



# Medical History

## Newsletter

AUSTRALIAN AND NEW ZEALAND SOCIETY OF THE HISTORY OF MEDICINE INC

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### THE PRESIDENT'S PAGE

It is an absolute privilege to be elected as President of the Australia and New Zealand Society of the History of Medicine for the next term. As I reflected on this responsibility late in 2019, I counted up all the conferences I've attended since I was introduced to the Society in my early days at the University of Waikato in New Zealand in 1999. As with many others, I offer my profound gratitude to Professor Linda Bryder and Dr Derek Dow for their warm welcome to the Society twenty years ago. On behalf of all of us I congratulate Linda and Derek on their Honorary Life Memberships to the ANZSHM announced in late 2019.

The Auckland conference in December was wonderful: it was international, festive, provocative, and had many highlights, including the warm welcome to the delegates on the Marae, the beautiful dinner at the Fale Pasifika, book launches, and the Witness Seminar arranged by Kate Prebble with a focus on mental health and deinstitutionalisation. Thank you to all those people who helped make the conference a success, especially Linda and Derek and their team. The next ANZSHM biennial conference will be hosted at the University of Newcastle (NSW) from 7-10 July 2021, with a Call for Papers on the overarching theme of 'Innovation in Health and Medicine' to be announced by the end of April, and a submission deadline of 2 June 2020. The conference will also try to present the next generation of researchers to our community by highlighting their work and profiling emerging scholar presenters.

We are all very much indebted to Madonna Grehan for her tireless work to update the procedures of the Society over the past two years. Madonna's focus and determination to continue in the wake of previous leaders of the Society and to professionalise our work is impressive, and as an Executive we all counted on Madonna enormously. It is good to see that the Society retains Madonna's expertise and energy as a Council member from 2020. Warm thanks also go to the outgoing Secretary, Charmaine Robson, who takes up the role of Treasurer; the outgoing

Treasurer, Peter Burke, who assumes the role of Vice-President; and to our incoming Secretary, Maggi Boulton.

In 2020, our focus will be on maintaining the excellent progress made in securing memberships and renewals, supporting the fine work of the journal *Health & History*, and a range of important projects including the review of the Society's Rules in the first half of 2020. We are also growing our impact using different communication modes including social media. Our Society membership is strong and stable but we welcome on-time renewals. In particular, we want to increase our support of students and early career researchers in the social histories of health and medicine as we aim for sustainability and relevance.

We welcome new Council members Madonna Grehan, Criena Fitzgerald, and James Dunk.

Our members are important to us. We celebrate your success and contributions in this newsletter and we are always happy to hear about improvements we might make.

**Catharine Coleborne**  
**Cathy.Coleborne@newcastle.edu.au**



## ALL ABOUT OURSELVES

Members of the ANZSHM describe their life, work and interests

I wasn't fond of my Yorkshire school and nor was it overly keen on me, so we parted company when I was sixteen. At nineteen I married, despite being told by friends that 'it wouldn't last'. This was in the late 1970s, during a period dubbed the 'winter of our discontent', when work was scarce in the UK. My partner secured a two-year contract in Zambia, which seemed like an excellent, if rather scary reason, to get married. We didn't imagine we would still be together 42 years later.

Zambia was recovering from the injustices of colonial rule and was careful to ensure jobs went preferentially to nationals. Expatriates were only used for specific areas that could benefit the country economically. Unemployed, I had the rare privilege of time, enabling me to learn something about an amazing part of Africa and the opportunity to read mountains of classical literature.

After returning to England my first job was as a laboratory technician at the Medical School in Leeds. In the teaching laboratories we often tested equipment on ourselves. I won't forget the awful Bárány chair, animal dissections, and audiology testing (I was deaf even then). Occupational health and safety was not a big thing and I remember watching horrified as a co-worker chewed her finger nails, having just finished scrubbing the remains of dissected brains off boards with her bare hands.

In the early 80s we had the opportunity to spend two years in Australia, long enough to fall in love with the country. I wasn't quite ready to quit England so elected to study botany at Leeds University. This provided a strong scientific



background to my emerging love of plants and gardening. Mixing science and history was not strongly encouraged. When I told one of my lecturers I was dropping his genetics course in order to study history and philosophy of science he asked why I wanted to do a 'woolly headed' subject.

We returned to Australia in 1987 and settled in Adelaide. Initially I worked at both universities, doing a little teaching and working with groups studying the biochemistry and biophysics of plant cell membranes. During this time computers were beginning to appear on people's desks. In order to understand the new technology, I undertook a diploma in computing and learned how to programme. This led to IT work at the IMVS and Adelaide University, as well as some private consultancy.

During the 1990s when our children were young, I completed a graduate diploma in information management. In 1998 I started work with the Royal Australasian College of Surgeons on the Australian Safety and Efficacy Register of New Interventional Procedures – the Surgical (ASERNIP-S) project. Over the next ten years I learned about evidence-based medicine, systematic reviews, auditing surgical procedures and assessing surgical standards. To this day I find myself oddly comfortable with spreadsheets and raw data.

One surgical audit funded by the Australian government examined the mid- to long-term safety of endovascular aneurysm repair of abdominal aortic aneurysms. Longitudinal data collected over several years enabling us to create a statistical model showing which preoperative variables were most strongly linked with poor outcomes. Based on this research we applied for, and won an NHMRC grant, which we ran through the Discipline of Surgery at Adelaide University. Like all good scientific research, it went in unexpected directions, such as when we teamed up a researcher from CSIRO who was able to describe tortuosity and calcification in iliac arteries in mathematical terms.

After fifteen years of endovascular aneurysm repair it was time to study history. My interest in history was very specific. My great uncle Sidney had been placed in a lunatic asylum when he was sixteen 'because he had epilepsy'. I wanted to know more about this, but focussed my research on epilepsy in the nineteenth century lunatic asylums of South Australia. I was awarded an MPhil in 2019. I am now technically 'retired', in that my contributions are unpaid. However, this affords me the freedom to undertake research and write about medical history, primarily from a South Australian perspective. As the new secretary of the ANZSHM I hope that some of the skills and knowledge I have garnered over a lifetime of work and study can be put to good use.

**Maggi Boulton**  
[maggiboulton@westnet.com.au](mailto:maggiboulton@westnet.com.au)



## MEMBERS' NEWS

### Welcome!

Rosemary Dale NSW  
Margaret Horsburgh NZ  
Tony Ireland NSW  
James King VIC  
Rajesh Maheshwari NSW  
Colleen Thiersch NSW  
Michelle Walker NSW  
Alison Watts NSW

### Congratulations!

Dr Ann Westmore became a Member (AM) of the Order of Australia in the 2020 Queen's Birthday honours for significant service to medical history, and to science communication. Ann, a long-standing member of the ANZSHM, is currently Book Review Editor for *Health and History*.

## ANZSHM COUNCIL 2019-21

### Executive

President: Prof Catharine Coleborne  
Vice-President: Dr Peter Burke  
Secretary: Mrs Maggi Boulton  
Treasurer: Dr Charmaine Robson

### Ex officio

*Health and History* Editors: Prof Hans Pols, Dr Peter Hobbins, Dr Susan Heydon  
Newsletter Editor: Dr Derek Dow  
Internet Officer: Ass Prof Paul Sendziuk  
President, Victorian Branch: Dr Tony Buzzard  
President, NSW Branch: Dr Charmaine Robson  
17th Biennial Conference Convenor: Prof Catharine Coleborne

### Council members

Prof Linda Bryder (NZ)  
Dr James Dunk (NSW)  
Dr Criena Fitzgerald (WA)  
Dr Judith Godden (NSW)  
Dr Madonna Grehan (Vic)  
Ass Prof Louella McCarthy (NSW)  
Dr Brian Reid (NT)

## ISHM NOTES

For many years the ISHM has been endeavouring to promote or establish short courses on the history of medicine. The Riga Stradins University has finally done this in conjunction with ISHM. The ISHM Summer School on the History of Medicine will be held in Riga from 19-25 August 2020, the week before the 47<sup>th</sup> ISHM Congress. There will be no course fees for successful applicants and they will be encouraged to attend the scientific programme of Congress. Successful applicants will need to

see to their own fares and accommodation. The Summer School is open to 'junior scholars and students of all backgrounds'.

Application can be made online at [ishm2020.rsu.lv/news/1st-ishm-summer-school-history-medicine](http://ishm2020.rsu.lv/news/1st-ishm-summer-school-history-medicine). Places on the course are limited so those interested should apply soon.

**Brian Reid**  
[bandreid@bigpond.com](mailto:bandreid@bigpond.com)

## 2019 BIENNIAL CONFERENCE



*Stand-in convener Derek Dow invites the University of Auckland Vice-Chancellor Stuart McCutcheon to formally open our conference.*

*For more on the conference see pages 7-12.*

## EDITOR'S COLUMN

Contributions to the Newsletter are always welcome. The next deadline for copy is 15 May 2020. Copy should be sent to the editor, Derek A Dow at [d.dow@auckland.ac.nz](mailto:d.dow@auckland.ac.nz).

## ALSO IN THIS ISSUE

President's Page	1
All About Ourselves	2
AMPI News	4
NZ's Medical Portraits	5
NSW Branch News	6
Victoria Blast from the Past	6
Journal Watch	6
Biennial Conference Reports	7-12

## AMPI NEWS

### A Colonial Medical Portrait

Contemporary portraits of Australian colonial doctors are rare. Most of those which have survived are in family collections and institutional archives, rather than public galleries. The majority are photographs, typically studio portraits taken in the latter part of the nineteenth century. Some fine examples of these are reproduced on the AMPI website, along with two unusual outdoor images: one of Edward Davey at Malmsbury in the 1870s; another of Thomas Barker crossing the Erskine River in his buggy in the 1880s.

Earlier portraits in the form of painted or drawn images of colonial doctors are even scarcer than photographs. One of the most technically accomplished is the chalk drawing featured here. It is dated 1840, the year of the sitter's death, and is the work of the convict artist Thomas Griffiths Wainewright.

Wainewright was convicted of forgery and transported to Hobart in 1837. He was given duties as a watchman and orderly at the Colonial Hospital, where he came under the kindly supervision of Edward Bedford, the Assistant Colonial Surgeon. There he also met Dr Brodribb, one of Bedford's trainees.

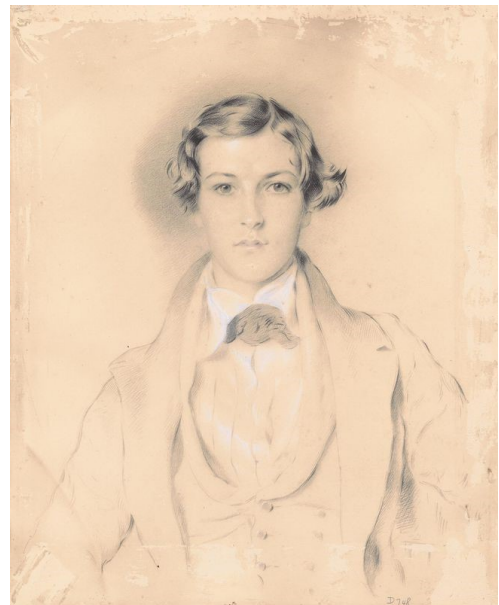
Frederick George Brodribb was born in Hobart in December 1819, the fifth child of William Adams Brodribb, a Hobart lawyer, and his wife Prudence. When Wainewright drew his portrait, he was twenty years old. Within a few weeks he would be caught up in an epidemic of typhus that caused havoc in the gaol and the town, severely straining the resources of the hospital and its medical staff.

On 6 March 1840 a Hobart newspaper reported that there were 200 typhus patients in the hospital, and five of the seven wardsmen had died from the disease. On 10 March, under the ominous heading 'The Fever, the Colonial Hospital, and the Dead', it was reported that a prominent building in the city, owned by the Jewish merchant Mr J Solomon, was being used as a supplementary fever hospital. It was popularly known as 'Solomon's Temple' (an allusion, readily understood in a biblically literate society, to the building that dominated the ancient city of Jerusalem).

Appointed to the position of Acting Assistant Colonial Surgeon, Brodribb had been put in charge of the temporary hospital. However, even

before those alarming newspaper reports appeared, he had himself succumbed to the fearful disease raging among his patients. The public announcement of his death, delayed for some weeks, stated simply that he died of 'typhus fever, caught while attending to the patients in the hospital at Solomon's Temple'.

Several short obituaries were published, shedding light on his character in the old Victorian manner. One noted that he was a young man of 'amiable disposition and correct conduct in all the relations of life; his attentions to the poor people under his charge in the Hospital was most zealous, even after the disease had seized upon his own frame'. Another concluded that his demise while working amongst the poor was 'the noblest inscription that could be engraved on the tomb of anyone'.



*Frederick George Brodribb by  
Thomas Wainewright, 1840.  
Courtesy of the Art Gallery of South  
Australia.*

Though little else is known about this promising young doctor, the Wainewright portrait brings him to life. From out of the mists of nearly two centuries we see him as his patients might have seen him: the frank, steady gaze; the alert, intelligent appearance; the serious demeanour; the compassionate expression. No doubt he was indeed, as one admirer wrote, 'an ornament to his profession'.

**Stephen Due**  
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## NZ Medical Portraits

Echoing Stephen Due's comments, there appear to be very few contemporary portraits of New Zealand colonial doctors. The earliest I have unearthed is of the homoeopathist, Carl Fischer, commissioned in 1861 'as a grateful acknowledgment from the Homoeopathic Association for three years' gratuitous services as medical officer to the Auckland Homoeopathic Hospital and Dispensary'. The artist, William Ewart, had resided in Australia from 1853 to 1861, where he painted a number of prominent citizens of Sydney and Bathurst before moving to Auckland in 1861 then returning to England the following year. Sadly, I can find no trace of the portrait's fate.

Fortunately, the same is not true of the only other New Zealand medical portrait that I have found to date. Robert Cowie (1816-80), the son of a customs officer resident in Lerwick in the Shetland Islands, was one of three medical brothers. While Isaac and John spent their entire careers in Lerwick, Robert practised in Victoria for seven years before settling in Dunedin in 1861, during the early stages of the Otago gold rush. He remained there until his death in 1880.

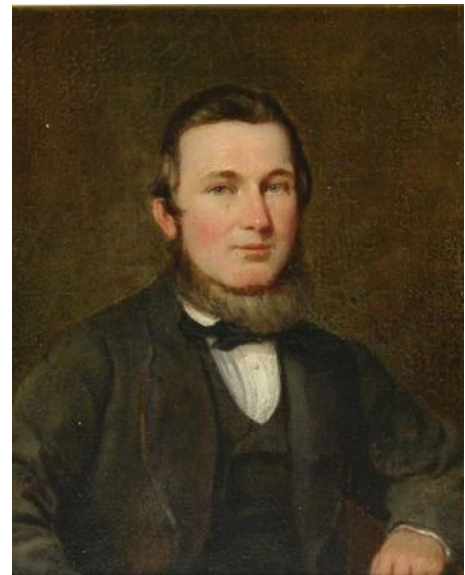
Cowie is commemorated in an undated portrait by John Irvine, described as Dunedin's first professional portrait painter, held in the Otago Settlers Museum in Dunedin. Irvine's other works include portraits of several of the city's founding fathers, including Dr William Cargill, leader of the Free Church of Scotland settlement which gave rise to Dunedin in 1848, and the Rev Dr Thomas Burns, the first minister of Dunedin's Presbyterian Church.



Robert Cowie 1816-80.

Irvine, like Cowie, was born in Lerwick, around the same time as Isaac Cowie. Again, like Cowie, Irvine arrived in Dunedin via Victoria, where, according to his 1888 *Otago Daily Times* obituary, he had gone to join his son, a Melbourne businessman, in 1859. Irvine's online biography suggests the family may have settled in Dunedin to escape the stigma of mental illness, with his son William being admitted in 1863 to the local lunatic asylum, where he remained until his death in 1890.

Cowie and Irvine were presumably acquainted before meeting up in Dunedin but there is nothing to suggest that Dr Cowie played any part in the treatment of the artist's son. Another Scotsman, James Hume, was however involved in caring for William after his appointment as superintendent of the Dunedin Asylum in 1864. He too was the subject of one of Irvine's portraits, which is also housed in the Early Settlers Museum.



*James Hume (1823-96) trained at Gartnavel Asylum in Glasgow, which first opened its doors in 1814 and would have been well known to many early inhabitants of Dunedin. After he emigrated to Dunedin in 1862 Hume worked as a bookkeeper before accepting the post of asylum superintendent. In 1882 he and Dr Edward Alexander opened Ashburn Hall, a private asylum on the outskirts of Dunedin, which survives to this day.*

**Derek Dow**  
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## NSW BRANCH NEWS

The 2020 ANZSHM (NSW branch) AGM took place on Monday 17 February in the fireplace lounge at the Toxteth Hotel in Glebe. Outgoing Vice-President Dr Vanessa Witton presented the Acting President's Report and Ben Skerman the Treasurer's Report, after what had been an active year for the branch. The AGM included a tribute to our friend and colleague, the late Associate Professor Charles Raymond Pax George (1940-2019), and we were heartened that Charles' wife Elizabeth George was able to join us.

The election of office bearers resulted in the following appointments:

President: Dr Charmaine Robson

Vice-President: Georgia McWhinney

Secretary and Public Officer: Dr Diana Jefferies

Treasurer: Ben Skerman

Executive Committee members: Dr Richard White, Elizabeth George, Shayne Brown, John Sinclair, Dr Vanessa Witton (ex officio as Immediate Past Acting President)



*Former NSW Branch president John Sinclair and Richard White relaxing after the AGM.*

A generous social dinner followed the AGM, with members enjoying a presentation by Dr Richard White titled '1902 and the era of general hospital psychiatry', based on his current PhD project. We are grateful to Richard for his interest in being our after-dinner speaker and the time he devoted to this presentation.

**Vanessa Witton**  
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## BLAST FROM THE PAST

### *Medical History Australia 25 years ago*

In February 1995 the Newsletter reported the upcoming formation of The Nursing History Society of the Royal College of Nursing Australia, under the interim chairmanship of Dr John Wilson of Tasmania. This was intended to increase nurses' awareness of history, to encourage research and scholarship, and to help develop the College's archives and nursing history collection. A number of History Society Newsletters were produced in the late 1990s but information on this body's later activities is hard to find.

In 2012 the RCNA amalgamated with the former New South Wales College of Nursing (established in 1949) to form The Australian College of Nursing (ACN). In 2019 the ACN convened its 4<sup>th</sup> History Conference, in Tasmania, entitled 'The Power of History – Nursing Now'. Intended to look at the complexities of the past which have helped shape the profession, and to embrace 'a broad audience including nurses and other health professionals, historians, ACN members and non-members, clinicians and academics', it appears to have little overlap with the ANZSHM. Hopefully our two societies can collaborate more meaningfully in the future.

## JOURNAL WATCH

In her student perspective on the 2017 biennial conference in Melbourne, Ella Arbury commented on Peter Hobbins' keynote address which provided new insights into the relationship between medicine and aviation, adding that 'I still have the theme song of *Those Magnificent Men and their Flying Machines* stuck in my head thanks to the title of his informative presentation.'

Peter has now gone into print with some of the material from that talk in 'Engineering the fighter pilot: aviators, anti-G suits, and Allied air power, 1940-53', *Journal of Military History* (January 2020), 84.1: 115-49. In particular, he examines the contribution made to this new technology by University of Sydney Professor of Physiology Frank Cotton and the Cotton Aerodynamic Anti-G (CAAG) suit.

# ANZSHM 16<sup>th</sup> BIENNIAL CONFERENCE

## Beyond Borders: Health and Medicine in Historical Context

Auckland 3-7 December 2019

### Conference Reports



#### Student Viewpoint

What normal person is sad to travel around New Zealand at the end of a conference in Auckland? The answer should be 'no-one'. But this was not your average conference, and I would certainly not consider most historians, let alone myself, 'normal'. At the end of the three days I was lamenting having to leave. The plenaries, presentations, and pointed discussions around the lunch table were invigorating. New Zealand's thermal pools had somehow lost their gleam.

The 2019 Biennial Conference of the ANZSHM, held at the University of Auckland, New Zealand, was engaging, thought-provoking, and most of all, fun. The 'blockbusters' of the conference were the four plenary sessions delivered across the three days. Mark Jackson declared that 'life begins at 40' in his history of middle age and the midlife crisis. Naomi Rogers engaged us with her history of health activism in the United States during the twentieth century. Derek Dow gave a retrospective of his career and life as an archivist and medical historian, and Christine Hallett wove through the trials and tribulations of practising public history during the centenary of the First World War. This wide array of plenary topics made for a fascinating learning experience and all four keynote speakers were engaging and entertaining.

Diversity was not only evident in the plenaries, but also in the themes that emerged across the wider conference. This array conveyed wider trends in our sub-discipline. The longstanding popularity of some topics, like war and medicine, was evident. You are bound to find at least one panel on the topic at most medical conferences. In the first of the war and medicine panels Monica Lausch discussed Melbourne doctors Edith Barrett and Ethel Osborne's work during WW1. The speakers in the second panel also focussed on the two world wars with the exception of Geoffrey Hudson who spoke about war in Early Modern Britain.

Yet, a number of panels portrayed more recent trends in the history of medicine. As 2019 marked the centenary of the pneumonic influenza

pandemic in Australia, there was a panel dedicated to capturing various experiences of the flu. Anthea Hyslop discussed Australian recollections of the disease, Criena Fitzgerald spoke about interned Australians, and Peter Hobbins rounded out the session speaking about community engagement with the centenary and the public history projects it spurred.

Dominating the conference were histories of psychology and psychiatry, with numerous sessions exploring this field. The large number of works on the topic conveys its importance to changing notions of mental health in society today. This historical interest in mental illness, particularly asylum histories, was also evident at the Society of the Social History of Medicine's 2018 conference in Liverpool, UK. It thus, in my opinion, emerges as one of the current global trends in health histories, and I look forward to seeing how these international accounts speak to each other in the future.

Other panels were simply a joy to see included in the programme, including women's health and non-western medicine. Women's health panels covered issues ranging from childbirth, motherhood, and obesity, to colonial life and sexual health. It was a breath of fresh air to see such in-depth discussion of topics previously neglected. In the panel on non-western medicine Ellen Nakamura spoke about politics and privilege in Japanese medicine through a Meiji era biography, while Arnel Joven presented his work on contact between missionary medicine and native healers in the development of indigenous medicine in the Spanish colonial Philippines. I would love to see our future conferences host more researchers who work outside Western biomedicine. Such perspectives are invaluable to broadening our understanding of medical epistemologies and practices.

The various extra sessions and activities the conference organisers provided were thoroughly enjoyable. The launch of *Asbestos in Australia: From Boom to Dust*, edited by Lenore Layman and Gail Phillips, was both celebratory and informative. Warwick Anderson launched the book with verve and champagne, and thus the

book is now sitting at home on my shelf. My partner, an engineer, has had his first foray into history with this collection, so I thank Layman and Phillips. Diana Jefferies' reflection on the Mockingbird project provided an insight into the ways that historians can disseminate medical history beyond the written word. On a more humbling note, the Witness Seminar, capturing firsthand experiences of the deinstitutionalisation of New Zealand's mental hospitals, was eye-opening and, at times, confronting.

For an Australian, the Powhiri at the Waipapa Marae and the conference dinner at the Fale Pasifika portrayed a strong acknowledgement of indigenous and Pasifika peoples in Auckland, and wider New Zealand. Seeing these events really struck a chord, thinking about how we Australians could take a leaf out of our neighbour's book in terms of further integration of indigenous cultures into our medical history community.

I was pleased to see engagement online, and on Twitter in particular. This documentation from attendees allowed people from the international medical history community to follow along with the conference and to see the wonderful research our members are conducting. I advise you all to take to your keyboards on Twitter and Facebook for future events, although as ANZSHM's Social Media Coordinator I may be biased!

To quote the iconic Australian film *The Castle*, the real magic of the conference was 'the vibe'. For a postgraduate student, a welcoming community of scholars made all the difference. The conversations between students, keynote speakers and former medical practitioners conveyed the friendly and open nature of the event. All were welcome and all were given a voice. The fact that the Society gave generous bursaries to seven postgraduates highlights this attitude, and I am personally grateful for their support. If only all conferences could be this way.

For the coming biennial period I look forward to seeing the work of our new executive committee and our incoming President Catharine Coleborne at the helm for the 2021 ANZSHM conference in Newcastle, Australia. Wine in the Hunter Valley may not look as appealing in the conference's wake!

**Georgia McWhinney**  
[georgia.mcwhinney@hdr.mq.edu.au](mailto:georgia.mcwhinney@hdr.mq.edu.au)



*Waipapa Marae, University of Auckland.*



*Outgoing President Madonna Grehan presenting Georgia with her student award at the conference dinner.*



*Former student award recipient Ella Arbury (standing) organised a very successful student drinks evening and was constantly on call during the conference whenever a helping hand was required. Members will be delighted to hear that Ella successfully negotiated her Auckland PhD viva in February 2020.*



## **Ben Haneman Memorial Student Grants**

Since 2007, the ANZSHM has offered grants to help a total of 58 postgraduate students present their research findings at our conferences. These grants are now called the Ben Haneman Memorial Student Grants. For the 2019 conference, grants were awarded to eight students. As in other years, these students added an invigorating note as they spoke about a wide range of topics. The eight students and their topics were:

Branka Bogdan, Monash University, 'We had everything then': Remembering Yugoslav women's experiences of reproductive regulation

Robyn Dunlop, Newcastle University, 'If you don't listen, you don't hear it': Oral histories and accounts of community psychiatry from Newcastle, Australia, 1960s-1980s

Averyl Gaylor, La Trobe University, Do slum children distinguish light from dark? Dance, hygiene and housing reform in 1930s Melbourne

Haiying Hou, University of Auckland, Women's sexual health as seen in Yoshioka Yayoi's writings in the early 20th century in Japan

Georgia McWhinney, Macquarie University, Under the sun: Light therapy, sunburn, and the pathologisation of race in the First World War

Scott Pilkington, University of Auckland, Brave Hearts: How New Zealand cardiac medicine history is being communicated in a museum setting

Tess Mazey-Richardson, University of Auckland, Socio-cultural responses to youth suicide in Aotearoa, 1978-2000

Sylvia Valentine, University of Dundee, Opposition to compulsory smallpox vaccination: The Scottish Anti-Vaccination League 1896-1919

The 2019 grant coordinators, Louella McCarthy and Judith Godden, have recommended that the scheme be widened to include early career researchers (within 5 years of their research degree) without full-time employment. This reflects the changing reality of employment prospects for newly-minted researchers.

**Judith Godden**  
[judith.godden@uni.sydney.edu.au](mailto:judith.godden@uni.sydney.edu.au)

## **Museums Round Table**

The Medical Museums Round Table provided interesting discussion around the themes: what role do medical museums have? where should/could they be located? what format might they take? Discussion followed the conference museum stream where the Auckland Medical Museum Trust had presented their experiences with the challenges of developing and managing a mobile museum – *Brave Hearts: The New Zealand Cardiac Story* ([www.bravehearts.co.nz](http://www.bravehearts.co.nz)). These included moving an exhibition on a regular basis, and the challenges with exhibition design, lighting, object care and the like in the confined space of shipping containers. Other presentations focussed on the role that medical museums can and do have in public health education.

Participants shared their experience of medical heritage collections within medical college environments where preservation of the past and of heritage items was the primary purpose of the medical museum. Such collections generally had some funding and curatorial expertise but limited public access. Other collections were described in university settings or in small dedicated community museums. The purpose of these collections again was primarily preservation and telling the stories of the past. Public health education through 'exploiting morbid curiosity and using it to better inform and educate audiences', as Anna McGillivray had proposed in her paper earlier in the day, was not a stated purpose of these displays. Community museums had concerns with their long-term future, with resourcing and dependence on volunteers all issues.

For the Auckland Medical Museum Trust the discussion was of value as the Trust seeks to develop The New Zealand Health History Museum. This initiative seeks to celebrate and preserve the past and to educate through an online or virtual museum that catalogues, records, preserves and promotes New Zealand's significant health and medical heritage. Our project intends to make stories of events, people and objects accessible to communities, researchers and students, through an online museum, drawing on the many collections of medical heritage items held in collections across New Zealand. The accessibility for these groups to collections is a significant issue, and in many cases the long-term future and preservation of these collections is at risk. We hope to report on our progress at the next ANZSHM conference.

**Margaret Horsburgh**  
**Chair, Auckland Medical Museum Trust**  
[m.horsburgh@xtra.co.nz](mailto:m.horsburgh@xtra.co.nz)

## Witness Seminar

Deinstitutionalisation in New Zealand during the closing decades of the 20<sup>th</sup> century was the focus of the witness seminar convened by Dr Kate Prebble of the University of Auckland and Professor Catharine Coleborne of the University of Newcastle at the ANZSHM 2019 Conference. Mental health nurse, educator and health sector leader, Hineroa Hakahia, opened the seminar with a mihi and karakia.

The panel comprised 11 individuals involved in the process of deinstitutionalisation. They ranged from policymakers, managers, advocates and health professionals to service users and patients. We were privileged to have the participation of several Māori mental health leaders including Moe Caroline Milne, Wi Keelan and Nicola Ehau who gave insights into the implications of the health changes for indigenous people in Aotearoa. Service user experts Debra Lampshire and Frank Bristol shared their experiences of mental health care during this period while also providing a critique of psychiatric services and policy changes. Other panellists included psychiatrist Rob Kydd, social worker Robyn Ford, registered nurse Helen Hamer, lawyer Sylvia Bell and health advocate Hilary Lapsley. David King who had led the decommissioning of hospitals in both the UK and New Zealand, provided an international perspective.

Panellists touched on a range of issues, ideologies and key moments. These included the situation inside the hospitals during the 1980s, the development of community services during the 1980s and 1990s, legislative reform and the role of the Mental Health Foundation, development of Māori mental health services and the rise of the service user movement, reforms of the 1990s, and crises within health services particularly in the Auckland region. Panellists shared their experiences of the closing of mental hospitals, devolving services and transitioning the workforce.

To close the seminar, panellists were invited to share their thoughts about the extent to which deinstitutionalisation has been achieved and the future of mental health services in New Zealand. This elicited mixed responses: the only consensus was a feeling that there is still great work to be done in regards to mental health in New Zealand, whether that be achieved by staying the course, reshaping that course or, in the closing words of panellist Nicola Ehau, 'just get[ting] really radical'.

**Becky Allan and Kate Prebble**  
**k.prebble@auckland.ac.nz**

## Western Pacific Archives Exhibit

Kia Ora Linda,

We did hear about your accident and missed you at the talk. I do hope you are on the mend now.

I am happy to report the display and talk went well. I have attached some photos of the display and Nigel took a couple of the talk which he can send you if you like. Fifteen delegates attended the talk and others came and visited the display during the conference.

Although I had some initial qualms about putting together a display on medical history for medical historians, I enjoyed the research and I know a lot more about yaws and hookworms than I did before. It was also such a great opportunity to highlight the Western Pacific Archives to an interested audience.

**Katherine Pawley**  
**k.pawley@auckland.ac.nz**



*Western Pacific Archives Exhibit.*

## Ode to an Absent Friend

Many delegates at the ANZSHM biennial meeting in Auckland commented on the absence of Conference Convener Linda Bryder, who was prevented from attending by a badly broken femur, but only Vice-President Peter Burke did so in verse.

*We came to Auckland this December,  
For a conference that all shall remember.  
Despite the absence of Linda,  
This did nothing to hinder ...  
Success, for which we now thank 'er!!*

Anyone seeking a poet laureate can contact Peter on providence2@bigpond.com



*An attentive audience at the Witness Seminar.*



*The two papers on oral health care in the UK and New Zealand by Helen Franklin from Kent (left) and Catherine Carstairs, President of the Canadian Society of the History of Medicine, attracted an audience of the less squeamish conference delegates!*

*Mark Jackson contemplating the concept that Life Begins at 40.*



*Performer and writer Lisa Bricknell with Diana Jefferies at the lunchtime meeting about the play Mockingbird.*





## The Conference Dinner



*The Conference Dinner was held in the University of Auckland Fale Pasifika.*



*Spellbound dinner guests.*



*Above: Keynote speakers Naomi Rogers, Christine Hallett and Mark Jackson closely watching the Samoan Dancers, along with Witness Seminar convener Kate Prebble (second from left), before enthusiastically joining the dancers (below).*



*Conference administrator Melissa Burnett being thanked after the dinner.*



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LETTERS, PHOTOGRAPHS AND ARTICLES ARE WELCOME, PREFERABLY IN ELECTRONIC FORMAT.

**DEADLINE FOR THE NEXT ISSUE WILL BE 15 MAY 2020.**