

The President's Page

I was honoured to be elected to take over from Linda Bryder, as President for 2025-7. They are big shoes to fill, and we thanked Linda during our biennial conference in Sydney last month for her wise guidance and skilled leadership. There may be a separate report on the conference coming at a later date, but I'll highlight a couple of things here. Cate Storey's team ran a very successful and enjoyable meeting. Numbers were down a little, but there were many excellent papers, by young and older members, and it is a time when we get to know each other better. There is a lot of good work being done in medical history in our two countries, and the conference is an important venue for young historians to 'cut their teeth' at a binational meeting.

I can announce now that Melbourne has agreed to host the 2027 conference, at a venue and time to still be sorted out—although it will almost certainly be in a non-teaching week in either mid-July or late September. The President of the International Society of the History of Medicine (ISHM), Prof Dana Baran, has expressed interest in merging their inter-biennial meeting with us in Melbourne. It is a long way off, but you might want to make a tentative note in your 2027 calendars.

Another thing to highlight from the Sydney meeting was the announcement of the winner of the ANZSHM Book Prize. Three of us had the pleasure of reading the submitted books (those published between 2023 and 2024). The winner was Linda Bryder, for her book: *The Best Country to Give Birth? Midwifery, Homebirth and*



the Politics of Maternity in Aotearoa New Zealand, 1970-2022. It is a chilling analysis of how the wish for near total independence by one group of professionals has jeopardized the lives and happiness of a number of women and their children.

We also want to thank John Sinclair, who has served as Treasurer with great distinction but now feels it is time to draw breath. I'm delighted, though, that he will continue on Council as a regular member so we can still benefit from his corporate memory of our finances. The new Executive with me is Maggi Boulton (Vice-President), Ian Roberts-Thomson (Treasurer) and Paige Donaghy (our marvellous Secretary).

One of the things we will try to advance during this next year includes upgrading the functionality of our website, particularly to make Madonna Grehan's life easier for managing membership. Council has also been discussing whether it is time to publish our journal, *Health and History*, entirely electronically—as is the case now for so many other journals. Our Editor-in-Chief, Hans Pols, is supportive of this. Doing it would save a significant amount of money, save the planet some paper, and even save space on our individual shelves. There was a little concern at the Annual General Meeting, though, that some older members might not be able to access it. So, this question remains under discussion a little longer to see if we can find a solution.

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.

Natalie Smith

I am a practicing clinical anaesthetist, working in two locations in NSW - Wollongong and St George Hospitals – with honorary Associate Professor appointments at the affiliated Universities of Wollongong and NSW. Along with a range of clinical interests, I have been involved in teaching and training, and in research in both educational and clinical areas. Some of my teaching sessions were history based, for example, on the history of resuscitation, but I have always been too busy in other directions of my professional life to follow up this interest to a deeper degree.

After attending University in Sydney, I found myself undertaking my specialist anaesthesia training in the UK and lived in London for about eight years. History was a living part of my ordinary life in such a place, as well as in my work. The historical buildings in which I worked are now long gone, replaced with one big modern mega-hospital. Part of my institution at that time displayed a blue plaque commemorating the first anaesthetic given in the UK, we transferred patients through long underground Victorian tunnels between buildings, and the Wellcome Collection is housed in a building that was literally around the corner. In one of my training hospitals, the doctors' mess contained a bar that was fully operational: as junior doctors were on site every third night, it was perfectly permissible that they should be able to have a beer if they felt like it. This practice is definitely consigned to the past!

My personal interests in history were formed as a child, largely from my wide ranging reading habits. My idea of a fabulous day includes wandering around old castle ruins, or indulging in just about any experience at all from the medieval period. Living in the UK facilitated both of these delights. Anaesthesia itself is a relatively recent specialty and has developed so quickly, with ongoing major advances in my working lifetime, that an awareness and understanding of its history is almost an embedded part of the speciality itself. A few periods spent working in under-resourced countries required a knowledge of equipment and practices that many would

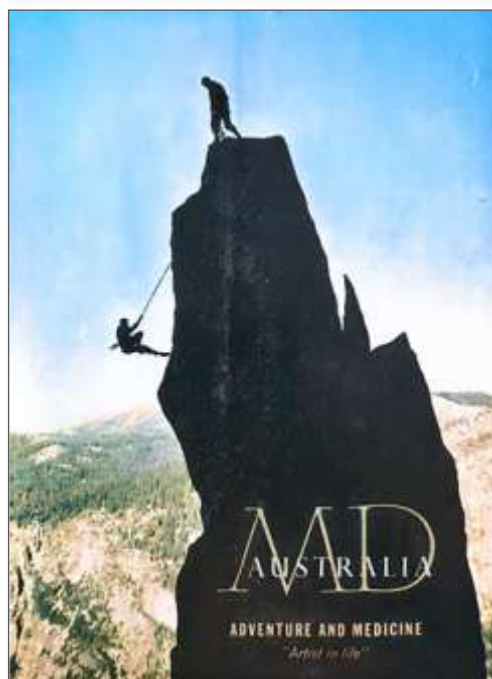
currently consider to be historical, but are still widely used in many parts of the world.

A more formal interest in medical history has come to me more recently. My mother was a member of this Society: she attended meetings and spoke highly of the group. Last year I inherited from her a set of journals published for physician readers in the early 1970s. *MD Australia* was extremely eclectic, with a very philosophical bent as well as an emphasis on medical updates, information, and conference reports. My first presentation to a historical society was at this year's meeting, and was based on an analysis of the advertising in the magazine.

I am now very excited about mining this unexplored treasure trove, and welcome any information that other Society members might have about this publication. Please feel free to contact me if you have any questions, or any information of any sort to offer.

Natalie Smith

natasmith@hotmail.com



Members' news

New members

A warm welcome to our new members

Heide Reizner NSW

Jacinthe Flore VIC

ANZSHM Book Prize

The winner of the 2025 inaugural ANZSHM Book Prize was announced at the Society's biennial conference in Sydney in July 2025.

The winner is Linda Bryder, for her book *The Best Country to Give Birth? Midwifery, Homebirth and the Politics of Maternity, Aotearoa 1970–2022* (Auckland University Press, 2023).

The judging panel commented that Linda's book was "an impressive and exhaustive account of over 50 years of the history of midwifery in New Zealand." To read the panel's citation in full, go to the ANZSHM website at <https://www.anzshm.org.au/copy-of-anzshm-biennial-book-prize>.

Congratulations Linda!

Highly Commended awards went to:

Philippa Barr, *Uncertainty and Emotion in the 1900 Sydney Plague* (Cambridge, 2024).

Eugenia Pacitti, *The Body Collected in Australia: A History of Human Specimens and the Circulation of Biomedical Knowledge* (Bloomsbury, 2024).

Congratulations also to Philippa and Eugenia.

Elections

2025 ANZSHM Annual General Meeting

At the ANZSHM AGM, held at the Sydney Conference in July 2025, the new Council was elected.

Council of the ANZSHM, 2025-2027

EXECUTIVE

President: Em. Prof. Neville Yeomans
Vice-President: Maggi Boulton
Treasurer: Em. Prof. Ian Roberts-Thomson
Secretary: Dr Paige Donaghy

ORDINARY MEMBERS OF COUNCIL

Dr Kate Irving
Dr Charmaine Robson
John Sinclair

In this issue....

Page	Item
1	The President's page
2	All About Ourselves
3	Members' news; ANZSHM Book Prize Elections for ANZSHM Council
4	Obituary Letter to the Editor News from <i>Health and History</i>
5	SAMHS news; NSW Branch news ISHM news Glebe Diphtheria Hospital
6	Animalia Rural Medical History
7	Current exhibition Fifty years ago Mystery object
8-9	2025 ANZSHM conference - news & images
10-12	ANZSHM conference reports from Ben Haneman grant recipients; Artefactual news
13	Research grant Medical History reflections
14-15	What is Medical History?
16	Crossword Medical history in Trove Mystery object revealed
17	Book note

Prof Linda Bryder
Dr Cassandra Byrnes
Dr Jess Parr

APPOINTED MEMBERS OF COUNCIL

Editor, Medical History Newsletter: A/Prof. Kathryn Weston

Webmaster: A/Prof. Paul Sendziuk

Editor, Health and History: Prof. Hans Pols

Postgraduate Students & Early Career Researchers:
Dr Samantha Kohl Grey

Membership Officer: Dr Madonna Grehan

19th Biennial Conference Convenor: Dr Catherine Storey
President, Victorian Branch (MHSV): Prof. Meredith Temple-Smith

President, NSW Branch (ANZSHM NSW): Dr Samantha Baker

For a list of Honorary members, and to read the rules of the Society, visit the ANZSHM website at: <https://www.anzshm.org.au/membership>

Obituary

Thora Evelyn [Lyn] Reid

1940-2025

Thora Evelyn Reid was better known to so many as a well-loved medical practitioner. As Dr Lyn, she practised for many years in Rapid Creek [Darwin, NT] and later in the Darwin rural area. Born on 19th September 1940, she leaves her husband, Dr Brian Reid, and three sons.

Post-Cyclone Tracy 1974, the Reids helped organise a local high school into a major support centre in Darwin's northern suburbs. Over many weeks, it was a first port of call for help for so many traumatised Darwinites in their devastated town. Lyn was known for her passionate interest in women's health and her decades of voluntary work in this field. She was a founding member of the Darwin Family Planning Association over 50 years ago.

Through the decades, Lyn was active in a variety of other community organisations. She was known as a good cook when the Reids entertained many at their home by Knuckeyes Lagoon. Lyn could always be relied on to bring a plate of special goodies to events of various organisations. She was active in heritage organisations – assisting in the founding of this organisation, the ANZ Society of the History of Medicine, and was Treasurer for the NT Historical Society at the time of her death.

Lyn with Brian made a powerful and generous partnership, active locally, nationally and internationally. Both were also well known for their love of far and remote places – bird watching and camping. On a last trip in Western Australia, she became ill and died later in Darwin on 7th June, 2025. She will be sorely missed by so many. Vale.

Janie Mason
Charles Darwin University Nursing Museum



Image: Dr Thora Evelyn Reid, courtesy of the Northern Territory Historical Society

Letter to the Editor

Dear Editor

I spent many years assembling a complete run of the *Australian Medical Journal* (1856-1895) which I presented to Monash University Rare Books Library in 2006. This has left me with a collection of duplicates which has been used to fill in gaps in other people's collections. There are still some issues remaining and I have organised them into two groups:

(a) 1856-1888. An incomplete run, but 23 of the 32 years are represented, mostly as bound volumes. Details can be forwarded if required.

(b) Loose issues from 1869, 1876, 1878-1881, and 1886 (mostly complete).

I would like to give either collection to any individual or institution who wants them, for the cost of postage if they cannot be collected from South Yarra (VIC).

The history of early Australian medical journals is complex, and a table summarising the various journals may be of interest.

Richard Travers
Email: richard@travers.net.au

News from *Health and History*

Dear members!!

We were delighted with our last conference. Great papers were presented! We, the editors of *Health and History*, think it would be most unfortunate, if your paper were to disappear. Why not transform it into an article in *Health and History*? We are looking forward to your submissions.

At the conference, several excellent papers dealing with Galleries, Libraries, Archives, and Museums (GLAM) papers were presented. We are currently thinking of putting together a special issue with GLAM papers. Please contact us at health.and.history@gmail.com if you would like to participate, or if you have any questions.

Hans Pols
on behalf of the editors of *Health and History*.

South Australian Medical Heritage Society

At its recent AGM, the South Australian Medical Heritage Society elected a new committee unopposed. Glen McCulloch succeeded Peter Roberts-Thomson as President, while Prue Cowled and Maggi Boulton continue as joint Secretaries. David Buob returned as Treasurer, and committee members are Joy Copland, Peter Roberts-Thomson (ex officio), Ross Philpot, and Robert Heddle. Membership has grown by around 20 this year, with meetings attracting strong attendance.

The AGM was followed by Professor Bob Goldney's engaging talk on the history of psychiatric care in South Australia. Recent presentations have included Dr Peter Sutherland on the history of robotic surgery and Professor John Svigos AM, whose talk *The first successful caesarean section in the Southern Hemisphere—with a twist!* certainly did include a twist.

The next meeting will be held on 15 September, when Dr Nick Rieger will present Liver Transplantation and Transplants in General. Visitors are always welcome.

Maggi Boulton, SAMHS Secretary

NSW Branch news

The talent and expertise of the members of the NSW Branch were on full display at the July *Health History in the Making* conference. Long-standing members Roslyn Burge and Richard White, to name only two, presented compelling papers. Many Branch members also played essential roles in ensuring the Society's conference ran smoothly and was such a success. Charmaine Robson and Philippa Barr, amongst others, assisted in chairing panels, and Gemma Smart was the conference's one-person IT team.

The NSW Branch also saw a change in leadership in July with the resignation of Dr Diana Jefferies from the position of Branch Secretary. We are sad to see Diana leave the executive, but thankful for the valuable contributions she made during her time as Secretary. The Branch welcomed Ben Skerman back to the executive as Honorary Secretary. I would like to thank Ben for offering to take up this position at short notice.

Samantha Baker
NSW Branch President

ISHM news

The International Society for the History of Medicine (ISHM) will hold its next conference, in partnership with Nebrija University, in Madrid from 15-17 October this year. The languages of the meeting are supposed to be French, English or Spanish, and we assume that as usual there will be simultaneous translation available.

Details can be found at: <http://ishm.wikidot.com>.



Glebe Diphtheria Hospital



Kew Cottage, on Glebe Point Road, Sydney, was built in 1835 by Mr John Betts. It was converted, in 1893, into an isolation unit for diphtheria patients. It was known as the Glebe Diphtheria Hospital. There was some concern raised by Glebe residents about the health hazard posed by children picking up flowers which had fallen from coffins. The cottage was burned to the ground by authorities in 1907.

Information from *Panorama of Sydney, 1873*, Glebe Society.

<https://www.youtube.com/watch?v=2kkZ3X1cszc> (2022)

Animalia

Sea sponges

In past centuries, sea sponges have been used in surgery. Arab surgeon Ibn Al Koff (1232-1286) created a method of anaesthesia by soaking a sea sponge in a mixture containing hashish, opium poppy, and juice from plants of the solanaceae family (this plant family includes belladonna, henbane and mandrake). The impregnated sponge was sun-dried, then humidified and stored until needed by the surgeon. The sponge was placed close to the patient's nose to allow the vapours of the plants to be absorbed into the mucous membranes. The potent combination induced deep sleep and relief from pain.

Inhalation of vapours from the 'soporific sponge' was similarly employed in the 12th and 13th centuries in Europe, where a sponge was reported to be used for anaesthesia after being boiled with a mixture of opium, hemlock, mandragora, ivy, and unripe mulberries.

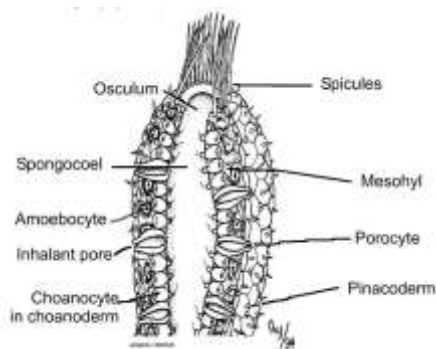
Out of all marine-related compounds discovered, about one-third have come from sea sponges. Every year many new chemicals are discovered from sea sponges; some have antibacterial, antiviral, or anti-inflammation properties, and are great candidates for potential drugs. The anti-cancer treatment, cytarabine, was developed based on nucleosides from sea sponges.

Kath Weston



References

<https://slidetodoc.com/a-brief-history-of-anesthesia-16-december-2010/>
Pronzato, R. and Manconi, R. (2008), Mediterranean commercial sponges: over 5000 years of natural history and cultural heritage. *Marine Ecology*, 29: 146-166. <https://doi.org/10.1111/j.1439-0485.2008.00235.x>
Phylum porifera: https://dari-enol.blogspot.com/2015/09/phylum-porifera_26.html



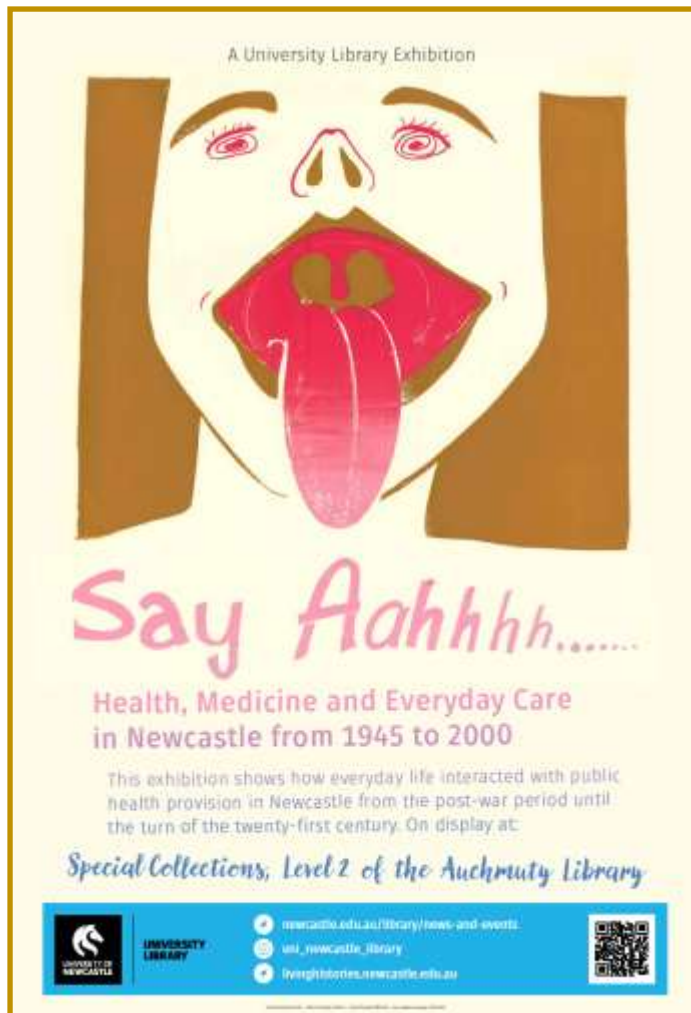
Rural medical history

It's amazing what you can find in rural pharmacies. Here are some of the items on display at a pharmacy in Winton, QLD, home of the dinosaur stampede. They certainly catered for most health needs including analgesia, allergies, and diarrhoea. Photos: G Farmer



Current exhibition

This exhibition at the
University of Newcastle Library
runs until Wednesday 14 January 2026.



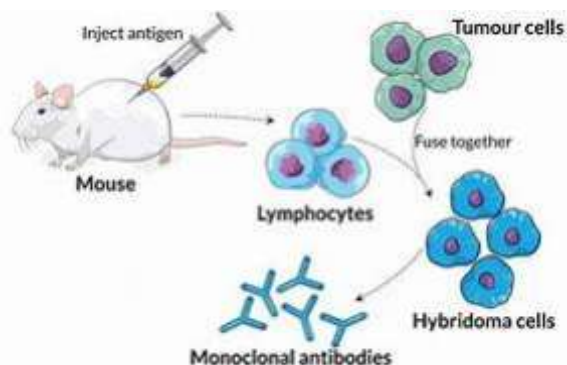
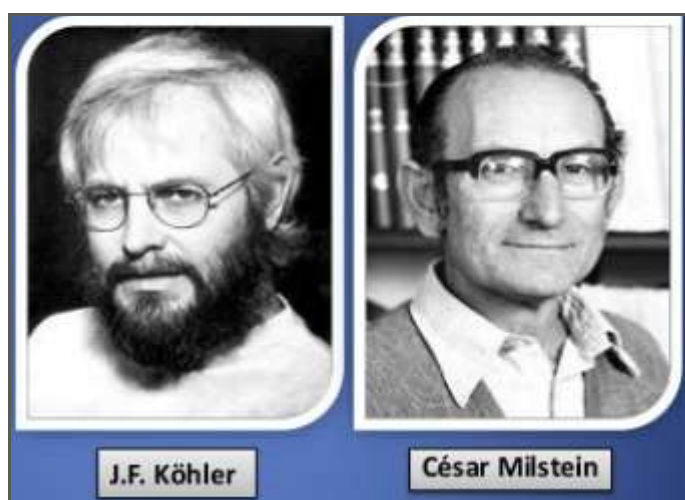
Mystery object



Can anyone identify this mystery object? See page 16
to find out what it is!

Fifty years ago ...

Fifty years ago, on 7th August 1975, the prestigious journal *Nature* published a three-page report by César Milstein and Georges J. F. Köhler (pictured). Their paper described a method for generating large amounts of monoclonal antibodies. These molecules had specificity for a defined antigen. The word “monoclonal” refers to the fact that the antibodies created are clones, i.e. they are exact copies of one specific antibody molecule. The key to the discovery was the creation of a hybridoma – a hybrid cell that combined the properties of an antibody producing cell with a myeloma cell, the latter which bestowed the hybrid cell with immortality.



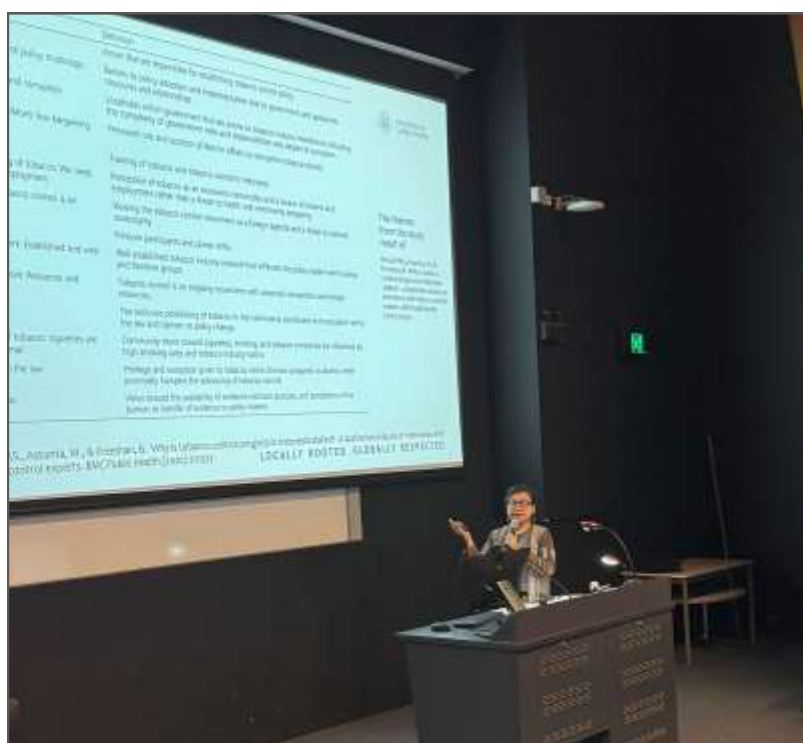
The discovery of monoclonal antibodies (mAbs) revolutionised laboratory diagnosis, as well as treatment and biomedical research. mAbs are commonly used in identification and detection of disease and other conditions. Even home pregnancy and other home testing kits use mAbs. More recently, mAbs have been developed as targeted therapeutic agents for cancer, and to treat other conditions. Milstein and Köhler shared the Nobel Prize for this discovery in 1984.

Kath Weston

<https://www2.mrc-lmb.cam.ac.uk/achievements/lmb-nobel-prizes/1984-cesar-milstein-georges-kohler/>

<https://www.shalom-education.com>

FROM THE 2025 ANZSHM CONFERENCE



ANZSHM 2025 Conference

HDR/ECR Events

Hi! My name is Samantha Kohl Grey and I am the current HDR/ECR representative for the Australian and New Zealand Society of the History of Medicine. As your rep, my role is to support the up-and-coming medical history scholars, through organising social events, workshops and generally advocate for the desires of our amazing HDRs and ECRs within the society, with the support of our fabulous secretary Paige Donaghy.

At the latest ANZSHM Conference 'Health History in the Making' in early July, we ran two special HDR/ECR sessions for the first time – hopefully the beginning of a regular inclusion at future conferences. The first was a social event, a medical history trivia night, which gave people an opportunity to meet other HDRs and ECRs and establish some good connections for the ongoing days of the conference. It was lovely to hang out with those who came along and get to know them a bit more beyond just their work. The second event was a Career

roundtable/panel session. This was an informal conversation which covered topics such as transition from HDR to ECR, the casual academic grind, how to market yourself and the numerous transferrable skills that medical history gives you. I would like to thank Dr Paige Donaghy, Dr Effie Karageorgos, Dr Peter Hobbins and Rebecca Lush for all their fabulous insights and their generosity with their time. It was a very well attended session, and I hope to do more informal discussions like this over the course of my tenure in the HDR/ECR role.

I would also like to shout out all the HDRs and ECRs I had the absolute pleasure of meeting. We had some many wonderful conversations, and I look forward to seeing how your illustrious careers grow and change. Do reach out if you have any workshops or events you would like to see put together and I will do my best to deliver!

Samantha Kohl Grey
HDR/ECR Representative ANZSHM
sgrey1@usc.edu.au



ANZSHM Conference Reports

Ben Haneman grant recipients

Gabrielle Rutter

Reflections on the 2025 ANZSHM conference

I would like to thank the Ben Haneman Conference Grant Committee for giving me the opportunity to attend the 19th Biennial Conference of the ANZSHM at the University of Sydney. This was the first time I have attended a conference, and I was very excited to deliver a presentation based on research I have conducted as a first-year PhD candidate.

My paper drew on patient-oriented medical histories and Indigenous critical thinking to present case studies of Indigenous people in Victoria who, in the mid to late 19th century, navigated colonial and institutional structures and made decisions regarding their healthcare. This includes instances when Indigenous people, particularly residents of the Coranderrk Aboriginal Station, were pursued or refused admission to the Melbourne Hospital, as well as circumstances when Indigenous patients left the hospital prior to being discharged.

I am very appreciative of the opportunity to receive feedback on my research and to be inspired by so many engaging presentations, particularly the keynote presentations by Professor Jakelin Troy, Professor Yayi Suryo Prabandari and Professor Catharine Coleborne. I am also very grateful for the opportunity to meet and share ideas with other people passionate about medical

history, especially other postgraduate research students and early career researchers. I would like to thank the Organising Committee and NC Events staff for arranging a wonderful conference and I look forward to attending the next ANZSHM conference in 2027.



Emily Rose

I was fortunate to attend and present at the 2025 ANZSHM conference in Sydney. I presented some of my PhD research on the Australian Consumer/Survivor/Ex-Patient Movement from 1970-1999, with a specific focus on an oral history interview conducted with Consumer Activist and Educator Sandy Watson. This year's theme - health history in the making - was particularly pertinent to my own work, which explores the making and remaking of historical discourse using experiential knowledge.

As a relative neophyte to history, being able to learn from seminal historians was invaluable for me. The breadth and depth of medical history knowledge displayed in the presentations was inspiring. There are few opportunities available to



learn about doctoring in the Dutch East Indies, Sydney's 1820 influenza outbreak, and the cultural history of the vagus nerve - all in the same day!

Sequestered on the Sunshine Coast and studying off-campus, it was also beneficial for me to connect with other colleagues and peers, as well as my wonderful supervisors Effie Karageorgos and Catharine Coleborne.

I would like to express my gratitude to the conference organizers, the Australian and New Zealand Society of the History of Medicine, and the benefactors of the Ben Haneman Conference Grant.

I look forward to the next ANZSHM!

Ann-Marie Quinn

Health History in the Making – a glimpse into our medical past

I am a PhD candidate at AUT University in Auckland, New Zealand. My presentation “Public Virtue, Private ambition: the quiet rise of entrepreneurial women in New Zealand’s private hospitals 1900 – 1935” was based on my Master’s research completed at Massey University in 2023.

I was fortunate to attend the 19th Biennial Conference of the ANZSHM in Sydney in July as the grateful recipient of a Ben Haneman Grant. My presentation about New Zealand nurses and midwives who owned private hospitals in the early 20th century sat comfortably in the “Nurses in the Antipodes 1900 – 1945” stream on day two of the conference leaving me plenty of time to take in the broad range of presentations and issues on offer.

As a budding historian the conferences I have attended previously have been populated almost exclusively by historians. What I particularly enjoyed about this conference was its slightly different focus on things medical through an historic lens with papers delivered by academics, historians and medical professionals. This gave it an interesting and broader flavour.

The University of Sydney campus provided a fabulous setting and the opportunity to take in some of the 175 year old university’s history built on the land of the Gadigal people. Every historian loves a good browse through dusty archives and a bulging library so the opening night reception at the Fisher Library of the Rare Books Exhibition was a joy to behold. Far from being dusty, however, the extraordinary collection of manuscripts, maps and artifacts showcased the evolution of medical history in Australia and was a fitting start to the conference, while each day’s key note speakers set the bar high for the subsequent presentations.

Mental health, eugenics, special populations and their healthcare, sexual health, neonatal and paediatric

histories, gender health, and galleries, libraries and museums were the streams I chose. The diversity of presentations was stimulating and showcased a range of historiography, research techniques and ideas that aligned to my own research while at the same time, in some cases, made me think about my research from a different perspective. Personal histories such as those of Sister Edith Moore, Sister Eileen Mary Neenan MBE and Mary Truby King brought to life the history of their times through their personal stories, reinforcing the notion that history is ultimately about people and how they experience events rather than simply the events themselves. The funny, insightful and often poignant anecdotes were enhanced by their enthusiastic presenters who were so knowledgeable about their subjects and really captured the audience.

A big discussion on sexual health showcased three diverse subjects: the role of sex worker activism,



abortion stories and the role of the clinical record in medical history. Each came from a completely different perspective and yet meshed together well with questions that overlapped and complemented each other. The legacies of eugenics stream was thought provoking and while it presented past experiences of eugenics the contemporary aspects to the presentations were strikingly relevant and slightly alarming.

The conference dinner in the Refectory in the Holme Building showcased another slice of the university’s history. Prior to the dinner a gentle stroll around the campus at dusk, stopping at the

indigenous art and study space of Professor Jakelin Troy, allowed the group work up an appropriate appetite for the evening’s delicious food, wine and chat. The evening culminated in the presentation of the 2025 Book Prize to Professor Linda Bryder for her 2023 publication “The Best Country to Give Birth? Midwifery, Homebirth and the Politics of Maternity, Aotearoa 1970-2022”. The conference was stimulating, diverse and interesting and I am very much looking forward to the next conference.

...and a glowing thank-you email to the ANZSHM President from another of the Ben Haneman Grant Recipients, Vidyasai Annem.

Hope this email finds you well, I'm back in Oxford, and mostly over my jetlag! It was lovely meeting you during the ANZSHM conference, and I appreciate your support and encouragement for my research. It means a lot!

ANZSHM was the first professional history of medicine conference I had presented at, and could have not asked for better. From the Welcome to Country and the talks, to seeing behind the scenes at the AGM, I learned a lot and enjoyed speaking with you about your research. Just wanted to convey my gratitude and hope to keep in touch!

Vidyasai Annem

ANZSHM conference Reports

Ben Haneman grant recipients *continued*



Sarah Luke

Having the opportunity to attend the 2025 ANZSHM Conference at Sydney University was not only a great professional opportunity for me, but was also brilliant fun. I am very grateful to have received one of the Ben Haneman Memorial Conference Grant for Early Career Researchers, without which I would not have been able to participate at the conference.

Being surrounded by scholars of medical history made for so many interesting conversations, both at the end of the sessions and over lunch. As an ECR I felt included and valued, and I was thrilled also to be able to serve the ANZSHM by chairing one of the sessions.

I am particularly grateful to Cate Storey for taking me around the Anderson Stuart building during lunch on the first day. Cate, your depth of knowledge is amazing, and I was so intrigued to hear about all the quirks of the place. What you know is not to be found in any book! Thank you.

Artefactual news



Image: Adalbert Franz Seligmann - Billroth Lecture Hall in the Vienna General Hospital [1888-90] Austrian Gallery Belvedere, Vienna - Oil on canvas. <https://creativecommons.org/licenses/by-nc-sa/2.0/deed.en>; <https://www.flickr.com/photos/gandalfsgallery/49325920428>

The painting above by Adalbert Franz Seligmann (1862 - 1945) shows Theodor Billroth at the age of 60 as a scientist, teacher and surgeon in his lecture theatre.

This is a famous painting, and I visited the lecture theatre several years ago located in the park where there is also a statue of Billroth, near the current Vienna

general hospital. While it has been renovated the basic structure remains, it is still used as a lecture theatre. Interestingly, it retains its roof extension, originally designed to ensure adequate light during operations. I took a photograph of the lecture theatre and superimposed it over the painting. Remarkably, the painting is accurate, confirming that this was indeed the lecture theatre where the painting was created performed his operations.

Theodore Billroth was a pioneering surgeon and is generally considered the father of gastrointestinal surgery. Several operations are named after him. Billroth was an excellent violinist and a close friend of Johannes Brahms.

I have a particular interest in Billroth's work, as the spleen has been a major focus of mine in hematology since my early days as a medical student when I was on a elective term in PNG studying the tropical splenomegaly syndrome. The history of and current significance of the spleen is of interest to me. It has many functions but is not vital for life. Indeed, it was the focus of research by Howard Florey before his Nobel Prize winning work on penicillin.

More information can be found at:

[Billroth's lecture theatre at the former General Hospital Universität Wien](#)

[Theodor Billroth Operating - Adalbert Franz Seligmann FeelTheArt](#)

James Isbister

What is 'medical history'?

An invitation to hear your perspective....

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

The newsletter provides a platform to explore the knowledge and expertise of the diverse voices within our society, fostering collaboration and knowledge exchange among our members.

Your contribution will help to promote discourse surrounding our understanding of medical history and/or the history of medicine.

The articles to date have been varied, thought-provoking and extremely interesting. We would love to hear from as many members as possible.

Please send your article to anzshm@anzshm.org.au. We encourage submissions of 250-500 words, accompanied by any relevant images or references.

Research grant



2025 Anaesthesia and Pain Medicine History and Heritage Research Grant

The Anaesthesia and Pain Medicine History and Heritage Research Grant is an initiative of the Geoffrey Kaye Museum of Anaesthetic History at the Australian and New Zealand College of Anaesthetists.

This annual grant program provides up to \$5,000AUD for research and interpretation of the history of anaesthesia, pain, and perioperative medicine.

Applications are now open and close **28 September 2025**. Museum curator, Veronica Dominiak is on hand to advise anyone interested in applying, and to provide support to the successful recipient. For more information including guidelines and application form please visit <https://www.anzca.edu.au/research/research-grants/history-and-heritage-research-grant>

Medical History reflections

Personal Reflections on the Significance of Australian Orthoptic History 1931-1991

My study of the development of Orthoptics in Australia from 1931-1991 has allowed me to share with a wide audience how intertwined orthoptics is with the development of medicine and allied health. Orthoptics emerged in the mid-20th century as a specialised field focused on the diagnosis and non-surgical management of disorders of eye movement and binocular vision. Its development into more diverse areas of eye health care was driven by advances in ophthalmology, neurology, and paediatrics, highlighting its close relationship with broader medical practice and research.

In Australia, orthoptists have become vital members of the allied health workforce, working alongside ophthalmologists and contributing to the early detection and treatment of visual disorders, particularly in

children. Their role expanded over time to include neuro-orthoptics, low vision rehabilitation, and support for patients with acquired brain injuries. This evolution reflects the broader shift in Australian healthcare toward multidisciplinary, patient-centred care.

The history of orthoptics also shows the importance of formal education and professional recognition. The establishment of university training programs and the formation of our professional body, *Orthoptics Australia*, strengthened the field's identity and ensured consistent standards of care.

Understanding the history of orthoptics helps contextualise its current role within medicine and allied health. It highlights how the profession has adapted to changes in healthcare needs and technology, and how it continues to contribute to integrated care models aimed at improving patient outcomes across a wide range of clinical settings.

Shayne Brown AM
Retired Orthoptist

What is Medical History?

James P. Isbister

The Importance of Integrating Medical History into Clinical Practice

Much has been written about the place of medical history in medical education and clinical practice. My interest in the history of medicine was largely shaped by my physician father's sage advice that the history of medicine should be integrated into clinical teaching and the day-to-day care of patients. He emphasised the importance of knowledge of the "eras of a disease" in order to understand how a disease manifested in the past, what it was like to live with and suffer from a disease, and to die from the disease. Knowledge of the history of a disease in the past leads to understanding of not only what the disease was like, what suffering it caused, but what modern medicine is now offering to alter the its evolution and treatment.

Integrating the history of disease into the teaching and day-to-day clinical care of patients can lead to better communication and understanding, better shared clinical decision-making and informed consent. It also makes medicine more interesting, exciting and satisfying to practice. I have also found the "story telling" aspect of the history of diseases improves understanding and remembering for the practitioner as well as the patient.

We need to find ways for the history of medicine to be incorporated within the medical course as an integral part of learning about physiology and pathophysiology, but also to facilitate communication with patients about uncertainty and what modern medicine can and cannot provide. If a patient and a doctor are unaware of what a disease was like in the past, it is difficult to give meaningful informed consent in relation to the benefits and risks of proposed therapy.

There are many diseases today that present asymptotically, are detected on screening, through incidental findings or are picked up through public health measures. Without information about the history of the disease and its treatment over time, the patient has no concept of what it would be like to suffer through the progression of the disease in question. A patient who is lacking the historical information pertaining to their disease, reading the informational inserts accompanying their prescribed medications, which outline potential hazards, may understandably become anxious and struggle to grasp the benefits of the treatment, especially if these have not been fully explained.

It is in this context that patients need a clear understanding of what "their" disease would be like if it were allowed to progress without modern medical intervention. Ideally, clinical practice should engage patients in the diagnostic process, helping them

understand 'How Medicine Works', from initial diagnosis to the natural progression of the disease if left untreated, and ultimately, the decisions regarding its management. This being the case patients are more likely to accept recommended management in shared clinical decision-making, clearly understanding the risks and benefits of the treatment interventions.

During my undergraduate medical course, I learned more about the history of disease through the physiology curriculum, as much of our understanding of normal physiology emerged from studying the failure of bodily functions or structural components. My professor of physiology, Paul Korner, made this clear. He wrote an article: "The Place of Physiology in the Medical Curriculum" for the UNSW Medical Society magazine in 1961: "*Since the signs and symptoms of disease always become manifest as disturbances of normal function, a thorough knowledge of Physiology is vitally important in the diagnosis of disease and in elucidating its mechanisms*". This article broadened my perspective on the crucial role of physiology in understanding pathophysiology, which ultimately inspired me to take a year off to pursue a BSc(Med) in physiology, one of the most valuable gap years of my career.

Textbooks once devoted many pages to a disease's presentation, progression, and natural history, highlighting how treatment altered outcomes. There are two examples that I clearly remember. The progression of tuberculosis, the "White Plague", is the first. Historically, the only available therapy was to hope that management by respite in sanatoria in the mountains in nature with clean air and sunlight would slow the disease progression. These pages no longer appear in textbooks as they're no longer regarded as necessary or relevant due to modern antibiotic treatment. These days, one can access "lived experience" of tuberculosis, through the operas: *La Traviata* or *La Bohème*, or epic novels: *Jane Eyre* or *Wuthering Heights*. Biographies and autobiographies by writers and musicians such as George Orwell (Eric Blair), Franz Kafka, John Keats, Frederick Chopin, and Dylan Thomas (to name a few) offer deep insights into personal suffering from tuberculosis.

Secondly, as a student, I studied and observed the clinical features and clinical course of mitral and aortic valve lesions in depth; now, most patients present asymptotically, yet may need to undergo major surgical intervention, and have little sense of the reality of these conditions if left to run their full course, possibly progressing to "dropsy" and treatment with bloodletting and Southey's tubes.

It is important that both patients and clinicians understand the "eras of a disease". The history of disease; remembered and incorporated into day-to-day clinical practice, has a significant impact on positive, clear and honest communication with patients. Patients

need to be informed about what a disease was like in the past, what it was like to suffer from the disease, and ultimately to die from the disease. To quote Theodore Billroth, the father of abdominal surgery: *“A person may have learned a good deal and still be a bad doctor who earns no trust from patients. The way to deal with patients is to win their confidence, listen to them and help them, console them, **get them to understand serious matters.**”*

From the preventative medicine perspective, few topics illustrate the importance of medical history more vividly than vaccination. As the threat of most serious infectious diseases has receded from day-to-day practice, forgetting the impact of these diseases invites complacency and hesitancy. Embedding stories, images, historical epidemiological data before and after vaccine introduction, and first-person accounts from survivors or their families can bridge the gap between statistical abstraction and lived reality. This context is crucial not only for individual acceptance of vaccines, but for understanding the communal benefits of herd immunity.

History should not be a footnote or isolated part of the medical curriculum. It should suffuse both undergraduate education and clinical practice, woven through disease narratives, patient communication, and shared clinical decision-making. Only with this integration can we ensure that both doctors and patients appreciate the real value, uncertainty and limitations of modern medicine and facilitate shared decision making and fully informed choices.

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[Once a leading killer, tuberculosis is now rare in rich countries — here’s how it happened - Our World in Data.](#)

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What is Medical History?

Karen Ginnane

What is medical history? It really depends on who you're asking.

If you are Scottish, you might proudly point to a national tradition of medicine that has had a disproportionate international impact through history. Scots physicians and surgeons feature prominently in the history of European medicine, and they and the medical schools and colleges that flourished in the 18th and 19th centuries were influential in shaping the modern medical profession - from the discovery of penicillin, the invention of the hypodermic syringe and the use of chloroform in anesthesia, to pioneering bone graft surgery and the first cloned sheep.

Across Europe and beyond, you might gesture towards the social impact of pandemics such as the Black Death, Spanish flu or Covid-19. You might highlight the myriad ways that medical, economic, culinary, social and art history has been irrevocably influenced by plagues of all description. Lasting legacies encompass marmots and mustard, perfumes and pleasure, conspiracies and scapegoats, art, architecture and town planning – as well as ‘wine windows’ in Florence (pictured), which allowed wine to be served safely during the Black Death and again during Covid-19.

Surely Egyptians can claim a leading role on this stage, with extraordinary legacies such as a rare, engraved image of what is thought to be the first representation of medical instruments for performing surgery, including scalpels, curettes, forceps, dilator, scissors and medicine

bottles dating from Roman Egypt, in Kom Ombo Temple on the Nile River?

Maybe it is also a cultural journey through Turkey and the Greek Islands, where ancient culture intertwines with important medical historical sites, from Istanbul to the beaches of Gallipoli, onto Pergamum, Kos and Rhodes. Such a journey encompasses thousands of years of medical history, including Florence Nightingale, the Gallipoli beach hospitals, Hippocrates, Galen and the Knights of St John.

Maybe it is contained in the story of Traditional Chinese Medicine, dating back 3000 years, or further again to Ayurvedic Medicine from India, which traces its origins to 5000 years ago; with an ongoing story of integration with more recent forms of medicine, such as Western medicine.

Maybe it is easier to ask what it is not – because the legacies of medicine are irrevocably twisted into culture, society, politics and belief systems throughout the ages. You cannot understand the history of medicine without gaining astonishing insight into the myriad facets of human endeavour around the globe.



Crossword

We need more submissions to the newsletter! Eds.

You can complete the crossword online at this link:

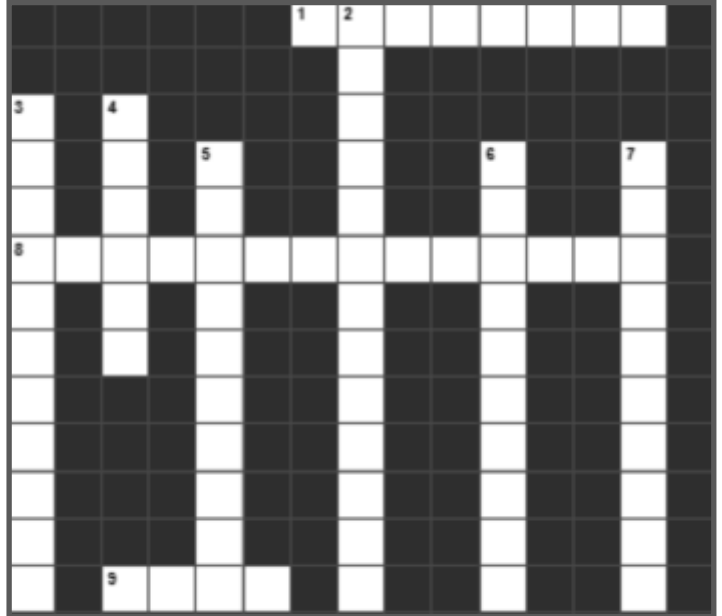
<https://www.proprofsgames.com/crossword/medicine-through-time-crossword-1/>

Across

1. Often mistakenly used as a symbol for medicine, this staff entwined with two serpents is associated with Hermes in mythology.
8. A process discovered in the 1860s that uses heat to kill pathogens in foods and drinks.
9. A form of electromagnetic radiation discovered by Wilhelm Rontgen, crucial for medical imaging.

Down

2. A 16th-century French surgeon known as the father of modern surgery.
3. Known as the father of modern medicine
4. A now obsolete medical theory that believed diseases were caused by
5. Introduced in the mid-19th century, this medical breakthrough allowed for pain-free surgeries.
6. Introduced by Joseph Lister, this practice greatly reduced infections in surgical procedures.
7. The first antibiotic discovered in 1928 by Alexander Fleming.



Medical history in Trove

ATOMS USED IN MEDICINE

NEW YORK.—Australia is one of eight countries to which radioactive isotopes, used for medical and industrial research, have been shipped from the great atomic weapons plant at Oakridge, Tennessee.

The isotopes are used in the treatment of such diseases as cancer, leukemia (a blood disorder) and heart ailments. They are also useful in tracing impurities in high-grade steel, and for research into friction in metals.

Recipient countries are Britain, Australia, Canada, Denmark, Sweden, Italy, Argentina and Peru, and as soon as formalities have been completed New Zealand, the Netherlands, France, Ireland, Belgium, South Africa, Switzerland and Cuba will also receive the isotopes.

Addressing the National Health Assembly, President Truman said: "We are going to find a way to make the atom work for the welfare of mankind, and I am told that great discoveries are on the way."

The Evening Advocate (Innisfail, Qld) 1948, June 11.
<http://nla.gov.au/nla.news-page23183058>

Mystery object revealed



Part of a relief depicting surgical and medical instruments used in ancient Egypt, found at The Temple of Kom Ombo in Aswan Governorate, Upper Egypt. The temple was constructed during the Ptolemaic dynasty, 180–47 BC. Included from left are a bifurcated sharp instrument, knife blade, probe, saw blade, and speculum.

<https://i.ytimg.com/vi/ZqiWayJw7Fw/hqdefault.jpg>



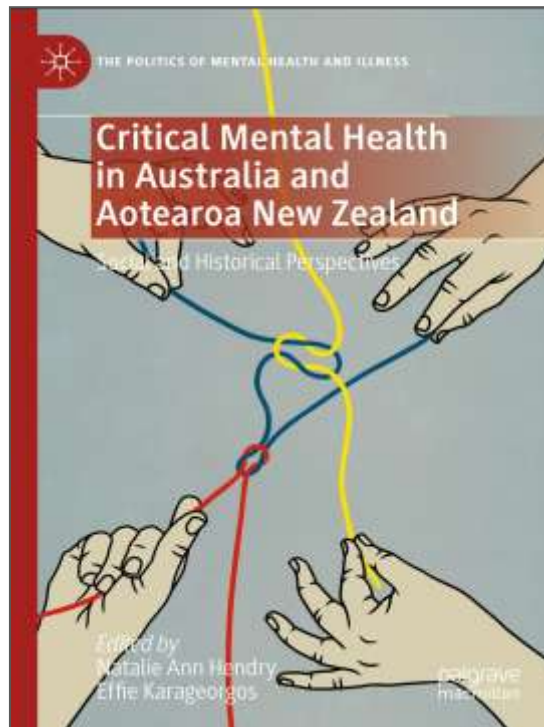
Book note

Critical Mental Health in Australia and Aotearoa New Zealand: Social and Historical Perspectives. Cham, Switzerland: Palgrave Macmillan, 2025. ISBN 978-3-031-82860-7 Editors Natalie Ann Hendry, Effie Karageorgos.

<https://doi.org/10.1007/978-3-031-82861-4>

This interdisciplinary volume examines the social production of mental health and illness in Australia and Aotearoa (New Zealand). It draws together cutting-edge critical mental health scholarship from the region, to interrogate how personal, community, institutional and mediated relations, make and remake experiences of 'mental health.' In the wake of the widespread insertion of psy-considerations into everyday lives, here contributors demonstrate how the relations between communities, practices, professionals and institutions often replicate long-standing histories of discrimination and violence motivated by psychiatric classification, even as the psy-disciplines move into supposedly more transformational domains: digital technology, schooling, human resources, and social media, for example.

The book's chapters reflect the current diversity within academic studies of mental health and illness in Australia and Aotearoa. This includes a wide range of case studies from war trauma in the Australian military and pornography addiction, to the depathologisation of trans health and peer workers in mental health services.



Chapters:

Introduction: Remaking Experiences and Knowledges Through Critical Mental Health Research in Australia and Aotearoa New Zealand - Natalie Ann Hendry, **Effie Karageorgos**

Locating the 'moral genealogy' of war trauma in the Australian Royal Commission into Defence and Veteran Suicide – **Effie Karageorgos**

Psy-knowledges in the academy: Making space for critique - Emma Tseris

Educating emotions for well-being in Aotearoa New Zealand - Roberto McLeay

Co-producing histories of Australian community mental health, 1970-1990 - The *Re;Minding Histories* Research Group

Caring Madly/Madly caring - Aimee Sinclair

Tēnei te pō nau mai te ao: Activating Indigenous system change – Diana Kopua, Mark Kopua, Michelle Levy

Digitalising the vagus nerve: Critical mental health and the 'total body' - Jacinthe Flore

Is it *real*? Making and unmaking pornography addiction - Kris Taylor

Contesting progress narratives of depathologisation in trans health – Rebecca Howe

Social media contagion, digital self-diagnosis and youth mental health – Natalie Ann Hendry

Epilogue – Bruce M.Z. Cohen

Effie Karageorgos

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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 NOVEMBER 2025**

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