

## The President's Page

Hopefully you have all benefited from catching up with family and friends over the festive season, and had some relaxation time during January,

In the last newsletter, I reported the work that Madonna Grehan, John Sinclair and Maggi Boulton have been engaged in building the specifications for a substantially improved web presence. One of its most important features is to automate the renewing, recording and payment for our memberships. That is work that currently takes a vast amount of time by Madonna. The new website should save money as well as time, and have several new features that we can talk about when it is up and running. Three tenders were shortlisted. The contract was awarded to GoClearcut, which has more than twenty years' experience with designing solutions for small to medium businesses. You can learn more about it at <https://goclearcut.com.au/>. While this is being completed, Madonna will hold off calling for payments for renewing our memberships this year.

Some of you regularly attend the meetings of the Australian Historical Association (AHA), most likely in the intervening years between our own biennial conferences. This year's AHA conference will be held at Macquarie University campus from 30 June to 3 July. There will be a stream for Medical History, as occurred I think for the first time in 2024 moderated by Linda Bryder. This year I've taken it on, and am waiting enthusiastically to see which abstracts decided to nominate our stream.

The next (biennial) conference of the International Society for the History of Medicine will be held from 4-6 November in Tunis—a city and country with a long

history in medicine. The theme will be *La Médecine et les Peuples de la Méditerranée*. The languages of the conference will be English, French and Arabic and there will be simultaneous translation. The call for abstracts has not yet been announced.

Finally, we have made some more progress with work towards our 2027 Conference in Melbourne. The University of Melbourne Faculty of Arts and Faculty of Medicine, Dentistry and Health Sciences will be joint sponsors, and we are being assured that any charges will be just for recovery of



things like cleaning, not large facility charges such as were charged for our conference last year. Of course, the caveat is that university councils change their policies from time to time, but the head of the School of Historical and Philosophical Studies is very supportive and optimistic. The date still needs to be signed off by our Steering Committee then Council, but is likely to be the last full week in July 2027. The Melbourne Metropolitan rail tunnel is now fully operative, and there is a marvellous new station right underneath the university. City hotels will therefore be either a short tram trip or one or two stops away via the new rail.

There is one thing we would like your help with, which needs a reasonable amount of advance planning. It is likely that we can afford to bring one keynote speaker from overseas. If you have any suggestions for the steering committee to consider, I would be delighted to hear by email to [nyeomans@unimelb.edu.au](mailto:nyeomans@unimelb.edu.au).

Neville Yeomans AM

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.*

## Ann Westmore

It hit me during my PhD studies, and has never disappeared . . . the strong desire to unveil and investigate archival materials, such as original correspondence and photographs, diary entries, unpublished works and little-known publications. Examining such materials, often in isolation, is not everyone's cup of tea. But my PhD gave me a taste of the delights of physically handling history, and I was hooked on it!

Odd that, because I had thought history was something else entirely when I undertook studies for a science degree and, more than twenty years later, enrolled in a master of science degree in history and philosophy of science at Melbourne University. In between these two periods of academic study, I worked as a journalist specialising in health and science. My entrée into the newspaper world was as a graduate reporter with the Herald and Weekly Times and, later, as a journalist with the specialist medical press (*Australian Doctor* and *Medical Observer*). As time went by, I found that longer feature articles were more satisfying to write than shorter news reports, enabling as they did a deep-dive into the subject matter.

While a journalist I also co-authored a dozen books, mainly on reproductive health, working collaboratively with notable Australian researcher/clinicians such as Carl Wood, Elizabeth Farrell, Lyn Billings, Lorraine Dennerstein and Gab Kovacs. The combination of their clinical expertise, my communication skills and the backing of first-rate publishers resulted in some best-selling titles.

In the late 1990s I embarked on a doctorate in the history and philosophy of science, under the inspiring supervision of Warwick Anderson and Janet McCalman. Rather than explore the more familiar (to me) territory of physical health, I was drawn to probe explanatory models of mental illness, including biological, psychological and social approaches, as practised by Australian mental health care providers. Simultaneously, a growing interest worldwide in historical and philosophical aspects of mental health care provided some compelling examples of how research on long-neglected archival materials such as mental hospital records could clarify the many contradictory and elusive elements and personnel that abound in the field.

Early in my PhD, I was fortunate to be offered access to some original documents that engaged and excited me.



They were the hand-written letters that one of Australia's most influential psychiatrists, John Cade (1912-1980), had written to his wife, Jean, before and after his capture in Singapore during the Second World War and his imprisonment in the Changi prisoner of war camp. The letters, generously provided to me by his family, proved invaluable.

When combined with other source materials, I was able to clarify the context for Cade's ingenious and groundbreaking late-1940s identification of the naturally occurring trace element, lithium, as a specific and potent anti-manic agent. The resultant lithium therapy elevated Cade's stature meteorically and has been the treatment of choice for countless individuals worldwide with manic depression or, as we know it today, bipolar disorder. My thesis gave rise to collaborations on a number of research projects and articles, as well as the co-authored biography, *Finding Sanity: John Cade, Lithium and the Taming of Bipolar Disorder* (with psychiatrist, Greg de Moore) published by Allen and Unwin in 2016.

Throughout my career I have been blessed with a wonderful family and colleagues, and good health assisted, no doubt, by the joys of cycling and running, and competitive sport. Another great source of pleasure during the past decade has been the opportunity to co-edit the book review section of *Health and History*. It is a thrill to read the balanced and thought-provoking analyses that emerge from our excellent book reviewers. (If you would like to review a book in a particular area in which you have expertise, please drop me a line at [afwest@unimelb.edu.au](mailto:afwest@unimelb.edu.au)).

## Members' news

### New members

A warm welcome to our new members

Margaret Brown SA

Lydia Pitcher QLD

Richard Tait VIC

Amanda Leggett VIC

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## Congratulations



Congratulations to Sandra Dash who recently gained the position of Deputy Chair of the History Faculty at the Australian College of Nursing, to start in February.

### ANZSHM Online Seminar Series

**Women in Gynaecology**, presented by Prof Alison Downham Moore (Western Sydney University) and Michaela Malmberg (Stockholm University)

A recording of this seminar, held in December, is available to watch here: <https://www.anzshm.org.au/seminars>

### SOCIAL MEDIA

ANZSHM's new social media officer, Elizabeth Golding, has set up a Society LinkedIn page. Please follow it [here](https://www.linkedin.com/company/australian-and-new-zealand-society-of-the-history-of-medicine/) or at this link: <https://www.linkedin.com/company/australian-and-new-zealand-society-of-the-history-of-medicine/>

Many thanks to Elizabeth for taking on this role!



### Changing our name

At a recent Council meeting, a proposal was made by the editorial team to change the name of the ANZSHM Newsletter. This was agreed by Council.

There were several points that contributed to the discussion. In the past, prior to email, the paper-based newsletter had an important role in bringing **news** to members; however with the Monthly Round-Up now distributed electronically by our secretary Paige and with *ad hoc* announcements now transmitted quickly by email, the newsletter no longer fulfils this role. In contrast, the 'newsletter' is now being filled with interesting articles submitted by members. This engagement by members along with the re-development of the ANZSHM website have created an opportune time to look at a new name for our important member publication. In the next few weeks, we hope to send a list of suggestions for a new moniker to our members, and we look forward to reading all your comments about this new direction!

*Editorial Team*

## South Australian Medical Heritage Society

SAMHS is looking forward to a series of fascinating talks in 2026. The first will be held on 26 February, when Kelly Branson (CALHN Health Museum) will present 'History of the Helipad'. This will be followed on 26 March by Glen Benveniste speaking on 'Alexis Carrel: The Good, the Bad, the Ugly', and on 23 April by Skye Krichauff discussing 'The South Australian Frontier and its Legacies' project. Visitors are always welcome, and meetings are held at the Dulwich Community Centre at 6 pm.

We are also delighted to report that two SAMHS members were recognised in the 2026 Australia Day Honours: Dr William Gransbury OAM and Associate Professor Robert Bauze AM. We warmly congratulate both on this well-deserved recognition.

In further good news for South Australia, a new publication, the *South Australian Journal of Medicine*, is currently being established. The journal's stated aims are to advance and share medical knowledge, platform and amplify local expertise and research, and foster a culture of clinical excellence, innovation and equity of care. The editors have indicated that they want to feature occasional articles on the history of medicine in the state. SAMHS members have been invited to contribute, and we see this as a valuable opportunity to bring South Australian medical history to a wider medically engaged readership.

Maggi Boulton, SAMHS Secretary

## Medical History Society of Victoria news

The Society held its first meeting for 2026, along with the AGM, at Kooyong Lawn Tennis Club, on Wednesday 18<sup>th</sup> February. Some 40 members and guests enjoyed a presentation by former ANZSHM President, Louella McCarthy, now a resident of Tasmania. She spoke on the history of women doctors in Tasmania from the earliest around 1900, until 1940. As elsewhere, they experienced professional isolation and were often relegated to less prominent roles than male doctors. There was a distinction between doctors (male) and "lady doctors" (non-male doctors).

At the AGM, Dr Meredith Temple-Smith relinquished the presidency, having completed two years, and Dr Kate Irving was elected as the new president. The committee welcomed two new members, Gabrielle Rutter and

## NSW Branch news

AUSTRALIAN AND NEW ZEALAND SOCIETY OF THE HISTORY OF MEDICINE

You are invited to the 2025/26 Annual General Meeting of the NSW Branch of ANZSHM

Dr Kylie Smith was, until recently, Associate Professor in the Nell Hodgson Woodruff School of Nursing and Associate Faculty in the Department of History at Emory University.

While in the US, Kylie taught courses on race and health in US history and authored two monographs in the history of psychiatry.

Her new book, *Jim Crow in the Asylum*, was published by the University of North Carolina Press.

Kylie will talk about her experiences of being a historian based in the US as well as her work on the history of psychiatry and ethics, and the current political, academic, and funding situation in the US and consider its implications for historical work in Australia, followed by a question-and-answer session.



With guest speaker  
**Dr Kylie Smith**

March 5<sup>th</sup> from 5:30 pm  
Thai Potong Newtown

Click to [RSVP](#)  
or search "ANZSHM AGM 2025-26" on Facebook  
Non-Members Welcome



Australian and New Zealand Society  
of the History of Medicine Inc.  
ANZSHM INC. INCORPORATED IN AUSTRALIA



Eugenia Pacitti. Martine Dodd retired from the position of Treasurer after 16 years in the role. Rod Westhorpe also sought to retire from the role of Secretary after 14 years, and will assist Meredith Temple-Smith during a transition period. Both Martine and Rod were thanked for their services over the many years.

Following the AGM and lecture, members and guests enjoyed dinner, attended to by KLTC staff with their usual outstanding service.

Rod Westhorpe

## 100 years ago

**Lady Doctor Objected To.**  
The secretaries of Erlington (Hebburn No. 3), Ayrfield and Neath Miners' Lodges have passed a resolution, and are so advising Kurri Hospital Board, that their respective lodge members do not in future submit themselves to the colliery company's lady doctor, for examination. This means that such cases will go before a tribunal for decision as to compensation.

1926 'Lady Doctor Objected To.', *The Maitland Daily Mercury* (NSW : 1894 - 1939), 15 December, p. 4. , viewed 19 Feb 2026, <http://nla.gov.au/nla.news-article128014065>

# Medical history and the Performing Arts

It is easy to make an interesting topic dull. It is much harder to make a potentially dull subject interesting. But in 1981, at a history of medicine conference in Mandurah, Western Australia, Dr David Hannah, a Perth suburban dentist, managed to do it. His topic: 'The History of Dental Amalgam'.

'With declamatory poses and modulating voice'<sup>1</sup>, he took the audience back to the Tang Dynasty of the seventh century and into the nineteenth century when amalgam was made by mixing mercury with filings from silver coins. He then summarised the modern history of amalgam and its controversies, especially the fear of mercury poisoning in young children, pregnant women, breast feeding mothers, and dentists.

He described his own habits of doing everything wrong: chewing gum with amalgam filled teeth, smoking and mixing amalgam in the palm of his hand. With a breast beating *mea culpa* he declared: 'If anyone should be affected by mercury poisoning it should be me'.<sup>2</sup>

The audience was silent. With a loud toot from his electric horn, a bicycle courier signalled his presence. With acrobatic riding skill he delivered a red envelope into Dr Hannah's waiting hands. With a flourish of his letter opener, Hannah produced the laboratory results of his 24-hour urinary mercury levels. He wrote them, in large letters, on the white board:

<0.14 µmol/24 h, (n= <0.20 µmol/24 h)

With the aplomb of a top barrister who knows he has out manoeuvred the prosecution, he bowed and declared, 'I rest my case'.<sup>3</sup>

Later, I complimented him, saying that it was the most enjoyable lecture I had ever heard. I asked if he had

given this lecture to the dental students. He had not because he had never been asked. He added that he had given very few lectures. He had wanted to be an actor. His father said that actors starve. So, he took up dentistry as a backstop for his proposed acting career. Sadly, that never eventuated. The closest that he came to it was to become the president of the Liverpool Playhouse Repertory Club. There he mentored some future stars. The most famous was Prunella Scales aka Mrs Sybil Fawlty.

Max Kamien AM  
Emeritus Professor of General Practice UWA

<sup>1</sup>David Hannah quoted in Jim Leavesley, "David Hannah 1931-1988", in *The Leaving of Liverpool: Medical Migration to Western Australia*, edited by David Alltree (Guildford, W.A.: Vineyard Publishing 2008), p.178.

<sup>2</sup> Author's recollection

<sup>3</sup> Ibid.

## 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. Please send your article to [anzshm@anzshm.org.au](mailto:anzshm@anzshm.org.au). We encourage submissions of 250-500 words, accompanied by any relevant images or references.

## From the newsletter team

Thank you to our members for your continued support of the newsletter and for the ever-increasing number and diversity of submissions. We have developed a style guide to assist members as well as the editorial team formatting the submissions for the newsletter. Thank you. The details are below:

Title of article and title of author as preferred (e.g. +/- post-nominals, email, position held)

Format: Word document or other plain text (not a pdf).

Font: Times New Roman, size 11

Images: jpg or png, of reasonable resolution - prefer min 300 dpi

Word count: max. 800 words

Please provide full bibliographic information for all quotations and references. We prefer a bracketed number at the end of sentences, and corresponding numbered list of notes at the end of the article, rather than using the Microsoft Word footnote system.

Other formatting, please follow the *Health and History* Style Guide on ANZSHM website [https://71d6aa3b-4249-4bdb-9413-312256e2e785.filesusr.com/ugd/a674d2\\_87202b80c7de4a9a9a34c1740ea11d1c.pdf](https://71d6aa3b-4249-4bdb-9413-312256e2e785.filesusr.com/ugd/a674d2_87202b80c7de4a9a9a34c1740ea11d1c.pdf)

For other formatting details, including for numbers, dates, footnotes, see the *Health and History* Style Guide available on the ANZSHM website [https://71d6aa3b-4249-4bdb-9413-312256e2e785.filesusr.com/ugd/a674d2\\_87202b80c7de4a9a9a34c1740ea11d1c.pdf](https://71d6aa3b-4249-4bdb-9413-312256e2e785.filesusr.com/ugd/a674d2_87202b80c7de4a9a9a34c1740ea11d1c.pdf)

# When Tragedy Crystallised Change: The Serendipitous Birth of Paramedics in NSW

The recent spate of shark attacks in New South Wales (NSW) has stirred personal memories of events sixty-three years ago on another Australia Day weekend. On 28 January 1963, actress Marcia Hathaway was fatally attacked by a shark in Sugarloaf Bay, Middle Harbour. My father knew Victor Coppleson, the distinguished Sydney surgeon who would make this tragedy a catalyst for reforming Sydney's emergency medical response. I recall my father bringing home Coppleson's 1958 landmark book, *Shark Attack*, that established his international reputation. Only years later did I realise how the convergence of events after Hathaway's death helped shape modern paramedic practice in NSW.

History rarely follows straight lines, and Hathaway's death proved such a pivotal NSW turning point. Her death exposed deep failures in emergency response, including an ambulance that broke down on the steep road from the harbour. By the time a replacement arrived, survivable injuries had become fatal. This was not a rare medical complication but a systemic failure of coordination among ambulances, hospitals, and rescue personnel, a wake-up call Sydney could not ignore.

Victor Coppleson occupied a rare intersection of expertise and influence. As chair of the Postgraduate

Committee in Medicine at University of Sydney, he had authority and institutional reach. His research into shark attacks convinced him that these were not simply biological events requiring surgical skill but system failures requiring coordinated pre-hospital response. Together with Bob Walsh, Director of the NSW Red Cross Blood Transfusion Service (and later Professor of Human Genetics at University of New South Wales, and one of my own mentors), he convened what may have been the most consequential emergency-response meetings in Sydney's medical history.

Two meetings in 1964, barely eighteen months after the tragedy, brought together ambulance superintendents, hospital medical directors, blood-bank specialists, military medical officers, police, and the Australian Medical Association. Drawing on lessons from modern military medicine, particularly the Korean War, the group endorsed the model of early cardiorespiratory and fluid resuscitation delivered as close as possible to the point of injury. Coppleson and Walsh, World War II army veterans, knew firsthand how such principles saved lives. The conference formally recommended extending these military principles beyond shark attacks to road and other accidents, ideas that would soon influence NSW ambulance protocols amid parallel advances elsewhere in Australia.

What followed was not a single reform but a convergence of independent developments. Far from me to opine that shark attack caused paramedicine in NSW; it crystallised ideas already emerging across multiple fronts in NSW, even as other states' ambulance services pursued their own evolutions in training and resuscitation. In 1964, Brian Dwyer founded one of Australia's first intensive care units at St Vincent's Hospital. By 1971, Bob Wright became director. I was fortunate to be Acting Director for six months under Dwyer's supervision until Bob Wright formally took up the role he would hold for forty-three years.

Simultaneously, hospitals across NSW were expanding intensive care capacity just as the 1964 conferences had urged improved pre-hospital resuscitation. Meanwhile, independent of that process, NSW began formal ambulance-officer training in 1961, creating an institutional platform ready to adopt the advanced protocols that crisis would demand. In 1969, Michael O'Rourke launched the St Vincent's coronary ambulance service, sending trained staff with defibrillators directly to cardiac patients before hospital arrival. This pioneering program operationalised the principles Coppleson's group had proposed eight years earlier. I

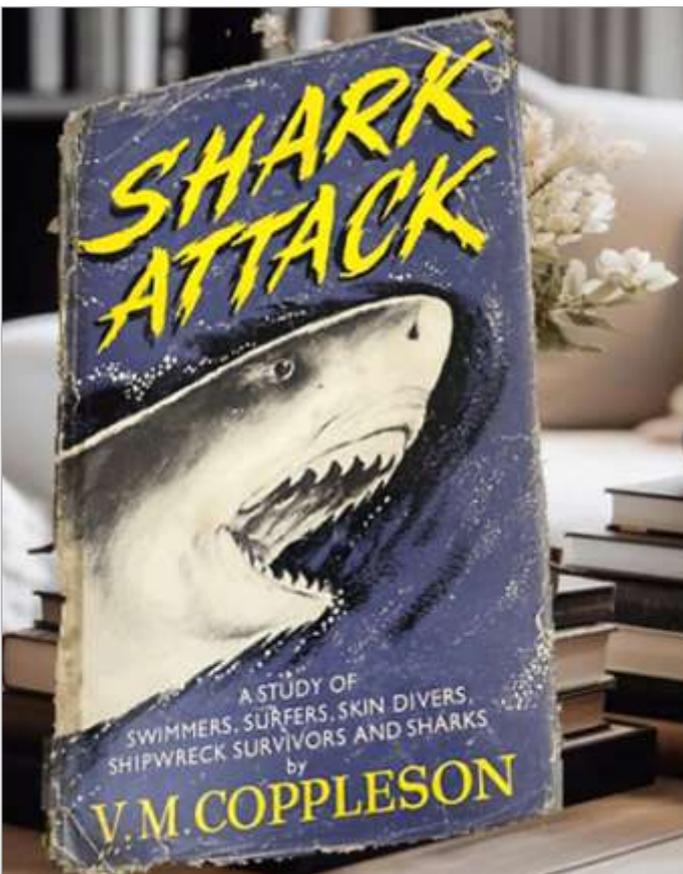


Image: 1958 First edition copy of *Shark Attack*. Image supplied by J. Isbister

recall the excitement of those early coronary ambulance adventures!

These threads came together decisively in 1975, when Bob Wright formally identified the need for emergency responders with specialised intensive-care training. Collaborating with Michael O'Rourke, he developed one of Australia's first intensive care paramedic courses in 1976. I was invited to deliver the haematology and transfusion lectures to that inaugural class. By November 1977, the first graduates entered active service as NSW's first non-physicians authorised to perform intubation, intravenous cannulation, and advanced resuscitation outside hospital walls.

This is what true historical tipping points look like. Rather than a single cause-and-effect chain, tragedy aligned disparate innovations into coherent purpose in the NSW health system. The fatal shark attack united medical leaders such as Coppleson and Walsh, ambulance and hospital administrators, transfusion specialists, and military medical veterans around a shared imperative: to make rapid pre-hospital intervention possible. The event generated both moral urgency and institutional momentum, prompting Sydney's health system to think systematically about trauma care outside hospital doors. Over the next decade, parallel progress in intensive care medicine, ambulance education, and cardiac response evolved into a coordinated emergency-medicine ecosystem, one key strand in the national emergence of paramedicine.

Now, as an octogenarian reflecting during another season of shark attacks, I'm reminded how transformative change in medicine often springs less from grand design than from individuals who act decisively in crisis. Marcia Hathaway's death could have been another fleeting headline. Instead, through the foresight of Coppleson, Walsh and many others, it became a seed for NSW's shift from first aid to intensive care, from patient transport to on-scene treatment, from hospital-centred to patient-centred care.

Modern paramedics, now integral to Australia's emergency network, carry forward such legacies, born not of a single event but of remarkable convergences of necessity, innovation, and vision across jurisdictions. Looking back, I count myself fortunate to have witnessed those formative years in Sydney, to be in the right place at the right time, among people who saw what was needed and had the courage to make it real.

James P. Isbister  
Adjunct Professor of Medicine, Sydney Medical School  
Emeritus Consultant Physician, Royal North Shore  
Hospital of Sydney  
jpisbister@gmail.com

## Correspondence

### THE IMMEDIATE MANAGEMENT OF SHARK INJURIES

1. When an ambulance is called to the victim of a serious shark attack: (i) The ambulance authorities dispatching the ambulance should immediately notify the Red Cross Blood Transfusion Service by their direct line. (ii) On arrival at the scene, the ambulance officer should: (a) apply tourniquets and superficial dressings; (b) make the patient comfortable, if possible with the feet higher than the head; (c) not transport the patient to hospital until authorized by a medical man or by radio from Ambulance Headquarters; (d) take the box with the albumin and giving sets to the scene of the accident (see below). (iii) The ambulance should drive slowly to hospital; speeding or rough handling may prove fatal to the victim.

2. When the Red Cross Blood Transfusion Service is notified of a serious shark attack, it should: (i) Direct by radio its nearest delivery van, all of which carry albumin, blood and giving sets, to proceed to the scene with spare blood and albumin; (ii) Notify Police Headquarters (2222) and request that a medical officer be obtained from the nearest large hospital and be driven to the scene.

3. When a hospital is asked by the police to provide a medical officer, a senior graduate should be made available to accompany the police car to the scene of the attack. His responsibilities will be to: (i) administer sedatives, which he should bring with him; (ii) effect haemostasis; (iii) begin albumin or other infusion; (iv) decide when the patient should be moved to hospital.

As a result of the discussions at these meetings, it was decided to stock forthwith all ambulances throughout the State with two bottles of 5% albumin and sterile transfusion giving sets. These will be supplied by the Red Cross Blood Transfusion Service in a small box about 10 in. long, 7½ in. wide and 4½ in. high, made of suitable material painted an appropriate colour and suitably designated with printed material. It is estimated that about 500 ambulances would need to be supplied, and the Blood Transfusion Service has agreed to cover the costs.

Herford House,  
188 Oxford Street,  
Paddington, N.S.W.

VICTOR M. COPPLESON.  
R. J. WALSH.

Image: Extract from the Medical Journal of Australia including recommendations made by Victor Coppleson's committee.

### Further Reading:

V.M. Coppleson and R.J. Walsh, "The Immediate Management of Shark Injuries", *Medical Journal of Australia* 1, no.25 (20 June 1964), p.964. doi:10.5694/j.1326-5377.1964.tb114485.x

V.M. Coppleson, "A Review of Shark Attacks in Australian Waters since 1919", *Medical Journal of Australia* 1, no.17 (28 April 1951), pp.633-635. doi:10.5694/j.1326-5377.1951.tb56385.x

M. Kelly, "Shark Attack. Second Edition", *Archives of Internal Medicine* 112, no.5 (1963), pp.810-811. doi:10.1001/archinte.1963.03860050197056.



# Animalia

## The frog fridge

Modern science has identified a number of animal compounds that have potential or real use in human pharmacology as antimicrobial agents. Most are short peptides (chains of amino acids) that act in various ways, including to protect the host from contaminated environments, immobilise or kill prey, or aid in digestion. Spiders, scorpions, ants, wasps, bees and snakes are all known to secrete peptides that have useful properties. It is hardly surprising that frogs and toads would have similar secretory agents that perform useful functions for the amphibian itself.<sup>1</sup>

As with many animal traits recognised by humans searching for medical remedies and treatments throughout history, the skin of frogs and toads have contributed to the arsenal of therapeutic agents for centuries. Toad skin secretions have been employed in traditional Chinese medicine for hundreds of years, including to treat inflammation and infection. Interestingly, within the past ten years, researchers have identified anti-tumour and wound-healing properties in the secretions from some species of toads and frogs.

Toads and frogs live in aquatic environments. The ability to secrete chemical agents that protect them from bacterial infection would be an evolutionary advantage. Humans have harnessed this antiseptic property of frogs in a unique household way. In Russia and Finland, the European brown frog, *Rana temporaria* (pictured), has been the unlikely hero in preserving milk during the hot summer days. The frog was placed in the milk in order to prevent bacterial spoilage, thereby lengthening the life of the milk.<sup>2</sup>

In 2012, a group of scientists from Russia, Finland and Sweden identified 76 individual peptides in the secretions of the brown frog. Their research demonstrated antibacterial activity of the skin secretion in general and of one particular peptide named Brevinin 1Tb. The peptides inhibited bacteria (*Staphylococcus aureus* and *Salmonella enterica Serovar typhimurium*) at levels as high as reported for some antibiotics.<sup>3</sup>

Kath Weston



<sup>1</sup>Yacoub T, Rima M, Karam M, Fajloun JSZ. (2020) Antimicrobials from Venomous Animals: An Overview. *Molecules*. 2020 May 21;25(10):2402

<sup>2</sup>Bansal P. (2025) Toad-ally Fresh: How Russians Used Frogs to Keep Milk from Spoiling. *MedBound Times* 24 Jul 2025 <https://www.medboundtimes.com/medbound-blog/russians-frogs-in-milk-preservation-science> Accessed 05.02.2026

<sup>3</sup>Yu T, Samgina E, Vorontsov A, Gorshkov VA, Hakalehto E, Hanninen O, Zubarev RA, Lebedev AT. (2012) Composition and Antimicrobial Activity of the Skin Peptidome of Russian Brown Frog *Rana temporaria*. *J. Proteome Research* 11(12), 6213-6222

Image: Britannica Editors. "common frog". Encyclopedia Britannica, 7 Feb. 2018, <https://www.britannica.com/animal/common-frog>. Accessed 05.02.2026

## Mystery object

## 100 years ago

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



### Cure for Sleeplessness.

If people cannot sleep at nights they should try drinking a tumbler of boiling water with a couple of lumps of sugar in it last thing, and leave the bedroom window a little bit open at the top.

### Best for Supper.

A glass of boiled milk is about the best supper you can have if you come in fagged from dance, ride, or work. It is no good eating a heavy supper when all nature is tired; your digestion is tired like the rest, and will pay you out if you try to make it work overtime.

Toodyay Herald (WA) 20 Feb 1926 Page 3 Household Hints <https://trove.nla.gov.au/newspaper/page/18260820>

# Anaesthesia Project

## Ernest and Marion Davis Library

When the curators of the Ernest and Marion Davis Library (EMDL) received a grant from the Australia and New Zealand College of Anaesthetists towards cataloguing and researching the anaesthesia objects in our collection, we thought we were dealing with a small number of boxes in our museum storage area. However, through the process of researching the origins of what is held on site at the EMDL – a standalone museum and library on the grounds of Auckland Hospital – we have found ourselves responsible for a much larger collection. The Department of Anaesthesia and Perioperative Medicine at Auckland Hospital amassed a large collection over many decades which has now come under the care of the EMDL. The anaesthesia department has kept everything, which is wonderful in terms of breadth and completeness, but raises difficulties in terms of long-term storage and care. The EMDL is now faced with the dilemma of what to keep and what to dispose of, maintaining that balance between preservation, documenting changing technology, and hoarding.

Certain objects resonate, such as the ‘difficult intubation trolley’ (D.I.T.) for patients with tricky airway issues, still loaded with an array of scopes, tubing and hoses – left as it was when it was last wheeled out of an operating theatre in the early 2000s. We are also intrigued by the home-made, rudimentary aspects of some of the objects – Joe Petoe’s portable anaesthesia

machine dating from the 1970s, that he made for his medical practice by packing a Bird Mark II ventilator into a suitcase, with a hole drilled into the side for attaching a gas cylinder (image at left below). A much older, simpler example is a Brylcreem bottle adapted to administer ether by a double nozzle attachment screwed on to the top. Perhaps the most entertaining object speaks also of the role of the hospital anaesthesia department in teaching and extending the profession: a moveable lectern in current use in the seminar room of the department made from an old Boyle anaesthetic machine with many of the cylinders still attached (image at right below).

We are cataloguing as we go, and the collection records are immediately loaded onto [eHive](#), where they are accessible to the public.

Our initial project goals are to organise, document and store the collections held in both locations. As we progress, we will shift our focus to researching objects and stories that make those collections come to life: the New Zealand connections and the Auckland Hospital stories. These will be used to enhance our physical displays in the EMDL and in the anaesthesia department, as well as online tools such as the Our Health Journeys website (<https://www.ourhealthmuseum.org.nz/>), and our own Instagram [@emdavislib](#).

Celia Walker & Claire Freeman  
Curators



## Re-thinking medical history

### **Decolonising a draft manuscript of Aboriginal Peoples: An investigation into historic health profiles from archival material and before book publication**

I am a PhD candidate at Federation University's National Centre for Reconciliation, Truth and Justice (NCRTJ) in Victoria Australia, currently five months into my PhD journey. To date I have had a varied and fulfilling professional life after completing a bachelor's degree in Outdoor Education in my younger years, I headed to the Northern Territory to work on remote Aboriginal communities for twenty years. During this time I completed a master's degree in International Community Development. Since 2010, I have been working in Aboriginal Cultural Heritage and Cultural Competence Education in Natural Resource Management on Bunurong, Wurundjeri and [Gunaikurnai](#) Country in West Gippsland, Victoria.

I am extremely fortunate to have been offered the opportunity to work on this research project in the field of decolonising Australian histories, as I feel it is a critical component in the telling of truth of the history of our nation. The decolonising of Australian histories usually happens after the fact of publishing manuscripts, where Indigenous researchers can only engage with the material available in the public domain. This PhD, in the fields of history, archives, decolonising studies, Indigenous methodologies and Indigenous health and epidemiology, is an opportunity to break that cycle and decolonise a draft manuscript. The draft manuscript has been written by a member of the ANZSHM, historian and academic Peter Dowling OAM, PhD. The draft manuscript contains historical research on Tasmanian Aboriginal populations and health profiles at the time of colonial invasion. With his generous heart and draft manuscript in hand, Peter approached Professor Emma Lee OAM, internationally recognised expert on Indigenous methodologies, a Trawlwulwuy woman of Tebrakunna country, north-east Tasmania, who is based at the NCRTJ. Together they developed this doctoral research project designed to privilege Indigenous voices. The draft manuscript has been written, however, it is missing an Indigenous voice, perspective, methodology and theory that pays tribute to Tasmanian Aboriginal peoples. This three-year research project is the opportunity to put into practice Indigenous methodologies, revisit the archives and incorporate Aboriginal accounts of histories to recover the version of history that is so far missing from this manuscript.



Mandy Leggett (image supplied)

Having read several back issues of the ANZSHM newsletter, I see that members have been offering many interesting personal reflections on the significance of medical history over several issues. As an Indigenous academic and Aboriginal woman, I am researching the impacts of introduced diseases that have had ongoing ramifications on the population of Trouwunna / Lutruwita (Tasmania) and the wider Indigenous population of Australia, including my own family. It is evident to me that the existing version of this history is a colonial one, recorded from the eyes and mouths of the colonisers without consideration of the thousands of years of evolved culture that preceded their arrival. I would submit that telling the truth of this history, while confronting and uncomfortable is necessary for our people to find a way to move forward together. I believe I can learn a great deal from you all and look forward to being an active member of the Society and gaining knowledge and insights from Australia and New Zealand. Thank you for the opportunity to introduce this project to the membership.

Mandy Leggett

## Workshop

### **ANZSHM x HEALTH & HISTORY JOURNAL**

**February 26<sup>th</sup>, 2026 5pm AEST**

A publishing and peer review workshop with the  
Health and History team

Zoom details forthcoming  
Contact: [sgrey1@usc.edu.au](mailto:sgrey1@usc.edu.au)

# Child intellectual disability

## 'Idiot' or 'imbecile'?: the construction of child mental disability at Newcastle Hospital 1871-1900

A few years ago, while researching my family history, I discovered an ancestor who died in the Newcastle Hospital for the Insane in 1909, aged just 10 years old. I was very surprised that children were committed to an adult mental facility and when the opportunity arose for original research for my History Honours project at UNE, my thoughts turned to the children incarcerated in Newcastle Hospital for the Insane. I found that the admission registers for Newcastle Hospital were held in the NSW Archives Collection and so I set off from my home on the north coast of NSW to view these records.

The documents have not been indexed or digitized so have not garnered much attention from historians. On viewing the records I noticed that almost every child admitted received a diagnosis of either 'idiot' or 'imbecile' and I wondered how these diagnoses were constructed by the doctors and staff at the mental facility. This became my research question. These children were often described as 'insane' because they all had a mental disability that caused their families to commit them to this institution.

My first task was to scan the admission records for all individuals 14 years and under – there were records for 482 children who were admitted between the hospital's establishment in 1871 and 1900. I hoped this 30-year period would demonstrate trends and changes over time. I then transcribed the records so that I could ascertain the characteristics that would put a child into either the 'idiot' or 'imbecile' category. After transcribing, I set up a spreadsheet and went through the transcriptions one by one and noted on the spreadsheet each characteristic that was given to each child on admission. This is the admission record for Margaret B., admitted in 1889 as an 'imbecile':

*She is very fair in complexion with brown eyes and a peculiarly [stained?] [?]. There is nothing abnormal in her [conformation?] beyond the usual expression of face common to imbecility. She can speak but one or two words, is very backward indeed. She is not clean in her habits being wet and dirty by night and day. She has no special vices, is not an epileptic and gives but little trouble beyond being dirty, her general health is satisfactory.*

The details in the records changed marginally over the 30 years of my study, but this entry is typical in that speech, facial expression, general health, if the child was 'clean' or 'dirty' (toilet trained) and epilepsy were the most noted features. In my spreadsheet, I coded each characteristic noted in the admission record attempting to

keep the flavour of the nineteenth century language. Therefore, in Margaret's case the spreadsheet indicated she was 'dirty' in habits, did not speak well, had little intelligence, looked like an 'imbecile', her general health was good, she did not suffer from epilepsy, and she was not mischievous (troublesome children were often described as 'mischievous'). Features noted in the records were wide-ranging, but as there was not a standardised list of criteria, it appears that the characteristics noted for individual children were those that most impressed the staff member conducting the admission. Other features often remarked on in the records were the size and shape of the head, if the child could walk independently, paralysis, and if they could understand questions and follow directions.

After the admission records were coded, I then began the analysis and interpretation of the data to understand how child mental disability was constructed at Newcastle Hospital. I was interested to discover if there was any set of characteristics that would cause a child was diagnosed as an 'idiot' or an 'imbecile'. According to the analysis, the strongest indicator of diagnosis was age on admission, as the younger a child was admitted to



Newcastle Hospital for the Insane, 1888. Photo courtesy of Hunter Living Histories.

Newcastle, the more likely they were to be diagnosed as an 'idiot'. 'Idiots' were also assessed as having slightly more difficulty in walking than 'imbeciles' and their speech was not as developed, although more 'idiots' were said to understand and answer questions. The differences between the two groups in these characteristics were very small. Vastly more 'imbeciles' possessed heads outside the normal size range or that were ill-formed in some way and they also had more highly arched mouth palates. There was no difference between the two categories for epilepsy or toilet training. The nineteenth-century medical literature presents an ambiguous and subjective view of the labels 'idiocy' and 'imbecility', which is reflected in the admission records of Newcastle Hospital.

Nicole Don

# Little-known Military Medical History in Victoria

## MILITARY & CIVILIAN FIRST AID

Victoria has had a very long and sustained connection between military medical services and civilian first aid, particularly through St John Ambulance Association. The Order of St John, itself, has been at the forefront of military medical care from mediaeval times, founded in Jerusalem in AD1113 during the Crusades and maintaining military hospitals in all the succeeding centuries. St John Ambulance was established in Victoria in 1883 and was immediately connected with military first aid.

The last Commandant of Victoria Barracks (and Secretary of the Department of Defence) in colonial Victoria was Major-General Francis Major Downes, (1834-1923) who had served in the Crimean War and been Military Commandant in South Australia before being headhunted to Victoria.



Major General Francis Major Downes

His subordinate officer in charge of the medical militia was Surgeon-Major (later Colonel) George Horne (1860-1926). In civilian life, Horne was a surgeon at the Women's Hospital and a volunteer in St John Ambulance, who continued these roles after Federation. During the official visit of Theodore Roosevelt's 'Great White Fleet' in 1908, Horne founded the First Aid Volunteer's Association to assist his militia in crowd first aid. FAVA subsequently morphed into St John Ambulance Brigade in Victoria, with Horne as its first Commissioner.



Surgeon Major George Horne

Upon Federation in 1901 the first Director General of Army Medical Services (then located in Victoria) was Major General Sir William Williams KStJ, who was also a member of the St John Council for Victoria. During WW I, Horne served in military hospitals in France, concurrently with war service by Williams and many other St John medical volunteers.

Francis Downes' son, Major-General Rupert Major Downes (1885-1945) KStJ, served in both first and second world wars, becoming Director General of Army Medical Services. In civilian life he was a paediatric surgeon at the Children's Hospital and a St John volunteer, becoming its second Commissioner upon Horne's retirement.

Rupert Downes was killed in an aircraft accident in the closing stages of the war in the Pacific and was succeeded as the third Commissioner by Colonel Arthur Sherwin KStJ (1881-1961).

Sherwin was a gynaecological surgeon in civilian life but during the second world war was Commandant of Heidelberg Military Hospital. Among his subordinates was plastic surgeon Sir Benjamin Rank who subsequently became Chairman of the Board of St John Ambulance in Victoria.

The fourth Commissioner was Brigadier Sir William Johnston KStJ (1887-1962). He was a physician at the Royal Melbourne Hospital. He had served in France during the first world war and in the Middle East during the second, becoming Deputy Director of Medical Services. He was succeeded by the fifth Commissioner, Major General Sir Frank Kingsley Norris KStJ (1893-1984).

Norris was a paediatrician who had served in both first and second world wars and was recruited back to become Director General of Medical Services during the Korean war. One of his most important achievements was setting up the RAAMC School of Health, initially at Healesville, later relocated as the Norris Barracks in the old quarantine station at Portsea. Norris' time as Victorian Commissioner was cut short by his promotion as Chief Commissioner at Australian Headquarters, paving the way for his successor, Colonel Douglas Donald KStJ (1910-1979).



Major General Sir Kingsley Norris

Douglas Donald was a surgeon at Prince Henry's Hospital in Melbourne. In 1939 he joined the AIF in 2/1<sup>st</sup> Field Ambulance and served in Libya, Greece, Crete, Syria and Ceylon, being mentioned in dispatches. He was promoted as Chief Surgeon to St John Australian Headquarters in 1966 and was succeeded as the seventh



Colonel Douglas Donald

Commissioner by Lieutenant Colonel Sir Geoffrey Newman-Morris KStJ (1909-1981).

Newman-Morris was a general surgeon at Prince Henry's Hospital and with Victoria Police. He was not only a high-ranking officer within St John Ambulance but also National Chairman of Australian Red Cross and Chairman of the Standing Commission of Red Cross International.



Colonel Sir Geoffrey Newman-Morris

He was awarded the Henri Dunant medal, the highest accolade of Red Cross International. During WW II he served in the Middle East and New Guinea before returning as Commandant of 106AGH at Bonegilla.

The eighth Commissioner was Dr Arthur William Burton KStJ (1916-1996). He was a General Practitioner, later becoming the Executive Officer of Victorian Branch of Australian Medical Association. During WW II he was a Captain in RAAMC, serving mainly in New Guinea.

The ninth Commissioner was Dr Henry Hollister Jackson CStJ (1912-2002). Harry was a General Practitioner and long-term volunteer with St John. Before the war he was a pilot in No.21 squadron but on the outbreak of war was not allowed to fly because of his medical work with the Australian Air Force, mainly in New Guinea and the south Pacific.

The tenth Commissioner was Dr Peter Bush KStJ (1923-1993). Peter was a medical officer at St Thomas' Hospital in London during the blitz and migrated to Australia after the war. He worked in General Practice and as a Police Surgeon before becoming the first full-time director of the Emergency Department at Royal Melbourne Hospital and a leader in formation of the College for Emergency Medicine. In St John he was active in the Search & Rescue Units and influential in development of the first Victorian State Emergency Plan.

The eleventh Commissioner was Major General Francis Eric Poke AO KStJ (1923-2018). Frank served in the Dutch East Indies during WW II and subsequently in the Army Reserve, rising to the rank of Major General in Logistic Command. His promotion as Deputy Chief Commissioner at St John Australian Headquarters opened the way for our twelfth Commissioner, Dr Edward Brentnall MBE KStJ (1929-2024).



Major General Francis Poke

Dr Brentnall served in the British Army Medical Corps for three and a half years during the Malayan insurgency and subsequently in Singapore before migrating to Australia in 1965. He was in General Practice until becoming director of the Emergency Department of Box Hill Hospital. He was one of the foundation Fellows of the College for Emergency Medicine.

The thirteenth Commissioner was Colonel Lawrence Newell AM QPM CStJ (1920-2011). Lawrie was a career Police Officer, rising to become Deputy Commissioner in Victoria Police before retirement. Because of his police work he was not permitted to serve in the military forces although he had been in the artillery militia prior to WW II and was a volunteer in the Royal Australian Artillery after the war. He became Commanding Officer of 2<sup>nd</sup> Field Regiment for four years, including a brief period in Vietnam war service, and was then appointed to Headquarters Staff with the rank of Colonel.

Most subsequent Commissioners have had little, if any, involvement in military service, with the noteworthy exception of Major General Jeffrey Rosenfeld AO KStJ (1952+). A neurosurgeon by profession, and Professor of Surgery at Monash University, Professor Rosenfeld joined 6<sup>th</sup> Field Ambulance in 1984. He was subsequently appointed medical officer of 4/19<sup>th</sup> Prince of Wales Light Horse and later as Officer Commanding 6<sup>th</sup> Mobile Field Surgical Troop detached from 3 Forward General Hospital. He has undertaken service in Rwanda, Bougainville, East Timor and Iraq. In 2009 he was appointed Surgeon General Defence Health Reserves.



Major General Jeffrey Rosenfeld

The ongoing involvement of civilian medical staff in military medicine has ensured that quality of care remains at the cutting edge. Likewise, their involvement in the advancement of first aid skills ensures the best response to accidents and injuries in civilian life as well as on the battlefield.

Dr Allan Mawdsley OAM KStJ  
St John Ambulance Historical Society

Sources: The source material for this article is Mawdsley, Allan. 2010. "In Ages Past – 100 years of St John Volunteer First Aid in Victoria", St John Ambulance Australia, ISBN 0 949 569 63.

All images were supplied by the St John Ambulance Museum, Victoria.

# Dr Philip Thornton

## Ipswich Hospital's First Medical Superintendent.

Philip Thornton was born in the village of Maker, Cornwall, England on 28 May 1846. He was the only child of Philip Thornton Snr. and Elizabeth Hambly Thornton (nee Waterman). Both his father (draughtsman/master shipwright) and paternal grandfather (shipwright) had Royal Naval backgrounds. The cost of Philip's medical training, a form of apprenticeship as a student of an established doctor, and required for qualifications in Surgery and Apothecary, was met by his father as were the costs relating to exams and hospital studies.

Philip began his medical studies in 1866 at the age of twenty as a student at Guy's Hospital, London. Records indicate that he studied under Dr Fred C. Corey M.D. and show that he passed the examination of the Royal College of Surgeons in April 1868. By August 1870 he had gained his Licentiate of the Society of Apothecaries. He was appointed as House Surgeon at the London Hospital in 1871. In December 1873 he sat a further examination to gain his Licentiate of the Royal College of Physicians Edinburgh. He successfully petitioned the Royal College of Physicians, Edinburgh to become a member in 1879, while working as a general practitioner.

Dr Philip Thornton applied for a passport on 4 August 1874 and married Emily May Baker on 29 August 1874. Sadly, Emily died on 4 August 1875 as a result of phthisis (probable pulmonary tuberculosis). Philip married Jane Buston on 9 November 1882.

No records can be found for Dr Philip and Jane Thornton's emigration to Australia. However, Dr Philip Thornton was registered with the Medical Board of Victoria in March 1883.<sup>1</sup> The Thorntons' two eldest daughters Florence (born 1883) and Constance Emily (born 1885) were born in Creswick, Victoria. Sometime after the birth of Constance, the family relocated to Wentworth, New South Wales, where Philip worked at the Wentworth Hospital until October 1887.<sup>2</sup> At this time, he was successful in obtaining the position of Resident Surgeon at Ipswich Hospital, Queensland.<sup>3</sup> He held this position - later titled medical superintendent - until September 1915, a period of twenty-five years.<sup>4</sup> During this time, he was also a Justice of the Peace from 1896 until 1904 and served as a surgeon on the medical staff of the Queensland Defence Force (Land) until 1892.<sup>5</sup>

During his time as Medical Superintendent, Dr Thornton instigated formal training for nurses at Ipswich Hospital. The first nursing training in Queensland began in 1886



Dr. Philip Thornton, Ipswich, 1919. [F.A Whitehead & Sons]

at Brisbane Hospital and Dr Thornton started lectures for senior nurses in Ipswich in 1889 in the subjects of elementary anatomy and physiology, practical nursing and the application of surgical appliances. In January 1890 he reported to the Acting Hospital Committee that four senior nurses had passed these examinations. Initially, written examinations were held in Brisbane but after complaints by Dr Thornton that this was disruptive to nurses and the running of the hospital, Ipswich became an approved examination centre in 1907 with Dr. Thornton overseeing the examinations. Young women from all over Queensland applied for positions at Ipswich Hospital because of this training.

Eleven months after his resignation as Superintendent in 1915, he was appointed as Assistant Medical Superintendent in charge of the Epidemic Hospital in August 1916 on the recommendation of the Hospital Finance Committee. He resigned this post in October 1919.<sup>6</sup>

Philip and Jane had two more daughters, Edith (1888) and Violet (1890). Jane died in 1903. Dr Thornton married for the third time, to Kate Macfarlane, a nurse at Ipswich Hospital, in 1903. He died in 1920, aged seventy-four.

His obituary in the *Queensland Times* on Thursday 24 June 1920 paints a picture of a much respected and admired man:

There were few more widely known persons in the West Moreton district than the deceased. During the many years he served as medical superintendent of the Ipswich General Hospital he came in contact with hundreds of residents of various parts of the West Moreton district.

The many hundreds of persons who received medical treatment at the hands of the deceased doctor had invariably testified to the kindly interest he always manifested in their welfare. No hour was too late, and no task too great for the doctor to undertake, if, by so doing, he was able to relieve pain and suffering. Many there are who have had occasion to feel deeply grateful for his skilful treatment. He was essentially a worker: a man who did not allow unfavourable circumstances to embarrass him, and in the midst of the busy and trying times which medical men—and especially those in charge of large hospitals—so often experience, he maintained that courteous and kindly consideration for others which does so much to relieve the burden of suffering humanity. A typical instance of his tenacity when duty called was afforded last year when the influenza epidemic was causing such widespread anxiety. Dr Thornton loyally stuck at his post during a period when assistance to the sick was so urgently needed and having the good fortune to escape an attack of the malady, he was able to render signal service to the community at that trying period.

With but one exception Dr Thornton was the only medical man in Ipswich who was not stricken with influenza, and it will thus be seen that the duties which were imposed upon him during that anxious time were exceeding onerous.

Up till about a week ago he was attending to his duties as assistant-medical officer at the General Hospital, when he contracted a severe cold, an attack of influenza following, necessitating confinement to his room. He received most careful attention from the members of the medical profession in the city, but he passed away peacefully at his home.<sup>7</sup>

Dr Stewart Parkinson MB BS (Qld) Ret., Ipswich Qld.  
[linkedin.com/in/stewart-parkinson-23609017](https://www.linkedin.com/in/stewart-parkinson-23609017)

I acknowledge to assistance of Ms Elizabeth McNalty, Ipswich Hospital Museum for her assistance and inspiration in the production of this document.

#### References:

- <sup>1</sup> 'Medical Board of Victoria' in *Victorian Government Gazette*, 2 March 1883.
- <sup>2</sup> 'Register of Medical Practitioners for 1886 in *Victorian Government Gazette*, 29 January 1886.
- <sup>3</sup> 'Queensland Medical Board' in *Queensland Government Gazette*, 6 October 1887.
- <sup>4</sup> *Queensland Times*, 5 November 1915, p.6.
- <sup>5</sup> 'Chief Secretary's Office, Brisbane' in *Queensland Government Gazette*, 21 January 1896 and 14 July 1892.
- <sup>6</sup> *Queensland Times*, 17 October 1919, p.4.
- <sup>7</sup> *Queensland Times*, 24 June 1920, p.25.



Image: Ipswich Hospital: The first Hospital Building was completed in November 1859 on the five acres granted by the New South Wales Colonial Government. The same Government granted £1500 for the building which, with additional public subscriptions, was built for £2179. The hospital building was improved by the addition of balconies and verandas in 1864, Ceilings and other embellishments in 1874 and additional wings added (southern side in 1880 and northern side in 1883).

Source: Ipswich Hospital Museum.  
<https://ipswichhospitalmus.squarespace.com/stories/first-hospital>

## Books by members

### **Bravery and Ambition**

#### **A family history of contribution to Northern Territory and South East of South Australia**

Harold Victor Elcock 1898-1977

Eileen Mary Elcock née Neenan 1904-1989

By (Janie) Elizabeth Anne Mason

Harold Victor Elcock and Eileen Mary Elcock née Neenan were brave and ambitious pioneers in the Northern Territory, and later, in the Southeast of South Australia. Harold arrived in 1912 in Melbourne, Victoria from England and came to the Northern Territory in 1936. He worked for the Commonwealth as an assistant engineer.

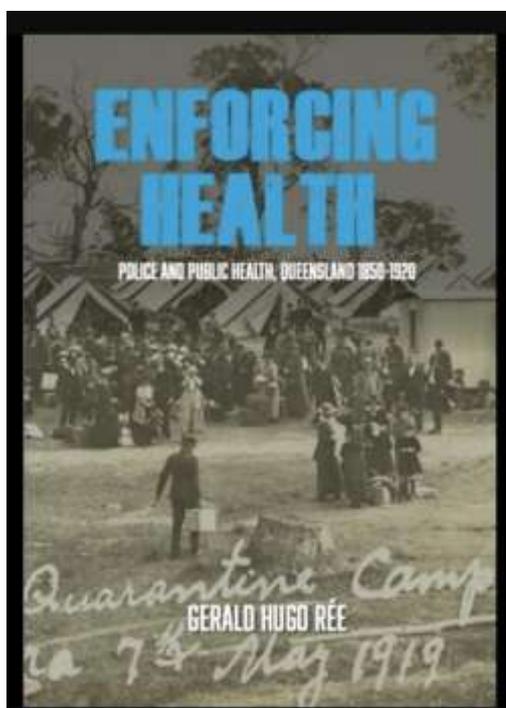
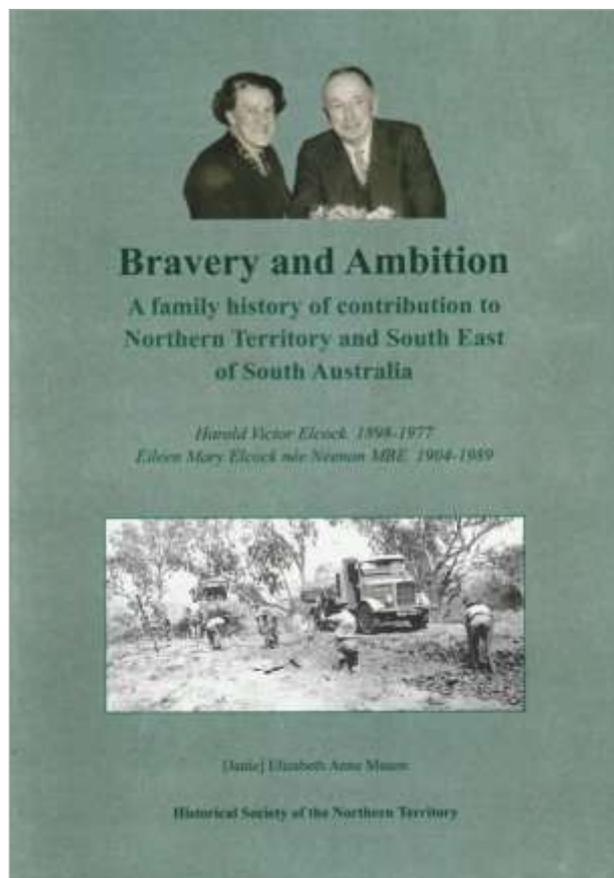
Eileen became a 'nursing sister', despite lack of schooling and arrived in the Northern Territory in 1939 as a double certificate (general and midwifery) registered nurse. She was honoured for 'brave conduct ... quietly and efficiently organising the house-keeping side and ensuring continuous service at Darwin Hospital' in the Japanese bombing raids on Darwin on 19 February 1942.

Harold and Eileen were active in post-War rebuilding of Darwin's civil and social fabric. He formed the Elcock Construction Company and she and her shop, the Kay Garland, were important for women for dress and advice as civilian life returned to Darwin. Moving to south-eastern South Australia, they settled into construction camp life in the years 1951 to 1954 and completed large contracts draining wetlands. In 1955, they started their 'Goodearth' farm, which became noted for innovative farming methods.

Harold and Eileen were a 'formidable couple'. Despite lack of formal qualifications, Harold was a clever, self-taught engineer and later turned the Goodearth into a 'highly developed and productive farm'. From a tough childhood, Eileen 'became a remarkable, talented and tough woman and rose to achieve great things in her life'.

Available for \$20 plus postage \$10 from the Historical Society of NT.

Janie Mason



### **Enforcing Health: Police and Public Health Queensland 1850-1920.**

By Gerald Hugo Reé

Brisbane: And Also Books, 2025

<https://www.andalsobooks.com/shop/enforcinghealth>

During the Covid-19 crisis (2020-2022), a number of people were troubled by police enforcement of regulations that dealt with isolation and 'distancing' orders. In this volume, the author describes how Queensland police became involved in public health work from the earliest days of colonisation, a role for which they had no specific training. The practice was not confined to Queensland, but occurred in most Australian colonies and many nations around the world.

A\$25.00

## Books by members *cont'd*

### From Harrods to Hackney

#### A surgical miscellany.

By Peter F. Burke

This is almost 50 chapters of Peter's writings, over many years, reflect his medical-historical interests.

Dr John Ford, noted author and historian, Apothecaries Hall, Blackfriars Lane, London, writes:

*'It's great; it's scholarly but the scholarship is hidden under an easy accessible style. Beautifully illustrated, it is an impressive addition to medical biography.'*

Published in a limited first edition, copies are available from the author at [providence2@bigpond.com](mailto:providence2@bigpond.com) or PO Box 146, Newborough, VIC 3825. The all-inclusive price including postage and packing is A\$75.

© 2025 by the author Dr Peter F Burke

### From Harrods To Hackney

#### *A surgical miscellany*



Dr Peter F Burke

## Mystery object revealed

Auvar vaginal speculum, c1900 [possibly still in use]. The vaginal speculum has a very heavy weight attached to the stem, which allows the speculum to self-retain. The surgeon can use both hands during surgery without needing an assistant.

Dr Pierre-Victor-Alfred Auvar (1855-1940) studied in Paris and became a quite distinguished obstetrician and gynaecologist. In addition to the speculum, he is also known for the 'Auvar manoeuvre' for the extraction of the placenta. One of his other famous 'inventions' was the 'Auvar couveuse', a very early incubator for premature infants, developed in the 1880s.



Details provided by Cate Storey

## Calls for papers and other opportunities

*Please refer to the Monthly-Round up sent via email to all members by the ANZSHM Secretary.*

Of special note:

**Notes and Records Essay Award**, The Royal Society Journal of the history of science. Papers on any aspect of the history of science, technology and medicine in any period. Papers due 23.59GMT on 28 February 2026. More information at: <https://royalsocietypublishing.org/rsnr/pages/essay-award>

**Hans Rausing Scholarships 2026/27** to study history of science and technology. More information at: <https://www.kingschostm.com/funding-opportunities>. Applications due 17th April 2026.

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

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

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

LETTERS, PHOTOGRAPHS AND ARTICLES ARE WELCOME IN ELECTRONIC FORMAT.

DEADLINE FOR THE NEXT ISSUE IS 1 MAY 2026

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