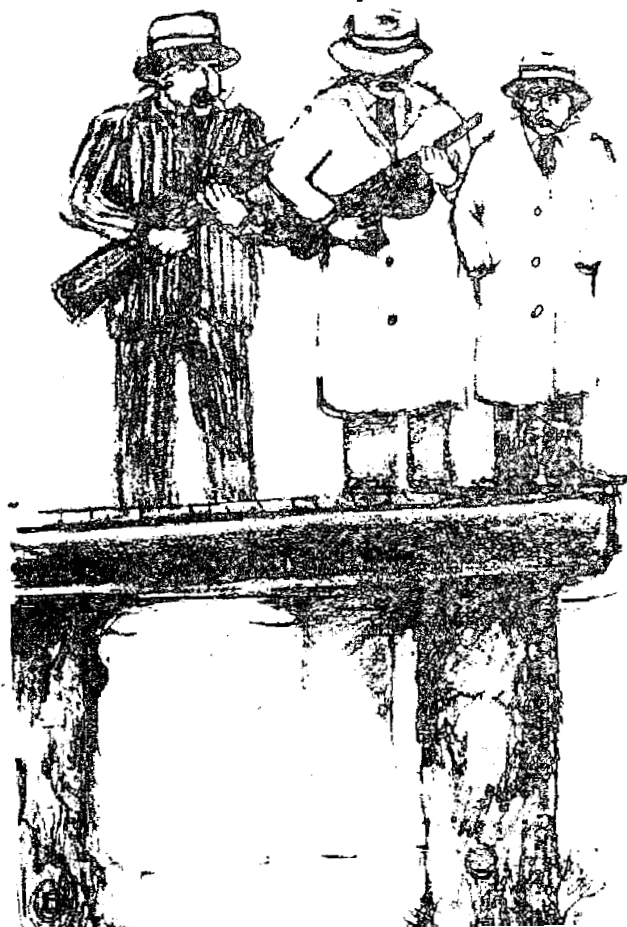


I'll Make ya an offer  
yo con' refuse. Read  
this, and ya won't haf'ta go in...

FEAT  
FURST



1986  
an Introduction to  
MED I



**FEAT FURST**  
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Thanks to:

- \*Ladies in Medsoc
- \*Previous editors of Feat Furst (sense of deja vu?)
- \*Paul Wallace of the National Australia Bank
- \*The Advance Bank
- \*The Union
- \*AMA
- \*SICH
- \*Contact
- \*DRS
- \*MAPW

thanks to Anand for the typing

no thanks to his computer which ate up the original copy and  
resulted on Paul having to type under protest.

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The views expressed herein are not necessarily those of the  
Sydney University Medical Society.

## FOREWORD

On behalf of the Sydney University Medical Society, I bid you welcome. "Feet First" is how most of us enter the course, and this booklet has been written by your fellow students in an attempt to make landing from the lofty heights of Sixth Form to the humble "fresher" a little easier.

When you chose to study Medicine you not only chose a course of instruction, but a way of life. A way of life that will occupy you for at least the next six years; so you had better learn to enjoy it! There will be incredible demands on your time and perseverance (ever tried doing three HSCs in one year before?). However life at university is far more than just exams and studying.

Because we are such a close knit bunch in the Faculty (what do you expect when you spend 6 years in such a remote corner of the University?), there are lots of opportunities to get involved in other activities. This is your chance to get out there and enjoy yourself. You will probably find that "getting involved" be it the Med Revue; student politics, the Medical Society, or just attending Medsoc parties makes the course seem much more enjoyable,

So use this booklet as your travel guide through the tortuous path of First Year. If you read this book carefully, it will send you into the course thinking rather than following your feet first.

Good luck with the course and enjoy it too!

Choong Siew Yong  
Senior Undergraduate Vice President

## THE MEDICAL SOCIETY AND YOU

**WELCOME TO THE WIDE AND WONDERFUL WORLD OF MEDSOC!** When you accepted the **offer** to enter Medicine, little did you suspect that you would also become a member **of** the most dynamic and **friendly** organisation on **campus**. For the next six years, Medsoc will supply your textbooks, keep you entertained, provide you with advice and generally help you **find your way** through **the maze** 09 University,

At the **Orientation** stall you had your first contact soth **Medsoc**. If you were wise then paid your \$15 to became a **lifetime** financial member of **Medsoc**. It is money well **spent**. Where does the money go? Well, the biggest service Medsoc **offers** is its magnificent **bookshop**. When you **buy your** books 40r first year you will get that \$15 back time and time again in the 18% discount **available** to **financial** members.

But Medsoc is more than a **bookshop**. There are all the parties, dances and get togethers organised and backed by your Medical **society**. These are **especially** good once you start your clinical years, since you won't be able to enjoy the facilities on campus as **much**. There is also the stupendous Medical Ball, **which** has become a **tradition** in itself.

First Years have thier introduction to University life made a little more **friendly** by the Minto camp. If you wish to avoid social **ostracism** then make sure you go to Minto'

Medsoc also runs a **highly efficient printing** service so that you **get** exam **reprints** (essential for passing each year) and lecture notes at the **right time**. It's also **useful** 40r those occasions when you might need those **21st invites** printed in a **flash**.

One **of** the more important functions 09 Medsoc is to represent **medical** students to the **university** and to outside professional **bodies** such as the **AMA**, **RACGP**, **DRS** and so **on**. **Medsoc** is also one of the most **influential** members of the **Australian Medical Students' Association (AMSA)**.

A full and thorough **education** is, suprisingly, not supplied by

the University. You will find that much education is inefficient or not taught in the best way possible. Medsoc liaises with the faculty to ensure that students have some opportunity to change courses if they are not being taught efficiently. Also, talks and seminars such as the Lambie-Dew Oration are arranged to educate students not covered by the course.

To do all these things, of course, Medsoc needs many dedicated and enthusiastic workers. You will find the bookshop staffed by a coterie of friendly "Medsoc Ladies"; as well as a student director of the bookscheme. Medsoc itself is run by a democratically elected and appointed Council, chaired by a President who must be a recent graduate. If you have organisational skills, or if you would like to get involved in running the Medical Society; then you are most welcome to attend our meetings and to join the Council. There are plenty of positions designed to introduce you to the workings of Council and that enable you to do a worthwhile project. There will also be the chance of meeting students from other years and finding out what is ahead of you in the course.

**TO GET INVOLVED, TURN UP TO THE MEDSOC ANNUAL GENERAL MEETING ON WEDNESDAY 19TH MARCH AT 6.30 PM AT THE FACULTY COMMON ROOM, BOSCH BUILDING.**

All First years are welcome and refreshments will be available. I hope to see you there! If you want further information, contact me or one of the ladies in charge of the bookshop (Just ask one of the ladies)

**Diana McKay**  
Honorary Secretary,

## COURSE SUMMARY

a word from the editors: As you know, you will be starting the six year course in '86. It includes many subjects that we as students of the old course did not undertake. Where possible, we have tried to give you advice based on our experience but it may in many cases be obsolete.

### Introductory Medical Science

This used to be an unlikely mixture of unrelated subjects ranging from evolution to Biomaths. Most of the subject material, however has been included in either the Biology Life Sciences course or the Biomathematics course. The common subjects covered by the course this year should be Genetics, Evolution and Health and Disease. If last year is anything to go by, you will be given a list from which the examination questions will be drawn. Comprehensive notes are printed for genetics and the lectures themselves (if given by the same people last year) have little to recommend themselves. It is unfortunate because the actual subject matter is interesting. The Human Evolution Course itself is interesting and well taught. Try and take good notes for this. All in all don't panic about IMS. If you keep up to date with lectures there is little chance of failing.

## HISTOLOGY AND EMBRYOLOGY

Histology is a subject which combines lectures and practical classes. It takes up only three hours of your precious time a week. A lot of change has taken place between the Histology course in the 5 and 6 year course. Previously students were supposed to spend pracs looking at electron micrographs and slides and answering questions and drawing pictures in a practical book. This in practice never happened. Prac classes would mostly be spent in idle chatter mainly because the volume of work expected to be completed in one session was unrealistic.

The Histology department however has assured us that they will approach the study of microscopic anatomy in a different way. Instead of completing exercises into a practical book to be collected +or assessment, the new course features a "fill in the blanks" type prac book, comparable we were told to the Chemistry lab handbook. This indeed would make prac sessions easier to cope with.

You will be also using a textbook for Histology. In previous years the department printed notes which were excellent for the exam. No doubt these will become collector's items and should be sought. Embryology counts as part of Histology and doesn't begin until 2nd year. Medsoc sells sets of diagrams, which are very necessary as the lecturer, "Flasher Sullivan", is well known for his amazing lightness of the hand before even the most adept student can put pen to paper.

Exams are held at the end of every term and consist of labelling micrographs (about 30%) and MCQ's. The exam is hard and you may find yourself wishing that you paid more attention in lectures.

## CHEMISTRY & PHYSICS (INTRODUCTORY LIFE SCIENCES)

For both these science courses, the syllabus is similar to the HSC but the work is compacted into three terms. The lecturers are however adamant that you are unlikely to fail first year on account of these subjects,

Chemistry is taught in the form of 4 lectures and a prac session each week. Inorganic chemistry consists mainly of HSC material. Organic chemistry consists of thousands of reactions to be rote learned for the exam.....and promptly forgotten. The interest of the lectures is very dependent upon the lecturers. Once the novelty of prac sessions wear off, they can seem a waste of time. They pass more quickly if the experiments are divided amongst a group of people and the results shared, or an old prac book is obtained; sitting amongst interesting people also helps. Dr Williams is only too willing to help with any problems, and holds weekly non compulsory tutorials.

Physics lectures consist of antiquated video lectures interspersed by a one hour "live" lecture plus a three hour prac session a week. The "live" lectures are usually spent addressing individual questions and are of far greater value than the video lectures. The lectures are covered in printed notes, which contain previous exam questions as well. The department has tried to make the course more relevant by what they consider to be practical applications. The prac sessions are dull and frustrating with few people understanding what they are doing. One term is spent inventing electrical circuits which refuse to work; the other is spent flooding benches and playing with lasers. Records of results have to be marked by a demonstrator before you go each week, hence obtaining another student's prac book helps. Despite this, both Physics and Chemistry can be a lot of fun, provided they are not taken too seriously.



## BEHAVIOURAL SCIENCES

BS consists of a combination of Psychology and Sociology with a mattering of Anthropology. It is the most controversial of the preclinical subjects. However, many medical students in their desire for facts, facts and more facts, are disappointed in the subjective nature of BS.

The course is taught in the form of lectures followed by tutorials which are meant to reinforce the lectures. 50% of the subject is assessed on exams and the remainder are based on various assignments like visiting a GP or assessing the cognitive development of a child. Pretty high powered huh!

The lectures are of variable quality. Some lecturers have trouble convincing the year that what they are teaching is relevant or credible. Most students form syndicates i.e. taking turns in answering the objectives of each lecture. This results in better quality notes and less work. The tutorials are generally well received, providing a good opportunity to see how naive and bigoted some of your fellow students are.

## ANATOMY

This is a very well planned course and is generally well received. It is also by far the most interesting preclinical subject. There has been a lot of flux within the Department lately with the retirement of Professor Blunt who wrote the book on which this course is based. At present the system is presented in lectures and reinforced by work sessions and tutorials working with specimens which have been dissected for you. Opportunities for dissections are available during the holidays. The lectures are often poor and you end up learning 99% of the material working with specimens, following notes provided by the Department. Resource people are available to clear up problems and show you how to find things. This is particularly helpful when one attempts to find something as small as the origins of some cranial nerves.

Unfortunately the quality of specimens are deplorable, and many features have been obliterated in some cases. Don't be fooled that these won't be in the exams! As a final resort there is our great Anatomy Museum. There are pictorial guides to the dissections available from the service room.

Sectional Anatomy has been introduced to the course. This involves the study of a number of longitudinal sections which bear a remarkable resemblance to the T bone steak on dinner tables. There are always too many sections of that part of the body to study. Although tutorial time is allocated to the sections, it is best to study them in the Anatomy Museum. The questions however are fairly straightforward.

Prerequisites for the course include Blunt & Girgis MCQ book which is helpful in finding out how little you know, Gardner Gray O'Rahilly's "Anatomy" & a yellow book of objectives. Gray's Anatomy is very detailed and expensive and is usually bought by the keen students. There are lots of copies in the Medical Library. The Department says that the syllabus is what is in the yellow book and nothing more than is in Gardner et al. Don't believe it. For one thing, Gardner is known to have many mistakes, so beware.

There are exams on what is covered each term, which consist of an exam paper with MCQs and short answer questions, and a "Spot Test". The Spot Test involves musical chairs where you have to identify deviously hidden parts while your eyes water because of the Formalin. An attendant plays the gong telling you to move on every couple of minutes to the next specimen.

Generally it is a fairly easy subject to pass, especially if you don't leave all the work to the end. Make sure you do plenty of past papers. One last piece of advice is not to turn up to A/Prof. McGrath's tutes either smoking or not clad in a white lab coat.....there are better ways to die!

## BIOCHEMISTRY

Biochem is considered one of to be the hardest subjects to do well in. There is a lot of factual information to be learnt, and no single text covers the lot. The recommended text, Smith et al covers it better than any other, but is extremely detailed and dry to read. For the terms involving fat, carbohydrate and amino acid metabolism, McGilvery's Biochemistry: A Functional Approach is by far the best especially for the excessively detailed lectures in amino acid metabolism. Stryer's Biochemistry has good pictures, is easy to read, and some of the lecturers refer to it, but is too simplified for exam purposes.

There are prac classes held each term, which are largely irrelevant but compulsory, and reputedly designed for those with a test tube fetish.

Exams are held each term, some consisting of short answers and other MCQs. The Department gives out old questions, so arrange a group to cover them.

Finally, watch out for Dr Montague. His lectures add a new dimension to your ability to scribble quickly.

## PHYSIOLOGY

This subject is fairly interesting and also requires considerable work as Prof. Young will impress upon you. Each term covers different topics with different lecturers,

Cells, Neuromuscular junctions and glands are some of the topics covered comprehensively. Lectures are generally well prepared and presented. The first term of Physiology has a reputation (up to 50) failure rates, and the Physiology Dept is not known for its compassion (unlike Anatomy). However, physiologists are readily available and pleased to help with any problems. Some lecturers run lunchtime tutorials which are of use to the confused.

There are prac classes as well, for which you need the Yandbook available from the Dept. The handbook also contains old exam questions. The pracs are far more interesting than the Biochem ones and reinforce the teaching well. Furthermore they are much more examined, making up roughly 25 % of the marks. Each year Prof. Young threatens to collect the prac books, and each year he decides he has better things to do for Christmas.

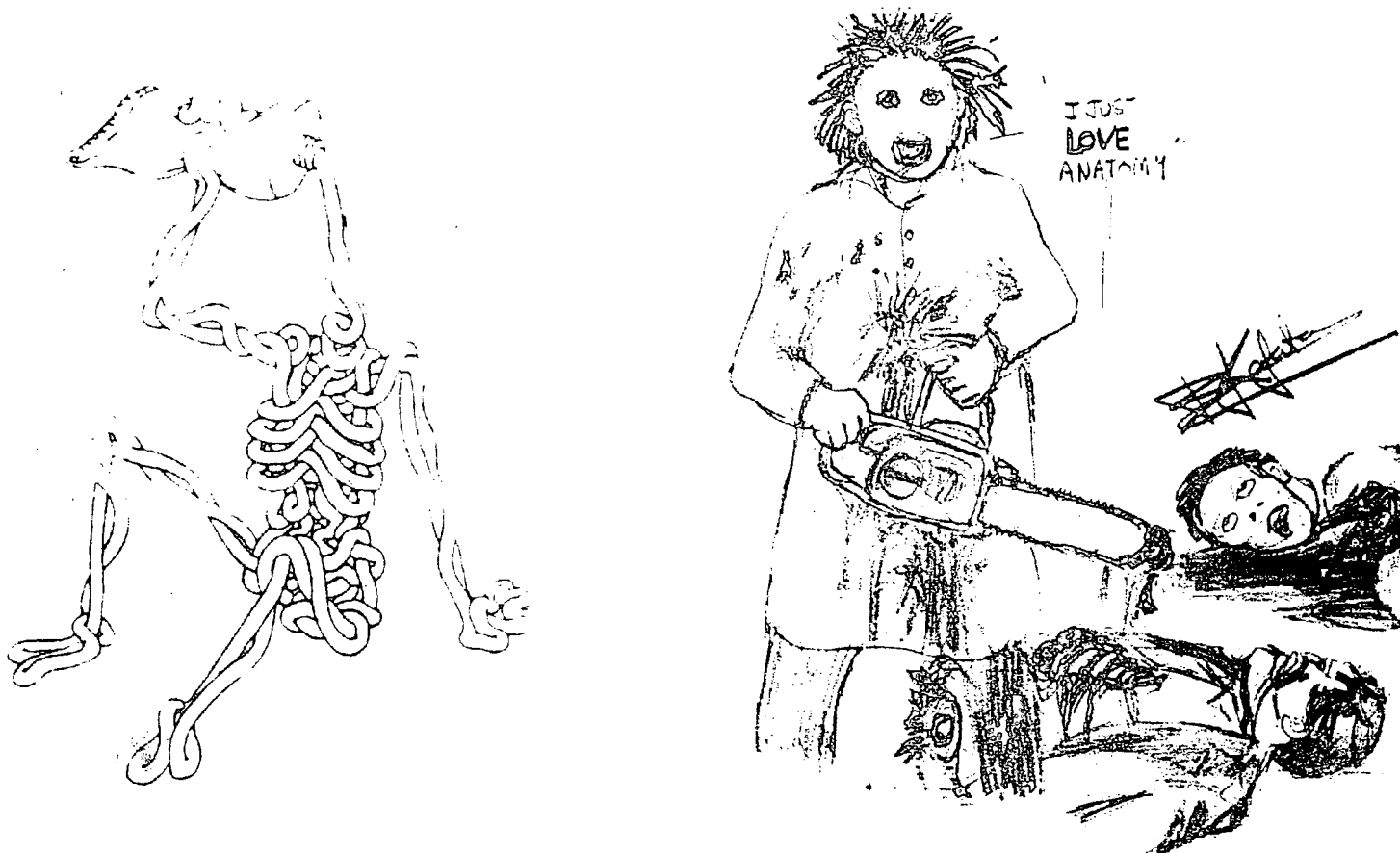
Exams are held every term. The Dept is an extremely busy one, and sets a low priority on coming up with new exam questions, so past papers are a must.

## PHARMACOLOGY

This is one of the easier courses in Med. There are lectures and correlation sessions with films. These correlation sessions are generally interesting (and examinable) and a lot can be made of them if the audience shows interest to the lecturer.

The Dept lists two texts, which are both quite expensive. However neither is adequate for the whole course, and a strong case can be made to buying them both. As a generalisation, Goodman and Gilman is the best for second year but Avery is better thereafter. If it came to a choice, Avery may be better in the long term. G and G is in abundant supply in the Bosch Library.

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The exams are made of multiple choice questions, but they are negatively marked. This sounds bad, but it is fairer than the draconian measures that the Dept offers as an alternative (to begin with subtracting 30% of the raw mark). Remember to put down a response for all the True/False questions. As with other subjects, study of past papers is generally productive. Not many people fail this course.



## FIRST YEAR ELECTIONS

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At different times through your course you will be required to elect representatives from your year to look after your interests on a number of different bodies.

First year will elect:

2 Medsoc Reps

2 Sports Reps

Chemistry Rep

Physics Rep

Staff Student Liaison Committee (SSLC) Rep

BS Tutorial Group Reps

The Pros and Cons: as a representative you will meet many other people on your own year, in other years, the Faculty and the University, which could be of great help now and later on. You will also learn more about the course and as a result get more out of it. On the other hand, you will have to spend some of your time attending meetings.

The Medsoc Reps are the most important of your Reps. They inform the year of the doings of Medsoc, liaise with the Departments without specific Reps (eg Anatomy) and organise the fled 1/Med 11 Wine and Cheese, the Year Dinner and sell tickets for any other Medsoc Functions throughout the year. They also organise the Medsoc Orientation Week activities and the Minto Camp the following year. This may seem like a lot of work but the time invested is repaid many times over in other ways - just ask any previous Rep.

Women's and Men's Sports Reps help organise teams in Interfaculty and Inter Year competitions. If you enjoy sport, doing this is a lot of fun. Elections are usually run by the Medsoc Reps of the Electoral Officer of the Medsoc.

The Chemistry Rep and Physics Rep simply meet with the departments once or twice a term to discuss any problems that may have arisen and you should find out more about this in lectures. It is their responsibility to find out from the year if there are indeed any problems with the course.

The SSLC Rep sits on the committee (a sub committee of the Faculty of Medicine) which meets once a term to discuss any problems the year may have had with Faculty matters.

Later in the year you will be asked to elect a Rep from your BS tutorial group and this person will meet with the staff from the Department to discuss any problems with the course, Most students never think of standing for a position and cannot be bothered to find out who is , so they find elections dull and boring affairs. This only affirms the old adage that 'You'll never get anything out if you never put anything in'. So take an interest ; who knows you might find out that you are interested after all!



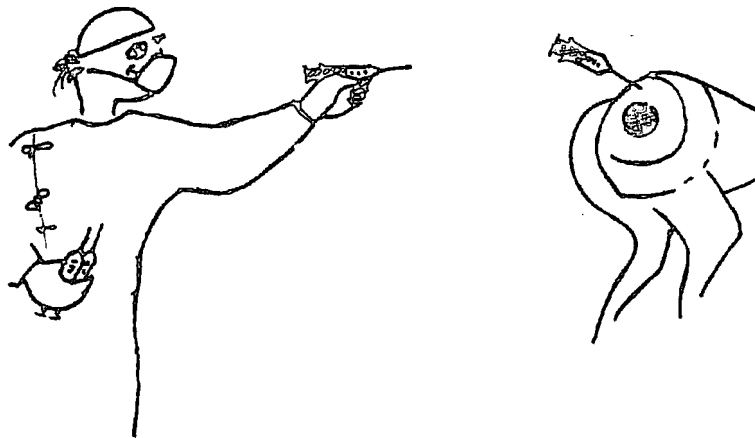
### FIRST YEAR HOSPITAL VISITS

Usually about the middle of first year, you get a chance to visit a Hospital, which provides welcome relief from the tedium of Physics and Chemistry, and may help revive your interest in the course.

A representative from first year is elected at the Annual General Meeting of the Medsoc Council at the beginning of the year, and it is that person's responsibility to organise people into groups so that they can visit a certain Hospital.

The nature of the visit varies between hospitals, but all are essentially interesting. Although the doctors and other staff may tell you all about the patients with thrombophlebitis, myocardial infarction (but without coronary thrombosis) and even the odd pulmonary embolism- just about everyone enjoys the experience. Last year some people were lucky enough to see an operation being performed. They have never been the same since,.....

If you are interested in playing a part on the organisation, make sure you turn up to the Annual General Meeting.





### SPORT MED

In your time at Uni there will be many opportunities for you to become involved in Sport. Most sports you can imagine are run through the University from Beginner to Pro levels or just for fun. This year you have already paid good money to either the Sports Union or the Women's Sports Association covering most of the expenditure on anything you may become involved in.

The sports Union runs two inter faculty competitions. There is the Thornber Shield for first years and the Penfold Shield which is open to all years. There is a long tradition of success in these competitions by Medicine but recently we have been slipping. This may be attributed to the apathetic nature many people have. In the sports their peers are enjoying.

While in Med up to and including term 2.2 you will have ample time to play sport; after then you will have very little free time. So be aware of what is going on—Try reading the Daily Bull, or the Honi Soit once in a while. Know your Sports rep.....or BECOME ONE! Sport allows you to become fit and to meet many more people from other faculties as well as Medicine. If you can't participate, supporters are always welcome.

## THE 1986 MEDICAL REVUE

The bulk 04 the civilised world **know** the Sydney Univesity Medical revue as a talented charity performance, bettered in **fund** raising ability only by Bob **Geldof**. Those on the Revue side of the curtain realise that whilst this benevolence impresses their mothers and heads of the various worthy department, it is merely a serendipitous (Look It UP) end product of an absolutely **fantastic** time,

The event occurs in second term; fortuitous timing as it is the only activity in that term, or indeed the whole year that will prevent you **from** going blind and getting hairs on the palms 04 your **hands**. Interminable televised Physics Lectures, psychoanalytic **B>S>** tutes and positively **life** threatening Chemistry **Practicals** all **fade** into blissdull insignificance when one chooses to unleash one's artistic talents upon a paying audience (and you **ALL** have artistic **talent**.....take a look next time you are in the **shower**).

Whilst on the subject of talent, it is perhaps **appropriate** to delineate the type of abilities required.. .in a word.. **..ANYTHING**. If you can act, sing, dance, write, build box girder bridges, finger paint, play an instrument or just look cute, then you are eligible to join the **ranks** 04 those who did more than **jusk** sit in **Bosch** for 6 years (or more) until the Chancellor shakes their hand and says "Thanks **for coming**".

It is **really** a very worthwhile and satisfying interlude .At the rehearsals you can drool at the choreographer in her leotard, or spade higher rears for Histology papers; During the performances you can be thankful **for the** rehearsals and **at the** post performance parties you can be **thankful** for Fosters Lager, Salt & Vinegar chips and the invention of vitamin B tablets.

After all those Study hormones have settled down by the 3rd week 04 1st term, one **realises** that there is more to **Medicine** than **Biomathematics**. So watch this space **for futher** details and ask the sweeties in their white coats behind the **D'Week** desk, go to **MINTO** and be prepared for Revue Newsflashes in a lecture theatre near

you.

Good luck for 0-Week!

Angus Gray  
Director 1986 Revue



## THE AUSTRALIAN MEDICAL STUDENTS ASSOCIATION

The Australian Medical Students' association (AMSA) was formed in 1960 as the coordinating body of all the body individual Medical Students' Associations Australia. It arose out of the need for an national body of Medical Students which could represent and voice student opinion on issues of concern. Today, in 1986, it remains one of the most impressive and active national student bodies in Australia.

AMSA is run by a Council of delegates and observers from the Medical Societies in Australia. This body meets three times a year and makes policy, discusses issues on a state and national basis, and makes representations to government and other large organisations, such as the Australian Medical Association. In the last few years AMSA has addresses such issues as medical over servicing, vocation registration for GP's and fought for the right of graduating medical students to a rear guaranteed internship.

The day to day running of AMSA is conducted by a four person executive elected by a campus. In 1986 the executive will be based in Flinders University, South Australia. There are national standing committees on medical workforce, medical education, equal opportunity and archives. Any medical student can get involved in projects on these subjects. The respective Standing Committees are run by student directors from various societies and these directors co-ordinate activities for that subject. Currently the standing Committee on medical workforce is based in Sydney and is tackling medical oversupply and vocational registration.

AMSA also administers Research fellowships which are awarded to students undertaking short term research projects during vacations or in conjunction with a BSc (Med) degree. AMSA also arranges exchange programmes with overseas medical students and prints the annual journal PANACEA, which is distributed to every medical student and contains articles of wide and varied interest. AMSA is one of the most active member associations of the International Federation of Medical Students' Associations (IFMSA).

In 1982 Peter Lee a medical student from Flinders University was President of IFMSA.

One of the most important functions of AMSA is the opportunity it offers for student to meet other medical student throughout Australia. Every year workshops and conferences are held to enable students from interstate to meet and discuss issues of interest. Recently a workshop was held to formulate ways of improving communication between doctors, medical students, youth groups and professionals from all states, and was part of the International Youth Year Programme. The best thing AMSA organises each year is its NATIONAL CONVENTION. Each May, up to 400 Medical student from around Australia gather for a week of social and academic activities. It's a great time to learn some Medicine NOT taught in your course, to meet other medical students and exchange ideas and of course, have bulk fun. This year the Convention will be held in SYDNEY, on May 11-17 so there is absolutely no excuse to miss it !

For more information on the Convention or any of AMSA's activities and how you can get involved , please contact me care of The Medsoc Bookshop.

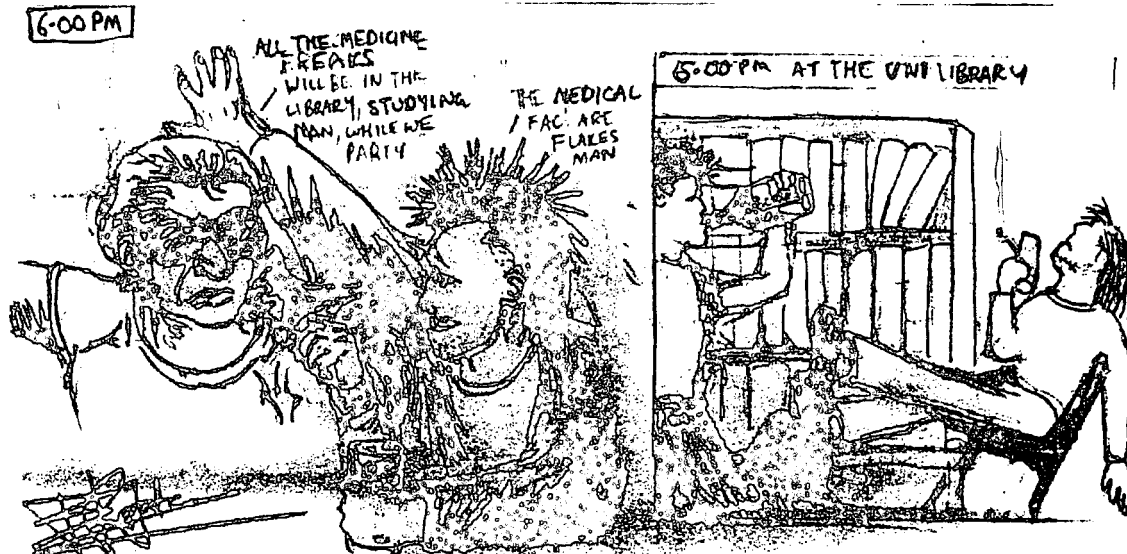
Choong Siew Yong  
Liason Officer to AMSA.

## THE MEDICAL BALL

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Each year in June or July the faculty social calendar reaches its peak with the Medical Ball. This year it's to be a Masquerade Ball, so you'll get to don your tails and cats eyes. At present we don't have a venue, but don't let that perturb you- we always find somewhere in time.....The usual problem being finding a place for 600 guests. The ball comes complete with a classical orchestra, jazz player and a couple of rock bands, and is guaranteed to go well into the wee small hours of the morning. Tickets are usually around 627.00 a head and your attendance is a must!

Kim Gray  
Med Ball Convenor.



## THE CONVENTION

If an aboriginal dingo with a dry cleaning ticket **for** a baby's matinee **jacket** was launched **from** Ayer's Rock in a space shuttle whose boosters were not up to scratch and the **frogmen** responsible **#or** the Rainbow Warrior were released **from** an obscure jail because **they identify** the bombs as belonging to their **Govt.** and **if** a baboon involved in an accident was denied **life** support so his heart could be transplanted into a teenage female, where would the world be today?

No closer to the **truth, that's for sure.** All this makes us wonder—What is the **AMSA Convention?** Is it really, like **some** philosophers might have us **believe.....a microcosm of life.....a** series **of** unconnected events with no **beginning, no end, and** no point?  
OF COURSE NOT.

The Australian Medical Students Association (**AMSA**) has held a convention annually **in** the first week **of** the May holidays since **1960.** The convention is rotated through the various capitals and the **REAL** reason **for** the reintroduction **of** the six year course was to **allow** Sydney Uni Med Students to **savour** the delights **of** all six capitals during their undergrad **years.** Over the years the **Convention** has gained an **International** reputation and is ranked in 1986 with the first symposium on biological **of** cell **proliferation** in Milan as **THE** convention T-shirt to have in your **wardrobe.** From all over Australia, Medical Students will descend on Sydney ready to embroil themselves in a demanding programme carefully designed **by** a time of brilliant social consultants (The Convention **Committee**) to cram a Year **of** living into **seven** days.

First an academic **programme** that aims to inform and entertain by discussing wide ranging **of** topics that due **to** their overwhelming interest and relevance, are not part **of** the course **e.g.** Transplantation, AIDS, Medicine and the Media, and the Health **System.** **THEN.....** the social **programme,** a pot-pourri **of** gala events that makes the bicentennial project look like a cheap

publicity stunt.

Now is the time to start training. Mark the dates- 11-17 of MAY 1986 in your diary and look out for news and info in Innominate, posters etc.

IF YOU WOULD LIKE TO GET MORE INVOLVED WE WOULD LOVE TO HEAR FROM YOU. LEAVE A MESSAGE FOR DAVID BARTON AT THE BOOKSHOP AND WE'LL CONTACT YOU.

SEE YOU THERE'

David Barton  
Convention Director





## HOW TO PASS EXAMS

Right. Now that you're here and have learnt how to pass exams with ease and distinction, your first task is to unlearn all you have learnt. Because, my wunderkind, your aim in this architectural mish mash of a place called University is not to get as close to 100% as possible but to get as close to 50% as possible....preferably from above than below. (Mind you there is a representative school of thought which believes that the true student should aim for 49%, but their devotees keep diminishing so quickly that it is hard to keep track)

Why may you ask is this so? Well the answer is simple. At no cost to yourself (not counting the \$500 or so your parents spend on compulsory subscriptions, lab coats, Minto, Medsac membership, textbooks, half skeletons, clubs etc) this University supplies you with four bars, ten eating outlets, live bands a couple of times a week (of dubious musical quality), more French and Russian emigre films than are locked up in the bowels of the Queensland Govt and a chance to parade yourself in front of even mere intellectually brilliant, megatrendy, completely together and totally cool people than yourself (known as Arts students ) in Manning, Holme or top level Wentworth.

(Not bad eh? A 108 word sentence and I'm not even a member of a political party)

In short, this place offers you the opportunity to enjoy yourself. The only obstacle to this are your lectures. The solution is not to turn up to them. In effect, do a correspondence course in the Bachelor of Medicine and Surgery without the correspondence. This will then give you plenty of time to do all of the above and still have time to watch Countdown. Seriously, Her Majesty's Govt has warned that prolonged exposure to Biomaths Pracs and 4 hours of continuous IMS can lead to brain damage, cancer of the retina and AIDS unless preventative measures are adopted. So

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make sure that a minimum of 80% of lectures are avoided for your own safety. If the prospect of this worries you even though you don't want to lose the totally cool nonworking "Medicine is a bore" image of the Med student, all is not lost. Several practitioners have mastered the art of appearing to do no work, playing golf at La Perouse or The Royal Golf Course during Chemistry lectures (very in), going out every night and then studying from two in the morning till after sun up and rolling to Uni about lunchtime. Of course this demanding routine will necessitate some change in your lifestyle, clothes, friends etc. (No similar effect has been noticed with Electrical Circuit Theory).

The benefit of confounding your friends with HDs is not to be underestimated. Even if you do fail, all is not lost. For example: Last year we had a student who found out that he could have so much fun by not going to the boring lectures that he decided to do it all again! (actually I think the real reason was that he wanted to go to Minto again. So stuff up, drop out, star cool and 1'11 see you at the Granstand Bar.

Yours sincerely,

XXXXXXXXXX

(On legal advice the name of the author has been withdrawn)

### ARTS-MEDICINE

Not every Med Student gets into the course on the basis of their Chemistry and Physics mark. Many brilliant English and French Students come to regret having given it up to do Med. But there is a solution to this problem, a combined Arts-Medicine course.

What this means is that if you can finish seven Arts subjects before you can go into dental year you can get an Arts degree as well as a Medical degree. Now don't say it's too hard—all the average arts course requires is a little bit of interest and a little time. The only way to fail an arts course is to give it up. You can quite easily pass two arts subjects at the same time as first year Med. After that you only need take one year off Med to get your degree. Alternately you could take two years off Med if you aren't really sure you want to do it. Arts will broaden your outlook on life considerably, after doing some Medicine. Requirements:

1) you have to do three subjects in your first two years enrolled in arts.

2) you have to have finished by final year

Anyway think it over. For more information see the Arts handbook (one of your friends will have one), the arts faculty office in the Western tower (opposite clock tower), or contact Andrew Dwyer on 95-4571. Don't go to the Medical faculty office—they won't tell you much at all.

## THE AUSTRALIAN MEDICAL ASSOCIATION OBJECTIVES ARE TOPICAL; METHODS CHANGING

When the British Medical Association was formed in England more than a century and a half ago, its objectives were described as : "to promote medical and allied sciences and to further the honour and interests of the medical profession."

The objectives were unchanged when the New Branch of the Association came into being more than a century ago. They continued to apply when the decision was taken to establish the Australian Medical Association in 1961. They are still basic principles, but the Association's responsibilities are expanding as the government intervene more and more in "health" mainly because of the rising cost of technology and continually expanding community and demands.

How times have changed! a Century ago at most BMA meetings in Sydney a doctor or a surgeon would bring a patient along, often by a handsome cab from Sydney Hospital. The patient's illness or accident would be described, and diagnosis and treatment discussed. Presumably everyone enjoyed it, even the patient.

Most AMA meetings these days are on medico-political and related topics. This despite the fact that the major interests of all members of the medical profession continue to focus on healing and caring. Indeed, this is the chief reason why the major organisation, the AMA, can and does speak for every sector of the profession while, at the same time, recognising the needs of regional and vocational groups in its ranks.

Exciting new avenues for medicine are opening. At a time when so much of the world appears to be thinking of preparations for conflict, medicine offers new vistas for healing or preventing illness and disease. Opportunities will continue to expand as diagnosis and treatment improve and research increases.

In recent years, the AMA has more than ever been concerned with the professional and economic status of doctors. It will watch both the continued supply of medical practitioners in the community

and any attempts to flood the country with graduates from countries whose standards do not match those demanded by the Australian community.

The Association always stresses the essential nature of high quality medical care. Members are involved in medical education and maintenance of high ethical as well as professional standards. They encourage and support expansion of medical science, they promote effective delivery of health care when and where it is needed.

In other words, medicine is a single profession, with many facets. The community sees doctors that way. Everywhere the threatening decline in the traditional standards of public hospitals both in NSW for instance and interstate are deplored; the AMA is working relentlessly to secure improvement.

While the Association is conducting negotiations with federal and state governments, it is also providing important services to all members. At any one time it can be involved in dozens of different professional, ethical and industrial matters, large and small. It is versatile and constructive.

AMA policies, founded on past experience, are projected towards the future. Members are encouraged to stand for Branch Council elections, join regional and/or special groups of the AMA to raise issues, develop and or change policies. It is the most democratic of medical organisations.

The state branch can offer advice on such down to earth but practical subjects as setting up medical practice or finding a locum position. It can arrange supplies for a surgery; it can advise on relationships with patients, with local authorities and with colleagues. At the same time it may also advise members on how to deal with government departments, regional authorities, bureaucrats and individual politicians.

As students were told last year, the AMA is the only organisation with the human and material resources to perform these various functions competently. It is run by doctors for doctors.

The Association welcomes students enrolling as student members at nominal cost. We know we can help students; we are also aware that often students can contribute ideas of true value to the profession. Student members receive Association journals which show why the AMA is such a firm supporter of private practice and fee-for-service medicine. At the same time, students are shown how simultaneously the Association helps and supports those doctors who occupy academic posts or hold salaried jobs in hospital or political ideologues.

Every medical practitioner in this country, whatever work he or she is performing belongs to a caring and rewarding profession. The interests of every doctor and of the community are the interests of the AMA. Branches and groups watch what happens in hospitals, at Medical Board meetings and in public health activities generally. They have an important role in the smooth administration and effective operation of all health services.

Summarised areas of interest to the AMA include: incorporation of medical practice for indemnity and other purposes; government plans for pathology services by accreditation of laboratories; establishment of 4 chairs of community medicine and general practice in medical schools; a national compensation scheme; other health professions; poverty; hospital efficiency; the future of private hospitals and overseas qualifications; confidentiality; the AMA health insurance fund for members and dependents; and the future operation of such bodies as the National Health and Medical Research Council, the Australian Medical Council and the new National Occupational Health and Safety Commission, to cite but a few.

These are matters often of crucial interest to sectors of the community. They show the wide range of AMA activities and its responsibilities. They demonstrate the value of the Association and its dedicated representatives.

Patients and policies change. The AMA continues to care.

## STUDENT INITIATIVES IN COMMUNITY HEALTH

SICH is a multidisciplinary group of students interested in promoting community and preventative health.

Community health has had a chequered history. It's great achievements rests on the great public engineering projects at the turn of the century, clean water and sewage disposal (in Australia most of the major towns and cities weren't fully sewered until large programmes of the seventies), and the large scale vaccination and screening programmes of this century. It would be fair to say that since the emergence of effective chemotherapies in the 40's our culture has become more reliant on the treatment of disease at the site of the person rather than attempting to limit, contain and mitigate it at the social level,

The danger of this, aside from its enormous cost, is best exemplified by the awkwardness of the medical community in relation to A.I.D.S. Here we have a syndrome which is, in the current and foreseeable conjecture, untreatable (and given the nature of the immunosuppressant chemotherapies, perhaps undesirable for the A.I.D.S. patient). The only effective containment measures appear to be in securing the blood supply and in the implementation of safe sex practices. In certain cases we are relatively fortunate in that the gay community and the prostitutes are highly organised and are relatively easy to negotiate with; other groups, such as the occasionally bisexual married men are much more difficult to reach. This is precisely the limitation of the current medical education and practice. Having negotiated and secured the position of the prescriber, the medical community doesn't seem to be able to move any farther. As suggested earlier the current medical community feels extremely awkward about having to negotiate techniques with a community that on average knows more about the syndrome than doctors, and has actively implemented its own containment measures (eg safe sex).

The key point here is that safe sex was derived from epidemiological interpretation of data, so that in a sense, it is derived from medical knowledge. But its implementation required a different style to what general practice and hospitals seem to be currently capable of. It required a high degree of activity in the community and a use of non-traditional personnel, and an adaptation of technique and principle.

This is the broadersense of SICH's call for community and preventative health. We are not just arguing for the bricks and mortar and personnel for the community health centres, we are arguing about the distinction as to where the health practices should be placed in relation to the community. We are not objecting to the Chemotherapies or surgery, but against the war in which health has become structures around the lesion in a specific body, in the case of Med students, the doctor simply as a prescriber or surgeon,

The achievement of this objective not only requires a a broad ( in the disciplinary sense ) range of skills, but a loosening of disciplinary boundaries. The condition of a person's health can be understood as being constituted in the community, the effects of the quality and style of diet housing, employment etc. as much as vectors of disease are all correlated with the general health of the community. It is the possibility of intervening at this level that is of passionate interest to SICH.

We are also a broadly based group, and this article reflects one area of discussion within SICH. If you are interested in Health and Education, and are interested in reforming it, then SICH certainly requires you.

GARY GALLAGHER

National coordinator of SICH (1986)

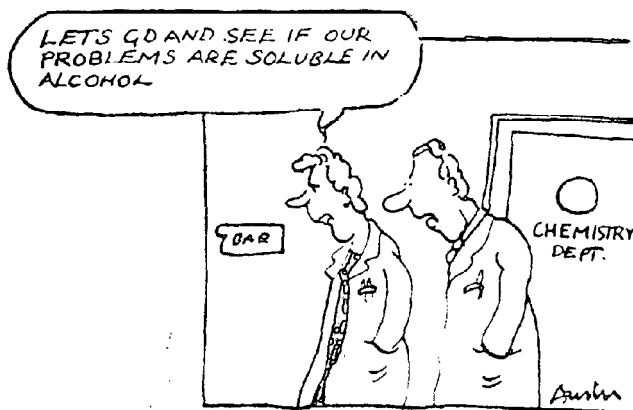


### PRACTICAL THINGS SICH DOES

- \*Provides the opportunity and resources for you to develop and pursue your ideas and initiatives in community health.
  - \*Publish a quarterly broadsheet "Catalyst" that looks at education health and welfare issues.
  - \*Organises a Vacation placement scheme in community health centres and projects .Each placement is of four weeks duration and can involve a living allowance of up to a hundred dollars a week
  - \*Lobbies and organises student lobbying for changes in the education and health systems
  - \*Advises other bodies on health policies, as well as providing representatives for management and policy committees.
  - \*Gives students access to office facilities, money, mailing lists, information on the health/welfare system, and many other resources.
  - \*Organises workshops and meetings, including the National Health and Welfare Students conference which critically analyses the Health and Welfare system
  - \*As well as many other initiatives that SICH students develop
- You can contact SICH in Sydney at 6995301 or drop into our National office at 243 Cleveland street (Cnr. Chalmers and Cleveland).
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### THE DOCTORS REFORM SOCIETY

DRS began in Victoria in 1973 and in NSW in 1974, started by a group of doctors who wished to indicate that not all medical practitioners were opposed to the introduction of a universal health insurance scheme. While this society supported the introduction of Medibank and, in 1983, of Medicare, it has never considered that either scheme would provide more than a basis for further progress. The society's immediate and long term aims have been to present a balanced, moderate viewpoint on necessary reforms to many aspects of the Australian health care system.



Over the years, the DRS contributions to the health care debate have ranged wide. It was an early issue of our journal 'New Doctor' in 1979, which aroused interest in the need for reform in the laws relating to Occupational Health and Safety and which triggered an official enquiry and amendments to the laws in NSW. DRS research drew public and media attention to the very high comparative rates of elective surgery in NSW hospitals. The facts,

which were initially categorically denied by the professional associations were eventually to **become** so generally accepted as to **induce** those **very organisations** to institute their own **enquiries**. It was also the **DRS Submission** to the **Joint Parliamentary Committee** of Public Accounts which alerts the **Commonwealth Health** department and the general **public** to the extent of medical over servicing, particularly in the areas of pathology and radiology, which are a **feature of** the present health services.

It is quite true, as our critics frequently **point out**, that the DRS represents **only** about 1% of the medical profession across **Australia**. Perhaps this is **necessarily** so! DRS is **quite** unlikely to ever become the 'Establishment' and, if it ever should, **someone** would have **form** a new society'

It is important that there should always be a confraternity where doctors whose minds have not stopped growing, whose ideas and ideals have not atrophied and whose concern for their **profession** and its role in **providing** high quality health care to all Australians is not greater than their preoccupation with their individual careers and bank balances, can meet together and discuss their **ideas**. **Important**, too, that our **quarterly journal**, "**New Doctor**", whose pages have been host to so **many forward-thinking-writers** over the years, should continue as a forum for informed debate.

Did you read the September 1984 issue of "**New Doctor**", in which an **Australian** professor of **Community Medicine**, who spent his sabbatical studying the English National Health Service, wrote on "The Work of English **GPs**"? Do his ideas **cocur** with what **you** have read elsewhere? In the same issue read what a distinguished English medical writer has to say on the subject, 'Where is General practice going?' In the December 1984 issue, read what a young Australian doctor, who has spent most of his **professional** life working in **Community** health centres, thinks about the problem and

rewards of that type of health care delivery. And in the latest issue of the Journal, read what an intern in his first year out in a NSW hospital thinks about his experiences of "Coping in Cas.!"

What is the future of medical practice in Australia? What of "entrepreneurial medicine"? And these Health Maintenance Organisations of which the Commonwealth Department of Health seems currently so enamoured? Medical manpower - is Australia training too many doctors?

If you have ideas and concerns about these and other questions, you would be very welcome to share in discussions held at D.R.S. (NSW) meetings, which are held:

On the Fourth Thursday each month, at 8 p.m. At 243 Cleveland St (Cnr Chalmers St), Redfern nnnnnnn

If you decide to become a member, the STUDENT MEMBERSHIP FEE is only \$10 p.a.

This entitles you to attend all meetings and receive the quarterly journal, "New Doctor" and local newsletters.

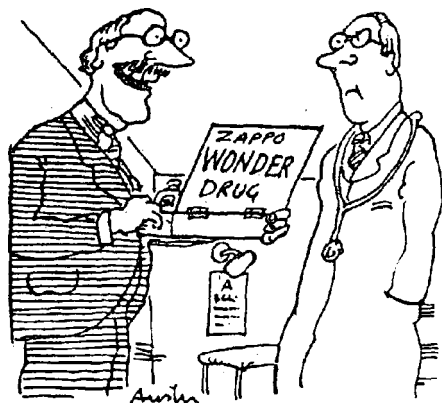
Subscription to "New Doctor" for non members is \$22 p.a.

FOR ANY FURTHER INFORMATION and a complimentary copy of the Journal, send \_\_\_\_\_ e to :

Doctors' Reform Society 09 N.S.W.

P.O. BOX 11 Strawberry Hills, NSW 2012

Tel: (02) 319-177.



"You give it to the patient, then wonder what's going to happen"

# M.A.P.W.

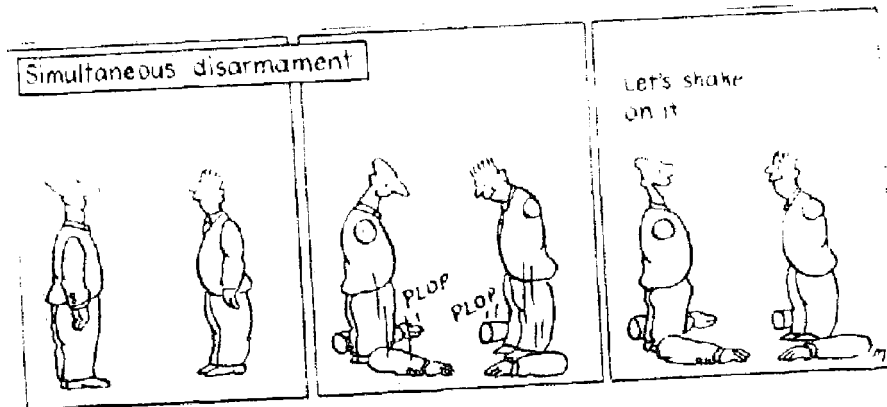
The Sydney Uni branch of the Medical Association for the prevention of War (SUMAPW- try saying that on Saturday night at Minto!) is open, in particular to medical and dental students.

It is a small society which organises talks, video and helps coordinate the Palm Sunday Peace march. We are affiliated with the NSW branch of MAPW which is in turn affiliated to IPPNW (the International Physicians for the Prevention of Nuclear War) which won the 1985 Nobel Peace prize.

Our society *exists* to educate and inform people about the greatest threat to public health in the modern world, and one which is preventable but NOT curable.

If you would like to help contact me- Christopher Blackwell either at home on 5332433, or through the Medical Society. We will be holding a meeting and some sort of function on the early part of term. Come along and learn something.

Christopher Blackwell Med IV  
See you at Minto!



### THE STUDENTS' REPRESENTATIVE COUNCIL

Little may you suspect it, but you have already met the SRC in some shape or form. For a start there's the \$25 of your enrollment fee which the SRC receives. (giving it a budget of about \$300,000) With all this it organises O'Week, prints a weekly newspaper, the Honi Soit, gives out movie concession passes, and much more. The SRC office can be found in the basement of the Wentworth bldg.

Medical students pay scant attention to the SRC. After all, Medsoc handles most of our problems with the Unt. Med students see the SRC as a group of money wasting political hacks, who do very little for them. While this may be true in some respects, it is an unnecessarily pessimistic view. After all, some Med students (ie Good Guys) are usually SRC representatives and the SRC does publish the Honi Soit.

For more information, see "Honi Soit" (you won't be able to miss it), or go down to Wentworth level 1.

## THE UNION AND MEDICAL STUDENTS

When you enrolled this year some 04 your enrolment money went to the University of Sydney Union. What is the Union? Quite simply, the Union is a student run organisation dedicated to making life at Uni more meaningful than merely getting a degree. The Union provides catering services, recreation, and an atmosphere where "University Life" can be experienced to the full.

When you receive your guide to the Union's services take some time to study it carefully. It is your guide to taking advantage of the fees you invested in the Union. However I will outline some of the services that are particularly applicable to Medical students. First, the Bosch food outlet is run by the Union. In 1985, the service was greatly expanded to include a bigger range of food and "Cafe Bosch" as you see it today.

Second, many Medsoc functions such as this booklet, Minto, O'Week are subsidised by the Union's Clubs and Societies Fund. In 1986 \$50000 will be made available in direct subsidies to the Clubs on campus.

Third, the Union is responsible for stocking and maintaining the Outside Common Rooms at the teaching hospitals. When you enter Med III you will begin to spend increasing time off campus, at the hospitals. This means that despite paying your Union fees year after year, you will not be able to take advantage of the numerous Union facilities on campus. However, the fees you pay are used instead to establish Common Rooms for the use of students at each hospital. These Common Rooms will become your "home away from home" and all the facilities such as billiard tables, TV's, music systems, even newspapers are provided for you by the Union from Your fees. The Union also funds parties and get-togethers organised by Medsoc for students and hospitals.

How did all this happen? Well the medical society has for many years been able to vote its representatives to the Union board, using the lobbying forces of 1300 Union Members. Who just happen

to be medical students. In 1986 there are three medical students on the board: Alan Cass (President), Choong Siew Yong (Vice president) and Andrew Dwyer (Director). These people have your interests in mind and are at your disposal. If you have any queries do not hesitate to contact us through the Union Office, level 5 Wentworth bldg.



### CONTACT INFORMATION

During the next few weeks you're going to be plagued with all types of hassles both big and small ranging from trying to get TEAS, finding a house to live in or finding the toilets, CONTACT KNOWS HOW to help with problems like these or if we can't we know someone who can!

CONTACT is run by 50 undergraduate volunteers in second year or above so they know the problems that you may have as a new student and those common to all students.

CONTACT is open Monday to Friday 10 a.m. to 3 p.m. at level 1, Manning house during term. Or you can phone us on 6601355 ext 236 or 259.

IF YOU ARE IN SECOND YEAR OR ABOVE.....and are interested in helping other students as well as learning heaps about Uni life come and see Margaret at the Contact Desk, level 1, Manning House between 10 a.m. and 3 p.m. or phone 6606355 ext 236 or 259.

GOOD LUCK FOR 1986.

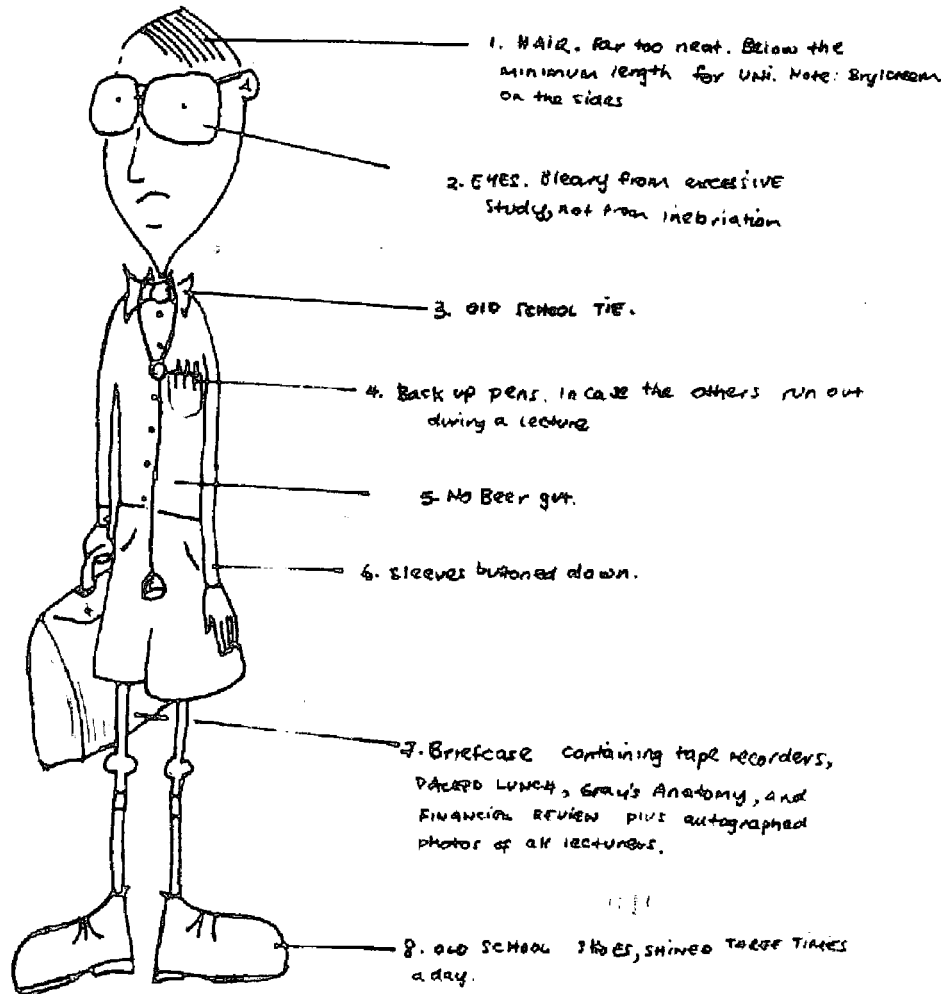
The Contact Collective

### SCHOOL TUTORING PROGRAMME

Over the past two years the SCHOOL TUTORING PROGRAMME has helped over 70 students from disadvantaged high schools on the inner city area. Volunteer undergraduates have tutored high school students from the local area in essay writing, study skills, exam technique and many other areas.

IF YOU ARE IN SECOND YEAR OR ABOVE.....and are interested in becoming involved in a project like this, come down to the Contact desk, level 1 Manning house and ask Margaret for the details. Or if you can't make it personally phone 6601355 ext. 236 or 259.

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