Gammex® PF
POWDER-FREE LATEX SURGICAL GLOVES

THE EVOLUTION
IN POWDER FREE SURGICAL GLOVES

Ansell’s new generation of powder free latex surgical gloves combines the features and benefits of Gammex classic powdered gloves, with the advantages of Ansell’s leading powder free technology.

Clinical Evaluations Reveal that Gammex® PF has
- Greater Tactile Sensitivity
- Improved Damp Hand & Double Donning
- Better Comfort Levels

For further information and samples of Gammex® PF Surgical Gloves, please cut out, complete and mail to:
Ansell, PO Box 4584, Glen Waverley, Victoria 3150, Australia or fax to: Aust 1800 502 725 or NZ 0800 442 156

Title: __________________ Name: __________________
Address: _______________________________________
Suburb: __________________ Post Code: _____________
Telephone No: __________________ Glove Size: ________
From the College President

Annual Scientific Congress
Adelaide, 11-15 May 2002

By most yardsticks, the Adelaide ASC was an outstanding success. It came at a time when there are major changes within society, the medical profession and the College itself. The medical indemnity crisis was a sharp reminder of how precarious the orderly functioning of the profession can be. Major challenges are there to be met and large problems are there to be solved. A comprehensive solution must be found for that particular issue.

The format of the scientific programme, commencing on the Saturday and running through to the Wednesday, was certainly a novel approach and feedback will need to be obtained to decide whether it should be adopted in future.

With excellent pre-conference advertising, collaboration with the Royal College of Surgeons of Edinburgh, strong plenary sessions and a very good scientific and social programme, the College expected a good attendance but was delighted when the overall registrations reached almost 2500.

In addition, the involvement of industry associates was excellent and the support for the booths by surgeons was very good.

The medico-legal and history sections continue to grow in scope and importance and there were some outstanding contributions to those sessions. The involvement of Professor Allan Fels, chairman of the Australian Competition and Consumer Commission, ensured a large audience for the plenary session on Surgeons, Systems and Errors. Other contributors to that session made outstanding presentations.

Other plenary sessions, on Clinical Governance, Surgical Education and Remote Surgery were well-constructed, very well presented and raised a number of important issues which will continue to challenge the profession.

The President’s Lecture, entitled “Emerging Opportunities in Regenerative Medicine” and delivered by Dr John Smeaton, outlined very clearly the advances being made in stem cell research, the potential clinical benefits which may arise from such research and some of the ethical and political dilemmas that need to be addressed.

Professor John Temple, President of the Royal College of Surgeons of Edinburgh, entitled his Archibald Watson Memorial Lecture “497 Years of the Royal College of Surgeons of Edinburgh”, but intertwined some very modern perspectives with the historical overview, including events from Archibald Watson’s life. It was an outstanding presentation.

The lecture by Mr Alan Dickson on the conjoined twins from Gozo was one which every medical student, postgraduate trainee and established doctor should have heard. It was a marvellous reminder of the overall qualities needed to be a good doctor in handling major ethical, emotional, religious and legal issues as well as demonstrating outstanding surgical technique and ingenuity.

Similarly, the Rupert Downes Memorial lecture by retired surgeon Colonel Don Beard on “The Music of Warfare” was technically brilliant, beautifully presented, emotionally challenging and philosophically important.

I was unable to attend many of the Foundation Lectures or much of the other part of the scientific programme, but feedback I have received has been very positive and I congratulate all of the section convenors.

The Opening Address to the Convocation (recorded on video), by the College Patron HRH The Prince of Wales, was delivered with flare and sincerity and set a good tone for the formalities that followed. The involvement of the Royal College of Surgeons of Edinburgh and the Syme Oration delivered by the President of the Royal College of Surgeons of England, Professor Sir Peter Morris, added a great deal to the occasion.

The ASC banquet was a very well presented and grand occasion, for which the organisers are to be congratulated. The music during the later part of the evening was lively to say the least, and the involvement of the Scots added an extra dimension to it.

This congress is the first that the College has organised in-house and major congratulations are due to all the members of the College staff and volunteers who worked enormous hours under great pressure to ensure that it was a success.

Mr John Cocks, ASC Coordinator, was meticulous in his preparation for the Congress, including the vetting of the abstracts. The decision to have all presentations delivered electronically was achieved and the organisers have learnt from the few technical hitches that did occur. Glen Benveniste, as convenor, Tom Wilson as co-convenor, Guy Maddern as chairman of the Scientific Committee, Suren Krishnan, associate convenor Polly Benveniste, and everyone involved are to be congratulated for contributing so much to organising such an excellent event.

There is certainly a lot of work to achieve such an outcome and the continued on page 4
New Zealand Notebook

ACTIVITIES AND ISSUES

22 April - 24 May 2002

Surgical Staffing in Rural Hospitals

The issue of staffing of rural hospitals came to the fore again this month with media reports on the inability of Grey Hospital to locate replacement surgical staff and the impact of this on the sole remaining surgeon. While the West Coast provides the current focus for this issue, it is not the only region with this problem. The Far North is another area where the provision of adequate staffing continues to be a concern. RACS representatives will be meeting with the Minister of Health to discuss this matter.

Handbook on Clinical Audit and Peer Review

The Ministry of Health has released its third publication in the "Towards Clinical Excellence" series. This handbook provides a step by step approach to clinical audit plus information on the peer review process, morbidity and mortality reviews and clinical practice guidelines, pathways and indicators. It is described as a "practical, 'how to' guide for those with little experience of peer review or clinical audit" and it also identifies resources that offer more in-depth information. The Ministry views systematic, critical reviews of practice by multidisciplinary teams as the key to improving outcomes for consumers and is distributing the Handbook to all clinicians in the public health system.

Cancer Treatment

Further discussions have taken place with the Ministry of Health about defining present surgical cancer services and planning for the future. The present Cancer Treatment Working Party is chaired by a radiation oncologist and has no surgical representation. The proposal from the Ministry is that a surgical sub-group be established.

Dr Andrew Holmes from the Ministry is to write to the New Zealand National Board formally requesting a sub-committee be established and outlining draft terms of reference. He has been told that for this group to be representative of the surgical specialties involved in cancer treatment it would need to number between eight and 12. There appears to be little or no available funding for this project and a solution for that needs to be found. The other major issue to be resolved is whether or not the group will write a report on surgical cancer services comparable to the non-surgical cancer services report. This promises to be a significant task for members of the New Zealand Board but one that has major implications for the future of cancer surgery in New Zealand and cannot be avoided.

75th Anniversary

The Minister of Health has approved funding to assist RACS in producing a display on the progress of surgery over the past 75 years. The target audience would be the general public and it would be shown at a number of sites around the country in conjunction with public access to the mobile surgical theatre. The possibility of utilising some components of the display at the ASC in Adelaide is being considered.

Part 2 Examinations, Auckland

Examinations for General Surgery, Orthopaedic Surgery and Plastic and Reconstructive Surgery were held in Auckland in mid-May. For the first time, all components of these examinations - with the exception of the anatomy oral - were held in South Auckland at Middlemore Hospital and its attached Superclinic. The relatively new Superclinic provided a wonderful venue for the clinics with its free and easily accessible parking for the patients, its quantity of natural lighting and its design of "outpatient suites" off a central core that allowed all specialties to be self contained yet co-located. Thanks go to all the examiners, to Ross Blair (Chairman's Deputy), to Andrew Connolly (Court Registrar) and to the clinical case organisers for each specialty - Geoff Coldham for Orthopaedics, Habib Rahman for General Surgery and Martin Rees for Plastic and Reconstructive Surgery - for assisting in the smooth running of this examination.

Elliott House

RACS co-owns Elliott House, the base for the New Zealand Office, with ANZCA. Staff numbers have grown in both Colleges since the initial purchase of the property in 1991 and discussions are being held with ANZCA to determine whether it would be possible to reorganise the current space in a more efficient manner. Failing this, there will be a need to review the existing ownership arrangement.

College can take pride that it was done, was well received and has set a standard which future convenors and their committees may find hard to match.

During the week "The Mantle of Surgery", commissioned by the College and written by Professor Wyn Beasley, was launched. It is a fine historical overview of the College's 75-year history and will be given to all current Fellows.

Surgery is certainly greater than its component parts. The College would like to attract those specialties that are not, at the moment, involved with the ASC. The generic issues addressed at the Adelaide Congress 2002 are important and do affect all surgeons.

I was proud to be part of this congress. Almost all who were involved in it came away with a great deal of satisfaction, additional knowledge and a belief that they had participated in a scientifically important and socially enjoyable event.

Kingsley Faulkner
President

Presidents report from page 3

RACS Surgical News
2002 Virtual Congress
You can now access papers from the Annual Scientific Congress online

This year's Annual Scientific Congress, jointly held by the Royal Australasian College of Surgeons and the Royal College of Surgeons of Edinburgh, presented over 650 papers, covering the latest research and achievements in all the surgical disciplines.

For the first time, the Scientific Programme is immediately available through the Virtual Congress site, at http://www.surgeons.org/virtualcongress/

Most of the papers have abstracts provided by the authors. Over half the papers also have their presentations available online, as a series of Microsoft PowerPoint slides. More presentations will be added to the site following final revisions by their authors.

In some cases the presentations included patient photographs, which made them unsuitable for web access, and these are not available through the Virtual Congress.

The Virtual Congress offers a fantastic opportunity for surgeons everywhere to access the papers online, to contribute to discussions on issues raised by the meeting and to get an overview of the current state of surgical innovation and analysis as experienced by the 2002 Congress. The surgeons who have made their papers available through the Virtual Congress have made a very significant contribution to global learning.

To access, go to the Virtual Congress http://www.surgeons.org/virtual congress or visit via the RACS homepage. Registration to access the site is required, but there is no cost. Please be sure to fill in all the boxes.

The Scientific Programme is organised by stream. Within each stream, the papers can be accessed by title and will include abstracts where these have been provided by the authors. The presentations can be viewed as slides by clicking on links under the title, which will start with the word “first” and proceed through a series of numbers. The “previous” and “next” buttons on the right also assist navigation. Another option is to click on the “download” button to download the presentation.

Delegates at the Congress can now easily review both the sessions they attended as well as those they missed but would have liked to hear.

The Virtual Congress has been made possible by the generous sponsorship of Ansell. As sole sponsor, Ansell has helped make the excitement and knowledge disseminated by the meeting available to surgeons and trainees throughout the world.

For further information about the Virtual Congress, please contact Ray Marchant on +61 8 8363 8360 or email ray@clinicdesign.com.au

http://virtualcongress.surgeons.org

Wanted! RACS Forum Moderators

The College would like to develop an online forum for Fellows to connect with each other, and share common interests and concerns.

The possibilities are for either a web-based message board or an email listserv. There could be a common one for all RACS members (Fellows and trainees), or we could develop forums for surgical specialties.

For the forum or forums to work, we need a group of founding members (around six is a good number) to be caretakers. Caretaker responsibilities include keeping an overview of the group communications, welcoming new members, looking out for any messages that might have been overlooked and initiating new discussion threads when it gets quiet.

Anyone can be a forum moderator. It doesn’t take a lot of time or require any special technical skills or knowledge. The main requirement is an interest in the project and in connecting with your peers generally.

Please call the Library and Web Manager, Anne Casey, on +61 3 9249 1272 or email anne.casey@surgeons.org if you’d like to find out more. Anne will be providing technical support, but it is important that the forum is run by members of the group it is intended for.
Obituaries

Joe Shepherd

Joe Shepherd
Born 6 October, 1928
Died 17 April, 2002

Joe Shepherd was born in Kent and spent his formative years in the United Kingdom. In 1952 he began his surgical training at the Glasgow Royal Infirmary. He married in 1959 and later settled in Tasmania with his family of four boys, where he worked as a senior lecturer.

In 1978 he assumed the position of Professor of Surgery. While in this role, his many activities included long and hard campaigning in the area of public education against smoking.

However, he most notably gained recognition and earned the title of world expert for his work in isolating the gene for a rare endocrine disease, MEN Type-1, which revolutionised treatment and screening of the disease.

Not only was Joe described as a brilliant researcher and teacher, he was also noted for being a caring, compassionate individual.

Joe is survived by his wife Ina and sons Alistair, Iain, David and Colin.

Nancy Lewis

Born August 28, 1913
Died March 27, 2002

Ophthalmologist Nancy Lewis, MBBS, MD, DO, FRACS, FRANZCO, FRCOphth (UK), graduated in medicine from the University of Melbourne in 1935, and after being a resident medical officer at the Royal Children’s Hospital (RCH), the Royal Victorian Eye and Ear Hospital (RVEEH) and the Royal Women’s Hospital, was medical superintendent of the RVEEH in 1940-41 before deciding to pursue a career in ophthalmology.

She was appointed to the Royal Children’s Hospital in 1942, and remained associated with it until 1986.

Her major contribution to ophthalmology was the founding of the Eye Clinic at the RCH. She remained in charge of the Eye Clinic until 1963. She continued as Honorary Consultant Ophthalmologist until 1986.

Her work also included running a private practice. She was loved and greatly respected by her patients and would spend considerable time talking with them, not only about their conditions but also about their families and other important aspects of their lives.

She mixed family and professional life at a time when limited numbers of women were able to do so. In 1951 she married John Vickery Brooks (an electrical engineer and the son of a former Director of Education of Tasmania).

She summed up her own experience with the words: "I had a wonderful life and enjoyed every minute of it."

She is survived by her daughter Anne, also an ophthalmologist, son-in-law Murray Frazer, and granddaughters Elita and Georgina.

Minister Launches Interlock Device on College Lawns

RACS staff, including Mr Gordon Trinca, long time member of the RACS Road Trauma Committee, were among those who attended the State Transport Minister, Peter Bachelor’s official launch of the alcohol interlock device on Monday the 13 May. The device is a portable breathaliser unit fixed to the car which requires a driver to blow into it before a car will start and is part of the State Governments attempt to crack down on serious first-time drink drivers and repeat offenders.
Building on Excellence
A Strategic Plan for Education 2003 - 2007

Accompanying this edition of Surgical News is a draft copy of a Strategic Plan for Education. It is the result of an extensive review process undertaken by Professor John Hall, Dean of Education, and guided by the College’s Education Policy Board – the Board chaired by the Censor in Chief that oversees all educational activities within RACS.

The draft document has been reviewed by the Executive, which has given a commitment to distribute the document widely and seek comments from all Fellows and trainees. We believe that the issues are important enough to justify this major consultative process.

This document seeks to outline a comprehensive and unified process for advancing surgical education. It is a genuine attempt to pull together the diverse educational activities of RACS into a cohesive package. All Fellows and trainees now have an opportunity to influence the future direction of educational activities within RACS. It is appreciated that the proposed changes will fail unless they are perceived as being achievable and receive strong support from Fellows and trainees. It is therefore vital that you take this opportunity to provide us with feedback.

All comments should be addressed to me, Associate Professor Richard West, Censor in Chief, Royal Australasian College of Surgeons, Spring Street, Melbourne 3000. Alternatively, comments can be directed to the Censor in Chief’s office by emailing lorraine.devitt@surgeons.org.

It is crucial that comments be received by Friday 30 August 2002 so that the revised document can be prepared and presented to Council at its October 2002 meeting.

Associate Professor Richard West
Censor in Chief

New procedures guidelines booklet available

A booklet has been produced by the Australian Safety and Efficacy Register of New Interventional Procedures - Surgical (ASERNIP-S) and the Continuing Professional Development (CPD) Department of the Royal Australasian College of Surgeons, and distributed to all hospitals in Australasia which provide surgical services.

Copies can be obtained from ASERNIP-S.
Tel: +61 8 8239 1144, fax +61 8 8239 1244, email college.asernip@surgeons.org or a limited number are available through the CPD Department at RACS head office in Melbourne.

An electronic version will be available by June 2002 from both the CPD Department (www.surgeons.org/wedo/whatdo_index.html) and ASERNIP-S sections (www.surgeons.org/open/aser nip-s/publications.publications.html) of the RACS website.

Guy Maddern
ASERNIP-S Surgical Director

RACS bound by Australian Privacy Act

As of 21 December 2001, the College is bound by the principles of the Australian Privacy Act 1988. The Act dictates how the College should collect, use, store and disclose personal information collected from individuals. The College has conducted a privacy audit to ensure compliance, and a number of changes to College practices have been instigated.

In this issue, all trainees and Fellows should find a Collection Statement, which affirms the College’s commitment to the privacy of individuals, and details our information-handling practices. A facility is also provided to update your details and opt out of marketing activities.

If you have any queries regarding the Privacy Act and your practice, please contact the Australian Medical Association (AMA). Any questions about College privacy (ie. collection of information on Fellows and trainees) can be directed to the Privacy Officer on +61 3 9249 1200 or email college.privacy@surgeons.org

Surgical News

Correspondence to Surgical News should be sent to:
surgical.news@surgeons.org

or The Editor, Surgical News,
Royal Australasian College of Surgeons,
Spring Street, Melbourne Victoria 3000. Tel:+61 3 9249 1200;
fax: +61 3 9249 1219; Internet: www.surgeons.org
Surgical News Authorised by Dr Vin Massaro

© 2001 Royal Australasian College of Surgeons

The Royal Australasian College of Surgeons and the publisher cannot be held responsible for errors or any consequences arising from the use of information contained in this newsletter. Publication of advertisements does not constitute any endorsement by the publisher or the Royal Australasian College of Surgeons of the products advertised.

Published by Metropolis Media Pty Ltd
ACN 094 587 729

Vol.3 No.5 June 2002
AND THE BANDS PLAYED ON

Music and warfare have always been closely linked, but in modern times the mood has shifted.

One of the highlights of last month's Annual Scientific Congress was the Major General Rupert Downes Memorial Lecture, presented by Colonel Donald Beard, on the role of music in warfare.

Combining his interest in military history and love of music, Colonel Beard examined the role of music in war from ancient times to today.

Weaving in some of the masterpieces inspired both by military victories and defeats, the lecture was received by a standing ovation.

One of the central strains running through the lecture was the shift that had taken place, particularly in the 20th century, from the creation of music that glorified the honour of fighting for one's country to the lament.

This modern music was more in honour of the soldiers and their suffering, Colonel Beard said, citing the shift made by Elgar from *Pomp and Circumstance* to his *For the Fallen*.

"This was a particular 20th-century change," he said.

"In Korea, Vietnam and Afghanistan there were virtually no compositions of support.

"There was more silence than music, especially in the Vietnam memorial in Washington."

During his presentation, Colonel Beard played examples of war-inspired classical music and opera from such composers as Mozart, Handel, Beethoven and Strauss, which highlighted the change from percussive marches and fanfares to the more subdued laments.

He also explained the practical role played by music in the military, examining how it was used by earlier civilizations including the Egyptians, Ancient Greeks and Romans.

"The instruments of war included the instruments of music," Colonel Beard said.

"Orders on the battlefield were often given by musical instruments until the noise of war became too great.

"Bands led the soldiers into battle, but they were also trained for, and assigned to, other duties such as the stretcher bearers in the Australian army, who gave great service."

The Major General Rupert Downes Memorial Lecture was established following Downes' death in active service in 1945. The military and paediatric surgeon was born in Adelaide in 1885. He enlisted in the Australian Army Medical Corps and was the youngest ambulance officer with the Anzacs. He served with distinction in World War II and was later knighted.

Colonel Beard, a general and military surgeon who was involved in the Vietnam and Korean conflicts and helped establish the RACS section of Military Surgery, said he had been deeply honoured to have been asked to give the lecture and said he was greatly moved by its enthusiastic reception.

"I have long been interested in both military history, particularly in the management of casualties of war, while also interested in music, so it was a great honour to be asked to give this lecture," he said.

"What made it even more significant to me was discovering that Major General Rupert Downes was a trumpeter during the Federation ceremony."
Vigilance important around the family pet

A plastic surgeon has called for a National Dog Bite Prevention Week

Geelong plastic surgeon Mr Peter Callan used his presentation at the Annual Scientific Congress to launch an awareness campaign to help reduce the incidence of dog bites to young children.

Mr Callan said that an increasing number of dog attacks on young children was not the result of so-called “killer dogs” but simply due to a lack of appropriate parental supervision.

He said two-thirds of dog bites occurred in the home, indicating that many parents were not aware of the risks and the need for greater vigilance.

Following strong interest in his presentation, Mr Callan will soon be putting a proposal to the Society of Plastic Surgeons that it takes the lead in establishing an annual National Dog Bite Prevention Week.

He said the statistics relating to dog bites in children had remained static for the past 15 years, which suggested much could be done by better educating parents.

“From the statistics it appears that parents are more vigilant with their children outside the home and in relation to other people’s dogs than they are at home with the family pet,” he said.

“But children can put themselves in danger when they are left unsupervised with a dog, especially around an animal’s food bowl or when they become too boisterous.

“The attacks come as a complete surprise to some parents, so we need to educate people about the risks.

“For example we see more dog attacks and serious injuries caused by labradors than breeds some people associate more readily with aggressive behaviour.”

Mr Callan also used his address to report on the case of a two-year-old Geelong child who had his right cheek removed by a dog bite just nine months ago.

Replantation surgery involved taking out the cheek and reattaching it with microsurgery.

Mr Callan said the operation was one of only four other cases reported in the world.

He said he was now planning to put a proposal to launch the education campaign to the next council meeting of the Society of Plastic Surgeons, and said he hoped to involve other experts, such as veterinarians.

“What we’d also like to establish is a system whereby every time there is a dog attack reported, we are in the position to give a comment, so the message gets out there as often as possible,” he said.

“By this means we hope that for every attack that has occurred we may be able to prevent one from occurring.

“Vigilance is the only way to stop often devastating injuries, which require years of treatment by plastic surgeons.”
Child burns at ‘epidemic’ levels
A new prevention campaign is needed, the congress was told

With the number of burns in small children in Australia remaining unaltered over 20 years - and described by experts as occurring in epidemic proportions - the need for a new campaign to better educate parents on prevention was highlighted at the Annual Scientific Congress.

Dr James Wood, from Westmead Children’s Hospital in Sydney, discussed the implications of spill scalds and other burns in children and said more needed to be done, as a matter of urgency, to reduce the number of admissions and grafting procedures in hospitals.

Dr Wood said more than two-thirds of burns admissions were from hot scalds and more than half of these had been identified as readily preventable.

And he said that while many spill scalds were not life threatening, the pain and trauma could be reduced, along with the stress of ongoing graft procedures, scarring and hospital stays, if parents remained more vigilant.

“A child pulling hot liquids onto themselves or accidents in the kitchen are still far more common than playing with matches and flammable liquids,” he told the Congress.

“We believe this may be a generational issue, that new parents who have not been around children simply don’t know what precautions they should take, because they’ve never had to think about it before.”

Dr Wood said the focus must now be on a national campaign of parent education about dangers in early childhood.

And he said that although current campaigns such as Kid Safe were effective, more might be achieved if parent education began earlier, such as in antenatal or maternity classes.

He said Australia could consider investigating an American prevention programme, which sees new parents being given an information pack to advise them on ways to prevent injury to their child.

Also joining Dr Wood was an international authority on tissue regenerating technology, Dr David Heimbach. His work in the United States concentrates on regrowing skin, something that has not been possible so far, and his particular application is in patients with major burns.

THE WAR ON TERRORISM:

Presentations focussing on the impact and aftermath of the September 11 terrorist attacks in New York were a major feature of this year’s Annual Scientific Congress.

Discussions ranged from the trauma caused by the repeated broadcasting of the horrific attacks, to discussions of the medical implications of “new-age warfare”, to how best the victims of the atrocity could be remembered.

According to Professor Jay Winter, a leading US military expert on the effects of shell shock, repeated exposure to horrific images of war - such as those broadcast after the World Trade Centre attack - can cause long lasting damaging psychological effects particularly in young children.

He said the effects were similar to - if not worst than - the post traumatic stress disorders suffered by soldiers who have experienced shell shock or been involved in military battles.

“Showing (such images) thousands of times is unconscionable,” Professor Winter said.

“The coverage of post traumatic shock has turned into the pornography of violence and war.”

He said the attacks - and their portrayal - had led to a splintering in the US community with people becoming scared of their neighbours, leading to the stereotyping of immigrants, with “the hyphen being broken if you are Muslim-American or Arab-American”.

Professor Winter also said that because of the on-going trauma, America should put on hold plans for commemorating those killed in the attacks.

“Commemoration works like mourning, it can take decades,” he said.

“The shock of the 11th of September is still so deep the issue is palpable.”

He said the memorial should be centred on the names of the 3000 people killed and said any physical monument should take an abstract - not Christian - form to honour those killed of different cultures and religions.
Rise in cancer prevention surgery

Genetic diagnosis is prompting more patients to have organs removed

Thousands of people around the world are now choosing to have their stomach, bowel, ovaries, breasts or thyroid gland removed to prevent the possibility of hereditary forms of cancer occurring, according to US cancer surgeon Murray Brennan.

Professor Brennan told last month's Annual Scientific Congress that genetic and molecular tests showing who may inherit specific forms of cancers were now allowing surgeons to practise preventive surgery.

New Zealand-born Professor Brennan is head of the Memorial Sloan-Kettering Cancer Centre in New York. He said diagnostic technology derived from the Human Genome Project was being used increasingly to identify high-risk groups to specific forms of cancer.

"For some cancers the accuracy ranges from 100 per cent certainty to people who just have an increased risk," he told the Congress.

"This puts us in a position to target the treatment and prevention.

"Given that a patient carries a hereditary form of cancer which he or she is certain to get, then the patient can have surgery to remove an organ before the cancer develops."

However, Professor Brennan said this issue raised huge educational problems for the public.

"How do we say, 'I wanted you to have an operation for something you don't have yet', given that the risks of surgery are high?" he said.

"On the one hand we have the ability to cure the patient from a cancer, which if it develops to a late stage is incurable."

"But (this is done) at a cost of surgery which is not free."

Professor Brennan said a flow-on of the developing field of cancer prevention would drive the public to seek out the experts to both perform the surgery and explain the implications.

He said pre-emptive surgery for thyroid cancer would mean being on lifelong thyroid hormone replacement while preventing colon cancer would involve the construction of a surgical pouch to replace the bowel.

Professor Brennan said only a small section of the population was choosing pre-emptive surgery, however the practice could increase dramatically in the future through the next likely development - taking a cluster of genes to make diagnosis more specific for a wider number of cancers.

September 11 Discussed

Another US military expert, Major General Robert Scales also said the portrayal of the September 11 attacks had caused many Americans to avoid graphic CNN-type news coverage.

He said this in turn had led to the American media "dumbing down" and "softening" the information presented in a bid to maintain ratings.

He said news organisations were now showing how weapons and anti-personal mines work rather than the devastation they actually cause in conflict.

Major General Scales further mentioned that the lack of front-line information was causing a culture of "smugness" among the US population which he found disturbing.

Discussing the medical implications of the war on terror, Major General Scales said minimising casualties would soon become an even greater responsibility for the military medical community.

He said he believed that by 2030 the US Army will have radically changed the way it treats soldiers involved in warfare.

It is proposed that infantry soldiers will be trained as medics and the mobile army surgical hospital (MASH) would be phased out in favour of sending medical personnel along with soldiers, to the front line.

Similarly, he said there were now plans to turn transport vehicles into emergency trauma stations so that patients could be treated as they were being moved to large permanent medical stations, away from the conflict.

Major General Scales said that recent technological developments meant that now soldiers wear a small patch on their chest containing a global positioning system which also allows officers to track their vital signs and emotional state. Technologically advanced bandages, which fill up with sterile foam and reduce heavy bleeding, are also becoming part of the mainstream medical kit.
Adelaide Congress 2002

Photography by John Aloysius Henderson

1. Glen Benveniste, Convenor and Polly Benveniste, Social Programme Convenor
2. David and Margaret Thiele
3. John Temple, President Royal College of Surgeons Edinburgh
4. Ex College Presidents John Hanrahan, Tom Reeve, Scotty Macleish, John Ham
5. Spencer Brasley being awarded the John Mitchell Crouch Fellowship
6. South Australian Museum

1. RACS Chief Executive, Vin Massaro and Imre Gejzlel Singhl Virdi
2. President of the Edinburgh College, John Temple, English College, Peter Morris and Australian College of Surgeons, Kingsley Faulkener
3. RACS Vice President, Anne Kolbe, and President of the Australian College of Dental Surgeons, Kenneth Wendon
4. SA RACS Regional Manager, Natasha Costa and RACS Manager Conference and Events, Lindy Moffat
Adelaide Congress 2002

Photography by John Aloysius Henderson

1. Vin Massaro
2. Judy and Russell Strong
3. Kathleen and Kingsley Faulkner, and former RACS President Bruce Barracough with wife Beverley
4. Spencer Beasley and Keith Muttimer, President of the Australian Society of Plastic Surgeons
5. The Convocation

Adelaide Congress 2002

Photography by John Aloysius Henderson

6. Ross Lorimer, George Parks, John Temple, Peter Morris and Kingsley Faulkner, Presidents of the Royal College of Surgeons in Glasgow, Ireland, Edinburgh, England and Australasia
7. Rowan Nicks (middle) and scholars from Uganda, Mongolia and Papua New Guinea
8. Rowan Nicks, Erica Gust and Peter Morris
9. John Cocks, ASC Co-ordinator

RACS Surgical News Vol.3 No.5 June 2002
The ASERNIP-S mission is to provide quality and timely assessments of new and emerging surgical techniques and technologies. Services provided include systematic literature reviews of peer-reviewed literature, the establishment and facilitation of clinical audits or trials, the identification of emerging techniques and technologies by horizon scanning and the production of clinical practice guidelines.

Our ultimate aim is to improve the quality of health care through the wide dissemination of our evidence-based research to surgeons, health care providers and consumers, both nationally and internationally.

Two systematic literature reviews have recently been completed and endorsed by the Council of the Royal Australasian College of Surgeons. A brief summary of the recommendations from each review follows.

A systematic review of autologous fat transfer for breast augmentation

Fat transfer for cosmetic defects has been experimented with since the beginning of the 20th century, often with mixed results. However, with the recent controversy surrounding silicone breast implants, advocates of fat injection to the breast have argued that this procedure provides a safe method for achieving modest breast augmentation. Doubts remain, though, as to not only whether the procedure is at all effective, but also whether it presents the risk of calcified fat droplets masking the presence of possible breast cancer, with life-threatening implications.

The ASERNIP-S review group determined that the evidence base for autologous fat transfer for breast augmentation was poor, and consequently safety and efficacy could not be determined. The review group further recommended that owing to the lack of evidence regarding patient gain from the procedure of autologous fat transfer for breast augmentation, coupled with the theoretical dangers of obscuring carcinoma of the female breast, the ASERNIP-S review group could not endorse the collection of data within Australia for this procedure.

A systematic review of stapled haemorrhoidectomy

The aim of this review was to compare the safety and efficacy of circular stapled haemorrhoidectomy against conventional haemorrhoidal techniques, based on a systematic assessment.

On the basis of the evidence presented, it was concluded that circular stapled haemorrhoidectomy is as safe as conventional haemorrhoidectomy.

The evidence base was inadequate to determine efficacy of circular stapled haemorrhoidectomy in comparison to conventional haemorrhoidal procedures.

It was recommended that surgeons practising stapled haemorrhoidectomy should conduct a careful audit of their results. It was also suggested that, as a minimum requirement, surgeons wishing to use the stapled technique of haemorrhoidectomy should undergo appropriate training and supervised instruction in accordance with training guidelines developed by the Colorectal Surgical Society of Australasia.

Nominations for procedures to be reviewed are welcomed. Please either download a copy of the nomination form from the ASERNIP-S website or contact the ASERNIP-S office. For further information about ASERNIP-S, contact Professor Guy Maddern, ASERNIP-S Surgical Director, PO Box 688, North Adelaide, SA 5006. Tel: +61 8 8239-1144 fax: +61 8 8239-1244 email College.asernip@surgeons.org or visit the website, http://www.surgeons.org/open/asernip-s.htm

Bouquet for Mr Jake Lim (FRACS, FRCSEd)

The following is an abridged version of an email received by the College on 1 May 2002

Almost a year ago, I had a nasty Industrial accident, crushing my right hand. Dr Lim was assigned as my specialist. I feel the need to contact the highest authority I could think of to praise Dr Lim's professional attitude and excellent skills. I've not met a more caring or compassionate professional, not to mention humble gentleman in my life. In the past 11 months, Jake has shown my family and I great concern for our well being and general happiness, during this ongoing, traumatic episode in our lives. He is an excellent surgeon, his professionalism is beyond reproach and we would be eternally grateful if his efforts were recognised.

Sincerely yours in recovery

Greig, Carol, Melissa, Bradley and
Timothy French

NSW
Lord Lister’s knife

One of the most significant pieces in the College’s large collection of historic surgical instruments is a knife once owned by Lord Lister. This instrument is known as Syme’s Knife. It was devised by James Syme (1799-1870), Professor of Surgery at Edinburgh (and briefly at University College Hospital, London), for amputation through the ankle joint. The procedure in which it was used became known as Syme’s Amputation.

The brilliant surgeon Joseph Lister (1827-1912), later to be honoured with a peerage (1897) for his work in antiseptic surgery, was in 1854 appointed resident house surgeon to Syme in Edinburgh, and in 1856 married Syme’s elder daughter Agnes.

The knife was made by Young of Edinburgh. It has a tempered steel blade and ebony handle, and is 7½in. (19.2cm) in length. It is protected by a hallmarked sterling silver case by Hunt & Roskell of London, and housed in a presentation box. The case carries two inscriptions, one on each side of the handle. The first reads ‘Symes knife by Young. belong [sic] to ft often used by Lord Lister’. The other reads ‘Given by Sir Rickman J. Godlee, Bart, P.R.C.S.Eng. to R. Hamilton Russell 1914’.

Hamilton Russell was in England at the outbreak of World War I. He enlisted in the British Expeditionary Force, and was sent to France, where he served at Lady Dudley’s Hospital. At some time between August and December 1914 he was given the knife, and in 1918 brought it with him back to Australia.

The significance of the gift lies in the fact that Hamilton Russell was the last house surgeon to serve under Lord Lister, an experience which had a profound effect on him. Sir Rickman Godlee (1849–1925) was Lister’s nephew, who wrote a classic biography of his uncle, published in 1917. He was the first surgeon to remove a tumour of the brain. Like Hamilton Russell, he was a man of wide culture and many interests. He was created a baronet in 1912, the year of Lister’s death, and KCVO in 1914. After Hamilton Russell’s death in 1933, the knife passed to Sir Alan Newton (PRACS 1943–45). Sir Alan bequeathed it to the RACS, and in 1949 Lister’s knife came into the possession of the College. It is a very tangible link to a great tradition of surgery.

Adverse events a vital issue

Australia has one of the safest and best health systems in the world, with one of the highest doctor/patient ratios and access to the most modern drugs, care and equipment, according to the chairman of the Australian Quality and Safety Council, Professor Bruce Barracough.

“Like most advanced countries which are now caring for very sick, old people with complex and multiple illnesses, we have about a 10 per cent adverse event rate,” Professor Barracough said.

Speaking at last month’s Annual Scientific Congress, Professor Barracough said important issues now facing surgeons and hospitals included how they resolved adverse events and explained them to patients.

He pointed to vital health statistics, which show that:

- seven out of the 10 leading causes of death have diminished consistently since 1920, with 30 years added to life expectancy.
- approximately 50 per cent of adverse events are preventable, but few are due to negligent activity.

“The available data suggests that the top one per cent of legal claims were responsible for 30 per cent of the total costs,” he said.

Professor Barracough said medical indemnity insurer United Medical Protection (UMP) had already disclosed that the top two per cent of its claims accounted for 45 per cent of total costs.

He said research by the Australian Council of Safety and Quality in Health Care showed that Australian patients want to feel secure and confident in the knowledge that those treating them will be appropriately qualified, well-informed, take due care and will not be over-worked or tired.

“They want continuity of treatment in an environment that supports best practice and is adequately funded.”

He said a consortium of experts from medical, legal, standards, communications, insurance and consumer groups were now taking part in an Open Disclosure Initiative which will be completed by the end of the year.

“The Initiative is about giving people good information when something goes wrong, investigating problems and then fixing the system,” Professor Barracough said.
Post-operative care & patient discharge

A recent case highlights the need for adequate patient information and monitoring

Increasingly, doctors are pressured to discharge patients as soon as practicable, due to a range of reasons, including hospital funding, insurance arrangements and lack of resources.

Increasingly, the use of day surgery and day care facilities means that time for post-operative care is minimised, and pressure for early discharge is maximised.

Medical practitioners are, of course, responsible for avoiding premature discharge of patients, where clinical evidence suggests that it is not appropriate. Doctors will also be responsible for "informed consent" on discharge, providing patients with sufficient information to deal with post-operative issues, including medication, risk factors, continuing care and follow-up arrangements.

Given the importance of discharge and post-operative information in the context of early discharge, there is an additional need to inform and warn patients upon discharge in relation to the need for continuing treatment and attention, and warning signs which may require readmission or doctor call-out.

A recent decision of the Supreme Court of the Northern Territory highlights these issues [J v. C NT Supreme Court 156 of 1997]. In this case, the plaintiff argued that the surgeon failed to warn of certain material risks in relation to breast treatment. This "informed consent" argument ultimately failed.

The plaintiff also argued that post-operative care by the surgeon was inadequate: "That it was simply not a good enough standard of care for (the doctor) to tell (the patient) to come back and see him again without making more specific arrangements for her to be kept under close observation."

Evidence given by other expert doctors indicated that the patient should have been observed daily.

The patient submitted that the doctor had not arranged for community care nurses to monitor the patient.

Ultimately, some further treatment was required as a consequence of necrosis.

The Court accepted that there were signs present indicating infection and/or necrosis, and that it was important that the patient be kept under constant observation. It was alleged that the surgeon did not make any arrangement at the time for close observation.

The Court concluded:

"That the failure to have (the patient) kept under close observation in view of the signs of necrosis and/or infection means that the post-operative treatment fell short of the requisite standard of care."

However, in this particular case, it was also found that, had the care been optimal, the Court was not persuaded that there would have been any substantial long-term difference in result or effect. The Court confirmed that, despite the failure of care, it was not able to find that the consequence of the failure to monitor was that the debridement of the tissue took place at a later time than it should have.

The Court accepted that the patient suffered unnecessary distress and discomfort, and awarded nominal damages of $2000.

The case could be described as merely confirming the ordinary obligations and duty of care of doctors for their patients, particularly in relation to post-operative treatment. However, the implications are wider, given the increasing pressures on doctors to manage the discharge of patients as soon as practicable.

The case highlights the need to ensure ongoing care, appropriate information for patients on discharge and adequate monitoring and supervision, both within the hospital, and after discharge.

Gordon Gordon-Taylor Medal

The March 2002 BST Trainees' Newsletter acknowledged Dr Young and not Dr Muthukumaraswamy as the recipient of the Gordon Gordon-Taylor Medal for February 2002.

Dr Muthukumaraswamy achieved the highest pass mark in the February 2002 Part 1 MCQ Examination and Dr Young was the recipient of the Gordon Gordon-Taylor Medal in October 2001.

The College extends apologies to both doctors for the error and takes this opportunity to congratulate Dr Muthukumaraswamy and Dr Young for their outstanding achievements.
Wrapping up shares

There are products that can simplify your portfolio

Investing in the share market to suit your individual goals can sometimes be a daunting task. The constant review required and tax implications involved with frequent trading can turn somewhat simple investments into administration nightmares. That's why it is good to know that there are products in the marketplace that can simplify your share portfolio.

One service, which incorporates low involvement by the investor, is an Investor Directed Portfolio Service (IDPS). This shows many benefits including:

- A simplified approach to managing your investments
- Flexibility in choosing your investments
- One set of charges covering administration and reporting
- Access to the expertise of experienced and reputable investment managers
- Wholesale fees on most managed investments
- A saving plan for regular investments
- Portfolio valuations and transactions
- Comprehensive reports, including detailed tax reports for your investment

The service has the ability to invest in both Australian and international shares via managed investment funds, actively managed by professional investment managers in their respective markets. An Australian portfolio will also benefit from the receipt of dividend imputation credits, providing a level of tax benefit to you.

Incorporating a component of your monthly income surplus can build a portfolio of growth assets over the medium to long term. A review of your current financial position with your financial adviser will highlight your ability to commence such an investment strategy.

For further information contact Flowers & Partners on 1800 26 36 46 or visit www.flowerspartners.com.au

All information in this report is given in good faith. No representation is given or implied as to its accuracy or its interpretation. All interested parties are requested to rely on their own inquiries.

Continuing Professional Development News

The Surgical Education and Self-Assessment Programme (SESAP) is a home-study programme designed to help practising surgeons maintain a sound and current knowledge base in clinical surgery.

SESAP has been developed by the American College of Surgeons, and is based on the opinions of expert surgeons and the published literature. It covers 17 subject categories of interest to general surgeons. All material is peer-reviewed for timeliness, clinical significance and educational value and is provided in both book and CD-ROM formats.

SESAP contains 650 multiple-choice questions that can be returned to the American College of Surgeons for scoring. Alternatively, a booklet is provided for self-scoring if you prefer to do this. Participation in SESAP attracts credit in the RACS Continuing Professional Development Programme (Category 3.7 Participation in approved self-assessment programmes).

Some of you may have seen the latest version of the programme, SESAP 11, demonstrated at the recent Annual Scientific Congress in Adelaide. It is also available on a computer in the Fellows' room at RACS, and a demonstration can be arranged if you are in Melbourne.

RACS has negotiated with the American College of Surgeons for SESAP 11 to be available to Fellows at a cost of US$345 (the same as that for Fellows of the American College). The price includes scoring of responses by the ACS.

If you would like to participate in SESAP, please call the Department of Continuing Professional Development on +61 3 9249 1282 or e-mail college.cpd@surgeons.org

CPD credits for the Annual Scientific Congress

If you were present at the Annual Scientific Congress in Adelaide last month, you are able to record CPD credits of seven hours per day (or four hours per half day) in Category 3.1 (National scientific meetings including the RACS Annual Scientific Congress) of the RACS CPD programme.

Of course, participation in the ASC also satisfies your requirement to attend at least one scientific meeting during the current CPD triennium (2001 - 2003).

Participation in the Virtual Congress also attracts CPD credits, but in Category 3.8 (General activities including reading and researching clinical information on surgical audiotapes, videotapes and on the internet) of the CPD programme.

You are able to accumulate a maximum of 20 hours per annum in Category 3.8. Involvement in the Virtual Congress does not constitute attending a scientific meeting for the purpose of CPD credits.
RACS Member Benefits

http://www.surgeons.org/about/benefits.html

**HERTZ CAR HIRE – Discounted Car Rental PLUS FREE #1 Club Gold membership**

Hertz offers RACS members complimentary membership to Hertz #1 Club Gold.
You can join FREE and receive priority service, with no queues or paperwork, at Hertz #1
Gold locations in Australia and around the world.

RACS members also have the opportunity to access discounted car rental rates throughout Australia, and at selected overseas locations in the UK, Europe, USA, Canada and New Zealand. Special rates have also been extended to the new Hertz Prestige Collection in Australia.

To apply for the Hertz #1 Club Gold, or to take advantage of these special rates, call Hertz on 13 30 39 and quote the Member Advantage Customer Discount Plan Numbers: 1250381 (standard vehicles) and 1350935 (luxury vehicles).

---

**RACS AMERICAN EXPRESS GOLD CREDIT CARD**

*Features include:*
- Introductory interest rate of just 9.99% p.a. for the first six months,
  and a low 15.49% p.a. thereafter
- A credit limit of up to $20,000 per member
- Up to 55 days interest free
- No annual card fee in the first year and as long as you spend $2,500 or more
  per year on your RACS Gold Credit Card, you will not have to pay the $25 annual Card fee
- 1.5 Membership Rewards points per dollar spent for the first six months
- Enrolment into the Membership Rewards program is free (normally $33 p.a.) with the RACS Gold Credit Card

*For more information,* contact RACS Member Advantage on 1300 853 324 or visit www.member-advantage.com/racs

Subject to terms and conditions. Fees and charges apply. All interest rates are quoted as an Annual Percentage Rate. Interest rates are correct as at 22 May 2002 and are subject to change.

1) Depending on when you make your purchases, when your statement is issued and whether or not you are carrying a balance on your account from the previous statement period. There are no interest free days for cash advances or balance transfers.

---

**TRAVEL & ACCOMMODATION**

Corporate Traveller offers discounted College-related, personal, business and leisure travel.
They can also look after your accommodation requirements. For more information contact Corporate Traveller on 1800 115 522 or email: donna_brennan@corptraveller.com

---

**PHONE PLANS FOR BUSINESS & RESIDENTIAL**

With the Member Advantage / Primus OnePlan® you get:
- Untimed local calls at 17.6 cents (inc. GST)
- Competitive long distance rates
- No joining, cancellation or monthly fees
* Conditions apply

For more information, contact RACS Member Advantage on 1300 853 324 or visit www.member-advantage.com/racs

---

**RACS ONLINE BOOKSHOP**

RACS Bookshop.com is an online book ordering service for RACS members. The latest titles in all surgical specialities are available, and you can search for specific books by title, author and year.

Orders can be made by email, phone, fax or through the mail for your convenience.

For more information visit RACSBookshop.com

---

**OTHER BENEFITS INCLUDE**

- Health Insurance
- PC / Internet Offer
- Phone Discounts
- Travel Insurance
- QANTAS Club Membership
- Mobile Phones

For more information, contact RACS Member Advantage on 1300 853 324 or visit www.member-advantage.com/racs
The College has recently been advised and notes with regret the passing of the following Fellows:
Professor John Ivor Pulsford JAMES,
Honorary Fellow 1913 (UK)
Mr Barrie Charles MILROY, FRACS 1936 (NSW)
Mr Barry William Grisold NICHOLLS,
FRANZCO, FRACS 1941 (Vic)

Death Notices

Thank you — College Foundation donations

AUSTRALIAN CAPITAL
Mr J G Hopkins
Mr J B Koca
Mr B J Williams
Mr J Van Dalen
Mr B D Bowkett
Mr S W Brown
Mr I D Campbell
Mr P B Milsom
Mr W J Sugrue
Mr G N Wilton

NEW SOUTH WALES
Mr P D Colman
Prof L W Delbridge
Mr A C Gray-Weale
Mr W K Hunter
Mr S N Khan
Mr H H Lien
Mrs E A Livingstone
Mr M E Sugrue
Mr F S Waddell
Mr B W Yeo

NEW SOUTH WALES
Mr J B North
Mr A J Russell

SOUTH AUSTRALIA
Mr L J Ferguson
Mr R I Noble
Mr J D Sidey

TASMANIA
Dr J D Liddell
Mr D R Stary

VICTORIA
Mr M B Bruce
Mr R K Masters
Mr I M Miller
Mr S J Rodgers-Wilson
Mr H Ross
Mr A C Saunders
Mr A I Smith
Mr H L Weaver

WESTERN AUSTRALIA
Mr D M Collopy
Mr P V Flanagan
Mr D W Fleming
Mr G W Paget
Prof B A Stokes

HONG KONG
Mr R L Ngai

SOUTH AFRICA
Mr G J Schweitzer

UNITED STATES OF AMERICA
Mr D C McGiffin

TOTAL
$11,685

RAMSAY FELLOWSHIP
Mrs D Ramsay

ANSELL DONATION
Ansell recently conducted a market survey and donated $50 to the Foundation for every surgeon who participated in the survey. The donation was presented at the Annual Scientific Congress in Adelaide.

Yes, I also want to help fund the RACS Foundation Research Scholarships and Fellowships

NAME: ____________________________ SPECIALTY: ____________________________
ADDRESS: ____________________________ FACSIMILE: ____________________________

My cheque or Bank Draft (payable to Royal Australasian College of Surgeons) for $ ____________________________

Is enclosed, or please debit my credit card account for $ ____________________________

[ ] AMEX [ ] Diners Club [ ] Aust Bankcard [ ] NZ Bankcard [ ] Mastercard [ ] Visa

Credit Card No: _______________ Expiry: ______/____

Card Holder’s Name - Block letters Card Holder’s Signature Date

I would like my donation to go to the following specific cause/project: ____________________________

I do not give permission for acknowledgement of my gift in any College Publication [ ]

AUSTRALIA AND OTHER COUNTRIES
Please send your donation to:
Royal Australasian College of Surgeons,
Spring Street, Melbourne VIC 3000 Australia.
Tel: +61 3 9249 1200 Fax: +61 3 9249 1219

NEW ZEALAND
Please send your donation to:
Royal Australasian College of Surgeons,
PO Box 7451, Wellington South New Zealand
Tel: +64 4 385 8247 Fax: +64 4 385 8873

Thank you. Your support makes a difference to surgical research in Australia and New Zealand

Vol.3 No.5 June 2002
THE CARNETT PASSE AND RODNEY WILLIAMS MEMORIAL FOUNDATION

AWARDS FOR 2003 PROJECT GRANTS

Applications are invited for Project Grants for research in Otorhinolaryngology or the related fields of biomedical science to commence in 2003. Project Grants are for a period of up to three years, must be conducted in an Australian or New Zealand institution, and cannot be held by an awardee concurrently supported by the Foundation. Individuals with a previous history of support from the Foundation are particularly encouraged to apply.

The annual level of support will not exceed AUD$90,000 and, within this cap, grants must include the salary of the applicant and/or research assistant, equipment, maintenance, and all other costs for an approved project. Usually commitments will not be made in which continued support over many years is implied.

Closing Date: 30 August 2002

GRANTS-IN-AID

Applications are invited for Grants-In-Aid for research in Otorhinolaryngology or the related fields of biomedical science to commence in 2003. Grants-In-Aid are for a period of up to two years and must be conducted in an Australian or New Zealand institution. Otolaryngologists or trainees in the specialty who are in possession of the First Part of the FRACS are eligible to apply.

The annual level of support will not exceed AUD$30,000 and grants are restricted to equipment and maintenance for an approved project. Usually commitments will not be made in which continued support over many years is implied.

Closing Date: 30 August 2002

Further details concerning the above awards together with the current appropriate application forms can be obtained from:-
The Secretary
The Garnett Passe and Rodney Williams Memorial Foundation
Level 2, 369 Royal Parade
PARKVILLE VICTORIA 3052
Telephone: 61-3-9349 2622  Facsimile: 61-3-9349 2665  Email: passefnd@azemail.com.au

Wonthaggi, Victoria

GENERAL SURGEON

- Fee-for-service appointment
- Newly redeveloped acute hospital
- Visiting rights at public & private hospitals in nearby towns
- Unspoiled beaches and bushland with affordable housing

Wonthaggi & District Hospital is seeking a second suitably qualified and experienced General Surgeon to join its team of local and visiting medical specialists.

Wonthaggi & District Hospital is a 142-bed facility servicing a resident population of 24,000 which swells to 60,000 during the peak holiday season. The recent $4.5 million redevelopment has provided the Surgeons with a state-of-the-art operating suite, including an operating room, procedure room, recovery room and specific day-procedure facility. The Medical and Surgical Units service over 5,500 hospital patients a year. The Accident & Emergency Department had a throughput of nearly 8,000 episodes of care in 2000/01. The Hospital’s large range of community-based services provides over 86,000 occasions of service a year.

The appointee will have a basic medical qualification registrable in Victoria; be either a Fellow of The Royal Australasian College of Surgeons or have a comparable, recognised postgraduate clinical qualification; and have appropriate specialist experience.

Wonthaggi is the hub and major town of the stunning Bass Coast region, which includes tourism centres such as Cowes (Phillip Island), Inverloch and San Remo. Together, they attract 1.5 million visitors a year. Only 130 km from Melbourne, Wonthaggi is close to kilometres of pristine beaches and pounding surf, spectacular Cape Paterson and Bunaong Marine Reserve with its panoramic cliff-top ocean views. Although growing rapidly, Wonthaggi still has affordable housing. Its leisure facilities include an 18-hole golf course, tennis courts and an indoor heated swimming pool. Its education facilities include excellent private and public secondary schools.

Applications and requests for additional information should be sent in the first instance to Les McBride, the consultant assisting the Hospital, at:

Mail: Level 35, 101 Collins Street, Melbourne, Vic 3000
Phone: (03) 9663 0944 Mobile: 0427 604 404
Fax: (03) 9654 8810 E-mail: lmbcbride@ihug.com.au

AWS Australian Workplace Strategies
Horizon Home Loans

Finance available for self employed medical professionals without financials! Up to 76% of your property's value may be borrowed to fund business development, equipment updates, expansion or property.

BH: 03 9850 9822
investment.horizonhomeloans@lexicon.net
www.horizonhomeloans.com

Rooms/ Sessions Available - Morningside, BRISBANE -

BrisHealth Specialist Centre offers elegant rooms, excellent administrative support and an outstanding location surrounded by a large number busy GP centres. Currently accommodating an Ophthalmologist, Gastroenterologists, Paediatrician, Obstetrician/Gynaecologist, Plastic/Reconstructive Surgeon, Speech Pathologist, Audiometrist, Podiatrist, Massage Therapist and Physiotherapist.

Call 07 3899 1833 for an information package.

Clunies Ross National Science & Technology Award

The Ian Clunies Ross Memorial Foundation is pleased to announce that the Clunies Ross National Science & Technology Award 2003 is now open for nominations.

Since 1991 these Awards have honoured sixty-seven people from every state and territory for their successful application of science and technology for the economic, social or environmental benefit of Australia. Please note that nominations close on Friday 26 July 2002. Award recipients will be announced and presented with a silver medal at a formal ceremony and dinner to be held March 2003 in Melbourne.

Nomination forms are available from the Ian Clunies Ross Memorial Foundation:
Tel: (03) 9854 6266 Fax: (03) 9853 5267
Email: info@cluniesross.org.au
or visit our website at www.cluniesross.org.au

ENT
Seeking colleague to continue a well established modern ENT practice in the eastern suburbs of Melbourne.
Interest in otoneurology and audiology preferred.
Reply to: P.O. Box 277, Vermont, 3133.

RACS Special Rates

RACS Members & Associates can enjoy the 5 star luxury of Australia's only Grand Hotel. Located a few minutes walk from the RACS office.

Call Toll Free 1800 033 100
or (03) 9633 6002
Email: reservations@thewindsor.com.au
103 Spring Street, Melbourne.
www.thewindsor.com.au

Stay in Style at The Windsor

Vol.3 No.5 June 2002
**Health Assist Finance in 2002**

‘Premier Financial Services’

- **Health Assist** financed Patients With Full up Front Payments!
- Premier Home Loans *(from 4.89%*)*, as well as Investment and Commercial Loans (including Large Development Funding)!
- Leasing & Hire Purchase - Equipment, Motor Vehicles, Practice Fitouts!
- Health Assist Margin Lending and Managed Funds!

**Call 1800 80 81 83**

*terms & conditions available on application, rates subject to change*

**Exciting New Services**

*Access to exquisitely designed, state of the art apartments. - exclusive offer -*

- Melbourne Inner City Investment Properties, Priced from **$188,000**!
- 6% Rental Guarantee for 2 years!
- High Tax Depreciation Benefits!
- Huge Savings on Stamp Duties!
- Furniture Packages Included in all Apartments!
- Internet Access Available!
- Air Conditioned!

**Hurry**

Limited offer!

Premier investment opportunities now available for Melbourne’s Collins Street Docklands re-development!
Don’t miss this prime location opportunity!

Just one of the excellent developments available.

Student Apartments!

High Rental Demand!

**Call Health Assist Finance on 1800 80 81 83 for more information**