

## The President's page

Is there a 'crisis' in the study of history in our universities and, if so, what can we do about it? A few months ago we received the shocking news in New Zealand that entire subjects were being axed at Victoria University of Wellington along with 229 full-time equivalent staff. History was not one of them but was put on notice and required to meet certain performance measures. At Auckland, our History Department (which is no longer a department but rather a 'programme') has been shrinking since I arrived as a lecturer in 1988 (from 26 academic staff to 12 – this includes part-timers). What is going on? Academics – and many of our graduates – know the value of history in developing critical thinking and problem solving, the ability to assimilate and analyse information, and the ability to communicate it to non-professionals. Many history students, including the twenty or so whose PhDs I have supervised over the years in the history of health and medicine, have ended up being deployed in a wide range of jobs in government policy-making and elsewhere.



I was curious to see if the same was happening in Australia, and I needed look no further than the surveys that have been undertaken by our own Paul Sendziuk (current webmaster) from the University of Adelaide, his colleague from the University of Queensland, Martin Crotty, and ANU history professor Frank

Bongiorno. They reported last month on their findings, declaring 'The results were alarming and point to a crisis in the study of history in Australian universities.' They found significant drops in staff and student numbers, and asked 'why is this a problem?' To us historians, it is obvious, but we need to tell the public (and the politicians and the university management). As Sendziuk and colleagues wrote,

'Historical perspectives are key to understanding the present. So if people are not studying, teaching and researching history, this is an enormous problem for Australia. Jobs today and in the future will not just need technical skills but skills taught by the humanities, including [critical thinking](#), [creativity and expression](#). The rise of artificial intelligence and robotics only serves to underline this reality. The very skills taught in humanities and social sciences, including history, will be needed to discern what can and cannot be automated with advantage to society. There is also a civic dimension. A [healthy democracy](#) relies on a large population of citizens who can discern the difference between evidence-based knowledge and wild conspiracy theories.'

We in the history of medicine have a role to play in showcasing the importance of history to broader society. Our endeavours, through our newsletter, journal and conferences, and through our own independent research and publishing will, we can but hope, play a part in keeping the discipline alive and relevant.

Linda Bryder  
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.*

## Arnel E Joven

My interest in the history of medicine started way back in 2006 when I was researching my proposed topic for my master's thesis. I was so engrossed in studying the diseases that decimated thousands of Filipino and American soldiers in early 1942 but ended up, instead, studying the local history of the whole province during the Japanese occupation period. However, after beginning my doctoral dissertation in 2008, my research expanded to include institutional narratives of clinics and hospitals during the Pacific War, survivor accounts, indigenous medicines, wartime health policies, economics, etc. My dissertation was ultimately a study of medicine and health in the Philippines during the Japanese occupation period. Even after the completion of my PhD, I continued to interview wartime survivors and discovered more and more.

I am very grateful for the many opportunities to present parts and versions of my research in various conferences around the world. I was shocked to learn that my research not only interested Filipino scholars, but there was also much interest in Japan, the UK, Australia, and even Canada. My presentation at the Anglo-American Conference of Historians: Health in History in 2011 provided an opportunity for me to connect with renowned scholars in the field of history of medicine, as well as review the trajectory of my research on wartime health and medicine. Later that same year, I presented at the Pacific War conference in Melbourne, with my paper published in a book edited by Ernest Koh and Christina Twomey. In 2016, I presented a paper based on my dissertation at a Red Cross conference organised by Melanie Oppenheimer in Adelaide.

I have met scholars through the history of medicine in Southeast Asia (HOMSEA), thanks in great part to Hans Pols and Laurence Monnais. The 2012 conference in Solo, Indonesia, opened the doors for my research to branch out into Japan, Korea, and China. In 2012, I obtained a research grant from the Ateneo Center for Asian Studies to research Kampo medicine and Japanese medical practices, which resulted in publication in a book edited by Nazrul Islam in 2019. In 2016, I was awarded a grant by the Academy of Korean Studies for a research project on Korean Medicine (KM) and Korean popular health attitudes. Given the limits of my knowledge in both the Japanese and Korean languages, I ventured more towards medical anthropology to complement my research on the history of medicine in East Asia.

Right before the pandemic started, I was invited to participate in an Oceanic Turn workshop in Adelaide, thanks to Christine Winter and Alexandra Widmer. Sadly, when the pandemic hit, I could only do so much in terms of research. However, to my surprise, the seemingly endless lockdowns provided a rare opportunity for me to get back to unfinished research. For example, my 2006 interest in the 1942 Bataan Death March and Camp O'Donnell was published in a Japanese journal, thanks to Justin Aukemia, Daniel Milne, and Ryota Nishino. As the pandemic wrapped up, I became interested in the British occupation of Manila 1762-64 and its effect on Spanish colonial healthcare in Manila. I am now looking at this research to follow up on a graduate school paper, published in a Japanese journal in 2012 as "Colonial Adaptations in Tropical Asia."

I love researching as I love writing and teaching. I have been and will be involved in many things involving the history of medicine. I am currently Assistant Professor of History at the University of Asia and the Pacific (Manila). I served as Chair of the History Department from 2015 until 2023. I have many interests, but the things I love the most are bodybuilding, taekwondo, and cooking.

Arnel E. Joven [arnel.joven@uap.asia](mailto:arnel.joven@uap.asia)



Arnel Joven with his mentee, Max Dylan Velasco

## New members

### Australian Capital Territory

Laura Dawes

### New South Wales

Jonathan Sandeford

Margaret Turner

### Victoria

Eugenia Paccitti

**A very warm  
welcome to our  
new members!**

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## Congratulations

To ANZSHM Secretary, **Dr Chi Chi Huang**, recipient of the 2024 Nancy Keesing Fellowship from the State Library of New South Wales. Her project has the title *Integrating Chinese Medicine into Australian Public Health*.

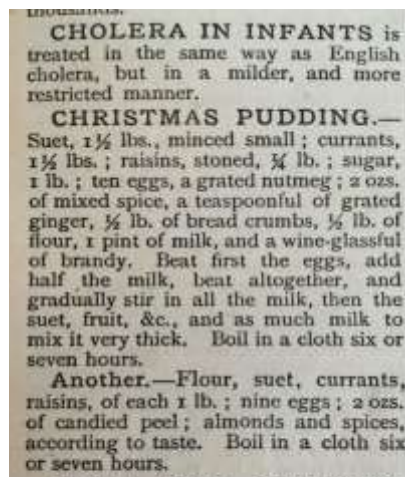
To ANZSHM-NSW President, **Ms Shayne Brown**, awarded the Zoran Georgievski Medal, which recognises substantial contributions to furthering the profession of orthoptics. Shayne's citation reads 'for your significant contribution to documenting the history of orthoptics through your two books and higher degree thesis...the OA and orthoptic profession is extremely grateful to you for preserving our history for future generations'.

## Members in the media

Dr Madonna Grehan

*Every Family Has A Secret* (SBS). Season 4, Episode 2.

## Have a restful break!



From 'Consult me for all you want to know' by the author of 'Enquire within', published December 1883.

*Thanks to Maggi Boulton for this item.*



Season's greetings and best wishes for a happy 2024  
from the editorial team

## NSW Branch news

Since the June Report, the **Executive Committee** has met twice, on 1 August at the offices of the Royal Australian & New Zealand College of Ophthalmologists and on 17 October by ZOOM.

### Events

The Branch has held two successful events. On 10 August, Meagan Dickerson presented her very interesting paper, *Ars Moriendi - An overview of approaches to the art of dying, grief and loss and implications for modern-day mental healthcare* via ZOOM. The talk was thought-provoking and the ZOOM platform worked well.

This was followed by our second Book Club meeting organised by our secretary Chi Chi Huang. It was held on 7 September at the Roseville Club where a small group took part in a lively discussion about Siddhartha Mukherjee's *The Song of the Cell: An Exploration of Medicine and the New Human* over a very enjoyable meal. Anne Thoeming has provided this review:

“Highly readable...poetic...conceptually challenging” were some of the words describing Mukherjee’s historical overview of the discovery of cells and their medical/biomedical functions. We all agreed the book was a great choice. Chi Chi’s thoughts on the use of metaphors got people thinking about the intersection between science and medicine communication and the knowledge needs of patients, medical personnel, and scientists on the disease frontline. It was enjoyable to also hear from some of the experts in the room who offered additional contextual and historical background on the conditions and diseases overviewed. Great book, good food, convivial surroundings and of course, excellent ANZSHM company. What’s not to like?”

Thanks to Diana Jefferies, plans are well underway for the 2024 Ben Haneman Lecture which will be held in August 2024 with guest speaker Professor Michael Bennett.

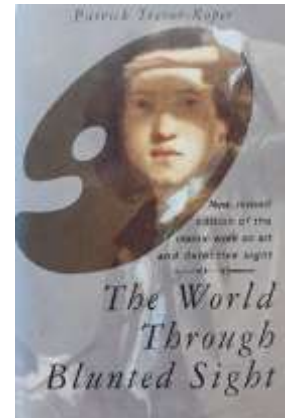
Plans are underway for a 2004 Calendar of Events for New South Wales to be finalised by the end of this year.

### Other Activities

Charmaine Robson and Shayne Brown met with Cate Storey, John Sinclair and Hans Pols for preliminary discussions about the 2025 ANZSHM Biennial Conference which is going to be in Sydney.

### NEXT BOOK CLUB

The next book club will be held on **Monday 4 December 2023** over dinner and drinks at the Pymont Pier Hotel, Pymont, beginning at 6 pm. The book for discussion is Patrick Trevor-Roper’s *The World Through Blunted Sight*. The book



combines the author’s professional knowledge of ophthalmology with his deep and wide-ranging familiarity with art and literature to present this fascinating study of the work of painters, sculptors, poets and prose writers throughout history.

**Please RSVP to Chi Chi Huang**  
[chichi.huang@unsw.edu.au](mailto:chichi.huang@unsw.edu.au)

### *But where can I get a copy of the book?*

An e-book version is available at Google Books and Kobo. It is also available on Kindle for certain regions. Some libraries also have it. However, if you are having trouble getting a copy and would like to read it, please email Chi Chi Huang ([chichi.huang@unsw.edu.au](mailto:chichi.huang@unsw.edu.au)) for assistance.

Shayne Brown AM,  
President

## Journal watch and members’ publications

Terrence E. Loughnan, Pauline B. Wake, Harry Aigeeleng, **Michael G. Cooper**. ‘The origins and development of physician anaesthesiology training in Papua New Guinea: From colonial days to the current era’. *Anaesthesia and Intensive Care* 50 (2S): 35-48, 2022.

**Philippa Barr**, *Uncertainty and Emotion in the 1900 Sydney Plague*, Cambridge University Press, 2023.

**Alison M. Downham Moore**, *The French Invention of Menopause and the Medicalisation of Women’s Ageing: A History*, Oxford University Press, 2022.

**Roger Wilkinson**, *The Myth of Uncle John*, Historysmiths, 2023.

**Linda Bryder**, *The Best Country to Give Birth?*, Auckland University Press, 2023.

**Please send details of your recent publications to**  
[anzshm@anzshm.org.au](mailto:anzshm@anzshm.org.au)

Woodcut from the title page of “Grete Herbal” (1526), Wellcome collection



## South Australian Medical Heritage Society news

Members of the South Australian Medical Heritage Society (SAMHS) have enjoyed a variety of excellent talks this year. Of recent interest were those given by Dr Philip Allen and Professor Sarah Robertson. Dr Allen described the rich and controversial career of Professor Archibald Watson (1849-1940), whose career spanned 'blackbirding' and medicine. Aged twenty-four, Watson inexplicably escaped charges relating to his 'blackbirding' voyage on the brig 'Carl', and removed himself to Europe where he studied medicine at Bonn, Göttingen, Paris and London. Then, in 1885 he was appointed as the first Elder professor of anatomy at the University of Adelaide. As a meticulous record keeper, Watson's diaries and notebooks are considered to be some of Australia's most precious surgical literary artefacts.

Of contemporary interest was a talk by Sarah Robertson, based on her research as Professor of Reproductive Immunology at the University of Adelaide and Director of the Robinson Research Institute. Professor Robertson told how fertility and reproduction treatments have become more successful because of better understanding of the immune system. Professor Robertson grounded her talk with a history of declining fertility rates, the halving of sperm counts, and a shift in human fertility to below replacement rates in the majority of countries.

The November talk (23 November) will be given by Adelaide surgeon Dr Randal Williams on the topic 'R.J. Last: Anatomist & Surgeon', and the Christmas lunch talk (8 December), entitled 'History & Science Behind the World's Most Successful Parasite', will be given by Professor Justine Smith. New members and guests are always welcome. All enquiries should be directed to the acting secretary Prue Cowled, ([pcowled@senet.com.au](mailto:pcowled@senet.com.au)).

Maggi Boulton, SAMHS committee member

## Medical History Society of Victoria news

The final meeting of the Medical History Society of Victoria was held on 15<sup>th</sup> November, attended by 55 people, 54 of whom stayed on for dinner afterwards.

We were addressed by Dr David Kaufman, an ophthalmologist with a long commitment to education and work in developing countries, especially the Pacific. Since 2011, David has been the curator of the RANZCO museum, which may be viewed on-line.

David first described the nature of eye disease in 18<sup>th</sup> and 19<sup>th</sup> Century Europe, and some of the treatments applied. They included "snail water", and goose or chicken dung. During and after the Napoleonic Wars, an epidemic of "Egyptian Ophthalmia", spread by returning soldiers to the general population was first thought to be due to climatologic factors, but later recognised as infectious. Treatments included copper compounds, silver nitrate drops, and physical abrasion. Later recognised as trachoma, and the result of repeated infections, the development of granulation tissue and entropion required excision or cautery. Other causes of blindness at this time were smallpox and measles.

Dedicated eye hospitals followed the appearance of "Blind Asylums" and were established due to the large numbers of soldiers with ophthalmia. In Australia, trachoma was known as "Sandy Blight", and the Royal Victorian Eye and Ear Hospital began as a trachoma hospital for the indigent.

David then went on to describe the Aboriginal eye disease following European settlement. Eye problems prior to settlement (cataract, pterygium, trauma) were treated with herbal remedies. Smallpox, measles, tuberculosis and venereal disease all had severe consequences on the prevalence of eye disease in a naïve population. The changes in living conditions, with poor sanitation and the introduction of chlamydial eye infection, led to widespread appearance of trachoma. Repeated re-infections meant an increase in the incidence of blindness. David praised the work of Fred Hollows, Hugh Taylor, the WHO and others in creating awareness of simple hygiene measures to eradicate trachoma and improve life expectancy.

Rod Westhorpe, Hon Secretary

## Medical History news New Zealand



The next New Zealand Historical Association Conference is to be held at the University of Canterbury from November 21- 24<sup>th</sup>. Papers addressing questions of interest to historians of medicine include Joanne Garcia-Moores, 'Revisiting the history of Māori-government relations and expressions of tino rangatiratanga during the COVID-19 pandemic'; Moebh Long, 'Selling

immunity to the New Zealand Public, 1890-1940,' Geoffrey Rice, 'Surgeons, Stinks & Sewers: Christchurch project on the social history of medicine'; Jane Comeau, 'Economy, efficiency & the home standard: the practicalities of asylum care on the west coast'.

Barbara Brookes

# Ben Haneman grant recipients

## *Reflections on the 2023 ANZSHM conference*

### **Samantha K Grey**

This year was my first ANZSHM Conference, after the wonderful stream at the 2022 AHA Conference, and



‘Second Opinions’ was such a thought-provoking theme to start with. It was wonderful to hear about the variety of scholarship being conducted by the members of the society and be able to converse and present on my own research. As a PhD student it is always an enriching experience to present on your research

and to receive feedback from my peers. I always take away a new perspective and approach and this was especially so from my time presenting at the conference this year.

My own research explores understandings of infertility in the mid-twentieth century, with a particular focus on the medicalisation of reproduction, conception, and pregnancy loss. The paper I presented on this year was drawn from one of my chapters titled ‘Retaining the Childbearing Function: Surgical Gynaecology, Hysterectomy and Maternal Responsibility’. The focus on my talk was on the way maternal function was prioritised in the discourse around surgical gynaecology and how this impacted decision-making from both practitioners and patients around whether to have a hysterectomy. I received such considerate feedback, making me think about broader implications of my research, which will improve my argument overall.

I had such a wonderful experience at this conference and greatly appreciate the support of the ANZSHM for my attendance. See you all in two years for 2025!

Samantha Kohl Grey

samantha.kohl@uqconnect.edu.au



### **Sharon Burnell**

First, thank you for the Ben Haneman Grant to attend the conference. I would love to have attended more than the session in which I gave my presentation, but a dreaded respiratory virus (not COVID) stopped me in my tracks and meant that I was masked and trying to keep my distance. So, my apologies for not hearing more and not interacting at all well with others attending.

I spoke on a pilot study I had completed combining both inquest and registered death records for the year 1854 in the Victorian district of Loddon (around Castlemaine). The aim was to not only identify the ‘cause of death’ of the deceased and their characteristics, but also the names of each doctor named in relation to each death. I was looking for all the deaths which mentioned a Prussian, Berlin University graduate called Dr Richard Wilhelm Schmidt, and was surprised to find him mentioned in relation to about 14% of the 377 identified deaths. I was able to name 65 doctors on the Loddon in 1854. Using only death records, I would only have identified 42 doctors, while if I had only used inquest records, I would have only found 39 doctors.

I am using an interpretive critical biographical methodology to address my primary research question of ‘What does a study of the life of Dr Richard Wilhelm Schmidt reveal about colonial medical practice and the provision of medical services to diggers and their families on the Victorian goldfields in the 1850s and 1860s?’ An outcome of my research is to eventually share the information I find on the location of doctors on the goldfields with the Australian Medical Pioneer Index.

In the meantime, I would love to hear from anyone interested in goldfields medicine or who is working with inquest or registered death and birth records in Victoria. Hopefully, see you at the next conference!



Thanks, Sharon

sa.burnell@federation.edu.au

# Ben Haneman grant recipients

## *Reflections on the 2023 ANZSHM conference*

### Jacinta Mackay



Firstly, I would like to thank the ANZSHM for their support, both through the Ben Haneman conference grant and also for the support I felt when attending the conference. I would also like to thank everyone who presented for sharing their knowledge and time with me. This was my first conference presentation, and I was so encouraged and motivated by everyone I met at the conference. I reflect on the presentations at the conference, admiring the work of all who presented and the breadth of knowledge shared during my time in Adelaide. I left feeling motivated for my own work and invigorated to delve into history and find those truths that sometimes elude us.

I was encouraged to see the strong links to Indigenous and women's history throughout the conference and valued all talks, particularly the privilege of listening to Aboriginal Elder Kim's knowledge and Gayle's knowledge of women's rights. The importance of historical knowledge and connection was so evident, and I feel privileged to have been able to share my thoughts with you all. Specifically relating to my presentation on Indigenous nursing history, I valued the feedback and input into my work and the openness of those who attended to an alternative truth than what we are taught. I also feel motivated to bring history into healthcare's present and teach others these vital truths. So, thank you, ANZSHM, for having me and for gathering so much important knowledge in one place.

### Sandra Dash

In July 2023 I was given the opportunity to present some of my Master of Philosophy findings at the ANZSHM 2023 conference in Adelaide. My Master of Philosophy project is titled "A history of nursing in the North Kennedy region from 1910-1925 and this conference allowed me to present findings on one my chapters concerning burgeoning aspects of safety and quality in North Queensland healthcare. Coming from a regional area of Queensland, it was inspiring to tell the story of nursing in a region that is often forgotten in history.

As this was my first conference presentation at a national level I was fortunate enough to be supported by the Ben Haneman grant and also the collegial atmosphere from historians that I had not previously

met. The interest in my project was encouraging and I have now been given opportunities to work on nursing history committees for conferences in 2024, write articles for the Australian college of nursing and have also gained further interest in potential topics for my future PhD. The ability to network with people throughout the conference has also provided me with further contacts for my current study.

As a beginning researcher and academic I felt included from the beginning of the conference and it was an experience of learning and growth that everyone should be encouraged to participate in. I look forward to the next conference in 2025.



### Gemma Smart

My participation in the ANZSHM conference was an absolute delight. The collaborative and collegial atmosphere created a strong sense of belonging within the history of medicine community. Receiving the Ben Haneman Scholarship was a tremendous opportunity for a part-time scholar like myself with a disability, enabling engagement in ANZSHM's rich scholarship.

Every session was an enthralling exploration of Australasian medical history. Interacting with both familiar faces and new colleagues proved incredibly enlightening. The city of Adelaide provided an excellent backdrop for the conference. The guided tours to the Architecture Museum at the University of South Australia and the Royal Adelaide Hospital were standout experiences, enhancing the event's value.

I am deeply grateful to the organisers and the Society for making this conference a resounding success. The event not only offered profound insights into medical history but also fostered a welcoming and inclusive environment for all participants. The ANZSHM conference was a remarkable gathering, embodying scholarly excellence and inclusive camaraderie within the medical history community.



# 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.

## Museum of Human Disease University of New South Wales, Sydney



The Museum of Human Disease (or, more officially, The Donald Wilhelm Museum of Human Disease) is the teaching pathology collection for UNSW's undergraduate medicine, medical science and science degrees. The collection was started by the university's original head of pathology Donald Wilhelm and houses a couple of thousand human tissue specimens, mostly collected between the 1950s and 1980s. While we still use this collection for pathology teaching, the museum's biggest audience is high school students. Each year we get around 10 thousand students visit; 90% of them are studying Year 12 Biology, plus a few PDHPE, Investigating Science and Year 9 students. Unlike most similar collections at universities and hospitals, we're open to the public as well, although because we're only open in business hours on weekdays this means we only get between 500 and 1000 public visitors each year.

The framing of our collection is very much in a public health and education context. We strive to be a resource that people can learn more about their health from. To that end, we do try to keep up our displays with major health trends of public interest. Sometimes, like for COVID or vaping, this means presenting material without a relevant specimen. Other times it means reframing an existing specimen with new information or health trends – the spike in silicosis cases due to engineered stone benchtop cutting in recent times has seen a renewed interest in these specimens, even though their silicosis was derived from other sources.

Finally, there is a subset of visitors who take some comfort from confronting a major disease that has affected their life by looking at examples of it. Sometimes this takes the form of cancer survivors looking for examples of the tumours that affected them, but we also get groups of visiting senior citizens who delight in comparing, for example, their hip replacements and pacemakers with our displays.

Information provided by Adam Strang  
Museum Team Leader  
Museum of Human Disease  
Ground Floor, Samuels Building  
UNSW SYDNEY 2052

For more information visit: <https://www.unsw.edu.au/medicine-health/disease-museum>

## Announcement

### Australian Medical Pioneers Index Celebrating 20 years online Complete data set printed in four volumes

The AMPI data set, occupying over two thousand pages, has recently been printed in four volumes. They comprise a basic alphabetical listing of colonial doctors in two volumes, and two supplementary volumes containing additional material reduced to four pages per page of print (reading them requires a magnifier). Copies have been supplied to the National Library of Australia and the State Library of Victoria for preservation.



A limited number of additional copies is available to ANZSHM members on application to the compiler (see below). The AMPI website will continue online with technical support from the State Library of Victoria, but there are no plans to add more data to the project at this stage.

Stephen C. Due [stephencdue@gmail.com](mailto:stephencdue@gmail.com)

#### SLV catalogue entry:

Australian Medical Pioneers Index / compiled by Noel David Richards and Stephen Colville Due. Belmont, Victoria : Australian Medical Pioneers Index, 2023. ISBN : 9780646882765 pbk



# Artefactual news: hidden collections *cont.*

## **Biomedical Museum Institute for Medical Research Kuala Lumpur, Malaysia**

In 1900, the Institute for Medical Research (IMR) was established by *Sir Frank Athelstane Swettenham*, the Resident General of the Federated Malay States as a Pathological Institute in Malaya to conduct scientific research in the causes, treatment and prevention of diseases such as beriberi and malaria fever, subsequently the diseases such as cholera, smallpox, leprosy, melioidosis, influenza, tuberculosis, filariasis, leptospirosis, dengue, scrub typhus and etc.

Built in 1928 and designated as national heritage building in 1983, this is the only Biomedical Museum in Malaysia to include medically significant animal specimens and artefacts. Our two repositories contain more than 10,000 dry and 5,000 wet animal specimens, primarily small mammals, reptiles and amphibians. Our collections undergo conservation, preservation and research. We currently have 7 galleries open to the public.

Our four galleries highlight IMR's medical research history. Historical Gallery showcases the establishment and research of IMR. The Dr Wu Lien-Teh Gallery exhibits his achievements, contributions during the

plague pandemic from 1911-1920 and his private photo album. He invented the first surgical face mask and was the first Malayan nominated for the Nobel Prize. Traditional Malay Medicine Gallery exhibits herbal preparation, midwifery, traditional massage and cupping treatment. Maggot Debridement Therapy Gallery showcases our achievement from research to commercialization of sterilising *Lucilia cuprina* (Blowfly) larvae in diabetic or burnt wound treatment since 2003.

Our animal specimen collection is shown in three galleries. Snakes Gallery displays a collection of rare, venomous and non-venomous snakes that were preserved in the research of their ecology, bites and production of anti-venom. Rare and Endangered Mammals Gallery showcases a variety of endangered animals that have collected and taxidermized since 1927 for the scrub typhus, cholera, malaria and etc. Birds Gallery exhibits various birds that were studied for the role of birds in epidemiology, zoonosis, parasitology and viral diseases in Malaysia since 1914.

Information and images provided by: Cheong Yoon Ling  
Head of Biomedical Museum  
Institute for Medical Research (IMR)

For more information visit: <https://imr.nih.gov.my/en/contact-us-seperator/biomedical-museum-imr>



Images: top left: Historical gallery; top right: Maggot Debridement Therapy Gallery; lower left: Traditional Malay medical gallery; lower right: Front view of the Institute for Medical Research.

# Artefactual news: hidden collections *cont.*

## Collections in New Zealand...

Across Aotearoa New Zealand, small pieces of the national story of health and medicine feature in our museums, but not just museums with recognisable names like Te Papa or Auckland Museum, though they do have a fair number of medical objects. There are also great objects in museums you have never even heard of in places you have never thought to visit. Two of these museums will be used as an example of how medical and health histories are present if you know where to look. Both museums are in the centre of their towns, one on State Highway 1 and the other on State Highway 2. Both are criminally under-visited despite the thoroughfare that passes through.

### Taihape Museum

Taihape Museum is filled with so many pieces of the town's history that finding the medical collection could seem like an arduous task. However, when you walk into the museum the first thing you see is the banner for the old Taihape Hospital hanging from the ceiling.



Most of the medical collections are displayed in a two-level cabinet that allows the visitor to see from the top and the front. The age of the objects in the medical collection varies – there is an early wooden stethoscope from 1820s Glasgow and a nasal trocar and cannula from 1872 at the oldest end of the spectrum, but most of the collection comes from the 20<sup>th</sup> century.

When museums are curated thematically by subject, placing an object that straddles the line between two themes like medicine and military creates a robust curatorial conversation. For a field medical card from a local Taihape soldier, the military display won out. These curatorial decisions make visiting small museums a treat; the hunt through the displays to find the medical objects adds another layer to the visitor experience.

### Dannevirke Gallery of History

The museum's main gallery has a purpose-built display on the local history of dentistry. It features objects donated from the old dental clinic, information issued from the Department of Health, and objects that were once every day, but now are rarely seen outside of museums. One of the museum volunteers put together a series of newspaper headlines concerning dentistry, and to have statements like "Parliament passes bill deregulating dental care," sitting amongst posters illustrating the importance of oral hygiene illustrates the juxtaposition that often exists between government regulations and best practice for healthcare.



In another part of the museum is something that without the label, would be completely overlooked: a clock. They say in museums that content is king, but context is queen. In this instance it is absolutely the case. The clock is nothing particularly special to look at until you read

the label and understand the context. It was the Labour Room clock; the time on the clock was set nationally and was not allowed to be altered. It was to make sure that when a baby was born, the correct national time was recorded for the baby's birth. The clock came from the local hospital upon its closure and without places like our local museums, these pieces of our health and medical histories would be lost.

The next time you visit a small museum, search out the medical collections on display. These collections are often considered too niche for everyday visitors and get overlooked. But for a visitor with medical knowledge and experience, your visit could help the museums identify, describe, and care for their medical collections.

Information and images provided by  
Caitlin Timmer-Arends,  
curator of Our Health Journeys e-museum



## The Hospital's Bands

One of the great things in life is music. For people in a mental institution, music brought comfort, joy and excitement. While music therapy may appear to be a recent phenomenon, at the Mental Diseases Hospital at New Norfolk in Tasmania, it was part of the staff and patients' lives for a very long time.

Staff and patients in the early times of the Hospital lived and worked at the Hospital. Staff had very little time off and were accommodated in the same buildings as the patients up to the 1913 when the first female nurse's home was completed on the site. During their time off, duty staff who were musically inclined would get together and play. Sometimes this was in the exercise yards or dayrooms on the hospital wards. Over time this became more structured and formalised. This resulted in hospital music bands being formed.

Research has revealed that the hospital music bands, sometimes called orchestras, were certainly in existence at the Mental Diseases Hospital after 1918. These bands consisted of between four and thirty individuals. The bands varied in size for two main reasons. The first was staff movement and the second was due to amalgamations with other bands and musicians. When the number of members in the hospital band got low they merged with the New Norfolk Concert Band in order to have a full complement of musicians. The photo below shows one of the merged bands. The author's great grandfather is the last person on the far left of the photo.



These bands played at patient, staff and staff's children's functions at Easter and Christmas. These were held in the hall at the rear of the Administration Building after 1940. In the 1950s and '60s they performed concerts to raise funds for the Retarded Children's Welfare Association (RCWA) and other hospital appeals. They also played for the Hospital's annual ball. Their musicianship did not stop there. They competed in band competitions around Tasmania against other concert bands. They also provided music for functions in the broader Tasmanian community. Hospital bands played in many towns including Avoca, Huonville, National Park, Maydena, Hobart, Granton, Gretna, Bridgewater, Bushy Park, Lachlan and New Norfolk. Sometimes it may have only been a trio playing; other times a full twenty-to-thirty-piece band. Many hospital staff recalled the fun they had and the nights out that gave them great joy.

In 1968 there were four people who used to regularly play in a hospital band. They included Mr Bert Vandersluys on trumpet, Miss Vera Maxfield on piano, Mr Lew Rice on saxophone and his brother Mr Geoff Rice, on drums. Mr Vandersluys also played the role of Father Christmas at the Mental Diseases Hospital each year. They played weekly in the hospital hall for patients.

During the mid to late 1970s, there was another band in the Hospital. They used to play on Wednesday nights in the gymnasium at the Charles Brothers Social Centre. The patients called it *dance night* and came by bus or walked to the social centre from the wards for a dance and refreshments. This band consisted of four hospital staff members: Ron Wiggins on drums, Elaine Scott on keyboards, Ray Baker and Lyell Wilson on guitars. This was done on a volunteer basis and the staff did it in their own free time for patient's enjoyment. Ron Wiggins was a barber at the hospital and Elaine Scott was a cleaner there. Ray Baker was a driver and later became a nurse at the hospital. Lyell Wilson was also a nurse at the hospital.

Music was a big part of this institution's life. It gave all concerned a great deal of satisfaction to be able to share something that they loved.

Lyell Wilson

Image left is from the author's collection

## Mystery object

Can anyone identify this mystery object?

To find out more, go to page 19



# Woogaroo Lunatic Asylum

Woogaroo Lunatic Asylum, the original institution established for the care of the mentally unwell within the colony of Queensland, continues today as the Park Centre for Mental Health. Today it is a heritage-listed psychiatric hospital administered under the auspices of West Moreton Health. Building commenced in 1864 and continued until 1923. It has been variously known as Goodna Hospital for the Insane, Goodna Mental Hospital, Woogaroo Lunatic Asylum, and Wolston Park Hospital Complex. It was added to the Queensland Heritage Register in 1992.



Prior to the construction of Woogaroo, patients were usually confined in a rudimentary system of gaols and hospitals before being transferred to institutions in New South Wales. After the colony of Queensland was established in 1859, patients were remanded within the Brisbane Gaol. In January 1865, 65 patients were transferred from their previous confinement within the Brisbane Gaol to the newly built Woogaroo Lunatic Asylum, under the care and supervision of Dr Kearsey Cannan, who became its first Surgeon-Superintendent.

Overcrowding was a constant problem, and a Royal Commission was established in 1877 following several enquiries into the operations of the asylum including the dismissal of Dr Cannan. A modest building program

began in 1878 with the construction of a cottage ward for 60 female patients and continued in 1879 with a block of cells for troublesome females, and in 1880 two wards each for 35 patients in the male and female sections. The hospital population doubled in the two decades from 1880, resulting in the construction of Bostock House and other major additions.

The original casebook listed 395 patients, with the first 65 noted as those transferred from the Brisbane Gaol. Of the 395 patients listed, a total of 30 were from the Ipswich district (16 male; 14 female). The major diagnostic categories included dementia, mania, melancholia, amentia, and imbecility. The casebook reflected that the asylum was the sophisticated endpoint of hospitals, gaols, and courts that stretched throughout the colony, and was supported by legal, political, and medical frameworks that facilitated the need for transport and admission of patients in need of treatment.

The penal and asylum systems were intertwined as many people were committed to Woogaroo after arraignment before magistrates and legal officers. Admission procedures were subsequently formalised with the introduction of the 1869 *Lunacy Act*, with general instructions that at least two Justices of the Peace, together with separate recommendations of at least two medical professionals, were to assess and give permission for confinement in the asylum.

Stewart Parkinson

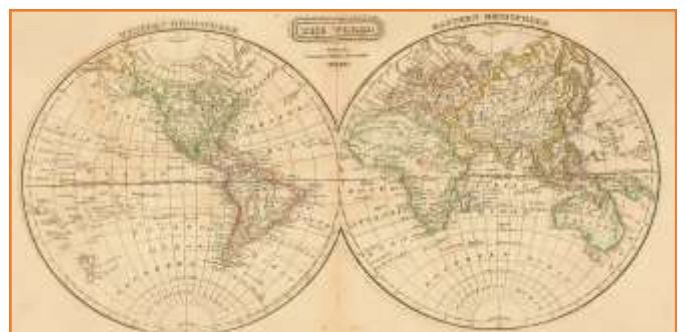


## ISHM news

At the Panama Council meeting of the ISHM in July 2023 it was agreed that the 49th Congress of the ISHM will be held in Salerno, Italy, in early October 2024. This is likely to be a substantial history of medicine conference in a beautiful part of the world and well worth a pencil entry in the diary. Further details will be provided as they become available.

Brian Reid

### International Society for the History of Medicine



“Even the bloody bees were hungry.”

### Frank Mills' beehive in Changi

Dr Frank Harland Mills (1910-2008) was a captain in the Royal Australian Army Medical Corps (RAAMC) with the 2/10th Australian General Hospital. In January 1941, he sailed with the 8th Division for Malacca in Malaya. The advancing Japanese Army forced the hospital to Singapore in December 1941. After the fall of Singapore in February 1942, Mills was captured and, as a Prisoner of War (POW) he spent three months in Changi prison, before being shipped to Sandakan, North Borneo, along with 1500 other POWs to work on the construction of an aerodrome. Mills was sent as the surgeon for the group. In September 1943, Mills, along with about half the POWs were moved from Sandakan around the coast to Kuching. Mills tried to have himself included among those who were to stay at Sandakan, but the Japanese refused his request, even though he was the only surgeon in Sandakan.<sup>1</sup>

As a POW, Mills performed surgery under the most difficult conditions, using sterilised razor blades, sewing the incisions with sterilised thread taken from his shirt. At a deserted agricultural research station he found documents dealing with a protein-rich plant growing in the area. He identified the plant and collected leaves from it. The troops were able to boil down the leaves and eat them to increase their essential food supply. In addition, by pulverising and boiling natural clay, Mills was able to produce a crude kaolin powder to treat tropical ulcers with the result that no man at Kuching lost a limb. Peptic ulcers were treated with equal success by doses of wood ash in lieu of more acceptable alkalis.<sup>2</sup> According to his niece, Anne Fitzgerald, Mills told her that when he was a POW he had identified a queen bee buzzing round near the camp 'hospital'. When Mills was a child his father had kept bees and he taught Mills the basics of bee hive management. In the POW camp Mills watched the bee for a while to ascertain that it was a queen bee. Then, with the assistance of the other POWs, Mills carefully captured the bee as he knew that a queen would attract drones (male bees) which meant that they had an opportunity to set up a hive and obtain some honey. They were successful in establishing a rudimentary beehive and Mills chuckled as he told his niece that there was so little food in the POW camp that “even the bloody bees were starving”. As a result of the lack of nutrition the hive produced only around a teaspoon of honey a day. This honey was, however, sufficient to keep some prisoners alive.<sup>3</sup>

Frank Harland Mills was born in Armidale, NSW, on 20 June 1910. He grew up, from the age of eight, in

Moruya, on the NSW south coast where he had what he called a 'Tom Sawyer childhood', running free around the countryside. The freedom he enjoyed probably owed much to the fact that his widower father Percy Mills had been left with four young children to bring up. The Mills children – Frank, his brother Roy and two sisters, Hilda and Joy – had lost their mother two years before their father, a magistrate and land agent, had been transferred from Armidale to Moruya.<sup>4</sup>

Amongst his 'explorations', he developed an interest in honey bees and learnt to manage a bee hive.

Frank Mills was an outstanding scholar. He completed his secondary schooling at Wollongong High School. He topped the State at matriculation and went to the University of Sydney on an exhibition and a scholarship to St Andrew's College to study medicine. He graduated in 1932 with high distinctions and was awarded the University Medal.<sup>5</sup>

In 1934 he went to Royal Prince Alfred Hospital as a junior resident medical officer. He became a senior resident the following year, then Medical Superintendent of Marrickville Hospital in 1937. However, before the year was out, he was awarded the Walter and Eliza Hall Travelling Medical Research Fellowship and carried out research on thyroid diseases at the Royal College of Surgeons, London. While in London and studying to qualify as a Fellow of the Royal College of Surgeons (FRCS) he trained with Edward 'Weary' Dunlop.

Mills returned to Australia at the outbreak of war and enlisted in the Australian Imperial Force (AIF), but his entry into the RAAMC was deferred until 1941, after he had completed the final year of his Leverhulme Scholarship.

Shayne Brown\*  
Anne Fitzgerald\*\*

\*Frank Mills' second cousin

\*\* Frank Mills' niece

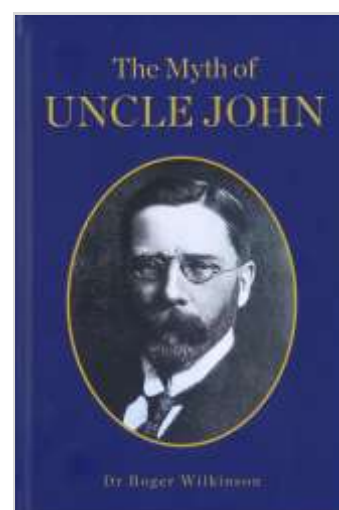
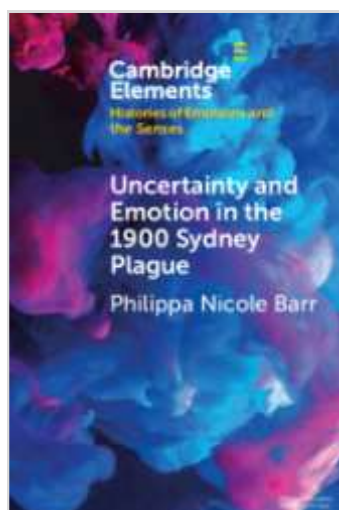
#### References:

1. John Farquharson, 'Mills, Frank Harland (1910–2008)', Obituaries Australia, National Centre of Biography, Australian National University, <https://oa.anu.edu.au/obituary/mills-frank-harland-730/text731>, accessed 29 October 2023.
2. Farquharson, 'Mills, Frank Harland (1910–2008)'.
3. Anne Fitzgerald, personal communication with Shayne Brown, 15 November 2023.
4. Farquharson, 'Mills, Frank Harland (1910–2008)'; Jean Brown, 'Genealogy and biographical data of the Brown Family, 1650-1973', *Brown Family Archive*, 1973: 65-66.
5. Brown, 'Genealogy and biographical data of the Brown Family, 1650-1973', 66.



Image from page 14 of "A manual of bee-keeping" (1879) by J. Hunter.

## Ex libris



## Members' books

Philippa Nicole Barr

### *Uncertainty and Emotion in the 1900 Sydney Plague*

Cambridge University Press, 2023

When the 3rd global plague pandemic reached Sydney in 1900, uncertainty regarding the transmission of disease resulted in disagreement about how to contain the threat. Government officials and the public filled gaps in scientific knowledge with symbolism. People, places and the air itself were associated with dirt to provoke disgust and its affective defences of distance and purification. In preparation for the Federation of Australia, the Board of Health exercised authority to distance New South Wales from other British Empire

colonies through sanitary reform. This Element demonstrates that in this historical moment, disgust was a means of producing and protecting social identity rather than a form of pathogen avoidance. By presenting flexibility in the disgust response and in the category of disgust objects, it also contributes to debates about the influence of knowledge on embodied emotion and affect.

Link to video in which Philippa discusses her book:

[https://vimeo.com/885135999?utm\\_source=hootsuite&utm\\_medium=Twitter&utm\\_term=&utm\\_content=&utm\\_campaign=BSP\\_History\\_Elements\\_Video\\_Nov23\\_IOC](https://vimeo.com/885135999?utm_source=hootsuite&utm_medium=Twitter&utm_term=&utm_content=&utm_campaign=BSP_History_Elements_Video_Nov23_IOC)

<https://www.cambridge.org/core/books/uncertainty-and-emotion-in-the-1900-sydney-plague/10F9527DA6E9BD0E96E305AA56D3AFF6>

Roger Wilkinson

### *The Myth of Uncle John*

HistorySmiths, 2023

Uncle John was always a mythical figure in the canon of the Wilkinson family's stories. Little was known of him beyond that he had been a doctor in Melbourne early in the twentieth century with an interest in diabetes and stomach disorders. A chance discovery revealed a man who had been a general practitioner, specialist physician, churchman and an early ecotourist in the Victorian high country. Furthermore, he

had been instrumental in bringing insulin into Australia after witnessing the effects of the 'wonder' drug first-hand during the early months of its use in Toronto, Canada. This is the story as uncovered by his great-nephew.

Publication date: July 2023 | Genre: Biography | Publisher: HistorySmiths | 192 pages | ISBN 9780648957454

<https://www.historysmiths.com.au/product/the-myth-of-uncle-john/>

## Members' books

Alison M. Downham Moore

### *The French Invention of Menopause and the Medicalisation of Women's Ageing: A History*

Oxford University Press, 2022

“The first comprehensive study of the origins of the medical concept of menopause, telling a complex story of how women's ageing featured in the demographic revolution in modern science, in the denigration of folk medicine, in the unique French field of hygiene, and in the fixation on women in the emergence of modern psychiatry.”

Doctors writing about menopause in France vastly outnumbered those in other cultures throughout the entire nineteenth century. The concept of menopause was invented by French medical students in the aftermath of the French Revolution, becoming an important pedagogic topic and a common theme of doctors' professional identities in postrevolutionary biomedicine. Older women were identified as an

important patient cohort for the expanding medicalisation of French society and were advised to entrust themselves to the hygienic care of doctors in managing the whole era of life from around and after the final cessation of menses. However, menopause owed much of its conceptual weft to earlier themes of women as the sicker sex, of vitalist crisis, of the vapours, and of astrological climacteric years.

Moore's book also reveals the nineteenth-century French origins of the still-current medical and alternative-health approaches to women's ageing as something to be managed through gynaecological surgery, hormonal replacement, and lifestyle intervention.

*This book is now fully open access and can be downloaded directly as a PDF from the Oxford UP website: <https://academic.oup.com/book/44521>*

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Linda Bryder

### *The Best Country to Give Birth? Midwifery, Homebirth and the Politics of Maternity in Aotearoa New Zealand, 1970–2022*

Auckland University Press, 2023

The history of a momentous change in New Zealand's maternity care – and its consequences for mothers and babies.

‘In 2012, following his investigation of the deaths of two babies in childbirth at Waikato Hospital, Hamilton coroner Gordon Matenga asked, ‘Does New Zealand have the safe, world-leading system the Government says we do, or are we losing babies because the balance has swung too far towards the idea that because childbirth is natural, then the philosophy of “non-intervention” is best?’ ‘Babies’ deaths reignite maternity row’, the *New Zealand Herald* announced.’

— from the introduction by Linda Bryder

Is New Zealand ‘the best country to give birth’? Historian of medicine Linda Bryder explores how

New Zealand developed a unique approach to the role of midwives in childbirth in the 1990s, and analyses the consequences of that change for mothers and babies.

*The Best Country to Give Birth?* traces the genesis of the 1990 Nurses Amendment Act, which allowed midwives to practise alone in the community, back to the homebirth movement of the 1970s, and explores the aftermath of the Act including the withdrawal of GPs from maternity care. In investigating the consequences of the reforms, it uncovers repeated criticism of services – and what were deemed preventable deaths – from coroners, commissioners for health and disability, other health professionals including some midwives, academic researchers, and parents and families.

How and why does maternity care in Aotearoa differ from other countries? How has it shaped the equitable care of our mothers and babies? Why have critical reports had so little impact? This is a major historical account of an issue at the heart of our maternity care.

*The above information is from the publisher's media release - Ed.*

## Calls for papers

### Feminist Health Humanities

Soren Ivarsson, Co-editor in chief, *Journal of Integrative and Innovative Humanities*

Contact email: [soren.i@cmu.ac.th](mailto:soren.i@cmu.ac.th)

Due Date: 15 January 2024

The Journal of Integrative and Innovative Humanities is soliciting articles that broadly address feminist health

humanities. Feminism challenges oppression and bias, calls for intersectional analysis, and tests epistemological formations. We are curious about what feminism's intellectual traditions and critical approaches bring to the health humanities and how feminist methodologies challenge or change medical practices or knowledge.

For further information go to: <https://networks.h-net.org/group/announcements/20011119/feminist-health-humanities>

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### *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](mailto:l.e.shields@uq.edu.au)





# Calls for papers



## Royal Australian Historical Society

133 Macquarie Street, Sydney NSW 2000  
Tel 02 9247 8001 | Fax 02 9247 7854 | [www.rahs.org.au](http://www.rahs.org.au) | [history@rahs.org.au](mailto:history@rahs.org.au)

### Call for Papers

Journal of the Royal Australian Historical Society  
A New Era of Historical Scholarship

*Dear Colleagues and Historians,*

I am thrilled to introduce myself as the new Editor of the *Journal of the Royal Australian Historical Society* – Australia's oldest historical journal. As we embark on this exciting journey together, I am committed to fostering a dynamic and inclusive scholarly platform that showcases the rich tapestry of Australian history.

#### Our Vision:

The *Journal of the Royal Australian Historical Society* has a longstanding tradition of showcasing the best of Australian historical scholarship. Under my editorship, we aim to focus on:

1. **Diverse Perspectives:** We welcome submissions that explore the full breadth of Australian history, from Indigenous perspectives to colonial histories, social and cultural studies, political narratives, and more.
2. **Inclusivity:** We are committed to fostering an inclusive environment where scholars, regardless of their background or career stage, can share their insights and contribute to our collective understanding of Australia's past.
3. **Interdisciplinary Exploration:** We encourage interdisciplinary approaches to history, where diverse methodologies and perspectives converge to shed new light on historical questions.

#### Call for Papers:

We invite submissions of original research articles, essays, and book reviews. Submissions should:

- Engage with Australian history (pre-colonial, colonial and post-Federation inclusive), offering fresh insights, and contribute to the ongoing scholarly conversation.
- Be prepared according to the Journal's guidelines.

All submissions will undergo a rigorous peer-review process to ensure academic rigor and excellence. We particularly request papers from undergraduate and postgraduate students seeking to explore an area of Australian history. We want them to be a part of this exciting new era in Australian historical scholarship. Contribute your expertise, share your research, and help shape the future of our journal by sending a submission to [history@rahs.org.au](mailto:history@rahs.org.au).

Papers will be accepted on a rolling basis.

Sincerely,

**Dr Samuel White**

Chief Editor, *Journal of the Royal Australian Historical Society*

# Australian Historical Association conference 2024



**Australian Historical Association  
Annual Conference, 1–4 July 2024**

Call for papers:

<https://theaha.org.au/wp-content/uploads/2023/10/AHA-2024-Conference-Flinders-CFP.pdf>



# International conferences

## New Perspectives in the History of Child Health

Workshop. Location: Switzerland, June 21-22, 2024

Closing date for abstracts: **November 30, 2023**

Call for paper proposals for an international workshop on child health history hosted at the University of Fribourg, Switzerland, on June 21-22, 2024. There is support available for travel and lodging. The workshop is sponsored by: The Swiss National Science Foundation (SNSF) and the University of Fribourg

<https://hopkinsmedicalhumanities.org/events/newperspectiveshistoryofchildhealth/1701302400/>

## Conference “Transformations Of Post-war Europe: Medicine, Bodies And Technologies”

<http://iefem.bas.bg/en/cfp-international-conference-transformations-of-postwar-europe-medicine-bodies-and-technologies.html>

Location: Sofia, Bulgaria

Dates: 28 – 30 May 2024

Closing date for abstracts: 31 October 2023



## 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/>



## The Social History Society Annual Conference

Durham University, UK, 8-10 July 2024

Call for papers. Abstracts due 12 January 2024

<https://socialhistory.org.uk/conference/shs-annual-conference-2024/>

Our conference is the largest gathering of social and cultural historians in the UK. For almost 50 years, our members have transformed historical research by exploring the ways our social worlds are made, imagined, shared and shattered.

We welcome proposals for individual papers and

panels from new and established historians, working inside and outside Higher Education.

Our conference is organised by eight thematic strands, which range across time and space. They are: *Bodies, Sex and Emotions; ‘Deviance’, Inclusion and Exclusion; Difference, Minoritization and ‘Othering’; Heritage, Environment, Spaces and Places; Inequalities, Activism and Social Justice; Life Cycles, Families and Communities; Politics, Policy and Citizenship; Work, Leisure and Consumption.*

## 2024 Meeting of the Canadian Society for the History of Medicine (CSHM)

<https://cshs-schm.ca/>

Quebec, Canada, June 19-21, 2024

Closing date for abstracts: **November 30, 2023**

The Canadian Society for the History of Medicine (CSHM) will hold its annual meeting at McGill University (Montreal, QC) in conjunction with the 2024 Congress of the Humanities and Social Sciences between June 12 and 21, 2024.

The Program Committee calls for papers on research related to the history of any aspect of medicine and health, broadly conceived. Papers related to the Congress theme *Sustaining shared futures* are particularly welcome. Please submit an abstract in English or French and one-page CV for consideration by November 30, 2023 by e-mail to Kim Girouard

[kgirouar@uottawa.ca](mailto:kgirouar@uottawa.ca) and to Susan Lamb [slamb@uottawa.ca](mailto:slamb@uottawa.ca), the co-chairs of the Program Committee. Abstracts should not exceed 350 words. We encourage proposals for organized panels of three (3) related papers; in this case, please submit a panel proposal of less than 350 words in addition to an abstract and one-page CV from each presenter. The Program Committee will notify submitters of its decision by February 12, 2024. Those who accept an invitation to present at the meeting agree to provide French and English versions of the accepted abstract for inclusion in the bilingual Program Book. Exact dates for the CSHM meeting will be confirmed as soon as possible.



## History of mental health: exchanging ideas

### A project concerning the history of general hospital psychiatry in NSW

In the last issue of this *Medical History Newsletter*, the Editors invited a wide variety of written submissions, including 'individual profiles' and 'requests for research information'. That invitation set me thinking about my own research project and I considered how greatly it might overlap with projects conducted by other members of the ANZSHM. In turn, I wondered whether other researchers might wish to exchange ideas and data concerning the history of mental health services in various parts of Australasia.

I am nearing the end of my late-life research career. My previous career, as a psychiatrist, lasted between 1970 and 2017. I have published most--but not quite all--of my historical research data. Most of those findings were published in 2022 in my PhD thesis "*A History of General Hospital Psychiatry in New South Wales*" and in an article titled "*Royal Prince Alfred Hospital as the Birthplace of General Hospital Psychiatry in New South Wales*", published in *Health & History* (2022). However, I still retain a few unpublished data, mostly about the history of psychiatry in general hospitals of NSW other than RPA Hospital.

I believe that it is helpful to think of the history of psychiatric services as falling into three eras, with considerable overlap in their chronologies: the era of mental asylums, the era of general hospital psychiatry (GHP) and the era of community psychiatry.

In NSW, the era of mental asylum psychiatry commenced in 1811 when Governor Macquarie instructed that a military barracks at Castle Hill should become a mental asylum. In 2023 that era seems near its demise but, in NSW there are four persisting mental hospitals, two of which accept acute psychiatric admissions.

In most anglophone jurisdictions, mental health services migrated from the mental asylums to the general hospitals during the ten decades of the twentieth century. In NSW, the era of general hospital psychiatry was ushered in by the second Inspector-General of Mental Hospitals, Dr Eric Sinclair, who took up that appointment in 1896. However, progress was slow until the 1960s. The advent of anti-psychotic agents, including chlorpromazine (Largactil) in the mid-1950s was an essential factor in a massive migration of staff and patients from mental hospitals to general hospitals. As I outlined in my thesis, mental health workers who migrated into the general hospitals quickly divided into community-focussed and consultation-liaison sub-specialty groups.

In important ways, my research project overlaps with the history of mental asylums and with the history of community psychiatric services and consultation-liaison services in NSW.

I will be delighted to communicate with anyone who wishes to share ideas or data relating to the history of GHP, or about the relationship between the history of GHP with the history of mental hospitals, community services or consultation-liaison services in any part of Australasia...or elsewhere in the world.

Richard T. White

Research Associate, Central Clinical School, Faculty of  
Medicine and Health, University of Sydney

[richardtrathenwhite@icloud.com](mailto:richardtrathenwhite@icloud.com)

## Mystery object revealed

This device is a chainsaw used for cutting bone in confined spaces. In *Antique Surgical Instrument Identification* by **Dr. Michael Echols**.

[https://www.medicalantiques.com/civilwar/Images\\_2/images/instrument\\_images/mvc-108s.jpg](https://www.medicalantiques.com/civilwar/Images_2/images/instrument_images/mvc-108s.jpg)



*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 should be emailed to Chi Chi Huang: [anzshm@anzshm.org.au](mailto:anzshm@anzshm.org.au)

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

LETTERS, PHOTOGRAPHS AND ARTICLES ARE WELCOME IN ELECTRONIC FORMAT.

DEADLINE FOR THE NEXT ISSUE IS **1 FEBRUARY 2024**