

ROTARY CLUB OF PARRAMATTA CITY Inc. DISTRICT 9675

www.parramattacityrotary.org.au

Rotary Four Way Test

The Four Way Test challenges Rotarians, in everything they do, to ask of themselves:

Of the things we say or do:

1. Is it the **TRUTH**?
2. Is it **FAIR** to all concerned?
3. Will it build **GOODWILL** and **BETTER FRIENDSHIPS**?
4. Will it be **BENEFICIAL** to all concerned?

Meeting 31st March 2014

The Fallen

President Keith has kept in close contact with our disabled DG-elect, Barry Antees. He has been to see him at Gosford Hospital, as has Mark Hancock and wife Karen. The doctors are waiting for the swelling to subside on Barry's badly broken ankle before they operate but the operation is expected to take place on Saturday.

Australian Rotary Health

The event will be on next Monday night, 6.30 for 7 pm, at the Oatlands Golf Club. Ralph Cadman will be handling the raffle.

Barbecues

Bunnings Barbecue at North Parramatta on Saturday, starting at 7.30 am. We expect a good roll-up of volunteers.

Future District Governors

The District has informed us that Stephen Humphreys, from the Camden Club, has been nominated for DG for the year 2016 – 17. The nomination is subject to challenge should anyone feel so inclined. Immediate past DG Bill Salter has been asked to represent the District at the Rotary Council of Legislation meeting in 2016. These meetings occur every three years and afford an opportunity to review the rules and regulations governing Rotary.

Training Day

President-elect Ron Edgar informs us that there will be a Rotary training day at the Liverpool Catholic Club, an annual get-together. It will be on Sunday, 13 April

starting with registration and coffee at 8.30 am. There will be a plenary session between 9 and 10 am, in which our very articulate DG Garry Browne will feature. That will be followed by committee sessions where members can get training for the directorship roles they wish to play in their club. The day will end at 3 pm. Ron advises all incoming board members that it will be important to attend and there will be a meeting of our board a few days beforehand.

PhD Scholars Night

The night should be a good one. We need as many members as possible It will be 6.30 pm for 7. The cost will be \$50 a head. President Keith wants final numbers by 5 pm on Wednesday 2 April.

Our guest



Dr Sangeetha Bobba

President Keith introduced our guest speaker and prospective Rotarian, Dr Sangeetha Bobba, who is a General Practitioner practicing in North Parramatta. Sangeetha became interested in Rotary while at high school in Canberra, when the local Rotary club sponsored a group of students, including herself, to attend a Model United Nations Assembly. Sangeetha's special professional interests are skin cancer and mental health.

Skin Cancer

Sangeetha stated that the two most common causes of death in Australians aged between 15 and 40 were, first, suicide, and then skin cancer. Australia is a hot spot for skin cancer and Queensland has the highest rate of skin cancer in the world. The incidence is particularly high due to the UV exposure and the Australian beach culture. Between 95 and 99 percent of skin cancers are directly related to sun exposure. The lifetime risk of an Australian getting melanoma is seven percent. It is the most common cancer for those aged between 15 and 40. Basal cell carcinomas are more common than melanomas and generally occur on sun exposed areas.

“It is important to know the risk factors so we can understand how to categorise people in terms of risk and implement prevention strategies,” she said. Skin is graded from Type One, which is white skin that does not tan, burns easily, and is often associated with fair hair and blue eyes. Type Two is fair skin that does tan. But there are other factors that need to be taken into account which includes prior history of skin cancer, whether a close relative had been diagnosed with skin cancer, and the number of moles on the body. If there were more than 100 moles, there is a heightened risk of getting skin cancer. Someone who has an immuno-suppressive condition has a higher risk of getting skin cancer. There is an increased risk with greater exposure to ultra-violet rays, either occupationally or recreationally.

There are now education programs in schools. Pupils are told to wear a hat and sunscreen when they play outside. Because these educational precautions had been neglected in the past, there are many middle-aged people presenting to surgeries now with skin cancer. It is important for an individual to be aware of his or her skin. Freckles themselves are a sign that there has been damage to the skin. The “slip, slap, slop” campaign has been successful in community education. It did give rise to controversy about Vitamin D deficiency but that could be overcome by vitamin supplements and safe sun exposure. She said that with a person who has fair skin, 15 to 20 minutes a day direct exposure to the sun was sufficient.

Sangeetha illustrated her talk with some rather gruesome pictures of cancers, but they were not entirely unfamiliar to those assembled, including Ralph Cadman who had had a malignant cancer cut out of him. John Stambouli, whose skin type probably makes him a little safer than the Snow Whites around him, thanked Sangeetha for her most interesting and useful address.

Dates for Diaries

5 April. BBQ Bunnings.

7 April. Australian Rotary Health PhD Scholars Evening.

11 April – 7 June Bowelcare Project

13 April. District Assembly. Liverpool Catholic Club. **All incoming Board members.**

12 May. Police Officer of the Year.

25 May. Salvation Army Red Shield Appeal.

3 June. Special Club Night for Rotary International Convention

30 June. Changeover.

Rugby League Injuries

Having watched television repeats of the injury to Alex McKinnon playing for Newcastle against the Storm on 24 March, I cannot but shake my head once again at both the absurdity and the inevitability of such injuries. Essentially in Rugby League, there are two walls of men confronting each other across the field. They are big, heavy and superbly fit, and though there is room for tactics and dexterity, for most of the match it is a test of strength, like two lines of buffalo going hard at each other for 80 minutes. It is very important to break that line. Behind the line there is very little defence in depth and once clear of the line there is a very good chance of scoring. So the attacking player hurls himself at the line, hoping that he will knock down the defenders or at least reduce their effectiveness so he can unload the ball. The defending side, by the same token wants to put maximum pressure on the attacker to see that does not happen and as a bonus hurt him a bit and make him less effective for the rest of the match.

So what happens? Both sides hard at it. Two or three defenders onto the attacker will make the tackle less effective. Lift his legs a bit and drive into the ground. That works. In this case, McKinnon's head got in the way. And now the tackle is described as "sickening". Sickening? It happens all the time. It is just that the angle of the head hitting the ground prevents neck injury. It is so often just that – literally a matter of degree. This clash of titanic forces is the way the game is designed. It is also part of the game to preserve this utterly useless monstrosity called the scrum. The scrum is quite useless because the half-backs are allowed to put the ball into the second row and the hookers rarely get a chance to so much as touch it. But the dangers, both in Rugby and Rugby League scrums, are huge. It is estimated that if the pack-down goes awry, some three-quarters of a tonne pressure can be brought to bear on a single vertebra, normally of a front-rower. And as happened in the case of John Farragher in 1978, playing for Penrith against Newtown, the neck snaps and the player is crippled for life. I remember seeing the scrum break up and Farragher left motionless on the ground. But they still keep on with it. At least the Rugby administrators got rid of the "flying wedge", a tactic where five players on the attacking side formed a wedge, with the man at the apex carrying the ball, and drove through the opposing line to the try line a metre or so away. Inevitably, one team in some district competition somewhere decided the flying wedge would not get there. So maximum force was applied, and as the man at the apex told me later when I interviewed him, "My body went one way and my head the other".

That player became a quadriplegic for life, and the flying wedge was banned. There have been attempts in both forms of Rugby to make tackles safer, including bans on head-high and spear tackles. There was some internal disciplinary action against one of the tacklers who felled McKinnon. But how is that going to change anything?

Rugby is marginally safer in that once an attacking player is caught, both sides have a licence then to mob around and form a maul, or a ruck. In Rugby League, it is up to the two or three defenders to neutralise the attacker, so the force they exert tends to be greater. Every football season produces its spate of spinal injuries. It might be argued that football produces a hardier and tougher race of manhood, better prepared for catastrophic events which might engulf the community. But for those individuals at the wrong place and the wrong time, there is a terrible price to be paid.

Malcolm Brown