolic Basis of Inherited Disease*, 4th edn (McGraw-Hill, 1978)

Additional reading

- M. Balint *The Doctor, His Patient and the Illness* (Pitman, 1977)
 J. Bowlby *Attachment and Loss*, vol. I—'Attachment', vol. II—'Separation' (The Hogarty Press, vol. I, 1969, vol. II, 1973)
 J. Davis and J. Dobbing (eds) *Scientific Foundations of Paediatrics*, 2nd edn (Heinemann Medical Books, 1981)
 M. Davis and D. Wallbridge *Boundary and Space—An Introduction to the Work of D. W. Winnicott* (Brunner/Mazel, 1981)
 F. Falkner and J. M. Tanner (eds) *Human Growth*, I, II and III (Plenum Press, 1979)
 D. Morley *Paediatric Priorities in the Developing World* (Butterworths, 1973)
 D. Morley and M. Woodland *See How They Grow* (MacMillan, 1979)
 P. Pinkerton *Childhood Disorder—A Psychosomatic Approach* (Crosby, Lockwood and Staples, 1974)
 B. Wharton (ed.) *Nutrition in Childhood* (Pitman Medical, 1980)
 D. W. Winnicott *The Child, the Family and the Outside World* (Penguin, 1964)
 D. W. Winnicott *The Family and Individual Development* (Methuen, 1970)

Psychiatry

Psychiatry is introduced in third year but the major part of teaching occurs during the assignment period in fourth year. During the assignment, all students are given opportunities for clinical experience and instruction in both general and psychiatric hospitals. The various clinical units include:

- Royal Prince Alfred Hospital, Rozelle Hospital and the Glebe, Newtown and Balmain Community Clinics;
- Royal North Shore Hospital, Bankstown Hospital, the Macquarie Hospital and the Northside Clinic;
- Westmead Hospital, Repatriation General Hospital Concord, Lidcombe Hospital and Cumberland Hospital.

In addition, topic teaching takes place each week at the Department of Psychiatry at the undergraduate centre at Rozelle Hospital.

The main aim of the course is to demonstrate to students the ways in which psychiatric assessment is undertaken in a variety of clinical settings.

Textbook

Kolb and Brodie *Modern Clinical Psychiatry*, 10th edn (W. B. Saunders, 1982)

or

Kaplan and Sadock *Modern Synopsis of Comprehensive Textbook of Psychiatry/III*, 3rd edn (Williams and Wilkins, 1981)

Reference books

Slater and Roth *Mayer Gross' Clinical Psychiatry*

Kaplan *et al. Comprehensive Textbook of Psychiatry*, 3rd edn

Lishman *Organic Psychiatry*

Hackett and Cassem *Handbook of General Hospital Psychiatry*

Strain and Grossman *Psychological Care of the Medically Ill*
Goodwin and Guze *Psychiatric Diagnosis*, 2nd edn (Oxford U.P., 1979)

Fish *Psychopathology*

Jasper *General Psychopathology*

Granville-Grossman *Recent Advances I, II, III*

Vigersky *Anorexia Nervosa*

Psychiatric Clinics of North America for 1978, 1979, 1980
Diagnostic and Statistical Manual of Disorders, 3rd edn
DSMIII

Colby *A Manual for Psychotherapists*

Bird *et al. Psychiatry Revision: Aids for Postgraduate Trainees* (Churchill Livingstone, 1982)

Fifth year

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In Fifth Year students have two periods of 14 weeks during which they have the campus teaching in Medicine and Surgery on Monday mornings. These sessions are divided equally between Medicine and Surgery into:

1. Long correlation sessions of one and a half hours
2. Short correlation sessions of one hour
3. Lectures of one hour

Students spend four and a half days each week in the teaching hospitals. Each 14-week period is divided into two terms of seven weeks. Students will have two terms each of medicine and surgery alternating. Hospital seminar tutorials in medicine and surgery will be held for all students on two days each week throughout the four seven-week terms.

Medicine

During the two terms of seven weeks in medicine, students are attached to a general or special unit. In addition to general medical responsibilities, they will be participating in the activities of special units in programmed sessions.

Patient Responsibilities—General Medicine

Students will take and record all histories for patients admitted to the unit to which they are assigned. Histories will be checked and countersigned by the resident and/or registrar, to become part of the hospital record. Student responsibilities to the medical unit will include:

- (a) Daily rounds with the intern, resident and registrar
- (b) Rounds with the attending physician
- (c) Attendance and participation in clinical meetings, radiology and pathology sessions
- (d) Direct involvement and supervised participation in day to day patient care
- (e) A 24-hour roster immediate call system on unit admitting days (including weekends)

These responsibilities will continue throughout the two 7-week medicine terms.

Teaching Sessions—Hospital

The following teaching sessions will be scheduled:

1. Seminar tutorials in medicine and surgery held on four days weekly throughout the terms;

2. Daily Monday to Friday: clinical case presentations from all students in rotation, to be conducted by a clinical tutor in medicine;
3. Medical resident/registrar tutorials in physical diagnosis weekly.

Reference books

• General Medicine

- Beeson *et al.* *Cecil's Textbook of Medicine*, 15th edn (Saunders, 1979)
- J. MacLeod *Davidson's Principles and Practice of Medicine*, 12th edn (Livingstone, 1978)
- Isselbacher *et al.* *Harrison's Principles of Internal Medicine*, 9th edn (McGraw-Hill, 1980)
- Bodley-Scott *Price's Textbook of the Practice of Medicine*, 12th edn (Oxford U.P., 1978)

• Therapeutics

- S. Alstead and R. H. Girdwood *Textbook of Medical Treatment*, 14th edn (Churchill-Livingstone, 1978)
- N. C. Costirini and W. M. Thomson *Manual of Medical Therapeutics*, 22nd edn (Little, Brown, 1977)

• Ward Work

- J. MacLeod *Clinical Examination*, 5th edn (Churchill-Livingstone, 1977)
- F. C. Firkin *et al.* *A System of Signs*, 4th edn (ANZ, 1979)
- I. A. Bouchier and J. S. Morris *Clinical Skills* (Saunders, 1976)

Surgery

General Surgery

During the seven weeks of general surgery, students are allocated to general surgical wards and expected to clerk cases allocated to them. They enter into the general working routine of the unit. During this term it is necessary for each student to spend one half day in Ear, Nose and Throat tuition, one radiology tutorial per week and about two tutorials in general surgery each week.

Special Surgery, Anaesthetics and Resuscitation

During this term students are allocated to the Department of Orthopaedics and Traumatic Surgery for three weeks' tuition in diseases of the musculo-skeletal system. One week is allocated to the Department of Anaesthetics. In the remaining three weeks, students are required to fulfil an assignment in Urology, Thoracic Surgery, Plastic Surgery and Neurosurgery. They are required to submit case reports on patients suffering from certain diseases within these specialties. These reports, together with students' comments and the results of their reading, are assessed in their log book. The Department of Anaesthetics conducts an assessment in the last anaesthetic tutorial in this term.

Textbooks

- J. C. Adams *Outline of Orthopaedics*, 9th edn (Livingstone, 1981)
- J. C. Adams *Outline of Fractures*, 8th edn (Livingstone, 1983)
- A. Rains and H. Ritchie *Bailey and Love's A Short Practice of Surgery*, 19th edn (Lewis 1984)
- Hamilton *Bailey Demonstrations of Physical Signs in Clinical Surgery*, 16th edn (Wright, 1980)
- S. Hoppenfeld *Physical Examination of the Spine and Extremities* (Appleton, Century Crofts, 1976)
- P. R. Scott *Aid to Clinical Surgery*, 3rd edn (Churchill-Livingstone, 1984)
- H. C. Polk *et al.* *Basic Surgery*, 2nd edn (Appleton, Century Crofts, 1983)

Reference books

- J. D. Hardy *Surgery Principles and Practice* (ISE Lippincott, 1983)
- L. V. Ackerman and J. Rosai *Surgical Pathology*, 6th edn (Mosby, 1981)
- J. Kyle's *Pye's Surgical Handbook*, 21st edn (Wright, 1984)

- H. Bailey *Emergency Surgery*, 10th edn (Wright, 1977)
- W. Boyd *Pathology for the Surgeon*, 8th edn (Saunders, 1967)
- L. Way *Current Surgical Diagnosis* (Lange, 1985)
- R. H. Troupin *Diagnostic Imaging in Clinical Medicine*, 3rd edn (Year Book Medical Publishers, 1985)

Anaesthesia

A part of the Surgery term is devoted to Anaesthetics. Emphasis in the lectures, tutorials and the practical tuition will be on preoperative assessment, the effects of anaesthesia and surgery on cardiovascular and respiratory function, the protection of the patient during operation, the immediate postoperative period, cardiopulmonary resuscitation, the management of patients on ventilators and simple local analgesia. Aspects of preoperative management, the principles of the anaesthetic management and postoperative care, will be part of the clerking of the surgical patients during the term, with two weeks attached solely to a department of anaesthetics of the teaching hospitals. Evaluation of student performance will be from the part-time lecturers and tutors and oral assessment by the Professor of Anaesthetics and/or his nominees.

Textbook

- A. A. Birch and J. D. Tolmie *Anaesthesia for the Uninterested* (University Park Press, 1976)

Reference books

- R. D. Dripps *et al.* *Introduction to Anaesthesia*, 6th edn (Saunders, 1982)
- Instruction and Examination Manual* (Surf Life Saving Association)

Assessment in Medicine and Surgery

At the end of the teaching in medicine and surgery, a joint examination will be held by the Departments of Medicine and Surgery as follows:

Multiple choice question papers. Two multiple choice question papers, each with up to 100 questions, will be held on the morning and afternoon of one day.

Essay paper. One 3-hour combined Medicine and Surgery paper requiring short written answers will be held.

Clinical examinations. A Clinical Medicine and a Clinical Surgery examination will be held separately. In Medicine there will be one long case consisting of 1 hour with patient, followed by 20 minutes with two examiners, and two short cases for 20 minutes with a second pair of examiners. In Surgery there will be the one long case, consisting of 30 minutes with the patient, followed by 20 minutes with two examiners. There will be a series of short cases for 20 minutes with a second set of examiners. In addition, in-training evaluation reports and log books will be available to assess student performance.

In addition, in-training evaluation reports and log books will be available to assess student performance.

Students will be encouraged to use the computer based multiple choice question self-assessment system on several occasions throughout the term. They may use this to identify deficiencies in knowledge and to check that these have been remedied following extra work.

Option

The fourth term of fifth year is a compulsory option term. The purpose of this eight-week term is to allow each student the opportunity to study an individual subject in greater depth. The student is given a chance to learn through his own experience and effort. Options

may consist of various combinations of laboratory exercises, research, clinical instruction, essays and assignments. Each student is expected to study a specific aspect of medicine, to collect appropriate data, and to submit a project report to a faculty adviser. The project itself is under the supervision of a faculty appointed supervisor who reports to the faculty adviser on the student's progress.

A variety of option subjects is available, from which students are required to choose one which may be attractive to them. Copies of a booklet listing the option subjects available this year may be read in the warden's office in each of the various clinical schools, the Medical Library, or the Dean's Office, Faculty of Medicine. Students will be required to advise the faculty of their choice of option subjects, in order of priority, by June. They will be allocated to an option subject by an interdepartmental committee established by the faculty.

Students are required to have satisfied the option term before they may graduate with the degrees of Bachelor of Medicine and Bachelor of Surgery. The faculty adviser in conjunction with the option supervisor reports to the Board of Examiners for assessment of the option term. If the Board of Examiners decides that a student's performance has not been satisfactory, the student will be required to repeat the term.

Bachelor of Science (Medical)

The degree of Bachelor of Science (Medical) is comparable to the additional honours year undertaken in the Faculties of Science and Arts.

Students who have successfully completed second year Medicine or third year Medicine and who have shown exceptional academic progress, may be admitted to undertake candidature for the degree of BSc(Med), which is normally of one year's duration. Candidature may be undertaken in any one of the subjects already studied in the course. A research topic is usually set by the head of the department concerned and a candidate after undertaking the research submits a thesis which is examined. The degree may be taken in the following departments:

- Anatomy
- Behavioural Sciences in Medicine
- Biochemistry
- Histology and Embryology
- Infectious Diseases
- Pathology
- Pharmacology
- Physiology

Candidates wishing to undertake a BSc(Med) in Immunology should apply through the Department of Pathology.

Further information is available from the Dean's Office.

5 Other faculty information

Further information about some items in this section may be found in the general information section of the handbook and in the *Guide for New Students*.

Student identification cards

Students in the clinical years of the course are issued with identification cards by their teaching hospital and the badges must be worn at all times in the hospital.

Personal tutor scheme

For several years members of the faculty had been concerned about the need for a system of personal mentors or counsellors for its undergraduate students. It has long been recognised that the pressures of the medical course are intense, and that the large size of the student body today makes it difficult to develop personal associations between students and teaching staff. Schemes under which students are allocated to a tutor, who can advise them on academic and personal

matters, exist in many medical schools in North America and the United Kingdom.

Accordingly, in 1978, the faculty introduced a personal tutor scheme for medical students. Initially students from first and third years in 1978 were invited to participate and about fifty personal tutors were appointed. The scheme was extended and now includes all years of the course. Each tutor has one student from each year, so that students maintain the same tutor throughout. This will provide contact between students in different years, so that those in junior years can draw on the experience of their seniors, as well as contact between students and staff. The personal tutor advises students regarding academic problems, future plans and financial and personal worries.

The scheme, which is entirely voluntary, is under the direction of Associate Professor C. G. dos Remedios of the Department of Anatomy, who reports to Associate Professor R. R. Munro, Sub-Dean (Student/Staff Affairs). Further information is available from Associate Professor dos Remedios.

Undergraduate scholarships and prizes

There are a large number of undergraduate scholarships and prizes. Brief details follow:

Prize or scholarship	Value £	Qualifications
Awards requiring application		
Peter Bancroft	1200	Best research work in any subject
Robert Campbell	200 pa	Students in financial need and of sufficient merit. Applications from year 1 students at any time.
Dr H. G. Chapman	150	Essay on original research in physiology or biochemistry
Sydney B. Clipsham	160	Best account of research or observation in operative surgery during clinical years
Robert Craig Prize in Surgery	230	Best account of research or observations undertaken during the unallocated term or the option term
Council of Education	400 pa	Children of teachers or officers in the Department of Education of at least three years' standing; certificate of eligibility required

Prize or scholarship	Value \$	Qualifications
A. P. Elkin Fund Freemasons' (2)	varies 200 pa	Students of Aboriginal descent Sons of freemasons of 5 years' standing; certificate of eligibility required
Goode Memorial Scholarship	loan of up to 50	Short term loans available to medical undergraduates
Alexander James Scholarship	150	To assist students undertaking an elective or option term project in community medicine
S. H. MacCulloch Trust	loan of up to 750	Needy undergraduate students in the Faculty of Medicine
James Robinson Orange Memorial Prize	700	Children or grandchildren of members of the Loyal Orange Institution; certificate of eligibility required
A. J. Reynolds	150	Essay on causes, prevention or cure of spondylitis in human beings
Robert H. Todd Memorial	300	Report of an attachment in general practice undertaken during the assignment in community medicine
Michael Robert William Young	20	Essay on specific topic in history of medicine
Awards decided on academic merit		
George Allan	130	Proficiency in therapeutics
Dagmar Berne	70	Proficiency in final barrier examination
P. O. Bishop	Medal	Greatest proficiency in advanced physiology for BSc(Med)
Wolfe Solomon Brown	250	Best contribution to Wilson Museum of Anatomy by student prosector
Burroughs Wellcome	100	Proficiency in pharmacology
G. S. Caird Scholarship No. I	750	Proficiency at third barrier assessment
G. S. Caird Scholarship No. II	1000	Proficiency by male student in second barrier examination
Frank and Margaret Claffy	300	Proficiency in ophthalmology
Harry J. Clayton Memorial	500	Proficiency in medicine and clinical medicine
Frank Cotton Memorial	150	Proficiency in physiology
Dame Constance D'Arcy Memorial	25	Proficiency by female student in obstetrics and gynaecology
Dun Surgery	100	Proficiency in surgery and clinical surgery
Foundation for Research and Treatment of Alcoholism and Drug Dependence of N.S.W.	63 and 42	Essay on medical aspects of alcoholism and drug dependence
Allan Douglas Gillies Memorial	70	Proficiency in pathology
Harold Edward Goldsack Grant	up to 400	Proficiency in preclinical or paraclinical subjects by student proceeding to BSc(Med)
John Harris Scholarship	400	Proficiency in second barrier examination
Hinder Memorial	200	Proficiency in surgery and clinical surgery
Albert Hing Memorial	85	Proficiency in obstetrics and gynaecology
Inglis and Ward	50	Proficiency in pathology and bacteriology
Mabel Elizabeth Leaver Memorial	230	Proficiency in obstetrics and gynaecology
A. M. Loewenthal	60	Proficiency in prosection and in anatomy in second barrier examination
Sir John Loewenthal	150	Royal Prince Alfred Hospital student for proficiency in surgery and clinical surgery in third year barrier assessment
Norton Manning Memorial	300	Proficiency in psychiatry
Arthur Edward Mills	200	Student who is first on honours list at graduation
Moran	400	Essay (every 2nd year) on history of science and medicine in Australia
N.S.W. Health Department	50	Proficiency in community medicine
Parkinson Memorial	330	Proficiency in pathology
K. C. T. Rawle 104 ACCS Assoc.	75	Proficiency in surgery and clinical surgery in third year barrier assessment
Renwick Scholarship	500	Proficiency in first and second barrier examinations
Harold John Ritchie Memorial	330	Proficiency in clinical medicine
A. H. Robins	500	Report of work done in social and preventive medicine in 'unallocated' term
Royal Australian College of Ophthalmologists	100	Proficiency in ophthalmology
William Henry and Eliza Alice Sharp	40	Proficiency in surgery and clinical surgery
J. L. Shellshear Memorial	25	Proficiency in practical anatomy

Prize or scholarship	Value \$	Qualifications
Robert Scot Skirving Memorial	95	Proficiency in medicine and surgery
Grafton Elliot Smith Memorial	210	Proficiency in anatomy
Beverly Stewart Memorial	100	Proficiency by female student in first barrier examination
David Sugarman Prizes in Pathology (2)	1000 each	Proficiency in pathology
Cedric Swanton Memorial	50	Proficiency in biochemistry
McMahon Tennent	90	Proficiency in biochemistry
Upjohn	150	Proficiency in clinical pharmacology and therapeutics
John Wait Scholarship	600	Proficiency in preclinical subjects by student proceeding to hons in science or BSc(Med)
Harold Alfred Waldron Memorial	75	Proficiency in bacteriology
Herbert John Wilkinson Memorial	850	Proficiency in anatomy
J. T. Wilson Memorial	60	Proficiency in theoretical anatomy

Libraries

See also the section on Libraries in the *Guide for New Students*.

Burkitt Library

The Burkitt Library, on the ground floor of the Anderson Stuart Building, contains a valuable collection of material in the fields of anatomy, physical anthropology, physiology, histology and embryology. It is named after Professor A. N. Burkitt, Professor of Anatomy from 1926 to 1955, who donated his large collection of books to form the nucleus of the Burkitt Library. Its collection aims at supporting the teaching and research of the preclinical departments.

Burkitt Library hours during the whole year are: Mon.-Fri. 9 am-12.30 pm and 1.30 pm-5 pm. Closed all public holidays.

Fisher Library

Books required by undergraduates in the first two years of their course are to be found in Fisher Library.

Medical Library

The Medical Library in the Bosch Building covers the fields of clinical medicine, surgery, pathology, infectious diseases, obstetrics and gynaecology, paediatrics, pharmacology, anaesthetics, ophthalmology, psychiatry, preventive and social medicine, and immunology. It provides for the needs of the staff of the faculty, and of undergraduates in the paraclinical and clinical years of the course. It is a modern air-conditioned library with accommodation for 170 readers.

A computerised literature searching service is available (MEDLINE, EXCERPTA MEDICA, BIOSIS).

Medical Library hours from beginning of January to end of November: Mon.-Thu. 9 am-9 pm; Fri. 9 am-6 pm; Saturday opening (10 am-5 pm) usually begins around mid-February and continues until late November. Closed all public holidays. See noticeboard for reduced hours in December.

School of Public Health and Tropical Medicine Library

The School of Public Health and Tropical Medicine Library, which is on the first floor of the school (map ref. K15), provides for the information needs of research

workers and students at the school. It has a large collection of books and periodicals in the fields of public health and tropical medicine, preventive and social medicine, nutrition, infectious diseases, biochemistry, cell biology, occupational and environmental health, parasitology, entomology, epidemiology and biostatistics. MEDLINE facilities are available for both staff and students.

There are special collections in occupational health, statistics and audiovisual material, and a special reserve section for students.

The library is open from 8 am to 7 pm on Monday and Wednesday and from 8 am to 5.30 pm on Tuesday, Thursday and Friday.

Clinical school libraries

Libraries for the use of undergraduates are maintained in the clinical schools of the Royal Prince Alfred Hospital, Royal North Shore Hospital of Sydney, Repatriation General Hospital, Concord, Lidcombe Hospital, and in the specialist hospitals. One of the largest medical libraries in Australia has been established at Westmead Hospital, and is available for use by medical and dental students.

Learning Resources Centre

The Learning Resources Centre is a centre for self-assisted instruction through the use of audio-visual media, and its facilities are available for all undergraduate and postgraduate students, as well as for continuing education purposes for graduates. Initial emphasis has been on the accumulation of tape-slide programmes, and the centre has built up an impressive library, which is being rapidly expanded. Video cassettes are available in the centre. Some computer based instruction has also been developed and computer terminals linked to the Royal Prince Alfred Hospital Computer Centre are located at present in the Medical Library. These are available for use by students.

The centre is in Room W222, Blackburn Building. Hours of operation are 9 am-5 pm daily.

Audiovisual centres have also been developed at the clinical schools and are linked with the centre at the University.

Special programmes have been produced and are available for students whose first language is not English and who wish to improve their English, particularly in the medical context.

Societies

Sydney University Medical Society

The Medical Society is the oldest of the University faculty societies. It was founded in 1886 to 'provide a common meeting ground for teachers, graduates and undergraduates in Medicine'. All undergraduates in Medicine are encouraged to join the society. The subscription of \$15 carries with it a number of benefits, as well as membership for the whole of the undergraduate course and life membership after graduation. The main office of the Medical Society is in the Blackburn Building and the hours are 9.30 am to 2 pm.

New members are invited to take an active interest in the society's activities, some of which are described below.

Council

The Medical Society Council is a body elected by the students, for the students, and made up of students. It consists of the two year representatives which each year elects, and clinical years' hospital representatives plus various other appointed positions. The year representatives express any dissatisfaction with various aspects of the course etc., and council then raises such problems through its membership of various faculty committees. The council also has various officers responsible for specific areas, such as the general practitioner attachments programme. Individual council members also create new programmes, or take part in activities such as the Australian Kidney Foundation annual appeal. The council holds regular meetings, at which any society member has speaking rights. Minutes of the meetings are posted so as to keep all students aware of what is going on in council.

Medical Society Bookshop

The Medical Society Bookshop is operated by the council under the management of the general secretary, and the current Book-Scheme Director and Honorary Treasurer, who are medical students. The bookshop, which pioneered student book schemes in the University, enables medical students to save a considerable portion of the cost of textbooks. Most important of all, the bookshop tries to ensure that adequate supplies of the correct textbooks are available at the appropriate time.

Dissection tools, clinical instruments and white coats are sold, as well as recent-edition secondhand books on display by private individuals.

The society prepares a list of available texts, with an analysis of their merits or disadvantages, relative to their cost.

AMSA

The society is a financial member of the Australian Medical Students' Association. The association has a number of committees that work towards improvements in the field of medical education, and conducts student overseas exchange schemes in conjunction with the International Federation of Medical Students' Associations. AMSA also makes submissions on behalf of medical students to bodies that make decisions affecting medical students, such as the State and Commonwealth health departments.

AMSA also produced *Panacea*, a magazine written by medical students from all over the country and

distributed free to every student. The annual AMSA convention, to be held at this University in 1986, provides a week of panel discussions, debates, etc., plus a wide variety of social events.

The AMSA Student Initiatives in Community Health is a project, supported by a Commonwealth Government grant, that brings together students from many health and welfare disciplines to participate in a variety of community-based exercises.

AMSA also provides financial assistance for travel to approved conferences each year.

Medical Society publications

Students of the faculty often express their views or write short stories and poems for the occasional newspaper *Innominate*. There is also a *Senior Year Book*. Editorship of these publications is open to any member.

Social events

The council each year encourages students to organise barbecues, wine and cheese parties, year dinners, football match parties, or any other social event some of which, including the Annual Medical Ball, may be organised by the Social Secretary. The society then supplies deposits on rooms, equipment, and any needed financial advice.

The Medical Society Review is produced each year to aid charity, and is generally well-received.

Special educational efforts

Students who are interested in non-curriculum areas of medicine have often arranged a film or speaker to come to the faculty. This is also done formally each year at the Lambie-Dew Oration, in which the speaker is someone of great interest to the medical profession. Student topics are often features in the Anatomy Department colloquia. The G.P. attachment scheme exposes some students to country medicine during second year. Occasionally *Innominate* may be devoted entirely to a given medical question of general interest.

Interfaculty competitions

The Medical Society has sports representatives for each year course, provided the people in that year have a liking for sport. Medicine teams compete for various interfaculty shields, and there are interyear sports matches, which are generally organised by the sports representatives.

Faculty liaison

One of the main functions of the Medical Society Council is to assist students on the various faculty committees, where their opinions are solicited and problems are often solved. Each year elects a representative to the Staff-Student Liaison Committee, and there are five student members of the Faculty of Medicine. Assessment of the five-year course is made continually, through the work of these bodies and the various other committees of the faculty.

Loans

The *Student Emergency Loan Fund* offers \$50 to any student in a financial crisis, repayable within one month. The *Clinical Years Bursary Fund* offers loans to students in clinical years, repayable within two years of graduation. (The Registrar's Office provides full information on other loans and bursaries from the Scholarships and Financial Assistance Office on the top floor of the Main Building at the northern end of the Quadrangle.)

Lecture notes and examination reprints

The society sells reprints of examination papers for most preclinical subjects and for some succeeding years.

Lecturers in some subjects authorise the printing of their official lecture notes, which are also on sale.

Cadetships and traineeships in medicine

Cadetships or traineeships are offered to selected students by the Royal Australian Army Medical Corps, the Royal Australian Navy and the Royal Australian Air Force.

Royal Australian Army Medical Corps

Undergraduate scheme

Each year the Regular Army offers to medical undergraduates and graduates in residency appointments to commissioned rank in the Royal Australian Army Medical Corps.

Undergraduates in the clinical years of the course, or graduates undertaking their first year of hospital residency, are eligible to apply for appointment. Applicants must be medically fit, Australian citizens or have evidence that an application has been submitted for Australian citizenship, be of good character, and have attributes required of an officer of the Royal Australian Army Medical Corps.

Medical undergraduates selected under the scheme will be appointed to the commissions in the rank of Lieutenant in the Regular Army Supplement. On the day they begin their hospital residency, they will be promoted to Captain and on completion of hospital residence they will be transferred to the Australian Regular Army in the rank of Captain.

Medical cadets will continue their normal course at their university and medical school and will be free to take a full part in its academic and social life. They will wear civilian clothes and be regarded as normal undergraduates.

Further information may be obtained from the Office of the Director of Medical Services, Headquarters 2nd Military District, Victoria Barracks, Paddington, N.S.W. 2021, telephone 339 3450.

Royal Australian Navy

Commissions in the Royal Australian Navy are available to selected undergraduates. Full time students in the final, second or third last year of a degree in medicine are eligible. Applicants must be medically fit, Australian citizens or be prepared to apply for Australian citizenship, and possess the attributes required of a Naval Officer.

As well as salary, the Navy will pay all fees arising from the course and provide textbooks. Undergraduates are currently paid at the following rates, which change with movements of other Navy salaries:

3 years to graduation:	\$9 531
2 years to graduation:	\$11 860
Final year:	\$12 637

Successful applicants will enter the Navy as Sub-Lieutenants. On graduation the member is promoted to Lieutenant and receives \$25 594 plus allowances during the compulsory hospital residency period of approximately twelve months after which he or she is confirmed in rank and granted a Short Service Commission. A return of service obligation of 2 to 4 years applies on completion of residency.

Medical Officers serve at sea and at Naval hospitals and establishments within Australia.

Further information can be obtained from:

Navy Careers Officer
Defence Force Recruiting Centre
323-337 Castlereagh Street
Sydney, N.S.W. 2000, telephone 219 5555

Royal Australian Air Force Undergraduate

Training Scheme

The Royal Australian Air Force invites applications from medical undergraduates for appointment to a commission. The Undergraduate Scheme provides for selected applicants to continue their medical studies under the sponsorship of the Royal Australian Air Force.

Applicants must have completed two years of a five year degree or three years of a six year degree in the Faculty of Medicine. They must be medically fit, Australian citizens or in the process of becoming one, and possess the attributes required of an Air Force Officer.

Undergraduates receive:¹

3 years to graduation:	\$9 808
2 years to graduation:	\$12 197
Final Year:	\$12 994

Salary on graduation, and during the year of the compulsory residency, is \$25 364.

Depending on the stage of entry to the scheme a return of service of 2 to 4 years is required.

As Medical Officers they will be required to serve at Air Force Bases and Hospitals within Australia or overseas.

Further information can be obtained from the Air Force Careers Officer, Defence Force Recruiting Centre, 323-337 Castlereagh Street, Sydney, N.S.W. 2000, telephone 219 5555 (ext. 551).

6 Postgraduate study

Requirements for postgraduate degrees

There are five postgraduate degrees in the Faculty of Medicine.

They are:

MM	Master of Medicine
MS	Master of Surgery
MPH	Master of Public Health
PhD	Doctor of Philosophy
MD	Doctor of Medicine

The regulations governing these degrees are set out in the specified chapters of the by-laws, which are printed in the Statutes section of the University *Calendar*.

Master of Medicine

Candidates were accepted for the MM degree for the first time in 1984. It is a generic master's degree that has not been previously available. It is open to medical graduates and may be undertaken in any department of the faculty, either full- or part-time and by either coursework and treatise or research and thesis. Details may be obtained from the faculty office.

Master of Surgery

Extract from Chapter XII of the By-laws

11. The degree of Master of Surgery shall not be conferred until the expiration of five academic years from the granting of the degrees of Bachelor of Medicine and Bachelor of Surgery.

12. Candidates for this degree must produce evidence that they have had special training in Surgery and that they have been engaged in a manner approved by the Faculty in the special full-time study and practice of Surgery, or of some special branch of Surgery, for a period of at least three years.

13. Candidates for this degree shall submit to the Registrar four copies of a thesis, not already presented as a thesis for any degree, on some surgical subject. This thesis shall be a record of special investigations undertaken by the candidate and show clearly by appropriate references the extent to which the candidate is indebted for any portion to any other person

and be accompanied by a declaration signed by the candidate that the thesis is composed by him.

14. The Faculty, if it considers the thesis is *prima facie* worthy of examination for the degree, shall appoint at least three examiners of whom at least one shall be external. The degree will be awarded only if the thesis is regarded as an original contribution of distinguished merit adding to the knowledge and understanding of the subject.

15. Each candidate shall be required to pass a clinical examination in the branch of Surgery which he professes. In special cases the Faculty may by resolution exempt a candidate from this examination.

Master of Public Health

The MPH degree is unique in Australia and is comparable to similar degrees offered by universities in the U.K. and the U.S.A. The first students were admitted to candidature for the degree in 1978.

The degree is open both to medical and selected non-medical graduates or equivalent. The course for the degree will ultimately provide general and specialist programmes in various fields of public health, including Tropical Public Health, Occupation and Environmental Health, Preventive Medicine, Health Administration, Community Medicine and their component specialist areas, but initially will offer a limited range of options based on present resources.

The course for the degree will comprise a full-time academic year of course work and a minimum of three terms in further studies under supervision (not necessarily in the University), together with an approved project and treatise thereon. Alternatively, the degree may be obtained through advanced research and thesis alone.

Further details about the degree may be obtained from the Academic Registrar of the School of Public Health and Tropical Medicine. It should be noted that the intake for 1986 will be severely restricted.

Doctor of Philosophy

Details of candidature for this degree can be obtained on application to Heads of Departments or to the Registrar or to the Dean. The degree regulations are set out in Chapter XIXD of the By-laws in the University *Calendar*, and in the resolutions of the Academic Board that follow it.

The degree of Doctor of Philosophy is a research degree awarded for a thesis considered to be a substantially original contribution to the subject concerned. Some coursework may be required (mainly in the form of seminars) but in no case is it a major component.

Applicants should normally hold a master's degree or a bachelor's degree with first or second class honours of the University of Sydney, or an equivalent qualification from another university or institution.

The degree may be taken on either a full-time or part-time basis. In the case of full-time candidates, the minimum period of candidature is six terms (2 years) for candidates holding a master's degree or equivalent, or nine terms (3 years) in the case of candidates holding a bachelor's degree with first class or second class honours; the maximum period of candidature is normally fifteen terms.

Part-time candidature may be approved for applicants who can demonstrate that they are engaged in an occupation or other activity which leaves them substantially free to pursue their candidature for the degree. Normally the minimum period of candidature will be determined on the recommendation of the faculty but in any case will not be less than nine terms; the maximum period of candidature is normally twenty-one terms.

Candidates work individually, on advanced study and research under the direction of a supervisor who must be consulted regularly concerning the work proposed and the general planning of the thesis. All theses presented must be accompanied by a certificate from the supervisor stating whether the form of presentation of the thesis is satisfactory.

Intending candidates should write well in advance for approval and advice from the head of department concerning their proposed study and research.

Doctor of Medicine

Extracts from Chapter XII of the By-laws

6. The degree of Doctor of Medicine shall be awarded on the recommendation of the Faculty for an original contribution of distinguished merit adding to the knowledge or understanding of any subject with which the Faculty is directly concerned.

7. A candidate for the degree of Doctor of Medicine shall either—

- (a) have held the degree of Bachelor of Medicine of the University of Sydney for at least five years; or
- (b) (i) have held for at least five years the degree of Bachelor of Medicine or a degree or other qualification of another university or institution determined by the Academic Board on the recommendation of the Faculty to be equivalent to the degree of Bachelor of Medicine of the University of Sydney; and
- (ii) have had such continuing association with the academic work of the University of Sydney and over such period as the Academic Board on the recommendation of the Faculty shall determine is appropriate.

8. (1) A candidate shall submit to the Registrar five copies of the thesis, thesis supported by published work, or published work alone, which he wishes to have examined. The work submitted shall be a record of original research undertaken by the candidate who shall state the sources from which his information was derived, the extent to which he has availed himself of the work of others and the portion of the work he claims as original.
- (2) If the work submitted records work carried out conjointly, irrespective, in the case of published

work, of whether it has been published in the candidate's sole name or under conjoint authorship, the candidate shall state the extent to which he was responsible for the initiation, conduct or direction of such conjoint research.

(3) Where the work submitted incorporates work previously submitted for a degree in this or in any other university, the candidate shall clearly indicate which portion of the work was so submitted.

(4) If published work is submitted either reprints or copies of such work shall be properly bound. The bound work shall include an introduction describing the theme of the published work submitted, and stating how the various publications are related to one another and to the theme.

(5) To establish *prima facie* worthiness for examination of published work, a candidate may, before submitting published work, submit to the Faculty a list of publications and the introduction required by subsection (4).

9. On receipt of a report from the Faculty that the thesis or published work is *prima facie* worthy of examination for the degree, and of a recommendation concerning the examiners to be appointed, the Academic Board shall appoint at least three examiners, of whom at least one shall be an external examiner.

10. (1) A candidate shall not be recommended for admission to the degree unless the examiners report that the work submitted fulfils the conditions prescribed in section 6.

(2) A candidate may be required to undertake such written or oral examination in the subject of the thesis or published work as the Faculty may determine.

(3) A candidate for the degree of Doctor of Medicine who is resident abroad may, in exceptional circumstances, be examined in the subject of the thesis or published work at any Medical School approved by the Faculty, provided that any expense involved shall be met by the candidate.

10A. On the award of the degree, the Registrar shall lodge one copy of the published work or thesis with the Librarian.

Resolutions of the Faculty

1. Applications for admission to candidature shall be lodged with the Registrar for consideration by the Board of Postgraduate Studies which may admit applicants to candidature.

2. An applicant who does not hold the degree of Bachelor of Medicine of the University of Sydney shall submit with the application for admission to candidature evidence of continuing association with the academic work of the University of Sydney for consideration by the Board of Postgraduate Studies.

Diploma in Tropical Public Health

The first candidates for this diploma were accepted in 1978. The DipTPH replaced the Diploma in Tropical Medicine and Hygiene.

The course includes studies in the following topics: the tropical world and its people; medical parasitology; medical entomology; microbiology and pathology; medical anthropology; clinical tropical medicine (including specialties); introductory epidemiology, demography, and biostatistics; epidemiology and control of tropical diseases; environmental sanitation; health services (general, special primary health care; including maternal and child health and family planning etc.); health service management; health economics in developing countries; health planning; teacher training; health education; nutrition; research methodology.

The course is, in fact, the coursework for the MPH degree, with a major in Tropical Health. It is envisaged that some candidates wishing to study in this area may not be acceptable for a master's degree. Yet it is important that such training be available and that recognition of successful completion of the course be given. This may be particularly relevant to some candidates from a number of developing countries who may not have completed a university degree course. Again, it is possible that some candidates in the MPH course (majoring in Tropical Health) who have completed the coursework may not be able to carry out the necessary project to complete the requirements for the master's degree. These too, should receive recognition of successful completion of the coursework.

Candidates are required to be able to participate in supervised field training in the Southwest Pacific during the August vacation, at their own or their sponsor's expense. This costs approximately \$1000 (1985), including all travel and subsistence, for a period of 3 weeks.

The following paragraphs contain the By-laws and the Senate Resolutions relating to the diploma, which are published in full in the *Calendar* of the University.

Regulations

Extract from the By-laws

22E. There shall be a Diploma in Tropical Public Health (Dip.T.P.H.).

22F. A candidate for the Diploma in Tropical Public Health shall complete such requirements for the Diploma as may be prescribed from time to time by

resolution of the Senate on the recommendation of the Academic Board and of the Faculty.

Resolutions of the Senate

1. An applicant for admission to candidature shall apply in writing to the Registrar for such admission to candidature.

2. Subject to Resolution 3, admission to candidature may be granted to—

- (a) a graduate in Medicine of the University of Sydney; or
- (b) any other graduate of the University of Sydney who has completed courses acceptable to the Faculty of Medicine; or
- (c) a graduate of any other University or any other institution approved by the Faculty of Medicine and the Academic Board; or
- (d) a person who has obtained such qualifications and completed such courses as are acceptable to the Faculty of Medicine and the Academic Board; or
- (e) a person who furnishes such evidence of special fitness as satisfies the Faculty of Medicine and the Academic Board that he is qualified to enter upon systematic courses of study in Tropical Public Health.

3. An applicant for admission to candidature shall have held the qualifications in respect of which he seeks admission for at least one year prior to the commencement of candidature.

4. A candidate shall—

- (i) for a period of not less than three terms engage in full-time study and attend such courses of study and practice as the Faculty may prescribe, and
- (ii) pass examinations in such subjects as the Faculty may from time to time determine.

5. The examinations for the Diploma shall be held at such times and in such manner as the Faculty may from time to time direct.

6. The award of the Diploma shall be subject to the completion of the coursework and the examinations to the satisfaction of the Faculty on the recommendation of the Commonwealth Institute of Health.

7. The faculty may deem time spent or work done towards the degree of Master of Public Health to be time spent or work done towards the Diploma, provided that the candidate has ceased to be a candidate for the degree of Master of Public Health.

Board of Postgraduate Studies

Pursuant to section 13 of Chapter VIII of the By-laws the Faculty has resolved to appoint a Board of Postgraduate Studies.

Board of Postgraduate Studies

1. The Faculty shall appoint a Board of Postgraduate Studies which shall exercise the powers and functions of the Faculty in respect of candidates for postgraduate degrees and diplomas.
 2. The Board shall consist of the heads of departments and schools in the Faculty or their nominees.
 3. The Dean of the Faculty or the nominee of the Dean shall chair meetings of the Board.
- N.B.* The powers and functions of the Faculty are set out in Section VIII of the By-laws.

Postgraduate Committee in Medicine

Chairman: Professor R. S. Gye

The Postgraduate Committee in Medicine administers the Victor Coppleson Memorial Institute of Postgraduate Medical Studies which was formed for the promotion of postgraduate education, study, work and research in medicine, and advancement of the art and science of medicine.

All enquiries concerning courses and programmes of continuing education in medicine should be made to: The Secretary, Postgraduate Committee in Medicine, University of Sydney, N.S.W. 2006.

Resolutions of the Faculty

The following are faculty resolutions governing the Postgraduate Committee in Medicine:

1. There shall be a Committee of the Faculty of Medicine to be known as the Postgraduate Committee in Medicine, for the promotion of postgraduate education, study, work and research in medicine and the advancement of the art and science of medicine.
2. In particular, the objectives of the Committee shall be as follows:
 - (a) to foster the development of postgraduate education in cooperation with the Health Department of New South Wales and teaching hospitals of the University of Sydney, learned colleges and other institutions;
 - (b) to maintain the role of the Victor Coppleson Memorial Institute of Postgraduate Medical Studies in furthering continuing education in the community and in supporting medical research and postgraduate training;
 - (c) to encourage awareness among undergraduate medical students and graduates of the need for postgraduate and continuing education.
3. The Committee shall administer the Victor Coppleson Memorial Institute of Postgraduate Medical Studies and undertake such duties and responsibilities as are prescribed by the Resolutions of the Senate governing the activities of the Institute.
4. (i) The committee shall comprise the following persons:
 - (a) The Dean of the Faculty of Medicine *ex officio*, or his nominee who shall be eligible for election as Sub-Dean (Postgraduate and Continuing Education);
 - (b) the Director of Postgraduate and Continuing Education *ex officio*;

- (c) the immediate past Chairman, immediate past Director of Postgraduate Medical Studies and immediate past Honorary Treasurer of the Postgraduate Committee in Medicine, in accordance with the Resolutions of the Senate in force prior to 1 April 1980, *ex officio*.
 - (d) not more than ten (10) persons elected by the Faculty every three years;
 - (e) not more than two (2) co-opted persons who shall be appointed by the Faculty on the recommendation of the Chairman in consultation with the members of the committee appointed under paragraphs (b) to (d), inclusive.
- (ii) The members of the Committee appointed under Resolution 4 (i) (c), (d) and (e) shall hold office for a period of one term and may be eligible for reappointment by the Faculty for not more than three (3) successive terms.
 - (iii) A term, referred to in Resolution 4 (ii), shall be a period of three (3) years.
5. Any person who is appointed a member of the Committee and who is not a member of the Faculty in accordance with Chapter XII of the By-laws, shall be nominated for appointment to membership of the Faculty, in accordance with Section 1 (a) (1) of Chapter XII of the By-laws.
6. (i) If any member (other than an *ex officio* member) is absent without leave of the Committee from three consecutive meetings or for more than half the total in any one year, the Committee may recommend to the Faculty that his office be declared vacant.
- (ii) Except in the case of an *ex officio* member, the committee may recommend to the Faculty that the office of any member be terminated.
- (iii) In any case in which it thinks fit the Faculty may declare the office of any member to be vacant, or direct that he shall cease to hold office.
- (iv) Any member (other than an *ex officio* member) may resign his office in writing addressed to the Dean.
7. Any vacancy occurring by the death, disqualification or resignation of an elected or co-opted member of the Committee may be filled by the appointment of a member by the Faculty on the nomination of the Dean, to hold office for the balance of the term of the member being replaced.
8. The Committee shall appoint annually the following sub-committees:
- (i) a Finance Subcommittee;
 - (ii) a Courses Subcommittee;
 - (iii) a Grants Subcommittee;
 - (iv) a Coordinating Subcommittee, which may include representatives from:
 - (a) The following teaching hospitals of the Faculty of Medicine:
 - The Royal Prince Alfred Hospital;
 - The Royal North Shore Hospital;
 - The Repatriation General Hospital, Concord;
 - The Lidcombe Hospital;
 - Westmead Hospital;
 - The Royal Alexandra Hospital for Children;
 - St Margaret's Hospital for Women;
 - The Mater Misericordiae Hospital, Crows Nest;
 - and such other hospitals as the Committee may, from time to time, recommend.
- (b) The New South Wales Branch of the Australian Medical Association.
 - (c) The Medical Board of New South Wales.
 - (d) The Health Department of New South Wales.
 - (e) The Heads of the Departments of the Faculty of Medicine, or their nominees, who are not members of the Committee by virtue of Resolutions 4 (i) (d) and (e).
 - (f) The New South Wales State Committee of the Australian College of Obstetricians and Gynaecologists.
 - (g) The Royal Australian College of General Practitioners, New South Wales Faculty.
 - (h) The New South Wales State Committee of the Royal Australasian College of Surgeons.
 - (i) The New South Wales State Committee of the Royal Australian College of Physicians.
 - (j) The New South Wales State Committee of the Royal College of Pathologists of Australia.
 - (k) The Australasian College of Dermatologists, New South Wales Faculty.
 - (l) The New South Wales Branch of the Royal Australian College of Ophthalmologists.
 - (m) The New South Wales Branch of the Royal Australian and New Zealand College of Psychiatrists.
 - (n) The New South Wales Branch of the Royal Australasian College of Radiologists.
 - (o) Such other statutory bodies, learned colleges, or institutions as the Committee may, from time to time, recommend.
- (v) such other Sub-Committees as the Committee may, from time to time, determine.
9. The Dean of the Faculty, or his nominee (referred to in Resolution 4 (i) (a) shall be the Chairman of the Committee.
10. Meetings of the Committee shall be convened by the Chairman and for any meeting five members shall form a quorum.
11. The Committee shall lay before the Faculty of Medicine a report of its proceedings each term.

Postgraduate scholarships and prizes

Reginald Maney Lake and Amy Laura Bonamy Scholarship for Research in Pathology and Bacteriology

Anderson Stuart Memorial Research Fellowship

Marion Clare Reddall Scholarship

Henry Langley Scholarship

Liston Wilson Fellowship

Ewan Staunton McKinnon Scholarship

Sister Sanders Scholarship

Norman Haire Fellowship

Vernon Barling Memorial Fellowship

Joseph Goodburn-Smith Scholarship—awarded in conjunction with one or more of the above scholarships or fellowships.

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POSTGRADUATE
COMMITTEE IN
MEDICINE
SCHOLARSHIPS
AND PRIZES

In 1986 the value of these awards is between \$11 160 per annum and \$12 760 per annum, according to the qualifications and experience of the appointee. The income from the various Fellowship and Scholarship funds is supplemented by grants from the Consolidated Medical Research Fund.

Each year a list of the scholarships available for award on 1 January in the following year is circulated to heads of departments in the Faculty of Medicine and the various teaching hospitals.

Available to postgraduate medical students

The following postgraduate fellowships and scholarships in the Faculty of Medicine are awarded on the recommendation of the Medical Research Committee:

Scholarship or prize	Value \$	Closing date	Qualifications
1. Tenable at University of Sydney			
(a) <i>Restricted to medical graduates</i>			
Phyllis Anderson Research Fellowship	Varies		Research in any branch of medical science
Australian and New Zealand Society of Occupational Medicine Prize	200		Proficiency in Occupational Health coursework for MPH degree
Anthony Pierre Balthazar Scholarship	Varies		Research in anaesthesia
Peter Bancroft Prize	1200		Best research work in any subject published or completed in previous year
Ferdinand Joland Austin and Andreas Brummer Scholarship	not less than \$1000		Medical research
Nina Annie Campbell Medical Scholarship	11 160–12 760		Research in any branch of medical science
James and Margaret Claffy Research Fellowship	Varies		Research in ophthalmology
Cottees General Foods Prize for Nutrition	100		Best MPH candidate for proficiency in human nutrition
Dr Gordon Craig Fellowship	1300		Research in urology
Foundation for Research and Treatment of Alcoholism and Drug Dependence of N.S.W. Prizes	63 and 42		Essay on medical aspects of alcoholism and drug dependence
Joseph Goodburn-Smith Scholarship	11 160–12 760		Research in any branch of medical science
Agnes Guthrie Prize	Varies		To assist in continuing medical research already commenced—preference for research into arteriosclerosis
Norman Haire Fellowship	11 160–12 760		Research in sex
Garnet Halloran Prizes	400		Thesis on cancer of head and/or chest

Scholarship or prize	Value \$	Closing date	Qualifications
William Henry Harris Scholarship	varies		Research into cancer or any other disease
Reginald Maney Lake and Amy Laura Bonamy Scholarship	11 160-12 760		Research in pathology
Henry Langley Scholarship	11 160-12 760		Research into rheumatoid arthritis
Herbert J. Marks Memorial Prize	400		Original work on diseases of ear, nose and throat
Ewan Staunton McKinnon Scholarship	11 160-12 760		Medical research
John Brooke Moore Scholarship in Surgery	—		Medical research
Marion Clare Reddall Scholarship	11 160-12 760		Research in any branch of medical science
A. J. Reynolds Prize	50		Essay on causes, prevention or cure of spondylitis in human beings
Edith Mary Rose Travelling Scholarship	11 160-12 760		Preclinical medical research
Sister Sanders Scholarship	11 160-12 760		Research (part time) into diseases of children
Anderson Stuart Memorial Research Fellowship	11 160-12 760		Research in any branch of medical science
Ethel Talbot Memorial Scholarship	Varies		Research in medicine
Kenneth Firth Vickery Scholarship	500		Research in cancer
T. B. Walley Fellowship	Varies		Research in obstetrics
Liston Wilson Fellowship	11 160-12 760		Research in spastic paralysis
(b) General			
Commonwealth Postgraduate Research Awards	7616	31 Oct.	Permanent residents of Australia with hons I, hons II div. I or equivalent qualification—for research in any field
University of Sydney Postgraduate Research Awards	6900	31 Aug.	Graduates of any university with hons I, hons II div. I or an equivalent qualification—for research in any field
A. E. & F. A. Q. Stephens Research Fellowship	10 500	As advertised	Graduates of any university other than the University of Sydney with postgraduate research experience—for research in any field
Gowrie Postgraduate Research Scholarships	3500	31 Oct.	Descendants of members of Forces—for research in any field
2. Tenable overseas			
(a) Restricted			
Baillieu Research Scholarship	400	As advertised	Graduates in medicine, law, economics or architecture (travel grant)
Vernon Barling Memorial Fellowship	11 160-12 760		Clinical surgical training overseas
Thomas and Ethel Mary Ewing Scholarships in Medicine	2500-5000	As advertised	Graduates in Faculty of Medicine—for research overseas
Charles Gilbert Heydon Travelling Fellowship in Biological Sciences	10 500	As advertised	For research in biological sciences
G. H. S. and I. R. Lightoller Scholarship	1000	31 May	Graduates in arts, science, medicine, veterinary science, agriculture and engineering (travel grant)
Hugh Massie Travelling Scholarship in Ophthalmology	Varies		Ophthalmology
Nuffield Foundation Dominion Travelling Fellowships	Travel and living allowances	Feb.	Graduates with master's or doctor's degree with at least one year's research or teaching experience

Scholarship or prize	Value \$	Closing date	Qualifications
(b) <i>General</i>			
Caltex Woman Graduate of the Year Scholarships	22 000	30 Sep.	Female graduates completing a degree or diploma in year of application
Commonwealth Scholarship and Fellowship Plan Awards	Return fare plus living allowance	Mid Sept.	Graduates who are Australian citizens under 35 years of age—for research in any field in British Commonwealth countries
Gowrie Postgraduate Research Scholarships	4000	31 Oct.	Descendants of members of Forces—for research in any field
Herbert Johnson Travel Grants	Under review	31 May	Graduates who hold travelling scholarships—for assistance with fares
James King of Irrawang Travelling Scholarship	1000	31 May	Graduates of not more than four years' standing (travel grant)
Rhodes Scholarship	Fares, fees and living allowance	1 Oct.	Age limit 25. For tenure at University of Oxford
Rotary Foundation Scholarship	Fares and living allowance		Graduates between 20 and 28
Eric Leo Susman Travelling Scholarship	Up to 1800	As advertised	Graduates
University of Sydney Postgraduate Research Travelling Scholarships (2)	8000	31 Oct.	Graduates of not more than four years' standing
J. B. Watt Travelling Scholarships	8000	As advertised	Hons I graduate in any faculty
Eleanor Sophia Wood Travelling Fellowships	10 500	31 May	Graduates with at least three years' teaching or research at University of Sydney

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Teaching hospitals

A large part of the instruction of medical undergraduates takes place in teaching hospitals. These supply the practical experience essential to support the theory provided in lectures and private study. Students are assigned to one of the hospitals in third year and normally remain attached to that hospital for the remainder of the bachelor degree course.

A number of departments of the faculty are physically located in the hospitals, such as psychiatry, paediatrics and anaesthetics.

Instruction is given by full-time University staff, and also by the clinical staff of the hospitals as shown in chapter 1 of the handbook. These clinical lecturers may be, and often are, attached to more than one hospital.

At present there are five general teaching hospitals and a further nine special teaching hospitals. There are also eleven affiliated teaching hospitals and institutions, generally in the suburban areas.

The teaching hospitals are independent of the University but collaborate closely with it. They are a substantial adjunct to its teaching and research functions, with an association stretching back sometimes many decades and in one case for a century. Details about the hospitals and the University's relationship to them follow.

General information

University administrative units

In each of the medical teaching hospitals there are university administrative units. A senior medical administrator is in charge of each unit and acts as a university representative in the hospital.

In four of the major hospitals a Warden of the Clinical School has been appointed to head the unit and is assisted by one or more members of the part-time teaching body of the hospital. In the case of Westmead Hospital, a sub-dean heads the clinical school assisted by an administrative officer; this arrangement is currently under review and a warden may be appointed during 1986. In the special hospitals a clinical supervisor is in charge of the unit, under the general direction of the professor concerned with that specialty.

The units are designed to ensure that the most effective use is made of a student's clinical years, to act as a focal liaison point between the hospital and the

University, and to provide high-level assistance in university policy and planning.

A list of staff in the University administrative units in the medical teaching hospitals appears at the end of chapter 1 and in the History and Description section in this chapter.

Address and telephone

<i>Alice Springs Hospital</i> P.O. Box 2234, Alice Springs 5750	(089) 50 2211
<i>Cumberland Hospital</i> Fleet Street, Parramatta 2150	630 6444
<i>Lidcombe Hospital</i> Joseph Street, Lidcombe 2141	646 8555
<i>Macquarie Hospital, North Ryde</i> Coxs Road, North Ryde 2113	888 1222
<i>Mater Misericordiae Hospital</i> 194 Pacific Highway, Crows Nest 2065	923 2222
<i>Northside Clinic</i> 2 Greenwich Road, Greenwich 2065	439 6866
<i>Repatriation General Hospital, Concord</i> Hospital Road, Concord 2139	736 7911
<i>Royal Alexandra Hospital for Children</i> Pymont Bridge Road, Camperdown 2050	51 0466
<i>Royal Darwin Hospital</i> P.O. Box 41326, Casuarina 5792	(089) 20 7211
<i>Royal North Shore Hospital of Sydney</i> Pacific Highway, St Leonards 2065	438 7111
<i>Royal Prince Alfred Hospital</i> Missenden Road, Camperdown 2050	516 6111
<i>Rozelle Hospital</i> Cnr Church and Glover Streets, Leichhardt 2040	810 0601
<i>St Margaret's Hospital</i> 435 Bourke Street, Darlinghurst 2010	339 0466

Allocation of third year medical students to the teaching hospitals

Summary of Resolutions of the Faculty

The following are faculty resolutions governing the allocation of students to teaching hospitals.

In Michaelmas term of the second year students shall submit to the Registrar of the University applications for allocation to a teaching hospital, indicating their order of preference for the hospitals concerned and stating their place of residence.

The Dean of the Faculty of Medicine or the nominee of the dean shall determine the number of students to be allocated to each hospital and this number shall in general be determined by the number of beds available for general teaching purposes in each hospital each year.

Students shall be allocated to the most appropriate hospital on a geographic basis (according to their stated place of residence) in accordance with guidelines determined from time to time by the Staff/Student Liaison Committee, taking into account:

- (i) the need to ensure that all major teaching hospitals receive an approximately equal proportion of the best students as well as those of lower grades;
- (ii) the student's stated preference for hospitals;
- (iii) the accessibility of the hospital from the student's place of residence.

The allocation shall be undertaken by the dean assisted by the sub-dean (Student Affairs) and students about to enter third year Medicine.

For the purpose of allocating students to hospitals on a geographical basis, the metropolitan area of Sydney shall be divided into five regions, to be known as the Central, Northern, Eastern, Southern and Western regions. The regions shall be defined from time to time by the Staff/Student Liaison Committee.

Students whose stated place of residence is within the Northern region shall mainly be allocated to the Royal North Shore Hospital. Students in the Eastern region shall mainly be allocated to the Royal Prince Alfred Hospital. Students in the Western region shall mainly be allocated to Lidcombe Hospital, the Repatriation General Hospital, Concord or Westmead Hospital. Students in the Southern region shall mainly be allocated to the Royal Prince Alfred Hospital. Students in the Central region shall be allocated to any appropriate hospital.

Students allocated to one hospital may be permitted to exchange forthwith with students allocated to another hospital, provided they make immediate application to and obtain the approval of the sub-dean (Student Affairs) or the dean. Students shall not subsequently be permitted to exchange a hospital other than to which they have been first allocated except with the express permission of the Dean of the Faculty of Medicine granted only for special reasons and with the concurrence of the wardens, clinical supervisors or sub-deans of the hospitals concerned.

Students with approval of the faculty may be permitted to receive clinical training in two or more teaching hospitals.

Appointment of Interns to the Teaching and Non-Teaching Hospitals

1. Graduands in Medicine of the University of Sydney shall be allocated as interns to teaching and non-

teaching hospitals by a committee of the New South Wales Department of Health which includes representatives of the Universities of Sydney, Newcastle and New South Wales, their teaching hospitals and of other approved hospitals as determined by the Department.

2. Candidates for the final degree examinations in Medicine shall complete a form indicating their order of preference for intern positions at the various hospitals.

3. A list of graduands in order of merit shall be prepared based on the aggregate loaded marks used to determine the award of honours at graduation. Any concession allowed under the final paragraph of the Faculty Resolutions on honours at graduation shall be taken into account in preparing such a list. The list shall also show the aggregate loaded mark expressed as a percentage for each candidate.

4. The list referred to in Resolution 3 shall be combined with order of merit lists of graduands of the Universities of Newcastle and New South Wales. In the case of ties, the position in the combined list shall be determined by lot. The final combined list shall be forwarded in confidence to the New South Wales Department of Health.

5. Graduands will be allocated to intern positions, in accordance with their preferences, in the order in which they appear in the combined order of merit list.

N.B. Graduands are advised that it is the policy of the New South Wales Department of Health that, in the appointment to hospitals of interns, students married to other students in the same year may apply to be allocated to the same hospital and will be placed at the hospital to which the student with the lower aggregate is allocated. Deferment of internship will be allocated to a hospital according to their position on the combined order of merit list being considered at the time of the application.

Boards of Medical Studies in the teaching hospitals

Resolutions of the Faculty

1. (a) A Board of Medical Studies shall be established at each of the following teaching hospitals and shall consist—

- (i) in the case of four general teaching hospitals of: the Dean or Pro-Dean of the Faculty, *ex officio* (Chairman).

the Professors of Medicine, Surgery, Obstetrics, Psychiatry, Anaesthetics, Ophthalmology and Eye Health and Community Medicine, *ex officio*, or their deputies.

the Clinical Teacher who is most senior on the active hospital staff in Surgery, *ex officio*.

the Clinical Teacher who is most senior on the active staff in Medicine, *ex officio*.

the Medical Superintendent, *ex officio*.

two members elected by the honorary medical staff. A surgical and medical tutor, elected by the Board.

the Warden of the Clinical School, *ex officio*.

the Clinical Supervisors, *ex officio*.

the full-time members of the Professorial Units based on the hospital.

- (ii) in the case of the Lidcombe Hospital, of the same members as for the five general hospitals, plus

the Regional Director, Western Metropolitan Health Region *ex officio*, or his deputy;

two members elected by the sessional consultant staff; and

- two members elected by the full-time specialist staff.
- (iii) in the case of the Women's Hospital (Crown Street), of:
- the Dean of the faculty, *ex officio* (Chairman);
 - the Head of the University Department of Obstetrics and Gynaecology, *ex officio* or his nominee;
 - the members of the academic staff of the University located at or directly associated with the Hospital;
 - the Chairman of the Medical Board of the Hospital, *ex officio*;
 - the Medical Superintendent of the Hospital, *ex officio*;
 - the Deputy Medical Superintendent of the Hospital, *ex officio*;
 - not more than six members of the Medical Board of the Hospital who are involved in undergraduate teaching, elected by the Medical Board.
- (iv) in the case of St Margaret's Hospital for Women, of:
- the Dean of the Faculty, *ex officio* (Chairman);
 - the Head of the Department of Obstetrics and Gynaecology, *ex officio*, or his nominee;
 - the members of the academic staff of the University located at, or directly associated with, the Hospital;
 - the Chairman of the Medical Board of the Hospital, *ex officio*;
 - the Medical Superintendent of the Hospital, *ex officio*;
 - not more than four members of the Medical Board of the Hospital, who are involved in undergraduate teaching, elected by the Medical Board.
- (v) in the case of the Royal Alexandra Hospital for Children, of:
- the Dean of the Faculty of Medicine, *ex officio* (Chairman);
 - the Professors of the University Department of Paediatrics and Child Health, *ex officio*, or their deputies;
 - the Sir Lorimer Dods Professor and Director of the Children's Medical Research Foundation, or his deputy;
 - the Heads of the University Departments of Medicine, Surgery, Obstetrics and Gynaecology, Psychiatry, Anaesthetics and Ophthalmology and Eye Health, *ex officio*, or their deputies;
 - the Professor of Orthopaedic and Traumatic Surgery, *ex officio*, or his deputy;
 - the full-time members of the University Department of Paediatrics;
 - the Clinical Lecturers (part time) in Surgical Diseases of Children, *ex officio*;
 - the Chairman of the Medical Board of the Hospital, *ex officio*;
 - the Medical Superintendent of the Hospital, *ex officio*, or his deputy;
 - the Warden of the Clinical School, *ex officio*;
 - the Clinical Supervisors, *ex officio*; and
 - not more than four members of the Medical Board of the Hospital who are involved in undergraduate teaching, election by the Medical Board.
- (vi) in the case of the Parramatta Hospitals/ Westmead Centre of:
- the Dean of the Faculty, *ex officio* (Chairman);
 - the Sub-Dean (Westmead Hospital), *ex officio*;
- the full-time members of the academic staff of the University located at the hospital;
- the Heads of the University Departments of Medicine, Surgery, Obstetrics and Gynaecology, Psychiatry, Anaesthetics, and Community Medicine, *ex officio*, or their nominees;
- the Professor of Child Health, *ex officio*;
- those persons on whom the Senate has conferred the title Clinical Professor, Clinical Associate Professor, Clinical Senior Lecturer or Clinical Lecturer, and who are located at the hospital, *ex officio*;
- the General Superintendent, *ex officio*;
- the Director of Medical Services, *ex officio*;
- the Director of Teaching and Research Resources, *ex officio*;
- three members of the Medical Board nominated by the Chairman of the Medical Board.
- (b) A Board of Medical Studies shall be established for the three Psychiatric hospitals and shall consist of:
- the Dean or Pro-Dean of the Faculty, *ex officio* (Chairman).
 - the Sub-Dean (Clinical) of the Faculty, *ex officio* (Deputy Chairman).
 - the Professor of Psychiatry, *ex officio*.
 - the Head of the Department of Medicine, *ex officio*, or his deputy.
 - the Director of State Psychiatric Services, *ex officio*, or his deputy.
 - the Director of the Division of Establishments, Department of Public Health, *ex officio*.
 - the Director of the Intellectually Handicapped, Department of Public Health, *ex officio*.
 - the Medical Superintendents of the three hospitals, *ex officio*.
 - the Clinical Supervisors, *ex officio*.
 - the full-time members of the Professorial Units based on the hospitals.
 - three members elected by the specialist staff of the hospitals.
- (c) Each Board shall have the power to co-opt other members of the teaching staff of the hospital concerned.
- (d) At its first meeting each year each Board shall elect a secretary. In the case of Westmead Hospital the administrative officer of the Clinical School shall be appointed secretary.
- (e) Sydney Hospital students may nominate three members of the student body at Sydney Hospital to be members of the Board of Medical Studies at Sydney Hospital.
- (f) Royal Prince Alfred Hospital students may nominate three members of the student body at the Royal Prince Alfred Hospital to be members of the Board of Medical Studies at the Royal Prince Alfred Hospital.
- (g) Repatriation General Hospital, Concord, students may nominate three members of the student body at the Repatriation General Hospital, Concord, to be members of the Board of Medical Studies at the Repatriation General Hospital.
- (h) Lidcombe Hospital students may nominate two members of the student body at Lidcombe Hospital to be members of the Board of Medical Studies at Lidcombe Hospital.
- (i) Students at the Westmead Hospital may nominate three members of the student body at the hospital to be members of the Board of

Medical Studies of the Westmead Hospital.

2. The members shall hold office for one year, but shall be eligible for re-election.
3. In the cases of the five general teaching hospitals the Board shall meet at least once each term. In the cases of the other hospitals, the Board shall meet at least once per year.
4. The Board shall arrange all the details in connection with the students' work and, subject to confirmation by the Board of Directors or controlling body, shall make rules in regard thereto, and, in general, carry out the recommendations of the Faculty of Medicine in each Clinical School.
5. The Board is empowered to call upon any member of the honorary staff or any student, for information concerning timetable, attendances, or student work generally, the results of such enquiry to be reported to the Board of Directors where deemed advisable.
6. The Board shall make representations to the Board of Directors or controlling body in respect of additional facilities that may be deemed necessary for the improvement of undergraduate education, or to carry out the requirements of the Faculty of Medicine.
7. The Board shall report from time to time to the Board of Directors or controlling body and to the Faculty of Medicine upon the results of its deliberations and its actions.
8. The Board shall constitute the normal means of communication between the Faculty of Medicine and the hospital in all matters referring to the education of students. It shall refer any difficulty encountered to the Faculty to which it shall be deemed responsible for the conduct of student education at each hospital.

Affiliated hospitals

In 1971 the Senate adopted a number of recommendations made by the Faculty of Medicine concerning affiliation of hospitals for teaching purposes. Under these recommendations:

- (1) The University of Sydney recognises affiliated teaching hospitals in addition to its present recognised teaching hospitals.
- (2) Hospitals desirous of and suitable for affiliation shall be considered on a regional basis wherever possible, in association with one of the existing teaching hospitals or proposed regions.
- (3) There shall be formed three teaching regions:
 - (i) a *central region*, with Royal Prince Alfred Hospital and the Repatriation General Hospital as central clinical schools;
 - (ii) a *northern region*, centred on the Royal North Shore Hospital;
 - (iii) a *western region* centred on the Westmead Hospital.
- (4) The Royal Newcastle Hospital and the Lidcombe State Hospital shall each become affiliated hospitals, separate from the regional concept proposed in paragraph (3).
- (5) The regional groupings of teaching hospitals and affiliated hospitals shall be used for both undergraduate and postgraduate medical education.

It is understood that there will be no cost involved to the University in the development of the proposed affiliated hospitals.

It is envisaged that the Warden or Clinical Supervisor in charge of the Clinical School of the parent hospital will, under the direction of the Board of Medical Studies of the hospital and in conjunction with the appropriate university department, be responsible for establishing and maintaining teaching arrangements with the affiliated hospitals.

Lidcombe Hospital has been used to supplement

clinical teaching in General and Community Medicine and in 1976 became a provisional clinical school.

The Senate has recognised the following hospitals and institutions as affiliated hospitals in terms of the recommendations adopted by the Senate in 1971:

Rachel Forster Hospital for Women
 Western Suburbs Hospital
 Marrickville District Hospital
 Parramatta District Hospital
 Auburn District Hospital
 Balmain Hospital
 Blacktown District Hospital
 Mona Vale District Hospital
 Ryde District Hospital
 The Royal Ryde Rehabilitation Hospital
 Australian Army Malaria Research Unit

History and description

GENERAL TEACHING HOSPITALS

Lidcombe Hospital

In 1879 the New South Wales Government purchased some 1340 acres of land in what was then known as the District of Rookwood and in 1884 a portion of this area was cleared for a proposed Reformatory for boys and a model farm. During 1885, plans were drawn up and in 1887, four brick dormitories, a dining hall and a residence for the Superintendent were erected and a large orchard and a vegetable garden were planted. For the next six years, however, these buildings remained unoccupied except for a caretaker/manager and in 1893, during a period of widespread unemployment and destitution, the buildings and land were transferred to the control of the Charities Department and an institution known as the Rookwood Asylum for the Aged and Infirm was established.

Initially, some 80 men were transferred from Parramatta and the institution was provided with a staff of four—a matron/superintendent, a clerk, an attendant and a carpenter. Over the ensuing years, the inmate population grew to 317 and an additional attendant, a nurse, a storekeeper, two gardeners and two chaplains were added to the staff establishment. By 1896, the inmate population had risen to 581 and the government decided that Rookwood Asylum should be developed as the main institution for the state's aged male poor and that its development and administration should be modelled on the Newington Home for Women. In 1899 the available accommodation was increased to 800 beds.

In 1906 Dr R. A. Fox who had been the asylum's visiting medical officer for the previous three years was appointed medical superintendent. By this time a staff of thirty-six were employed to care for more than thirteen hundred inmates accommodated, and gradually over the first few years of Dr Fox's superintendence, the hospital side of the institution's activities began to assume a much greater importance. By 1913, clinical departments under honorary medical staff had been established in the fields of dermatology, ophthalmology, E.N.T., surgery, neurology and general surgery and in keeping with these developments the 'Asylum' name was replaced by the more appropriate 'State Hospital and Home'. At this time also the name of the district was changed from Rookwood to Lidcombe.

Over the next fifteen years further buildings were added and by the time of Dr Fox's retirement in 1929 a staff of 138 was employed to care for a total of 988 hospital and nursing-home patients and 732 inmates. Through the superintendentships of Drs McMaster, Baret, Brooks and Procopis, developments continued with the new wards and dormitories being added in 1938 and 1940, a new nurses home being opened in 1940, a recreation building being provided for home section residents in 1946, a new ward being constructed for tuberculosis patients in 1955 and finally eight new wards being provided to house long-stay nursing-home patients during 1956 and 1957.

The next major phase of the hospital's development took place in the early 1960s. A programme of dormitory conversions was started which was to see the modernisation of wards over a period of eight years, and it was during the early part of this programme that decisions were taken to establish a comprehensive geriatric service for both male and female patients and to define areas for which the hospital would be primarily responsible. Concurrently the general medical and surgical services of the hospital were upgraded with the employment of staff specialists in a number of fields and in 1971 the construction of stage I of the long-awaited new hospital block was begun. This building provided new operating theatres, a large modern C.S.D., an 11-bed intensive care unit and a new Department of Diagnostic Radiology, and is linked to the stage II building, which provides a further 152 beds, administrative offices and some additional diagnostic services.

For the greater part of its existence, Lidcombe functioned as a chronic diseases hospital catering for the aged and the indigent. However, in contrast to most other similar institutions, it provided most of the required acute medical and surgical services, and from this base the hospital has been developed into a large modern complex providing a full range of medical and surgical services together with a comprehensive geriatric service.

Lidcombe Hospital commenced as a clinical school of the University in May 1976, when 14 students began instruction at the hospital. Prior to that students from other teaching hospitals had undergone instruction in general medicine and geriatrics at the hospital. There are about 60 students training at the clinical school. The clinical school is under the supervision of a Board of Medical Studies. Lidcombe Hospital is now the site for the Cumberland College of Health Sciences; the Division of Analytical Laboratories; Air Pollution Control Branch; and other government agencies.

Administrative staff

Medical Superintendent

G. W. Carter, MB BS GradDipHA

Deputy Medical Superintendents

J. Flack, MB BS, FRACP

G. J. Marcar, MB BS DPH, FRACMA

Manager

M. Smith

Warden of the Clinical School

P. F. Thursby, MB BS, FRACS

Clinical Supervisor

T. P. Gibian, MB BS, FRACP

Repatriation General Hospital, Concord

The Repatriation General Hospital, Concord, was built during World War II and was opened in 1942 as a Base

Hospital for the Army in New South Wales; it was then known as the 113th Australian General Hospital. In 1947 the hospital was handed over by the Army authorities to the Repatriation Commission and now is the major hospital for the Department of Veterans' Affairs in New South Wales. The hospital has a present capacity of 719 beds, and is staffed by 150 visiting specialists, 50 full-time specialists and resident medical staff.

It has a large Outpatient Department averaging 90 000 attendances per annum. An Emergency Accident Centre, catering for the needs of the local community and with annual attendance figures of 22 000, has been operational for some years. The Department of Veterans' Affairs also conducts the Lady Davidson Hospital at Turrumurra. This is a 174 bed auxiliary hospital whose predominant function is in the field of Rehabilitation Medicine.

The present clinical school was established in 1963. It has professorial wards and units in medicine, surgery and psychiatry, supported by non-professorial academic staff.

The Repatriation General Hospital, Concord, had previously undertaken undergraduate teaching responsibilities in the late 1940s and early 1950s to help cope with the increased volume of medical students due particularly to the great numbers of C.R.T.S. students.

The full potential of teaching material available from about 732 in-patients is open to the clinical school. The hospital contains large departments of medicine and surgery, as well as the specialties, including gynaecology, and a dental clinic.

A clinical sciences block located within the hospital grounds and adjacent to the present quarters was opened in 1973. It provides office accommodation for the warden and clinical supervisor, two large lecture/demonstration rooms and tutorial rooms, a large lecture theatre to accommodate approximately 150 people, offices for the professorial units and research laboratories including an animal research laboratory and an operating theatre. The library was refurbished and relocated in 1980 and houses a comprehensive range of textbooks and journals.

Visiting specialists are appointed for a term of five years and are eligible for reappointment. The clinical school is under the direction of the Board of Medical Studies and is administered within the hospital by the clinical supervisors with the guidance of the Dean of the Faculty of Medicine.

Administrative Staff

General Superintendent

O. G. Curteis, GradDipHA N.S.W. MB BS, FRACMA

Director, Medical Administration

D. A. Smith, MHP N.S.W. MB BS, FRACMA

Business Director

R. G. Mills, ADipHA Mitchell C.A.E., AHA(Prov.)

Nursing Director

C. C. Buchanan, RN, DipNEd DipNAdmin
Coll.Nurs.Aust., FCNA FCN(N.S.W.)

Warden of the Clinical School

S. G. Koorey, MB BS, FRCS FRACS

Clinical Supervisor

O. Peiris, MD BS Ceyl., FRACP MRCPed MRCP

Royal North Shore Hospital of Sydney

During the year 1885 the first practical attempt to found a public hospital for the North Shore community was made by Mr and Mrs F. B. Treatt of Chatswood. Sir Henry Parkes, in 1887, laid the foundation stone of the North Shore Hospital on land in Willoughby Road presented by David Berry, Esq., and the hospital was opened in 1888 with accommodation for fourteen patients.

In 1902 the foundation stone of a new hospital was laid by Sir Harry Rawson on a site of 8 acres (3.25 hectares) in St Leonards. In that year, also, permission was granted by King Edward VII for the institution to be designated 'The Royal North Shore Hospital of Sydney'. Its first pavilion, together with an administration block, was opened for the reception of patients in 1903.

Since that date the size of the site has been increased progressively until at the present time it has an area of 14 hectares. This includes the last 2½ hectares of the old 'Gore Hill Reserve' behind the Oval, set aside in 1948, specifically for a new 600 bed multi-storey acute ward block, promised to enable fulfilment of the role of teaching hospital. It was in 1948 that the hospital's long history of medical service to the community was recognised by the University when a clinical school for medical undergraduates was inaugurated in the presence of the Chancellor, Sir Charles Bickerton Blackburn.

After the inevitable delays resulting in many problems for the new Clinical School, work on the long-promised new block began in 1962 and the third stage was completed in 1977. All the original Nightingale style wards were progressively closed for patients. Over the following 5 years they were converted to use for laboratories, medical ancillary and support services in what was known as Stage 4 of the redevelopment programme as a teaching hospital. The old cottages which were in temporary use for very many years have been removed and the student living-in quarters have been increased to 24 beds.

Today the hospital comprises 900 beds, and includes departments in all major specialties. University departments on site include Medicine, Surgery, Obstetrics and Gynaecology, Orthopaedics, Psychiatry, Rheumatology, Thoracic Medicine and Clinical Pharmacology. Research activities are conducted by the University departments, the Kolling Institute of Medical Research and most clinical hospital departments.

In 1969 the teaching strength of the Royal North Shore Hospital was enhanced by the affiliation with the Mater Misericordiae Hospital, Crows Nest, now a private hospital. The Clinical School is under the direction of the Board of Medical Studies and the Warden of the Clinical School, with clinical supervisors appointed in Medicine and Surgery.

In addition to its role as a teaching hospital, the hospital provides the major regional resource for the Northern Metropolitan Region, as well as certain supra-regional specialties catering for a population of nearly one million. Undergraduate education in the allied Health Services is undertaken in conjunction with the Cumberland College of Health Sciences. Nurse education is now conducted in conjunction with the New South Wales Institute of Technology. The hospital is also responsible for the coordination of Community Health services in the lower North Shore area, serving directly a population of 150 000 and involves a network of both community and hospital based services.

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S. R. Spring, MB BS

Director of Administrative Services

N. R. Full, BBus N.S.W./I.T. MCom N.S.W.

Warden of the Clinical School

.....

Clinical Supervisors

C. P. Bambach, MD BS, FRACS
 R. C. Edwards, MB BS, FRACP MRCP(UK)

Royal Prince Alfred Hospital

In 1868 an attempt was made on the life of H.R.H. Prince Alfred, a son of the reigning Queen Victoria, at the Sydney suburb of Clontarf. The public conscience was so stirred by this unfortunate event that a charitable fund was opened to honour the name of the prince and to give thanks for the saving of his life. Out of this fund arose the Prince Alfred Hospital in Sydney and the Alfred Hospital in Melbourne. Prince Alfred Hospital was opened for the treatment of patients in September 1882. It was designed as a general hospital for the care of the sick, as a teaching hospital for the University and as a training school for nurses. Its site immediately adjacent to the University, between St John's and St Andrew's Colleges, was ideal for its function as a teaching hospital. The hospital was incorporated by an Act of Parliament in 1873 and the appellation Royal was added in 1904.

The original hospital of which only the centre administrative block now stands, contained approximately 200 beds. Since that time the hospital has grown by the addition of the Victoria and Albert Pavilions, the Psychiatric Block, Gloucester House, King George V Memorial Hospital, the Page Chest Pavilion, the Blackburn Pavilion and most recently in 1984, the Duke of Edinburgh Block. It now has a capacity of 1196 beds.

The hospital is unique in Sydney in having had a clinical school from its inception. There were no full-time professors in clinical subjects in those days, but the association with the Faculty of Medicine of the University had always been close. The early part-time

professors of medicine and surgery were honorary physicians and surgeons respectively of the hospital. The appointments of full-time professors of medicine and surgery in 1931 saw the setting up of professorial units in medicine and surgery at the hospital. Since that time the full-time academic staff working within the hospital has steadily increased such that at the present time there are 30 University of Sydney clinical academic members of staff. Many of these head hospital clinical divisions and departments. In addition, there are some 200 honorary and visiting medical specialists and 85 full-time specialists. The clinical activities of the hospital cover almost all medical and surgical specialties, with the exception of paediatrics.

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Administrative staff*General Superintendent*

D. S. Child, ED, MB BS, FRACP FRACMA

Warden of the Clinical School

J. A. Burgess, MB BS, FRACP

Clinical Supervisors

D. K. Baird, BSc(Med) MB BS, FRACS FACS
 A. Joasoo, BSc(Med) MD BS, FRACP

Westmead Hospital

Westmead Hospital, which was opened in 1978, is a major teaching hospital for the University providing clinical schools for both medical and dental students. It serves the Western Metropolitan Health Region of Sydney which has a population now exceeding 1.3 million. Since Westmead is the only teaching hospital in this region, the clinical case load is high. Westmead has 1001 beds and an operating suite of 17 rooms. The facilities of the Parramatta Hospital have been modified to accommodate rehabilitation and longer stay patient in an additional 134 beds. Both hospitals are

administered by the Board of the Parramatta Hospitals which has University as well as community representation.

The hospital provides services in general medicine and surgery and related specialties, obstetrics and gynaecology, paediatrics—including an adolescent ward, a special baby care unit, a burns unit, intensive care, acute psychiatry, and a unit for emotionally disturbed children and adolescents. The hospital functions not only as a district hospital but also as a major referral centre. There is a full range of diagnostic and therapeutic services, including a large radiation oncology department. In addition there are an accident and emergency service, full out-patient facilities, and a geriatric unit providing both in-patient and day care. There also is a large dental unit, providing general and specialist dental health care.

The New South Wales Institute of Clinical Pathology and Medical Research has been relocated from its former site at Lidcombe Hospital and is now integrated with Westmead. Another significant feature of the hospital is the library, which includes the library of the New South Wales branch of the Australian Medical Association.

In addition to its clinical schools for medicine and dentistry, the hospital provides clinical training for social work students from the University, students in allied health professions from the Cumberland College of Health Sciences, and for nurses from the West Metropolitan Group School of Nursing, Nepean College of Advanced Education and Cumberland College.

Professors of Medicine, Surgery, Obstetrics and Gynaecology, Paediatrics, and Geriatric and Community Medicine have been appointed together with senior lecturers in these disciplines. In addition, there are a large number of part-time clinical lecturers based at the hospital. The Senate has conferred the title of Clinical Professor of Radiotherapy on the Director of Radiation Oncology of the hospital and the title of Clinical Professor of Pathology on the Director of the Institute of Clinical Pathology and Medical Research. The Director of Dental Services of the hospital is also Professor of Dentistry. All final year dental students attend Westmead for clinical experience.

In addition to its undergraduate teaching programmes the hospital caters for postgraduate and continuing education and also has established an extensive research programme. A sub-dean heads the clinical school assisted by an administrative officer; this arrangement is currently under review and a warden may be appointed during 1986. A Board of Medical Studies has been formed together with a Staff/Student Liaison Committee. On site accommodation is available for students required to live in for clinical experience. Other accommodation in a group of town house units is available adjacent to the hospital.

Postgraduate medical training is available in all specialty areas and in general practice. This includes regional rotational schemes in anaesthetics and obstetrics. Resident staff are seconded to a number of hospitals including Blacktown, Lidcombe, Lithgow, Liverpool, Mount Druitt and Nepean.

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Administrative staff

General Superintendent

B. J. Amos, MB BS, FRACP

Warden of the Clinical School

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Administrative Officer, Clinical School

C. M. Cahill, DipEd N.E. BA

SPECIAL TEACHING HOSPITALS

Alice Springs Hospital

The Alice Springs Hospital with 170 beds serves the southern zone of the Northern Territory which includes the Alice Springs and Barkly regions. The hospital, along with the Royal Darwin Hospital, has become a special teaching hospital of the University as part of the clinical research facility of the Menzies School of Health Research and will provide facilities particularly in the areas of Aboriginal Health, epidemiological studies, gastrointestinal disorders and paediatrics.

Administrative Staff

Medical Superintendent (Acting)

P. S. Bradford, MB BS N.S.W. Dip.R.A.C.O.G.

Cumberland Hospital

Cumberland Hospital is a Schedule 5 hospital under the N.S.W. Hospitals Act and a mental hospital and admission hospital under the N.S.W. Mental Health Act. It is in the Western Metropolitan Health Region and is a facility run by the N.S.W. Department of Health.

The medical staff consists of 29 positions for psychiatrists and trainee psychiatrists. Each year 12–14 doctors are in training for the Membership of the Royal Australian and New Zealand College of Psychiatrists.

The hospital was established in 1848 as an asylum on a tract of land set aside for this purpose adjacent to Parramatta Park. This land now includes the location of Marsden Hospital (for intellectually handicapped children) and Westmead Hospital (part of the Parramatta Hospitals, which incorporates Redbank House (child and adolescent psychiatric service).

The hospital has undergone considerable alteration but remained known as a mental hospital until the early 1960s when dramatic changes were implemented to establish a modern psychiatric facility. Psychiatric admission units for acutely ill patients were established with a responsibility for specific geographic areas extending from Parramatta to Katoomba. In addition the hospital is responsible for the inpatient care of a large number of long-stay patients requiring rehabilitation and community placement. A drug and alcohol dependency service was started for admission and short-term treatment of referred patients. Within these

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services the various aspects of clinical psychiatry are offered: assessment, diagnosis and management of patients with acute psychiatric disorders; management of patients with recurrent long-term disorders; management of patients with impairment of the central nervous system; assessment and management of elderly patients (geriatric psychiatry); and a range of community psychiatry services—outpatients' clinics, day centres, and follow-up after care and home visiting. Staff from the hospital participate in the work at the community health centres at eleven locations including Katoomba, Penrith, Mt Druitt, Blacktown, Fairfield and Parramatta.

Patient care teams are multidisciplinary, comprising doctors, social workers, nurses, psychologists, occupational therapists and medical secretaries. There is a psychiatric nurse training school at the hospital. Placement for clinical experience is provided for social workers, welfare officers and occupational therapists. Students based at the Repatriation General Hospital and Westmead Hospital are allocated to the hospital for clinical experience in psychiatry.

Administrative staff

Medical Superintendent

K. A. Henson, MB BS N.S.W., FRANZCP

Clinical Supervisor

G. Westerink, MB ChB N.Z. DPM Melb., FRANZCP

The Macquarie Hospital

The Macquarie Hospital, formerly known as North Ryde Psychiatric Centre, provides a variety of services including an Acute Admission Service, a Rehabilitation Service, an Emotionally Disturbed Children's Service, Services for the Psychogeriatric Patient and a Developmentally Disabled Persons Service. It also provides surgical and medical services for psychiatric hospital patients all over New South Wales.

The hospital is situated on 40 hectares of land in Wicks Road, North Ryde, and is under the authority of the New South Wales Department of Health. Building began on the site in 1956 and the first patients took up residence in January 1959. The hospital was originally conceived as one that would provide special facilities to deal with particular problems that other psychiatric hospitals were not equipped to handle.

In October 1961 the Wallace Wurth Clinic (Wards 10 and 11) was opened as an admission centre and replaced the almost century-old Reception House at Darlinghurst. Its initial function was mainly as an admission and diagnostic unit, patients being discharged after diagnosis and short-term treatment, or transferred to other psychiatric hospitals for further treatment if this was indicated.

The centre became a teaching hospital of the University in 1967 with the opening of a sub-professorial unit in 1969. Medical students attend lectures in psychiatry and surgery.

With the development of regionalisation of psychiatric services within the metropolitan area other psychiatric hospitals opened their own admission centres and North Ryde Psychiatric Centre became responsible for the care and treatment of those patients living in the Northern Metropolitan Region of Sydney. Sub-regionalisation evolved within the North Ryde Centre, and the various adult psychiatric units began to function as admission and treatment units for their own specified sub-region.

The acute admission service is in Wards 12 and 13. Ward 5 and The Lodge are used for long-stay patients. A full-time consultant physician supervises the medical service (Ward 1). A full-time consultant surgeon directs the surgical unit in the Cameron Block.

A children's unit provides residential accommodation for the treatment of emotionally disturbed children. A special school staffed by teachers of the New South Wales Department of Education has been incorporated into the unit. Teachers are also provided for the Developmentally Disabled Persons Service.

Wards 7 and 9 are used as a major inpatient facility for the Developmentally Disabled Persons Service of the Northern Metropolitan Region.

Community Health Centres relate directly to Macquarie Hospital. These include those for the Lower North Shore Area, Ryde-Hunter's Hill Area and the Manly-Warringah Area.

The specialised services (surgery, medical and children) provided to the Northern Metropolitan Region by Macquarie Hospital are also provided if required to the whole state.

In recent years the campus of the Macquarie Hospital has accommodated the Department of Health Regional Office, Central Cancer Registry and the Institute of Public Health Bio-Sciences.

Administrative staff

Medical Superintendent

J. A. Thompson, BHA N.S.W. BSc MB BS, FRANZCP
FRACMA LHA

Clinical Supervisor

M. D. McGrath, MB ChB Leeds DPM R.C.P.&S.,
FRANZCP MRCPsych

Mater Misericordiae Hospital

The Mater Misericordiae began as a cottage hospital in Willoughby Road on 21 January 1906.

By 1912 the Sisters needed larger premises and purchased the former residence of the Honourable R. E. O'Connor, then a Member of Parliament, and began using it as a private hospital. This cottage stood on the site of the present Private Hospital. The project flourished, and with the acquisition of surrounding properties, the Sisters proceeded to build a public hospital adjacent to the Private Hospital. Over the next few years the Sisters, with an expanding and dedicated medical staff, opened a Casualty and Outpatients Department as well as a Pathology Department and units representing the developing specialties. By 1941 the Maternity Hospital on the Cnr. Rocklands Road and Sinclair Street opposite the General Hospital was opened, and the General Hospital then comprised 266 beds, including the 57 obstetrics beds, and offered services in many disciplines of medicine. During all this time the original Private Hospital was growing, so that with its 135 beds, there was a complex of 401 beds on the site.

During all this time the Sisters were buying adjacent properties with the aim of rebuilding the hospital to provide even better services to the community.

In 1978 the New South Wales Government announced plans for the building of a new general hospital, but after major planning work had been carried out over the next 3 years, the government stopped the subsidy to the hospital, causing the closure of the General Hospital.

Undeterred, the Sisters and a very energetic medical staff planned the redevelopment of the Private

Hospital. Since November 1982, when the General Hospital closed its doors, many units have been begun or have been successfully transferred from the General Hospital.

The Mater Hospital is now a very busy hospital, with a Renal Dialysis Unit, Endoscopy Unit, new Intensive Care Unit and new Departments of Radiology, Radiotherapy, Ultrasound Examination, Nuclear Medicine and Pathology Services.

The Hospital has Registrars who live in at night and weekends to give complete patient cover, and the Intensive Care Unit is fully supervised by the Anaesthetic Department. The medical staff is organised on divisional lines with divisions of Medicine, Surgery and Anaesthetics, and all members of the medical staff are only appointed after careful assessment by a Staff Appointments Committee.

The hospital is run in strict accordance with the criteria recommended by the Australian Council of Hospital Standards and in September 1984 the hospital received as a consequence, full 3 year accreditation, the maximum time available from the Australian Council of Hospital Standards. The Peer Review Programme was described by the council as one of the most effective programmes they had encountered, and the Hospital Peer Review Committee has been asked to organise several peer review programmes in other hospitals.

Undergraduate teaching began at the Mater General Hospital in 1969, and continued very successfully in medicine and surgery and various specialties till the General Hospital closed in November 1982. Since then, teaching has continued in the redeveloped Private Hospital. The quiet environment in the hospital, with many single rooms, provides an ideal situation for small group teaching and there is a wide variety of clinical material available. It is anticipated that the teaching role of the hospital, both undergraduate and postgraduate, will expand in the future.

A new theatre block is to be built in the immediate future and should be in operation by the middle of 1986. After that a new ward block is planned.

An extensive programme of clinical meetings is held by the medical staff and there is a very detailed In-Service Programme for the nursing staff.

The hospital is run by a Board of Directors on behalf of the Trustees of the Sisters of Mercy.

Administrative Staff

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Sr Maureen Gleeson, RSM, MHA N.S.W., AHA

Director, Administrative Services

M. Frainey, BCom Qld

Director, Division of Surgery

F. H. D. Breslin, MB BS, FRCS FRACS

Director, Division of Medicine

R. F. O'Reilly, MB BS, FRACP

Director, Division of Anaesthetics

J. C. Hennessy, MB BS DA Lond., FFARCS FFARCS
FFARCSI

Northside Clinic

The Northside Clinic is a private psychiatric hospital situated in Greenwich. It was opened in 1973 and became an affiliated teaching unit of the University's Department of Psychiatry in 1979. The hospital comprises 90 inpatient beds and a large outpatient service. It provides comprehensive psychiatric management. Members of the staff are actively engaged in research and in teaching at undergraduate and postgraduate levels.

Administrative staff

Medical Superintendent

C. MacFie, MB ChB Glas. MPhil Lond. DPM, MRCP
MRCPsych MRANZCP

Clinical Supervisor

R. Morstyn, MB BS Monash DipABPN Harv.,
MRANZCP

Royal Alexandra Hospital for Children

The Royal Alexandra Hospital for Children was established in 1879 and moved to the present site in 1904. It is a 340-bed paediatric hospital caring for neonates, children and adolescents. It has full-time staff in all the usual paediatric and medical and surgical subspecialties as well as in the paramedical and technical supporting services. Most departments have active research programmes. A twenty-four hour transport team is available to collect neonates and children requiring special care prior to or during transfer from other hospitals.

The comprehensive diagnostic services include facilities for C.T. scanning, ultrasound and nuclear medicine in the Body Imaging Department.

Many activities extend into the community at both health care and education levels. Specialist consultant clinics are held in outer Sydney and major country centres.

The hospital is controlled by a Board of Management and a house committee. Visiting medical officers and staff specialists are appointed by a conjoint board of the hospital and the University.

The Children's Medical Research Foundation is associated with the hospital and the laboratories are in the grounds.

There are both undergraduate and postgraduate teaching activities in medicine, nursing and other major allied health professions.

The establishment of a clinical school was agreed upon in 1924. The first students attended under this arrangement in 1927. The Douglas Burrows Professor of Paediatrics and Child Health in the University is located within the hospital.

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Administrative staff

General Superintendent and Chief Executive Officer
J. S. Yu, MB BS DCH, FRACP

Royal Darwin Hospital

The Royal Darwin Hospital at Casuarina was opened in 1981 and is the major specialist hospital in the Northern Territory. The hospital, with 350 beds, provides a comprehensive health service through the Darwin region and acts as a referral centre for the Top End.

In 1984, the Hospital was determined as the site for the Menzies School of Health Research, and the hospital and the Department of Health cooperated in establishing the School, which was formally opened by the Governor-General in June 1984. A minimum of 800 square metres of office and administrative space is provided for the School by the Hospital and residential accommodation will also be available. Interim laboratory accommodation of 400 square metres is provided within the Hospital's laboratory complex for haematology, serology, microbiology, biochemistry, histology, and anatomical pathology services for the School. In addition, a fully equipped lecture theatre with 90 seats, tutorial rooms and a library of more than 10 000 volumes plus 400 journal titles and access to computerised library facilities is available.

Administrative staff

Regional Medical Director

P. Wilson, MB BS Adel., FRACGP

Director, Menzies School of Health Research

Professor J. D. Mathews, BSc MD BS PhD Melb., FRACP

Rozelle Hospital

In July 1976 Broughton Hall Clinic and Callan Park Hospital were amalgamated and called the Rozelle Hospital. This hospital provides a comprehensive psychiatric service to communities in the new Southern Metropolitan Health Region. The hospital has some 600 beds and a medical establishment of 34.

Broughton Hall has had a long association with the University. It was established as a psychiatric hospital in 1921. Sydney Evan Jones was the first medical superintendent and continued in that capacity in the hospital until his death in 1948. Jones was a member of the teaching staff of the University, and Broughton Hall rapidly became an important centre of teaching both in neurology and psychiatry.

In 1955 H. W. Trethowan was appointed to the chair of psychiatry and also clinical director of Broughton Hall. Similar appointments have been held by the late D. C. Maddison (until 1974) and by P. J. V. Beumont. These appointments stimulated further development, most particularly in the form of teaching programmes for undergraduates and psychiatrists-in-training. The psychiatric postgraduate unit for the University was opened at the clinic in 1957, and the Evan Jones Lecture Theatre in 1963. The New South Wales Institute of Psychiatry was opened within Broughton Hall in 1968. The undergraduate teaching unit was opened in 1973.

In addition to providing acute inpatient admission services, the hospital has special units for the treatment of alcoholics and geriatrics, and a comprehensive rehabilitation programme for chronically disturbed patients. All units of the hospital have close links with the community health centres within the region.

Administrative staff

Medical Superintendent

P. B. Shea, DPM R.A.N.Z.C.P. BHA GradDip (Health Admin) N.S.W. DipEnvStud Macq. MB BS MPH DipCrim, FRACMA FRANZCP LACHSE AFAM

Deputy Medical Superintendent

L. H. Barnes, MB BS DPM, FRANZCP MRCPsych

Clinical Supervisor

L. H. Barnes, MB BS DPM, FRANZCP MRCPsych

St Margaret's Hospital

St Margaret's Hospital was established in 1894 and has been under the care of the Sisters of St Joseph of the Sacred Heart since 1937.

In 1964 the public hospital became a teaching hospital in obstetrics for the University and in 1967 a clinical supervisor was appointed. In 1970 St Margaret's became a full teaching hospital in both obstetrics and gynaecology. It has been a recognised training school for midwifery since 1894.

The hospital has 115 beds with about 2500 births per year and 2300 gynaecological operations. It has a fully equipped Intensive and Special Care Nursery for the newborn, and teaching on neonates is conducted.

Resident medical officers are only appointed after they have completed at least 2 years' residency in a general hospital. Most of these officers go into general practice. However, there is a training scheme for specialisation in Obstetrics and Gynaecology for membership or fellowship of the Royal Australian College of Obstetricians and Gynaecologists. The scheme is over 5 years: the first year at St Margaret's Hospital; the second at Auburn District Hospital; the third year at St Margaret's Hospital; the fourth year at St Margaret's Hospital and St Vincent's Hospital; and the fifth year at Gosford District Hospital.

A university teaching block, including students' quarters, lecture hall and library, was completed in 1970.

Since 1983 an Associate Professor in Obstetrics and Gynaecology has been based at the hospital. Clinical lecturers in obstetrics and gynaecology are appointed by the board of medical studies.

The hospital is controlled by a board of management. The honorary medical officers are appointed by a conjoint board, consisting of representatives of the hospital board of management and the Senate of the University.

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Clinical Supervisor
Associate Professor J. D. Llewellyn-Jones, OBE, BA
MD BCh MAO Dub., FRCOG FRACOG

Sydney Hospital

The first hospital in Australia was established at Dawes Point shortly after the arrival of the first fleet in 1788. It was transferred to the Sydney Hospital site in Macquarie Street in 1811 when Governor Macquarie built the 'Rum' Hospital. In 1826 the general hospital was known as the 'Sydney Dispensary' and become the 'Sydney Infirmary and Dispensary' in 1845. In 1881 the Sydney Hospital Act was passed and the Board of Directors was appointed in accordance with this Act until January 1985, when the hospital was gazetted as a Schedule 2 hospital of the Public Hospitals Act, 1929, as amended.

The first Nurses' Training School in the Florence Nightingale tradition was established in 1868 after negotiations between the N.S.W. Government and Miss Nightingale.

The Sydney Eye Hospital at Woolloomooloo had its beginning in the establishment of an Ophthalmic Ward in 1878 and now houses the Department of Ophthalmology and Eye Health of the University.

The Clinical School of Sydney Hospital was established in 1909 under the direction of the Board of Medical Studies and it afforded a full course of instruction in accordance with the curriculum of the University. 3074 undergraduates have passed through the school.

Owing to major reorganisation of hospital services in the metropolitan region in 1982, Sydney Hospital has been considerably reduced in size and it has not been possible for it to continue as a general teaching hospital of the University. Some clinical training has continued in conjunction with the Royal Prince Alfred Hospital but the full extent of this awaits final clarification of the role of the hospital and of available clinical resources.

Exciting new ventures include the establishment of the Sydney Hospital Occupational Health and Safety Service, the Sydney AIDS Clinic and the transfer to Sydney Hospital of the Sexually Transmitted Diseases Clinic. A greater emphasis on community health in these areas, together with maintenance of active Accident and Emergency, Outpatient and Preventive Health Services, is anticipated.

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FRCS FRACS
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F. C. Neale, BSc PhD Birm., FRSC FRCPath FAACB

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I. Southwell, BSc MHA

Medical Superintendent
V. Pearson, MB BS Adel.

Director of Nursing
P. M. Danks, RGN, DNA, FCNA



Anderson Stuart Building, Eastern Avenue. The original building to the left was erected in 1886 to the design of James Barnet, Colonial Architect. The northern extension was added in 1912 by Walter Liberty Vernon, Government Architect.



Decorative lintel above the Manning Road entrance to the medical school. The northern extension was completed in 1922 to the design of Leslie Wilkinson, foundation Professor of Architecture in the University.

Part II

General information

This section of the handbook applies to all students of the University, not just those in your faculty. Some of the matters dealt with are essential for you to know or to be aware of; others could be useful to you.

Detailed information about other aspects of many of the matters referred to in this section may be found in the *Guide for New Students*. You are advised to consult the *Guide*, which is available free on request from the Student Centre.

Basic points of reference

Term and vacation dates 1986-90

Term and vacation dates are determined in accordance with a formula prescribed in the resolutions of the Senate made pursuant to Chapter XXI of the by-laws. The by-laws of the University form part of the 'Statutes' section of the *Calendar*.

Term	Day	1986	1987	1988	1989	1990
Lent						
Term and lectures begin	Mon.	24 Feb.	23 Feb.	29 Feb.	27 Feb.	26 Feb.
Easter recess						
Last day of lectures	Wed.	26 Mar.-	15-	30 Mar.	22 Mar.-	11 Apr.-
Lectures resume	Wed.	2 Apr.	22 Apr.	6 Apr.	29 Mar.	18 Apr.
Examinations begin	Mon.	5 May	4 May	9 May	8 May	7 May
Term ends	Sat.	10 May	9 May	14 May	13 May	12 May
Vacation - 3 weeks						
AVCC Common Week	Mon. Fri.	12- 16 May	11- 15 May	16- 20 May	15- 19 May	14- 18 May
Trinity						
Term begins	Mon.	2 June	1 June	6 June	5 June	4 June
Examinations begin	Mon.	4 Aug.	3 Aug.	8 Aug.	7 Aug.	6 Aug.
Term ends	Sat.	9 Aug.	8 Aug.	13 Aug.	12 Aug.	11 Aug.
Vacation - 3 weeks						
AVCC Common Week	Mon. Fri.	25- 29 Aug.	24- 28 Aug.	29 Aug.- 2 Sep.	28 Aug.- 1 Sep.	27- 31 Aug.
Michaelmas						
Term begins	Mon.	1 Sep.	31 Aug.	5 Sep.	4 Sep.	3 Sep.
Classes cease	Sat.	1 Nov.	31 Oct.	5 Nov.	4 Nov.	3 Nov.
Annual examination begin	Mon.	10 Nov.	9 Nov.	14 Nov.	13 Nov.	12 Nov.
Term ends	Sat.	6 Dec.	5 Dec.	8 Dec.	9 Dec.	8 Dec.

Information and advice

Academic

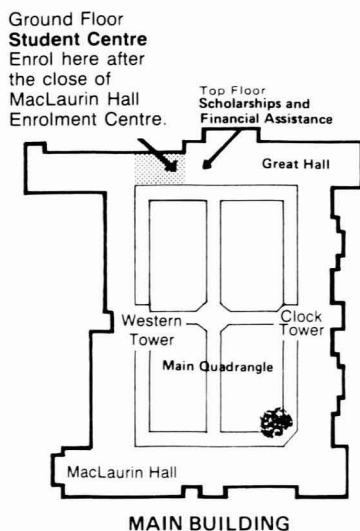
For academic questions affecting courses of study you should see the lecturer concerned.

Other sources

You may require advice of a different kind and in this case your first enquiries are often best made at the Student Centre.

Registrar's Office

The Registrar's Office has a number of sections of which the Student Centre is one. Other sections include, for example, the faculty offices, and Scholarships and Financial Assistance.



Faculty offices

Faculty offices, the administrative centres of the faculties, are generally situated close to the dean's office. They are headed by the Secretary to the Faculty, the member of the Registrar's staff who supervises the regulations pertaining to the faculty and who attends to non-academic aspects of students' progress. He or she will give initial advice on admission, enrolment, scholarships, examinations and so on, or direct enquiries to the specialised section of the Registrar's Department responsible for these and other matters.

There are also offices of the three boards of studies, each with a secretary as for the eleven faculties. The location of faculty offices, and who the faculty secretaries are at time of publication, are as follows:

Faculties

Agriculture

Secretary: Robert Jeffs, tel: 692 2685
Location: Room S381, mezzanine floor, Western Tower A14

Architecture

Secretary: Robert Pollock, tel: 692 3248
Location: Room 326, level 3, Wilkinson Building, G04

Arts

Secretary: Margaret Sager, tel: 692 2223
Location: N404, middle floor, Western Tower, A14

Dentistry

Secretary: Hugh Wilson, tel: 692 2248
Location: Room S383, mezzanine floor, Western Tower, A14

Economics

Secretary: Mary Pollard, tel: 692 3076
Location: Room 241, level 2, Merewether Building, H04

Education

Secretary: Raymond Patman, tel: 692 2634
Location: Room G66, Madsen Building, F09

Engineering

Secretary: Erica Ring, tel: 692 2534
Location: Room 327, level 3, P.N. Russell Building, J02

Law

Secretary: Pat Miller, tel: 232 5944 (ext. 263)
Location: Room 1210A, level 12, Law School, 173-5 Phillip Street, Sydney [C13]

Medicine

Secretary: tel: 692 3132
Location: Room 317, Dean's office, level 3, Bosch Building, D05

Science

Secretary: Natalie Downey, tel: 692 3021
Location: Room S385, mezzanine floor, Western Tower, A14

Veterinary Science

Secretary: Anthony James, tel: 692 3056
Location: Room 218, ground floor, J.D. Stewart Building, B01

Boards of Studies

Divinity

Secretary: Margaret Sager
Location: N404, middle floor, Western Tower, A14

Music

Secretary: Roderick Tindall, tel: 692 2209
Location: Room N405, middle floor, Western Tower, A14

Social Work

Secretary: Robyn Nuss, tel: 692 4038
Location: Mills Building, A26

Personal

Information about the following services is given in the *Guide for New Students*:

- Housing Office
- Student Health Service
- Counselling Service
- Financial Assistance
- Careers and Appointments Service
- Contact

Noticeboards

Current information about timetable changes, course announcements, tutorials, practical work, term tests, essays and recommended books is posted on faculty and departmental noticeboards. These notice boards should be consulted regularly.

Information about examinations is displayed in the Main Quadrangle from time to time. There are also several permanent noticeboards in the Main Quadrangle area, notably beneath the Western Tower.

Publications

Guide for New Students — a simple comprehensive introduction to the University covering enrolment, organisation, services and facilities, and sports. A copy is issued to each first year student on enrolment.

Map Guide — includes a compendium of useful information for students, staff and visitors.

Where to find that room — showing the location of all rooms used for examinations, and named rooms in the Main Quadrangle area.

Postgraduate Studies Prospectus

Handbooks for each faculty (\$5 each).

Narrow-format handbooks for boards of studies (\$3 each).

Calendar (\$15)

Payments

Certain compulsory subscriptions are payable to student organisations upon enrolment. Details are given in the *Guide for New Students*.

Overseas students

Overseas students are required to make application to the Overseas Student Office. These students may be liable for an overseas students' charge. Detailed information and application material should be obtained from the Overseas Student Office, P.O. Box 25, Woden, A.C.T. 2606 or from the nearest Australian diplomatic post. Application should also be made to the Universities and Colleges Admissions Centre.

Sponsored overseas students

The Australian Development Assistance Bureau (ADAB), which is the overseas aid unit of the Australian Department of Foreign Affairs, has a responsibility for the welfare of sponsored overseas students. The address of the Bureau in Sydney is:

26th Floor
Central Square Building
323 Castlereagh Street
Sydney 2000. Tel. (02) 212 4000

Private overseas students

Newly enrolled private overseas students should visit the Commonwealth Department of Education and Youth Affairs immediately on arrival in Australia. The address is Sydney Plaza Building, 59 Goulburn Street, Sydney, 2000.

Private overseas students continuing their studies should confirm their enrolment with the Commonwealth Department of Education and Youth Affairs as early as possible each year in order to ensure that arrangements for the extension of their temporary entry permit can be made.

All students must advise the department if they change their term residential address during the year. Telephone enquiries should be directed to (02) 218 8979, and students living in country areas may reverse the charges for the call.

Advisers to overseas students

Mr Graeme de Graaff, who is director of International House, is also adviser to overseas students. He can help

with any problems arising during an overseas student's stay in Australia.

Statement of Enrolment Record

All the information provided when you enrol is added to the University's computerised student record system. This includes your name and address, degree and the courses you are taking. It is important that this information be recorded correctly at the beginning of the year, and amended should a change occur in any of the details during the year.

To enable you to see what enrolment data has been recorded, and to allow you to alter it should the need arise, you will be sent a *Statement of Enrolment Record* shortly after completion of enrolment. You should check this carefully as soon as it is received. If the information is correct you should keep the form as a record of your current enrolment. Should the form be incorrect in any detail, amend it where appropriate and lodge it at the Student Centre (or faculty office in the case of course variations) as soon as possible. A new statement will then be prepared and sent to you confirming that the change has been made.

If you wish to—

change the course in which you are enrolled

discontinue a course

discontinue enrolment totally

at any time during the year you should

use the *Statement of Enrolment Record* to record

the desired change,

obtain faculty (or board of studies) approval for

the discontinuation, or departmental approval for

any additions, and

lodge the amended form at the faculty office.

Your record at the University will not be correct unless you tell the Registrar about the change, by means of this form, lodged at the faculty office. **It is not sufficient for instance to tell the lecturer that you have discontinued a course.** Should you wish to make a change and not be able to find the *Statement of Enrolment Record*, ask at the Student Centre for a new copy.

Assessment and examinations

Sessions

All faculties (except those specified below)

There are four formal examination sessions each year.

Session	when held	approximate duration
Lent	May	1 week
Trinity	August	1 week
Michaelmas	November	3-4 weeks
Supplementary	January/February	2 weeks

In addition individual departments may examine at other times and by various methods of assessment, such as essays, assignments, *vive voce*, practical work etc. Some departments do not examine during the Lent and Trinity sessions.

Dentistry

The annual examinations are held in August for First and Second Years, and in November-December for Third, Fourth and Fifth Years.

Medicine

Written examinations are held from time to time throughout the course as part of the system of progressive and barrier assessments. Advance notice will be given. When examinations fall within the examination periods in May, August and November, details are included in the general university timetables. For clinical years, written and clinical timetables are sent to the teaching hospitals.

Supplementary examinations

Supplementary examinations, which are held in January/February, may be granted by a faculty or board of studies:

- to candidates who have been prevented by duly certified illness or misadventure from completing an examination, or
- to candidates who have failed in any examination, but whose work is deemed sufficient to warrant the concession of a further test.

Supplementary examinations should be regarded as distinct privileges, not as rights.

Other arrangements

Timetables

Draft timetables are displayed in the Main Quadrangle, at times advised in advance in the *News* and on departmental noticeboards. Enquiries about these may be made at the Student Centre.

Printed copies of the final timetables are available from the Student Centre, Law School, United Dental Hospital, University Farms, Economics and Engineering faculty offices and the Carslaw Building foyer on level two.

Study vacation

A period after lectures at the end of the year is set aside for study and preparation at the Michaelmas session.

Notification of examination results

The results of annual examinations are posted through the mail service directly to you. As a back-up, the results are also displayed on noticeboards in the Main Quadrangle.

Examination grades

Each subject taken will be allotted one of the following grades at the annual examinations:

Grade	per cent
High Distinction	85-100
Distinction	75-84
Credit	65-74
Pass	50-64
Fail	below 50

The Faculties of Agriculture, Engineering and Science also allot one or more of the following grades of Pass; Terminating; Concessional; and Terminating/Optional Supplementary.

Illness or misadventure

You may apply to the Registrar in writing for special consideration of your examination performance on grounds of illness or misadventure. In the case of *illness* a medical certificate should be provided. The minimum requirements of a medical certificate are that it:

- be submitted and signed by your own medical practitioner and indicate the dates on which you sought attention;
- certify unambiguously a specified illness or medical disability for a definite period;
- indicate the degree of your incapacity, and express a professional opinion as to the effect of your illness on your ability to take an examination.

Certificates in connection with annual or supplementary examinations should be submitted prior to the examinations, unless the illness or misadventure takes place during the currency of the examinations, in which case the evidence must be forwarded as soon as practicable, and in any case before the close of the examination period. There is a special form available at the Student Centre and at the Student Health Service for submission with medical certificates.

For consideration on the grounds of *misadventure*, your application must include a full statement of circumstances and any available supporting evidence.

Should you find it embarrassing to state your difficulties in writing you should ask the Registrar to arrange an interview with the dean of the faculty, or chairman of the board of studies, or their representative. Such a request might be made in the form of a note addressed to the Registrar.

The need to seek early advice

Many students in need of advice fail to make full use of the assistance available to them. If you believe that your performance during a course, or your preparation of your examinations, has been adversely affected by medical, psychological or family circumstances, you should seek advice as early as possible. Members of the teaching staff, of the Counselling Service, and of the Student Health Service, are all available for consultation and can give advice on appropriate action to take.

Examinations overseas

You are expected to attempt examinations at the University. However, in certain circumstances the Registrar will permit you to take examinations overseas, generally at a nominated university. These circumstances usually relate to your presence abroad for study purposes or for experience directly connected with your studies, approved by your department. It is your responsibility to obtain the Registrar's approval before proceeding overseas. This approval is not freely given.

Exclusion

Restriction upon re-enrolment

There are certain circumstances in which you could be asked to show good cause why you should be permitted to repeat any previously attempted study. Liability for exclusion from re-enrolment is determined by academic attainment during the immediate past one or two academic years (depending upon the faculty or board of studies concerned). The resolutions of the Senate restricting re-enrolment may be found in the University *Calendar*, indexed under 'Re-enrolment'. You should acquaint yourself with the studies in which you are enrolled. If you are in any doubt about your liability for exclusion following academic failure or discontinuation of courses you should ask advice of the Exclusions section within the Registrar's Office.

It is not possible to define in advance all the reasons that constitute 'good cause' but serious ill health, or misadventure properly attested, will be considered. In addition your general record, for example in other courses, would be taken into account. In particular if you were transferring from another faculty your record in your previous faculty would be considered. Not usually acceptable as good cause are such matters as demands of employers, pressure of employment, time devoted to non-university activities and so on, except as they may be relevant to any serious ill health or misadventure.

Personal

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EXAMINATIONS
PERSONAL

Appeals

Many decisions about academic and non-academic issues are made in the University each year, and in some cases the by-laws or resolutions of the Senate provide for a right of appeal against decisions. This is the case, for example, in Chapter XXXVII of the by-laws concerning discipline, and in the resolutions of the Senate relating to exclusion of students after failure. However, there are many other situations without such specific provision for appeal where you might wish to have a decision reviewed or to draw attention to additional information relevant to your case. As a general rule in these circumstances you are invited to address a request of this nature in writing to the Registrar, or to discuss the matter with a member of the Registrar's staff.

The general practice in some particular matters is as follows:

Academic matters

Review of examination results. Appeals about results may be made to the faculty or board of studies through the Registrar.

Examination timetables. Should you be dissatisfied with arrangements published in the draft examination timetable you may raise the matter at that time with the Registrar. However, you should realise that it is not possible to satisfy all candidates over their individual timetables.

Prizes and scholarships. If you believe you have failed to obtain a scholarship by a narrow margin you may request through the Registrar that the Chairman of the Academic Board enquire into your case.

Non-academic matters

Financial assistance. If you have failed to obtain financial assistance and believe that your application was inadequately considered you may apply in writing to the Registrar for its reconsideration.

Booking accommodation and the Front Lawn for clubs and societies. If a booking of official University space for a club or society with which you are associated has been refused, you may make an appeal in writing to the Registrar.

Recognition of clubs and societies. Any appeal about a decision relating to the recognition of a club or society would be presented to the Registrar.

Breach of parking regulations. Appeals against decisions about parking infringements within the University grounds should be lodged with the Bursar.

Exemptions from joining student societies. If you have a conscientious objection to membership of the SRC, SUPRA, Union, one of the two sports organisations or of Convocation you may make written application to the Registrar for exemption from membership of these bodies.

Participation in university government

The by-laws and resolutions of the University provide for the election of students, by and from the student body, to membership of the Senate, the Academic Board and the faculties and boards of studies. From 1985 there are also student members of departmental and school boards. Student members are also to be found on committees of the Senate, Academic Board, faculties and boards of studies, departments and schools.

The term of office is generally one year, from January to December. Elections are held by postal vote in Michaelmas term, and notices calling for nominations are sent out in August. Details of the elections are placed on noticeboards around the grounds and published in the *University of Sydney News*. Election announcements are also made available to *Honi Soit* and the *Union Recorder* for publication. Before any election the appropriate ballot papers and instructions, as well as information about the candidates, are sent to all students concerned.

The *Senate* is the overall governing body of the University; the *Academic Board* coordinates the work of the faculties and boards of studies and advises the Senate on academic matters; the *faculties* and *boards of studies* are concerned with the teaching and examining of their subjects and with research in the various departments and schools.

The important contribution that students can make to the governance of the University is recognised through student membership of its governing bodies. As a student you are urged to take an active part in the selection of student members by nominating appropriate candidates and by voting in each election that concerns you. By participating in these elections you can become more familiar with the functioning of the University and can help ensure that your interests are taken into consideration in decisions that affect your work at the University.

Membership of the Senate is provided for in the University and University Colleges Act, Section 7(1), published in the *University Calendar*. Membership of the Academic Board, the faculties and boards of studies, and departmental and school boards is specified in Chapter VIII of the by-laws and in resolutions of the Senate following (the statutes section of the *Calendar*). The accompanying table summarises the potential student membership of the Senate, the Academic Board and the faculties and boards of studies. The many teaching departments and schools within the University are each allowed some discretion in determining the student membership of their boards, but each departmental or school board must include at least one student.

Student membership of university governing bodies

Body	Total	Undergraduate	Postgraduate	Ex officio and other
Senate	3	← 3 →		—
Academic Board	30	25	5	
<i>Faculty or Board</i>				
Agriculture	4	2	2	—
Architecture	5	2	2	1
Arts	8	5	2	1
Dentistry	5	3	1	1
Economics	5	3	1	1
Education	5	2*	3	—
Engineering	5	3	1	1
Law	4	2	1	1
BEc LLB }	1	1		
BA LLB }				
BSc LLB }				
Medicine	5	4	—	1
Science	8	3	2	3
Veterinary Science	3	2	1	—
Divinity	3	1	1	1
Music	2	2 or 1		—
Social Work	3	← 3 →		

*One of whom to be a DipEd candidate.

Discrimination

The Senate has appointed a number of officers of the University to hear complaints from staff and students who suspect or allege that they are being discriminated against on the grounds of sex or race.

The people concerned are:

<i>Contact</i>	<i>Location</i>
Mrs Rita Devine	Carslaw Bdg, level 2, room 207, tel. 2431
Ms Jo Gaha	Counselling Service, Institute Bdg, tel. 2228
Assoc. Prof. Margaret Harris	English Dept, Woolley Bdg, room N427, tel. 2163
Dr Jane Leibholz	Animal Husbandry (Camden), M.C. Franklin Laboratory, room 101, tel. 5-225
Dr Pat Miller	Law School, level 12, room 1210A tel. 81-263
Mr Roger Millington	Services Building, top floor, tel. 4204
Mrs Joan Morrison	Engineering Library, tel. 2138
Dr Ray Pierens	Chemistry, level 4, room 429, tel. 3381
Mrs Carolyn Sappideen	Law School, level 13, room 1333, tel. 81-273

Dr Ann Sefton	Physiology, Anderson Stuart Bdg, room 276, tel. 2659
Mr Don Smart	Main Quadrangle North, room N461, tel. 2204
Mrs Barbara Troy	Fisher Library, level 2, tel. 2995
Ms Mary Turner	Staff Office, tel. 2036

Each of the above and on an individual basis is prepared to discuss problems in confidence and, if the complainant wishes and the circumstances warrant it, to help to resolve the problem.

The Senate has also appointed several officers specifically to hear complaints from staff or students who believe they may have been the victims of racially motivated behaviour. Their names are as follows:

Dr Igor Gonda	Pharmacy, tel. 3054
Assoc. Prof. Yiu-Wing May	Mechanical Engineering, tel. 2348
Dr John Wong	History, tel. 2857
Assoc. Prof. Chong-Tong Wu	Town and Country Planning, tel. 3606

Explanation of symbols for courses of study

Symbols may have been used in the courses of study chapter in the handbook as a succinct way of presenting teaching and assessment information. Because of the varied nature of the work described and occasional difficulties in interpretation and typesetting, such details are not construed as a firm undertaking. Students are advised to check details with the departments concerned. The significance of symbols used is as follows:

Hypothetical examples of symbols used

Title of course	Double Dutch 1
Actual lecturers	Ass. Prof. Holland Dr Nederlands
Allied studies	AKn HSC German 2-u gr. 3
Class contact & course duration	} (3L 1T);year
Exams, essays, etc.	
	Exam 3h; Ess 2.200/tm;TP 4/tm
Title of course	8765 Diplomatic Wizardry
Actual lecturers	Dr Henry Mr Kissinger
Allied studies	Pre 7654 Co Intro. Maths Stats
Class contact & course duration	} (1st:2L 3T,P; 2nd:2L 2T,P); 1st & 2nd
Exams, essays etc.	
	Exam 3h/tm;CW

Allied studies

AKn	assumed knowledge
Pre	prerequisite (you must have passed the indicated prerequisite before you enrol in the course)
Co	corequisite (you must enrol in, or have passed, the indicated corequisite before you enrol in the course)

Teaching

Type of class contact

C	class contact of any form
F	field work
L	lecture
P	practical
S	seminar
T	tutorial

Course/unit taught in:

1st	Lent term
2nd	Trinity term
3rd	Michaelmas term
1-3	any term
1st ½yr	first half of the year
2nd ½yr	second half of the year
year	throughout the year

Examples (per week unless otherwise stated)

(2L 3P); year	2h lectures & 3 practicals per week; throughout the year [does not mean 1 3-hour practical]
(3L 2.3hP);2nd ½yr	3h lectures & 2 3-hour practicals per week; in the second half of the year
(3L 1S/fn);2nd	3h lectures per week 1 seminar per fortnight; during Trinity term
(1st & 2nd: 2L 1T; 3rd:3P);year	2h lectures and 1 tutorial in the first two terms, and 3h practical in third term

Assessment

Ess	essay
Exam	examination
As	other assignment
CW	class work or class task
P	practical or laboratory
TP	tutorial paper
/fn	per fortnight
/tm	per term
/½yr	per half year
/yr	per year
/wk	per week
h	hour

Examples

Exam 3h	One 3-hour exam
Exam 2.3h/tm	two 3-hour exams per term
Ess 2000	One 2000-word essay
Ess 3000+2.2000/tm;4TP	One 3000-word essay and 4 tutorial papers for the course, plus 2 2000-word essays per term
Ess/tm:3000+2.2000	One 3000-word and two 2000-word essays per term
4TP/tm	Four tutorial papers per term
2.3hP/wk	Two 3-hour practicals per week

Some regulations about enrolment

(4) A candidate for the degree of Bachelor of Arts, Bachelor of Economics or Bachelor of Music who discontinues enrolment in the final honours year before the first day of Trinity Term shall be recorded as having withdrawn.

Discontinuations

(5) Subject to paragraph (6), a candidate who discontinues enrolment in a course or year after the end of the fourth week of lectures in such course or year but before the end of lectures in Michaelmas Term shall be recorded as 'Discontinued with permission' or 'Discontinued', as the Faculty or Board of Studies concerned shall determine.

(6) A discontinuation of enrolment—

- (a) after the first day of Trinity Term from a first half-year short course, or
- (b) after the first day of Michaelmas Term from a full year course, or
- (c) after two-thirds of the lectures and other formal instruction have been completed in any other course—

shall be recorded as 'Discontinued' unless the Dean, Pro-Dean or Sub-Dean of the Faculty or Chairman of the Board of Studies concerned on grounds of serious ill health or misadventure determines that the discontinuation should be recorded as 'Discontinued with permission'.

Discontinuation of enrolment and re-enrolment after discontinuation

All Faculties and Boards of Studies

1. A candidate for a degree of Bachelor who ceases attendance at classes will be presumed to have discontinued enrolment from the date of application to the Faculty or Board of Studies concerned, unless evidence is produced (i) that the discontinuation occurred at an earlier date and (ii) that there was good reason why the application could not be made at the earlier time.

2. A candidate for a degree of Bachelor who at any time during the first year of attendance discontinues enrolment in all courses shall not be entitled to re-enrol for that degree unless the Faculty or Board of Studies concerned has granted prior permission to re-enrol or the person is re-selected for admission to candidature for that degree.

3. Subject to provisos (i) and (ii) of Resolution 1, no candidate for a degree of Bachelor may discontinue enrolment in a course or year after the end of lectures in that course or year.

4. In the absence of any Resolution to the contrary, the Dean, Pro-Dean or a Sub-Dean of a Faculty, or the Chairman of a Board of Studies, may act on behalf of that Faculty or Board of Studies in the administration of these Resolutions.

5. Subject to Resolutions 6, 7 and 8, a candidate for a Bachelor's degree who discontinues enrolment in a course or year before the end of the fourth week of lectures in such course or year, shall be recorded as having withdrawn from that course or year.

Faculties of Arts and Economics and Boards of Studies in Education, Music and Social Work

6. (1) This Resolution shall apply to candidates for the degrees of Bachelor of Arts, Economics, Education, Music and Social Work.

(2) A candidate for the degree of Bachelor of Arts or Bachelor of Social Work enrolled concurrently in four First Year courses who discontinues enrolment in one of those courses before the end of lectures in that course shall be recorded as having withdrawn.

(3) A candidate who discontinues enrolment in a course at the request of the Dean, Pro-Dean or a Sub-Dean of the Faculty or the Chairman of the Board of Studies concerned shall be recorded as having withdrawn.

Faculties of Law and Science

7. (1) This Resolution shall apply to candidates for the degrees of Bachelor of Laws, Bachelor of Science and Bachelor of Pharmacy.

(2) A candidate who discontinues enrolment in a course or year after the end of the fourth week of lectures in Lent Term but on or before the first day of lectures in Trinity Term shall be recorded as 'Discontinued with permission'.

(3) A discontinuation of enrolment after the first day of lectures in Trinity Term shall be recorded as 'Discontinued' unless the Dean, Pro-Dean or Sub-Dean of the Faculty concerned on grounds of serious ill health or misadventure determines that the discontinuation should be recorded as 'Discontinued with permission'.

Faculties of Agriculture, Architecture, Dentistry, Engineering, Medicine and Veterinary Science, and Board of Studies in Divinity

8. (1) This Resolution shall apply to candidates for a degree of Bachelor in the Faculty of Agriculture, Architecture, Dentistry, Engineering, Medicine or Veterinary Science or for the degree of Bachelor of Divinity.

(2) A candidate who discontinues enrolment in a course or year before one-third of the lectures and other formal instruction in that course or year has been completed shall be recorded as 'Discontinued with permission'.

(3) A discontinuation of enrolment in a course or year after one-third of the lectures and other formal instruction in that course or year has been completed shall be recorded as 'Discontinued' unless the Dean, Pro-Dean or Sub-Dean of the Faculty or the Chairman of the Board of Studies concerned on grounds of serious ill-health or misadventure determines that the discontinuation should be recorded as 'Discontinued with permission'.

Restriction upon re-enrolment

The Resolutions of the Senate concerning 'Restriction upon Re-enrolment of Certain Students who fail in Annual Examinations' are as follows:

1. The Senate authorises any Faculty or Board of Studies to require a student who comes within the provisions of Resolutions 8 to 24 below to show good cause why he should be allowed to re-enrol or to repeat a year of candidature or a course in that Faculty or Board of Studies.

2. Subject to Resolution 5, the Faculty or Board of Studies may exclude a student who fails to show good cause from (a) the degree course or year of candidature concerned and/or (b) the course or courses concerned both in the Faculty or Board of Studies and in any other Faculty or Board of Studies in which that course or those courses may be taken.

3. Subject to resolution 5 —

(a) Any student who has been excluded from a Year of candidature or from a course or courses by a Faculty or Board of Studies in accordance with Resolution 2 and who wishes to re-enrol in that Year of candidature or that course or those courses may apply for such re-enrolment after at least two academic years and that Faculty or Board of Studies may permit him to re-enrol in the Year or the course or courses from which he was previously excluded;

(b) any student who has been excluded from a course or courses by one Faculty or Board of Studies in accordance with Resolution 2 and who wishes to enrol in that course or courses in another Faculty or another Board of Studies may apply for such enrolment after at least two academic years and that other Faculty or Board of Studies may permit him to enrol in the course or courses from which he was previously excluded.

4. Except with the express approval of the Faculty concerned a student excluded from a Year or course who is re-admitted shall not be given credit for any work completed in another Faculty or Board of Studies or another University during the period of exclusion.

5. Before exercising its powers under Resolution 2 or 3 in relation to an individual course, a Faculty or Board of Studies shall consult the Head of the Department or School responsible for the course.

6. The Senate authorises the Faculty or Board of Studies as a whole or a Faculty Committee or Board of Studies Committee representing the main teaching departments in each Faculty or Board of Studies, to carry out all duties arising out of Resolutions 1, 2, 3, 4 and 5.

7. (1) Subject to Resolution 7 (2), a student who, having been excluded in accordance with these Resolutions, has been refused enrolment or re-enrolment in any year or course by any Faculty or Board of Studies, or any Faculty Committee or Board of Studies Committee, may appeal to the Senate.

(2) A second or subsequent appeal to the Senate shall only be heard by leave of the Chancellor or the Deputy Chancellor.

A. Students in all faculties and boards of studies

8. The Senate authorises any Faculty or Board of Studies to require a student to show good cause why he should be allowed to repeat in that Faculty or Board of Studies (a) a Year of candidature in which he has failed more than once or (b) any course in which he has failed more than once whether that course was

failed when he was enrolled for a degree supervised by the Faculty or Board of Studies.

9. The Senate authorises the several Faculties or Boards of Studies to require a student who, because of failure or discontinuation has been excluded from a Faculty or course, either in the University of Sydney or in another tertiary institution, but who has subsequently been admitted or re-admitted to the University of Sydney to show good cause why he should be allowed to repeat either (a) the first year of attendance in which after such admission or re-admission he fails or discontinues, or (b) any course in which in the first year after admission or re-admission he fails or discontinues.

B. Faculty of Agriculture

10. (1) The Senate authorises the Faculty of Agriculture to require a student to show good cause why he should be allowed to re-enrol in the Faculty of Agriculture if, in the opinion of the Faculty, he has not made satisfactory progress towards fulfilling the requirements for the degree.

(2) Satisfactory progress cannot be defined in all cases in advance but a student who has (i) twice failed, or discontinued enrolment to count as a failure, any course as defined in Resolutions 1, 2, 3 and 5 relating to the degrees of Bachelor of Science in Agriculture or Bachelor of Agricultural Economics or (ii) at the annual examinations in the second or any subsequent year of enrolment, failed more than sixty per cent of the units for which enrolled and has also obtained a weighted average mark of less than fifty per cent in the total number of units for which enrolled in the two most recent years of enrolment,¹ shall be deemed not to have made satisfactory progress.

(3) In cases where the Faculty permits the re-enrolment of a student whose progress has been deemed unsatisfactory, the Faculty may require the completion of specified courses in a specified time, and if the student does not comply with these conditions the student may again be called upon to show good cause why he should be allowed to re-enrol in the Faculty of Agriculture.

C. Faculty of Architecture

11. The Senate authorises the Faculty of Architecture to require a student who is a candidate for the degree of Bachelor of Science (Architecture) or Bachelor of Architecture to show good cause why he should be allowed to re-enrol in the Faculty of Architecture if in any two successive years of attendance he fails to gain credit for at least 40 units.

D. Faculty of Arts

12. (1) The Senate authorises the Faculty of Arts to require a student to show good cause why he should be allowed to re-enrol in the Faculty of Arts if, in the opinion of the Faculty, he has not made satisfactory progress towards fulfilling the requirements for the degree.

(2) Satisfactory progress cannot be defined in all cases in advance but a student who:

- (a) has not passed at least three courses during the first two years of enrolment in the Faculty;
- (b) has failed or discontinued enrolment in more than one course twice;

¹ This section applies only to students enrolling in the Faculty for the first time in 1978 or a subsequent year.

- (c) has failed to pass any courses in any two consecutive years of enrolment in the Faculty; or
- (d) having been admitted subsequent to having completed one or more years of enrolment in another faculty or board of studies or at another tertiary institution but having a record of failure in that faculty or board of studies or institution then fails to pass at least one course in the first year of enrolment in the faculty;

shall be deemed not to have made satisfactory progress.

(3) For the purposes of these Resolutions a student who enrolls in four First Year courses in any one academic year and who varies that enrolment by withdrawing from one of the courses shall not be regarded as having discontinued or failed that course.

(4) In cases where the Faculty permits a student whose progress has been deemed unsatisfactory to re-enrol, the Faculty may require the completion of specified courses in a specified time, and if the student does not comply with these conditions the student may again be called upon to show good cause why he should be allowed to re-enrol in the Faculty of Arts.

E. Faculty of Dentistry

13. The Senate authorises the Faculty of Dentistry to require a student to show good cause why he should be allowed to re-enrol in the Faculty of Dentistry:

- (1) when he has failed Second Year in the Faculty of Dentistry, if he has already taken more than one year to qualify for admission to Second Year; or
- (2) when, having first enrolled in the Faculty prior to 1 January 1978 and having failed any course in his last enrolment under the By-laws in force prior to 1 January 1978, he subsequently fails at the first annual examination for which he is required to present himself.

F. Faculty of Economics

14. (1) The Senate authorises the Faculty of Economics to require a student to show good cause why he should be allowed to re-enrol as a candidate for the degree of Bachelor of Economics, if in any two successive years of attendance, he fails to gain credit for at least 16 units.

(2) In cases where the Faculty permits the re-enrolment of a student whose progress has been deemed unsatisfactory, the Faculty may place restrictions on the number and type of course in which the student may re-enrol in that year and may require the completion of specified courses in a specified time, and if the student does not comply with these conditions the student may again be called upon to show good cause why he or she should be allowed to re-enrol in the Faculty of Economics.

G. Faculty of Engineering

15. (1) The Senate authorises the Faculty of Engineering to require a student to show good cause why he should be allowed to re-enrol in the Faculty of Engineering, if in the opinion of the Faculty, he has not made satisfactory progress towards fulfilling the requirements for the degree.¹

(2) Satisfactory progress cannot be defined in all cases in advance but a student who (i) has failed to gain credit for at least half of his enrolment in any year or (ii) has failed a major course more than

once shall be deemed not to have made satisfactory progress.¹

(3) In cases where the Faculty permits the re-enrolment of a student whose progress has been deemed unsatisfactory, the Faculty may require the completion of specified courses in a specified time, and if the student does not comply with these conditions the student may again be called upon to show good cause why he should be allowed to re-enrol in the Faculty of Engineering.

H. Faculty of Law

16. See sections 8 and 9 above.

I. Faculty of Medicine

17. (1) The Senate authorises the Faculty of Medicine to require a student to show cause why he should be allowed to re-enrol in the Faculty of Medicine —

- (a) when he has failed twice at any barrier assessment; or, subject to Resolution 17 (2),
- (b) when having first enrolled in the Faculty prior to 1 January 1974 and having failed any course in his last enrolment under the By-laws in force prior to 1 January 1974, he subsequently fails at the first barrier assessment for which he is required to present himself.

(2) Resolution 17 (1)(b) shall not apply in the case of a student who, having successfully completed the Second Year under the By-laws in force prior to 1 January 1974, is required by the Faculty to re-enrol in the First Year under the By-laws in force since 1 January 1974.

J. Faculty of Science

18. (1) The Senate authorises the Faculty of Science to require a student to show good cause why he should be allowed to re-enrol in the degree of Bachelor of Science if in the opinion of the Faculty he has not made satisfactory progress towards fulfilling the requirements for the degree.

(2) Satisfactory progress cannot be defined in all cases in advance, but a student who has not gained credit for 58 or more units should be asked to show good cause why he should be allowed to re-enrol as a candidate for the degree of Bachelor of Science if in any two successive years of attendance he fails to gain credit for half the unit value of courses attempted, unless in one of these two years he successfully completes all courses attempted in that year.

(3) In cases where the Faculty permits the re-enrolment of a student whose progress has been deemed unsatisfactory, the Faculty may require the completion of specified courses in a specified time, and if the student does not comply with these conditions, the student may again be called upon to show good cause why he should be allowed to re-enrol in the degree of Bachelor of Science.

19. (1) The Senate authorises the Faculty of Science to require a student to show good cause why he should be allowed to re-enrol in the degree of Bachelor of Pharmacy if in the opinion of the Faculty he has not made satisfactory progress towards fulfilling the requirements for the degree.

(2) Satisfactory progress cannot be defined in all cases in advance, but a student who has not gained credit for 58 or more units shall be asked to show good cause why he should be allowed to re-enrol as

¹This section applies only to students who enrolled in the Faculty for the first time in 1976 or in a subsequent year. For the resolution governing students who commenced prior to 1976, see *Calendar 1975*.

a candidate for the degree of Bachelor of Pharmacy, if in any two successive years of attendance he fails in the first of these years to gain credit for 14 units and then fails to gain a total of 22 units in the two years of attendance.

(3) In cases where the Faculty permits the re-enrolment of a student whose progress has been deemed unsatisfactory, the Faculty may require the completion of specified courses in a specified time, and if the student does not comply with these conditions the student may again be called upon to show good cause why he should be allowed to re-enrol in the degree of Bachelor of Pharmacy.

K. Faculty of Veterinary Science

20. (1) The Senate authorises the Faculty of Veterinary Science to require a student to show good cause why he should be allowed to repeat Second Year in the Faculty of Veterinary Science if he has already taken more than one year to qualify for admission to Second Year.

(2) The Senate authorises the Faculty of Veterinary Science to require a student to show good cause why the student should be allowed to repeat First Year in the Faculty of Veterinary Science if that student has failed all the subjects of the First Year in the Faculty of Veterinary Science or has obtained a weighted average mark of less than 40% in those subjects.

L. Board of Studies in Divinity

21. See sections 8 and 9 above.

M. Board of Studies in Education

22. (1) The Senate authorises the Board of Studies in Education to require a student to show good cause why he should be allowed to re-enrol in the Bachelor of Education degree course, if, in the opinion of the Board of Studies, he has not made satisfactory progress towards fulfilling the requirements for the degree.

(2) Satisfactory progress cannot be defined in all cases in advance, but a student who (i) has not passed at least three courses during the first two years of enrolment (not necessarily consecutive calendar years) or (ii) has failed or discontinued enrolment in more than one course twice, shall be deemed not to have made satisfactory progress.

(3) In cases where the Board of Studies permits a student whose progress has been deemed unsatisfactory to re-enrol, the Board of Studies may require the completion of specified courses in a specified time and if the student does not comply with these conditions the student may again be called upon to show good cause why he should be allowed to re-enrol in the Bachelor of Education degree course.

N. Board of Studies in Music

23. (1) The Senate authorises the Board of Studies in Music to require a student to show good cause why he should be allowed to re-enrol in the Bachelor of Music degree course if, in the opinion of the Board of Studies, he has not made satisfactory progress towards fulfilling the requirements for the degree.

(2) Satisfactory progress cannot be defined in all cases in advance but a student who (i) has not passed at least three courses during the first two years of enrolment (not necessarily consecutive calendar years) or (ii) has failed or discontinued enrolment in more than one course twice shall be

deemed not to have made satisfactory progress.

(3) In cases where the Board of Studies permits the re-enrolment of a student whose progress has been deemed unsatisfactory, the Board of Studies may require the completion of specified courses in a specified time, and if the student does not comply with these conditions the student may again be called upon to show good cause why he should be allowed to re-enrol in the Bachelor of Music degree course.

O. Board of Studies in Social Work

24. (1) The Senate authorises the Board of Studies in Social Work to require a student to show good cause why he should be allowed to re-enrol in the Bachelor of Social Work degree course if, in the opinion of the Board of Studies, he has not made satisfactory progress towards fulfilling the requirements for the degree.

(2) Satisfactory progress cannot be defined in all cases in advance but a student who (i) has not passed at least three courses during the first two years of enrolment (not necessarily consecutive calendar years) or (ii) has failed or discontinued enrolment in more than one course twice shall be deemed not to have made satisfactory progress.

(3) In cases where the Board of Studies permits the re-enrolment of a student whose progress has been deemed unsatisfactory, the Board of Studies may require the completion of specified courses in a specified time and if the student does not comply with these conditions the student may again be called upon to show good cause why he should be allowed to re-enrol in the Bachelor of Social Work degree course.

Good cause¹

The Senate has adopted the following definition of 'good cause': All acceptable reasons cannot be defined in advance, but:

- (a) Serious ill health or misadventure, properly attested, will be considered.
- (b) Demands of employers, pressure of employment, time devoted to non-university activities will not ordinarily be accepted except as they may be relevant to reasons advanced in (a).
- (c) A student's general record, e.g. in other courses, will be taken into account. (In particular, where students transfer from other Faculties, regard will be had to their record in the previous Faculty.)

¹See also the Academic Board Resolutions relating to Failure and Re-enrolment after discontinuation.

