

## The President's page

Our next biennial conference is now fixed for July 2025 in Sydney, and we look forward to hearing over the next year what exciting events the local organizers have planned for us. In my August 2023 presidential column I reflected on responses to a panel at our 2023 biennial conference called “Better Together” which included speakers with medical degrees and history degrees or both. Some attendees were, sadly, disgruntled by the narrow focus, expressing concerns that the panel’s composition excluded those who had neither medical nor history degrees such as museum curators. Other health professionals also felt excluded from the panel, including nursing and the allied sciences. I argued in my column that simply by their presence and pronouncements at the panel session, these participants showed the diversity of our membership and interests. I also commented that, as we move forward and think about our next conference, this is a conversation which we need to continue and embrace.

In my last presidential column I put forward a further plea for the Society to support and to showcase medical museums, as they constitute an important way in which medical history reaches a wider audience. We will undoubtedly be encouraging such discussions at our 2025 conference, and I wish to thank those who have already written to me on the subject. In the present column I wish to remind the Society of the importance of another subgroup within our membership, nursing historians. It is now axiomatic that the history of medicine includes professions beyond medical and yet we still sometimes need to be reminded.

Nursing is such a large and integral part of the functioning of health systems. In some parts of the world

it is the subject of specialist historical organizations – the American Association for the History of Nursing, for instance, and the European Association for the History of Nursing (EAHN). It was at a conference of the EAHN in Koldingfjord, Denmark more than a decade ago, in 2012, that a group of participants from Australia and New Zealand, of which I was one – others included Madonna Grehan, Linda Shields, Clare Ashton, Odette Best, Pamela Wood, Euridice Charon-Cardona and Susan Sherson – got together with attendees from South Africa to discuss the possibility of setting our own regional group. This was the Australian, New Zealand and South African Nursing and Midwifery History Group, and following the conference, a network was established and newsletters circulated.



A quick search on the web reveals this Group did not survive more than a few years. But, in any case, I would argue that for us in Australia and New Zealand, our own ANZSHM is the appropriate channel through which to focus our efforts and advance the history of nursing. After all, how can one study the history of medicine without understanding the important role nursing has played in history? That is not to say that one can’t support an interest group within the Society. Such interest groups can only work to broaden the appeal of the Society, attract wider audiences and reveal the multifaceted nature of the history of medicine and healthcare. Something for our members and the 2025 conference organizers to think about.

Linda Bryder

[l.bryder@auckland.ac.nz](mailto:l.bryder@auckland.ac.nz)

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.*

## Diana Jefferies

I am a registered nurse with 25 years of clinical experience in mental health, drug and alcohol and HIV nursing, and a senior lecturer in the School of Nursing and Midwifery at Western Sydney University (WSU). I also have an academic background in the Arts in English Literature. I am very interested in how the arts, such as drama and performance can be used to disseminate research findings in health.

I joined the ANZSHM in 2013 when I attended my first conference in Darwin with the support of a WSU VC Professional Development Scholarship. At that conference, I had the privilege of presenting my archival research into healthcare records of women who had been admitted to Callan Park and Gladesville Hospitals with diagnoses of mania or psychosis after childbirth from 1885 to 1955. I received fantastic feedback and great encouragement from so many delegates, and I was convinced that telling the women's stories was very important. The research was published in academic journals and I continued to attend conferences and tell the women's stories. Since then, I have held many executive roles in ANZSHM NSW and am currently the Vice President.

In 2016, at an Arts Health conference at the Art Gallery of NSW, I met Taimi Allen who was the CEO of New Zealand's mental health advocacy service Changing Minds. She introduced me to NZ writer and performer,

Lisa Brickell, who had developed a play called *Mockingbird* that told the story of four generations of women in her family who had experienced mental distress after childbirth. This was a perfect fit for my research, which was incorporated into the play to add authenticity to time and place.

To date, *Mockingbird* (now known as SHHH!) has been performed in Auckland, across regional NZ, Sydney Melbourne, Norway and most recently at the 2024 Adelaide Fringe Festival where it was warmly received. The play received the inaugural SA Mental Health Commissioner's Performance Grant from the new SA commissioner, none other than Taimi Allen! Later this year it will be performed at the Avignon Festival in France and there are plans for SHHH! to be performed at the Edinburgh Fringe.

<https://glamelaide.com.au/fringe-review-shhh/>  
<https://list.co.uk/news/44661/shhh-theatre-review-poignant-and-rage-inducing>

The COVID pandemic provided an interesting opportunity. As theatres could no longer operate, there was time for a short film based on *Mockingbird* to be produced, called *Unlatched*. Watch this space as *Unlatched* comes to your local film festival!

Despite its difficult subject matter, SHHH! and *Unlatched* are joyful experiences, using music, mask and humour to promote women's mental health. And what is most important, both have a happy ending, letting women know that even though the period after childbirth may be difficult, there is help. The *Mockingbird Project* is an important public awareness campaign that seeks to bring women's mental health out from under the carpet to a place where we can all recognise it and talk about it. And delving into history proved to be a very powerful means of ensuring that this message is heard!

I continue to examine historical and literary representations of mental illness after childbirth to investigate the cultural background of stigma. This research has been supported by ANZSHM and we are currently looking at co-designing short films for nursing education with researchers, clinicians, a theatre professional and filmmakers.



Photo of SHHH! (*Mockingbird*) from the 2024 performance at WSU: courtesy D. Jefferies

## Members' news

### NEW MEMBER

A warm welcome to our newest member,  
Raphael Kuhn, VIC.

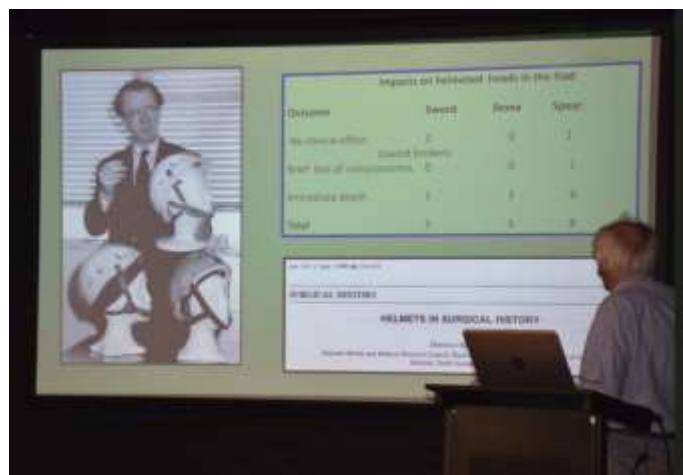
## In this issue....

Page	Item
1	The President's page
2	All About Ourselves
3	Members' news New member South Australian Medical Heritage Society news
4	New Zealand History of Medicine news Online talk Mystery object
5	Letter to the Editor Medical iconography
6	The TB Chalet at Hamilton Base Hospital
7	Laughter - part of the medical bag?
8-11	What is 'medical history'?
12	100 years ago (tetanus toxoid)
13	Animalia A stitch in time...; The pace of life...
14	Exhibitions From the WHO
15	Australian Women Doctors - World War 1
16	Save the date One measure of a superior doctor
17	Save the date Treasures from Trove (1926 home remedies) NZ pioneer surgeon (publication)
18-19	Conferences
19	Mystery object revealed

## South Australian Medical Heritage Society news

Members of the South Australian Medical Heritage Society (SAMHS) enjoyed the annual Donald Simpson Oration, delivered this year by Professor Peter Reilly AO. After his tribute to the memory of Professor Simpson AO, eminent neurosurgeon and medical historian, with whom he had a close association, Prof. Reilly delved into the life and groundbreaking work of anatomist Frederick Wood Jones (1879-1954), painting a vivid portrait of his multifaceted career and contributions.

SAMHS extends a warm invitation to all members and guests to partake in our upcoming talks. On May 23rd, we look forward to Emeritus Professor Doug McEvoy's discourse on Sleep Medicine, followed by Dr David Close's exploration of the history of ENT medicine on June 27th.



Meetings are held from 6pm at the Dulwich Community Centre, located at 14 Union Street, Dulwich. All are welcome as guests or new members, for whom there is a \$20 annual membership fee.

All enquiries should be directed to the secretary Joy Copland at: [jgcopl@bigpond.net.au](mailto:jgcopl@bigpond.net.au).

Maggi Boulton  
SAMHS committee member



**ANZSHM**  
**2025**



The 19<sup>th</sup> Biennial ANZSHM conference  
will be held from  
Tuesday 8<sup>th</sup> July to Saturday 12<sup>th</sup> July 2025  
at Sydney University.

## New Zealand History of Medicine news

Professor Cindy Farquhar, University of Auckland, has led a project entitled “The Early Medical Women of New Zealand”. The resulting attractive website might be seen at: <https://www.earlymedwomen.auckland.ac.nz/> If anyone has information they can add to the project, it will be most welcome.

The Otago Medical Alumni Medical group had an address by Zoom in April from Allan B MacLean, Emeritus Professor of Obstetrics and Gynaecology,

University College, London, entitled “250 Years Ago: Man-Midwifery, Manuscripts and Murder (Maybe).”

On 1st May, the Wellington Medical History Society heard an address by their president, Jayne Krisjanous, entitled ‘William Borrowdale Tripe: An early Wellington Doctor.’

On 2<sup>nd</sup> May, the Auckland Medical History Society heard historian Ben Kingsbury talk about his wonderful book “The Dark Island” about the treatment of leprosy sufferers in New Zealand. The talk was entitled “From Quail Island to Makogai: Leprosy sufferers and their treatment in New Zealand and the Pacific, 1906-1940.” Tim Cundy also presented ‘The Story of Insulin’.

Barbara Brookes

## Online talk

### WHY FRENCH DOCTORS WERE FASCINATED BY MENOPAUSE IN THE 19<sup>th</sup> CENTURY

and what some older women thought of it...

Online Talk by Alison M. Downham Moore (WSU) for the  
NSW ANZSHM

Online Talk on May 21<sup>st</sup> 2024, 1-2pm

Zoom link: [https://uws.zoom.us/j/82047341341?](https://uws.zoom.us/j/82047341341?pwd=KzV3b2NOeUgvazlQOWU0UFl0WjQ0UT09&from=addon)

[pwd=KzV3b2NOeUgvazlQOWU0UFl0WjQ0UT09&from=addon](https://uws.zoom.us/j/82047341341?pwd=KzV3b2NOeUgvazlQOWU0UFl0WjQ0UT09&from=addon)

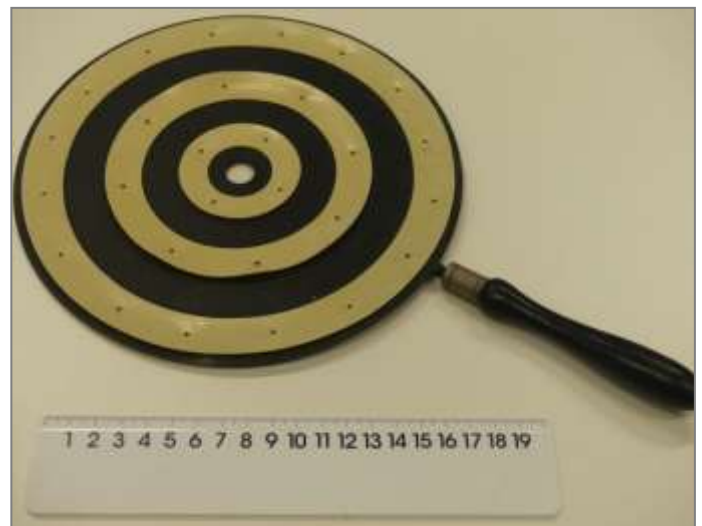


## Mystery object



Can anyone identify this  
mystery object submitted to  
the newsletter by Cate  
Storey?

The answer is on page 19.





## Letter to the Editor

Charmaine Robson's article on the *Ladies' Handbook of Home Treatment* in the last issue of the Newsletter is a reminder of the important role that Seventh-Day Adventist publishing played in domestic medicine in the pre-Medicare era, when many people could not afford visits to the doctor. Nearly seventy thousand copies of this title had been sold in Australia by 1930. Eulalia Sisley and Frank Richards married in Edinburgh in 1903 and both graduated in LRCS (Edin.), LFPS (Glas.) in 1904. Both had come from Battle Creek, Michigan, the centre of the SDA church. They then came to Australia, living in Warrawee, near Sydney. This suburb is adjacent to Wahroonga, where the Sydney Sanitarium was established in 1903. The Richards took over from Daniel and Laurretta Kress as its medical superintendents.

The story, with bibliography, is told in *The Irregulars*, pp. 87-98. This is the catalogue of an exhibition put on by R. Travers and B. Gandevia for the RACP in 1999. If any readers would like to be sent a PDF of the book (a rather amateurish scan, but completely free), please get in touch with me at [richard@travers.net.au](mailto:richard@travers.net.au)

Richard Travers

## The Irregulars

"INCURABLES" ARE CURED



To all her pleading the orthodox doctor insists,  
"Nothing more can be done for him."

The Royal Australasian  
College of Physicians  
1999

## Medical iconography



'Life. Be in it.' launched in Victoria in 1975 as a non-threatening health promotion campaign aimed at increasing physical activity and general wellbeing of Australians, encouraging them to take control of their health.

<https://www.nma.gov.au/defining-moments/resources/life-be-in-it-launch>

Right: 'Life. Be in it.' Exercisements poster. National Museum of Australia.

## Life. Be in it. Exercisements



# The TB Chalet at Hamilton Base Hospital

The former Tuberculosis (TB) Chalet at the Hamilton Base Hospital in Victoria stands as a striking architectural feature amidst the conglomeration of buildings representing a range of fine 19<sup>th</sup> to 21<sup>st</sup> century structures that comprise the current hospital complex.

The Chalet was first formally proposed in 1943 following the opening of the new general hospital on 1<sup>st</sup> April 1943 by His Excellency Major General Sir Winston Dugan, Governor of Victoria. At this time TB infections were increasing in the district and patients had to be nursed in the general wards of the hospital which was considered quite inappropriate. Despite being wartime with all the associated restrictions, the Hospital Management Committee showed great foresight in actively pursuing the proposal. To their great credit, the Hospital and Charities Commission of Victoria supported the concept and proceeded to design a building specifically to treat TB patients and to fund the entire project for £15,000.

Percy Edgar Everett (1888-1967) was appointed Chief Architect of the Victoria Public Works Department in 1934 and over the next twenty years, designed hospitals, schools, court houses and office buildings in wonderfully flamboyant (particularly for the sober post-war times), Modernist/Art Deco style. His passion for European, American and even Russian Art Deco pervaded his work. How fortunate that the Public Works Department had the courage to select Everett as their Chief Architect and to grant him the freedom to express his bold plans without restriction. Victoria remains grateful for his surviving Art Deco public buildings and Hamilton, in particular, for the stunning TB Chalet that stands proudly proclaiming his innovative brilliance.

The 1944 Annual Report stated that the Chalet had already commenced and it was hoped to be ready for patients in the 1944-1945 financial year. It would have the distinction of being the first purpose-built TB Chalet in country Victoria, in fact, the first in regional Australia. Sadly, the 1945-1946 Annual Report recorded the frustration of the Management Committee which stated

that construction had been under way for two and a half years but was still not completed. The actual building was virtually finished but the appointments and furnishings were 'not even on the horizon'! The brave Committee, however, was determined to leave no stone unturned as accommodation was now urgently needed, for, in addition to local sufferers, service personnel were returning from the war with TB infections.

Finally, on 21<sup>st</sup> April 1947 the Committee was delighted to welcome the Hon. W. Barry MLA, Minister for Health, to officially open the Chalet. It could accommodate fourteen patients and boasted the latest facilities for TB treatment. Prior to the advent of antibiotics, very limited treatment was available, and the basics of isolation, rest, fresh air, sunshine and good nutrition became the foundation of what was offered to patients. The Chalet had open well-ventilated verandahs/sunrooms with only flywire covering the windows to allow maximum air flow across the threshold. One can only sympathise with patients subjected to 'open air' treatment in winter with gale force air flows! In fine weather, Hamilton patients were often taken in their cots to the Police Paddock for maximum exposure to the elements! The 1948 Annual Report stated that 'many' patients had been treated but the actual number or length of stay was unfortunately not recorded.

Very limited supplies of the antibiotic, streptomycin, became available later in 1947 thus potentially revolutionising outcomes and making the Chalet theoretically redundant. However, this was not the case in Hamilton and the 'open air' treatment continued to dominate until much later. By the 1960s, with fewer patients and the ready availability of antibiotics, the general wards could safely accommodate those left in the Chalet. In 1967 the Chalet closed its doors to TB cases. The building became a store and left to deteriorate. A 1978 Development Report assessing the entire hospital described the Chalet as derelict and recommended demolition. Fortunately, this drastic step was not taken. The building was renovated and became the Physiotherapy Department. It continues to operate very successfully and efficiently in this role to this day. It was with great relief that, in 2005, the Chalet was granted Heritage listing for architectural and historic significance and thus will be safely preserved for posterity.

Elizabeth Arthur



Image: The TB Chalet in 1962, From the archival collection of the TB Chalet, courtesy of the author.

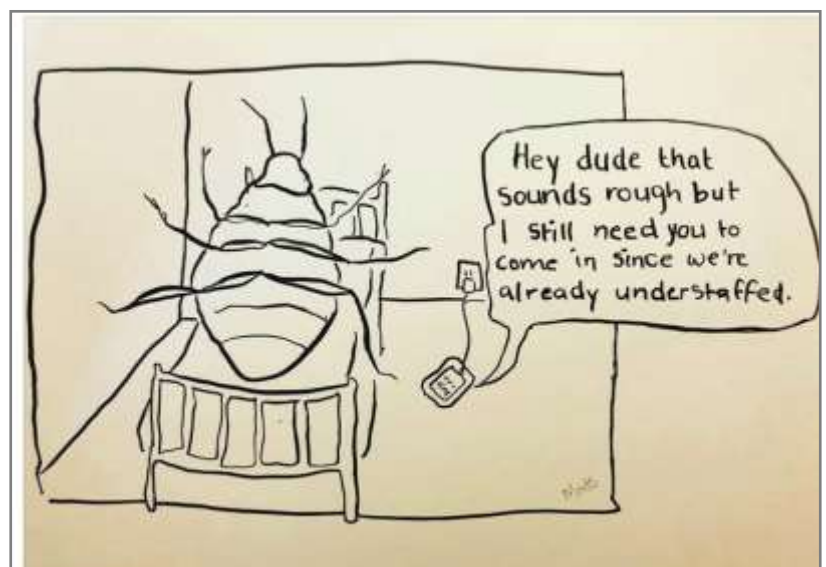


# Laughter - part of the medical bag?

For many, the recent disease crises of H1N1 influenza and Covid-19 were personally distressing and devastating. This includes members of the public as well as those working in the health professions. While pandemics are no laughing matter, many examples of humour filtered through to our consciousness during these crises, as cartoons or one-line jokes. For some, these clever examples of wit, exaggeration, or satire provided a fleeting moment of relief and release from the stresses encountered at the time.

A 2022 paper by McBride and Ball describes the use of humour by science agencies in a disaster, finding that humour acknowledges a shared human experience<sup>1</sup>. They suggest that humour can also reduce the barriers between officials, scientists, and those most impacted.

With the greatest respect for those who have experienced loss or tragedy during the recent pandemics, we provide here a few examples of humour in medicine from these two important events in our recent history.



<sup>1</sup>McBride SK, Jessica Ball J (2022) #TheSmoreYouKnow and #emergencycute: A conceptual model on the use of humor by science agencies during crisis to create connection, empathy, and compassion. "International Journal of Disaster Risk Reduction", 77.

Cartoon sources:

Left: Image credit: Clay Jones | Copyright 2020 claytoonz.com

Top right: [www.tundracomics.com](http://www.tundracomics.com)

Middle right: assurednursing,

[https://www.instagram.com/assurednursing/p/](https://www.instagram.com/assurednursing/p/CmZlt9lu6w1/)

CmZlt9lu6w1/

Bottom right: Image credit: Madeleine Horwath

# What is ‘medical history’?

## An invitation to hear your perspective....

The newsletter team would like to explore the idea: "What is Medical History?" We believe that this question holds various interpretations, insights, and perspectives, which can be enriched by the diverse backgrounds and experiences of our members.

We invite contributions from members with different professional backgrounds and experiences, including historians, healthcare practitioners, researchers, educators, and students. Your unique viewpoint will add depth and richness to our exploration of this topic.

Your article could cover, but is not limited to:

- Personal reflections on the significance of medical history in your field of expertise,
- Insights into how understanding medical history, or the history of medicine, can inform current healthcare practices and policies,
- Discussions on the role of medical history in shaping

cultural, social, and ethical perspectives on health and medicine,

- Experiences with conducting research or teaching in the field of medical history,
- Examples of historical events, figures, or discoveries that have influenced the trajectory of medicine.

The newsletter provides a platform to explore the knowledge and expertise of the diverse voices within our society, fostering collaboration and knowledge exchange among our members. Your contribution will help to promote discourse surrounding our understanding of medical history and/or the history of medicine.

If you are interested in contributing an article, please send your article to [anzshm@anzshm.org.au](mailto:anzshm@anzshm.org.au). Please include the word newsletter in the subject line. We encourage submissions of 250-500 words, accompanied by any relevant images or references.

## The first four perspectives ...

In this issue we include perspectives from four members who have kindly agreed to start the ball rolling.

---

## What is Medical History?

**Arnel E. Joven**

Around 20 years ago when I used to live with medical students, the phrase “medical history” was a buzz word when attending to patients. To take the medical history of a patient was the very first thing that medical students were supposed to do. At the height of the popularity of the tv sitcom *House*, some students tended to be overzealous with their “investigations” of their patients’ medical history. In the medical profession, medical history refers to a patient’s pre-existing medical conditions, previous hospitalisations, and past illnesses. So, in order to avoid confusion, I preferred to use the term “history of medicine” rather than medical history, to refer to that branch of history that has to do with medical institutions, health developments and pathologic interactions across time periods.

Back in the late 2000s and early 2010s, medical history or history of medicine was then still in its infancy, even in the history profession. When I defended my dissertation in 2012, I had to insist that the concept of history of medicine was not just about the medical profession or pharmaceutical developments, as it also includes health care, epidemiology, among a multitude of factors that has to do with how individuals and communities consciously acted with health-seeking behaviour. The last term was borrowed from medical anthropology.

*The Cambridge History of Medicine* (2006) edited by Roy Porter classifies medical history along the lines of

disease epidemiology, institutional and professional histories, pharmacological development, and socio-political interactions. The striking difference between Western medical history and that of Southeast Asia and East Asia is the phenomenon of Eastern Medicine. Whereas in the West such topics not part of the established scientific medicine seem to be relegated to medical anthropology, it is quite the opposite in Asia. Medical history in China, Japan, Korea, and in Southeast Asia is replete with the phenomenology of the various traditions collectively identified as Eastern Medicine. History of medicine in East Asia and Southeast Asia includes millennia of traditional medical practices that predated the advent of Western medicine in the 19<sup>th</sup> and 20<sup>th</sup> centuries. To this end, Asian medical historiography may seem like a battle between medical systems, the civilised versus the “barbarian.” In contrast, centuries of Philippine colonial history harmonises the interaction between indigenous and colonial medical traditions, producing a multi-layered medical history.

As a devout follower of social history, I prefer to look at medical history as a social history of medicine. In this framework, medical history is examined as an active interaction with humanity as conscious actors, social phenomena as interactive variables, and medical developments as pragmatic approaches in the complex tapestry of human history. To that end, the anecdote I shared earlier regarding medical students trying to be *Dr. House* when probing their patient’s medical history may not be that different from my previous assumptions.



## My 30-year crusade to teach about medical history

Max Kamien

I became interested in medical history in the fourth year of my medical course. I saw a patient with thickened cords in the palms of his hands that prevented him from straightening several of his fingers. The surgical registrar diagnosed Dupuytren contracture. I looked it up in Hamilton Bailey's *Short Textbook of Surgery* (1000+ pages). There was a footnote: "Baron Guillaume Dupuytren, 1777-1835. First among surgeons, least among men."

With the help of the medical librarian, I found confirmation of that view from Dupuytren's English contemporary, Sir Astley Cooper. He attended the Baron's funeral at Père Lachaise Cemetery in Paris. He reported, "Everybody gathered to pay their respects to the most brilliant surgeon of his time, but nobody shed a tear". Although Dr Dupuytren was a star in the field of operative surgery, he first came to French public attention for using leeches to successfully treat Napoleon Bonaparte's recurrent haemorrhoids. Those haemorrhoids are important because they may have contributed to Napoleon's defeat at Waterloo.<sup>1</sup>

I compared the excitement of my new-found learning with the dreariness of my teaching in matriculation history. There, Napoleon was the villain, the Duke of Wellington, the hero, and the best supporting actor, the Prussian, Generalfeldmarschall von Blücher. In later years, I married a French lady who extended my history horizon. To her, Napoleon was a hero done in by *la perfide Albion*. As a teacher of medicine, I wanted to share my pleasure in medical history with new generations of health professionals. I maintain that if you truly respect your profession, you must have an understanding of its history and its past heroes and villains. There were a number of ANZSHM members in Perth who were keen to participate.<sup>2</sup>

Over the next 30 years I tried to introduce a short course in medical history at the University of Western Australia (UWA). I could not even get a half-day for a visit to the informative WA Medical Museum. The various deans and members of the curriculum committee were not against the idea *per se*; they just placed it very low on a medical student's hierarchy of needs. Their mantra was that the curriculum was already overloaded and every discipline was pressing for more of it. In 1983, Prof. Chester, an economist at the University of Manchester, observed: "It is easier to win a war than to change a medical curriculum by even one half hour." And so it was at UWA.

I was, without any difficulty, able to organize a series of seminars for third year science students on human experimentation, the sickening Japanese Chemical and

Biological Unit 731 in Northeast China and 'Nazi Medicine'. They were well received and continued annually until I retired from UWA. I continued to argue that, at the very least, all medical students needed to know about the Holocaust - Medicine's darkest hour - and how easy it was for an evil dictatorship to turn a previously ethical and respected profession into willing accomplices in *mass* murder. The reply was always the same, sad, historically and ethically ignorant refrain: "The curriculum is already overloaded."

The much-attributed aphorism: "Those who cannot remember the past are condemned to repeat it", is sadly applicable even in our not so hallowed halls of learning.<sup>3</sup>

<sup>1</sup> Phil Mason (2013). *Napoleon's Hemorrhoids And Other Small Events That Changed the World*, Castle Books. (Some scholars believe Napoleon had painful thrombosed haemorrhoids on the morning of the Battle of Waterloo, preventing him from riding his horse to survey the battlefield as was his custom. Laudanum, a mixture of opium and codeine, would have dulled his decision-making ability).

<sup>2</sup> Drs Peter Winterton, ex ANZSHM president; Des Gurry, paediatrician; Trish Malone, women in medicine; Carol Piercey, nursing; Jim Leavesley, author and public speaker on medical history; Mr Geoff Miller, world authority on the history of pharmacy.

<sup>3</sup> George Santayana (1905). 'The Life of Reason, or The Phases of Human Progress'.

<https://quoteinvestigator.com/2024/03/04/past-repeat/>



Added by the Editor: 11<sup>th</sup> century English miniature. On the right is an operation to remove hemorrhoids. On the left a patient with gout is treated with cutting and burning of the feet. In:

Brian J. Ford (1993) *Images of Science: A History of Scientific Illustration*, Oxford University Press ISBN [0195209834](https://doi.org/10.1017/CBO9780511520983) Public domain.

# What is ‘medical history’?

## What is Medical History?

Neville Yeomans

We could start this short essay by asking: “What is history more generally?”, since medical history is of course just a subset. Edmund Carr described history as “a continuous process of interaction between the historian and his [sic] facts, an unending dialogue between the present and the past.”<sup>1</sup> Much early history focused on its writers. Among these, Herodotus and Thucydides (documenting the Greco-Persian and Greco-Grecian conflicts in the fifth century BCE) are usually considered among the founders of Western historiography, though they had a rather loose concept of historical time.<sup>2</sup> Much later (1824), Leopold von Ranke, who conceived “history as a rigorous science”<sup>3</sup>, emphasised the importance of interrogating original sources to find out “what had actually happened (wie es eigentlich gewesen<sup>4</sup>)”, and modern medical historians usually try to apply the same yardstick to ascertaining facts, though their interpretation is inevitably coloured by contemporaneous events and their own standpoints and prejudices.

The teaching of history to medical and other health sciences students often starts by acknowledging great pioneers of medical education and writing: Hippocrates in fifth century BCE Greece, Galen in second century CE Türkiye and Rome, and Avicenna (Ibn Sinu) in the tenth century CE Persian/Samanid Empire (Figure 1).

Of these, Hippocrates lives on through the principles he enunciated for ethical health practice via the oath given his name. Modifications of this are still used at the time of graduation in many medical schools, and some modern schools of nursing ask their graduands to take the *Nightingale Pledge*, which draws in part on the Hippocratic original.<sup>5</sup>

Medical history, as written in the nineteenth century, focused rather heavily on descriptions of historical changes in disease, methods of healthcare and ‘great medical men’. Nowadays, medical history is much broader. First, it encompasses all the health professions, not just medicine. It explores many aspects of the history of healthcare, including the sociology of health and disease, the strengths and failings of health systems, the economics of health, and the voices of past patients and practitioners, to name just some. Scanning the last six volumes (2021-23) of our own journal, *Health and History*, reveals papers on topics as diverse as biographies of a colonial surgeon and a woman who progressed from servant to matron, uses of history in a pandemic, history of specific diseases, the lives of

medical orderlies, history of mental health services, and public health in Samoa. The recent pandemic of COVID-19 reminds us that there were many lessons from the history of the Spanish influenza epidemic a century ago which did, but also could, have shaped some of the political and public health responses to the pandemic we have almost lived through.

Medical history, like all history, gives us the hope expressed by Nicolò Machiavelli: “che qui vuole vedere quello che ha a essere, consideri quello che è stato (whoever wants to see the future must consider what has been)”.<sup>6</sup>



Figure 1: Anonymous, *Montage of three legendary teachers of Medicine: Galen, Avicenna (Ibn Sina) and Hippocrates* (recreated from a sixteenth century drawing). Avicenna Museum, Bukhara, Uzbekistan (photograph by author, 2023).

<sup>1</sup>Edward Hallett Carr (1961), *What is History?* (London: Macmillan), 24.

<sup>2</sup>Neville Yeomans (2021), "A Short History of Time (with Apologies to Stephen Hawking)," *Academia Letters*, <https://www.academia.edu/50859195>.

<sup>3</sup>Georg G Iggers (1997), *Historiography in the Twentieth Century: From Scientific Objectivity to the Postmodern Challenge* (Middletown, Conn.: Wesleyan Univ. Press), 25.

<sup>4</sup>Leopold von Ranke (1824), *Geschichten Der Romanischen Und Germanischen Völker von 1494 bis 1535*, vol. 1 (Leipzig and Berlin: G Reimer), vi.

<sup>5</sup>Vickie A Miracle (2009), "National Nurses Week and the Nightingale Pledge," *Dimensions of Critical Care Nursing* 28, no. 3: 145.

<sup>6</sup>Niccolò Machiavelli (1531), *Discorsi Sopra la Prima Deca di Tito Livio*, Book 3, Ch 4, para 1 (my translation).



*Added by the Editor:* Hippocrates Examining a Child, a painting by Robert Thom, 1950s. Illustration courtesy National Library of Medicine (no changes as per creative commons licence).



## What is Medical History?

**Paul Lancaster**

With hindsight, I regret that I never developed any special interest in history when in high school, or during my student years in Sydney Medical School. I don't recall that we had any inspiring teachers or lecturers to arouse such an interest. I have chosen here to answer the question of 'What is medical history?' by reflecting on my experiences in my professional work and on my research of medical biographies.

While working on a research project on smoking in pregnancy, then as a full-time staff specialist in newborn care, I became familiar with the history related to my work at the Royal Hospital for Women, which had an excellent library. The history of regionalisation of perinatal care, and changing definitions of perinatal death, markedly influenced policies for newborn care and transport.

Subsequently, in the late 1970s, I held an NHMRC Fellowship in Applied Health Sciences, living with my young family in London and Berkeley. Those two years stimulated more extensive reading of the history of reproductive, maternal and child health, and led me to start collecting my own library of books on the history of medicine.

On returning to the University of Sydney in 1979 to establish the National Perinatal Statistics Unit, I read more on the history of birth defects and their causes, especially in the remarkable single-author book, 'Congenital malformations', by Josef Warkany, (1,350 pages in a tome published in 1971), and also in David Smith's 'Recognizable patterns of human malformation' (1970).

In researching the life and career of the Sydney ophthalmologist, (Sir) Norman McAlister Gregg and his hugely significant article on 'Congenital Cataract Following German Measles in the Mother' in the Transactions of the Ophthalmological Society of Australia in 1941, this led to many presentations at conferences and publications, including in the Australian Dictionary of Biography.

Taking the lead from Gregg's personal biography, rather optimistically, and overwhelmingly, I decided in the early 2000s to begin researching the lives of 500 graduates of Sydney Medical School, and some of the 150 medical students, who - like Gregg - served in the First World War. This task has kept me incredibly busy. In bringing to light many forgotten doctors from that era, I am still preparing for publication several books that highlight medical history and medical biographies in the late 19th century and the first decades of the 20th century.

In researching the life of my paternal grandfather, Dr Llewellyn Lancaster, two digitised newspapers from the Macleay Valley have provided valuable insights into his and his colleagues' medical practices in Kempsey and the local region, giving me new perspectives on medical history from more than a century ago.

Finally, since being treated for metastatic prostate cancer for three years, I have become fascinated by the history of preventing cancer by vaccines, and by how many types of cancer have recently been successfully treated by immunotherapy, often replacing more conventional modes of medical and surgical treatment.

Studying medical history has become addictive for me, embracing my professional life, medical biographies, and my family history.



Above: Anderson Stuart Building, housing the Medical School of the University of Sydney. Photo taken by Sumple on 5/01/2009.

Left: The Chancellor of the University of Sydney, Sir Charles Bickerton Blackburn, conferring Sir Norman McAlister Gregg with the degree of Doctor of Science (*honoris causa*) . Image: Public domain

*Images added by the Editor.*



# 100 years ago....

“... a definite advance in science”

2024 marks a century since the development of

## TETANUS TOXOID

The characteristic symptoms of rigidity and uncontrolled muscles spasms of a person with tetanus have been described for centuries. The rigidity and spasms are caused by a toxin produced by the tetanus bacteria. One well-known effect of the toxin is rigidity of the jaw, known as “lockjaw”.

Transmission of tetanus bacteria from contaminated soil and other material through open wounds was well-established even before the bacillus was discovered in the late 1880-90s. In 1897, experiments by Nocard

showed that tetanus anti-toxin (serum obtained from immune donors) could be used as passive immunisation therapy, and this was effective in treating soldiers in World War 1.

The turning point in tetanus vaccine development came in the early 1920s when formaldehyde was found to inactivate the toxin, rendering it suitable as an antigen in vaccine development. Shortly after, in 1924, tetanus toxoid (inactivated toxin) was produced, eventually leading to the creation of a useful tetanus vaccine. This vaccine was a game-changer during World War 2.

In Australia, news of the toxoid vaccine research findings was widely reported. Described by the medical officer, Dr C Badham, as ‘a definite advance in science’ it was clear that the development of a tetanus vaccine would be useful to protect the general public (see news report at left). Discussion in 1934 also related to the additional potential benefit of the vaccine to workers in the ‘dead wool’ industry. ‘Dead wool’ is wool that has been taken from recently slaughtered sheep or wool fallen from sheep and collected. It is generally considered to be inferior quality, often contaminated with manure or soil, and containing burrs. Tetanus contracted through handling dead wool with subsequent transmission of the tetanus bacteria into the blood stream through open wounds, was found to be the cause of death of a number of Australian wool workers at that time.

Kath Weston

**New Discovery**  
TREATING TETANUS.

Protection from tetanus for the public in general and workers in the dead wool industry in particular, may be afforded by recent research in America.

A Macquarie-street, Sydney, specialist said that instead of using anti-tetanus serum, which gives protection against the disease for a few weeks, there is now being used a modification of the tetanus toxin. This toxin is the poison made by the tetanus germs which kills individuals infected by tetanus.

In recent work in America it has been found that if this toxin is modified by treating with formalin, it loses its poisonous qualities.

If injected into animal or human it causes that animal or human to produce in its blood tetanus anti-toxin so that the animal or human now has a natural and probably lasting protection against infection against tetanus.

Experiments have shown that this protection remained for five to seven months after the last dose of toxoid.

When the matter was referred to the Division of Industrial Hygiene the medical officer (Dr. C. Badham) said that it was a definite advance in science and might afford a definite protection to workers in the dead wool trade.

Jerilderie Herald and Urana Advertiser (NSW: 1898-1958) July 5<sup>th</sup> 1934, page 4



Lockjaw Forceps, ca early 1900s. The short ends of the tool (right side) were put between the teeth of a lockjaw victim. Squeezing the handles (left side) of the forceps ratcheted the short ends apart, forcing open the jaws of the tetanus victim. From the instrument set of Dr. William Park, City of New York Department of Health. Text from <https://www.si.edu/spotlight/antibody-initiative/battling-tetanus>



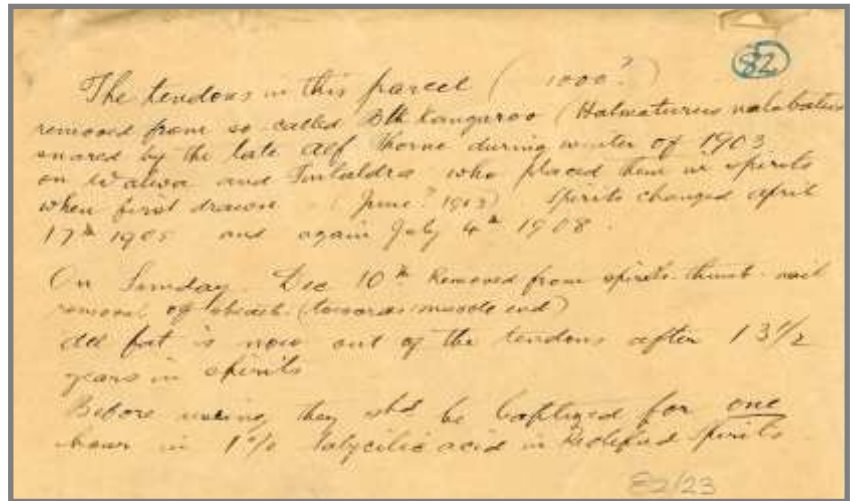
Tetanus Toxoid, Fluid, For Active Immunization Against Tetanus, Eli Lilly & Co., ca 1952. <https://www.si.edu/spotlight/antibody-initiative/battling-tetanus>

# Animalia

## Late 19<sup>th</sup> century suturing – the Australian connection

In the 1870s, Lister's student, H.O. Macy of Boston introduced kangaroo tendons for suturing. These tendons were easier to prepare than catgut and had qualities that were favoured by some surgeons. In 1913 Archibald Watson's mentor, Sir Jonathon Hutchinson wrote:

*On the whole my experience with kangaroo tendon has been so satisfactory that I do not wish to find any better material. It is very strong, less slippery and easier to tie securely than catgut, the strands can be readily made of the required size..., it can be preserved an indefinite time in a strong antiseptic solution, it is well tolerated by the tissues, in fact it becomes a living fibrous tissue.*



The two images show kangaroo tendons in the RACS collections (top image) and Archibald Watson's description of how the tendons were obtained and prepared (lower image). The Watson family held the pastoral leases of Walwa and Tintalra, near Corryong.

Elizabeth Milford  
RACS Archivist

## A stitch in time...



Above: A wounded leg with a quilled suture. Stipple engraving by J. Bell.

Bell, John 1763-1820

Left: A gloved hand making surgical stitches. Coloured pencil drawing 19-.

Wellcome collection, London



## The pace of life...

“Cardiac rhythm management devices include pacemakers, implantable cardioverter defibrillators (ICDs) and loop recorders. Australia has an impressive history with respect to cardiac pacing. The world's first artificial pacemaker was created by Australian Dr Mark Lidwill, an anaesthetist at Royal Prince Alfred Hospital, in 1926. It took another three decades, however, before the first implantable pacemaker was inserted, in Sweden in 1958. Within three years of this, the first Australian implant insertion was performed at the Royal Melbourne Hospital. Around 20,000 cardiac rhythm management devices are implanted across Australia each year, approximately three-quarters of which are pacemakers.”

Irene Stevenson and Alex Voskoboinik (2018) Cardiac rhythm management devices, *Australian Journal of General Practice*, 47(5).





# Exhibitions

## Callan Park's Veterans A Century of Connections

An outdoor self-guided historic exhibition presented by Friends of Callan Park for the National Trust's Heritage Festival - echoing its theme - Connections. This is the 9th exhibition at/about Callan Park presented by FOCP: there are 28 panels, including 50 images, printed on large format core flutes, displayed outdoors to endure all weathers.

The exhibition is installed in three locations across Callan Park: at the 1925 Callan Park War Memorial; the 1931 Sydney Harbour Bridge War Memorial; and at Broughton Hall. During WWI Callan Park became a military hospital; #28 Australian Auxiliary Hospital and Broughton Hall was #13 Australian Auxiliary Hospital.

This is the first exhibition about the hundreds of veterans cared for at Callan Park and Broughton Hall since 1915, a long-time missing piece of the vast history of the site.



Images from [https://www.nationaltrust.org.au/ahf\\_event/callan-parks-veterans-a-century-of-connections-outdoor-exhibition](https://www.nationaltrust.org.au/ahf_event/callan-parks-veterans-a-century-of-connections-outdoor-exhibition) and Friends of Callan Park Facebook page



**MA PH** MUSEUM OF AUSTRALIAN PHOTOGRAPHY

**500 Strong**

22 NOV 2024 TO 16 FEB 2025

A photographic collection exploring feminism, gender, identity, ageing, and human rights, among other themes.

Flash after Fifty ABOUT 500STRONG EVENT VIDEOS PROGRAM ARTISTS

**500 Strong**

## From the WHO



14<sup>th</sup> June is World Blood Donor Day

In 1929, the Victorian Red Cross established Australia's first major blood transfusion service. Every year countries around the world celebrate World Blood Donor Day. The event serves to raise awareness of the need for safe blood and blood products.

<https://www.who.int/campaigns/world-blood-donor-day>



# Australian Women Doctors - World War 1

Although a number of Australian women doctors volunteered for service in 1914, they were not permitted to join the Australian Army Medical Corps (AAMC). Some travelled to Europe at their own expense, where they received similar rejection by the Royal Army Medical Corps (RAMC). Some were accepted by the French Army or Red Cross, others joined voluntary hospitals established by private patronage or humanitarian organisations.

Two of these voluntary hospitals were the Scottish Women's Hospital (SWH) and the Women's Hospital Corps (WHC). They were seen as vital assets and were

invited to establish a military hospital in Endell Street, Covent Garden. A formal medical hierarchy was introduced with pay equivalent to the ranks from Lieutenant (Lt) to Lt Colonel, but no commissions were granted. In March 1918 women doctors were finally given permission to wear uniform – but it was to be the uniform of Queen Mary's Army Auxiliary Corps, with RAMC badges but no embellishments of rank.

Five Australians known to have served at Endell Street:

Major Eleanor **Bourne** was born in South Brisbane in 1878 and graduated MB ChM Sydney in 1903 as the first female medical student from Queensland (Qld). She travelled widely in western Qld, studying hookworm and ophthalmia in schoolchildren. She travelled to England in 1916 at her own expense and joined the staff at Endell Street Military Hospital with the notional rank of Lt., then was promoted to Major in 1917. She remained in England until 1937 when she returned to Qld to retire. She died at Nundah in 1957.

Major Emma Albani **Buckley** was born in Yorkshire in 1879. She commenced a BSc degree at the University of Adelaide but transferred to Medicine at Sydney in 1911. She went to England in 1915, worked as a pathologist at the Lister Institute and then went to Endell Street for a short time, and was then transferred to King George Military Hospital, where she remained until returning to Australia in 1919. She married and moved to New Zealand and then London where she died in 1959.

Lt Rachel **Champion** was born in Melbourne and graduated MB BS in 1914. She was awarded a scholarship which took her to London to undertake medical research but was drawn to the work of the WHC and she volunteered for service at Endell Street. She married Lt Colonel Charles Shaw, senior surgeon at 1 Australian Auxiliary Hospital, and they returned to Australia in 1919. She passed away in 1965.

Captain Elizabeth **Hamilton-Browne** MBE was born in 1882 and graduated MB Syd 1909, ChM 1910 with first class honours. She completed her residency at Sydney Hospital in surgery, the first woman to do so. She went to England in 1916 and worked at Endell Street for two years and was then transferred to 19 General Hospital in Egypt. She later spent some time in France. She was awarded an MBE in 1941, retired to Australia and died in 1985 at the age of 103.



Captain Vera **Scantlebury** OBE was born in 1889, educated at Melbourne University MB ChB 1914 and completed her residency at the Melbourne Hospital and Melbourne Children's Hospital before travelling to England and joining the staff of the Endell Street Hospital, where she remained until 1919. She returned to Melbourne, was awarded a Doctorate in Medicine in 1924 and became a pioneer in the development of welfare services for pregnant mothers, babies, and pre-school children. She was awarded the OBE in 1938 and died in 1946.

These were not the only Australian women who served. Others served in the Queen Mary's Auxiliary Army Corps/Royal Army Medical Corps as civil practitioners, in the Scottish Women's Hospitals for Foreign Service, the French Red Cross/French Army and other organisations. In total, nineteen Australian women doctors served.

Stewart Parkinson

## Sources:

Robert Likeman (2014). *Australian Doctors on the Western Front* v. 3. Slouch Hat Publications

Images from Imperial War Museum.

"An Operation at the Military Hospital, Endell Street: Dr L Garrett, Dr Flora Murray, Dr W Buckley' [F. Dodd] © IWM (Art.IWM ART 4084).

Memorial plaque. © London Remembers (WMR-97929).

## Save the date

### ***Medical History Society of Victoria Inc.***

*A Branch of the ANZSHM*

**Lecture and Dinner**

**‘The man who mapped the shaking earth’**

**Dr Will Twycross**

**Wednesday, 29<sup>th</sup> May 2024. 7.00pm**

**Kooyong Tennis Club - 489 Glenferrie Road,  
Kooyong**

**Parking available opposite club**

Following the lecture, dinner has been arranged at  
Kooyong Tennis Club.

Cost of dinner per person: \$80.00

RSVPs and to book for the dinner, contact the  
Secretary [mhsvmail@gmail.com](mailto:mhsvmail@gmail.com)

### ***Medical History Society of Victoria Inc.***

*A Branch of the ANZSHM*

**Preliminary notice and call for papers**

**Victorian country meeting - BENDIGO**

**6<sup>th</sup> to 8<sup>th</sup> September 2024**

**Monash School of Rural Health Auditorium**

**Bendigo Health Precinct**

Friday 6<sup>th</sup> Sept: 6-7pm Welcome Reception at The  
Gallery Café, Bendigo Art Gallery

Saturday 7<sup>th</sup> Sept: 9am-5pm Lecture Program at the  
Monash School of Rural Health;

7pm Dinner, Brougham Arms Hotel, cnr  
Williamson and Brougham Sts, Bendigo

Sunday 8<sup>th</sup> Sept: Morning Historical Walking tour

Papers are invited. Twenty minutes duration

Please forward an abstract to Rod Westhorpe at  
[mhsvmail@gmail.com](mailto:mhsvmail@gmail.com)

Registration details and costs will be forwarded in the  
near future. For more information, contact the Secretary  
at [mhsvmail@gmail.com](mailto:mhsvmail@gmail.com).

## One measure of a superior doctor

In 1981, I was sitting alone in a café in Toronto. A respectable looking gent with twinkling eyes asked if he could join me. He eyed my tropical garb of shorts and long white socks and said, “You are from Australia”. “And you are a doctor”. I affirmed his observations. He continued, “And you are a very superior doctor”. I complimented him on his perspicacity and asked the secret of his diagnostic skills.

He replied: “I recognised that you attend Chuck Roland’s history lectures. Any doctor who is interested in medical history is a superior doctor.”

My new-found companion was Dr Bill Spaulding, a physician and pioneer of self-directed, problem-based learning at the McMaster University Medical School.

As for Charles Gordon "Chuck" Roland, he became a GP but didn’t like it. He then became a medical editor at the Journal of the American Medical Association and took a deep interest in medical history, becoming the Foundation Hannah Chair in the History of Medicine at McMaster University Medical School in Hamilton, Ontario from 1977 to 1999. I enrolled in one of his courses. There were three enrollees. The other two did not turn up. So, Chuck and I went to a café and talked about Cree Indians and Bourke Aboriginal people. We

did that on four successive Monday evenings.

Another doctor influential in the practice of medical history was Dr Jason A. Hannah (1889-1977). He graduated from Queen’s University at Kingston, Ontario and became a neuropathologist with an interest in the economics of medical care. In 1937 he started Associated Medical Services (AMS), the first not for profit pre-paid health organisation in Canada. This provided affordable medical care to 250,000 people who could not previously afford it.

With the advent of Medicare in Canada (Australia copied parts of it), there was no longer a need for AMS. Dr Hannah cast about for ideas on how to use the \$C13m reserve fund from AMS and also to perpetuate his legacy. He put this money into encouraging medical schools to provide more focus on community needs and to support the much-neglected scholarship into the history of medicine. There are now seven Hannah Chairs of Medical History with all funded ‘in perpetuity’.

An aside: The Australian media always refer to any medical informant or interviewee as “Top, leading, eminent, or highly respected, Doctor”. I have suggested that they interview some “ordinary” doctors. But I forgot that once an ordinary doctor becomes a source for a reporter, they cease to be ordinary. I harbour the thought of irritating my rapidly dwindling aged detractors by getting the press to refer to me as, “Superior doctor MK says....”

Max Kamien



## Save the date



Save the Date: The 2024 Ben Haneman Lecture at the State Library of NSW  
August 21<sup>st</sup>

Emeritus Professor of History Michael Bennett  
University of Tasmania and Fellow of the Australian Academy

Will speak on:

"To save the children: Spain's experience of smallpox, adoption of smallpox vaccination, and global dissemination in the early nineteenth century"

Further details to follow



## Treasures from Trove

### HOME REMEDIES.

A practical dweller "outback" submits the following from her own personal experiences in an isolated region, where she has had to combine the offices of medicine and nurse for her family:—

#### For Neuritis.

Sixpennyworth of iodide of potassium, 6d. sarsaparilla. Dissolve in a cup of boiling water; dilute in 1 pint of water. Take a tablespoon twice a day after meals and one at bedtime.

#### Quick Cure for Croup.

One dessertspoon methylated spirits, 3 dessertspoons vinegar, 3 dessertspoons water. Dip strip of flannel in this liquid and wrap around the throat, covering with a dry strip. Relief at once; never known to fail.

#### Sure Cure for Quinsy.

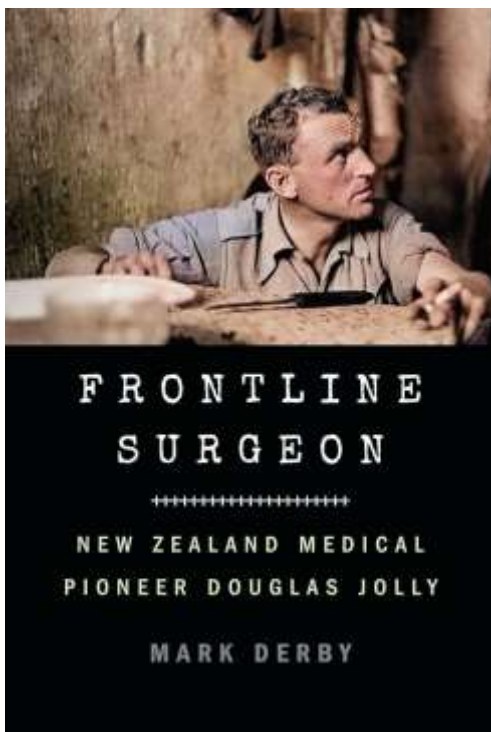
Make a slice of toast, have ready a cup of heated vinegar to boiling point. Pour over toast and place round the throat, wrapping it well with a piece of oilskin to keep the steam in. In the most serious stage the patient is relieved at once.

#### Sprained Ankle

One cup of bran. Pour over nearly cup of boiling vinegar, and place right round as a poultice, with an airtight cover to keep the heat in.

#### For Bilious Attack.

For a bilious attack try the juice of a lemon, one half teaspoon carbonate soda, and 2 tablespoons of warm water.



Readers may be interested in a new publication detailing the history of Central Otago-born Doug Jolly. Jolly became a famed war surgeon whose pioneering techniques in the Spanish civil war were widely used in later wars. He is reported to have led a fascinating life, rubbing shoulders with the likes of Ernest Hemingway.

The author is New Zealand writer, Mark Derby, and the book has been published by Massey University Press. (July 2024, RRP \$45)

1926 'HOME REMEDIES', *Observer (Adelaide, SA 1905 - 1931)*, 8 May, p.53, viewed 01 May 2024, <http://nla.gov.au/nla.news-article166323448>



## 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.

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



### 27th International Congress of History of Science and Technology

The 27th International Congress of History of Science and Technology will be held from **29 June - 5 July 2025** at the University of Otago in Dunedin, New Zealand.

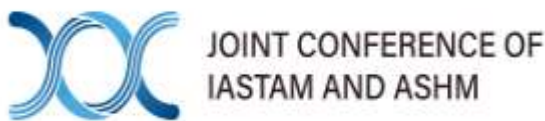
**Standalone Papers** are due by **1 December 2024**.

For further details, please go to the Congress website: <https://www.ichst2025.org>

### Conference Details

The International Congress of History of Science and Technology (ICHST), held every four years, is the world’s premier meeting for history of science and technology. The 27th Congress will be held as a hybrid in-person and online event at the University of Otago’s Dunedin campus in June-July 2025. Delegates registered for virtual participation will be able to both present and attend online. The Congress will bring together a diverse group of the world’s leading scholars and students in the fields of history of science, technology, and medicine as well as related disciplines. It will be the first time the Congress has been held in Australasia and only the second time in the Southern Hemisphere. The theme of the 27th ICHST is “Peoples, Places, Exchanges, and Circulation.”

ICHST Website: <https://www.ichst2025.org/>



Conference Info

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

Thurs. 20<sup>th</sup> June to Mon. 24<sup>th</sup> 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



## Psychiatry, Mental Health and the Arts, Past and Present Conference

will take place at The Open University's Milton Keynes campus and online on 20-21 June 2024.

<https://royalhistsoc.org/calendar/psychiatry-mental-health-and-the-arts-past-and-present-call-for-papers/>



## Mystery object revealed



A Placido disc (keratoscope) described by Placido (1840-1916), a Portuguese oculist who described his disc in 1880. Like many instruments that were developed, the priority has been disputed.

A very good article for those who might want to extend their knowledge is Levine (1965). The reference is:

Levine JR (1965) True Inventors of the Keratoscope and photo-keratoscope. *The British Journal of the History of Science*. 2:324-342.



Image above: "The method of using Placido's disc." A practical guide to the examination of the eye. 1898.

*Medical History Newsletter* is the news bulletin of the Australian and New Zealand Society of the History of Medicine Incorporated. It is published quarterly, in the months of February, May, August and November. The opinions of the authors of articles in this *Newsletter* are their own, and are not necessarily the views of the editor or the publisher, Australian and New Zealand Society of the History of Medicine Inc. Every care is taken in the preparation of the *Newsletter*, but the publisher can accept no responsibility for any errors or omissions. The Newsletter is currently edited and compiled in Australia.

All correspondence and submissions should be emailed to: [anzshm@anzshm.org.au](mailto: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 AUGUST 2024**

For the latest information, visit the ANZSHM website: [www.anzshm.org.au](http://www.anzshm.org.au)