

Chapter 8

The student experience

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Introduction

The medical student experience is one of the most unique and challenging offered by tertiary institutions. However, while one might expect the duration, breadth and depth of the curriculum and the expectation of entering an ancient and esteemed profession to cultivate a uniform and obedient monoculture, history demonstrates the reverse, and nowhere more convincingly than through the students' experiences in the Faculty of Medicine at the University of Sydney.

While the formal curriculum's history is well covered (see Chapter 2), this chapter sets out to sample the rich and diverse experiences offered by the 150 year old Sydney medical 'meta-curriculum', not only via unsubstantiated individual anecdote but also as reflected in the many evolving activities of the Sydney University Medical Society. Focusing on the crucible years leading up to and immediately following the introduction of the Graduate Medical Program in 1997, we hope to document not only what the students themselves experienced, but also their perspectives on, and reactions to, the ever changing social, pedagogical and professional times during which they studied.

Intra-curricular

The unbearable uniqueness of studying medicine

By virtue of its subject matter, and despite the best attempts of some academics, medicine remains one of the most compelling course-based degrees offered in a tertiary setting. During its first 113 years of teaching, however, the Faculty of Medicine at the University of Sydney applied a take-no-prisoners didactic pedagogical approach, with students being asked to memorise ever increasing quantities of conceptually diverse information in an increasingly competitive environment. Basic sciences were taught ahead of more clinically-oriented subjects over a five or six year period, with students progressing through the course in a single streamed cohort. But even following the introduction of the Graduate Medical Program, students would still be asked to share a minimum of four years immersed in a wide range of privileged, powerful and transforming experiences together.

In addition to its duration, the nature of candidates admitted to the course also contributed to the uniqueness of studying medicine, with a variety of often reactionary admissions policies resulting in a range of intended and unintended results. Up until the early 1970s, and ignoring the inherent



Female students in 1897

elegance and efficiency of the Krebs Cycle, the Faculty would typically admit up to 600 students to the degree, but then fail large numbers of them in order to regulate output. Attempts to correct this source of cumbersome unhappiness resulted in the use of high school marks to regulate entry, which by the late 1980s had produced new concerns relating to its knack of selecting candidates with excellent mathematical ability, well-off parents and patchy communication skills. Around this time a report was published in *Innominate* (June 1991, Vol 42, Number 4 p15) on the poor communication skills of medical students. A journalist from the ABC TV 7:30 Report was thus prompted to ask a mature-age medical student in the middle of a second year physiology urine prac class: "What do you think of the fact that some of your colleagues have the communication skills of seven-year-olds?" to which he replied, "Well actually, I know some seven year olds who are quite good communicators."

While such tinkering to the admission criteria fell short of reliably selecting universal renaissance polymaths, it succeeded in selecting candidates with a diverse range of 'non-mediocre' capacities, personalities and backgrounds. In the early 1990s, a typical introductory first year lecture audience would look quite normal, but contain students who only a few months earlier had all been School Captains, Head Debaters, Duxes and HSC Premier's Prize winners. It was not uncommon to overhear students asking each other what they topped the state in or reminisce fondly on shared experiences at International Science Olympiads.



Female students in 2006

What may not have been apparent to the students at the time was that their entry into medicine would re-level their playing field, with a 'new order' promptly establishing itself in this newly found and exotic microcosm teeming with outliers. Indeed, the roles adopted by these 'freshers' would then influence everything from how they dressed to where in the lecture theatre they sat. Typically, the 'hardcore nerds' (as opposed to all medical students, who by definition would all qualify to be 'nerds') with their stiffly ironed checked shirts and slacks would earnestly occupy the front row of the lecture theatre, while the 'already embittered cynics' with their well ironed t-shirts and jeans occupied the middle right of the room. Of note, the 'disinterested stoners' would automatically waft their way to the back row but become increasingly absent as the first year proceeded. Whether for the sake of efficiency, myopia or simply for status, these seating positions would remain intact as the cohort percolated through the degree.

If the formal curriculum is an anvil upon which students are forged into doctors, then the meta-curriculum is the crucible in which they are cast into citizens. The late teens and early 20s typically bear witness to much personal and professional growth, often gained through a somewhat stochastic and iterative process. And while the wider community is equipped to forgive or forget such personal excursions, the stakes are somewhat higher for medical students, with one's reputation from medical school quite likely to persist through until retirement. Nevertheless, medical students as a group have developed a well earned reputation for getting drunk, having sex and being generally abusive toward themselves, contradicting any number of drug and alcohol, infectious disease and population health messages they will later spruik, perhaps providing a

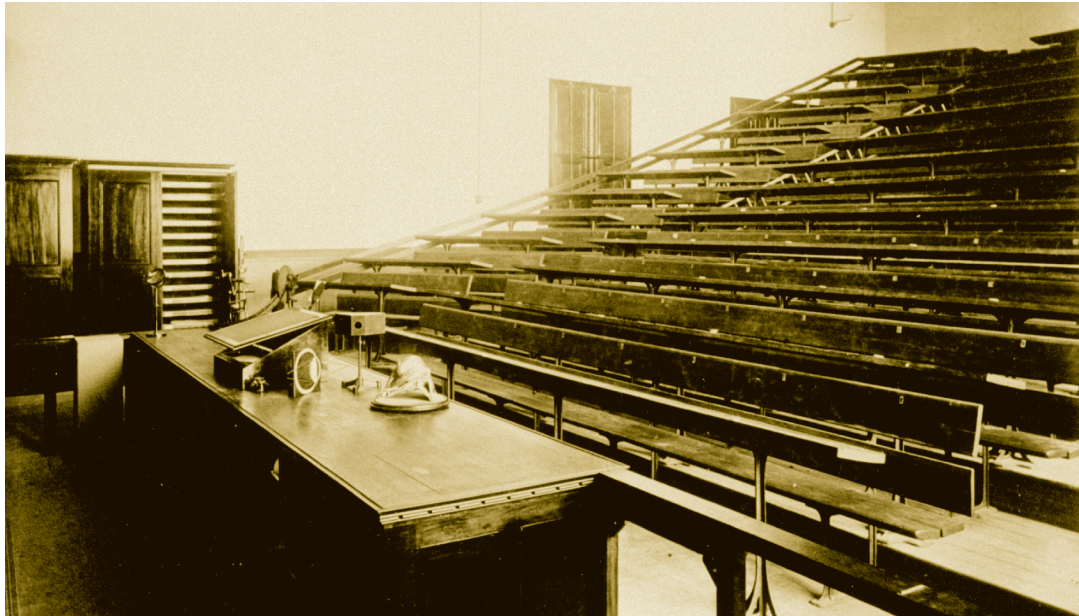
small window into the human condition and the folly of so many well intentioned public health messages. It is not surprising in this well lubricated social context, that many friendships, dalliances, enduring relationships and even families are started in medical school, as well as a smattering of epic falling outs. As will be discussed later in this chapter, the Medical Society provides ample encouragement for such forays.

The art of study

Not surprisingly, study has sat at the centre of most medical students' lives, fiercely competing for time with the need for employment, rest and recreation. Invariably though, a student's focus on their University work is easily sharpened by subtle encouragements from Faculty such as regularly spaced, negatively marked, multiple choice barrier assessments. By way of consolation, a study vacation generally precedes those, giving students an opportunity to bunk down and cram as much information in as possible. While academic merit is at present an end in itself, assessments held much more significance during the six year course, with internship placements being determined by one's weighted average mark from the entire six years. With such an incentive, all stops would be pulled out by students wanting to maximise their grades and secure the teaching hospital of their choice. What this actually involved would largely depend on one's individual learning style: in the traditional degree, the unrepresentatively large group of 'photographic memorisers' would fail to appreciate what all the fuss was about, but for those mortals not so blessed, other strategies would be devised.

'Syndicate notes' refer to the spontaneous student practice of forming small organised groups and each member would take a turn attending lectures; each attendee took comprehensive notes for the others. Thus each member of the group would only have to attend a fraction of the lectures given, allowing for extensive participation in extra-curricular activities, such as assisting in the production of the Medical Revue. While the dissident nature of the syndicate activity has made its history difficult to track, it was known to have occurred as early as pre-war times, restricted for the most part to pre-clinical lecture-based subjects. However, it appears to have reached its zenith in the early 1990s when the use of increasingly sophisticated word processing software permitted the quality of carefully typed and laid-out notes to approach a near professional standard. In these later versions, lecturer quips and asides were included for completeness and it was not unknown for the particularly obsessive scribe to annotate the notes with images from relevant textbooks. While proving a useful, if unauthorised, study aid for fellow syndicate members, these notes would in time form the most comprehensive record of the experience of studying pre-clinical medicine at the University of Sydney during the six year course.

Such was the perceived competitive advantage of syndicate notes, that much effort was expended in controlling their further distribution by miscreant syndicate members. Copies were individually marked and, in a clear gesture of intent, some syndicates even printed their notes on dark



Old lecture theatre

red paper to prevent faithful duplication by the photocopiers of the day. However, after the syndicate members had passed their exams, and despite the protestations of some, a few copies would inevitably find their way into the hands of students in the following year, sometimes as inducements to participate in time-consuming extra-curricular activities (e.g. the Medical Revue). But under substantial peer pressure, these hand-me-down notes inevitably found their way into the hands of students intent on making the lecture experience more bearable for all, and by mid-1994, the Medical Society Printing Service assumed its title, and arranged for their mass distribution to a more than willing student body.

Intellectual property issues aside, the phenomenon of syndicate notes demonstrated the ‘resourcefulness’ of the students involved while also dissolving the illusion that lectures were in anyway spontaneous. With few exceptions, not only was the academic content unchanged, but so too the jokes remained the same. And while the notes improved the lecture experience of studying pre-clinical medicine, they also highlight the intimate ties that bind technology to information and learning – a point not lost on the architects of the Graduate Medical Program.

The student as monk hypothesis

As noted in Chapter 2, the basic educational paradigm used to teach medicine up until 1997 had remained unaltered for over a century, with its original inspiration referencing teaching philosophies established in the monasteries of the Middle Ages. Indeed, in the contemporary context of Internet-inspired instant informational gratification, the practice of students attending lectures for the essential purpose of taking dictation from a lecturer resonates strongly with

the highly profitable scriptoria, where monk scribes would spend their days faithfully copying Bibles for later sale. While dictation-based lectures succeeded in imparting at least some content knowledge to the student scribes (as the scriptoria would have to the monks), it was a labour-intensive approach prone to introducing errors and thereby distracting those involved from understanding and appropriately applying the knowledge, to instead proving its faithful reproduction. Furthermore, while the moveable type printing press was an adequate solution for the distribution of the relatively stable concepts contained in the Bible and human anatomy, it was far less applicable to the rapidly evolving understanding of biological science. And so, just as the moveable type printing press released the monks from copying the Bible to quietly contemplating the ideas it contained, so too did the more agile photocopier free students from having to take dictation, and instead allowed them to focus on understanding and integrating the actual subject matter of the lecture.

Necessarily, the digital information revolution that swept through in the late 20th century encouraged further developments in the art of study. As pioneered in the Graduate Medical Program, much course material is now delivered electronically over the Internet with the teaching philosophy emphasising knowledge management, intellectual synthesis and group work through problem-based learning, as contrasted with its previous emphasis on the memorisation and regurgitation of facts. At the time of writing, the Faculty had just commenced digitising lectures to video, thereby permitting students to watch the lectures at a time and place of their choosing. While it is unclear whether such an innovation will get traction with the broader academic community, it is certain that such technologies will continue to add value to the educational experience for both student and teacher. In deference to their predecessors, it should be pointed out that, with over a decade passed, students in the Graduate Medical Program still use the syndicate notes first produced in the traditional degree. It is a relief to hear that at least some of the lecturers' jokes have changed.

Student-faculty relations

Despite the onerous curriculum, relations between students and academics during the traditional degree were for the most part cordial, at times breaking out into unrestrained collegiality. Students successfully nominated some of their better teachers for Excellence in Teaching Awards, while others enthusiastically contributed to Faculty committees, including the many planning committees for the Graduate Medical Program.

However, there were times when the two worlds chose to collide rather than mingle, such as in May 1991 when John Young stormed out of his own gastero-intestinal Physiology lecture for Year 2 in protest at the number of latecomers, informing the class later on that he had interrupted the secretary in the process of printing the final copy of the forthcoming physiology exam and changed the gastero-intestinal section to include material from the lecture that had not been given.



Anatomy demonstrators in 1965

A palpable academic rivalry would sometimes also develop between the student body and the Faculty, with lectures becoming impossibly dense and examinations becoming focused on extreme minutiae. In a desperate attempt to understand what might be driving such trends, the head of a department notorious for such an approach was interviewed for publication *Innominata*. When asked why students were being asked to memorise a particular biological pathway with sub-atomic resolution, the disappointing response – relating more to Quantal String Theory than anything clinical – was that “we have a duty to cram facts into students’ brains in order to increase the noise in them and thereby make them more creative”. With a view to maintaining civility in the student body, the response was never published.

In 1994 during a second-year lecture on the anatomy of the breast, a controversy erupted over the display of an exploitative cover from a ‘1970s men’s calendar’ demonstrating the ‘power of the breast’ in society. Accusations were made, letters were written, petitions submitted and apologies requested, but, in the end, the slide was removed from subsequent lectures and the incident put down to a simple but profound inter-generational culture clash.

Not all interactions have been adversarial and students have found the time to applaud lecturers who made an effort to teach in an interactive and stimulating manner. As an example, the second year cohort in 2003 chose to acknowledge the enthusiasm that John Mitrofanis brought to his neuroanatomy lectures by having an Elvis look-alike walk in to the last session of the year and sing “Can’t help falling in love” to the much-admired teacher. Needless to say, the entire lecture theatre joined in on the final rousing chorus to let John know just how much he was appreciated.

Clinical exposure

Under the old curriculum, students did not regularly enter hospitals until as late as their fourth year into the course, though they would admit to feeling no better prepared for the experience

than their colleagues in the Graduate Medical Program, who have regular clinical experience from their first week. Aside from changes to the structure and timing of the clinical curriculum, the fundamental learning experience remains unchanged in the Graduate Medical Program, with a reliance on tutorials given by specialists and their registrars and supported by lectures and ward time.

One constant shared by all medical students is the sense of purposelessness while on the ward. Without the skills or qualifications, they are unable to contribute clinically, and are left with largely clerical duties that at least prepare them for internship. The only commodity students have in abundance on the ward is time, and this is spent usefully but rarely with patients.

Learning in a hospital setting lies in sharp contrast with campus-based lectures and tutorials. Clinical learning is far less structured, mainly due to its reliance on sporadic and opportunistic encounters with patients who have particular or rare conditions. While this serendipitous approach may have been suitable in a previous age, changes in the New South Wales hospital system have seen a substantial reduction in the number of beds combined with an increase in the efficiency with which those beds are managed. This situation is only exacerbated as exams approach, with pressure developing amongst the students, clinical staff and patients as the need to practice history and examination builds.

The concept of the elective term was formally introduced into the medical curriculum in 1965 as the 'Unallocated Term' being placed between the penultimate and final clinical years of the course. While it was one of the few opportunities offered to pursue personal interests or sample potential



Student accommodation at Orange

careers, many students have historically regarded the time as an opportunity to travel interstate or overseas and enjoy themselves – a reasonable position given that the term usually consumes most of the summer holiday. The formal experience is typically based on clinical and/or research work, either locally or overseas, with the requirement being the submission of a report summarising their experiences. As to be expected, students invariably engage in a social exchange with peers in the locations they visit.

The Clinical Schools provide an administrative and social hub for the clinical experience, with Clinical School support staff often providing matriarchal support to their students. Common rooms at each location are supplied with Student Union funded newspapers, Internet, coffee/tea facilities, pool tables and the like to accommodate students in between tutorials or lectures.

A slowly fading connection with the past is the slow but inevitable withdrawal of hospital accommodation for students, no doubt a consequence of hospital budget cuts. While such housing was always basic, it provided a convenient, low cost alternative to renting in Sydney's inflated housing market, as well as offering another opportunity for students to socialise together. Only the Royal North Shore and Westmead Hospitals continue to offer long-term accommodation to students, with rumours that they too will succumb to present fiscal restraints.

Assessment

It is fair to suggest that nothing sharpens the mind of a medical student more than the prospect of approaching exams. Under the traditional course, the Faculty applied a range of assessment methods to ensure students were fit to proceed to the next stage of the degree. They were



anxiolysis by Alex Yartsev

also graded and ranked, which may have been successful in motivating students to perform well but also resulted in unhealthy competition amongst the cohort. It was not uncommon for books to go missing from the library or for students to haggle with examiners over half-marks missed in any given assessment. This was, of course, not unexpected from a group of students who were admitted to medicine predominantly because they had achieved the highest marks in the state on their Higher School Certificate.

The architects of the Graduate Medical Program sought to rectify the problems encountered with graded assessment by introducing criterion-referenced marking, with the concept of formative assessment to encourage learning and provide feedback on performance. A more detailed account of this process can be found in Chapter 2. From a student's perspective,

the pass-fail approach appears to have worked, with explicit examples of competitiveness becoming almost nonexistent. In fact, collegial aspects of problem-based learning have expanded to near mandatory study groups being spontaneously formed within the first six months of the course. Those groups are more likely to share information and develop their problem solving skills to such a degree that recent evidence shows that they substantially out-perform those who choose not to join study groups.

Barrier exams still exist though, and they continue to incite paranoia and self-imposed study exile amongst all medical students. Students will always feel that they could have studied just that little bit more; they still walk out of exam halls less than confident that they passed. There are those who choose to torture themselves by revisiting every question in the exam with their colleagues and those that are happy to forget it even happened.

This new approach to assessment has been complemented by a change in the way internship places are allocated. In 1999 the Postgraduate Medical Council of NSW changed the method by which interns were allocated to NSW teaching hospitals, adopting a system of 'Optimised Preferences' which replaced the previous method of allocation by academic grades. Students simply list the 18 teaching hospitals in order of preference before handing over their futures to a computer algorithm which attempts to give everyone their first choice. Around May of each year there are hundreds of soon-to-be graduates reckoning they have the algorithm worked out and that their system is foolproof. This is, unfortunately, not the case with around 75% of local graduates being allocated to their first choice hospital.



Students' views of barrier exams by Alex Yartsev

Overseas students

The growing proportion of overseas students making up the cohort is not a phenomenon unique to medicine or the University of Sydney. It is part of a national trend by tertiary institutions to supplement university finances by encouraging international, full-fee paying students to study in Australia. In 2005, international students represented around 20% of students studying medicine in Sydney. Funding issues aside, the presence of our international comrades has added diverse and unique perspectives to the cosmopolitan student experience, challenging many comfortable assumptions as well as founding international relationships likely to persist long after graduation.

Pioneer cohorts

The decision to take up study for a degree in the first year of its existence requires a certain degree of faith, optimism and strength of will, particularly for a degree as demanding as medicine. It is with some respect, therefore, that the cohorts who commenced in 1883 and 1997 must be acknowledged as student pioneers striving confidently into a pedagogic unknown. Despite being modelled on existing Scottish models for teaching medicine, the handful of students who enrolled in the Medical School's first days were particularly bold, as practically every element of their experience had been untried.

In contrast, the students entering the first cohort of the Graduate Medical Program in 1997 had far less to be concerned about. In preparing the new curriculum, the Faculty had not only sought out evidence to support practically every major educational decision, but had tested many of the newly introduced elements on the outgoing cohorts of the old curriculum. It was a rare and privileged moment in the history of Australian tertiary education where the Faculty had actively chosen to rigorously and compassionately align itself with the interests of its students, and radically overhaul the bedraggled and unwieldy 114-year-old curriculum and replace it with the innovative and effective world class offering that is present today. Practically no expense had been spared in preparing for and supporting the new curriculum, to the extent that some would suggest that the first cohort in the Graduate Medical Program was at risk of taking on a 'favoured only child' character.

Extra-curricular

At the same time as the formal medical curriculum strove to produce graduates with competencies sufficient to safely enter the profession, medical students would often spend much (and in some cases, most) of their time searching for ways to express their individuality. For the most part, this involved the pursuit of personal interests that could easily be integrated with their academic obligations, often continuing with activities they had excelled at prior to entering the degree (e.g. musical performance, sports, childrearing, and arts). However, for a small but active group



Orientation for new learning in the medical program

still discovering their talents and interests, much time and energy would be expended pursuing activities that provided leadership and/or support to their peers, while at the same time providing them with an engaging extra-curricular entrée into the world of politics, academia and business. For most of these dissident souls, the Sydney University Medical Society would provide a rich milieu in which to grow and make a difference.

Sydney University Medical Society

From its foundation on 9 April 1886, the Sydney University Medical Society has been a significant contributor to the lives of the University's medical students, and while only a small proportion of students have ever been members of Council, practically all have benefited from its representative, social and commercial activities. As Australia's longest-lived continually-operating student organisation, the Medical Society has acted as both a nursery for future leaders, as well as a mirror reflecting the collective wants and values of those it served through the prism of those fortunate enough to be involved.

This section aims to provide a superficial outline of the Medical Society's activities, with particular emphasis on its navigation through the Faculty's move to the Graduate Medical Program. Necessarily, much of its long and proud story will not be included here, but it is well covered in *The Centenary Book of the Sydney University Medical Society* edited by Ann Jervie Sefton, Nicholas Cheng and Ian Thong, published by Hale and Iremonger (1992).

The Council

Since its first meeting in 1886, the Council of the Sydney University Medical Society has evolved from a tiny graduate-dominated organisation to an almost entirely undergraduate body. The original council consisted of an Honorary President, Ordinary President, two Vice-Presidents, an Honorary Secretary and Treasurer and a few council members – 11 positions in all. In the early days there were very few undergraduate students so it was only natural that the majority of the original council and members were graduates. The first Honorary President and founder was Thomas Anderson Stuart who was also Dean of the Faculty at the time.

World War I was an early catalyst for change and the first time that the majority of senior positions fell into undergraduate hands. It was also around this time that the size of the council started to grow with the addition of a Librarian, various Year Representatives and, in 1919, a Representative of Women Students. Whilst interest in the council understandably waned during the lengthy World War II and graduates still held on to positions of leadership, undergraduates were taking on the newer positions such as Publicity Officer, the Social Secretary and medical representatives on the Students' Representative Council.

The post-war Medical Society flourished with *Innominate* beginning in 1947–48 as a more frequent publication than the *Journal* and in 1949 the original Bookscheme was created. The publications kept members informed and interested in the activities of the Society and the enterprise offered valuable services, for the most part to those members. This was at a stage when the Society did not have compulsory membership and was forced to justify its existence through its services.

By 1987 the 102nd Council had ballooned to 89 positions, a feat that has yet to be replicated. This is at least partially due to another major influence on the medical students and staff of the University of Sydney, namely the introduction of the paradigm-shifting Graduate Medical Program in 1997. The society experienced a lull in Council participation during the transition period but has since undergone a revival in the period from 2002 to 2005. The number of positions filled on Council was as low as 15 in 1997, but has grown steadily to 45 in 2005. The modern version of the organisation is made up almost entirely of undergraduate students with the only exception being the occasional presence of the Senior Graduate President. The renewed interest in extra-curricular involvement could be seen as a positive by-product of the new non-graded assessment policy of the Faculty. Without grades, participation in the Medical Society is one of the few ways students have to distinguish themselves and prepare for future employment. Some would also argue that the admissions process for the Graduate Medical Program selects for community-minded students who may be more likely to get involved in activities that support fellow students and the wider community.

Today's Council is led by the Honorary President who, since the advent of the four year degree, is almost exclusively elected in their final year. Recently created positions include Rural and Indigenous Health Officer, Careers and Mentoring Officer, International Health Officer and Director of Commercial Activities. Positions of Assistant for the more demanding positions have also been created, not only providing support, but also allowing for a smoother passing of the torch at the end of each term. Council continues to meet monthly on Wednesday evenings, but the venue has changed from the ground floor staff room in the Bosch Building throughout much of the 1990s to the Harold Dew Room in the Blackburn Building in 2005.

Like the first Council in 1886, meetings come in two forms, the monthly General Meetings and the ad hoc Executive Committee meetings. While General Meetings are open to members, executive meetings are limited chiefly to the President, Vice-Presidents, Secretary, Treasurer and various Directors. Nowadays, the purpose of General Meetings is to update Council in the form of monthly reports about what each of the office bearers has been up to, with general business being taken up with enthusiastic debate on the Medical Society's position on various issues. Unlike the earliest days of the Society, lectures and seminars are no longer conducted at these meetings. This is not to say that the Council has shirked its responsibility to contribute to the goals of intellectual improvement of its members. Popular academic events such as the 'Women in Medicine Seminar' and the 'Indigenous Health Forum' are organised by the respective council representatives. Two members of the 120th council, Peter Kaub and Chris Andersen, were largely responsible for organising the inaugural Developing World Conference held at the University of Sydney in 2005 and attended by over 200 medical students from across the country.



from Innominate, by Alex Yartsev

Membership of the Society has been free and automatic for some time, a consequence of changes to University Union funding that requires membership to be free of charge to be eligible to claim Faculty Society status. This status provided the Society with hard fought access to around \$30,000 in funding per year; it is one of the main ways members see at least some of their Union fees recouped. Unfortunately, while this funding goes a long way toward facilitating social and academic events organised by its members, it

is a sum that the society will have to learn to live without given the 2005 passing of the Voluntary Student Union (VSU) Bill, coming into effect in 2006. The Bill makes Union membership voluntary. Given the Union's 'best case scenario' analysis of around 10% student take-up in the first year, the whole Australian student body awaits the universities' responses to the inevitable strains on essential student services and what deleterious effects it will have on student-run events. Ideology aside, as referred to earlier, these changes will also require student organisations (including the Medical Society) to focus better on meeting student needs and desires, in order to justify any membership fees charged.

Representation

Medical students have a long tradition of service as members and office bearers of the University of Sydney Union and the Students' Representative Council (SRC). In the time of the six-year undergraduate degree, politically motivated medical students had the opportunity to amass considerable experience, and their maturity as senior students gave them an advantage over students in shorter courses. Also, the Medical Society has always supported its members in Union or SRC elections as a way of gaining influence in those organisations. Utilising such support to galvanise medical student support, former senior Medical Society office bearers Rahul Sen and Mark Hayman occupied the Union Presidency continuously for the three years between 1993 and 1995, introducing a range of reforms to distribute union fees – compulsorily acquired from medical students studying at clinical schools far from Camperdown Campus – more equitably. It took the form of more funding for social events as well as the regular upkeep of common rooms. The introduction of polling booths at Clinical Schools would also see the power base remain for some time.

Since the introduction of the Graduate Medical Program, direct representation in both the SRC and the Union has dwindled. It may be due to the condensed nature of the new course with more time spent, proportionately, off campus in clinical settings. It may also have something to do with the perceived lack of relevance many medical students attach to those organisations, particularly



at AMSA

the SRC. Nevertheless, the Medical Society continues to send Council members to important meetings to ensure the compulsory fees all medical students have paid to those organisations are utilised in their best interests.

On a national level, the Society represents the interests of its members through its involvement with the Australian Medical Students Association (AMSA). The AMSA Council is made up of the AMSA

Representatives and Presidents of each medical school society and is led by an executive that is elected from one of those societies. In the past, AMSA has been renowned for the annual AMSA Convention, a riotous affair that brings hundreds of medical students together from across the country to participate in a heavy academic program by day and indulge in an intense social program by night. AMSA has sought to rectify its image as a social club whose sole responsibility is organising the convention to one of a serious lobby group with definite political aims and a community conscience. In 2005 this involved coordinating the inaugural Developing World Conference and Leadership Development Seminar, sponsorship of the International Health Project to send medical students to Sri Lanka to help tsunami victims and the AMSA Blood Drive.

Faculty

Perhaps more importantly for the Society's members though, was the formal Faculty recognition of student interest in medical education. Under the influence of past president Ann Jervie Sefton, a new Educational Committee was formed in 1963 to coordinate educational policy. The committee was active in writing submissions regarding course revision and was integral in developing a new curriculum in 1982 and again in the early 1990s when the current graduate program was being implemented.

The development of the Graduate Medical Program has slowly encouraged closer ties between the Faculty and the Medical Society. The role of the Medical Education Committee has largely been ceded to the Medical Education Officer who acts as the main link between the Society and the Faculty. Over the last few years, the role of the Medical Education Officer (MEO) has evolved into one of the most prolific and involved portfolios on the Medical Society Council as the officers serve several roles. They are foremost the leading student advocate, with diverse responsibilities that include sitting on both the Faculty Academic Committee and the University of Sydney Medical Program Curriculum Committee, participating in various Faculty working parties, providing a significant contribution to the Australian Medical Council review and acting as a point of first contact for much of the communication which occurs between the Faculty, Medical Society and the wider student body.



Sydney rugby team to play students from University of Queensland Medical Program

Most recently, the MEO has coordinated student input into numerous pertinent issues, including the creation of the combined BMedSc/MB BS degree, the proposed introduction of graded assessment schemes, the reinvigoration of the honours program, and the Indigenous curriculum. Their job is also to include as many students as possible in any decision-making involving their education, by overseeing student participation on numerous Educational Committees and Block Reviews, a democratisation of education, perhaps reflecting the political changes of the late 20th century. In 2005 over 60 students are involved in those committees. As such, the MEO is able to provide medical student representation at multiple levels involved in the day-to-day administration of the medical program and the Faculty at large. The role of the MEO therefore enhances the credibility of the Medical Society as a proactive, student-centred organisation which stands to, amongst other goals, enhance the welfare, educational experience and professional pathways of its members.

Government

There are very few graduates in Australia who would not feel their university education was a truly valuable experience, and for many of them the cost of going to university was never a limiting factor. Australia lays claim to an egalitarian society and it has been the universal access to tertiary education that contributed to that proud status. Young (and old) people enrol in universities from all reaches of the community, whether it be from a private school or public school, from the city or the country, from wealthy families or struggling families. Sadly, however, this access to opportunity is being eroded away by successive governments who exert their influence on Australia's educational institutions in the name of 'building world class universities' but in the process drag them out of the reach of many. The evidence is telling. It is well known that in 1996 the Commonwealth cut \$2.2b from university funding and introduced inequitable full-fee-paying arrangements enabling those with more money to qualify for courses where they were below entry level standard. Commonwealth grants have failed to keep up with the increases in average weekly wages and the burgeoning enrolments. In medicine at the University of Sydney, stage 1 intakes have increased from 207 in 2000 to 274 in 2005, yet the number of government-funded Higher Education Contribution Scheme (HECS) places have declined from 186 to 158 over the same period. Many of the funded spots have been replaced by 38 rural bonded medical places and 15 full-fee paying students. Those lucky enough to receive a HECS place in 2005 were less than impressed with a recent change to legislation allowing universities to increase fees by up to 25%. The Student Contribution Charge (the new name for the Higher Education Contribution Scheme) for 2005 is just over \$8000 per year. Those who can afford a full-fee paying position will be charged \$35,520 per annum.

At the time of writing, the conservative Howard government had used its Senate majority to pass the Voluntary Student Unionism Bill (VSU). It is by no means a new Bill, with various Liberal governments attempting to introduce VSU since the 1970s. Forms of VSU already exist



in Western Australia and Victoria. It refers to the abolition of compulsory membership fees to join a student union, representative council or sports union. At the University of Sydney, the annual compulsory subscriptions in 2005 were \$271 to the University of Sydney Union (USU), \$144 to the Sports Union and \$66 to the Student Representative Council (SRC). Membership of these organisations provides all students with a wide range of benefits and services, including free student advisory services, subsidised food, academic and political representation, support in times of need, sporting facilities, student publications, child care facilities and funding for clubs and societies. As part of these services, the Union kicks in just under \$30,000 worth of funding to the Medical Society. This goes toward subsidising social and academic events, covering some of the costs

of publications such as *Innominate* and *Feet First* and helps out with infrastructure costs such as acquiring and maintaining computers and printers in the office.

Proponents of the Bill argue that the compulsory nature of student unions denies the rights of individuals to make choices and that unions are less accountable when fees are compulsory. Opponents say student unions make valuable contributions to the culture and soul of a campus and, by supporting student-led activities, enhance the vibrancy and variety of the university experience, much in the same way governments funded by compulsory taxes do. The Nation Union of Students has re-named the Bill the Anti-Student Organisation Bill, believing it aims to silence dissent by student groups. While the Medical Society Council is confident of there being life after VSU, it will have to work harder to make its social and academic events more financially viable.

Medical students need little encouragement to don a white coat and stethoscope and stand shoulder-to-shoulder with other students to protest against changes handed down by government that they feel are detrimental to their education. Over the last 20 years the Society and its members have joined numerous rallies opposing VSU and HECS fee hikes and have written various submissions to parliament offering their view on subjects such as the opening of new medical schools and the introduction of full-fee paying places. The effect of such actions are usually difficult to gauge but they are a necessary part of the Society's role of providing a united voice to its members.

Commercial activities

The Sydney University Medical Society Bookscheme was first considered in 1933 as a means for members to avoid the high overheads of commercial booksellers, but it was not until 1951 that G Shortland was elected as the first Bookscheme Director and the remarkable Sheila Nicholas (or more famously Mrs Nic) its first employee, with the premises located in the basement of

the Blackburn Building. Books and printed notes were sold at 'almost cost price' and all years of medicine were provided for. A brief dalliance with the University's much larger Cooperative Bookshop almost saw the demise of the Bookscheme in 1963, though it was subsequently saved through an alliance with the Collins Book Depot based in Melbourne (presently in administration), with the bookshop trading as an independent branch of Collins until 1983. Under this arrangement, the bookshop was obliged to sell at recommended retail price, but was still able to offer a deferred rebate on purchases. In 1983 senior student Anthony Sara (Honorary Treasurer in 1983 and 1984) instituted a series of reforms to increase the income generated, organising to have the bookshop trade independently of Collins, replacing the rebate with an immediate discount at the point of sale, and also increasing the discount amount. This initially placed increased demands on the shop staff, but under Mrs Nic's leadership they pushed through until the enterprise re-equilibrated, growing steadily until her retirement in 1991.

The Medical Society's involvement in printing predated its foray into bookselling, with its first published lecture notes and past examination papers being produced during the 1940s through an external printer. The notes were only sold to members of the Medical Society, and on the basis of their strong demand, the operation was brought in-house, by purchasing its own typewriter and duplicating machine in 1949. Shortly thereafter, a Notes Committee was convened by the Editor of Notes, and it was their responsibility to print and assemble the lecture notes. The notes were sold cheaper than could be provided commercially, but with sufficient margin to permit a steady income to the society. In 1968, the society upgraded to an offset printing press, with the new machine printing *Innominate* and the *Journal* in addition to the notes and past papers. In 1972, it was decided to change the title of the Editor of Notes to the Director of Printing and Publications,



on the oval

with responsibilities expanded to include the organisation and running of the Printshop, including running the printer, a task previously performed by Mrs Nic. In 1982 a new press was purchased and the Printing Service started advertising its services in order to utilise its new capacity and as a consequence started producing notes for a range of satisfied external customers. In 1991 the Society again upgraded its printing facilities, this time replacing its offset machine with a high capacity photocopier. The quieter, but no less toxic photocopier was moved from the Bosch storage room across to the Medical Society Council Room in the Blackburn Building, where it persists today. During the 1990s, demand for the Printing Service had grown sufficiently to first justify the acquisition of three high capacity digital photocopiers, with a full-time employee being retained to them from the late 1990s onwards.

Throughout its history, the Bookscheme and Printing Service had regularly employed students, not only providing them with an opportunity to earn extra income, but to also learn how to operate many aspects of a small business, including everything from budgeting and marketing through to time and people management. By the 1980s Medical Society Directors of Bookscheme and Printing were expected to involve themselves in the active management of their enterprises, an expectation that would not only distract them from their study, but also justify quite reasonable remuneration, particularly for a student. The tensions created between the political and commercial aspects of the position would see a confluence of the Director of Printing and Director of Bookscheme positions in the mid-1990s into a newly formed honorary position – the Director of Commercial Activities, or DOCA. Holders of the new title would no longer be allowed to be paid by the businesses. The position required acting as an informational conduit between Council and the Bookshop and Printing Service as well as providing administrative support to the newly formed Commercial Board, a committee of senior Medical Society Office Bearers and Graduates responsible for the business's directorial oversight.

Following Mrs Nic's retirement, the position of General Secretary was removed from Council and the role of Bookshop Manager was separated from the day-to-day operations of the Council. Tony Whitmore first took over the reins as Bookshop Manager in the early 1990s, quickly establishing a second retail outlet on the Westmead Hospital campus. Gavin Crawford succeeded him in 1996. His leadership has successfully guided the Bookshop through the turbulent times associated with the introduction of the Graduate Medical Program; it has since grown to become the largest bookseller in Australia, serving graduates and students alike.

Mrs Sheila Nicholas

Mrs Nic passed away in 2004 aged 89. For the 40 years between 1951 and 1991, she was the mainstay of the Medical Society's Council and Bookscheme, with her flair and wisdom helping both institutions achieve their ongoing longevity and success. She was much loved and respected by students and staff alike, was made an Honorary Fellow of the University in 1986 and awarded

the Medal of the Order of Australia “for service to the Sydney University Medical Society” on Australia Day in 1988. In her honour, the Medical Graduates’ Association has established the Sheila Nicholas Scholarship Fund to provide assistance to medical students in financial difficulty.

Social activities

For those students not interested in becoming directly involved in the Medical Society, it is perhaps best known for its social activities and no other event on the social calendar brings together more Sydney University medical students from all stages than the annual Medical Ball, fondly known as the ‘Medball’. The history of the Medball dates back to 1919. Early on they were very much formal affairs with graduates and undergraduates invited along with various official guests such as the Vice-Chancellor. The venues varied year-on-year from places like the Trocadero to the somewhat more salubrious Sydney Town Hall.

By 1979 the University Medical Society Ladies’ Auxiliary (successor to the Ladies Ball Committee) had relinquished its responsibility to the Social Secretaries of the Society (now the Director of Functions), handing over the organisation of the Ball to students who have been responsible ever since. This of course changed the style of the Ball to events that appealed more to the predominantly undergraduate crowd. It has moved from consisting of a supper, floorshow, dancing and singing to resembling a dinner dance with jazz and rock bands providing entertainment. It is the premier social event of the Society and is the only occasion that gets all years of the course together for a social event. Since 1986 the Ball has promoted a particular theme, with examples including ‘The Great Gatsby’ in 1986, ‘The Masquerade Ball’ in 1987 and 2002, ‘The Intergalactic Ball’ in 1996 and ‘All that Jazz’ in 2005. Over the period of 2003 to 2005, Balls have continued to be popular amongst students with attendances varying between 400 and 550!



Medball

Medical Balls have been funded through a combination of student union contributions and sponsorship by the private sector. The growing interest in sponsorship of medical students, mainly by medical defence organisations, coupled with expanding student cohorts, will ensure the Ball continues to be an eagerly awaited event on most students’ social calendars.



Gathering outside Minto Orientation Camp

Year dinners have long been supported by the Medical Society and are generally held at the end of the year to celebrate the completion of examinations. By far the most extravagant of these dinners is the Final Year Dinner, also known as the Graduation Dinner but not to be confused with the Graduation Ball, which marks the last major gathering of the final year class as students. These festivities range from formal to casual and traditionally involve valedictory speeches and the presentation of various awards, including the Robin May Prize, nominated by the winning student's peers on the basis of outstanding leadership and good-fellowship displayed throughout the medical degree. Other less prestigious peer-voted awards tend towards the defamatory!

Who has forgotten the feeling of utter helplessness on their first day of Orientation Week when confronted by a barrage of information regarding University life? Even before the inception of Freshman's Day in 1930, the Medical Society has entertained and educated the first-year medical students in their tentative move into Medicine. Up until 1945 student orientation was a collaborative effort between the Faculty and the society. After that date, a committee of the Society's Council was formed to cooperate with the Students Representative Council in the organisation of fresher's activities which took the form of a five-day Orientation Week. As has always been the case, orientation began with the official Dean's Welcome, medical symposia and a speech by the President of the Medical Society, explaining the history and function of the Society. Recent years have integrated high-tech, multi-media presentations to convey the same information about the Society and capture the attention of new members.

In 1952 the Society developed its orientation program to include a two-day Medical Convention. Originally created to stimulate greater intellectual activity amongst medical students, they offered two main symposia – one on Saturday and the other on Sunday – along with informal discussions, swimming, boating and dances. Inevitably, the social aspect of the conventions became an



At Minto

important draw-card. In 1955 discussions at a Medical Society Council meeting conveyed great consternation over the liquor consumption; boats being taken out; blankets removed from huts, and after years of fierce debate the final Medical Convention was held in 1960.

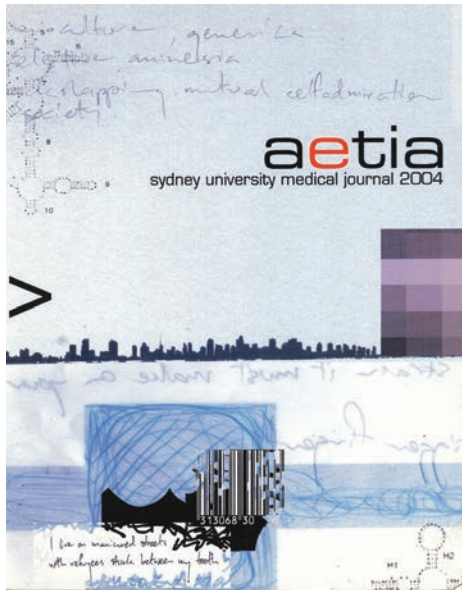
Thankfully, the spirit of the Medical Convention was reborn in 1976 when the first Minto Orientation Camp took place, restricted to first-year students and the second-year organisers, rather than open to all years as previously. While early camps aimed to be both socially and intellectually stimulating,

much of the present day Minto Orientation Camp is focused on stimulation of the social variety with the main aim of encouraging new students to get to know one another, an all-important goal as these students enter the collegiate-centred world of problem-based learning.

Publications

The first recorded publication that gave a voice specifically to medical students and the issues affecting them was in a column titled 'The Medical Society' in the original university newspaper *Hermes*. It was first published in 1886 and, given the Medical Faculty's prominent place in the University at the time, it included the minutes of the regular monthly meetings of the Medical Society and discussion of current affairs as they related to students. One 1886 article included a debate about the recent prohibition on the administration of chloroform in hospital by medical students!

By 1894 the society was growing in number and along with that its finances were also flourishing. It was decided to create a 'Medical Supplement' that would be issued with *Hermes* at a cost to the society. This supplement was around 15 pages in length and was published three times a year up until 1904. With *Hermes* becoming more and more a 'literary' paper with scant reference to the Medical Society, it was decided to produce a publication that was more relevant to medical students. In 1905 the first issue of *Sydney University Medical Journal* (originally called the *Journal of the Sydney University Medical Society*) appeared. The issues represent a priceless record of people, manners and events, and formed a most important link between members at every level. It included scientific and clinical material, with most contributions early on coming from graduates. As the *Journal* continued in a virtually unbroken series until 1972, articles and editorships became the domain of the undergraduates. Sadly, only a handful of issues were published between 1972



and 2003; however, a recent renaissance has been warmly welcomed by all students with a run of Journals being published in 2004, 2005 and another due in 2006.

Pick up a recent copy of the Journal and compare it to the earliest issues and one will instantly notice a distinct difference in both format and content. The glossy colour 2005 issue with its original artwork on the cover contrasts starkly with those from a hundred years before. Much of the scientific and clinical material has been replaced by poems, social and political articles, popular science pieces, works of fiction and photography. The Journal does maintain its role as a record of the times and the topics that interest medical students but also acts a showcase of the various literary and artistic talents possessed by them.

In 1946 the first Monthly Bulletin of the Sydney University Medical Society was conceived and paradoxically named *Innominate*. The first edition was four pages in length printed on tabloid and, according to the editorial, hoped to be 'successful in bridging the gap between the Medical Society and the Medical Student'. The policy of the paper was to be 'as liberal as possible', a tradition that continues today. *Innominate* editors invite contributions from all students as well as including regular columns and reports. It is successful in its role of canvassing the major contemporary issues affecting medical students and the wider community and also in providing entertainment to the easily distractible types in dull lectures with its satirical articles, crosswords and hilarious back-page Quotable Quotes. In the name of transparency and inclusiveness the Medical Society recently resolved to include the minutes of its monthly meetings in the paper.

Innominate has not escaped its fair share of controversy. In 1996, the opposing but synonymous *Anonymous* was published by an unnamed, but somewhat talented author, while in 2002 *Innominate*

was censored by the society after a barrage of complaints that it had become 'pornographic' and 'offensive'. While the society did not directly select and exclude material from further issues of *Innominate*, it did put forward an editorial policy to guide future editors.

Feet First (also known as *Feat First*) began its life as a supplement to *Innominate* in 1977. Although not intended to be an alternative Faculty handbook at its inception, *Feat First* soon achieved that role. Introduced for students beginning the course, it was subtitled 'so you can go into the course feet first'.

For the first years of its existence, *Feat First* was concerned primarily with challenging preconceived ideas. There were articles emphasising the socio-political aspects of medicine, an area widely held to be lacking in the curriculum in the 1970s. By the 1980s, the tone of the publication had changed considerably as it became a more service-orientated publication and this is very much the role it serves today. It is an introduction to the Medical Society with information on regular social and academic events, study tips, textbook reviews and, most importantly, regularly updated articles on the best ways to make the most out of the course. It is filled with advice about teaching and assessment, dire warnings about difficult topics and clinical days, and an 'idiots guide' to problem-based learning, all from the valuable perspective of other students.

Apart from the Journal, *Innominate* and *Feet First*, the Medical Society has been involved in the publication of a variety of items including promotional flyers and brochures, programs for the Revue and Lambie-Dew Oration, syndicated notes and tickets. Most of them are produced by the printing arm of the Medical Society Bookshop. One of the more lasting publications would undoubtedly be the Senior Year Book. Produced almost continuously since 1922, the Senior Year Books form a record of all those in final year, with a photograph and short summary of the personality, activities and career aspirations of each student. In past years, examination results were also included but with the rise to prominence of privacy as an often discussed issue in society and the change to non-graded assessment, more emphasis has been placed on the individual's extra-curricular achievements while at medical school (be they honourable or disgraceful!). They are a source of nostalgia to those long since graduated and wicked fodder at class reunions. The Society attempts to maintain a complete set but with earlier editions missing and many in poor condition, replacements would be gratefully received and much valued.

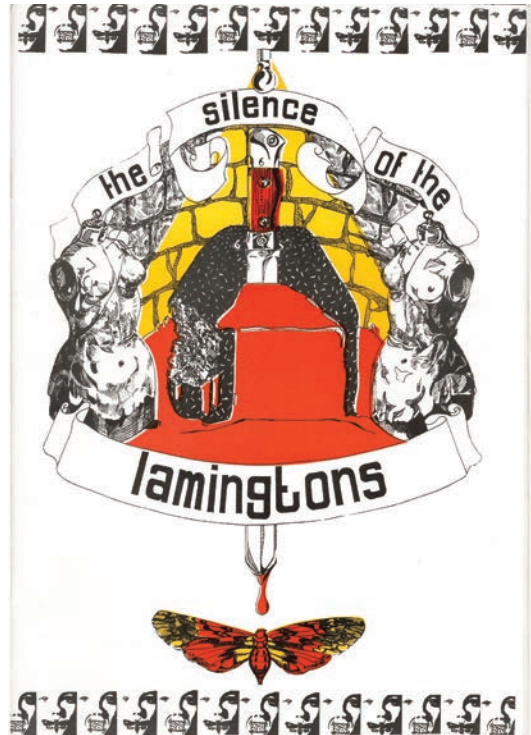
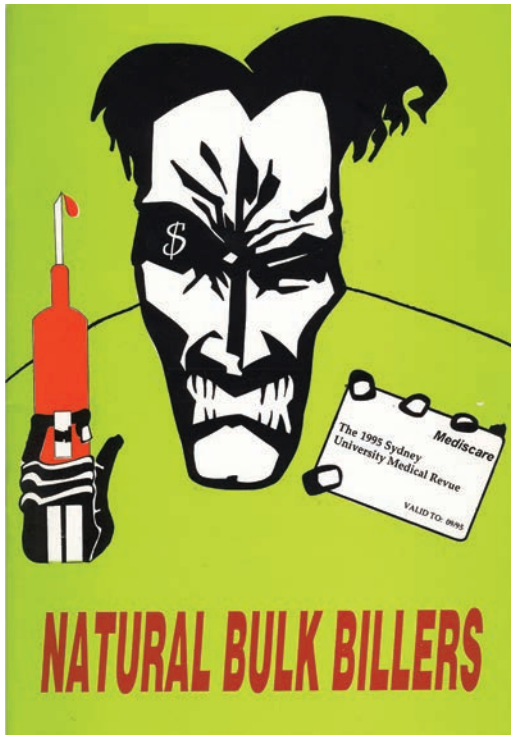
Of course, the Medical Society has been quick to adopt new technology by developing its own website called Adnexa. Launched in 1995, it has had various incarnations with its main purpose being to keep its members informed of the Society's activities and provide useful services such as accommodation listings, job advertisements and a bulletin board.

Community activities

The Med Revue is a wonderful example of what medical students can do when they exercise their creative minds beyond the realm of textbook learning and delve into artistic expression, as well as an opportunity to mix socially with others in the cast and crew (see 1993 Sleaze Chart Innominate, Vol 44 Number 6, September 1993 p20–21). It is a chance to showcase many of the amazing talents of fellow students that may otherwise go unnoticed. While some Revues are revered more than others, the aims of the event have always been honourable with profits donated to a charity chosen by the cast.

In the past the burden of producing the Revue was shared amongst various years. Since the Graduate program was introduced, it has been the sole responsibility of first year students. The numbers of cast and crew of the show now reaches around 80 students with audiences of around 1200 people spread over four nights. There is no doubt that those involved are forever bonded by the unforgettable and liberating experience of putting on such an affair.

The Revue is not the only community minded activity arranged by the Society. Other examples of successful events include the Indigenous Health Forum, Women in Medicine Dinner, and the Developing World Conference. Perhaps the most prominent educational function would be the annual Lambie-Dew Oration. The Lambie-Dew Oration was inaugurated in 1958 to honour the





Cast members in 2004 revue

first full time professors of Medicine and Surgery at the University of Sydney. They were Charles Lambie and Sir Harold Dew who both retired in 1956 after 26 years in their respective chairs.

Since the Oration's first directors and founders Ann Jervie (now Sefton) and Ian Cooke invited M Wintrobe (an editor of *Harrisons Internal Medicine*) to speak in 1958, there has been an impressive list of guest speakers. They include Fred Hollows, Michael Kirby, former Medical Society Office Bearers, Sir Gustav Nossal and Marie Bashir, and Nobel Prize Winners Sir John Eccles and Peter Doherty. There have now been over 40 Lambie-Dew Orations, always been free to the public, providing a measure of informed, thought provoking and topical education for Medical Society



Revue crew

members and the broader community. The quality of past speakers is a fitting tribute to Lambie and Dew who did much to establish the curriculum and standard of medical education at the University of Sydney.

Sport

“If those men at university joined the sports union they would learn to take a keen interest in sport and thence develop that sporting instinct which becomes public spirit in other spheres and in later life an instinct which, when once developed, never dies.” So began the Sports Report for the 1917 Journal, stressing the importance of participating in sporting activities. From the 19th to the 21st century, sport has always played a major role in the University’s life, even if it appears to be a diminishing one over the last 30 years or so. As successive governments placed limitations on funding of medical students and the length of time they have to complete a degree, participation in sport suffered.

Many argued that the introduction of the four year program would exacerbate this situation. While it is still a secondary consideration for most medical students, the contrary has been observed. Medical students continue to participate in inter-faculty sports, with their fair share of success. In fact, Medicine won the combined Men’s and Women’s Inter-faculty Trophy in 2005 and has



consistently come second or third to faculties such as Pharmacy and Engineering in the overall standings in previous years. The sports still played include athletics, soccer, hockey, tennis, golf, volleyball and squash. These days it is a rather casual affair, with teams being organised via email by the Medical Society Sports Representatives a few days before the actual event. It is now unheard of to have training sessions for any of the sports. It is predominantly played by those medical students in first and second-year because of their extended presence on campus.

Inter-hospital sporting events are now non-existent, perhaps due to the crowded timetable and geographic dispersal of the hospitals. This is similarly the case with inter-year sport losing favour to less formalised sporting activities, such as Tuesday afternoon mixed-soccer in first year, where the focus is on fun rather than supremacy on the scoreboard. This seems to match the nature of the new course with teamwork being valued more than competition.

Working/family with study

It is not surprising that many medical students undertake paid employment in order to meet their routine financial needs. While there is a lack of longitudinal figures on the matter, there is a general feeling that medical students of the 21st century are more likely than their predecessors to pursue casual or part-time work. The forces driving students into work are the increasing costs of living (particularly renting) in Sydney, decreasing financial assistance in real terms from the Federal government, the rising cost of tertiary education (especially in 2005 when universities were allowed to raise their Higher Education Contribution Scheme fee by 25%), and the older average age of graduate-entry students making them more likely to be independent of their parents (and in some cases have their own dependents). This is particularly true for those who have completed postgraduate studies before commencing medicine, because they are ineligible for Austudy or Youth Allowance payments. For some inexplicable reason, those aged 25 years and above who are eligible for Austudy are restricted from applying for rental assistance, a right afforded to those under 25 years who receive the Youth Allowance. The average age of a GMP student upon commencement is 24 years, so this means most of those on income support will be applying for Austudy at some stage. A Senate Inquiry into Student Income Support in 2005 said it was unfair that thousands of students around Australia were missing out on up to \$98 per fortnight, simply because of their age.

The Faculty surveyed medical students in 2004 and found that almost 60% of them relied on paid employment at some stage during the year, with the mean period worked per week approaching nine hours. There was no distinction between whether the participants in the study were local or international students. It will be interesting to see what effect the introduction of up to 10% of full-fee paying spots in medicine will have on the number of students who undertake paid employment. This will undoubtedly depend of the demographic of the full-fee paying students.

Conclusion

Over the last 150 years, studying medicine at the University of Sydney has delivered to its students far more than the basic knowledge and skills required to practice as a competent clinician, with the rich and diverse meta-curriculum providing a platform for students to discover and explore their own personal talents and interests in a protected and nurturing environment. We have also seen how, through the Faculty's foresight and courage, the formal curriculum has been transformed from an antiquated and demoralising race for marks into a innovative, engaging and stimulating adventure for all involved. While it is too early to tell what impacts such changes might have on the profession, it would be fair to assume that the enduring collegiality and camaraderie thus generated will not only benefit the students lucky enough to have experienced it first hand, but also the wider community that they serve. And as they grow old, and the memories of their youth begin to dominate, what a nostalgic blessing it will be to look back on such fine times...

