Medical History Newsletter
AUSTRALIAN AND NEW ZEALAND SOCIETY OF THE HISTORY OF MEDICINE INC A0031554W

Number Ninety-one November 2025

The President's Page

The new Council for the 2025-27 term had its first meeting earlier this month. It made two quite important decisions for the Society. The first of these followed the plebiscite that asked you whether you agreed with the proposal that we move to publishing our journal, *Health & History*, solely online – as is the case with a large number of other journals these days. The arguments for were financial (it will save us about $9000 annually for our two issues) and environmental. The argument against is that some prefer to read in hard copy and also to have a physical object on their shelves. About one third of you responded to Paige's questionnaire, with 66 percent saying they were 'satisfied with *Health & History* transitioning to a fully electronic journal', 28 percent not satisfied, and the remainder undecided. Based on your responses, Council resolved to move to fully electronic delivery to all members, but with the option still under discussion for printing on-demand and mailing (at an extra cost to still be worked out) for those who choose, at least in 2026.

Another decision was to accept the bid by the Melbourne steering group to host our biennial conference in 2027. The venue is likely to be The University of Melbourne, though we are still negotiating for this to be provided at zero or minimal cost. It will be held as usual from a Tuesday to Friday in a university non-teaching week, either in July or late September of that year.

A third piece of important work is nearing its conclusion. A working group consisting of John Sinclair, Madonna Grehan and Maggi Boult has been working to recommend a web designer who, at an affordable price, can markedly increase the functionality of our web site. Those functions need to include the membership database, e-commerce for automating payment processes and automating notifications for membership renewals, platforms for automated delivery of the newsletter, the journal and email, and a members-only area. Currently, a large amount of that work is done at very considerable cost to her time by Madonna Grehan, as membership coordinator. Tenders have been evaluated and a final decision by the Executive is pending.

On a more personal note, I spent a day in Canberra on 10 November at a fascinating re-evaluation of the 1995 dismissal of the Whitlam government. Anyone who has lived through that period will remember it was a time of great change—both positive and negative. But from the perspective of the history of Australian medicine, the seminal achievement was the creation of Medibank as the forerunner of our current universal health insurance scheme. The introduction for a while of free university education also contributed to the careers of some of our older members in each of the health professions.

Finally, that time of year is approaching when we get a little more leisure, and for many of us the opportunity to enjoy time with family. For me, the cricket will be another highlight.

We wish you season's greetings.

Neville Yeomans AM
nyeomans@unimelb.edu.au

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.

Sandra Dash

I first graduated as a nurse in 1993 after completing my studies at the University of Western Sydney Macarthur, as it was known back then. After eight years in neurosurgical trauma and ICU at Liverpool Hospital I moved to Darwin with my then husband for 12 months, back to Sydney for four years and then Victoria for 2 years where I was able to work and live on an army base, conducting care in clinics and in the hospital for soldiers.

Sandra Dash (supplied by the author)

The end of 2009 saw me living in Townsville and working at the new hospital in Douglas in the Palliative Care unit for 6 years then conducting the first clinical coaching program which still runs today. While I had been a clinical facilitator in Sydney and had taught at TAFE in Victoria, academia never crossed my mind until 2018 when I commenced at James Cook University. Seven years later I remain in academia, teaching first- and second-year nursing students both clinical and theoretical subjects with a rural and remote aspect.

While I have always enjoyed history in general, it was not until 2019 when a colleague suggested I consider historical nursing for my Master of Philosophy (MPhil), that nursing history became a favourite. Being from South West Sydney originally, I never considered rural and remote nursing, as a career or as study. However, as I began my study, the complexities and shortfalls of nursing in a remote area such as Townsville in 1910 was brought to light and showed how communities and hospitals of that time worked together to provide for the hospital and then "grew their own" by using local nurses as trainees, allowing them to move through the nursing levels. Remote nursing also showed how the medical staff, especially Dr O'Neill in Charters Towers, while remaining professional, looked after the nurses and patients when considering improving the safety and quality within the hospital environment.

To consolidate the learning undertaken in the MPhil, I have now commenced a PhD through Western Sydney University with Associate Professor Diana Jefferies as my primary supervisor, Dr Paul Glew as my secondary supervisor and Dr Tanya Langtree as my external supervisor. My PhD study will again involve history and nursing, looking at nursing curriculum development in Australia.

Sandra pictured with Dr Tanya Langtree (supplied)

Recently I was able to present a poster of a current study of trainee nurses at Townsville Hospital during the 1950s-1970s at Townsville University Hospital research symposium, with Dr Tanya Langtree. It was the findings of this study that I presented at the July conference of ANZSHM. My goals now are to complete articles from my MPhil findings and other topics of nursing history.

Unfortunately, nursing history remains deemed as not relevant to current nursing practice, even by nurses themselves. Yet my nursing history journey is only just beginning and with the support of organisations such as ANZSHM, I can continue to promote nursing history as learning of the past helps to understand the present.

Townsville Hospital 1958. Queensland Historical Atlas. https://www.qhatlas.com.au/photograph/townsville-hospital-1958. Copyright © Peter Petersen and the Centre for the Government of Queensland

Members' news

New member

A very warm welcome to our newest member.

Theresa Larkin NSW

In this issue….

Congratulations

Congratulation to **Warwick Anderson**, who has been awarded the Arthur J. Viseltear Prize of the American Public Health Association for lifetime achievement in public health history.

And congratulations to **Hans Pols**, who received a Fellowship at the Center for Southeast Asian Studies at Kyoto University.

Congratulations also to **Jacinthe Flore** and **Paige Donaghy** who have received a research grant from the Australian and New Zealand College of Anaesthetists 2025 History & Heritage Research grant scheme.

Their project, 'Going Under: Digital Storytelling about Anaesthesia', will be developed in collaboration with the Uni of Melbourne's History & Philosophy of Science Podcast, as a six-part podcast mini-series exploring the history, philosophy, and lived experience of anaesthesia. Watch this space for Jacinthe and Paige's podcast.

Australian Government
Australian Research Council

...and ARC success for ANZSHM members!

Congratulations to **Catharine Coleborne** who was awarded an ARC grant for the project: 'My mother's polio; Australian experiences of polio 1950s to 1960s'. This project will reveal the health and illness experience of polio in Australia in the mid-twentieth century,

to **Alison Downham Moore** for the project 'A Global History of Hysterectomy 1860 to 2020'. It will deliver the first global history of hysterectomy tracing its roots from nineteenth century Europe to its intercultural spread to Australasia and South Asia, uncovering historical and ongoing legacies,

and to **Kate Murphy** for the project 'Australia's first history of disability: Making a more inclusive Australia'. The researchers aim to uncover the lived experience of disability in Australian families between 1945 and the Disability Royal Commission of 2019–23, using innovative methods to co-produce data with people with disability and their families.

South Australian Medical Heritage Society

Recent SAMHS meetings have provided members with a fascinating mix of science, history and reflective narrative. In September, **Nick Rieger** gave a moving account of the many factors that had to align to make liver transplantation possible, speaking both as a surgeon and as a recipient, following a rare autoimmune event. Members learned that *steroid-induced psychosis* is a terrible thing. In October, **Dr Warren Jones AO** explored the tension between *Health and Heritage*, reminding us that preserving the past can sometimes conflict with the pressing needs of modern healthcare.

This month (November 27), **John Crompton AM** will share *Lessons learnt teaching in the Asia-Pacific region for 40+ years*, drawing on his extensive international experience in the region. The year will finish with a Christmas lunch (December 12), where **Professor John Turnidge AO** will discuss antibiotic resistance and stewardship. A reminder perhaps that not everything yields to Christmas pudding.

Visitors are always welcome.

Maggi Boult, SAMHS Hon. Secretary

What is 'medical history'?

An invitation to add 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.

NSW Branch news

This was an eventful quarter for the NSW Branch. In August, several members travelled to Berlin to attend the European Association for the History of Medicine and Health conference at Humboldt University. Whilst our days in Berlin were busy with the conference, we did get a chance to do some sightseeing. The end of the conference also concluded with the European launch of Warwick Anderson's co-authored book, *Medicine on a Larger Scale*.

Back in Sydney, the executive has been hard at work restarting the branch's guest seminar series. We are fortunate to have Krittapak Ngamvaseenont present the first talk in this new series, scheduled for December 1st. His paper, 'Can Phi Pob Speak? Spirit Possession, Psychoanalysis, Transcultural Psychiatry, Buddhism, and Cold War Thailand' will undoubtedly be fascinating. We are also preparing to launch the new Medical History at the Pub series in 2026. If you would like to recommend a speaker who would appeal to branch members and a general audience, please get in contact with me at the email address below. Feel free to also send through recommendations for our guest seminar series.

In the final bit of news, we would like to congratulate Hans Pols, who received a Fellowship at the Centre for Southeast Asian Studies at Kyoto University, and Warwick Anderson, who received the Arthur J. Viseltear Prize of the American Public Health Association for lifetime achievement in public health history.

A list of new publications by branch members can be found below. If you would like your publication added in the future, please let me know.

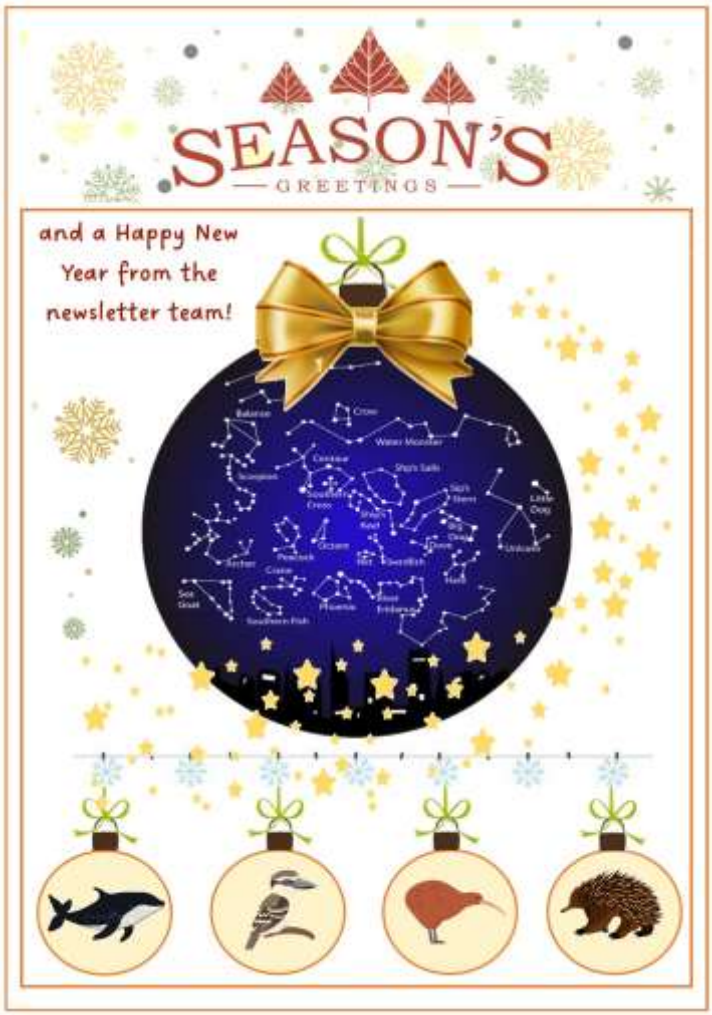
Samantha Baker. "Roberta Perkins: Sex Work, Feminism, and the Dawn of Transgender Activism in 1980s Australia." *Australian Feminist Studies* October 2025, 1–31 open access: https://www.tandfonline.com/doi/full/10.1080/08164649.2025.2563229?scroll=top&needAccess=true

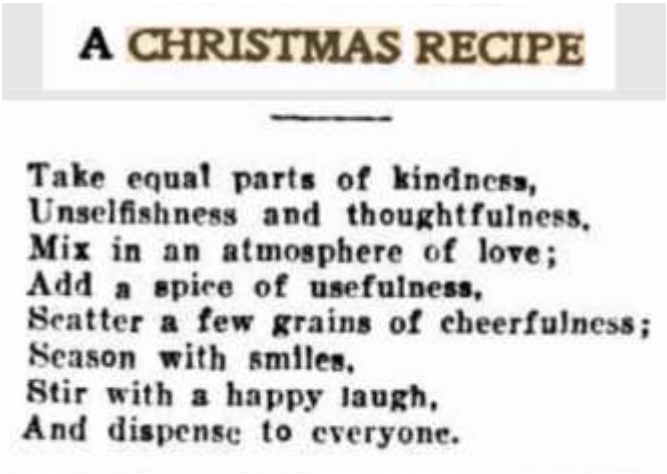
Warwick Anderson et al., "Bioethics for the Planet," *The Lancet* (2025): https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01068-2/abstract

Warwick Anderson et al., "Epistemic Preparedness," *BMJ Global Health* (2025) open access: https://gh.bmj.com/content/bmjgh/10/6/e018719.full.pdf

Samantha Baker
NSW Branch President
sbak7277@uni.sydney.edu.au

Images on page 5: top: Southern Hemisphere constellations, and some interpretations of the groupings of stars. https://ar.inspiredpencil.com/pictures-2023/southern-constellations; ottom: Oliver Asking for More, illustration for 'Oliver Twist' by Charles Dickens (colour litho) George Cruikshank. © Look and Learn / Bridgeman Images.





A CHRISTMAS RECIPE

Take equal parts of kindness,
Unselfishness and thoughtfulness,
Mix in an atmosphere of love;
Add a spice of usefulness,
Scatter a few grains of cheerfulness;
Season with smiles,
Stir with a happy laugh,
And dispense to everyone.

Image above: 1928 'A CHRISTMAS RECIPE', *Sunday Mail (Brisbane, Qld. : 1926 - 1954)*, 16 December, p. 16. (The Sunday Mail Christmas Number), viewed 13 Nov 2025, http://nla.gov.au/nla.news-article128503641

Image below: from twinkl.com.au

During the time of the Celts, mistletoe was seen as a sacred plant that could only be cut by druids (Celtic priests). It was associated with peace and people weren't allowed to argue when under it. However, the tradition of kissing underneath the mistletoe comes from the 1800s.

OLIVER TWIST ASKS FOR MORE.

From the Newsletter editorial team:

Thank you very much to all who have contributed to the newsletter this year. Your input makes the newsletter interesting and engaging. But, just like Oliver, we are hungry for more — more articles, more ideas, more information, more photos, and more contributors.

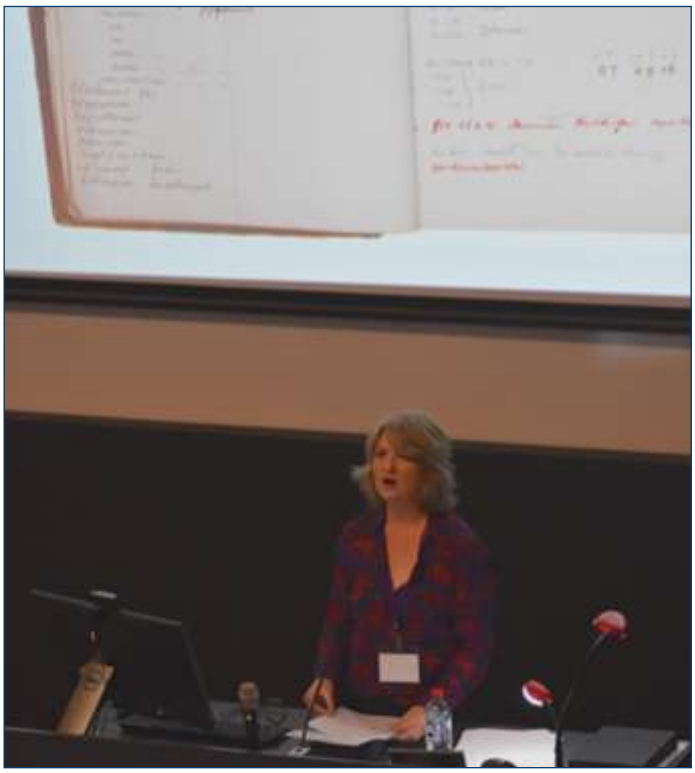
We would love to hear from anyone who would like to join the team; or make a regular contribution such as a piece of interest from Trove; a feature from 50 or 100 years ago (or whenever!); submission to Animalia; stories of healing practices used by Indigenous cultures; a short paragraph drawing attention of members to an article of interest; photos of health history from your workplace, travels or rural areas; sending through an image of an old health poster or advertising; photos or letters from a personal collection… the list is endless.

Many of you will have noticed that we are now including longer articles that members are happy to share with others through the newsletter. We are also continuing our theme of 'What is Medical History?' with the aim of having enough material for an anthology or similar dissemination. We look forward to hearing from anyone with new ideas too.

Have a wonderful break over the festive season!

MORE IMAGES FROM THE 2025 ANZSHM CONFERENCE

Thank you to John Sinclair for the photographs




ASYLUMS


8-12 JULY 2025
HEALTH HISTORY IN THE MAKING


BUBONIC PLAGUE
SMALLPOX
VACCINATION

Dr Kevin Izod O'Doherty – Convict Doctor

Stewart Parkinson

Kevin Izod O'Doherty was born in Dublin on 7th September 1823.[1] He was raised in a Catholic family and received a middle-class education. During the early-to-mid 1840s O'Doherty studied Medicine in Dublin but before he qualified, he joined The Young Ireland Party and became involved with the literary and political milieu associated with The Nation and the Young Ireland movement. He associated with other Young Irelanders and engaged in political organising and publication.[2]

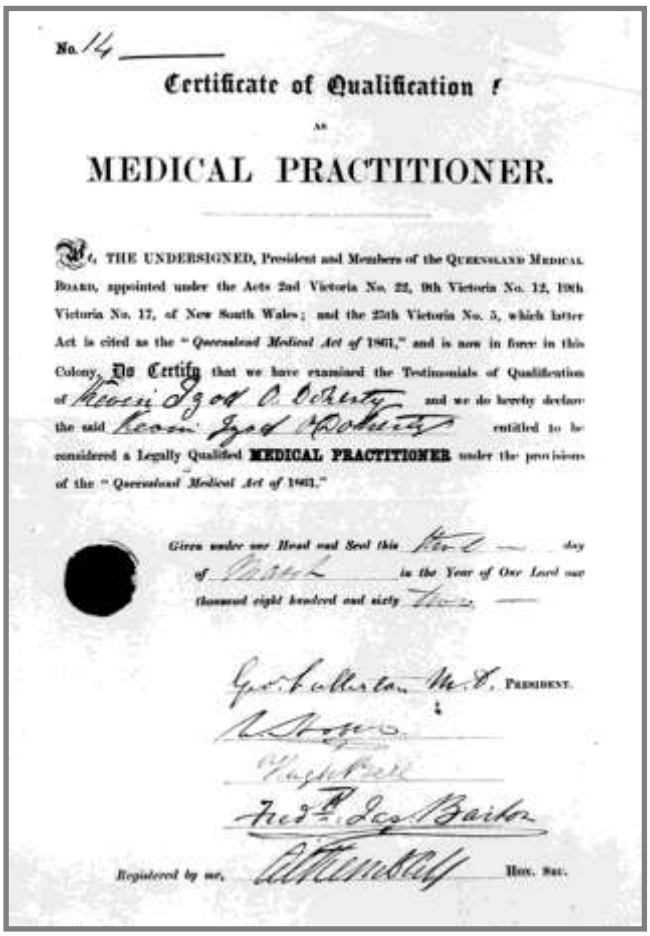
In the wake of the 1848 Young Ireland agitation and the abortive insurrectionary incidents, O'Doherty was arrested by the authorities on charges linked to sedition/ insurrection. Following his trial, O'Doherty was convicted and sentenced to transportation to Van Diemen's Land for 10 years as a political prisoner.[3] He was among the group of 1848–49 Irish nationalists who were deported to Tasmania. O'Doherty arrived in Tasmania in November 1849, was at once released on parole and his professional services were utilised at St. Mary's Hospital, Hobart. In 1854 he received a pardon with the condition that he must not reside in Great Britain or Ireland.[4]

He travelled to Paris and continued his medical studies, making while there a secret trip to Dublin to marry Mary Eva Kelly to whom he was affianced before leaving Ireland.[5] He received an unconditional pardon in 1856, and completed his studies, graduating FRCS in 1857 and LM and LRQCP in 1859. After practising in Dublin for some time with much success, Kevin and Eva, with three sons and servant girl, arrived in Australia in 1860. Another son was born in Geelong, Victoria and then for several months the Irish doctor practised in Sydney.

The family moved to Queensland. Kevin was registered in Queensland on 3 March 1862[6] becoming the colony's 14th doctor. He set up practice in Ipswich. Soon after his arrival in the town O'Doherty offered his professional services in an honorary capacity to the newly established Ipswich Hospital and he actively supported many local charitable institutions. It was in Ipswich that O'Doherty first demonstrated his loyalty to the Catholic Church and Bishop Quinn. The Bishop met them in Sydney and persuaded them to move north. He commenced practice in Ipswich to help Quinn in a dispute with a local priest. The family grew to eight children while O'Doherty joined leading citizens calling for a rail line west from Brisbane.

In 1865 they moved to Brisbane. Kevin worked at Brisbane Hospital and built up a large private practice. He was one of Queensland's foremost surgeons and the

city's leading Catholic layman. He was probably the most qualified doctor in the colony, at that time. His practice flourished and he was in demand at the hospitals, and he also attended St Vincent's Orphanage, which was run by the Sisters of Mercy. He helped establish the All Hallows convent and St Stephen's Cathedral. In 1867 O'Doherty was elected for North Brisbane in the Queensland Legislative Assembly and sat on the crossbench as an independent. Now a conservative city father, O'Doherty was temporarily forgiven his past by the press. He had a wide range of other interests. He was a Trustee of the Brisbane Grammar School, a member of the Philosophical Society, which became the Royal Society of Queensland, Chairman of the Queensland Medical Society, a member of the Queensland Turf Club, Vice-President of the Queensland Rugby Union, a member of the Queensland Irish Club and Surgeon-General in the Queensland Irish Volunteers.[7]



No. 14

Certificate of Qualification

AS

MEDICAL PRACTITIONER.

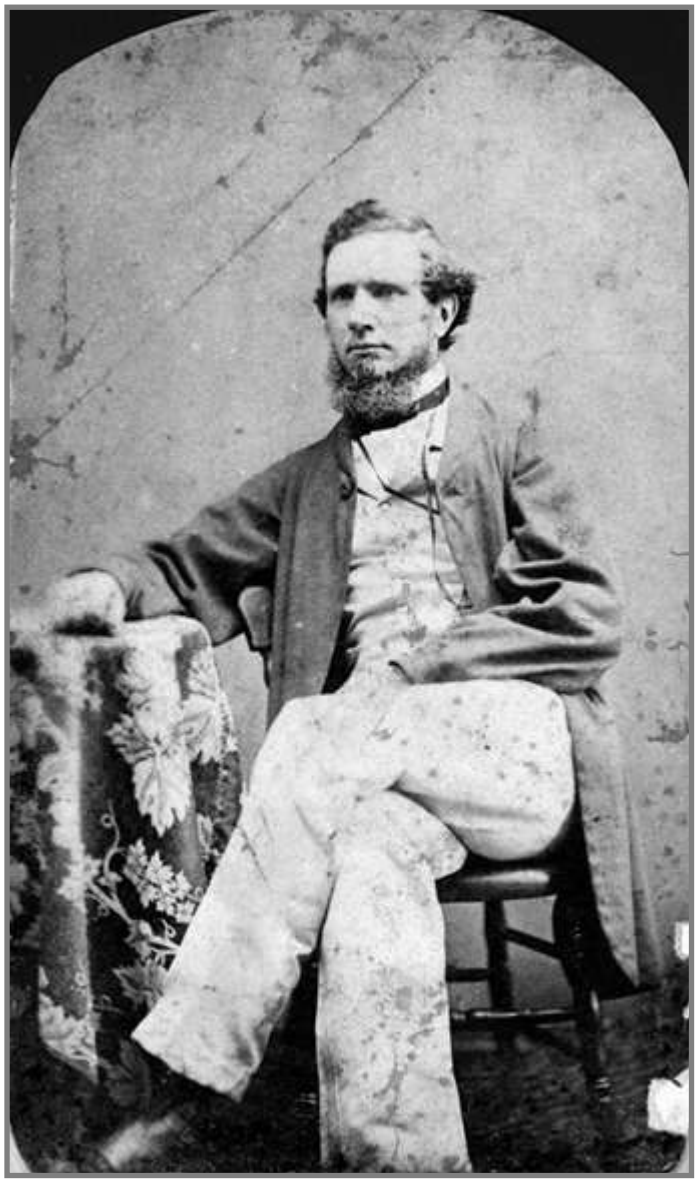
WE, THE UNDERSIGNED, President and Members of the QUEENSLAND MEDICAL BOARD, appointed under the Acts 2nd Victoria No. 22, 9th Victoria No. 12, 19th Victoria No. 17, of New South Wales; and the 25th Victoria No. 5, which latter Act is cited as the "*Queensland Medical Act of 1861*," and is now in force in this Colony, Do Certify that we have examined the Testimonials of Qualification of Kevin Izod O'Doherty and we do hereby declare the said Kevin Izod O'Doherty entitled to be considered a Legally Qualified MEDICAL PRACTITIONER under the provisions of the "*Queensland Medical Act of 1861*."

Given under our Hand and Seal this [illegible] day of [illegible] in the Year of Our Lord one thousand eight hundred and sixty [illegible]

Geo. Fullerton M.D. PRESIDENT.

Registered by me, [illegible] Hon. Sec.

Certificate of Qualification of Kevin Izod O'Doherty, Queensland Medical Board. 150th anniversary of the Medical Board of Queensland. Final Report of the Medical Board of Queensland and Office of the Medical Board of Queensland, Page 13, 2010.



Kevin Izod O'Doherty pictured in 'Home and away – Brian Maye on Kevin Izod O'Doherty, revolutionary Irish nationalist and pioneering Australian doctor'. *The Irish Times,* 3 September 2023. https://www.irishtimes.com/opinion/an-irish-diary/2023/09/03/home-and-away-brian-maye-on-kevin-izod-odoherty-revolutionary-irish-nationalist-and-pioneering-australian-doctor/

O'Doherty was critical of the "blackbirding" of indentured Kanaka labour and established Queensland's first Health Act to reduce venereal disease.[8] While it improved the situation, the Act was hypocritical. There were compulsory medical examination and detention for prostitutes while there was no action against men who frequented brothels or who suffered from venereal disease. O'Doherty also formed a committee to build a road to the Gympie goldrush. He was re-elected in 1868 and topped the poll in 1870. He was returned a fourth time in 1871 unopposed. His biggest achievement was the 1872 Health Act providing for a central health board appointed by local authorities. He retired at the 1873 election.

O'Doherty returned to private practice and maintained interest in gold, becoming a mining company director. In May 1877 O'Doherty returned to parliament, appointed to the Legislative Council. He also published a report into quarantine services at Peel Island and was appointed a member of the Medical Board of Queensland. He retained his seat till 1886, when he resigned, with the view of settling in Europe.

He was received with great cordiality on his return to Ireland and was at once nominated and returned to the House of Commons for Meath in the Parnellite interest.[9] O'Doherty received the freedom of the city of Dublin. After a few months, however, he resigned his seat in Parliament and returned to Queensland to sort out financial difficulties. The *Courier* remained critical, and his medical practice was damaged by his Home Rule stand. In August 1887 O'Doherty, aged 64, became Government Medical Officer at Croydon Goldfield for £50 a year and the right of private practice. Amid financial troubles, he moved to Warwick in 1891 before the government appointed him to the Queensland Health Board as supervisor of quarantine.

In the final fifteen years until Kevin's death in 1905 the fates were very cruel to the Irish doctor and his wife. He tried to enter private practice again, but this failed. At various times he was Medical Officer to the Volunteer Forces, and on the consulting staff of the General Hospital.[10] In a few years blindness prevented him carrying out his duties. The O'Doherty's endured family tragedy. Within 10 years they lost all four sons and one granddaughter. In later years Eva and the almost blind O'Doherty lived in rental accommodation in Rosalie. He died aged 81 in 1905. The near penniless Eva received £300 from an Irish insurance policy on Kevin's life. She continued to write until her death in 1910, aged 80.[11]

In writing this article I offer my appreciation to Ms Elizabeth McNalty, member of The Ipswich Hospital Museum for her encouragement and assistance.

Dr Stewart Parkinson MB BS Qld (Retired)
Ipswich, Qld.
linkedin.com/in/stewart-parkinson-23609017

References

[1] G. Rudé, 'O'Doherty, Kevin Izod'. *Australian Dictionary of Biography*, National Centre of Biography, Australian National University.
[2] J/ Quinn and P. M. Geoghegan. 'O'Doherty, Kevin Izod. *Dictionary of Irish Biography,* Royal Irish Academy
[3]'British Extracts', *The Moreton Bay Courier*, 20 October 1849, p.4.
[4]Tasmanian Archives & Heritage Office. Convict indent registers, ticket-of-leave records and conditional pardon rolls for Van Diemen's Land (Tasmania).
[5]Pugh's Almanac, 1896, p. 145A .
[6]Queensland electoral rolls and the Queensland Medical Register
[7]F/n 7: Jim Tolhurst, 'An Irish Rebel in Queensland - Kevin Doherty', *Ireland XO,* 16 May 2023 https://irelandxo.com/ireland/dublin/news/irish-rebel-queensland-kevin-doherty
[8]Queensland Parliamentary Papers and Hansard; Queensland Parliamentary Register.
[9]Friends of Toowong Cemetery.
[10]'Death of KI O'Doherty', *The Telegraph* (Brisbane), 17 July 1905, p. 7.
[11]Derek Barry. 'Protest and Punishment: Colonial Australia's political prisoners'. 10 November 2025. Woolly Days, https://woollydays.wordpress.com/about/

Artefactual news

Medical History Museum on the move

After 58 years in the Brownless Biomedical Library, the Medical History Museum embraces a new beginning, with its relocation to a newly refurbished building at 233 Bouverie Street, Carlton which it shares with teaching and learning spaces. The opening exhibition, *Cultural Medicine: The Art of Indigenous Healing*, acknowledges the contribution of Australia's First Nations people to healing practices.

Since its inception, in 1967, the museum has placed the history of Melbourne Medical School in the context of colonialism and international Western medicine; it was not until a collection policy change in 2017 that it encompassed the traditions of healing practice that have existed in Australia for 65,000 years. The museum's emphasis is also now to collect contemporary art that demonstrates the currency and strength of Indigenous healing traditions in communities. Initially established through a grant from the Wellcome Trust, the Medical History Museum holds more than 10,000 items covering the history of Melbourne Medical School and the broader history of medicine. This diverse collection of art, documents, photographs, artefacts, ceremonial objects and medical and scientific equipment has grown due to the generosity of benefactors associated with Melbourne Medical School. Together with alumni, their families and others, the benefactors have been crucial in building this valuable historical and cultural resource.

A major Wellcome Institute donation was the Savory & Moore pharmacy, shipped from London in 1971. With the museum's move to Bouverie Street, it has been dismantled, restored and relocated. A video documenting the process will soon be available online thanks to the generosity of Jeremy and Helena Savory.

The 3 heritage display cases made by C Beecham & Co. that were in the Melbourne International Exhibition of 1880–81, held in the Royal Exhibition Building, have also been dismantled, restored and reassembled. An earlier restoration with bronze paint has been replaced with gold leaf restoring their 1880s patina.

Other important gifts include the Australian Medical Association collection of archival material. The move has resulted in a rehousing of the collection and increased access to the original material as there are now facilities for the viewing of the archives at 233 Bouverie St, Carlton.

A generous donation by Hugh Taylor AC and Elizabeth Dax AM to the Medical History Museum has allowed for the purchase of artworks for the Australian Indigenous Bush Medicine Collection.

With sadness we acknowledge the death of Denise de Gruchy (1925–2025), a great benefactor of the museum. Over many years, Denise gave generously in memory of her brother, Professor Carl de Gruchy, enabling the museum to flourish, including through exhibitions, publications and enhanced online access.

The opening exhibition *Cultural Medicine: The Art of Indigenous Healing* looks at traditional Indigenous healing practice as simultaneously past, present and future. Through contemporary art and objects, it presents examples of healing practice and bush medicine from many distinct and varied Indigenous communities across Australia. Sharing bush medicine stories through art has become one of the ways elders maintain a strong knowledge and culture for their communities. Building on existing relationships, we have acquired works from artists and art centres that include Kaiela Arts, Shepparton; Warlayirti Artists, the Kimberley; Iltja Ntjarra (Many Hands), Alice Springs; Hermannsburg Potters, Hermannsburg; Barkly Regional Arts, Tennant Creek; Buku-Larr ŋgay Mulka Centre, Top End; and Jilamara Arts, Milikapiti, in the Tiwi Islands. Individual artists include Cassie Leatham, Deanne Gilson and Zena Cumpston from south-eastern Australia. The artworks demonstrate a range of techniques and mediums, from intimate pencil drawings of plants to large acrylic paintings and vivid ceramics. Together, their distinct artistic styles reveal remarkable regional diversity and rich knowledge of bush medicine.

From its new location, the Medical History Museum will continue to contribute to university life through innovative programs and increased visibility and reach inviting the broader community to join us.

Professor Mark Cook AO, Chair Medical History Museum Advisory Committee

Dr Jacqueline Healy, Director, Museums, Faculty of Medicine, Dentistry and Health Sciences.

Medical History Museum, University of Melbourne
233 Bouverie St, Carlton.
Open 10.00am to 5.00pm Monday to Friday
https://medicalhistorymuseum.mdhs.unimelb.edu.au/

The image below is from the exhibition *Cultural Medicine: The Art of Indigenous Healing*

A century of the ‘Op Shop’

ANZSHM member Barbara Cytowicz featured recently in a recent ABC news article. Barbara (pictured below) is the archivist at St Vincent's Hospital in Melbourne. She provided information for the news article about Lady Millie Tallis, a Melbourne philanthropist who was inspirational in the growth of the modern op[portunity] shop. One hundred years ago, according to Barbara, Lady Tallis “thought up the idea of a pop-up store selling second-hand items to raise funds for the hospital as part of a major appeal.” The venture was a success at the time and, nowadays, a century later, op shops continue to have important social, environmental and economic impacts in many communities.

The news feature can be accessed here: https://www.abc.net.au/news/2025-10-18/lady-millie-tallis-australian-op-shop-100-year-anniversary/105901846?utm_campaign=abc_news_web&ut_content=link&utm_medium=content_shared&utm_source=abc_news_web

Barbara Cytowicz *Image: ABC News: Iskhandar Razak*

The major fundraiser was held in a Cyclorama in Fitzroy. *(Supplied: St Vincent's Hospital Melbourne Archives)*

The first opportunity shop in 1925 was considered a roaring success. *(Supplied: St Vincent's Hospital Melbourne Archives)*

Research awards at the Osler Library

Each year the Osler Library offers a number of awards and travel grants to local and international historians, physicians, graduate and post-doctoral students, and others whose research touches upon the history of medicine. From now through 16 January 2026, we are accepting applications for the following awards/grants and kindly ask you to share this notice widely within your own networks, listservs, and social media outlets to help us spread the word. Please note that for research travel awards, the award will typically be made as a reimbursement for travel and travel-related expenses.

Dr. Edward H. Bensley Osler Library Research Travel Grant - Awarded to those whose project requires travel to Montreal to consult material in the Osler Library, such as rare books, archives, and artifacts. Each year up to $5,000 (CDN) in awards will be made available to one or more individuals who require a minimum of 2 weeks to carry out their research.

Mary Louise Nickerson Travel Grant - This award is open to scholars who need to travel to Montreal to carry out research using Osler Library collections (e.g., rare books, archives, and artifacts). Awards totalling approx. $13,000 (CDN) are typically divided among a small number of scholars, whose individual awards depend upon need and duration of visit.

Dr. Dimitrije Pivnicki Award in Neuro and Psychiatric History - Awarded to one or more students and/or scholars wishing to carry out research utilizing the rich archival and monographic holdings at McGill University, such as the Osler Library (including the Penfield Archive), Montreal Neurological Institute, and McGill University Archives. Awards totalling approx. $13,000 (CDN) are usually divided among a small number of scholars, whose individual awards depend upon need and duration of visit.

Additional information about terms, requirements, how to apply, previous winners, and general information about the Osler Library can be found via our main branch page: https://www.mcgill.ca/libraries/locations/osler. The library’s collections are listed in the McGill Library Catalogue and the Osler Library Archives Collection website; we also have an Internet Archive collection. Please note that all research in this grant cycle must be completed during the next fiscal year, 1 May 2026 – 30 April 2027. We welcome further inquiries at osler.library@mcgill.ca.

Mystery object

Can anyone identify this mystery object submitted by Cate Storey? Go to page 17 to find out!

Request for information

A request for information from Apothecaries' Hall

The First Fleet, arriving at Sydney Cove in 1788, comprised 11 ships which transported 759 convicts, marines, crew and supplies to Australia; also transported were medicine chests from Apothecaries' Hall. The fitting out and victualling of the ships was carried out in accordance with the prescriptions of the Royal Navy. Until 1823, the drugs and medical equipment for the voyages came from the Worshipful Society of Apothecaries (WSA) of London, as that company held an exclusive monopoly to supply the Army and Navy, as well as the East India company.

The WSA is currently undertaking research into a doctor in the West Indies in the late 1700s: this doctor placed an advertisement in his local paper stating that he had commenced practice and was seeking patients, with the lure that he used only excellent drugs from Apothecaries' Hall. **The WSA now seeks any information from Australasia relating to the existence of any similar inducements or advertisements utilising the efficacy of the pharmaceutical products of Apothecaries' Hall to promote medical practice.**

During the years of transportation, 1788-1868, almost 161,000 convicts arrived in Australia. During this period the health and welfare of those transported waxed and waned, before finally a more systematic scheme of caring under well-qualified naval surgeons evolved.

The Irishman, John White, was the Principal Naval Surgeon for the First Fleet 1787-1788, having gained his Diploma from the Surgeon's Company in August 1781. It is to the credit of White and his assistants that on that voyage of more than eight months there were only thirty-four deaths. Outbreaks of scurvy, dysentery, and accommodation for the sick were his first problems in the new colony.

White's faith in medicines supplied by Apothecaries' Hall was reduced, when it was found that some of the products arrived in poor condition, even though packaged appropriately for a potential 15 month's delivery time. Surgeon White accordingly sought alternative suppliers, including druggists situate in Snow Hill, City of London.

In June 1820 a special medical board set up by Governor Macquarie reported, "we have examined all the Empirics who have come within our knowledge in Sydney, and find them totally ignorant of every branch of the medical profession with the exception of John Tawell, who is qualified to act as an apothecary and to whom we have given a certificate of qualification to compound and dispense medicines".

Born in Norfolk, Tawell moved to London learning the trade of a chemist and druggist: in 1815 he was convicted of forging a £10 banknote, a capital offence in those days. A self-professed Quaker he was supported by his brethren and escaped the hangman's noose: in lieu of this he was sentenced to 21 years' transportation to Australia. His good conduct and work with medicines in the Convicts' Hospital led to him being granted a 'ticket of leave' after serving three years of his sentence. By 1827 he had opened the first pharmacy in Australia and having made some sage business decisions prospered mightily: it is said that he fitted up medical chests for the Macarthur's of Camden. After 15 years he left the colony a wealthy man, returning to England: however, the remainder of his story must be told elsewhere, specifically the events prior to his execution by hanging, for the murder of his mistress in 1845!

The Apothecaries obtained a regular contract to supply 'the convict establishment' in Australia from 1823, providing approximately £600 worth of medicines and drugs annually, until the end of that decade.

In 1844 a group of Sydney pharmacists established a pharmaceutical society which provided publications and lectures: unfortunately, by 1849, economic depression led to this body foundering.

In the nineteenth century chemistry and pharmacy grew into disciplines, as more drugs were discovered and the production of medicines moved from the druggist's shop to industrial pharmacies. Some drugs isolated during the first half of that century included alkaloids such as strychnine, emetine, and morphine: synthetic chemicals were uncommon until the 1880s.

The WSA has now approached the undersigned to act as a 'research assistant', to ascertain as to whether the ANZSHM membership has any knowledge, documentation, or even hearsay, pertaining to any form of medical advertising in the Antipodes, incorporating the inducement that any medical supplies necessitated would be the product of Apothecaries' Hall.

Contributions addressed to providence2@bigpond.com will be gratefully acknowledged.

Dr Peter F Burke
FRCS FRACS FACEM DHMSA FAMA

Image from https://footprintsoflondon.com/live/2013/06/heraldry-apothecaries-hall/

Animalia

The canary in the coal mine

During most of the twentieth century, British coal miners relied on the small yellow canary for their lives. At the start of a shift, the birds would travel deep into the coal mine along with the workers. The birds were a safety system for the miners, who might encounter poisonous gases, such as methane and carbon monoxide, in the mine. Some of these gases, such as carbon monoxide, had no odour, and unintentional inhalation could be lethal. The canary was very sensitive to the gas, and the collapse of the canary gave workers enough time to evacuate the mine before being overcome.

A mining disaster in Wales in 1896, with many deaths due to carbon monoxide, led Professor Scott Haldane to research the effects of carbon monoxide on himself and on a group of smaller animals.[1] While mice and canaries were both much more susceptible to the carbon monoxide than humans, it was the canary that was the instrument of choice. The bird gave the miners a more effective warning. They stopped singing and would fall off their perch once affected.

At the peak of their employment, it is estimated that some 3,000 canaries were used in the mining industry in the UK, and doubtless this little bird saved many, many lives.[1] Many of the miners were fond of the birds, treating them as pets, and some even devised an apparatus to re-oxygenate the canary's cage to bring the bird back to life once the miners (and birds) were out of danger.

Gas detection systems became commonplace in Britain in 1981, thus allowing the canary to retire, and nowadays poisonous gases are detected by hand-held and automated devices.[2] It is somewhat surprising that this new and animal-free technology was only implemented less than 50 years ago, with the practice outlawed in the UK only in 1986. Even more recently, another animal exploited for mine work, was finally retired. Pit ponies had been used to transport coal underground for many years. The last pit pony retired in 1999.

Mining foreman R. Thornburg shows a small cage with a canary used for testing carbon monoxide gas in 1928. George McCaa, U.S. Bureau of Mine.

[1]How 1896 Tylorstown pit disaster prompted safety change. https://www.bbc.com/news/uk-wales-15965188, 28 January 2012.
[2]K. Eschner (2016) What Happened to the Canary in the Coal Mine? The Story of How the Real-Life Animal Helper Became Just a Metaphor. Updated by S. Anderson (2024) https://www.smithsonianmag.com/smart-news/what-happened-canary-coal-mine-story-how-real-life-animal-helper-became-just-metaphor-180961570/

A cure from the Wellcome collection ...

Have handy Sherriffs Ointment : the great cure for eczema, erysipelas, herpes, nettlerash, itch, bad legs, old sores, cuts. It is healing, soothing and antiseptic / Alexander Sherriffs. Source: Wellcome Collection.

… and one from Trove

SUNBURN CURE

In the Brisbane press last week it was mentioned that a new method was being used by Ambulance Bearers for treating sunburn cases by the application of a liquid composed of a mixture of three dyes and which had been most efficacious. This treatment is not by any means new as it has been used by the Southport Ambulance for some years. As a matter of fact it is now practically in universal use. The liquid is termed "Acriflavine solution." It immediately relieves the pain attendant on sun burn and allows the person so afflicted the free use of their limbs with a minimum of discomfort.

Acriflavine was developed in 1912 by Paul Ehrlich, and was used during the First World War against sleeping sickness and as a topical antiseptic. It was one of the first antibacterial drugs used, replaced only when penicillin was developed. *Ed*

SUNBURN CURE. (1940, January 12). *South Coast Bulletin (Southport, Qld. : 1929 - 1954)*, p. 4. Retrieved November 12, 2025, from http://nla.gov.au/nla.news-article188878166

Would it create a scandal now?

In 1925, there was no Nobel Prize awarded in physiology/medicine.

John Carmody

In 1925, one hundred years ago, when the Nobel Prizes were barely 20 years old and far less known and mercantile than they are nowadays (but were on their way to that condition), no prizes were awarded in the category of physiology/medicine.[1] The intervention of war had previously been the only time when that had happened. Such an act – which was justified as strict compliance with the terms of Nobel's will - would be unthinkable today and could not pass unnoticed, but it raises two disparate sets of questions, nevertheless.

The first set certainly pertains to Alfred Nobel's will and the rules/procedures of these awards; the second set, and more philosophical ones, deals with the very basis of such awards and whether they can ever be disentangled from the values of the decision-makers. In short, can they *ever* really be fair, and would we - and the noble pursuit of science - be better off if such prizes did not exist *at all*?

Alfred Nobel re-wrote his will in Paris in 1895, stating that (after a significant number of bequests to diverse individuals): "All of my remaining realisable assets are to be disbursed as follows: the capital, converted to safe securities, is to constitute a fund, the interest on which is to be distributed annually as prizes to those who, during the preceding year, have conferred the greatest benefit to humankind. The interest is to be divided into five equal parts and distributed as follows: one part to the person ….. who made the most important discovery within the domain of physiology or medicine ….. The prize for physiological or medical achievements [is to be awarded] by the Karolinska Institute in Stockholm" [without consideration to nationality]."[2]

After Nobel's death in December 1896, his family legally, but unsuccessfully, contested this will. The first prizes were not awarded until 1901 after an Institute was set up to administer and interpret Nobel's testament. One of its decisions was that, where appropriate, these prizes could be shared by a maximum of three people, who had to be living when the decisions were made.

The "Karolinska Medical University" was founded in 1810/11 to educate doctors for the Swedish army and named after the "Karoliners", the fierce soldiers of the militarily-successful King Karl XII at the end of the seventeeth century. Its "Nobel Assembly', comprised of 50 of its professors, makes the choice of the actual laureates from the recommendations of its small Nobel Committee of relevant Chairs. They, in turn, make their selection from the nominations of a designated group of nominators around the globe. The entire process is supposed to be "top-secret", akin to choice of a Pope. In theory.

In many of the early years (until 1926), with medicine, this was, essentially, done by a *single person,* namely by the powerful Professor of Physiology, Johan (Jöns) E Johansson who, though only the Chair of that Committee, controlled its work and decisions by virtue of his earlier friendship and professional association with Nobel (they had done research together, on blood transfusion, at one of Nobel's laboratories in France).

I believe that this history dispels the notion that scientific choices and decisions are - or *can be* - utterly free of personal and emotional partiality.

Why was no Prize awarded in 1925? The Nobel Institute still insists that this was because, that year, there was no worthy recipient amongst the numerous nominees. Admittedly, Nobel had been naïve to think that the scientific or clinical significance of a piece of work would be apparent after so little time had elapsed since its discovery. However, the suggestion that there was a paucity of worthy recipients suggests some kind of bad faith on Johansson's part. More about *that* later.

The long list of nominees in 1925 (the year before Johansson was deposed) included Julius Wagner-Jauregg who, unworthily, won the Prize in 1927 for demonstrating the protective action of malaria infection as a cure for syphilitic General Paralysis of the Insane); LJ Henderson (for his work on acid-base balance); EC Kendall (research on adreno-cortical steroids - he would win in 1950); TH Morgan (heredity in fruit flies, for which he won in 1933); JN Langley (deviser of the concept of the "autonomic nervous system" and the term "parasympathetic nervous system" and of the notion of neuronal chemosensitivity); FG Hopkins (discoverer of vitamins - winner in 1929); Albert Calmette (for vaccination against TB, and for producing anti-venenes against snake toxins).

Even if one allows that their work (and its significance) might, at the time of their initial nomination, have been "immature", it is hard to believe that people who received prizes soon after such a rejection, were inherently "unworthy" in 1925.

[I said "unworthily" of Wagner-Jauregg's award. In fact, his "discovery" made no enduring impact on clinical practice or on the discipline of immunology and it is difficult to avoid the impression that it was a shame-faced concession that a serious error had been made in 1925; and, indeed. the 1926 award to the Danish physician/pathologist, Johannes Andreas Grib Fibiger, **was** seriously mistaken].

So, again I ask why nobody won is 1925, and, in particular, why it was not awarded to Ernest Starling, whom I consider the greatest scientist who never won that prize. He made at least four discoveries, each of which would have been of an importance to win that prize; taken together their significance is overwhelming. Furthermore, is any scientist better-known? At least in the anglophone world, no medical scientist's name is better known - to every single medical student.

Between 1893 and 1897, while teaching at Guy's Hospital in London, he published several papers about capillary filtration and resorption of water along that micro-vessel, as a result of the changing relationship between the decline in hydrostatic pressure (itself the residue of the addition of cardiac energy to the blood) and increasing colloid osmotic pressure exerted by the plasma protein. He established not only the fundamental mechanism of filtration and circulation of water in the somatic and pulmonary capillaries, but also the mechanism of renal filtration and the cause of oedema.

Then, in 1899, he and his brother-in-law, William Bayliss, published an important paper on the perennially unfashionable topic of gut movements. They confirmed Carl Ludwig's pendular movements (or *Pendel-bewebungen,* as he termed them) and also discovered the propulsive movements which allowed formulation of the "Law of the Intestine", namely that the presence of a *bolus* in the lumen provokes an oralward contraction and an analward relaxation - the mechanism of peristalsis.[3] In 1974, David Hirst and Hugh McKirdy (who were working in Mollie Holman's Monash laboratory) published the neural circuitry of that phenomenon).[4]

Then, early in 1902, Bayliss and Starling made their greatest discovery: secretin. Thereby, they not only revealed that many bodily processes are influenced by circulating factors (as well as by neural ones) but, also, that the alimentary tract is the rich source of many of those factors. That radical and challenging notion transformed both physiology and clinical practice.

Originally, they referred to this mysterious substance as "a body", but, on the advice of a professor of classics, (WT Vesey) Starling soon called it a "hormone", a term which he coined from the old Greek word, "hormao", meaning to arouse or to excite. He coined what was, probably, *the* word of the twentieth century, thereby changing medicine (for both doctors *and* their patients) and the wider world (as well as, irrevocably, the domain of literature). Life in the past century cannot be imagined without Starling's new word. **Neither** achievement was enough to win him a Nobel Prize.

In 1913, Otto Löwi (who won in 1936 for work done in the early 1920s and who, in 1902 had spent several memorable months in Starling's London laboratory) nominated him for that hormonal discovery. By the time Johansson got around to considering Starling, he foolishly decided that (although he believed that the Englishman fully deserved an award) the work was done "too long ago". Foolishly? Perhaps it was simply incompetence or scientific purblindedness or, worse, malice? Any one of them was possible.

Starling's third great achievement was his "Law of the Heart", which is also known to every anglophone medical student. This refers to the capacity of cardiac muscle to "autoregulate" its energetic output (alternatively, to respond automatically to variations in venous return of blood to the heart); in other words, to alter its intrinsic performance in the face of disparate demands. This provided the most plausible grounds for Nobel rejection, because Starling had, unknowingly, replicated (though in a mammal and using more thorough protocols) what the German scientist, Otto Frank, had shown in the frog about 20 years previously in Carl Ludwig's laboratory. Hence, nowadays it is commonly termed the Frank-Starling phenomenon, with the credit shared.

That sharing of the credit between their two great names is fair and Henderson summed-up the matter this way:

> "Frank deserves priority for the concept, so it is proper that his name is first. However, Frank was only interested in intrinsic cardiac mechanisms, whereas Starling fitted the relationship into the working of the whole circulation, as we saw in his discussion of exercise. He recognized the phenomenon as part of a self-governing mechanism, as he showed in his motor cycle analogy. But in the literature, there is no consistent name of the law - it may be "Starling," "Frank-Starling," a "law," a "mechanism," or a "relationship." Students have even been known to make "Frank" Starling's first name."[5]

Henderson also comes as close as he dares to saying that Starling was deprived of this prize because of the animus of Johansson towards the Englishman. Perhaps this is because, Starling was, before the "Great" War, decidedly pro-German (speaking the language fluently and singing baritonal *lieder* with an ensemble, led by his pianist wife) but, **during** that bloody conflict, became outspokenly *anti*-German and also developed an iconoclastic willingness to criticise the policies of the British government. Johansson may have feared that an award to Stearling would, soon, enmesh the entire project in "scandal". Even, less worthily, he may have shared the Germanic partiality of the Swedish upper-class, and, thereby, allowed that prejudice to overcome his scientific detachment, thus depriving the Briton of his thoroughly-deserved honour, and, furthermore, seriously violating the expressed terms of Nobel's will, notably the proviso that the choice of the winner must be made *"*without consideration to nationality*"*.

Either reason would have been an appalling abandonment of Johansson's intellectual duty. In addition, it would have been a signal to his colleagues that he should be displaced from his powerful position. At all events, no physiology prize was awarded in 1925 and the funds merely accumulated in the bank.

I leave it to you to draw your own conclusions. Can such an award ever be truly detached and fair? And would we, and science, really be better off without such prizes, given the all-too-human craving of scientists for honour, wealth, and recognition?

John Carmody, 5-6 April, 2025
Independent Scholar, Sydney NSW 2069
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Ed: See following page for references cited.

Guest seminar

The final guest seminar of 2025 of the NSW branch of ANZSHM will be presented on December 1 at 5:30 PM. The guest speaker, Krittapak Ngamvaseenont is a historian of medicine and a PhD candidate at the Centre for the History of Science, Technology, and Medicine at the University of Manchester. He will be presenting his paper, 'Can Phi Pob Speak? Spirit Possession, Psychoanalysis, Transcultural Psychiatry, Buddhism, and Cold War Thailand'.

This will be a free online event hosted on Zoom and open to members and non-members alike. Feel free to spread the word and invite others who may be interested.

Contact: Samantha Baker
sbak7277@uni.sydney.edu.au

Upcoming panel

Upcoming Panel at AAHPSSS 2025

Gemma Lucy Smart, Samantha Kohl Gray, and Zoe Cosker will be presenting a panel at the AAHPSSS (Australasian Association for the History, Philosophy, and Social Studies of Science) Conference this December at the University of Queensland. The panel, 'Beyond Academic Interest: The Continuing Relevance of Medical History to Contemporary Healthcare', explores how historical research can inform current medical practice and policy, and how we might conduct historical scholarship in more collaborative ways.

The 90-minute panel will examine why medical history matters today - not just as an academic discipline, but as a practical tool for understanding and improving contemporary healthcare.

Conference details: https://aahpsss.net.au/conference/2025-aahpsss-conference/

Call for Papers

Society for the Social History of Medicine

Call for Papers for the Social History of Medicine's 2026 conference at the University of Leeds. The details are at: SSHM 2026: In/Out – Society for the Social History of Medicine

Location: University of Leeds

Dates: 30 June to 3 July 2026

Submission Deadline: 5.00pm (GMT) 11th January 2026

As healthcare systems around the world come under increasing pressure in terms of their capacity, cost, and capabilities, 'In/Out' asks how the history of health and healthcare has been shaped by structural, material, emotional, and psychological boundaries. What does it mean to be '*in* good health'? How did people enter and exit healthcare systems? How can considerations of the terms 'in' or 'out' help us understand the histories of health.

Email: a.moncrieff@leeds.ac.uk

References for John Carmody's submission on previous page:
[1]The Nobel Prize in Physiology or Medicine 1925. NobelPrize.org. Nobel Prize Outreach 2025. <https://www.nobelprize.org/prizes/medicine/1925/summary/> accessed 25 March 2025.
[2] Full text of Alfred Nobel's will. NobelPrize.org. Nobel Prize Outreach 2025. <https://www.nobelprize.org/alfred-nobel/full-text-of-alfred-nobels-will-2/> accessed 25 March 2025.\
[3]W.M. Bayliss and E.H. Starling (1899). 'The Movements and Innervation of the Small Intestine.' *The Journal of Physiology* 24, 99-143.
[4]G.D.S. Hirst and H.C.McGirdy (1974). 'A Nervous Mechanism for Descending Inhibition in Guinea-pig Small Intestine', *The Journal of Physiology* 238, 129-143.
[5]J. Henderson, Chapter 4 - 'Starling's Law and Related Matters', Ed J. Henderson, 'A Life of Ernest Starling', American Physiological Society, 2005, Pages 77-98.

Book note

Medicine on a Larger Scale: Global Histories of Social Medicine

Eds: Anne Kevin Lie, Jeremy Greene, and Warwick Anderson (2025)

Published by Cambridge University Press

"In a world of growing health inequity and ecological injustice, how do we revitalize medicine and public health to tackle new problems? This groundbreaking collection draws together case studies of social medicine in the Global South, radically shifting our understanding of social science in healthcare. Looking beyond a narrative originating in nineteenth-century Europe, a team of expert contributors explores a far broader set of roots and branches, with nodes in Sub-Saharan Africa, South America, Oceania, the Middle East, and Asia. This plural approach reframes and decolonizes the study of social medicine, highlighting connections to social justice and health equity, social science and state formation, bottom-up community initiatives, grassroots movements, and an array of revolutionary sensibilities. As a truly global history, this book offers a more usable past to imagine a new politics of social medicine for medical professionals and healthcare workers worldwide."

The above information was provided by Cambridge University Press. This title is also available as open access on Cambridge Core.

Mystery object revealed

This is a Barany optokinetic drum.

It consists of a drum on which black and white strips are painted. It is slowly rotated as the subject looks at the drum. The observer examines the movement of the eyes which is similar to the movements (nystagmus) which are observed when someone looks out of a train window. This was used to examine the vestibular pathways between the brain and eye muscles. It can also be used in infants to test vision or used in the adult feigning blindness.

Robert Barany (1876-1936) was an Austro-Hungarian physician specialising in balance disorders. Barany won the Nobel Prize for Physiology and Medicine for his work on vestibular disorders in 1914. However, he was at the time a prisoner of war of the Russians. He was released in 1916, when he was able to attend the Nobel Prize award ceremony. He continued to study vestibular disorders and described various other investigatory tools.

Physicians used to carry a long strip of striped material for use, rather than a full drum – although some physicians have been known to use their neck tie! Barany drums used in paediatric practice often have cartoon characters between the stripes.

Information supplied by Cate Storey.

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 FEBRUARY 2026
For the latest information, visit the ANZSHM website: www.anzshm.org.au