

The President's page

Council member Catherine Storey recently approached me about the current state of our medical history museums which are often chronically underfunded and under-appreciated by health authorities and universities alike, and she wondered whether we as a medical history organization should become involved in promoting this aspect of medical history.

She was spurred by the recent announcement by New Zealand's new health authority Te Whatu Ora that it intends to close or relocate Christchurch's famous Cotter Medical History Museum, despite the fact that the collection was designated as being of national significance by New Zealand's National Museum Te Papa in 2017.

On 13 December 2023, a journalist for the magazine *New Zealand Doctor* reported excitedly that, 'Tucked behind a waiting room for Christchurch's anxiety clinic is a cornucopia of medical history, from exquisite microscopes to dented doctor's bags.' She described the museum's more than 100,000-item collection, spread over 400 sqm of floor space, and lamented, 'Thousands of medical history items from sutures and speculums and the country's first ECT machine could soon be homeless' or at best relocated.

Medical historian and Cotter Museum Trust volunteer Claire Le Couteur described some of the 'quirky' collection items, such as the 'VeeDee for vibratory massage' machine, an eggbeater-type apparatus promising cures for everything from rheumatism to head colds. Others in the quack-cure collection include nerve tonics, liver tablets and the cultural cringe-worthy 'Māori cigarettes', marketed by a former Scottish GP as



an antidote for conditions like asthma and hay fever, with cannabis, datura and arsenic included in its ingredients. There are many objects to entertain the general public and at the same time to educate them about the importance of medical history.

In Auckland, former nurse educator Margaret Horsburgh also set up a Trust to establish a medical history museum. Finding it difficult to secure hospital or university space for the museum, the Auckland Trust decided to go digital, and set up a virtual museum of healthcare history ('Our Health Journeys'). Whether virtual or physical (both are valuable), medical objects have a place in modern history and in museums. Their worth for education and entertainment is indisputable.

Cate Storey, who runs a medical history museum in the Faculty of Medicine, Sydney University, is hopeful of the museum's future following a recent gala Alumni Open Day (25 November 2023) that showed the extent of public interest in the museum. Over 100 people took the opportunity to join the hour-long conducted tours that day. She commented, 'The value of the museum as a tool to engage health-related students and the public in recognising the evolution of health services is so important.' However, she also cautions that such museums need to be appreciated and supported by the institution in which they reside and the target audience it hopes to attract.

It is time we become more proactive as medical historians to advance this way of preserving medical history. Let us know if you would like to assist in this or have any ideas of strategies to develop; Cate Storey is right, this is integral to the study of medical history.

Linda Bryder
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The Australian and New Zealand Society of the History of Medicine acknowledges the Traditional Owners and Custodians of Country throughout Australia, the Torres Strait, and Aotearoa New Zealand and their continuing connection to land, waters and community. We pay our respects to Elders past, present and emerging.

All About Ourselves

Members of the ANZSHM describe their life, work and interests.

Paige Donaghy

Hello ANZSHM members! I am the new Society Secretary, having recently taken over the role from the wonderful former secretary Chi Chi Huang. I am an early career researcher who studies the history of medicine, particularly reproductive medicine, in early modern Europe (c. 1500-1800s). Before embarking on an academic career, I studied Law and (very) briefly worked in the legal profession, before deciding it wasn't for me!

At the moment, I am based at the sunny University of Queensland, where I recently completed my PhD thesis in 2023. My doctorate explored the medical and cultural history of “false conceptions”, “moles”, and *mola* in early modern Europe—these were understood in this time as pregnancies which did not produce fetuses, but formless lumps of flesh. They might be compared to contemporary conditions such as molar pregnancy, but they probably also included things like uterine fibroids, tumours and so on. In the age before reliable pregnancy testing, these pregnancy-like phenomena caused women and medical practitioners many problems! Alongside this research, other past projects have included the history of gender and sexuality, as well as anatomical history. I recently published a piece on the history of placental anatomy in the journal *Isis*, which examined the various theories of placental function that existed in early modern medicine.

I often get asked why or how I ended up researching this area of history, or why I chose to study medical history. I think there are two broad things that motivate my interest in these areas. The first really comes from my childhood. When I was young, I would frequently read



through my mum's nursing textbooks, and I was fascinated by anatomical images and ideas about the body. Yet I was also really invested in the human stories that went along with these medical ideas, which my mum would talk to me about after her long shifts at work. The other reason I am invested in reproductive medicine, particularly the ways that it affects women, is because these areas are *still* lacking sustained research. This is slowly changing, but there is still much work to be done!

Looking ahead to the rest of 2024, in the middle of the year I will be starting at the University of Melbourne as a McKenzie Postdoctoral Fellow. My new project will explore the history of gynaecology, obstetrics and gender in Europe from 1690-1890, exploring notions of obstetric violence, violation and harm. I really look forward to meeting Melbourne members of the Society later in the year.

Paige Donaghy

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Members' news



VALE

Peter Leggat

AM, ADC, MD, PhD, DrPH, FAFPHM

SAVE THE DATE 2025



The 19th Biennial ANZSHM conference will be held from

Tuesday 8th July to Saturday 12th July 2025
at Sydney University.

New members

New South Wales

Amelia Khoury

Phil Le Couilliard

Queensland

Darren O'Brien

Cassandra Byrnes

Victoria

Jacobin Bosman

Albert Braunstein

Katrina Wilson

*A very warm
welcome to our
new members*

Medical History Society of Victoria news

The Society held its first meeting of the year, incorporating the Annual General Meeting, on 21st February. Forty eight members and guests attended, to hear a fascinating lecture by Prof. Michael Coote. Michael had recently retired as Clinical Director of Ophthalmology at the Royal Victorian Eye and Ear Hospital, and has a long involvement with the investigation of glaucoma.

The title of his talk was “Seeing through History”, where he described the foundation and development of the RVEEH from its first inception. We learnt that one of the first eye surgeons was William Wilde, father of Oscar, who practised in Dublin.

One of William Wilde’s assistants was the young surgeon Andrew Sexton-Gray, born in Limerick in 1826. Having passed his surgical qualifications in 1852, Sexton-Gray and his new wife embarked for the Colony of Victoria in 1859. At first he worked as the resident surgeon on the construction of the Melbourne-Ballarat

rail line, than in 1862 he established a practice in surgery and ophthalmology in Russell Street.

Another Ophthalmological surgeon, Aubrey Bowen, also established a practice in Melbourne, and in 1870, the two surgeons amalgamated to form the Melbourne Institution for Diseases of the Eye and Ear. After prolonged negotiations, the Government granted a site to the hospital in Albert Street and the first permanent hospital was completed.

The hospital has continued to grow and provide outstanding service to the citizens of Victoria, closely linked (via a tunnel!) with St Vincent’s Hospital, established nearby in 1893.

In 1917, Ophthalmology was first recognised as a separate surgical speciality. Now, there are fourteen subspecialties.

At the Annual General Meeting, Prof. Meredith Temple-Smith was elected as President for the next two years, and Dr Kathryn Irving was elected as Vice President. With 119 members, the Society is healthy and active, but always looking to attract new and younger members.

Rod Westhorpe, Hon Secretary
February 29, 2024

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Medical History news New Zealand



The first lecture in the University of Otago Medical Alumni History of Medicine and Science series for 2024 was presented by Emeritus Professor Wayne Gillett on ‘Reproductive medicine in New Zealand: its history and challenges.’

The Wellington Medical History Society began with an address by David Glasson entitled ‘Plastic Surgery: A Personal Retrospective’.

The Auckland Medical History Society begins its 2024 programme with three talks on March 14: Felicity Goodyear Smith, ‘From Crime to Care: the History of Abortion in New Zealand’; Cris Print, ‘At Breakneck Speed: the Remarkable history of Genomic Medicine over the last 30 years’; Poul Nielsen, ‘Special interest talk: The birth of the Auckland heart – first steps towards the digital cardiac twin’.

In other news, Pamela Wood’s book, *New Zealand Nurses: Caring for our people 1880-1950* (Otago University Press) won the Archives and Records Association Te Huinga Mahara 2023 Ian Wards Prize.

Barbara Brookes

NSW Branch news

Since the November Report we held our final Book Club in 2023, an Executive Meeting in January and the AGM on 28 February.

Events

Our last Book Club meeting for 2023 was held on 4 December at the Pyrmont Pier Hotel, Pyrmont which proved to be a good venue. My thanks to Anne Thoeming for this report:

‘The World Through Blunted Sight’, *Patrick Trevor-Roper*. Trevor-Roper’s enlightening and entertaining examination of the influence of defective vision on art and behaviour was a real eye-opener (excuse the pun). Using the descriptor “blunted” to explain poor vision resulting from optical imperfections, the book traced the influence of conditions such as myopia, hypermetropia, colour-blindness, and cataracts on the output of Rembrandt, Turner, El Greco and others and provided examples of portraits which capture the eyeball imperfections of their subjects. Occasionally subjective,

the book nevertheless has retained a place as a genre classic since its first publication over fifty years ago. Ophthalmologist, historian and activist, Trevor-Roper included reference to socio-medical concerns, especially the substantial adjustment people face when sight has been restored following medical intervention.

The NSW Branch of the ANZSHM held its **Annual General Meeting** (AGM) on 28th February 2024 at the Roseville Club, Roseville.

The new Executive Committee Members are:

Shayne Brown AM (President)

Diana Jefferies (Vice President)

Alison Downham Moore (Secretary)

Philippa Barr (Treasurer)

Committee Members: Toby Raeburn, Charmaine Robson, John Sinclair and Ben Skerman.

The AGM was followed by dinner and a most stimulating talk by Philippa Barr, titled ‘Emotions and Pathogen Avoidance’. It was very well received and stimulated a lot of discussion and many questions.

South Australian Medical Heritage Society news

Following lengthy discussions with members of the South Australian Medical Heritage Society (SAMHS) the decision was finally made to move monthly meetings to a new venue. On Thursday 22 February 2024, our first meeting for the year was held in the recently refurbished Dulwich Community Centre (14 Union Street, Dulwich). The talk was given by Emeritus Professor Roger Byard AO who spoke about his forensic work, here in South Australia, and overseas. He highlighted technological advances that assist with post mortems and the importance of scientific contributions following catastrophes such as the 1992 Croat–Bosniak War, the 2002 Bali Bombings, and 2004 Boxing Day Tsunami. Anyone who caught his fascinating talk at the 2023 ANZSHM conference will recall his interesting forensic reconstructions of the deaths of notorious Australian bushrangers, which he also touched on. The next meeting, which will be held on 28 March 2024, is the annual Donald Simpson Oration, which this year will be given by Professor Peter Reilly AO, who will talk about the anatomist Frederick Wood Jones (1879–1954). New members and guests are always welcome.

All enquiries should be directed to the secretary Joy Copland (jgcopl@bigpond.net.au).

Maggi Boulton, SAMHS committee member

Baby cages

Dangling “baby cages” came into vogue after they were invented in 1922, but their origins really began with the 1884 book *The Care and Feeding of Children*, by Dr. Luther Emmett Holt.

In his book, Emmett carefully describes how babies need to be “aired”. *“Fresh air is required to renew and purify the blood, and this is just as necessary for health and growth as proper food,”* he wrote. *“The appetite is improved, the digestion is better, the cheeks become red, and all signs of health are seen.”*

Text and photos from:

<https://rarehistoricalphotos.com/history-baby-cage-1934-1948/>



Measles - never far away

Home • About the Department of Health • News and media hub • Health alerts and substances • Vaccines (measles)

Updated measles alert for Melbourne Airport and plane passengers

23 February 2024

Measles alert for Sydney

14 February 2024

In Australia, there were 286 cases of measles notified in 2019, almost three times as many as in 2018. New South Wales (NSW) recorded 62 of these cases occurring in their residents, with a further nine people from other states, territories or countries having spent time in NSW while infectious during this period.

Royal Australian College of General Practitioners (RACGP)
<https://www1.racgp.org.au/ajgp/march/measles-eli...>

Measles elimination in Australia - RACGP

Children's Deaths Follow Measles

Two Shepparton children, aged four and eight years, died in Mooropna hospital on Saturday from pneumonia and complications, which had followed attacks of measles. Measles have been very prevalent in the district in recent weeks.

The victims were Pamela Joy Fyfe, 4 years, daughter of Mr. and Mrs. Oakley David Fyfe, of Ashenden street, and Ronald John Higgins, 8 years, son of Mr. and Mrs. R. Higgins, of Anderson's bakery, Fryers street.

The little girl's funeral took place on Wednesday afternoon from the Salvation Army hall to Shepparton cemetery. Adjutant Briggs, of Wangaratta, read the

Shepparton Advertiser 15 July 1947

MEASLES.
 The outbreak of measles in Ballarat is assuming a serious aspect. No fewer than six deaths amongst children have been reported during the last two weeks.

Geelong Advertiser 30 November 1905

Measles vaccine has been available in Australia since 1968. The current 2-dose schedule started in 1992.

Deaths From Measles

AUCKLAND (N.Z.), March 28.— Grave concern is felt in North Auckland because of an alarming spread of measles. Already there have been 10 deaths. Many schools are almost empty, because practically all of the scholars are afflicted. Public assemblages have been prohibited, and children forbidden to attend theatres in certain areas.

The medical officer has issued a warning to the public that the type of measles now epidemic in the area is highly infectious, and may be followed by serious complications. He recommends three weeks of isolation, instead of the customary two weeks.

Barrier Miner 24 Mar 1938

MEASLES.

MANY DEATHS.

Adelaide, August 26—The epidemic of measles continues with unabated severity.

Most of the important schools are closed. At one large school the attendance is limited to 5 teachers and four children.

The peculiarity of the epidemic is the way that adults are attacked.

Many deaths are reported, the result of chills supervening upon the attack.

The Australian Advertiser 28 Aug 1893

Measles.

The measles are still spreading, and several adults are down with them; also, a great number of children.

Cumberland Mercury 31 March 1894

Mystery object

Can anyone identify this mystery object?

More information on page 15.



Permanent exhibition

Being Human

Now on

wellcome collection

Broken nurses



In August 2023 Wendy Maddocks gave a presentation at the European Association of the History of Medicine and Health conference held in Oslo. The presentation was titled “Broken Nurses: The Impact of War on the Health of Nurses: An Analysis of New Zealand (NZANS) who Served in the Great War.” To complete this analysis the medical records of all 550+ nurses who served in WW1 are being evaluated (nearing completion). For the presentation the first 50 nurses who served in 1915, 1916, 1917 were compared with the last 50 who saw overseas active service for at least three months before 11 November 1918 (n=300). The project started when it became apparent that many of the returning NZ nurses had significant health issues and these were not well provided for by the military, despite the best efforts of Matron Hester MacLean. It is well known what sort of work nurses undertook whilst on service and excellent documentation of some individual experiences exists, however as a group of women, representing more than 25% of the nursing workforce of the day (in 1915 there was approximately 1700 registered nurses active on the nursing register), the impact of war on them is not well known, and the impact is largely missing from official accounts. For example, through this research two previously undocumented suicides have been uncovered, occurring ten years after return from service. Compared to soldiers the death rate for nurses was low at 2.59%, compared to 16.47%, and ten of the eighteen nurses who lost their lives perished when the Marquette ship was sunk off Salonika.

The initial hypothesis was that there would be a significant difference in the number of days sick between the first cohort of 50 (F50) and the last 50 (L50) nurses who served overseas, which could be attributed to the type of service. In addition, there would be significant difference in the age of death of the first cohort compared to the general population life expectancy of women. This hypothesis was based on research that showed that NZ soldiers who served from 1914 had a lower life span by eight years compared to those who served from 1917.

Method: Data were extracted from service records and missing data verified through cemetery records, obituaries, ancestry records and online cenotaph. Newspaper articles were searched for any notable mentions. This information was collated and analysed using SPSS statistical software using the Independent

Samples *t* Test which compares the means of two independent groups to determine whether there is statistical evidence that the associated population means are significantly different.

Results: Three hundred of the 574 files were examined and showed the F50 nurses were older, more experienced and had longer service times as expected. However, their life span was two years longer than the general population, possibly due to the medical care and inoculations they received. Despite this longer life span, 66% of the F50 had sickness occurrences in their records, compared with 32% of the L50, which was statistically significant ($P < 0.047$). As a total group of 574 women though, their mean age at death was 76.2 years, which was also two years lower than the expected life span of women born in NZ in the 1880s and if survived the first five years of childhood.

The percentage of time spent on recorded sick leave was similar across the years at between 4.5- 5%, however as the earlier nurses had longer service their time sick was also longer in comparison to the later nurses. Many of these nurses were sent away for extended periods of convalescence at one of the specific nurses' homes in either UK or Cairo, or when they returned to NZ. The earlier nurses had more illnesses related to high workload and mental exhaustion, with terms like ‘fatigue’, ‘neuritis’, ‘nervy’ or ‘neurasthenia’, present in their medical boards. There were also conditions of deprivation such as TB, dysentery and chronic respiratory infections.

For those nurses who were severely ill or incapacitated on their return to NZ, the care provided was of a lower standard than that offered to their male peers. For example, the military hospitals did not have female beds, nurses had to pay for private board and attend as day patients, they were asked to walk to their care from railway stations as a taxi fare would not be supplied. For many they also had to fight for pensions, ongoing medical care and required to ‘prove’ their illness was related to their service.

The final analysis is nearing completion and will be published both in an article and a book detailing the specific experiences of one nurse.

Dr. Wendy Maddocks (RN, DHLthSc) is a nurse academic at the Faculty of Health, Canterbury University, Christchurch New Zealand. She has a keen interest in the history of nursing and nurses' welfare.
wendy.maddocks@canterbury.ac.nz

Publications:

Maddocks, W. A. (2023). Broken nurses: an interrogation of the impact of the Great War (1914–1918) on the health of New Zealand nurses who served—a cohort comparison study. *BMJ Mil Health*.

Maddocks, W. (2023). Too sick for caring?: An analysis of the health impact of the great war (1914-1918) on the first cohort of New Zealand nurses who served. *Journal of Military and Veterans Health*, 31(2), 56-64.

Ben Haneman grant recipient

Reflections on the 2023 ANZSHM conference

Christopher Orrell

Supported by a Ben Haneman grant, I was able to attend and present at the July 2023 ANZSHM conference in Adelaide. This was the first in-person conference that I had attended, and the first conference that I had presented at. I would like to thank everyone who made the conference the success that it was, from the organisers to the presenters, and of course the attendees. I would also like to thank the Ben Haneman grant committee, who made it possible for me to attend and present.

Attending all three days of the conference was a fantastic experience. The talks I attended were a fascinating look into the work of others in the field. It was fantastic to see the different topics and points of view that each of the presentations embodied. I still think about some of the presentations when I am doing my work, and there are several that I hope will be written up and published in *Health & History* or another journal.

I found the experience of presenting my ideas to you all to be very daunting at first, as this was the first time that

I had presented any of my work outside of my department at the University of Melbourne. While my work was still very early on when I presented it, much of the feedback I received was great, both during the session and afterwards. I have since incorporated some of the suggestions into my work.

It was also wonderful to meet so many of you during the conference, and to have so many fascinating and insightful conversations about our shared interests in the history of medicine, or indeed any other topics that came up. I look forward to attending the conference again in 2025!



Christopher Orrell
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Ladies' Handbook of Home Treatment

The Ladies' Handbook of Home Treatment, published in 1905, was written by doctors Eulalia S. and F.C. Richards of Edinburgh, and claimed to be "invaluable for Mothers and Mothers-to-be, containing the best modern methods for treatment of women's and children's diseases." It is packed with frank advice and instructions aided by detailed illustrations, including how to set up the home lying-in room and post-partum breast care. The authors reserved particular opprobrium for corsets, contraception and men who infected their wives with VD, but were clear on women's place as homemakers, for "Too oft have ill-cooked dinners put asunder that which God hath joined together." Such outdated gender ideals are unsurprising in a book of

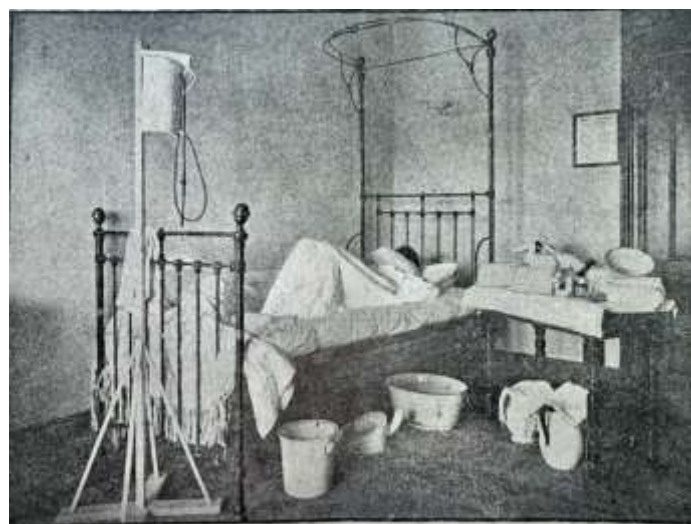


FIG. 31. Dorsal Position—Patient prepared for examination.

this vintage, whereas the authors' main intention - to enlighten women about their health and that of their children - seems progressive at a time when women were studiously kept in ignorance about their bodies and reproduction. The stylised womb on the cover is rather bold for 1905, I would suggest. Readers' comments are welcome.

Charmaine Robson

Artefactual news: hidden collections

Editor's note: Many collections relating to medical history can be found in smaller museums, local history collections and university departments. In this edition of the ANZSHM newsletter, we have included some examples of the unique and fascinating collections of medical history that are open to the public and well worth a visit. If any members have information about other collections, we would love to hear from you.

The art of healing: Medical History Museum Collection

The University of Melbourne

Bush medicine has always been with Aboriginal people.

It was before, and we will always be making bush medicine. There are all kinds of bush medicine and they grow all over. You'll find they're different in each place, and we have these ones that I've painted.

Judith Pungkarta Inkamala, 2017

For 65,000 years, Aboriginal and Torres Strait Islander peoples have occupied the lands, with distinct cultural boundaries defined by intimate relationships with Country.

The exhibition *The art of healing: Australian Indigenous bush medicine* follows the premise of *Tjukurpa* (which has many meanings—including the creation period or Dreaming, as well as the foundation of Anangu life and society—and has various equivalents in other Aboriginal languages). It looks at traditional Indigenous healing practice as simultaneously past, present and future. Through contemporary art and objects, the exhibition presents examples of healing practice and bush medicine from many distinct and varied Indigenous communities across Australia.

As part of its 50th anniversary celebrations in 2017, the Medical History Museum expanded its collections policy to encompass contemporary Aboriginal and Torres Strait Islander art. Sharing bush medicine stories through art has become one of the ways in which Elders maintain a strong knowledge and culture for their communities. This use of contemporary art underlines the continuing practice of bush medicine, by revealing it through a current lens. It also demonstrates visually the distinct and varied cultures that make up Aboriginal and Torres Strait Islander Australia.

These works were brought together in the exhibition *The art of healing: Australian Indigenous bush medicine* at the Medical History Museum in 2018, the artworks were specifically commissioned and purchased for this purpose, and have formed an important part of the collection—now and into the future.

Examples include Gija elder and artist Shirley Purdie who has spent years illustrating the bush medicine of her region near Warmun in the Kimberley. Treahna Hamm

reveals in *Yorta Yorta Bush Medicine First Aid Kit* the use of medicinal plants in Victoria. The illustrated work by Judith Inkamala from Hermannsburg Pottery depicts the process of making bush medicine.

The exhibition toured internationally to Bush House, King's College London (14 May to 7 July 2019), and then to the Berlin Museum of Medical History (Berliner Medizinhistorisches Museum der Charité) (24 October 2019 to 2 February 2020), which is operated by Charité – Universitätsmedizin Berlin, one of the largest university hospitals in Europe. In 2023 the exhibition *The art of healing* is again on display at the Medical History Museum (until 2 March 2024) to acknowledge these healing practices in the year of the Voice Referendum. The Medical History Museum will continue to build on this collection and celebrate the strength and diversity of Australian Indigenous cultures.

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Illustration: **Judith Pungkarta Inkamala** (b. 1948) skin: Pungkarta; language: Western Arrarnta; Country: Ntaria, Northern Territory
artist location: Ntaria (Hermannsburg), Northern Territory
Bush medicine (detail), 2017
terracotta and underglaze; 43.0 × 31.0 × 31.0 cm (variable)

Sydney Medical School, Heritage collection

Sydney Medical School,

School of Medicine & Health, University of Sydney

Someone recently commented, 'you cannot smell the dust with an on-line medical museum'. Is this fair? Or is this an honest comment on many of our medical museums? Certainly, COVID has been a challenging period for all medical museums of all sizes.

At Sydney Medical School, we have both an on-line museum and a 'physical museum'. The on-line museum was established some years ago for the 150th anniversary of the Faculty of Medicine and took a mighty effort intellectually (Dr Lise Mellor) and financially. However, since its launch, there has been no ongoing financial support for electronic maintenance, made more difficult by the frequent changes to the various web-based 'platforms' used by the University over time. However, this remains a valuable resource for many historians.

<https://www.sydney.edu.au/medicine/museum/mwmuseum/index.php/>
[Sydney Medical School Online Museum and Archive](#)

There is also a physical museum of the history of the Faculty of Medicine, University of Sydney, housed in the Edward Ford Building, in what was once the Burkitt-Ford Library. Faced with the dilemma of what to do with rows of empty bookcases once the library closed, the shelves were re-purposed to house the historic displays. Before COVID, the museum was used for many meetings, guided tours, student learning, etc. The museum will likely host many of these events once again sometime.

However, recently, on Saturday, 25th November, the University of Sydney held a gala Alumni Open Day, and the museum again sprang to life. Tours of the museum were part of the day's activities, and over 100 members of the general public took the opportunity to visit (one-hour-long tours!). Various exhibits provided an opportunity to focus attention on medical activities

of the past - a WW1 box of surgical instruments to compare with a WW2 medical pannier; doing a tonsillectomy with anaesthesia c1920; the equipment tray for an abdominal operation c1970 versus modern laparoscopy; as well as an assortment of 'mystery instruments' to demonstrate the ingenuity of surgeons and instrument makers of the past; a chance to 'read' a phrenology head. The open day for the museum was a great success with the general public and alumni.

The day demonstrated that a museum of this kind needs to be actively used. The value of the museum as a tool to engage health-related students and the public in recognising the evolution of health services is so important. However, it needs to be appreciated and supported by the institution in which it resides and the target audience which it hopes to attract.

If anyone would like to visit – please contact catherine.storey@sydney.edu.au

Catherine Storey OAM MB BS MSc FRACP –
Honorary Archivist



A corner of the Sydney Medical School – Heritage Collection – Edward Ford Building – University of Sydney

FUNDING FOR VICTORIAN COMMUNITY HISTORY AWARDS & PROV'S LOCAL HISTORY GRANTS



The Royal Historical Society of Victoria has written to The Honourable Gabrielle Williams, Minister for Government Services regarding the faltering funding for the Victorian Community History Awards and PROV's essential grants program, Local History Grants. These two modestly funded programs are essential to the ongoing well-being of Victoria's 350 historical societies which are a much-loved feature in every electorate across Victoria. Richard Broome, RHSV President, has also written to all our members asking them to lobby the Minister and their local member to ensure that funding is secured for the quadrennial period 2024 – 2027.

If you are passionate about history, please follow our lead and write to the Minister and your local Member. <https://www.historyvictoria.org.au/>

Finding Medical History in Modern Architecture

On the 16th of February 2024 over 80 architecture and history enthusiasts gathered at the University of South Australia for the ‘This is Modernism’ Symposium, a day of presentations about buildings and landscapes from the twentieth century. Embedded in many of these buildings could be found traces of medical history, ranging from the uses of the buildings to the biographies of their creators.

Dr Stuart King (University of Melbourne) introduced the audience to Edith Emery (1909-2004), who trained as medical doctor, gaining a specialisation in gynaecology, and practicing in Vienna in the 1930s. After fleeing the Nazi regime in 1938, Edith migrated to Tasmania before marrying and living across Australia, Africa and Europe, including a period as a POW in a Nazi camp. Returning to Tasmania in 1948, and unable to gain recognition for her medical qualifications, she enrolled in a Diploma of Architecture. Following her graduation she began her architectural practice, designing her own family home built of brick, timber and glass with a butterfly roof on a hilltop site overlooking the Derwent Estuary, Hobart.

Exploring the modern architecture of Lucas Heights (1954-61) in Sydney was Dr Daniel Ryan (University of Sydney). The Australian Atomic Energy Commission Research Establishment provided Australia with access to nuclear technology and its design was a showcase for post-war modernism, with buildings by several architects. Lucas Heights remains an active site for scientific research, one that has been maintained for 60 years providing the country with advanced manufacturing and distribution of nuclear medicines.

Housing with a focus on wellbeing was another strand which emerged during the symposium. Collective housing, such as that discussed by Kerry Francis (Unitec, Auckland), shows how schemes enabling

those who wished to live a collective lifestyle could be achieved. The Cookhouse at Waipu, NZ, (1975-85) was intended as the community centrepiece, the building was collectively designed to house cooking, eating, lounging, bathing and storage for the collective.

Elsie Telford and Dr Akari Nakai Kidd (Deakin University) explored ‘the architecture of social responsibility’ through the City Edge housing development by Jackson Walker Architects (1971-4) in South Melbourne. This replaced housing stock that had been lost in the Housing Commission slum reclamation program with high-density medium rise flats embedded in the landscape in a way which nurtured community values. While Rachel Jackson, Amy Jarvis and Edwina Jans of Canberra Modern spoke on Urambi Village designed by Michael Dysart & Partners in 1974, a medium-density housing complex, in which townhouses are connected by a green pedestrian spine, designed to encourage casual social meetings and link houses with the communal hall, pool and tennis court.

My own paper touched on medical history with the life of the Reverend Dr John Flynn (1880–1951) inspiring the design of a memorial church in Mpartnwe (Alice Springs). Opened in 1956, the 200-seat church by architect Arthur Philpot was designed ‘to speak of Flynn’ symbolically. These symbols began outside, where a forecourt featuring an outdoor pulpit signified the travelling Preacher, while the butterfly roof of the vestry evoked the wings of the flying doctors’ planes. Inside, a roughhewn sandstone wall incorporated a carved mural ‘The Mantle of Safety’, depicting a pedal radio, Southern Cross and nurses’ veils.

Presented by the Association of Architecture Schools of Australasia and convened by Christoph Schnoor (Unitec Auckland) and Julie Collins (University of South Australia), the abstracts can be found at <https://www.unisa.edu.au/connect/galleries-museums-and-centres/architecture-museum/>

Julie Collins, University of South Australia
julie.collins@unisa.edu.au



Left: Edith Emery, own house in Hobart, 1958. Photo by Stuart King.

Right: John Flynn Memorial Church, Photo by Ian Barwick, Architecture Museum, University of South Australia.



Darwin death diagnosis?

Charles Darwin's 'Mystery Illness' – a mystery solved from UniMelb?

Charles Darwin (1809-1882), the famous naturalist, suffered from relapsing, debilitating illness for most of his adult life with a plethora of symptoms. His symptoms included episodic nausea and vomiting, flatulence, headaches, palpitations and chest pain, eczema, symptoms of fibromyalgia and peripheral neuropathy and prolonged periods of severe lethargy. His seasickness on board HMS Beagle was part of this illness. Later in life he suffered episodes of memory loss and partial paralysis and attacks of 'hysterical weeping' (dacrystic seizures).

Diagnoses for this illness are even more numerous than were Darwin's symptoms. These diagnoses have been entertainingly listed and discussed by Roderick Buchanan (History and Philosophy of Science, Faculty of Arts): 'Syndrome du jour: The historiography and moral implications of Diagnosing Darwin' (<https://doi.org/10.1016/j.shpsa.2021.09.006>). A critical review of these diagnoses has come from myself (John Hayman, Dept of Clinical Pathology, Melbourne Medical School), a long term proponent of the concept that Darwin suffered from a mitochondrial illness, with help from a neurologist in Vienna specialising in mitochondrial disorders (Josef Finsterer): 'Diagnoses for Charles Darwin's Illness: A Wealth of Inaccurate Differential Diagnoses' ([10.7759/cureus.32065](https://doi.org/10.7759/cureus.32065)).



<https://www.thelastamericanvagabond.com/evolving-darwinism/>

Mitochondrial disorders pose a challenge, stemming from their relatively recent acknowledgment. The inaugural identification of a mitochondrial illness occurred as recently as 1962 (<https://doi.org/10.3389/fcell.2020.600079>). Even in contemporary medical practice, the diagnosis of mitochondrial disorders, especially those manifesting symptoms in adults, can be protracted, with a diagnostic timeline extending from five to ten years.

Mitochondrial DNA (mtDNA) is susceptible to

mutations analogous to nuclear DNA (nDNA). However, in contrast to nDNA-related disorders, those associated with mtDNA are exclusively maternally inherited. During ovum development, thousands of these organelles are present and subsequently passed on to progeny. Symptomatology hinges on the proportion of inherited mitochondria carrying mutated DNA, rather than the specific mutation and to the muted DNA distribution across tissues. A high mutation load results spontaneous abortion.

As a consequence of initial mtDNA inheritance and subsequent tissue distribution, siblings sharing the same maternal lineage may exhibit markedly different illnesses or, intriguingly, remain asymptomatic. The diverse array of symptoms spans various organ systems, contributing to the diagnostic difficulty of mitochondrial disorders, and of a tendency to consider such disorders as being psychological or psychogenic in origin.

A pathological mutation in mtDNA, inherited from his mother Susannah Wedgwood (1765-1817) explains, directly or indirectly, all of Darwin's symptoms. It explains the illnesses of CD's elder brother, Erasmus Alvey Darwin (1804-1881), of their mother Susannah and at least two of her siblings Tom Wedgwood (1771-1805) and Mary Ann Wedgwood (1778-1786) (<https://hekit.org> > 2019/10/17). Mitochondrial disorders, although first described in the 20th century, were present much before 1962 (doi: 10.7759/cureus.22314).

Unless a drill core sample is taken through the floor of Westminster Abbey, conclusive DNA evidence of Darwin's illness may never be achieved. (Similar sampling from the graves of Erasmus Darwin or of Susannah Wedgwood might be more feasible but would be less conclusive.) A heavily biased opinion is that a maternally inherited mtDNA pathological mutation is the best, and other that psychological/psychogenic proposals, the only comprehensive explanation for Darwin's illness.

Darwin, along with a little help from Alfred Wallace (1823-1913) is rightly regarded as the father of modern biology. Through his illness, together with the well documented illnesses of family members, he can contribute to our understanding of mitochondrial disorders.

John Hayman MD, PhD, FRCPA



Reproduction of frontispiece by RT Pritchett from the first Murray illustrated edition, 1890: HMS Beagle in the Straits of Magellan at Monte Sarmiento in Chile.

Lecture series



AUCKLAND MEDICAL HISTORY SOCIETY

2024 Lecture series

Starting
Thursday 14 March at 7pm

Venue
Ernest and Marion Davis Library (EMDL)
Building 43, Auckland City Hospital

Lectures
From Crime to Care: the History of Abortion in New Zealand

Presented by
Felicity Goodyear-Smith

At Breakneck Speed: the Remarkable history of Genomic Medicine over the last 30 years

Presented by
Cris Print

Special interest talk at 6.15pm

Presented by
Poul Nielsen

The birth of the Auckland heart – first steps towards the digital cardiac twin

Starting promptly at **6.15pm**, this ~30 minute mini talk will be held in one of the smaller meeting rooms, numbers are limited

EMDL will open at **6pm**

Bookings are not required, all welcome

Donations to enable the Society to continue are welcome & can be made either on the night or online. (Eft pos is now available at the meeting.)

Bank account: 02 0160 0237509 00

www.amhs.co.au

Enquiries: secretary@amhs.org.au

ISHM News

FIRST ANNOUNCEMENT

The 49th Congress of the International Society for the History of Medicine will be held in Salerno, Italy, from 8 to 12 October 2024.

International Society for the
History of Medicine



49th CONGRESS OF
THE INTERNATIONAL SOCIETY
FOR THE HISTORY OF MEDICINE
1st ANNOUNCEMENT

- History of medicine in the Mediterranean basin
- Salerno medical school and its legacy
- Nutrition in history and contemporary challenges
- Origin and development of human stem cell research
- The development of medical specialties
- Preventative medicine
- Pharmacopoeia: from antiquity to present day
- Women and medicine
- Medicine in Art
- Artificial intelligence: pros and cons
- Bioethics
- Varia

OCTOBER 8 - 12, 2024
GRAND HOTEL SALERNO
SALERNO

Calls for papers



Call for manuscripts: Genocide Perspectives VII: different perspectives

The Australian Institute for Holocaust and Genocide Studies (<https://aihgs.org/>) is calling for proposals for submissions for the 7th edition of the Genocide Perspectives series. *Genocide Perspectives* is a longstanding collection published every few years that gives a voice to Australian scholarship on genocide. It provides an opportunity for emerging and young scholars to publish alongside established and renowned writers and genocide experts. The previous two editions can be found here:

<https://utsepress.lib.uts.edu.au/site/books/e/10.5130/aaf/>

<https://utsepress.lib.uts.edu.au/site/books/e/10.5130/978-0-9945039-7-8/>

Genocide Perspectives VII seeks original and unpublished papers in relation to genocide: the call is not set around a particular theme, rather, we are interested in receiving papers that discuss genocide and its related factors from perspectives that are rarely explored or understood.

Please include a short bio, selected publications, and an abstract / overview of the article. Manuscripts are due by **close of business Thursday 28 March 2024**.

We will accept both short and long papers, and reserve the right to edit words and length if deemed necessary by the editor.

All papers will be sent for peer review, and the editor and AIHGS retain the right to accept/reject reviews and completed manuscripts.

Should your manuscript be selected by the editors following review, you will be contacted with further details. The required referencing system can be found here:

<https://guides.library.uq.edu.au/referencing/apa7>

There are no publishing fees for authors, nor will authors receive any payment.

Any questions can be directed to the editor, Professor Linda Shields, at l.e.shields@uq.edu.au

Animalia



The active ingredient in the first ACE inhibitor, Captopril, was originally derived from snake venom. Experiments done in the late 1960s showed that a component of the venom

inhibited the action of angiotensin-converting enzyme (ACE), severely depressing blood pressure. The famed reptile was the poisonous Brazilian pit viper, *Bothrops jararaca*.



Image by Leandro Avelar

Conferences

Conference “The Power of Oral History - Risks, Rewards & Possibilities”

International Oral History conference

One of the world’s leading authorities on oral history, Alessandro Portelli, will be the keynote speaker at the 2024 Oral History Australia Biennial Conference. Melbourne, Australia; 21 to 24 November 2024.

Abstracts due 1 April 2024

<https://www.ioha.org/2024-oral-history-australia-biennial-conference/>



HISTORY OF MEDICINE DAYS 2024

33rd Annual Conference

March 15th & 16th, 2024

Currently planned as an "in-person" only traditional conference will be held at the University of Calgary Main Campus, MacEwan Hall.

History of Medicine Days (HMD)

<https://www.ucalgary.ca/programs/history-medicine>

www.histmed.org/kansas-city-2024

Kansas City 2024

The 97th Annual Meeting of the American Association for the History of Medicine will be held May 9-12, 2024 in Kansas City, MO, and KS

[Preliminary Program available here](#)

JOINT CONFERENCE OF IASTAM AND ASHM

Conference Info

International Association for the Study of Traditional Asian Medicine (IASTAM) and Asian Society for the History of Medicine (ASHM)

Thurs. 20th June to Mon. 24th June, 2024

Chang Yung-Fa Foundation International Convention Center, Taipei City, Taiwan

Society for the Social History of Medicine Biennial Conference

'Resistance'

University of Strathclyde, Glasgow

16 - 19 July 2024

Organized by the CSHHH Glasgow at the University of Strathclyde

70 years ago....

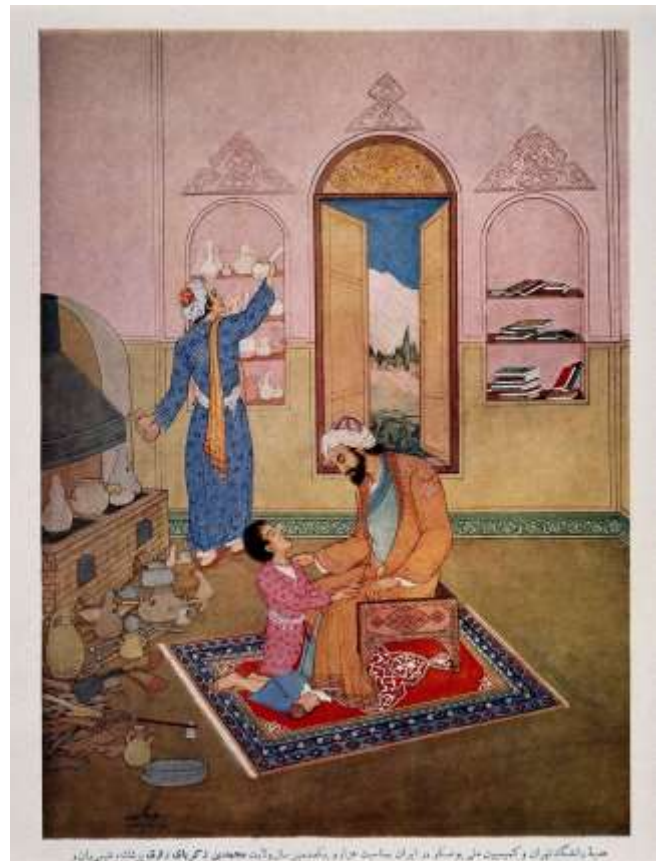
In 1954, a measles outbreak at a boarding school just outside Boston, Massachusetts provided an opportunity for doctors at Boston Children's Hospital to try and isolate the measles virus, taking throat swabs and blood samples from infected students.

The culture that Thomas Peebles, MD obtained from 11-year-old schoolboy David Edmonston successfully led to the virus's cultivation and enabled doctors to create the first vaccine against measles.

John Franklin Enders, Peebles's boss, often called 'the father of modern vaccines', developed the measles vaccine from the 'Edmonston-B' strain, named after David and used as the basis for most live-attenuated vaccines to this day.

Enders and his team tested their measles vaccine on small groups of children from 1958 to 1960, before beginning trials on thousands of children in New York City and Nigeria. In 1961 it was hailed as 100% effective and the first measles vaccine was licensed for public use in 1963.

Text is from the World Health Organization
<https://www.who.int/news-room/spotlight/history-of-vaccination/history-of-measles-vaccination>



Measles was described as early as the 9th century by Persian physician and scholar Abū Bakr Muhammad Zakariyyā Rāzī (also known as Rhazes). Image shows al-Razi examining a patient (miniature painting by Hossein Behzad, 1894–1968) Wellcome Images via Wikimedia Commons.

Mystery object revealed



Ribemont's laryngeal tube for inflating the lungs in a newborn with asphyxia.

From Holt, L. Emmett, *Diseases of Infancy and Childhood*, London: Henry Kimpton, 1900.



Measles compared: the boy on the left has measles, the middle one has scarlet fever, and the one on the right has smallpox. Engraving by an unnamed artist from *Les Remedés de la Bonne Femme*, circa 1880. *Mary Evans Picture Library/AAP Image*. From an article written by Frank Bowden <https://insidestory.org.au/red-spot-specials-the-fall-and-rise-of-australian-measles/>

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All correspondence and submissions should be emailed to: anzshm@anzshm.org.au.

Please include the word 'newsletter' in the subject line of any submissions.

LETTERS, PHOTOGRAPHS AND ARTICLES ARE WELCOME IN ELECTRONIC FORMAT.

DEADLINE FOR THE NEXT ISSUE IS 1 MAY 2024

For the latest information, visit the ANZSHM website: www.anzshm.org.au