

1967 – the first seventeen students. Front row L-R: Meryl H. Griffiths, Hugh Ringland Taylor, Professor Lance Townsend, Dr Christopher Targett (Clinical Supervisor), Ian R. Pryor. Back row L-R: Graeme A. Thompson, Uldis E. Eglitis, David R. Duncan, John G. Easton, Barry J. Stevens, Paul J. Pelligrine, Howard W. Stevens, Guisepppe M. Giarrusso, David C.A. Francis, Sunya S. Virvaidya, Brian A. Brigham, Peter A. Sinclair, Ian J. Skelton, Andrew T. Forsyth.

THE AUSTIN HOSPITAL CLINICAL SCHOOL TWENTY-FIVE YEARS OF PATIENT CARE, TEACHING AND RESEARCH 1966-1991

GENESIS
Professor Emeritus
Sir Sydney Sunderland, CMG

THOUGH TWENTY-FIVE YEARS have passed since the Austin Hospital Clinical School was established, I still have a vivid recollection of those times and of the events leading up to its establishment. This is largely because I was closely involved with the project as Dean of Medicine at the time, as a member of the Finance and Buildings Committees of the University Council and also as a member of the Australian Universities Commission.

Just prior to the Commission's triennial visit in 1963, the State Government was pressing the University to increase admissions to Medicine from 160 to 240. It was, however, impossible to accede to this request because of gross deficiencies in the facilities available, particularly in the clinical years of the course. However the Australian Universities Commission supported the proposal to increase medical admissions and to give effect to this they took into consideration the additional space facilities and staff that would be required to provide for an increased enrolment. At the same time it was agreed by all parties that this plan would necessitate the creation of a third clinical school for Medicine.

In the event, the Australian Universities Commission's recommendations for capital grants for The University of

Melbourne in the 1964-66 triennium, included one for more than 3.1 million pounds to complete, in one 'hit', the move of an enlarged medical school to the south-western corner of the campus. Biochemistry and microbiology were already accommodated on that site, but some additions to their facilities were necessary to cover the anticipated increased enrolments. This was the origin of the tri-axial building on the corner of Grattan Street and Royal Parade, now an admired feature of the campus.

However this was not the end of the Faculty's problems. The decision to increase enrolments necessitated the creation of a new, third Clinical School. This required both capital and recurrent funding and, importantly, the selection of a suitable hospital to accommodate a Clinical School. These matters involved not only the University but also the Australian Universities Commission and State instrumentalities, in particular the State Hospitals Commission. Speedy decisions were necessary, but these are always difficult to obtain in Government circles with the result that some delays in planning were inevitable.

Several hospitals were investigated by the Faculty in collaboration with the Hospitals Commission and a list finally reduced to two – the Austin Hospital and the Queen Victoria Hospital. The Commission favoured the Queen Victoria and Faculty the Austin Hospital. After strenuous opposition, the Hospitals Commission finally accepted the University's decision to site the new Clinical School at the Austin Hospital. The Commission also agreed to provide the additional beds and

into a teaching institution. With this agreement the next move was to determine a capital works program for the Australian Universities Commission along with recurrent estimates.

At the last moment the Hospitals Commission reneged on its undertaking by presenting Faculty with a time-scale for the development of the hospital component that was totally unacceptable. There was a decision of considerable concern, not only to the University, but also to the Australian Universities Commission. I recall in great detail two particular meetings, one in the State Cabinet Room attended by Dr Lindell, Sir Ernest Coates, State Director of Finance at the time, the Vice-Chancellor (Professor George Paton) and myself; and another in the Vice-Chancellor's room attended by Sir Leslie Martin, the Chairman of the Australian Universities Commission, Sir Ernest Coates and Dr Lindell. As a result of these meetings the Hospitals Commission finally agreed to proceed with the original plan. Too much was at stake to entertain any thought of failure.

With the building plans and medical base of the project and associated finances finalised and approved, this completed my direct involvement but not my continued interest in the Austin Hospital Clinical School project. From that point onwards the directorial activities of the project were transferred into the capable hands of Professor Lance Townsend (later Sir Lance), the Deputy Dean, who carried on the work with great distinction. All are indebted to him for the splendid service he gave over many years to the Clinical School and it is a pleasure to see his outstanding contribution recognised by attaching his name to the Clinical School building.

At no stage did I entertain any doubts about the decision to select the Austin Hospital, or a successful outcome for the venture. At the outset Faculty was fortunate in securing the services of first class Foundation Professors and sub-professorial staff who, in a remarkably short period of time, created a clinical school with an innovative program of clinical instruction and research activities of a very high order.

EARLY STUDENT DAYS
Peter A. Sinclair, MBBS (1970), FACD

Some twenty-five years ago, seventeen third year medical students made an historic decision to leave the protected confines of Melbourne University, where they had completed the first three years of their medical course, and headed north-east to the Austin Hospital, Heidelberg, to begin their clinical years. It had no record of success compared with the traditional Melbourne University Hospitals (The Royal Melbourne and St Vincent's) and consequently the choice – and it was a choice for these students – was one which involved charting and exploring of new territory.

'We are all equal here my boy.'
This typified the attitude of
the medical staff.

Among the group, the reasons for choosing the Austin were quite varied. Some chose for geographical reasons, with the hospital being relatively close to their homes. Others wished to make a break from tradition; but uppermost in everyone's mind was the powerful feeling that the new clinical school would be keen to obtain a high success rate in its first years of operation and to develop a reputation as a centre for teaching and excellent medical care. Time was to prove this belief

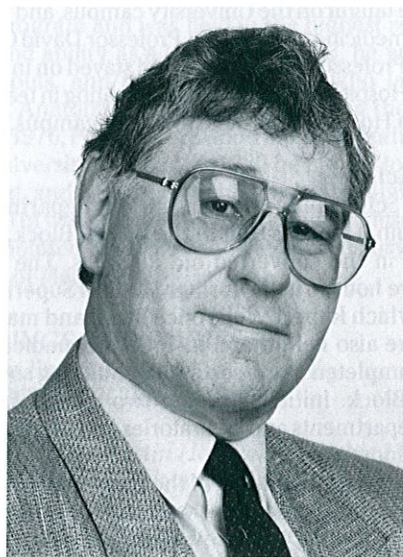
year MBBS, along the way earning a few honours – not bad for a group which had not exactly decorated itself with honours in the pre-clinical years.

The students had not known one another closely in their pre-clinical years, and friendships developed, many of which have remained over the ensuing years. There was a close family feeling at the Austin Hospital between staff members, medical and non-medical – the whole hospital structure seemed to have embraced the idea of developing into a fully-fledged teaching hospital. One occasion remains vividly in my mind. Mr John Clarebrough (probably Melbourne's most respected chest surgeon at the time) stood back when I opened the door to allow him through, saying, 'We are all equal here my boy.' This typified the attitude of the medical staff. Lectures were given in the 'Leslie Jenner' nurses lecture theatre. The original students' quarters were in the little house at the bottom of the hill which has subsequently become the crèche. I can well remember the rabbit warrens that constituted the out-patients and casualty areas where much of our clinical teaching occurred. Post-mortems were held in the old pathology building.

Social life in the early years was also quite active, and these functions continued to foster relationships which developed between staff and students. Inter-hospital football was always popular, and the Austin in those early days was quite a force.

Above all, the friendly family nature of the Austin Hospital is probably the strongest memory that remains.

OVERVIEW
Associate Professor Bernard Sweet,
Clinical Dean



Assoc. Prof. Bernard Sweet

In 1966 the first University professors were appointed to the Austin Hospital. In November of the following year, the first intake of seventeen students was accepted. In 1991 there were 182 students and the Hospital together with the Clinical School celebrated twenty-five years as a Clinical School of The University of Melbourne School of Medicine.

The Austin Hospital was opened in 1882 with a donation from Mrs Elizabeth Austin to found the 'Austin Hospital for Incurables'. In 1926 it was gazetted as 'Austin Hospital for Incurable and Chronic Diseases' – a change that converted the hospital from the 'ante-room to the grave' to a place of hope. In 1927 the name was again changed to 'Austin Hospital for Chronic Diseases', at a time when Rupert Willis became Medical

Superintendent of the Hospital. He introduced thorough laboratory investigation and did some of its early research into cancer there. He later became Professor of Pathology at the University of Leeds. In 1948 the name was changed to 'Austin Hospital Heidelberg', and in 1975 it became simply 'Austin Hospital'.

In the 1950s the hospital undertook responsibility for patients with spinal injuries and medical students attended the spinal injuries wards. In fact, for twenty years or more before it became a Clinical School in its own right, the Austin Hospital medical staff and patients had participated in undergraduate teaching.

The 1960s saw an unprecedented increase in the number of universities and medical schools in Australia. During that decade eleven new universities and six new medical schools were created. The State Government was pressing the Melbourne Medical School to increase admissions from 160 to 240. Because of the lack of facilities, especially in the clinical years, it was agreed that this plan would require the creation of a third clinical school. After many meetings and discussions, the Austin Hospital was chosen.

The University and the Hospital entered into an agreement in 1965 to establish the Austin Hospital Clinical School. It differed from agreements with other Clinical Schools in that the professors in the various disciplines would be chairmen of the appropriate hospital departments. This led to integration of the Hospital and University, with a close link in both research and clinical activity.

The first intake of students in 1967 underwent training in pathology and microbiology, and clinical pharmacology occurred during fourth year. In order that the Austin Hospital Clinical School remain a freestanding initiative, in fourth year all subjects were taught by the University departments of the Austin Hospital.

The curriculum changed in 1976 – pathology and microbiology were taught on the University campus, and fourth year consisted of medicine and surgery. Professor David Gray retired in 1975, but Professor Harold Attwood stayed on in pathology, running the Hospital division and participating in teaching both at the Austin Hospital and the University campus.

Physical facilities

The Clinical School offices for the various departments were above the Spinal Injuries Unit in the Davies Block, with their laboratories in the converted old kitchens. The seventeen students were housed in the former Medical Superintendent's cottage, in which Rupert Willis once lived, and many of their tutorials were also held there. In 1968 the medical students block was completed as a freestanding building south-east of the Davies Block. Initially the top two storeys housed the University departments and laboratories and the students used the ground floor.

In 1971 the Stage 1 Building of the Hospital was completed and the University departments were able to move out of the students block, which became extremely pleasant student quarters. There were eighteen bedrooms that the students could use when on call, as well as pleasant common rooms and lounge rooms. By November 1971, there were 139 students so the quarters became necessary as a place for the students to congregate.

Because of increasing student numbers, more teaching beds became necessary. Initially the problem was overcome by using the Repatriation General Hospital for teaching and two members of the RGH staff, Ken Hardy and Trefor Morgan, were appointed to the University. In 1972 the University signed an agreement to include the Repatriation General Hospital as part of the Clinical School which became the 'Austin Hospital and Repatriation General Hospital Clinical School' with a Joint Academic Board as its executive arm. In 1976 Gabriel Kune and Jack Martin were appointed Foundation Professors of Surgery and Medicine.

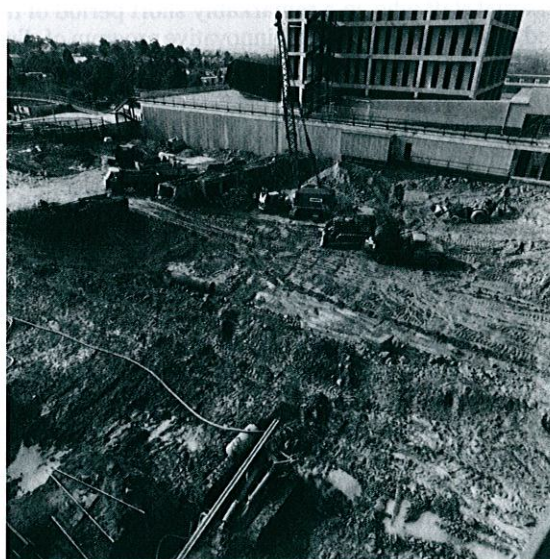
In the mid-seventies, with first year intake of medical students at The University of Melbourne running at 230-240, the Clinical School was asked if it could take 80 students. Professor Eddey held discussions with Box Hill Hospital and from 1974 the Clinical School's students attended Box Hill for casualty training and by 1976 Box Hill Hospital had become associated with the Clinical School and undertook teaching in medicine, surgery and casualty. This ended in 1988 when there was a reshuffling of hospital affiliations between Melbourne and Monash University. In 1989, Bernard Sweet, the Associate Dean (Clinical), negotiated undergraduate training at Bendigo and Northern District Base Hospital and increasing numbers of students have attended Bendigo Hospital during their fourth year.

Personalities

A number of people were closely involved with the creation and development of the Clinical School. Without them the School would not have been established at the Austin Hospital nor would it have been so successful.

Professor Sir Sydney Sunderland was Dean of the Faculty of Medicine in the 1960s and supported the creation of a third Clinical School at the Austin Hospital against opposition from some government quarters. He was ably supported by the University and the Austin Hospital Board and he is especially grateful for the help given him by Sir Harold Stokes, Chairman of the Board of the Hospital and Mr G. Winwood of the Building Committee.

Professor Lance Townsend (later Sir Lance), took over as the Associate Dean (Clinical) and became the driving force in the development of the Austin Hospital Clinical School. He served on the major University/Hospital committees as well as on the Board of Management of the Austin Hospital. He chaired the



Excavation work, Stage 1 Building.

Project Committee which oversaw the development of the Clinical School and the Stage 1 Building. In August 1971 he became Dean of the Faculty and was followed by Professor Howard Eddey as Associate Dean (Clinical). Sir Lance continued on the Board of Management of the Austin Hospital and played an important role in the rapid growth of the Clinical School in the 1970s. He was President of the Board of Management of the Hospital from October 1979 until his untimely death in March 1983.

Professor Austin Doyle was the first of the four Foundation Professors appointed to the Clinical School. He had a strong background in clinical and academic medicine and was world renowned for his work in the field of hypertension. He came

to The University of Melbourne in 1956 as First Assistant to Professor Richard Lovell and soon established himself as an excellent lecturer, researcher and clinician. He was appointed Professor of Medicine at the Austin Hospital in March 1966 and was very involved in the early development of the Clinical School, as a member of the University/Hospital committees. He had a sharp intellect and was forceful in committees. He saw the need to develop research facilities for the University departments and to increase the number of teaching beds. He was a hard worker and determined fighter for the School and his department. He saw the value of hospital/university integration and, most importantly, he was able to attract a group of excellent young clinician/researchers around him. He had the ability to pick good people and support them in their work and very quickly built up a department which attracted more money than any other clinical department in Australia. He retired from his Chair in 1985 and has remained active in the field of hypertension since then.

UNITY AND PRIDE

Professor Emeritus Austin E. Doyle, AO,
MD(Lon.), FRCP, FRACP

I was appointed to the newly created Chair of Medicine at the Austin Hospital in March 1966, and although I did not actually move to the Austin until about October of that year, Harold Attwood and I made a number of visits to the Hospital in the intervening months. A number of quite major problems were apparent, particularly the provision of adequate accommodation for offices and laboratory space for the University Departments of Medicine and Surgery. A second major problem was the paucity of in-patient facilities available for teaching purposes. In 1966 the Austin was in a



Stage 1 Building in progress.

transitional state, with very few acute beds for medicine and general surgery.

Nevertheless, the early days of the Austin Hospital Clinical School were exciting and rewarding. The challenge of developing a new and integrated undergraduate course, the establishment of research as a major endeavour in the University departments, the development of specialty areas within the Hospital, the detailed planning of the new buildings, and the successful integration of the Hospital and University staff, all contributed to a feeling that the Austin was on the threshold of great developments. This resulted in a remarkable sense of unity and pride in the

Hospital, and a determination to press ahead, which has persisted to the present day. Although there was often disagreement about the pace and direction of the changes occurring, there was an overriding consensus of the need to develop.

There is no doubt in my mind that the success of the Austin as a teaching and research institution stems mainly from the close integration between the Hospital and the University and from the fact that the staff have been not only excellent in patient care but also distinguished in research and academic medicine. An important factor in the ability to recruit first class people was the virtual absence of any pre-existing structure in the medical and surgical subspecialties, the result being that the Hospital was in a position, as it developed, to attract young, enthusiastic and able individuals – the backbone of its pre-eminence. The fact that so many of these people have gained appointments to University Chairs underlines their distinction, and has incidentally created vacancies, which has allowed the process to continue.

William (Bill) Louis came to the hospital with Austin Doyle in 1967, and was appointed Professor of Clinical Pharmacology and Therapeutics in the Department of Medicine.

Ian McKenzie came back from overseas in the early 1970s as Second Assistant and was awarded a Personal Chair in Medicine. He is now Professor/Director of the Austin Research Institute.

Professor Harold Attwood was appointed Professor of Pathology in 1966, with the task of preparing a comprehensive pathology course, including slides and specimens for the practical classes. His original office was the cottage subsequently converted as the Department of Pathology and the post-mortem room. He involved the Hospital pathologists in his teaching program and was held in the highest regard for his integrity and ability as a lecturer. In 1968, he was joined by Dr Chris Louis, and by Dr Josh Xipell who later became Director of Anatomical Pathology. Following the curriculum changes of 1976, Professor Attwood taught at both the Hospital and the University campus. In 1980 he moved to the campus department, and in addition to his teaching commitments did a great deal of work upgrading the Pathology Museum. In 1981 he was appointed Curator of the Medical History Unit at The University of Melbourne.

BUILDINGS AND BODIES

Professor Emeritus Harold D. Attwood
MD, FRCPA, FRCPath., FRACP

Appointed to the Austin Hospital in October 1966, I had a small office in a bungalow adjacent on one side to the Nurses Home and, on the other, the excavation site for the Stage 1 Building. The old brick mortuary and post-mortem room still stood on the opposite edge of the excavation site. Jim Riddell, the Anatomical Pathologist, had an office close to mine and it was Jim who had overseen the addition of a laboratory, mortuary and post-mortem room to the bungalow. The routine anatomical pathology for the Hospital was done in these makeshift quarters until the opening of the Stage 2 Building in 1984.

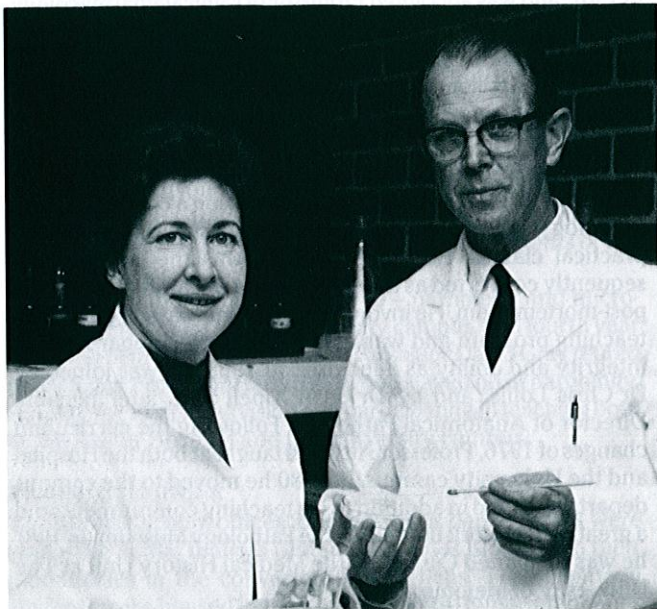
The post-mortem room was poorly insulated and ventilated. In summer conditions were hot, unpleasant and the concentration of formalin vapour unacceptably high by present standards or common sense. Joe Kingdon, the Mortuary Attendant and a natural anatomist, was of enormous assistance to me in preparing specimens for the museum from anything that came to hand. We had no other teaching material.



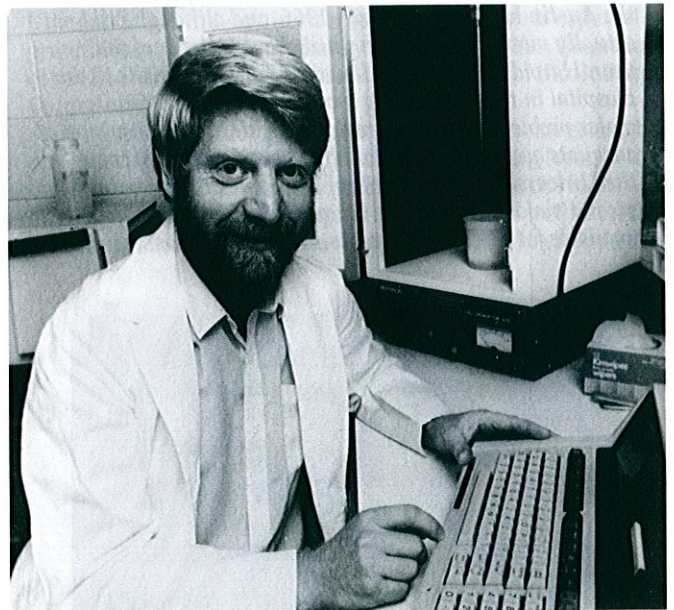
Mrs Elizabeth Austin



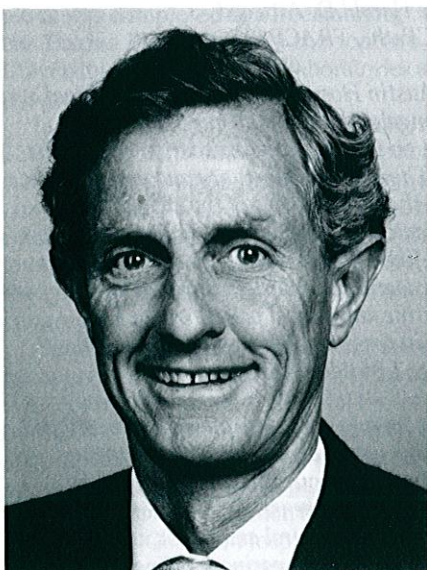
Professors Doyle, Attwood and Eddey study plans for the new teaching building, 1967.



Dr Joan Schiavone and Professor David Gray



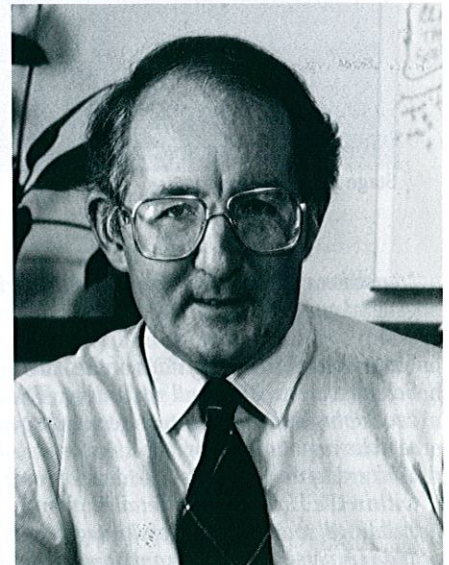
Professor Fred Mendelsohn



Professor Ken Hardy



Professor Colin Johnston



Professor Ian McKenzie

One hot day Graeme Ryan, the present Dean and then Lecturer in Pathology, who had already done good work in experimental pathology, came to assist me by doing post-mortems. After that experience I believe he was convinced that experimental pathology was much more attractive than anatomical pathology.

It soon became obvious that a demonstration room was needed so a hut was built close to the post-mortem room. In this hut, using a crudely built football stand, post-mortem demonstrations were eventually held. In this hut too, the first meetings of the Town and Country Pathologists were held – cushions of foam rubber covered by ticking were placed on the football stand to provide tiered seating. The T & C Club held its 23rd Annual Dinner in November 1991.

Austin Doyle and I wrote a narrative for the Stage 1 Building and then settled down to prepare for the entry of seventeen students in November 1967. It was hard, often frustrating work, but greatly lightened by what might eventually be achieved – a new teaching hospital in the oldest medical school in Australia.

Professor Howard Eddey came to the Austin Hospital as Foundation Professor of Surgery in 1967. He had been on the staff of The Royal Melbourne Hospital and, besides his excellent surgical skills, had a reputation as a brilliant teacher. He was highly respected in the Melbourne medical scene. His initial months at the Hospital were spent in obtaining sufficient teaching beds and in forming an integrated Department of Surgery with the visiting surgeons of the Hospital. He attracted good young surgeons to his staff, including Ken Hardy who later succeeded him as Professor of Surgery, and John Royle and Peter Hart both of whom joined the senior staff of the Hospital.

During his nine years as Professor of Surgery, Howard Eddey served on the Board of Management of the Hospital from 1972-1977 representing The University of Melbourne, and was Associate Dean (Clinical) from 1972-1975, following Professor Townsend. He retired at the end of 1975.

HIGHLIGHTS 1967-75

Professor Emeritus Howard H. Eddey, CMG
BSc, MBBS, FRCS, FRACS, FACS

I was appointed Foundation Professor of Surgery at the Austin Hospital by the Council of The University of Melbourne in December 1966 and commenced clinical duties in April 1967. I remained on the staff of The Royal Melbourne Hospital until June 1967 and spent the first few months of 1967 in negotiation with the Board of Management of the Austin to establish a site for a professorial unit. Finally it was agreed that I take over the twenty-five beds on the top floor of the private hospital, Heidelberg House, which meant that the surgeons of the Hospital did not lose control of any beds. This had been a major concern to them because the agreement between the University and the Board of Management of the Hospital made the professor head of all surgical services in the Hospital.

Further surgical beds were made available in the 3KZ Block following the transfer of children with tuberculosis to other institutions. The two orthopaedic units were moved into that block. Closure of the cancer unit, in which terminal cancer patients from other Victorian hospitals were treated, released beds for general use. These changes provided enough surgical beds for teaching by members of the professorial unit and by the staff surgeons of the Hospital.

Further development of the professorial unit occurred with the establishment of a unit at the Repatriation General Hospital when that Hospital was integrated as part of the Austin School. The head of that unit, appointed by the Council of the University, was Ken Hardy, a member of my unit at the Austin.

I participated in the planning of the Lance Townsend and Harold Stokes buildings and was responsible for the planning of ten operating theatres in the Harold Stokes block, including two specially large theatres with laminar flow ventilation for transplantation, and open heart operations and extensive orthopaedic procedures. A ceremony was held by the Board of Management in 1984 to commemorate naming this suite the 'Howard Eddey Operating Theatre Suite'.

My association with the students as Associate Dean (Clinical) 1972-75, and participation in the development of the Clinical School was quite exciting. The increasing number of students and the prizes won by many of them were rewarding. The incorporation of the Box Hill Hospital in 1972 for teaching surgery and teaching arrangements with the Peter MacCallum Clinic were an essential part of the exposure of students to a wider range of surgical conditions.

Professor David Gray was appointed Professor of Medical Microbiology in 1967 after a successful academic career in the Department of Microbiology at The University of Melbourne. He developed a course in medical microbiology for the fourth year students assisted by Dr Joan Schiavone who was Senior Lecturer.

Professor Gray retired in 1975 and changes in the curriculum in 1976 left little microbiology teaching at the Hospital. Dr Schiavone stayed on, continued teaching and research and became very involved with the Stage 2 Building. She died in 1980 before she could see the completion of her work.

Professor Norman Beischer, appointed in 1968, was the last of the four Foundation Professors. He still holds the Chair of Obstetrics and Gynaecology although the department is mainly situated at the Mercy Hospital for Women. He is the only one of the Foundation Professors still at the Clinical School.

OBSTETRICS TEACHING

Professor Norman A. Beischer, MD, BS,
MGO, FRCSE, FRACS, FRCOG, FRACOG

My involvement with the Austin Hospital began in 1963 when I returned from overseas to Lance Townsend's department as his second First Assistant. I became the gynaecologist and together with Harold Hattam shared the gynaecological clinical duties. Sir Lance, as he became later, was the senior gynaecologist and he had a lasting love of the Austin – I think I am right in saying that Lance's first public hospital appointment was as gynaecologist to the Austin Hospital. His most longstanding academic interest was in pelvic tuberculosis, a subject in which he probably first became interested because of the Hospital's involvement with tuberculosis.

Some years later, Harold Hattam retired and after Eric McKay was appointed to the Foundation Chair of Obstetrics and Gynaecology in Brisbane I became the only gynaecologist seeing patients. I was appointed to the Chair of Obstetrics and Gynaecology at the Mercy and Austin Hospitals in April 1968, and became the senior gynaecologist at the Austin Hospital by virtue of my University position. Sir Lance notionally retired from the Austin at that time, but continued seeing patients with pelvic tuberculosis when they presented.



Department of Medicine, 1972



1990, Final Year students, Austin Hospital and Repatriation General Hospital Clinical School.

I had many contacts with Sir Sydney Sunderland as Dean of the Medical Faculty and he was absolutely marvellous in the way he encouraged me to set up my department, including the appointment of staff and the proper equipping of the laboratories. It was a wonderful thing to be able to go and see the Dean and meet a man who was interested in helping you with your problems and who never mentioned for a moment that he had problems of his own.

The Chair of Obstetrics and Gynaecology in our Medical School was properly termed 'Mercy and Austin Hospitals'. The Chair required an affiliation with a general hospital, partly because the Mercy Maternity Hospital, as it was then called, had practice limitations due to its Catholic philosophy.

Mrs Jean Bright joined the Clinical School as administrative secretary in 1967, having previously worked in the chest unit. She was recruited by Professor Townsend and remained in the position till she retired in 1988. Mrs Bright looked after three Associate Deans – Lance Townsend, Howard Eddey and Bernard Sweet – but more importantly she 'mothered' many students through their clinical years. Professor Hugh Taylor, one of the original graduates of the Clinical School, describes her major contribution to the success of the Clinical School: 'She was unimaginatively known as the 'Bright Missus'. It was her onerous task to unravel the tangles of our day-to-day program, to get us where we should be, and to sort out all our other problems.'

The next generation

The Foundation Professors all established strong departments within the Hospital, forged bonds between the University and Hospital and attracted people of excellence to their departments and divisions. The Department of Microbiology laboratories became those of the Department of Clinical Pharmacology under the direction of Professor Bill Louis. The Department of Pathology remained and continued to teach and undertake research. When Professor Attwood moved back to the main campus, Dr Chris Louis remained in charge. Finally, Professor Roger Sinclair was appointed Professor/Director of the Department of Anatomical Pathology. He had previously worked at the Alfred Hospital and did his early research in renal medicine.

In the Department of Medicine, Professor Austin Doyle retired in 1985 leaving a large and vibrant department renowned for both its research and teaching. A previous first assistant, Colin Johnston, who had gone to Monash as Professor of Medicine, was to return as Professor of Medicine at the Clinical School. His research interests are in hypertension and he has continued the development of the department, maintaining the high standards set. The department acquired a third professor, Professor Fred Mendelsohn, who was appointed to a Personal Chair for his research into hypertension and neuropeptides. In 1990, Richard Smallwood moved from the Austin Hospital to become Professor of Medicine at the Repatriation General Hospital.

In the Department of Surgery, Professor Ken Hardy followed Professor Eddey in 1976. He had been First Assistant in the Department of Surgery at the Repatriation General Hospital and is an outstanding undergraduate teacher. He quickly developed basic research in his department and has overseen the development of cardiac surgery and liver transplantation at the Hospital. In 1991, Professor Brian Buxton, a senior member of the department, became the first Professor/Director of Cardiac Surgery in Australia. In the same year Professor Donald McLellan became Professor of Surgery at the Repatriation General Hospital.

Dr Russell Meares was originally appointed as First Assistant in Psychiatry within the Department of Medicine and remained until 1981. In 1983, Graham Burrows was appointed Professor/

Director of Psychiatry and has built up a large unit with many research interests.

With the retirement of Professor Eddey as Associate Dean in 1975, Dr Bernard (Bernie) Sweet was appointed to that position. He had previously been a Second Assistant in the Department of Medicine and involved in the early days of the Clinical School. He oversaw the expansion of the Clinical School and the more recent involvement of country hospitals such as Bendigo and Northern District Base Hospital, Albury Base Hospital and Wangaratta Base Hospital in 1992.

In 1991 the Hospital and University appointed a Professor/Director of Radiology, Professor Oliver Hennessy. He had been Director of Radiology at the Repatriation General Hospital and had undertaken a lot of his initial graduate training in the United Kingdom. He brought to the position a wealth of knowledge and very strong management skills.

Relationship with the Repatriation General Hospital, Heidelberg

With the early popularity of the Clinical School and the increasing number of students, it became obvious that more patients were needed for teaching. The Repatriation General Hospital had a long reputation for teaching since its founding in 1941. Many undergraduates had been taught there by clinicians who held appointments at other hospitals. In the early 1970s students from the Clinical School went to the Repatriation General Hospital as part of the clinical rotation. It then became associated with the Austin clinically and finally became a partner in the Clinical School.

In 1976 the first Professors were appointed in Surgery and Medicine (Gabriel Kune and Jack Martin). They developed important departmental units at the Repatriation General Hospital and were succeeded by Professor Richard Smallwood in Medicine and Professor Donald McLellan in Surgery. The teaching is integrated between the two campuses; so are the University departments, and the Clinical School looks forward to a close relationship between the two hospitals.

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. . . The Clinical School has
always depended on its staff
for its strength . . .*

The staff

The Clinical School has always depended on its staff for its strength and many professors have been appointed from its members: Colin Johnston, Peter Castaldi, Jack Martin, Ian McKenzie, Bill Louis, Graeme Boyd, Richard Larkins, John McNeil, Nick Christophidis, Ken Hardy, Donald McLellan, Richard Smallwood, Brian Buxton, Trefor Morgan, Fred Mendelsohn, Russell Meares, Bruce Tonge, Neville Yeomans, John Horowitz.

The relationship between the University and the Hospital allowed surgeons such as John Royle, Peter Hart, Malcolm Douglas and Andrew McLeish to move from the University Department of Surgery to the visiting staff of the Hospital. George Jerums, Bill Adam and Jim Wiley were attracted back to the Hospital after working in the University Department of Medicine.

Others such as Andrew Tonkin and Geoff Donnan were also attracted to the Hospital because of its close University affiliation. Richard Smallwood moved from Director of Gastroenterology to become Professor of Medicine at Repatriation General Hospital. This free exchange between the Hospitals and University, encouraged by the close integration of the two organisations, has allowed the Clinical School to attract clinicians interested in teaching, research and in developing a first class School in a short space of time.

The future

The Austin Hospital has always cared for its patients. It has provided general services to the community but has always led in specialised areas in which it has excelled, such as its cancer services and spinal injuries unit. It has undergone tremendous changes since 1966 when it became a major teaching hospital. It has expanded into many areas especially of a highly technical and tertiary referral nature. It has amalgamated with the Royal Talbot Rehabilitation Centre, it has developed the Austin Research Institute on the campus, and it has acquired one of two Positron Emission Tomography units in Australia. The Austin looks forward to a closer association with the Repatriation General Hospital, and to the combined development of a major centre.

In 1982, on its centenary, a history of the Austin Hospital (by Edward Gault and Alan Lucas) was published, entitled *A Century of Compassion* and I see this as an important strength of the hospital. I would like to quote Professor Austin Doyle:

There is no doubt that the Austin has undergone a metamorphosis in the past twenty-five years. In 1966 its great strengths were compassion and dedication to the welfare of the sick. I hope and believe that these qualities have not disappeared since they remain as important in the era of scientific medicine as they have ever been.

The Board thanks Assoc. Prof. Bernard Sweet (Clinical Dean) and Ms Eva Lomski (Public Relations Officer, Austin Hospital) for their generous assistance in preparing this anniversary article.



1991, Final Year students, Austin Hospital and Repatriation General Hospital Clinical School.

PRESENT DAY STUDENTS

Leanne Douglas (MBBS 1991)

Although I was a part of the Austin Clinical School for only three years, as a final year medical student I saw a number of changes indicative of the Clinical School's continuing development and improvement. In 1989 students were sent for the first time on country rotations to Bendigo Base Hospital. This proved to be not only an extremely enjoyable term, but also an invaluable clinical experience, and set a precedent for associations with other country hospitals in the future.

The Austin Clinical School is comparatively young, but it has certainly developed an excellent reputation for teaching and is no longer considered to be just the 'country cousin' of its city counterparts. Over the past few years the Austin has become increasingly popular with students, both for its friendly atmosphere and increasing academic success.

However, one aspect of the Clinical School that has definitely not changed is the continuing support and encouragement given to students. The Clinical School office is easily accessible to students to discuss any problems or suggestions for change, which are willingly acknowledged and often implemented to improve the teaching course. The high standard of teaching and the eagerness of staff to help is undoubtedly reflected in the results achieved by students each year.

On the social side, the tradition of lively Austin PFA's continues and staff-student dinners are always occasions to look forward to.

With so much to offer and so much potential, the Austin Hospital Clinical School will undoubtedly continue to flourish, as it has done over the last twenty-five years.