



Medical History

Newsletter

AUSTRALIAN AND NEW ZEALAND SOCIETY OF THE HISTORY OF MEDICINE INC

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THE PRESIDENT'S PAGE

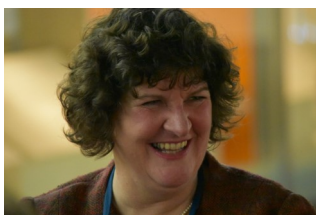
It's just six months until the 16th Biennial Conference of the ANZSHM in Auckland, New Zealand and it promises to be a fabulous meeting. The theme of the conference is *Beyond Borders: Health and Medicine in Historical Context*. We have four prominent keynote speakers, a Witness Seminar on the deinstitutionalisation of New Zealand's mental hospitals between 1970 and 2000, a pre-conference walking tour, and of course the conference dinner - always a highlight.

Registration for the conference is open and I encourage members to take advantage of the early bird pricing. The Call for Papers closes soon. Professor Linda Bryder and the conference committee look forward to receiving your abstracts before 31 May. Full details are on the conference website <http://anzshm2019.org/>

Postgraduate research students aiming to give a paper on medical history at the conference may apply for a grant to assist with registration and other costs. Up to twelve grants are available, via a competitive process. Eligibility criteria and application forms are on the conference website. Thanks in advance to Associate Professor Louella McCarthy and Dr Judith Godden who are processing the grants this year.

On the Society's administrative front, as of mid-May 2019, Executive has completed the transfer of funds from CBA to the Bendigo Bank and we're enjoying a good relationship with our new service provider. Membership renewals are tracking well with more than two hundred received so far. A membership form is included with the *Medical History Newsletter* for those yet to renew. We welcome nine members who've joined in recent weeks, including several postgraduate students.

ANZSHM Vice-President Professor Cathy



Coleborne has served as an Editor of the Society's journal *Health and History* since 2009. Cathy has advised that she's retiring from this position and will

continue as an Editorial Board member. On behalf of the Society, I thank Cathy for her commitment to *Health and History*. I'm pleased to report that Dr Susan Heydon, an ANZSHM member in New Zealand, is joining the *Health and History* team as co-editor. Susan works at Otago University in Dunedin where she is a Senior Lecturer in Social Pharmacy. Her history research focus is the broad context of sickness, and related healthcare systems, in New Zealand and elsewhere in the world.

In March I was in Charlottesville, Virginia, USA where I gave a paper at a combined meeting of the Southern Association of the History of Medicine and Science (SAHMS), and the Agnes Dillon Randolph International Nursing History Conference (Randolph). ANZSHM journal co-editor, Dr Peter Hobbins, was a keynote speaker at this conference. Prior to 2019, SAHMS and Randolph ran separate conferences with small attendances. Following recent experience of ANZSHM's multidisciplinary approach, the two organisations teamed up to deliver a larger meeting with a diversity of papers. It was a great success. Through the SAHMS-Randolph conference, ANZSHM has forged new connections across the Pacific and we've encouraged those in this American network to attend ANZSHM 2019 in Auckland.

While I was in the USA, there was significant media coverage of a New York community in compulsory isolation because of a measles outbreak - said to have resulted from a collective anti-immunisation stance. Many of us are familiar with the coordinated public health campaigns designed to rid the world of measles and other insidious infections. With these campaigns still in living memory, it seems shocking that a preventable deleterious disease at the centre of them has re-emerged, on such a scale and within a couple of generations. It's a timely reminder of why historical perspectives of health and disease matter. The world needs this history, to highlight the real and calamitous impact of infectious disease before modern public health interventions, and to inform contemporary policy responses to anti-immunisation sentiment.

Madonna Grehan
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ALL ABOUT OURSELVES

Members of the ANZSHM describe their life, work and interests

It was an overcast and rainy day in the late 1990s when I first felt the joy of medicine. A primary school field trip to Westmead Children's Hospital allowed me to see the intimate workings of the profession. I had always been fascinated with the body and sought to understand how it worked. Being an odd child, I spent my early years enamoured with diagrams of eyes and ears in glossy medical textbooks. And so, on this fateful day at Westmead, my curiosity paid off. It soon became apparent that of all my classmates I knew the most about medicine. I graciously accepted my prize of a surgical hairnet, booties, and a mask as though they were my very own Oscar statue. Suffice to say they do not sit on my mantelpiece, yet the elation I felt that day has not left me.

Growing simultaneously and somewhat separately were my twin loves of history and dress. Being of the 'Horrible Histories' generation I poured over bad beginnings, gruesome ends, and the ostentatious clothing worn in between. This second path, of textiles and history, overtook my early desire to go into medicine and occupied my mind throughout my high school and undergraduate years. At one stage, I almost went into theatrical costume design. An essay I wrote in the last semester of my undergraduate history degree, however, reignited my early passion for medicine and health. I found a number of accounts in the *British Medical Journal* and the *Lancet* fretting over women manufacturing soldiers' uniforms in unregistered factories. These women were coughing scarlet fever onto the garments and sending them to soldiers at the front. Although the essay was not my greatest piece of work, my interest in this topic only grew. In 2016 I earned a Master of Research degree with a thesis on diseases that spread through British soldiers' uniforms in the First World War. This research led to a publication with University of New South Wales Press, and another forthcoming with Manchester University Press. It also allowed me to head to the 2018 SSHM conference in Liverpool, UK to present.

Arriving in the final year of my PhD, my passion to reframe the way we comprehend medicine in both understandings and practice drives my research. At present, I again focus on uniform-spread diseases among British, Australian, Canadian, and New Zealand troops. My work introduces a category of my own making, what I term 'soldiers' vernacular medicine.' Such

classification conveys the importance of looking outside of professional hierarchies and structures to examine medicine in a new light. Most importantly, it asks who is a medical practitioner and what counts as medical practice?

As a medical historian, I not only want to write about the past, but also make changes in the present and the future. I have developed a love of collaboration. This is a new passion, as I have always liked working alone. Now, however, I find that there is something special about working with others who have a passionate and like-minded view of history to enact change. Working on the influenza pandemic centenary with Dr Peter Hobbins has been a highlight, as well as liaising with the ANZSHM National Secretary Dr Charmaine Robson, which has been a wonderful opportunity for growth.

To this end I have toyed on and off about starting a postgraduate history of medicine network to build a sense of camaraderie and solidarity among PhD candidates in the subdiscipline across Australia. This grand plan, however, only went as far as Peter Hobbins' office where I left it in the ether. Yet, when ANZSHM were looking for a social media coordinator, Peter put my name forward knowing my drive to knit together community, and to instil a love of medical history in others. I am now also a committee member for the NSW Branch.

For up and coming historians, the state of medical history in Australia is small in comparison to larger areas of study. I want to see this change. For those of us in the early stages of our careers, options are rather precarious. Yet, it does not have to be this way, and I want to build opportunities to promote and expand medical history beyond the academic arena to see the community grow among younger historians. If I get to spend my career advocating for the history of medicine in Australia and New Zealand, I will be one happy historian!

Georgia McWhirter
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MEMBERS' NEWS

Welcome!

Lisl Bladin VIC
Jess Finlay NZ
Ashleigh Green VIC
Nicole Holding VIC
Doug Lynch VIC
Doug Lynch VIC
Tessa Mazey-Richardson NZ
Helen Naug QLD
Robyn Waymouth VIC

ISHM NOTES

Details of the 10th ISHM Meeting have at last been released. The meeting will be held in conjunction with the annual Mexico History of Medicine Conference, in Oaxaca, Mexico, from 2-6 September. A detailed website is now accessible at <https://reunionishmoaxaca.com>

This website is in Spanish but for an English version go to the right hand side of the banner on the top of the home page and click on 'English'. Once the English version has come up you can scroll down for registration, presentation of papers, local hotels and tourist information. Papers are currently being called for and abstracts need to be in by 30 May 2019. There is also an email contact for any queries, at ishmoaxaca@gmail.com

Southern Mexico is a delight and not to be missed if the opportunity arises. It is rich in history, archaeology, culture, wildlife and cuisine.

Brian Reid
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AN INTIMATE PANDEMIC



The Royal Australian Historical Society's 'An intimate pandemic: the community impact of influenza in 1919' is continuing to mobilise community historians. This project has now delivered six 3-hour workshops on the pneumonic influenza pandemic at regional centres across NSW, plus another 14 presentations to community and school groups in Sydney and country locations. As a result, individuals, local and family history groups are now researching and sharing their own accounts. These range from brief family memories to lengthy transcription projects, and from locally-run seminars and exhibitions to booklets and special newsletter issues. An encouraging theme has been recognition of the critical importance of volunteers – especially women – in providing nursing, welfare and community services despite the significant risks of infection. Forming a patchwork history of the pandemic's enduring impact, these accounts are steadily being uploaded as 'community stories' at <https://www.rahs.org.au/an-intimate-pandemic-the-community-impact-of-influenza-in-1919> and shared through the Twitter hashtag #AnIntimatePandemic.

EDITOR'S COLUMN

Contributions to the Newsletter are always welcome. The next deadline for copy is 15 August 2019. Copy should be sent to the editor, Derek A Dow at d.dow@auckland.ac.nz.

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AMPI NEWS

Temperance Doctors

Readers familiar with the modern anti-smoking movement will recognise the broad outlines of the campaign against alcohol in the nineteenth century. The temperance movement, which began in America in the 1820s, expanded rapidly into an international public health campaign. Activists lobbied for better control of alcohol production and sale, and medical experts ran education programs alerting people to the adverse health and social effects of alcohol consumption.

By 1830, articles were starting to appear in the colonial press charting the exponential growth of grass-roots temperance associations in the United States and Britain. What is believed to have been the first Australian temperance society was formed by passengers from Greenock on the Scottish immigrant ship *Stirling Castle* in Sydney Harbour, before they disembarked in October 1831.

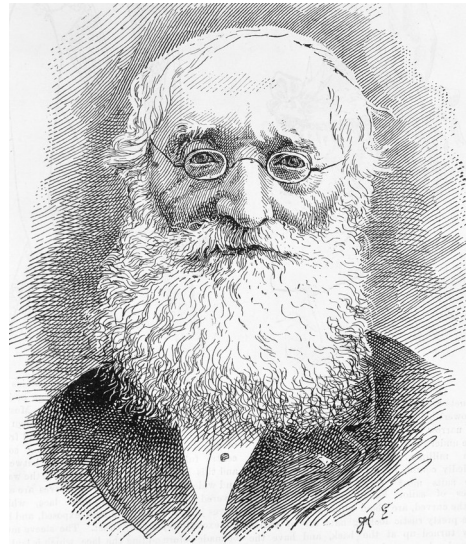
Early in 1832 a local newspaper reported 'with great satisfaction' the first meeting to establish a temperance association in Hobart. The committee of the resulting Tasmanian Temperance Society included Adam Turnbull MD and Jonathan Clerke MRCS, both highly respected doctors. Dr Turnbull would later retire from general practice to serve as a Presbyterian minister in Tasmania. Dr Clerke held government posts in Tasmania and Victoria before returning home to Ireland.

A New South Wales Temperance Society was established in 1833, with the Governor as patron, and a committee of twenty, including the Chief Justice, eight ministers of religion, and a prominent medical practitioner, Charles Nicholson MD. The young settlements at Port Phillip and in South Australia had their own temperance societies by 1837 and 1838 respectively. Teetotal or 'total abstinence' societies were established in the colonies from 1838, but never achieved the level of community support that characterised the more moderate temperance movement.

Some seasoned medical temperance campaigners came to the colonies from Britain. Among them were CBM Syder MD (from London) and John Singleton MD (from Dublin), both of whom settled in Victoria in the early 1850s. Dr Singleton, a skilled organiser, campaigned in Melbourne for several decades. He established his own suburban dispensary, which operated on temperance principles, advocating abstinence, and avoiding alcohol-based medicines. Dr Syder, who had spoken at large meetings all over England, was in

retirement, but lectured occasionally in the colony.

Doctors were often enlisted to give lectures at the request of local temperance societies. One of the earliest of these guest speakers was Dr Thomas Robson of the East India Company. He arrived en route from China in 1835, and spoke



John Singleton, LAH Dublin, MD Glasgow, pictured in the 1880s.

at meetings in Hobart and Sydney before proceeding to India. Dr George Fullerton from Belfast was persuaded to give a temperance lecture soon after landing in Sydney in 1841. Dr Whittell, from Chester, gave a lecture in Sydney in 1843, and was commended in the newspaper report for 'gaining the attention of the audience and keeping it' – no mean feat in those days. Over the decades not a few GPs supported the temperance cause, and were enlisted to give lectures to local societies, usually on subjects like 'the physiology of alcohol'.

One branch of the temperance movement sought to reduce the consumption of alcohol at sea, thus giving rise to the phenomenon of 'temperance ships'. The first of these vessels to reach the colonies were American whalers visiting Sydney in the early 1830s. An early temperance immigrant ship was *Princess Victoria*, which reached Sydney in 1834. It was followed in 1838 by *Minerva*, *Coromandel*, and *Despatch*. In 1835 the Immigration Committee of the NSW Legislative Council recommended that 'all vessels engaged in bringing out emigrants should be Temperance Ships'. This was not to be. However regulations limiting access to alcohol on immigrant ships leaving British ports were progressively introduced by the British government over the next twenty years.

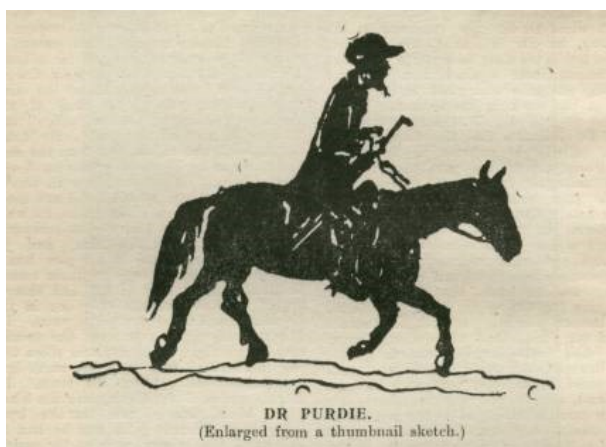
Stephen Due
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Temperate New Zealand?

There seems to have been a rather ambiguous relationship between doctors and temperance in colonial New Zealand. The UK temperance movement had its roots in Glasgow in 1829 and within a few years some of its advocates had adopted a policy of total abstinence, with the term teetotalism entering the English language around 1833.

New Zealand's first teetotal doctor was probably Henry Weekes, who arrived in the colony in March 1841 as surgeon to one of the first immigrant ships. Weekes' three decades in New Zealand were interspersed with time spent at the Californian gold rushes and in England and Spain. In 1877, shortly after he left the colony for the last time, *The Lancet* described Weekes as an ardent teetotaler, 'one who has been habitually a water-drinker from a time when total abstinence was an un-invented term'. I have found nothing in the local press, however, to suggest he actively campaigned on the issue.

One of Dunedin's first doctors in the late 1840s was another fervent advocate of total abstinence. Dr William Purdie qualified LRCSEd 1825 and MD Glasgow 1833, during the initial flush of enthusiasm for the British temperance movement; he was also a homoeopath.



The most enduring of these early temperance doctors was Joseph Giles, who was born in 1832 when temperance was still in its infancy. Giles, also a non-smoker, died aged 97. In addition to his healthy regime he argued in an 1869 lecture that the sphere and influence of women should be greatly expanded, and they should be permitted to develop powers in all fields without restraint.

On the other side of the ledger, the pronouncements of some doctors attracted the ire of the temperance lobby. John Cook, who reached Australia in 1825 and was for a time assistant to William Bland, moved to New Zealand's Hokianga district in 1835. There he told a

temperance gathering that 'in the course of his medical career he had found spirits exceedingly beneficial ... [and] ... an effective cure'. Cook soon returned to Australia, where he pursued a career as a chemist and druggist until his death in 1855.

William Kater MRCS 1841 arrived in Nelson the following year and soon fell foul of the local Temperance Society. On 12 August 1843 the local newspaper reported that:

Mr A Saunders said that he had heard that some parties had said that they would oppose teetotalism, if it were at a meeting where fair play could be expected, but that they might as well come forward in a lion's den as in that meeting.... Dr Cater [sic] said he believed he was the party referred to by Mr Saunders. He had said something which, by passing from two or three mouths, might easily amount to as much, but it was a mistake to suppose that he was opposed to teetotalism, as, from the little he knew of it, he thought it was a very good thing in the abstract.

Whether by divine intervention or not, Kater drowned in Nelson Harbour less than three weeks later.

Some temperance bodies recruited their own medical officers but did not always choose wisely. In the early 1880s Dr Angus Ross, appointed by the local medical club in the Kaipara District, took to the bottle. Although he was persuaded to sign the pledge and join the Good Templar Lodge, Ross soon fell off the wagon and died of a drink-related illness in 1885, aged 42.

Further south, JA Moffat, a mature Glasgow-trained doctor, was induced to settle in Winton in 1878. Soon afterwards he addressed the local Guardian Lodge of Good Templars upon the prospect of the order and the spread of temperance principles generally. Sadly, Moffat did not practice what he preached. Jailed in 1881 after a botched birth, he was released in August 1882 on compassionate grounds after the Dunedin Gaol surgeon testified that 'His brain has suffered from over-indulgence in drink, and brooding over his own case has made him a thorough monomaniac.' A decade later, Moffat was registered in Victoria.

Saddest of all was Dr Warwick McLennan, appointed in 1890 as medical officer to the newly formed division of the Sons and Daughters of Temperance in Pahiatua. A resident of the local Temperance Hotel, he died on 30 December 1891 from the combined effects of alcohol and an overdose of self-prescribed hydrate chloral and bromide of potash.

Derek Dow

VICTORIA BRANCH NEWS

The year began with the AGM on 27 February 27, followed by an entertaining lecture by Dr Peter Burke. Peter recounted the story of the gold-headed cane, as told in William MacMichael's 1927 book of that name, adding many details from his own research. The story, published in 1827, tells of five famous physicians who passed the cane onto one another in succession, told from the perspective of the cane itself. The cane now resides in the Royal College of Physicians in London.

The owners of the cane were John Radcliffe (1650-1714), Richard Mead (1673-1754), Anthony Askew (1722-1774), David Pitcairn (1749-1809), and Matthew Baillie (1761-1823). Baillie's mother was John Hunter's sister, and he lectured in anatomy at William Hunter's school. He was physician to George III and to Princess Charlotte. Baillie's widow presented the cane to the Royal College of Physicians.

The next meeting of the Victorian Society was the reintroduction of the 'country meeting', held in Beechworth over the weekend of 4-5 May.

Fifty-two delegates enjoyed a welcome reception on Friday evening in the Burke Museum, followed by a full day of lectures on the Saturday at the George Kerferd Hotel. The Hotel is in the grounds of the Mayday Hills asylum, with many of the original buildings remaining. The asylum is set in a vast garden planted with old and rare trees, many of them heritage-listed.

Delegates enjoyed the following lecture program:

Max Wellstead, Living and working in an Asylum: May Day Hills 1973-74

Anthea Sutton, Data, documentation and despair – inside the archives of Mayday Hills Lunatic Asylum

Roger Wilkinson, Public duties of a public man: Dr Wilkinson of Bright

Kate Irving, The influence of place on an American 'school for idiotic children'

John Hayman, Ailments of the miners: hard times, hard rocks

Beverley Wood, The Victorian exploring expedition supply party – Melbourne to Menindee

Ian Stewart, The death of Forbes Sutherland and sestercentenary of James Cook's arrival in Australia

Bruce Short, HMS Bark *Endeavour*: ship of discovery or ship of dreaded disease

Elizabeth Haworth, Why Tasmania is not French: the role of Vitamin C in the history of Tasmania

Peter Burke, Should a doctor tell? The Melbourne medical student of 80 years ago

Paul Lancaster, Archibald Lang McLean: Antarctic doctor, researcher and writer

Gordon Whyte, Sydney 1900: Bubonic Plague as change agent over time and place

An enjoyable dinner was held on the Saturday evening, when we were further entertained by renowned arborist, John Hawker, describing some of Victoria's most significant trees and the importance of their preservation. On Sunday morning, we enjoyed a guided walk of the historic precinct in Beechworth.

Rod Westhorpe
Hon Secretary MHSV



*Another alternative use for
Mayday Hills!*

ELSIE JEAN DALYELL (1881-1948)

In February 2019 the University of Sydney hosted a special event to unveil a portrait of Dr Elsie Dalyell, to be placed in MacLaurin Hall as the third in a series of portraits of prominent female members of academia. (The others are Professors Nalini Joshi and Emerita Margaret Harris.) These portraits are part of the University's commitment to recognising the careers of women and the changing culture of the University.



The unveiling of the portrait: (left to right) Leanne Dalyell, Elsie Williams (née Dalyell), Elsie's great-grand-niece, artist and University of Sydney graduate Tianli Zu and Cameron Dalyell, Elsie's grand-nephew.

Elsie Dalyell OBE was the daughter of NSW mining engineer James Melville Dalyell and his wife Jean McGregor, and grand-daughter of JR Dalyell, a police magistrate and Crown Land Commissioner – all were Australian-born but of Scottish descent. Schooled at Sydney Girls' High School, Elsie graduated in medicine from the University of Sydney in 1909. Three years later she was elected to a Beit Fellowship at the Lister Institute in London, to conduct research on gastroenterology in children.

During WW1 Elsie Dalyell was one of a number of Australian and New Zealand female doctors who joined the Scottish Women's Hospitals, established to enable women to join the war effort at a time when the RAMC was reluctant to take them. She saw service in France, Greece, Malta and Turkey before returning to Australia in 1920. Her colleagues in Serbia included Agnes Bennett, another Sydney medical graduate who had migrated to New Zealand in 1908, and Mary De Garis, a Melbourne doctor who featured in the May 2015 issue of this newsletter.

After further research on paediatric malnutrition in Vienna, Dalyell returned to Australia for good in 1924 and joined the NSW Department of Health as a microbiologist.

BOOK NOTICE

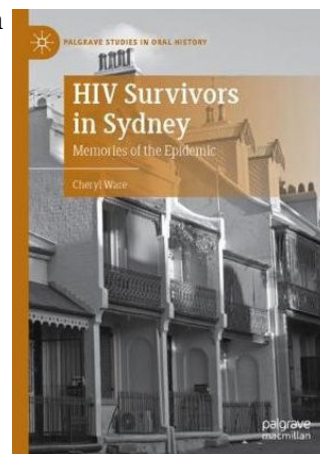
Cheryl Ware, *HIV survivors in Sydney: memories of the Epidemic*, Palgrave Macmillan, 2019. 247pp.

This is the 43rd volume in the Palgrave Studies in Oral History – claimed by the publisher as the world's leading English-language oral history book series – and the first to deal with an Australian or New Zealand topic. Inner-city Sydney is described in the blurb as the epicentre of gay life in the Southern hemisphere in the 1970s and early 1980s . This

provided the author with a rich vein of information, focusing on the critical years between 1982 and 1996, when HIV evolved from a 'terrifying unidentified disease to a chronic condition that could be managed with antiretroviral medication'. One feature of the book is the catchy chapter titles, including *The Disease of a Thousand Rehearsals*, *Living by the Code of the Condom*, and *Life as Lazarus*, 1996.

Cheryl Ware graduated with a PhD from Macquarie University, Sydney, in 2017 and is currently a Research Fellow in the School of Humanities at the University of Auckland, New Zealand and the recipient of a Royal Society of New Zealand Marsden Fund Fast-Start Grant, 2019-22. Recently she has produced two commissioned online histories, both compiled in collaboration with Professor Linda Bryder. The first outlines the history of the New Zealand Society for Oncology which was established in 1967. (see <http://www.nzsoncology.org.nz/history/evolution>). The second tells the story of the Goodfellow Unit, was set up in 1978 to provide continuing medical education and is part of the School of Population Health, Faculty of Medical and Health Sciences, at the University of Auckland. (see <https://goodfellowunit-history.blogs.auckland.ac.nz/>).

Cheryl is also on the Organising Committee for the forthcoming ANZSHM biennial conference, to be held in Auckland in December 2019.



A DATE FOR YOUR DIARIES—AUCKLAND December 2019

New Zealand has been the venue for three previous medical history conferences, the first of which was organised in Hamilton in 1987 by the late Dr Rex Wright-St Clair. Rex's efforts inspired two further conferences in Auckland in 1994 and 2005, both convened by Professor Linda Bryder who will again assume this role in 2019, assisted by our two NZ councillors, Dr Derek Dow and Ms Ella Arbury, long-time Society member Dr Kate Prebble, and Drs Katrina Ford and Cheryl Ware.



BLAST FROM THE PAST *Medical History Australia 25 years ago*

In February 1994 Ben Haneman used his guest editorial in the Newsletter to promote three projects which he thought the Society might undertake – a national dictionary of biography of medical and health subjects, a general history of Australian medicine, and another text on ‘aborigine medicine and aboriginal health issues.’ Three months Ben revealed some of the responses which he had received. Taking heed of these comments, he posited that the general history could incorporate Aboriginal health, with no need for separate volume. Support for the biographical dictionary seemed to have been muted, with Ben suggesting that:

Maybe, as a start, the Society could act as a central repository for biographical entries offered by any of its members arising from work they have done or are doing? That's my own idea.

No standalone dictionary has ever been published but 50 prominent Australian and New Zealand health professionals featured amongst the 1140 entries in the 5-volume 2007 *Dictionary of medical biography* edited by Bill and Helen Bynum.

Beyond that there is a large accumulation of source material in the online Australian Medical Pioneers Index begun by the late David Richards and now maintained by Society member Stephen Due. In New Zealand, there is an online version of the late Rex Wright-St Clair's *Historia Nunc Vivat: Medical Practitioners in New Zealand, 1840 to 1930* (2003), which I have been building on for the past three decades.

Some of the fruits of these labours can be seen in our quarterly newsletter, in Stephen's *AMPI News*, and in the New Zealand responses penned by your editor. While these do not fulfil Ben Haneman's vision, we hope he would have been pleased to see Australasian collective medical biography alive and well.

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

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

DEADLINE FOR THE NEXT ISSUE WILL BE 15 AUGUST 2019.