

The President's Page

Welcome to 2025! Every second year the ANZSHM springs into action and there is excitement in the air as we approach our biennial conference, each of which is unique, run by a local organizing committee highly energized to seek novel approaches and to put on a show as never before. This year is no different – our Sydney conference committee have been working hard on behalf of the Society to host an outstanding event at the Sydney University Camperdown Campus 8-12 July 2025, which will be our 19th biennial conference.

The title this year is 'Health History in the Making' with a particular emphasis on the last fifty years; history as a lived event. Nowadays much history-writing has adopted a modern focus, as it seeks to throw light on current events and issues. I note too that 'Health' was deliberately chosen in the title indicating the modern move away from the so-called traditional medical history with its focus on medical advancements and the medical profession, to embrace the broader impacts of developments and changes on health and wellbeing. The committee proudly announces that there will be plenary panels on Australian Indigenous health, South-East Asian health history and the GLAM sector (galleries, libraries, archives, and museums). These are all reflective of modern trends and the broadening interests of the ANZSHM. Indigenous health is in the historical spotlight as never before, and the focus on South-East Asian health history is reflective of Australia and New Zealand's multi-cultural societies and their position in the Asia-Pacific Region. The inclusion of the GLAM sector is a growing trend, owing to the realization that this sector is crucial for the recording and preservation of

history along with its public accessibility; in these ways the sector is core to the health and viability of our Society itself. The choice of 'Health' rather than 'Medicine' in the title could be said also to be a conscious effort to embrace other professions working in health and medicine, such as nurses and allied professions. Nursing history is of course not new and has long held a place in our organisation, but we still need to be reminded of its importance, and I note the conference committee have decided to devote its Witness Seminar to the transition of nurse training from hospitals to tertiary institutions, again in keeping with the modern focus of the conference. Finally, I wish to remind members that this is the first conference after our constitutional change to dedicate a council position to the promotion of post-graduate and early career researchers, and we hope that will enhance the experience of those scholars and indeed encourage them to attend and present to the conference. I have in my previous columns stressed the importance of this sector to the Society as the harbingers of new knowledge and approaches. If you are in this category, do check out the Ben Haneman Memorial Conference Grants.

We look forward to seeing you all at the Sydney conference in July and it is not too soon to start thinking of the 2027 conference and for you to consult with your colleagues to put in a bid to host that conference, giving you the opportunity to showcase your region and what you regard as important in the history of health and medicine.

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 and the Torres Strait, and their continuing connection to land, waters and community, and we pay our respects to Elders past, present and emerging. In respect to Aotearoa New Zealand, we acknowledge and respect the principles of the Treaty of Waitangi.

All About Ourselves

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

Gab Kovacs

I am a “virtually retired” reproductive gynaecologist, who has been a clinician, an academic, an administrator, an editor, author and teacher.

Having trained in medicine at Monash University and the Alfred Hospital, I then received my training at Queen Victoria and Prince Henry’s Hospital. Whilst at the latter, I had the opportunity to supervise the Ovulation Induction Programme with the late (and much loved by all) Henry Burger. After six months of helping women become pregnant, I decided that I wanted to follow a career in Reproductive Medicine. I spent the next two years in the UK, and I attended many lectures and attachments with such greats as Robert Winston, Howard Jacobs, Prof Dewhurst, and Ian Craft.

I attended a landmark Duphar Lecture by Bob Edwards at the RCOG on April 10th 1978, where he spoke about IVF. Although he had the world’s first ongoing pregnancy (Louise Brown was born three months later) he did not disclose this.

Although the world’s first human pregnancy was in 1973 in Melbourne, it was only a very early pregnancy with a peak HCG in the 800s (mIU/ml), and there was no further success by the team.

My timing was impeccable, as Carl Wood and John Leeton had decided to start IVF in phase two, and they needed a young clinician to help organise it. My initial role was as “clinical administrator”. The early days were very exciting, and although it took twelve months for us to get a pregnancy, the experience was very exhilarating.

There was little support at QVMH and it was not until we moved to St. Andrews Hospital that pregnancies



started to come through. Although the world’s first two births were in the UK, the next ten were in Melbourne, of which the world’s thirteenth baby was one of my patients. Melbourne became the IVF Centre of the world, and we had many colleagues come and visit us. Consequently I made many international friends, and had the privilege to visit many cities.

My interest in medical history started with a study I did on Post Coital Tests at Pembury Hospital, Tunbridge wells in 1976-77. As part of the paper I traced the test back to J Marion Sims who published it in 1866, and it was plagiarised by Max Huhner in 1913. By following all the papers, I found that the often quoted norm of “at least 10 motile sperm per high power field” had never been substantiated. Our study, published in the BMJ in 1978 showed that the test had no credibility.

Having lived through, and met many of the characters who developed IVF, my interest in the history of IVF was stimulated. Together with a British and an American co-editor, we produced “IVF, The Pioneers’ History” published by Cambridge University Press, and launched by Louise Brown at her 40th birthday party at Bourne Hall in 2018. I am now negotiating to do a PhD on the subject in my retirement.

SAVE THE DATE - ANZSHM conference in July

See page 4 for the conference flyer, call for papers (extended to 21st March), information about the Rare Books exhibition associated with the conference See you at the conference.



**ANZSHM
2025**



The 19th Biennial ANZSHM conference will be held from

Tuesday 8th July to Saturday 12th July
2025

Members' news

New members

A warm welcome to our new members

Sarah Luke NSW

Edward Moxon NSW

Penelope Webster NSW

Jessica Parr NZ

Ann-Marie Quinn NZ

John Collins VIC

Gabrielle Rutter VIC

Vale

Dr Bryan Rush 1933 to 2024

Dr Joan Durdin AM 1922 to 2025

Dr Edward Brentnall MBE, OAM, KStJ
1929 to 2024

Upcoming seminar and book publication

Member **John Lamb** last year completed his PhD at CDU. His thesis on an aspect of medical history was rated as outstanding and Routledge is to publish a book titled *JAPANESE DOCTORS IN WHITE AUSTRALIA: TREATING PREJUDICE* based on his research - see www.routledge.com/9781032991221. The book is due out in June and we encourage you all to get your institution or library to put in an early order for a discounted hardback copy.

John will be giving a presentation on his research at:

ANU School of History

RSSS Auditorium

Wednesday 30th April

(scheduled for 4.15 - 5.30pm)

Keep an eye out for further details.

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Exhibits at the Royal Perth Hospital museum. <https://royalperthhospital.health.wa.gov.au/About-Us/Museum>



The 19th
Biennial
Conference
of the ANZSHM

8-12
JULY
2025

University
of Sydney

HEALTH HISTORY IN THE MAKING

Call for Abstracts now open
Submit via anzshm2025.com

How does medical and health history continue to be made in our own times and what is its impact? We invite papers that explore these changes over the past 50 years. Papers on any aspects or time periods of health history are also very welcome.

Grants for postgraduate students and early career researchers to attend the conference will be available.

For more information visit
anzshm2025.com

To register your interest or for more information please contact NC Events
ncosta@ncevents.com.au

Call for papers



AUSTRALIAN AND NEW ZEALAND SOCIETY OF THE HISTORY OF MEDICINE (ANZSHM)

19th Biennial Conference, Sydney, 2025

Health History in the Making

Sydney University (Camperdown campus)

Tuesday 8 July - Friday 12 July

Saturday 13 July: Witness Seminar

CALL FOR PAPERS - extended

The ANZSHM is delighted to open the call for papers for its 19th biennial conference in Sydney, 8-12 July 2025 with the theme 'Health History in the Making'.

How does medical history continue to be made in our own times and what is its impact? And how is it being recorded? The last 50 years have seen many changes in health and medicine - some spectacular, some devastating. We invite papers that explore these recent histories in line with our conference theme. Papers on any aspect or timeframe of health and medical history

are also most welcome.

The conference will be held entirely at Sydney University, Camperdown campus. It will feature keynote speeches by three prominent historians; plenary panels on Australian Indigenous health, South-East Asian health history and the GLAM sector (galleries, libraries, archives, and museums); and a rare books exhibition, Keeping Sydney Healthy.

Our witness seminar From Hospital Ward to Mortarboard will explore the transition of nurse training into higher education.

Submissions

Submissions should include an abstract of 300 words maximum and a 50-word CV/biography. Proposals for panels of 3-4 presentations are also welcome and should include the same information plus the panel's topic.

Submissions are due by **Friday 21 March 2025** at <https://www.anzshm2025.com/>. Notification of the outcome of submissions will be in April 2025.

The ANZSHM offers a limited number of Ben Haneman Memorial Conference Grants to assist higher degree research students and early career researchers attend the conference.

Information and application forms are available at anzshm2025.com or anzshm.org.au/conferences. Grant applications must be made with abstract submissions.

Rare Books Exhibition

Keeping Sydney Healthy – the early days

In association with the Biennial Conference of ANZSHM

Sydney, 8th – 11th July 2025

The plan:

There are 20 display cases in the exhibition space. Members of the NSW branch of ANZSHM are invited to fill one case with material with which they are familiar. A list of possible topics from which to choose might be (you may think of others):

- The first fleet
- Insane asylums
- Indigenous medicine
- Smallpox, measles
- Plague
- Early hospitals
- Colonial nursing
- Dentistry
- Domestic medicine
- Homeopathy
- Phrenology
- Tuberculosis

How to explore this further –

1. Go to <https://www.library.sydney.edu.au/>

Enter topic in search line e.g. Insane asylums

2. When the long list appears go to the left hand side, select:

✓ *Held at library and apply filter*

This will bring up a listing of all material held at the Library and often useful for research.

3. Go back to the left side and select:

✓ *Library and then Rare Books and Special Collections*

This will bring up material held by Rare Books and suitable for display.

For further information please let me know cestorey@bigpond.com.

The library has offered an information/exploration session:

**Tuesday 11th March at 11.30 at Fisher
Library University of Sydney**

Cate Storey

What is Medical History?

Sharon Burnell

My view of 'medical history' is shaped by the fact that I am both relatively new to the field, and am coming to it as a PhD student with a health physics and occupational health and safety background. To me, medical history is about the people who practised medicine, their patients, and the practices they adopted to survive and address the conditions, injuries and disease they faced. By investigating the life and times of an itinerant Prussian doctor, Dr Richard Wilhelm Schmidt, I am looking to develop insights into medical practice on the Victorian goldfields in the 1850s and 1860s. I am aided in this endeavour by the many and varied traces he left of his life in a variety of archives, including those of the Public Record Office of Victoria, local history societies, and in newspapers held on TROVE. His name appears in hundreds of goldfield districts' birth, death and inquest records.

While Dr Schmidt neither influenced the trajectory of medicine, nor contributed to Australia's medical literature of the day, despite periods of adversity and family tragedy, he persevered in his practice of medicine from Castlemaine to Dunolly/Tarnagulla, to Clunes and Durham Lead/Buninyong. Along the way, he became insolvent on several occasions and sought a range of government and non-government medical positions. He worked in a time when 'quacks' and 'charlatans' were reported in the newspapers, and there was a professionalisation of medical practitioners. Although registered by the Medical Boards of both South Australia and Victoria, there were times when Dr Schmidt's qualifications as a doctor were questioned, such as when a Mr Jones tried to get out of paying for medical treatment.¹

sharona.burnell@gmail.com or
sburnell@students.federation.edu.au.

¹'CASTLEMAINE COUNTY COURT.' *Mount Alexander Mail (Vic. : 1854 - 1917)* 25 May 1855:p.3. Accessed 26 Jan 2025 <<http://nla.gov.au/nla.news-article202634404>>.

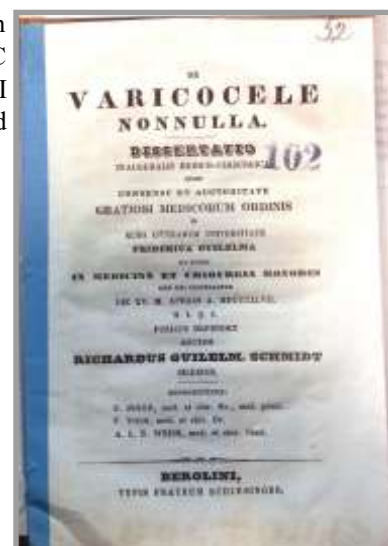
CAN YOU HELP?

Further to Sharon's essay at left about What is Medical History?, she writes....

I recently obtained a copy of Dr Schmidt's 15 April 1847 thesis (written in Latin) titled '*De Varicocele Nonnulla*' from the University of Friedrich Wilhelm in Berlin, and have an English translation of it (obtained using Chat GPT).² In his thesis, Dr Schmidt references different cases and compares alternative treatments, quotes research and the theories of the day, and argues points. To a non-medically trained person like me, the thesis looks quite learned. But is it? How sophisticated was his knowledge of '*De Varicocele Nonnulla*', and how does it compare with today's? I don't have the background or expertise to even start to answer such questions and would very much like to hear from any ANZSHM member who would be interested in reviewing/critiquing Dr Schmidt's thesis and could provide insights into such. I will, of course, fully acknowledge any views/opinions given in response to my call for help in my PhD thesis.

sharona.burnell@gmail.com or sburnell@students.federation.edu.au

²Provided by a German genealogist, Ursula C Krause, in Berlin who I contracted to locate and translate the thesis.



What is 'medical history'?

An invitation to hear your perspective....

We continue our exploration of the idea: "What is Medical History?", inviting contributions from members with different professional backgrounds and experiences, including historians, healthcare practitioners, researchers, educators, and students. Your unique viewpoint will add depth and richness to our exploration of this topic.

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

The articles to date have been varied, thought-provoking and extremely interesting. We would love to hear from as many members as possible. Please send your article to anzshm@anzshm.org.au. We encourage submissions of 250-500 words, accompanied by any relevant images or references.

What is Medical History?

Peter F. Burke

This account begins in 1964, on entering the Melbourne Medical School,

Sitting in alphabetically defined order, as rolls were marked,

One strove to absorb the obligatory curriculum of preclinical subjects.

Initial goal? To successfully navigate the first-year exams in those dry subjects.

Goal achieved, onwards to 'medical' subjects, now for a challenge.

Textbooks acquired, cadavers espied, is this the 'real' Medical course?

Rumours then circulated, of lectures optional!

Relating, heaven forbid, to 'medical history'!

History? Surely premature, one knew so little of the 'present'.

A professor, yes, a professor, was to address us, with his own schedule,

Sit where you like, with whom you like, and absorb the words of Ken Russell.

Unfamiliar terms, 'John Hunter' and 'Long Calderwood', somehow made pleasant sense,

No compulsion, no exams, feel free to enjoy and assimilate, oh, sweet seduction!

Ever since then two discrete 'streams' have continued, *pari passu*;

__ the acquisition of clinical knowledge

__ the accumulation of knowledge of matters historical

With the passage of time, those streams have only widened and deepened.

The former stream reflected by post nominals and clinical positions attained,

The 'historical' stream with society meetings, memberships and presented papers.

Occasionally 'crossovers' occur, when both streams gloriously combine.

An example, a year as anatomy demonstrator at Melbourne Medical School,

Examining with Geoff Kenny and Ken Russell, many morning teas and ideas shared,

Two streams thus nourished, the association yielding lifelong friendships.

Those strengthening streams next led to 'Old Blighty'.

The clinical stream to Lincoln's Inn Fields for the English Surgical Fellowship,

Once again reliving old stresses and strains, and that

epigastric pain.

Hurdle cleared, HRH Charles FRCS, and I, both Fellowship in hand.

The 'other' stream led to Black Friars Lane and the City of London,

Where, after lectures aplenty, and many site visits, yet more exams taken.

Bonds with home prevail, and after nigh on three years to Melbourne one returns:

Over time the clinical stream 'auto-corrects', encompassing Collins Street to the provinces.

The complex historical stream, more difficult to dissect.

Committees too numerous to list, invited papers, awards.

Harold Atwood's marvellous Melbourne Medical History Unit and Museum.

Treasurer then Vice President of ANZSHM; time to make way for youth!

No time for retrospection as fresh challenges never cease,

Always seeking further data, avoiding any errata.

Just what is medical history?

Perhaps one day I'll know.

Peter F Burke MB BS(Melb) FRCS(Eng) FRACS
FACEM DHMSA FAMA

100 years ago ...

FRUIT AS MEDICINE.

In past ages instinct has taught men to eat apple sauce with roast ducks. But to-day science tells them why they did it—simply because the acids and peptones in the fruit assisted in digesting the fats so abundant in this kind of food. For the same reason at the end of a heavy meal we eat our cooked fruits, and when we want their digestive action more developed we take them after dinner in their natural uncooked state for dessert. Science also tells us that fruit should be eaten as an aid to digestion of other foods much more than it is now.

Cultivated fruits, such as apples, pears, plums, peaches, strawberries, and cherries, contain on an analysis very similar proportions of the same ingredients, which are about 1 per cent. of flesh-forming albuminoids, with over eighty per cent. of water. Digestion depends upon the action of pepsin in the stomach. Fats are digested by these acids and the bile from the liver.

1925 'FRUIT AS MEDICINE.', *Richmond Guardian* (Vic. : 1884 - 1885; 1894 - 1897; 1900 - 1930), 10 January, p. 5. <http://nla.gov.au/nla.news-article267652371>

What is Medical History?

The Wonderful [Nineteenth] Century

Maggi Boulton

If we are allowed a favourite historical period—especially for medical history—mine is the ‘wonderful century,’ as explorer Alfred Russel Wallace described the nineteenth century. However, Wallace wasn’t enamoured with everything, citing the neglect of phrenology and the penal enforcement of vaccination as two of its greatest failures.

The nineteenth century ushered in profound changes, particularly in the health-related fields of the United Kingdom, Europe, and the United States. Professional medical organizations formed, bringing together practitioners and often favouring those with formal training. A data revolution, comparable to today’s digital era, transformed biomedicine. For example, physician William Farr, a pioneer in medical statistics, demonstrated links between disease and adverse environmental factors. Meanwhile, barbaric eighteenth-century ‘mad-houses’ were replaced by ‘lunatic asylums’ under new legislation. Though often maligned, asylums were not always as terrible for those in need as commonly believed. Alongside them, a variety of therapeutic spaces - hospitals, sanatoria, parks, spas, and public baths - were built.

Ideas about disease causation evolved throughout the century. Germ theory replaced miasma theory, which attributed disease to gases from swamps and decaying matter in industrial cities. Though flawed, miasma theory spurred public health reforms. Later, the discovery of microbes led to better treatments but also fuelled eugenicist ideas about ‘purity’ and the need to eliminate ‘undesirable’ elements. Disease control continued to rely on quarantine, although vaccines were introduced - initially for smallpox, later for cholera, rabies, tetanus, and typhoid fever.

Mass migration led to the catastrophic spread of diseases like cholera, smallpox, and measles through naïve populations. Meanwhile, some diseases changed in severity - mortality from scarlet fever in Britain declined between 1840 and 1890, while polio epidemics emerged late in the century. From the 1870s, industrialized nations saw significant declines in deaths from infectious diseases.

Many renowned men - and lesser-known but equally important women - advanced medicine through groundbreaking discoveries, techniques, and practices. These developments transformed societal understandings of health and disease. However, not all progress was ethical. Eugenics, championed by Francis Galton and ‘supported’ by medical statistics, reached its horrifying apotheosis in the twentieth century. Similarly, unethical

human experiments - such as Albert Neisser’s use of syphilis serum on prostitutes and orphans - highlighted the need for medical ethics to protect individuals from exploitation.

Historians have developed diverse approaches to interpreting medical history. The persistent ‘Whiggish’ narrative, portraying medicine as a steady march of progress led by great men, faces ongoing criticism. Alternative perspectives place events within social and cultural contexts, exploring class, gender, race, and power dynamics. The agency of patients, the role of alternative practitioners, and community health initiatives now feature prominently in medical history. Environmental influences and the intersection of medicine with culture - through literature, art, and philosophy - further enrich biomedical narratives.

These historiographic approaches reveal how medicine evolved within a broader societal framework, reflecting and reinforcing inequalities while achieving significant advances. Understanding the sweeping changes of the nineteenth century within its social and cultural contexts allows us to appreciate it as an era of contestation, adaptation, and transformation. This dynamic interplay of action and analysis defines medical history. What’s not to love?

Mystery objects

Can anyone identify these mystery objects submitted by Cate Storey? See page 17 to find out what they are!



Animalia

Medicinal maggots

The humble (or pesky) blow-fly has an enduring position in medical history. Actually, it is the larval stage of the blow-fly, commonly called ‘maggots’, that are the heroes of healing. And even more specifically, the type of fly whose maggots are magically medicinal is most frequently the common green bottle fly, *Lucilia sericata*.

Wound debridement therapy (MDT) aka “maggot therapy” is the treatment of chronic and infected wounds using maggots. The maggots are live but sterilised. They act to remove dead tissue, control infection, and stimulate wound healing.¹ This therapeutic approach to wound healing has a long history, with evidence of its use including the Mayan Indians of Central America and, in Australia, the Ngemba people of the Darling River area in New South Wales. In these older times, wounds were apparently wrapped in bandages soaked in blood, designed to attract flies which would lay eggs in the wound. The subsequent larvae did its work cleaning the wound and restoring the tissue to health.²

Military surgeons during the Napoleonic and American Civil wars noted that some soldiers fared better if their wounds became infested with maggots. The therapy had some degree of popularity in the 1930s and 1940s in the US, Canada and Europe for treating osteomyelitis and soft tissue wounds that struggled to heal. The rise of antibiotics and improved surgical techniques contributed to the demise of MDT.³

The more recent resurgence in maggot therapy is due to a number of factors, including technological advances in production of therapeutic-grade product, as well as the need to address the rise in antimicrobial resistance and the increasing prevalence of non-healing wounds. Compromised immune systems and poor circulation experienced by some chronic disease patients makes wound healing difficult. Diabetic foot ulcers account for thousands of amputations annually. Other circumstances

where MDT has been helpful include management of pressure wounds and burns.^{3,4}

Why the green bottle fly? Apparently the secretions of this fly (and others) have antibacterial properties helpful in healing chronic and troublesome non-healing wounds.⁵ The potential of this ancient therapy is enormous, particularly in identifying specific biological factors that act to promote tissue repair, adding to the arsenal of weapons effective in wound healing.

Kath Weston



Image: *Lucilia sericata* CC Attribution-Share Alike 4.0 International.

References

¹Nigam Y, Morgan C. ‘Does maggot therapy promote wound healing? The clinical and cellular evidence.’ *J Eur Acad Dermatol Venereol*. 2016 May;30(5):776-82. doi: 10.1111/jdv.13534. Epub 2015 Dec 21. PMID: 26691053.

²<https://biomonde.com/the-fascinating-history-of-larvae-from-millions-of-years-ago-to-now/>

³<https://biologyinsights.com/maggot-therapy-effective-modern-wound-care-techniques/>

⁴Sherman RA. ‘Maggot therapy takes us back to the future of wound care: new and improved maggot therapy for the 21st century.’ *J Diabetes Sci Technol*. 2009 Mar 1;3(2):336-44. doi: 10.1177/193229680900300215. PMID: 20144365; PMCID: PMC2771513.

⁵Pöppel AK, Vogel H, Wiesner J, Vilcinskas A. ‘Antimicrobial peptides expressed in medicinal maggots of the blow fly *Lucilia sericata* show combinatorial activity against bacteria.’ *Antimicrob Agents Chemother*. 2015 May; 59(5):2508-14. Epub 2015 Feb 9.

invitation

Would you like to host the 2027 ANZSHM conference in your city/region?

The ANZSHM Council is calling for expressions of interest for the 20th Biennial conference to be held in 2027. This is a great opportunity to bring the Australian and New Zealand medical history communities to your neck of the woods, and for you and your local colleagues to lead and shape the Society’s main activity. The Society offers every assistance to conference organisers. If you have any questions, or would like to register your interest, please contact the ANZSHM Secretary, Paige Donaghy at anzshm@anzshm.org.au.

Medical History Society of Victoria news

The Society held its AGM on the 19th February, with 43 members and guests in attendance.

President, Prof. Meredith Temple-Smith reported on another very successful year in 2024, which included a return of the biennial “country meeting” in Bendigo.

The final meeting in November was addressed by Jennifer Milne with her presentation “*Germ, worms and therms – a microbial mystery tour of tropical Queensland*”, providing a wonderful insight into the myths and range of remedies applied to diseases and conditions that were hitherto unknown.

The Society recalled the sad loss of Dr Edward Brentnall, who was a pioneer of emergency medicine in Australia. At the age of 92, he and his wife Hazel were regular attendees at meetings, and he was frequently able to make pertinent observations during discussion times.

Meredith advised the meeting that two long-standing members of the MHSV executive committee had tendered their resignations. Marie Rogers had been a member of the committee for some 30 years, many as secretary before handing over to Rod Westhorpe in 2011. Those were the days when meeting notices had to be addressed by hand with “licked” stamps attached! Marie’s contribution had been recognised by the award of Life Membership of the ANZSHM. Assoc. Prof. Tony Buzzard, who had served as president, also served on the committee for several years.

Meredith was pleased to announce that Lisl Bladin had been co-opted onto the committee.

The AGM was addressed by Dr Eugenia Pacitti with a fascinating presentation entitled “Collectors and Collections: Anatomy and Pathology Museums and the Development of Biomedical Knowledge in Australia”.

From her research, which has focused on the collection at the Harry Brookes Allen Museum of Anatomy and Pathology at the University of Melbourne, she shared stories of some of the people and places central to specimen collecting activity in the late nineteenth and early twentieth centuries. Eugenia told how historical anatomy and pathology specimens, far from being obsolete remnants of a bygone era, are windows onto past practices and attitudes that continue to shape debates about the place of human remains in medical education and in museums today.

Rod Westhorpe
Hon. Secretary

NSW Branch AGM



Australian and New Zealand Society of the
History of Medicine
New South Wales



JOIN US

for the

2025 AGM, DINNER AND LECTURE
Wednesday 2 April 2025

6.00 pm



Professor Hans Pols will speak on
“Medicine without Physicians: Do-It-Yourself
Doctoring in the Dutch East Indies”

Thai Pothong Restaurant
294 King Street, Newtown

RSVP: the secretary. anzshmnsw@gmail.com

Also specify any dietary requirements.

Cost for banquet dinner: \$50 (\$40 concession)

Please remit to the ANZSHM bank account or
contact Alison for other payment options.

BSB: 633-000 Account Number: 163 491 764

Dinner will commence at 7 pm and the lecture
will follow.

ANZSHM online seminar

"A Soviet Fountain of Youth: Miracle Cures,
Medical Internationalism, and US-Soviet Relations,
1943-48"

Wednesday April 16 at 7:00pm

Associate Professor Paula Michaels,
Monash University

Abstract: Through its promotion of scientific exchange and cooperation, the American-Soviet Medical Society (ASMS) (1943-48) embodied the highest aspirations of medical internationalism to promote mutual exchange and understanding. It emerged from the interest of progressive US physicians in the USSR's socialized medical system and grew, amid the amity of wartime alliance, to embrace thousands of members. With the Cold War's onset coming hard on the heels of the Second World War's end, the opportunity for cooperation was cut short.

This paper probes the history of the ASMS for the light it sheds on the meaning of medical internationalism for professional networks and their engagement with the public. I focus on the US reception of antireticular

cytotoxic serum (ACS), which Ukrainian physiologist and ACS developer O.O. Bohomolets touted as holding the promise of prolonging life to as much as 150 years. Based on a wide variety of Russian and US archival and published sources, this study demonstrates some of the challenges of international research cooperation, and the poignant consequences of the press fuelling public hunger for medical magic bullets.

Biography: Paula Michaels is an Associate Professor of History at Monash University (Australia). With a focus on the social history of medicine, her research embeds the USSR in a pan-European and global narrative. She is particularly interested in the ways that politics and economics impinge on clinical practice and patient encounters. Michaels is the author of two prize-winning books, and many articles and book chapters, as well as co-editor of two books. She is currently at work on the history of Soviet medical internationalism during the Cold War, which has received the support of a Boston Medical Library Grant in the History of Medicine, an American Councils Academic Fellowship in Russia, a Gerda Henkel Fellowship and, most recently, a 2024 Australian Research Council Discovery Project Grant.

The seminar Zoom link will be circulated closer to the date. The seminar convenor is Dr Kate Irving.

Call for papers



Yale Journal of Biology and Medicine

History of Medicine Issue: September 2025

Submission Deadline: April 1, 2025

Publication Date: September 2025

The *Yale Journal of Biology and Medicine* (YJBM) is pleased to announce a forthcoming issue focused on the **History of Medicine**. We invite submissions from scholars, researchers, and graduate students across disciplines for this issue, which will examine historical perspectives on medicine and health through diverse and interdisciplinary lenses. This issue aims to address significant social, ethical, and scientific developments that have shaped medical history globally, while highlighting intersections between medicine, society, and ethics.

Topics of interest include (but not limited to):

- Bias in Medical Education and Practice
- Eugenics and Forced Sterilizations

- Environmental History and Medicine
- Global History Of Medicine
- History of Mental Health
- Indigenous and Traditional Medicine
- Legal Histories of Medicine
- Marginalized Populations and Medical Experimentation
- Medical Ethics and Bioethics
- Medical Technologies & Innovations
- Queer Histories of Medicine

We welcome original research articles, review essays, case studies, and critical perspectives that explore these and related themes. Submissions should offer rigorous scholarship and contribute novel insights into the historical dimensions of medicine, health, and related sciences.

Manuscript Types: YJBM accepts original research articles, review articles, case reports, and For detailed instruction on manuscript preparation and submission, please refer to the [YJBM Manuscript Submission Guidelines](#).

Deadline for Submissions: Please submit manuscripts by April 1, 2025. We encourage early submissions for preliminary feedback. For inquiries, please contact the editorial team at YJBM at yjbm@yale.edu.

We look forward to reading your submissions to this special issue on the History of Medicine.

Book note

Callan Park's Veterans. A Century of Connections

Roslyn Burge

This latest publication by Roslyn Burge for the Friends of Callan Park is a timely publication as, with Anzac Day fast approaching, we are reminded of the cost of war. Politicians too often prefer posing before expensive monuments while neglecting veterans' mental health needs. Yet, as this book shows us, those mental health needs have been obvious at least since the Boer War.

Callan Park and Broughton Hall were both psychiatric hospitals (one public, one private) on adjoining land in Lilyfield, an inner-west suburb of Sydney. The two hospitals amalgamated in 1976 to become Rozelle Hospital. With the widespread deinstitutionalisation of psychiatric care, that hospital closed in 2008. Today the 60-hectare grounds is a public park, kept so largely due to the vigilance of the Friends of Callan Park.

Callan Park Hospital played a particularly significant role in caring for veterans. One of the telling statistics in this book is that by 1936, 60 per cent of Callan Park's male patients were war veterans. Reminders of Callan Park's care for war veterans include two war memorials. The first to be built (in 1925) was the Callan Park War

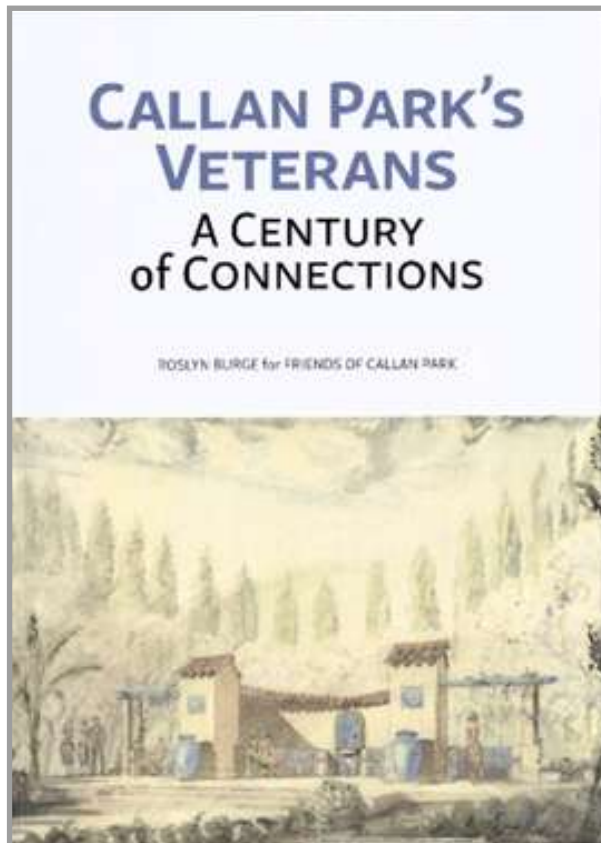
Memorial designed by Raymond McGrath, then an architectural student, with his sister Eileen McGrath adding the Australiana decorations. The memorial commemorated Donald McArthur, an attendant who died during World War I. Later the names of two more attendants, who died in World War II, were added.

The second war memorial is the unique Sydney Harbour Bridge War Memorial (shown on the back cover) built in 1931 by an Indigenous veteran, Douglas Grant. Grant's story is especially poignant as when young he was orphaned by war, most likely a victim of the notorious Native Police stamping out Indigenous resistance. He then endured World War I including as a prisoner of the Germans. As a patient at Callan Park during 1931-39, he soon designed and constructed his unique bridge memorial.

Callan Park's Veterans is lavishly illustrated with photographs enhancing the varied stories within its pages. Roslyn Burge has used both archival sources and her oral history expertise to bring to life a sample of the veterans who lived there, as well as those who cared for them.

In addition to recording the history of the veterans admitted to Callan Park, this book makes an excellent guide for anyone who wishes to explore the park. You can buy a copy of *Callan Park's Veterans* from Friends of Callan Park for \$20 plus \$6.50 p&p – contact them at focp.admin@gmail.com

Judith Godden



Book note

Australia's pioneer dietitians - The first decades 1929 to 1950

Beverley Wood

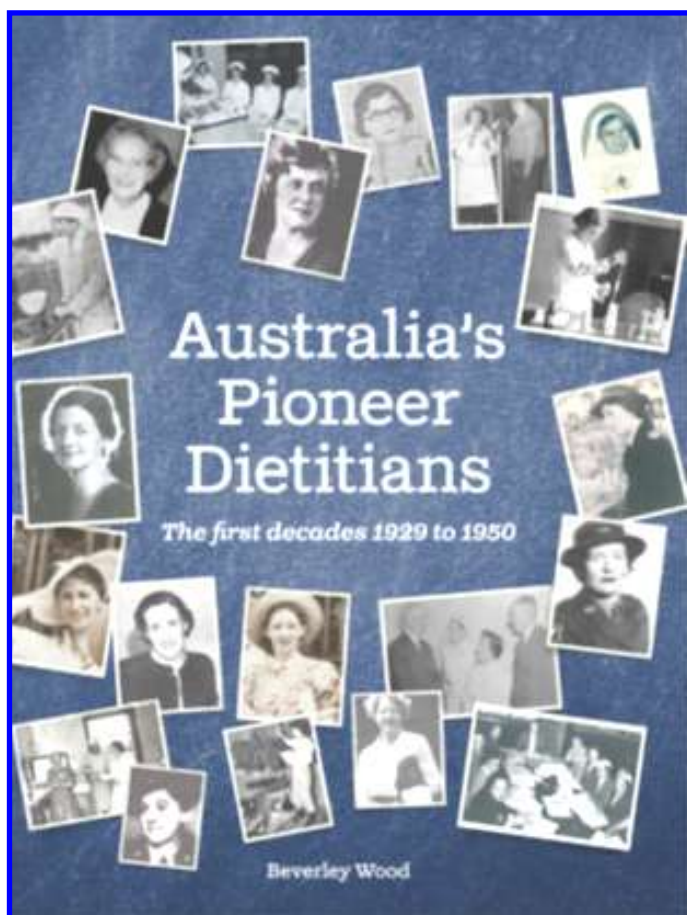
It was a turbulent time in Australia from the end of the Great Depression to World War II and post-war reconstruction. Discover this inspirational history of the pioneering dietitians from 1929 to 1950. Their beginning was not without controversy so this book also includes important stakeholders such as governments, home economists, nurses and medical academics. In 1950 the Australian Dietetic Council was formed when dietitians across Australia came together to discuss mutual issues, and, in hindsight, some contemporary issues have their antecedents in these early times. This history is placed in its socio-political context and honours the early Dietitians of Australia who strove so hard to achieve the basic tenets of the modern profession. This attractive book includes a multitude of portraits, illustrations and references.

320pp \$60 paperback

ISBN:9781921488429

Distributed by Dietitians Australia

info@dietitiansaustralia.org.au



Members' publications

Burke, P.F. (2024). 'Sir Henry Simpson Newland, RACS Founder Fellow: a tale of two portraits', *Surgical News*, 25, no. 6.

Collins, J. & Lyrian, D. 'Nothing new under the sun: Australia's long history of missed chances to build sustainable homes'. *The Conversation*, January 15, 2025. <https://theconversation.com/nothing-new-under-the-sun-australias-long-history-of-missed-chances-to-build-sustainable-homes-241004>

Long, M., Burnette, J., Grard, P., & Theunisz, M. (2025). "Immune from a Thousand Ailments": Advertising Immunity in Australia, 1890–1945'. *Journal of Australian Studies*, 1–22. <https://doi.org/10.1080/14443058.2024.2448951>

Mackay, J., Lee-Tory, J., Smith, K., Molloy, L. & Clapham, K. (2025) 'The Folk Concept of Nursing in Australia: A Decolonising Conceptual Analysis'. *Nursing Philosophy* 26, no. 1, 1-11.

Temple-Smith, M. (2025). 'The 1910 syphilis experiment in Melbourne'. *Sexually Transmissible Infections* 101, 3-4.

Draper, B. & Wijeratne, C. (2024). 'Electroconvulsive Therapy Use in New South Wales Between 1944 and 1949'. *Australasian Psychiatry* <https://doi.org/10.1177/10398562241306>

Watt, P. (2023-2024). 'How Did Nineteenth-Century Singers Care for Their Voice?' *Royal Musical Association Research Chronicle* 54, 65-93. doi:10.1017/rrc.2024.2

Kovacs, G., Brinsden, P., DeCherney, A. (eds.) (2018) *In-vitro Fertilisation: The Pioneers' History*, Cambridge University Press

Moxon, E. (2025) *Rozelle Hospital: 'The Jewel of the West', A History of Callan Park Mental Hospital and Estate*, Volume 2, Ex Libris

Sendziuk, P. (2024). 'Women in history'. *History Australia* 21, no. 4, 526–529. <https://doi.org/10.1080/14490854.2024.2415508>

Editorial note: *Please let us know of recent publications relating to the history of medicine.*

Open access notice

The *European Journal for the History of Medicine and Health* is now fully open access online. Articles from the journal's predecessor in 1943 to 2025 are free and available online. To access visit the website at <https://brill.com/view/journals/ehmh/ehmh-overview.xml?language=en>.

Creating a website for a small museum

Dr Stewart Parkinson

The challenges faced in creating a website for a regional hospital's small museum.

Some time ago I was recruited to redesign the website for a regional hospital's local small museum. The original website was significantly dated, based on a WordPress™ format and had very few visitations over the previous few years (COVID times in Australia). The content was relevant but had not been updated, mostly due to the absence of a regular "Webmaster". It was surprising to me that, at a time when the population were confined by lockdowns and physical visits to the museum were restricted, there wasn't more interest in a hospital museum website particularly one that contained references to local historical plagues and how they were managed back in the early days of the hospital.

The shortcomings of the current website, as I saw them were as follows:

Difficult navigation and search ability. Navigation across the website was difficult and links were often missing or incorrect. There was no search function available to access relevant pages.

- There had been no recent updates over the website and some of the content was not up to date or available for further perusal.
- "Recent" hospital history had been neglected, with much of the material relating to the early history of the hospital and no content beyond the 1940's.
- There existed limited reference and no active links to the museum's other social media profiles.

A lack of responsibility for management of the website existed. No webmaster or website "champion" existed and not one of the museum's volunteer personnel accepted overall responsibility, although, as I later discovered, some had personal ideas as to the direction the new website should take. Many, if not all the failings of the current website could be blamed on this lack of oversight for maintaining and updating the website.

In defense of the above shortcomings, it was clear that no one among the museum's volunteers had much knowledge of website development or of the tools available to create a modern and interesting website.

On accepting this challenge, I set about getting as much information about the existing website as possible. Unfortunately, not much was forthcoming based on the above. I was able to access the website but had no access to making any alterations. As a result and based on the fact that WordPress™ was outdated and better

alternatives were available I went looking at other alternatives. Ultimately with the assistance of an external consultant, Squarespace™ seemed the most appropriate alternative.

I set about collecting ideas from members of the museum as to what they would like to see on the new website. Questionnaires and personal discussion gleaned very limited ideas including several which were never going to be achievable in the small organization concerned.

With the advice of the external consultant (essentially how to use Squarespace™ to build a website) and some assistance from one of the museum volunteers, I set about building a website addressing the following:

- Outlining the aims and principles of the Museum as they relate to the history of the hospital.
- Providing information on how the museum functions, access to the physical museum (including opening hours and locality maps), and links to the museum's other social media sites and email and telephone contacts.
- Creating a series of posts showing the history of the hospital from its inception in the 1800's to current times. The posts relate to events, buildings, items of historical significance in the museum's collection and people relevant to the hospital's history.
- Building a page where current and past copies of the hospital museum's newsletter may be accessed and downloaded.
- Providing a means for financial donations to the hospital museum.
- Creating links to other related medical history museum websites and websites of supporters of the museum.

Unfortunately, certain elements within the organization felt that the direction being taken did not meet their expectations, despite their limited contributions at the outset of the project. As a result, I was forced to abandon the project and leave it in the hands of others. Since that time the website has remained largely unchanged and very limited updates have been made.

What I have learnt:

- Be very clear about expectations and get those expectations in writing.
- Establish a strong support network for ongoing assistance and have a clear succession plan to ensure ongoing viability of the website.
- Learn as much as you can about the tools for creating the website. I completed several learning modules related to Squarespace™ and web design via LinkedIn Learning™ and have applied this

Creating a website *continued*

knowledge to creating and redesigning my personal webpages.

- Be aware of “turf wars” that may arise. The museum was biased towards Nursing, and it became clear to me that increasing the medical component conflicted with some and may have resulted in opinions the website was not truly representative of the ideals of the museum when it had originally been established.
- It is important to search for and establish “Champions” for your website and encourage these people to be critical of and push for ongoing

development of the website for it to be a living entity that encourages others to visit and revisit to learn more about the organization. I no longer have access to activity data, but suspect visitations are not much improved over the previous website because of a lack of vision in appreciating the benefits the website can provide to the organization.

DISCLAIMER.

I have intentionally not named the hospital to which this website design refers as I do not wish to discredit any of the volunteers who keep that museum operating.

My intention has been to provide others who may not have web design experience with some challenges and pitfalls prior to undertaking what can be a rewarding and educational experience.

I received no financial or other benefit for my work on the website described above.

A spoonful of sugar...

It would be interesting to find out if any doctors still keep a jar of jelly beans on the desk in their consulting room. These colourful little beans had many purposes. Children would often receive a jelly bean following a vaccination. For some people, the fact that there was a jar of coloured lollies sitting on the doctor’s desk could have symbolised that the doctor or the doctor’s room were maybe not that scary. According to one GP, being offered a jelly bean at the end of the consultation was a highlight of her childhood visits to the doctor.¹ For others, seeing the coloured beans might have been too good to be true and a reason to be sceptical of the doctor or procedure.

The editorial team recently had a short discussion about lollies that were linked to health, humans or medicine in some way. We started by reminiscing about “Fags” - lollies shaped like cigarettes. They were a white hard candy column the length of a cigarette, tipped with red at the end to give the impression of a glowing tip to the cigarette. Produced in the 1930s, “Fags” represented normal daily life when smoking was common and children could emulate their parents’ actions. However they are not as harmless as believed. A US study in 2008 found that playing with (eating) candy cigarettes as a child was associated with a 4-fold increase in the likelihood of becoming a smoker later in life.²

In Victoria, “Fags” became “Fads” in 1995, although some complained that political correctness had gone too far.³ Some countries still produce and sell fake cigarette lollies. While the tobacco industry can be regulated in those countries, apparently the confectionary industry cannot.



A quick google search shows that chocolates are available in the shape of cigars at a number of artisan chocolate suppliers in Australia. This led more sleuthing about confectionary relevant to medicine and health. Plastic syringes can be obtained from party suppliers. Some are filled with mints, chocolates or even jelly beans – one wonders if this works to de-stigmatize the needle and syringe.

Candy teeth and dummies (pacifiers) are still popular – are there other anatomical features available? Some of us will remember life savers – the candy with the hole - they resembled real life saving rings. Perhaps that example is drawing a long bow in terms of link to medicine, but in the same vein, chocolate bullets have been around for years.



In the past, poisoning in children was a common event as pills and tablets were colourful and resembled confectionary. Poisoning was one of the incentives for the development of child-resistant closures on medicine bottles. It is interesting to note that blister packs with lollies inside are available as handouts at pharmaceutical trade stalls. More alarming is a recent trend to disguise harmful drugs as confectionery in an attempt to trick someone into taking the drug or to sell drugs at events, schools or on the streets.



Do members know of other examples of confectionary with a link to medicine? Drop us a line!



¹<https://genevieveyates.com/2014/07/18/the-jellybean-dilemma/>

²<https://abcnews.go.com/Health/Healthday/story?id=4507675&page=1>

³<https://australianfoodtimeline.com.au/fags-become-fads/>

Conferences

27th International Congress of History of Science and Technology

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

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

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

Conference Details

The **International Congress of History of Science and Technology (ICHST)**, held every four years, is the world's premier meeting for history of science and technology. The 27th Congress will be held as a hybrid in-person and online event at the University of Otago's



Dunedin campus in June-July 2025. Delegates registered for virtual participation will be able to both present and attend online. The Congress will bring together a diverse group of the world's leading scholars and students in the fields of history of science, technology, and medicine as well as related disciplines. It will be the first time the Congress has been held in Australasia and only the second time in the Southern Hemisphere. The theme of the 27th ICHST is "Peoples, Places, Exchanges, and Circulation."

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

í s a a n z

Irish Studies Association of Australia and New Zealand

CONFERENCE

ISAANZ 27 | HEALTH, WELLNESS *and* CARE

University of Otago / Ōtākou Whakaihu Waka, Aotearoa / New Zealand
20-22 November 2025

Abstracts due 14 March 2025

More information at this link: <https://isaanz.org/cfp-isaanz-27-health-wellness-and-care/>



EAHMH 25 BERLIN

European Association for the History of Medicine

2025 CONFERENCE

"Health Beyond Medicine"

Humboldt University, Berlin

August 26-29 2025

Abstracts due March 10, 2025

More info available at this link: <https://hi.converia.de/frontend/index.php?sub=125>



Conferences cont'd



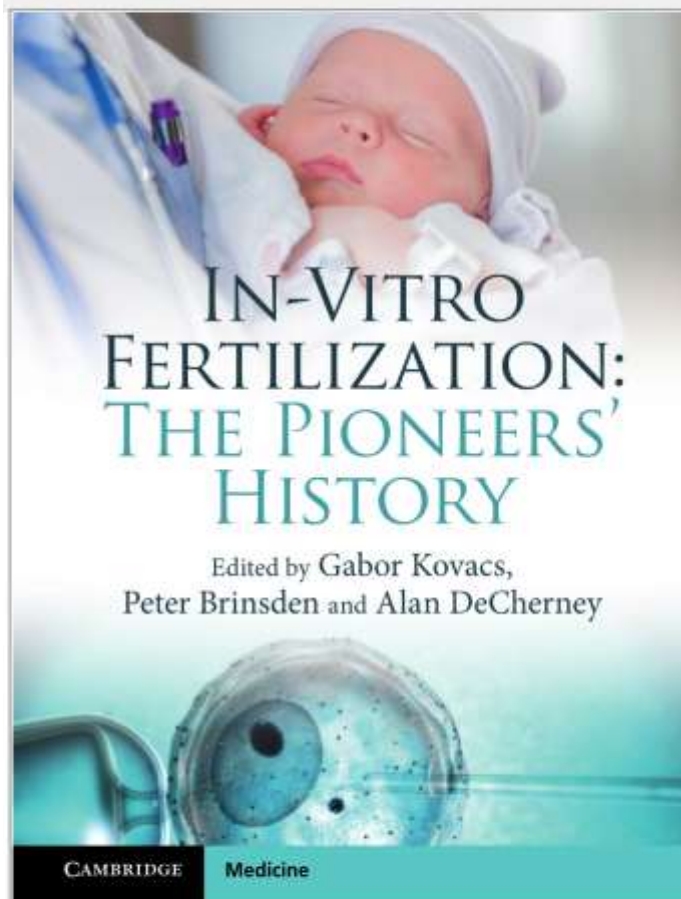
Save The Date

The 31st BSHM Congress will be held
at The University of Leeds

Wed 10 – Sat 13 Sept 2025.

<https://bsham.org.uk/>

Ex libris



Mystery objects revealed



They are **Southey tubes**, small cannulas used to drain excess fluid in cases of massive oedema. Closed up they can be carried around in the physician's pocket! When open, you can see the little tubes which are inserted into the oedematous legs or arms and the drainage holes. The fluid dripping off was then collected in a bucket below. Nowadays the patient just takes a Lasix tablet!

Erratum

HISTORY RESEARCH GRANT ANZCA: There was a mistake in one of the advertisements in our last newsletter (page 17) which references a history research grant through ANZCA. While there is a history research grant available, the applications for this year have closed. The grant advertised in the newsletter is not related to medical history, and the link in the advertisement is for other grants from ANZCA. We apologise to anyone inconvenienced. *Ed.*

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

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

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

LETTERS, PHOTOGRAPHS AND ARTICLES ARE WELCOME IN ELECTRONIC FORMAT.

DEADLINE FOR THE NEXT ISSUE IS **1 MAY 2025**

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