



# Medical History

## Newsletter

AUSTRALIAN AND NEW ZEALAND SOCIETY OF THE HISTORY OF MEDICINE INC

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### THE PRESIDENT'S PAGE

Welcome to the new year! In this, our conference year, I invite you to reflect on the current state of the history of medicine. This field has given generations of scholars the opportunity to link historical thinking with current problems of policy, public interest or debate, and with local and regional heritage and health care projects. Historians have been able to find commonality and purpose, as well as collaborative potential, with medical science researchers and practitioners.

We found over the past year that COVID-19 challenged societies, communities and governments to respond to the dynamics of pandemic disease, but not for the first time. Repeated comparisons and conclusions were drawn from the history of the global influenza pandemic of 1918-19: just how did the 'flu spread, and what practices contained it? What lessons from that terrible experience might translate into our present? We showed that historical interpretations of health and medicine continue to provide us with a deep sense of public community awareness.

The role of the physician in the conceptualisation of medical history brings our Society's membership together. The historical training of medical students in universities was one powerful impetus for the development of the scholarship in the histories of medicine. Doctors have held special roles in our shared culture of health and medicine, and their positions of authority in western societies have allowed them to have political, social and economic influence, a fact reinforced over the past 12 months.

Interestingly, though, the social history of medicine is no longer about heroic medicine. It has shifted over time to embrace histories of institutions, of patients experiencing illness, of the roles of carers, diagnoses, and contested treatments, as well as the politics of health, state policy, and interventions into inequalities in the provision of healthcare.

I suggest that several futures for the field have emerged as more significant than others. Some of our experts in the Society are interested in a critical history of biomedicine. Much of this kind of historical thinking combines research into areas such as immunology, or stem cell therapies, with social change and debates about the future of humanity. Another theme is health activism, which can create potential for the role of the physician-advocate come to the fore as we look, for instance, at discussions of disability.

Planetary health, as examined by our colleague and Council member, James Dunk, with Warwick Anderson and others, emerges as the newest frontier for medical histories. Dunk and colleagues suggest that the 'ailing planet' – evidenced by recent crises in climate change, bushfires in Australia, and political protest around the world – is now the 'sick patient' requiring intervention from doctors and public health experts.

Finally, we are also seeing a growing list of contextual threats to our resilience and mental health, especially for future generations. Global mental health provides a final strand of the history of health and medicine which continues to examine models of treatment and care, belief systems, and the politics of medicine.

These ideas are drawn from my forthcoming chapter for the *Routledge International Handbook of Critical Issues in Health and Illness*.

I welcome your thoughts about these themes for future newsletter updates. Let's celebrate the rich scholarship and culture of ideas in our Society throughout 2021.



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## ALL ABOUT OURSELVES

Members of the ANZSHM describe their life, work and interests

When I first thought of writing about a significant public health physician, Dr Cecil Cook, my partner's father, my only interests in history were of families and golf. Family history is about research and making connections in the ancestry. I have collected golf clubs for over 40 years, most of them now approaching 100 years old. I restore and play with them in Australia, England and Scotland, the ancestral home of golf. My general interest in history comes from the notion of standing on the shoulders of our ancestors, respecting what they did; using that as a base from which to develop my contribution to 'the future'. It's about respect.

I am not history-trained, and not health or medical. However, with the help of some very capable people, I committed to researching and writing about the history of public health in Australia through the life of this man.

An academic historian published an article criticising Cook as the Chief Protector of Aboriginals in the Northern Territory from 1927. Robin and I thought the criticism was unfair so I wrote to the historian and he replied with an apology and a folder of background material to support his argument. My writing a letter to the editor was not enough, a book was needed. We wanted Dr Cook to get a fair hearing, a fair go, for his whole career, not just the NT era.

Fortunately I was good at research, could collate large volumes of data (in my head) and had a professional background in 'situation analysis', report writing and editing. This was to be my project; Robin knew little about her father's work so did not write or review any of the manuscript. The only person who knew the story was Cook himself, now 20 years deceased; the good news was the various collections of papers he left in disarray for the story he ran out of time to write. After outlining Cook's education and career, I chose 10 eras of activity – the chronology, and selected 10 subject categories (themes) which I applied to about 1,500 documents listed in a worksheet, then sorted into files and archive boxes. I read this material and drafted notes, preparing a booklet of 40 pages to demonstrate I had an initial grasp of the subject.

Prof David Carment, a friend of Robin's, suggested I join ANZSHM, which I found to be an

ideal family and a ready resource that led to other resources. At my first branch meeting, Charmaine Robson spoke on Leprosy, her PhD topic, a disease on which Cook wrote the definitive book. The first person I met at my first ANZSHM conference was Paul Lancaster, whose father had been a colleague of Cook's. John Pearn, a founder of ANZSHM, remembers attending a lecture given by Cook.

In my professional career I did a lot of conference presentations and facilitated seminars and workshops, experiences I adapted to the Cook project. An early talk was on a camping weekend with the Historical Society of the Northern Territory, Brian Reid's territory, on the banks of Newcastle Waters, by the light of a camp fire. Cook knew that location well. With a good mate and a research grant from the NT Government, I retraced Cook's two 1925 trips from Barcaldine in central Queensland to Darwin, via the Barkly Tablelands, calling into cattle stations he visited. I gained a sense of the country he got to know very well. On another trip, with Robin, I called on the Sunrise Aboriginal Health Service in Katherine to get a feel for how these modern services developed from the seeds Cook and his medical officers planted in the 1930s.

Looking back on the book is vastly different to looking forward, writing the manuscript; the macro and micro perspectives. Brian Reid read the Ms and called it a history of public health in Australia. I summarised the book's themes that revealed the variations and consistencies in Cook's career. I'm still not a medical historian but I feel Cook, a true medical historian, would like the book.



**Barry Leithhead**  
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Dr Ian Ring AO reviewed *A Vision for Australia's Health: Dr Cecil Cook at work* by Barry Leithhead (Australian Scholarly Press 2019) in *Health and History* Vol.22 No.1 2020 p.167.

## MEMBERS' NEWS

### Welcome!

James Cook NZ  
Simon Scothern NZ  
Paul Watt Australia

### Congratulations!

Dr Roy Frederick Scragg OBE Glenelg SA, has been awarded the AM for significant service to medicine, to epidemiology, and to professional medical associations.

## EXECUTIVE REPORT

The Executive of the ANZSHM met via video conference on 12 November 2020 and it was agreed that a regular report of its activities be submitted to the Medical History *Newsletter*.

It is important that Society members be informed of any significant changes or innovations involving the Society, as these matters generally are discussed at the AGMs, which, after all, are 12 months apart.

Progress is being made on improving the Society's website with further information regarding current office bearers and the history of the Society: other suggestions have included increasing communications via social media and redesigning the Society's letterhead.

Satisfactory early progress with the University of Newcastle's Biennial ANZSHM Conference scheduled for 1–4 December 2021 was noted. With an eye to posterity, it is hoped that official conference photographers will be engaged to record events appropriately.

Looking ahead to the 2023 Biennial Conference, your Executive noted that the South Australian Medical Heritage Society had expressed an interest in hosting the meeting in Adelaide, and it was agreed to pursue this desirable outcome.

In keeping with discussion at the Society's AGM held in August 2020, the Executive agreed to further research the insurance requirements of the Society. Aspects and issues to be examined include public liability, defamation, negligence, managing funds and social media risks. As an example, since the Society operates under the auspices of Consumer Affairs Victoria (CAV) the Act requires that the Society indemnify its office-holders against all losses or liabilities: without indemnity those officers would be personally liable in any case of legal action.

**Peter Burke**  
Vice President

## ISHM NOTES

Arrangements for the postponed 47<sup>th</sup> ISHM Congress 23-7 August 2021 are firming up and at this stage, perhaps anticipating that Covid 19 immunisation will be widely in use, the programme is to proceed as planned. Details are available on the website <ishm2020.rsu.lv>. In the meantime the organisers continue to offer lectures by ISHM members and a video lecture on 'Politicised Medicine in Eastern Europe'.

Those who formally enrolled for the 2020 event will be automatically converted to the 2021 date.

The preliminary programme includes a tour of the old town of Riga and a closing symposium on 'The Notebooks of Gulag Doctors'.

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*Riga, the capital, is home to around one-third of Latvia's residents.*

## EDITOR'S COLUMN

Contributions to the Newsletter are always welcome. The next deadline for copy is 15 May 2021. Copy should be sent to the editor, Derek A Dow at d.dow@auckland.ac.nz.

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## AMPI NEWS

### **In the Service of Queens: Colonial Surgeons in Portugal and Spain**

Medical veterans from a variety of wars reached Australian shores throughout the nineteenth century. Some came during their careers in the British army or navy, others seeking to establish themselves in civilian practice, or as retirees, after leaving the armed services.

Into this broad context the historian can fit otherwise puzzling snippets of information, such as the assertion in the obituary of William Wheatley, superintendent of an emigrant ship to Sydney in 1849, that he had been 'for many years in the service of the Queen of Spain'. Dr Wheatley came out to Australia after serving with British regiments in the Portuguese and Spanish Wars of Succession (1826-40). Although those conflicts are overshadowed in historical memory by the Peninsular War against Napoleon (1807-14) they provide an interesting backdrop to several colonial medical careers.

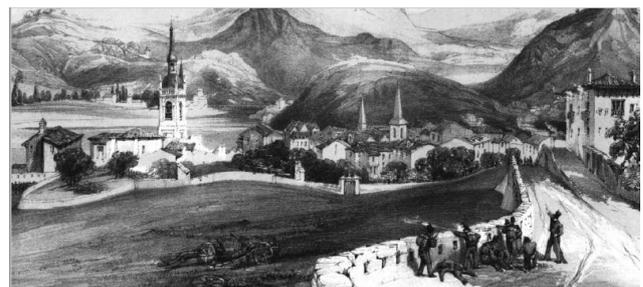
Dr Wheatley was one of two colonial surgeons who had served in the War of Succession in Portugal (1833-4). The other was William Large MRCS, who was later a well-known doctor in Tumut, Gundagai and Wagga Wagga (1842-81). Dr Wheatley was an Assistant Surgeon with the British Volunteers in an army of liberation, fighting on behalf of the exiled Queen Maria II, who was committed to establishing a democratic constitution. Dr Large was a Surgeon with the Queen's Grenadiers.

A further seven doctors who served in a similar conflict in Spain during the 1830s later found their way to Australia. They joined a force known as the British Auxiliary Legion, on the side of Queen Isabella II. As in Portugal, the British in Spain were supporting the party of democratic reforms, against those seeking to preserve an autocratic monarchy. The Legion was landed from British transports at Bilbao in 1835 and fought between there and the French border with limited success until it was disbanded in 1837.

Of the seven colonial doctors who had served in the Legion, the most distinguished as a soldier was Arthur Martin A'Beckett FRCS. He was made a Knight of the Order of St Ferdinand for gallant conduct under fire and received a Bronze Cross for his role as a Staff Surgeon in battles at St Sebastian and Irun. He emigrated to New South Wales in 1838 and was a notable Sydney medical practitioner.

The other medical veterans of the Legion who emigrated to Australia were Thomas Daykin (Victoria 1858, later New South Wales), Richard Goldstone (Victoria from 1854), William Lambton (South Australia from 1852), WH Sholl (Western Australia 1839, later South Australia), John Silver (New South Wales from 1844) and Henry Wilkinson FRCS, who was promoted to Staff Surgeon in Spain, and later made several voyages to Melbourne and Sydney with emigrants before settling in New South Wales.

Dr Wilkinson recounted his Spanish adventures in a book titled *Sketches of Scenery in the Basque Regions of Spain*. In addition to beautiful reproductions of his own artwork, the book included descriptions of the land and its people and anecdotes of his military experiences. He recalled operating on wounded soldiers by candlelight and heroic surgical procedures that only occasionally succeeded. After about a year in Spain he could write 'I have looked on death in all its forms.' The Legion fought its way into Irun, where he gave an organ recital on the 'magnificent instrument' in the local church. He also recorded the words and music of Spanish folk songs and included those in his book, arranged for piano and guitar. He was wounded in battle at Andoain and evacuated in September 1837. Surviving copies of his book, published in London the following year, now sell for thousands of dollars. Tragically he seems never to have found his professional footing after his experiences in Spain. He died shortly after moving from Albury to Sale, Victoria, in 1866, leaving a wife and children 'in needy circumstances'.



*Approaching Irun, from the sketch by Staff Surgeon Henry Wilkinson, May 1837. The church where he later played the organ is on the left, infantry firing in the foreground, hills of France in the background.*

**Stephen Due**  
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## Cadiz to New Plymouth

The title of this quarter's AMPI column filled me with a sense of foreboding, since I could not immediately think of any New Zealand doctors who had prior experience in the Iberian Peninsula which comprises Portugal, Spain, parts of France, and Gibraltar. As it has done for the last decade or so, the New Zealand doctors' dataset came up trumps, revealing some intriguing links.

The first of the British Legion doctors to settle in New Zealand was John Dorset, who arrived in 1839 as principal medical officer to the New Zealand Company. Dorset had served in Spain with Colonel William Wakefield, whose brother was the driving force behind the Company's efforts to populate the infant colony with Britons. Ironically, Dorset acted as second for another Wellington doctor, Isaac Featherston, when Wakefield challenged him to a duel in 1847. Neither man hit the target so Dorset's professional services were not required.

The next to arrive, former Royal Navy surgeon Peter Wilson, also had a Wakefield connection. Invalided out of the Navy in 1814, Wilson served for a short time with the British Army, as assistant surgeon to the Gibraltar Military Hospital. After being placed on half-pay in 1817 he took up civilian practice before moving to Cadiz, some 40 nautical miles north-west of Gibraltar. There he met William and Edward Wakefield, who persuaded him to purchase land in New Zealand, where he took up residence in 1841. Within a decade Wilson had become colonial surgeon in New Plymouth, where he remained until his death in 1863.



The third New Zealand doctor with experience in Spain was another Scot, John Jennings Imrie. Although he was recognised as a surgeon it seems Imrie never obtained any formal qualification. Arriving in Nelson – a site chosen by Captain Arthur Wakefield, the third of the brothers - with the first contingent of settlers in 1842, Imrie became a shopkeeper, but left New Zealand in 1843 after a crushing financial loss when the vessel he had chartered in England to bring merchandise to New Zealand foundered within sight of Nelson. After relocating to Australia, Imrie became medical officer for convicts in Tasmania. In 1848 he was charged with the care of six Maori prisoners transported from New Zealand, an episode commemorated in Witi Ihimaera's 2009 novel, *The Trowenna Sea*.

Sadly, Ihimaera was charged with plagiarism, the book was withdrawn from sale, and Imrie's story returned to obscurity.

The last of the 'Spanish' doctors to reach New Zealand was John Silver, who received passing mention in Stephen Due's article. Silver, like John Dorset, had qualified MRCS in 1829 but there is nothing to suggest any connection between the two men. Unlike Dorset, who practised in Wellington until his death in 1853 - recorded on the death certificate as the result of a 'Visitation from God' - Silver's sojourn in New Zealand was over almost before it began. On 2 October 1844 the *Sydney Morning Herald* stated:

DR SILVER begs leave to intimate to the inhabitants of Sydney and its vicinity, that, having returned from New Zealand with the detachment of the 99th Regiment, of which he had been in medical charge, he has resumed his practice at 571, George-street North (Mr Douglas's). Dr S also takes permission to state that he is a graduate of the Royal College of Physicians of Edinburgh, a member of the Royal College of Surgeons of London, and an accoucheur of fifteen years standing.

The latter experience may have come in useful, for by the time Silver's wife arrived in Sydney he had seduced and impregnated a domestic servant.

### Derek Dow

*Peter Wilson, resplendent in top hat, standing outside the New Plymouth Colonial Hospital.*

## SERENDIPITY

Perusing the pages of *Friends' News* No 44 (January 2021), from the 'Friends of the Archives of the Society of Apothecaries', I came across the following delightful account by the Society's archives officer, Janet Payne, in relation to requests received for archival assistance during 2020.

*A particularly serendipitous enquiry from Jacqueline Davies who asked if a duplicate certificate could be sent as the original had been lost in house moves, she thought. She had qualified as a Pharmacy Technician in 1970 or 1971 and had then worked in that capacity at Hope Hospital Salford... She gave her maiden name of Mottershead and her date of birth. Janet was able to tell her that she had herself purchased the self-same certificate in an antique shop in Tarporley, Cheshire and it was currently on the wall in her cloakroom! A happy reunion is promised when conditions allow.*

The 1815 Apothecaries Act was worded such that it did nothing to prejudice the trade of chemists and druggists, who, as the Society became more medical, were joined by those apothecaries who continued to practice pharmacy. While the chemists and druggists came together in 1841 to form what is now the Royal Pharmaceutical Society of Great Britain, the 1815 Act continued to give statutory sanction to the Society of Apothecaries to examine dispensers and to grant a certificate called 'Assistant to an Apothecary', to hospital and doctors' dispensers, a qualification that evolved into the term 'Pharmacy Technician'. This right led to conflict over time between the Society of Apothecaries and the Pharmaceutical Society; it was eventually superseded by the National Vocational Qualifications (NVQ's) and ceased to be offered in January 1998.

Reading this interesting account led me to ponder whether I had been the happy recipient of any such serendipitous event: indeed, I have.

Following the cessation of my busy surgical practice I have made time to rummage through and begin to collate my archival papers and correspondence, collected over more than 50 years in medical practice.

Last year whilst preparing a brief account of the history of the ANZSHM for our Society's website, I came across a handwritten note from Dr Frank Forster, the original editor and progenitor of this very Medical History Australia Newsletter.

Accompanying the note were the carbon copies of the type-written first edition of our newsletter in August 1981. Frank wrote virtually every word of

that first edition, I merely proofread and offered suggestions, which Frank, as ever, graciously acknowledged: we were the best of friends.

The nineteenth Newsletter of February 1986 commenced with Prof Harold Atwood's editorial comment, 'Frank Forster to relinquish editorship', and Harold concluded validly, 'This newsletter owes its existence to Frank Forster'.

That was my moment of serendipity, can the members of our Society now provide their own?

**Peter Burke**  
**providence2@bigpond.com**



## NSW BRANCH NEWS

Following the December 2020 committee meeting, the NSW branch hosted a second webinar for all ANZSHM members: a fascinating talk by Dr Georgia McWhinney with the title, 'I can ... doctor myself up without going to the doctor': Vernacular Medicine in the British World during the Great War, drawn from her PhD thesis. For anyone unable to 'attend', the talk will be available online in the coming weeks.

NSW members will gather at the Toxteth Hotel in Glebe for our AGM, including elections for the new committee, on Saturday 13 March. The meeting will be followed by dinner and then a lecture by Dr James Dunk, based on his award-winning book on the history of mental illness in colonial Sydney. The talk will be streamed live to all ANZSHM members.

### SAVE THE DATE!

Plans are under way for the biennial Ben Haneman Memorial Lecture to be held at the State Library of NSW on the evening of 9 December 2021. Watch this space and your emailed 'What's On in Medical History' over the coming months for further information.

**Charmaine Robson**  
**President, NSW Branch**  
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## SCOTTISH SOCIETY OF THE HISTORY OF MEDICINE

Teaching anatomy from Classical times, Edinburgh 12 & 26 March 2021



The final programme has now been released for this virtual symposium, organised by the Scottish Society of the History of Medicine, in association with the British Society for the History of Medicine and the History Society of the Royal Society of Medicine.

In addition to papers on such luminaries as Da Vinci, Vesalius, Christopher Addison, William Hunter, and Charles Averill, there are papers and discussions on the future of anatomy teaching, learning strategies for a digital age, and ultrasound within anatomy teaching.

The cost of attendance is £20 per day, or £30 to attend all sessions.

For further information please email [academia.bb muk@bbraun.com](mailto:academia.bb muk@bbraun.com).

## BRITISH SOCIETY FOR THE HISTORY OF MEDICINE 15-18 September 2021, Sheffield

The BSHM executive has just announced that 'We feel a little more optimistic about the possibility of an in-person Congress in September.' If Covid restrictions are still in place it is likely that the Congress will be postponed until 2022 since the organisers 'feel that the complexities of the event are such that it would be difficult to deliver off a virtual platform and that punters would not wish to sit looking at talks on a screen for many hours.'

The Congress will be held in Sheffield, with the city's rich industrial heritage forming the backdrop to the key theme of the history of medicine in the workplace. Other major themes include the history of pandemics, the history of nursing, and innovation in medical engineering.

Abstracts are open until 31 May 2021 and reduced early bird registration fees are available until 23 July, For further information see the BSHM website, <https://bshm.org.uk/>.

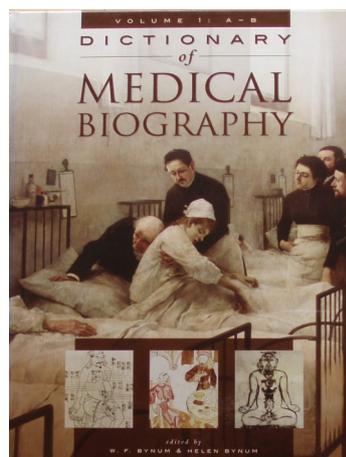
## BLAST FROM THE PAST *Medical History Australia* 25 years ago

In his February 1995 guest editorial, Canberra's Dr Tony Proust reinforced Ben Haneman's earlier call for the Society to 'sponsor a national dictionary of biography in the medical and health fields'.

Tony thought the project was eminently feasible, though it would require a great deal of work over many years, as a steering committee drew up plans and solicited support from members. He argued that the Society possessed great experience while 'enormous amounts of biographical data are readily accessible and crying out for assessment'.

He regarded the 456 entries for medical practitioners in the 12 volumes (now expanded to 17) of the *Australian Dictionary of Biography* as a ready-made starting point. (For New Zealand, the 5 volumes of the *Dictionary of New Zealand Biography* include just over 100 doctors). Adding nurses and other health professionals would roughly double these numbers. In both countries the criteria for inclusion often saw individuals selected for contributions other than their medical work, which created imbalances.

In 1995 Tony reckoned there was already enough Australian data to occupy several discrete teams for many years, and all at minimal cost. The exponential expansion of internet search engines and datasets over the past 25 years has expanded the potential information for any biographical dictionary, but has also massively increased the likely workload.



The 5-volume international *Dictionary of Medical Biography* (2005) edited by Bill and Helen Bynum included 35 Australians and 7 New Zealanders. The desirability of a local volume focusing on the two countries is undoubtedly as great as it was in 1995; the prospect of

any tangible outcome, however, is as remote as it must have seemed to most of our members when the topic was first aired in 1994 and 1995.

# ANZSHM Biennial Conference, 1-4 December 2021

## Innovation in Health and Medicine

### University of Newcastle, Australia

#### Call for Papers extended to 30 April.



The 17<sup>th</sup> Biennial Conference will be held at the City campus of the University of Newcastle and local venues, with traditional in-person sessions and some dedicated online streams for presenters and audiences who cannot travel. These sessions will attract a more modest conference registration fee. For organisational purposes, abstract submissions should indicate whether the presentation will be **in person** or **online**. The online stream will be based on the COVID impact and any special requests from presenters, allowing us to open it to new registrants at a later date. Registration costs and processes will be posted to the ANZSHM website by mid-2021.

We invite scholars working on social and cultural histories of health and medicine to contribute papers that specifically address past, present or future innovation. In our Society's first conference since the 2020 COVID-19 global pandemic, we particularly encourage papers that address urgency and innovation related to the identification, diagnosis and management of disease in a transnational context, the health implications of climate change and environmental modification, indigenous health, and the intersection of health and medicine with social issues. We are also interested to encourage dialogue between practitioners and historians.

Other topics broadly related to the central theme might include:

Medicine in public life & policy;  
Healthcare and heritage - Museums & the body;  
Histories of diabetes & its treatments, including insulin;  
Indigenous health & medicine;  
Gender and sexualities in health;  
Historical methodologies & practices (including

nursing histories,  
hospital histories &  
community health;  
The future of Medical Humanities;  
Epidemics, pandemics & vaccines in history;  
Telemedicine & other health communication technologies;  
Medicine & technology;  
Histories of disability;  
Planetary health;  
Trauma & resilience;

The conference will feature three invited international keynote speakers, two plenary speakers/panels, and a Witness seminar marking the centenary of the discovery of insulin.

We seek papers (20 minutes) and panels that address these themes. We particularly welcome submissions that highlight inclusivity and diversity. Submissions from scholars across the range of career stages are welcome. ANZSHM offers competitive travel grants to post-graduate students and early career researchers to attend the conference.

Proposals for papers should be in a Word document, including 250-word abstract and a short CV/biography. Panel proposals (3 papers) are welcomed, and should include the same information plus a statement of the panel's aims.

Send these to ANZSHM2021@newcastle.edu.au by Friday 30 April 2021. You will receive confirmation of the outcome of your submission by June 2021. We will share information about registration during May, and registrations will open in July 2021. A final conference programme should be available at least one month before the conference.

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

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

**DEADLINE FOR THE NEXT ISSUE WILL BE 15 MAY 2021.**