

# Medical History

# Newsletter

AUSTRALIAN AND NEW ZEALAND SOCIETY OF THE HISTORY OF MEDICINE INC

A0031554W

Fourth Series

Number Fifty-one

November 2015

## THE PRESIDENT'S PAGE

The ANZSHM's year continues in its regular cycle. The incoming Executive Committee held a meeting by Skype recently, with its new members acquainting themselves with its functions and reviewing many aspects of the Society's affairs. Our biennial conferences always create a number of housekeeping issues that require subsequent attention, so it is a relief that these are now all cleared away following the recent Sydney meeting.

I am really pleased to be able to report that this event ran at a small profit for the Society. Members however should note that this only occurred as a result of our keynote international speaker, Dr Simon Chaplin, very generously offering to waive reimbursement of his travel expenses by suggesting that the money thereby saved should be used to fund future student grants of one sort or another. We are extremely grateful to him for this kind offer and shall endeavor to follow his wishes. The other implication nevertheless is that registration fees for the Society's future congresses must be higher than we charged for the Sydney meeting. The Society's resources are inevitably constrained so we should plan for every congress to cover its expenses. A corollary is that attendance is best when meetings occur in major cities. That the next congress will occur in Melbourne is therefore reassuring.



One of the prime objectives that I have for my presidency is to encourage members to establish local branches of the Society, ideally comparable with the ones that exist in NSW and Victoria. Both the Medical History Society of Victoria and the ANZSHM

(NSW) are incorporated organisations, however members in other states could well choose to have less formal structures. Each should, at least in the first instance, arrange whatever seems most likely to succeed for them. Auckland similarly has its own well-established medical history society: my personal view is that some formal association between it and the ANZSHM could benefit both organisations. We in the ANZSHM would encourage that and I have made very tentative suggestions to some members of the Auckland group along these lines. I hope that these will be productive. Perhaps medical history groups exist in other New Zealand cities that similarly would like to develop some form of association: our instincts are to welcome any approaches if such groups exist. The same also applies with regard to various non-NSW and VIC states and territories in Australia. Please, anyone living in such places: think about what you can do in this regard.

I am writing this President's report whilst travelling, marking time for five days in beautiful East Sussex in England whilst in transit between medical, medical history, and general history conferences in California, Italy and Malta. The International Association for the History of Nephrology meeting that I attended in Sicily was memorable in that it celebrated the life of the late Professor Gabriel Richet, who had been the doyen of French nephrology, a major supporter of research into the history of the subject, the son of the former Professor of Medicine at the University of Paris (who had greatly admired the ANZAC soldiers whom he had encountered when he was a young doctor in the French Army Medical Corps at Gallipoli in WWI), the grandson of the former Professor of Physiology at the University of Paris (who won the Nobel Prize for discovering anaphylaxis), and the great grandson of the former Professor of Surgery at the University of Paris. What a medical hierarchy! I was greatly enthused a few years ago when Gabriel and I collaborated in some medical history research. His passing is a great loss for medical historiography.

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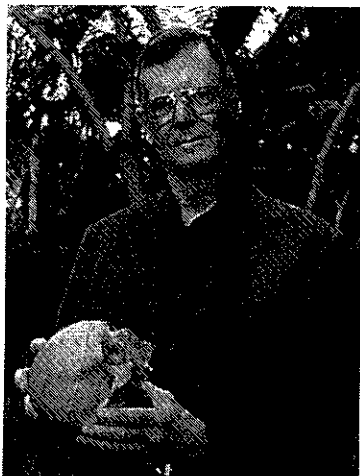
## ALL ABOUT OURSELVES

Members of the ANZSHM describe their life, work and interests

Is the way our lives are lived fundamentally unfathomable? Physiologists (of which I was one) are increasingly able to offer useful explanations of the biophysical processes of life (despite the perplexing array of detail which molecular biology has brought); but what of the lived history – the quotidian or the epic – of our social and aggressive species? Is the optimism of historians, their belief that reasons and patterns might be found, a justification or an illusion?

Why do people study medicine (or anything else, for that matter)? Why did I? Doubtless my own conditioning by the tales of the frustrated ambitions of forebears was a factor. My abilities in science and mathematics were another (though it broke my heart to realise that I could not study mathematics as a first-year medical student); alone, these would not have allowed me to matriculate for medicine – in those days the University of Queensland required a language other than English (with me it was Latin) as a pre-requisite for medicine.

Soon enough, I encountered a charismatic Professor of Physiology who persuaded me – as I still believe – that physiology is the most entrancing scientific discipline of them all. But at university (and the first of my family to be so blessed) I also engrossed myself in music, politics and journalism. Each enriched my life wonderfully; but they all stole time from my studies and examination focus (though, fortunately, not *too much*). After my mandatory year as a resident medical officer the UQ physiologists encouraged me to move to Paul Korner's young School of



Physiology at the fledgling University of New South Wales. It was 'the best in Australia' they said and I think that they were right: Of course, someone with my cultural interests needed but little urging to move to Sydney and I soon revelled in its musical and dramatic riches (the Old Tote Theatre, for example, was a mere 100

metres from the College where I lived as a tutor).

As I struggled to understand physiological principles, not simply to know 'information' (as one of my young grandsons used to put it years later), I realised that I also needed to understand why certain experiments were (or were *not*) done and why some had the aura of classics. I recall a superb British teaching film about William Harvey and his experiments which established the concept of the circulation of the blood (we showed it to our medical and science students for years) and, as I pondered the rôle of the heart, I began to understand that fundamental principle of our universe, the Second Law of Thermodynamics: 'The entropy (disorder) of the world is constantly impelled to a maximum'. I also began to appreciate the congruence between anatomical, physiological and biochemical order and what we call 'good health', and the ways in which diagnosis attempts to recognise (and measure) deviations from that order. The first steps to some sort of understanding of medical history had been taken.

I also came to understand the importance in scientific history of 'great figures' and I remain convinced of that truth. I will never forget hearing my first dazzling lecture from the Australian Nobel Laureate, Sir John Eccles, and meeting him afterwards – there was simply no escaping the powerful sense that I was in the presence of greatness.

Then, soon after my return, I was invited to follow David Malouf as the writer on opera and concert music for the weekly newspaper, *The National Times*. Succeed David Malouf? I took on that daunting task for eight years before moving to other Fairfax papers until 2003, when I was 'let go' (as they loosely say) for no better reason than editorial disrespect for 'classical music'.

In the meantime, following the recommendation of the gracious Professor Ken Cable (an eminent historian of religion), I was invited to join the NSW 'Working Party' of the *Australian Dictionary of Biography*. What an education it has been, as a participant in 'the best history seminar in Sydney' which has led to 25-odd contributions to that authoritative publication, mostly on musicians and medical scientists (though there's a bishop amongst them as well).

So now I am no longer on anybody's payroll, but I refuse to use the 'R-for-retirement' word. The challenge is to remember that, while an open mind may drain as rapidly as it fills, a closed mind invariably becomes a prison. I can only hope for a persistence of the imagination to ask interesting questions and the energy and pertinacity to have a worthwhile stab at understanding them.

**John Carmody**  
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## MEMBERS' NEWS

### Welcome!

Dean Beaumont (ACT)  
Margaret Boulton (SA)  
Fallon Mody (VIC)  
Rey Tiquia (VIC)  
Jingqing Yang (NSW)

## CORRECTION

In the August Newsletter the winner of the 2015 Ben Haneman Memorial Student Prize, Caitlin Mahar, was incorrectly named as 'Miller'. Apologies to Caitlin for the error.

## CONGRATULATIONS

Warwick Anderson and co-author Ian Mackay were the joint winners of the 2015 NSW Premier's Award for General History for their book *Intolerant Bodies: A Short History of Autoimmunity*. Warwick is the first historian to win the award on two separate occasions.

Society member Peter Hobbins is one of two emerging historians to receive an Australian Research Council Discovery Early Career Researcher Award (DECRA), to commence in 2016. Peter's project is entitled 'Black box re-order: technology, air safety and Australian airspace, 1938-68'.

Max Kamien, a long-standing member of the ANZSHM and convener of our Perth conference in 2009, has been named as the 2015 recipient of the RACGP's Rose-Hunt Award in recognition of his contributions to general practice, medical education, and Aboriginal and Torres Strait Islander health. Another of Max's claims to fame is that he began working on polar expeditions aged 70, one of the oldest doctors to do so!

## EDITOR'S COLUMN

Contributions to the Newsletter are always welcome. The next deadline for copy is 15 February 2016. Copy should be sent to the editor, Derek A Dow at [d.dow@auckland.ac.nz](mailto:d.dow@auckland.ac.nz).

Having just put my 25th newsletter to bed since taking over from Peter Tyler in 2009, I am keen to know what has worked, and what other features members might like to see in their newsletter. Like historical research itself, editing is generally a solitary activity, often with limited feedback. Now is your chance!

## LATE NEWS

Word has just reached us of yet another conference in the early months of 2016 (see page 8 for details of the others). International Health Organizations (IHOs): People, politics and practices in historical perspective, will be held in Shanghai from 21-24 April 2016, co-organised by The Centre for the Social History of Health and Healthcare, Glasgow, Scotland and the David F Musto Center for Drug Policy Studies, Shanghai University.

The conference aims to bring together practitioners currently or previously involved with, and historians researching these agencies and institutions, and will build upon previous meetings in 2013 and 2015.

Paper titles and abstracts of no more than 200 words should be submitted by Friday 18th December to [jim.mills@strath.ac.uk](mailto:jim.mills@strath.ac.uk) and those to be invited to the meeting will be informed by Friday 22nd January. Presentations will be for 20 minutes and complete papers should be submitted in advance of the meeting. Postgraduates are particularly encouraged to submit proposals.

All accommodation and subsistence costs at the event will be met for participants. Some support for travel may also be available. Please indicate if you would like to apply for this when you submit your abstract. The organisers gratefully acknowledge the support of the UK Arts and Humanities Research Council (AHRC), the Wellcome Trust, and the Universities of Shanghai and Strathclyde for this series of events.

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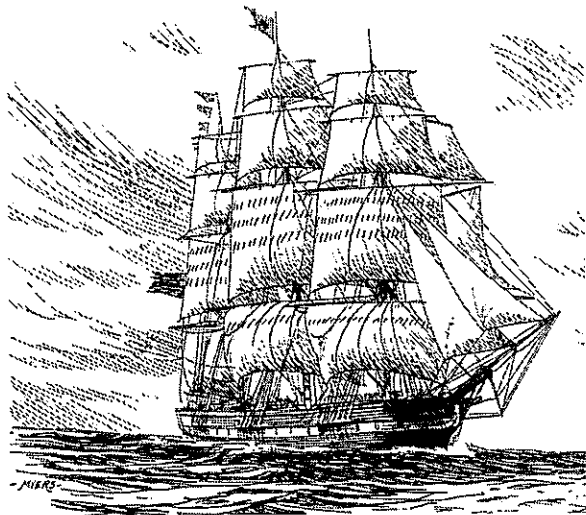
## AMPI NEWS

### Surgeons of the Colonial Emigration Service in the 1850s and 1860s

In the two decades after the discovery of gold, many doctors found employment in the fast new ships that were built for the long run out to Australia. These were large vessels that carried the same number of passengers as an A380 Airbus today. They included the beautiful clipper ships, very advanced in terms of their engineering and design, and the more experimental screw-propelled steamships, such as Brunel's *Great Britain*, which made the long voyage to Australia with the assistance of sails.

Clipper ships dominated the standard Great Circle Route to Australia – the shortest and most southerly route – because of their speed and their enormous carrying capacity. Each one represented a huge investment, and they were operated by big corporations that became household names.

One of the best-known shipping companies was the Black Ball Line of Liverpool. This company started its combined mail and passenger services to Australia in 1852 with the huge ship *Marco Polo*. On board were over 800 emigrants in the care of two surgeons: George Graham, a new graduate who was to make several more voyages before settling in Melbourne; and David North, then in mid-career with the Government Emigration Service, who would make eight voyages in all.



*The Marco Polo.*

Some career surgeons in the Emigration Service came out from England to Australia every year for 15 years or more – a remarkable achievement and

an indication of the esteem in which they were held by their employers and the travelling public. Dr JTS Jolley, from Torquay in Devon, made at least fourteen voyages to Australia in as many years (1852-1866); Dr JC Sanger, from Salisbury in Wiltshire, made seventeen voyages (1851-1868).

AMPI contains records of about 4500 doctors who came out to Australia by ship. Of these, at least a thousand made multiple voyages. In addition to those already mentioned, the doctors currently known to have made ten or more professional trips from England on clipper ships in the 1850s and 1860s include William Arthur, Clarence Chapman, JS Hughes, JS Ireland, Edward Kearney, Charles Kitching, WH Maclean, WH Pearse, Henry Rickards, FE West, and AD White.

Arthur David White, a Cambridge MD and a Fellow of the Royal Geographical Society, was one of several surgeons who favoured what was called the 'Panama Route' for the journey home from Australia. The normal homeward route for the clipper ships took them East across the Pacific with the prevailing winds to Cape Horn, but surgeons travelling home independently could go instead via New Zealand to Panama, crossing the Isthmus by train and then sailing home across the Atlantic.

With the advent of steamships that could go against the prevailing winds, another option for homeward-bound surgeons was the famous 'Overland Route', which must have afforded one of the most romantic travel experiences ever devised. It was pioneered by the Peninsular and Oriental Steam Navigation Company – the name alone redolent of exotic destinations. From England, the route went through the Mediterranean to Alexandria. Passengers then took a steamer up the Nile to Cairo. From Cairo they travelled 'overland' across the desert by camel to Suez (this service required a 'fleet' of 3000 camels - the Suez Canal was not completed until 1869). At Suez the passengers boarded a steamship that took them via Calcutta or Mauritius to Galle (Colombo) in Ceylon, then down through the Indian Ocean to Western Australia and on to Adelaide, Melbourne and Sydney.

Some of the surgeons employed in ships on the Overland Route this side of Suez became well-known in Australia, as they travelled back and forth on the last leg between Sydney and Galle. Two Irish doctors, RM Graham and CP Moreton, made many such trips on the P & O ship *Geelong* in the late 1860s; and WR Elliot MD, a stalwart of the P&O service, travelled upwards of forty times between Galle and Sydney in the ships *Bombay*, *Malta*, *Rangoon*, *Behar* and *Bangalore*.

**Stephen Due**  
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## Surgeon perishes at sea

New Zealand, like Australia, provided ample opportunities for doctors to travel to the colony as ship's surgeons, investigate the situation, and decide whether to stay or return to Europe. For some, the trip to New Zealand was a last resort as they sought a healthy climate to combat the effects of illness, often in the shape of respiratory Tb. The results varied, with some dying shortly after making landfall in the Antipodes.

Arguably the most unfortunate of these ship's surgeons was James Frederick Cadle, the son of a Gloucestershire farmer; two of James's brothers also farmed there. In the early 1870s Cadle signed on for two voyages to New Zealand with immigrant ships, including one aboard the *Crusader* which made 28 round trips from the UK between 1871 and 1897. One young passenger recalled this as the 'the happiest three months of my life. Dr Cadle asked me if I would be his assistant during the voyage, and I gladly accepted his offer, with three pounds salary, and I assisted the stewards on with the dinner in the cabin, where I had my meals, which was alright. I gained one stone in weight during the voyage. Dr Cadle was a fine fellow: he was drowned on the *Cospatrick*, which was burned at sea.'

Cadle had intended to enter private practice after his second trip but was persuaded to accept the role of surgeon aboard the *Cospatrick*, which left London bound for New Zealand on 8 September 1874. Six weeks later the vessel caught fire several hundred miles south-west of the Cape of Good Hope and sank with the loss of 470 lives; there were only three survivors. This trio included the second mate, who later testified that the captain and his wife remained on board until the last possible moment before jumping into the sea, followed by Dr Cadle who had taken custody of their young son. All four drowned.

Ironically, Cadle was only on the *Cospatrick* because the ship's departure had been delayed by the emigration officers' insistence on repairs before she sailed. This information was published in the *New Zealand Tablet* on 23 January 1875, having been conveyed by the original surgeon, John Thomas Dale, who had transferred along with many of the *Cospatrick's* intending passengers to the *Bebington* which docked in Napier on 20 November 1874, three days after the tragedy. As the *Tablet* put it: 'Dr Dale, and the immigrants who lately landed in sound health, humanly speaking, have wonderfully escaped from the most fearful horrors a ship on fire at sea. The loss of the *Cospatrick* is the first misfortune that has occurred to a New Zealand immigrant ship, and we sincerely trust it will be the last.'

## NSW BRANCH NEWS

On 29 September 2015, members of the NSW branch of ANZSHM had a very special after-hours showing of the outstanding exhibition at the Powerhouse Museum. Led by the very knowledgeable curators Tilly Boleyn and Damian McDonald, we had an opportunity to view the exhibition 'Recollect: Health and Medicine'. The exhibition showcases over 1000 objects from their extensive collection of health-related objects that usually don't see the light of day. From anatomical and obstetric models to mortuary bone grinders, this is a superb display, which brought back memories for many of the members.

If any ANZSHM member plans a visit to Sydney the exhibition will be on show until May 2016.

**Enquiries/RSVP for all events to Catherine Storey, [cestorey@bigpond.com](mailto:cestorey@bigpond.com).**

## ISHM NOTES

The Fall electronic ISHM *Newsletter* is now available and can be accessed at [www.vesalius.org.uk](http://www.vesalius.org.uk). It contains a brief report on the Sydney ANZSHM conference as well as much international news. The forthcoming 45<sup>th</sup> International ISHM Congress in Buenos Aires, Argentina from 5-9 September 2016 is highlighted. Conference convenor, Professor Ana Maria Rosso, and her team have been very active and have produced an alluring web site, <[www.fmv-uba.org.ar/SIHM/index](http://www.fmv-uba.org.ar/SIHM/index)>. Many will have met Ana Maria at the Sydney conference. The *Newsletter* also details the current ISHM membership deal of two years membership for the cost of one. A bargain.

The current edition of the ISHM flagship journal, *Vesalius*, is also now available. It is an e-journal and members can access it by logging in at <[info@vesalius.org.uk](mailto:info@vesalius.org.uk)>.

## VITADATIO

Vitadatio, The Great Healer of all Blood Diseases, the only Genuine Tasmanian Herbal Remedy, was marketed by Sydney A Palmer in New Zealand, and later in Manchester and Leeds. It survived until 1950. The product was first launched in 1887 by William Webber of Kea in Cornwall who set up as brewer and grocer in Launceston, Tasmania. See *Journal of Medical Biography*, February 2011, for further details.



W. WEBBER,  
LAUNCESTON, TASMANIA.

## SURGEONS AT SEA

'Surgeons at Sea; An index to the filmed surgeons' journals on the convict ships to Australia, with some strays (CD), Newcastle Family History Society Inc. (PO Box 233, Lambton, NSW), 2015

In 1822 William Casky (or Caskey), was put on trial in County Antrim, Northern Ireland, for 'swapping a stolen horse'. He was convicted and sentenced to transportation to the colonies, a prospect he dreaded.

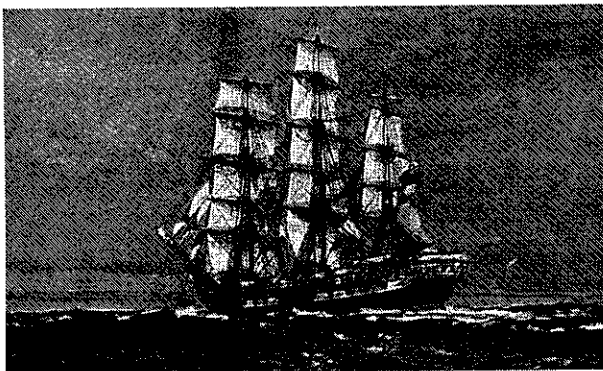
Those who knew the middle-aged man petitioned the authorities that Casky was an unsuitable subject for transportation. He had suffered from epilepsy since infancy, they said, and was so disabled when affected by it that he was unable to dress or undress himself.

Finding little about Casky in digitised transportation records, I wondered what had happened to him. Had his epilepsy recurred on the outward voyage and had it affected his life in the Antipodes?

One of these questions has been resolved with the help of the recently released Surgeons at Sea CD-based index produced by members of the Newcastle Family History Society. Scanning the index, it is quickly apparent that William Casky's epilepsy flared up during his 1823 voyage to Sydney aboard the *Recovery*. The ship's surgeon, Peter Cunningham, treated him not once but three times for the malady.

The Surgeons at Sea CD is a valuable tool for academic and family historians alike. It provides an index to hundreds of journals, originally preserved on film for the Australian Joint Copying Project. The journals were written by the naval surgeons who manned 670 convict and other ships to Australia for four decades from 1817 onwards.

In 52,244 entries, the index lists the medical condition or conditions diagnosed among those on board during the long sea voyage, whether convict, free settler, colonial official, soldier, crew member or even the ship's surgeon himself. A separate



listing provides the meanings of some 436 medical conditions mentioned in the journals, based on 18th and 19th century medical dictionary definitions. In yet another list, each ship is shown with its year and port of arrival, along with its surgeon and AJCP film reel reference number, facilitating further investigation from the appropriate reel if required.

For those interested in the ship's surgeons themselves, there is much of interest. Surgeons at Sea provides a listing of all surgeons whose journals are indexed, along with their ship and year of arrival. The level of experience among the surgeons is impressive with at least a dozen having made six or more voyages to the Antipodes, and numerous others - including Peter Cunningham - making at least four trips.

In a section of the CD called 'Their Stories', a driving force behind the project, former school-teacher Ken Shilling, uses the surgeons' notes and records to argue that after 1817, most ship's surgeons did an admirable job of caring for their charges. Shilling concedes that there were a number of disastrous convict voyages following the First Fleet, tainted by many deaths and large numbers of seriously ill arriving passengers.

The year 1817, however, which has been chosen as the starting point for the index, was a watershed. At that time a series of recommendations were implemented in a bid to improve medical care and discipline on board the convict transports.

In particular, the British authorities changed their approach to appointing ship's surgeons. Where once a doctor with little prior knowledge of life at sea might get the post, naval surgeons with experience of shipboard life and the associated hazards were increasingly selected. As well, they were given more authority for decisions relating to disease prevention, medical care and spiritual succour, prisoner punishment, food supplies and exercise allowances. If, on arrival, the authorities deemed their performance was sub-standard, they were not paid.

For men like William Casky, the choice of ship's surgeon was crucial. As this CD indicates, those charged with overseeing medical and other care had a powerful influence on the well-being of all who arrived in the early decades of the Australian colonies.

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(Ann volunteered her time to provide period-appropriate definitions for the medical terms that the ship's surgeons used in their journals. These definitions appear as a glossary of medical terms on the Surgeons at Sea CD.)

## JOURNAL WATCH

Antipodean scholars continue to box above their weight in the major medical history journals. This quarter saw the publication of Angela McCarthy, 'Migration and madness at sea: The nineteenth- and early twentieth-century voyage to New Zealand' and Linda Bryder, 'Fathers and hospital childbirth in New Zealand, both in *Social History of Medicine*, (2015), 28.4, pp. 706-24 and 725-41. McCarthy's work was based on her recent book, *Migration, Ethnicity and Madness: New Zealand, 1860-1910*, Liverpool University Press, 2015.

Although it has no specific Australian or New Zealand links, 'Making the case for history in medical education', *Journal of the History of Medicine and Allied Sciences*, (2015), 70.4:623-52, is worthy of perusal. Contributors include six North American medical historians and one Spaniard.

## BOOK REVIEWS

Jacqueline Healy (ed), *Compassion and courage: Australian doctors and dentists in the Great War*, Melbourne 2015, ISBN 978 0 734 05103 5, xi + 180pp.



I suspect the deluge of books about WW1 will continue unabated up to 2018, and possibly beyond. The latest local offering is a collaborative venture from the Medical History Museum, University of Melbourne. Based upon an exhibition of the same name curated in the museum in April 2015, this handsome volume combines illustrations and text to good effect. The contributors include medical doctors, dentists, historians, archivists and museum curators. Six of the 29

contributors are ANZSHM members; editor Jacqueline Healy (who is curator of the Medical History Museum), Peter Hobbins, Ryan Jefferies, Ross Jones, Allan Mawdsley and David Noonan. Topics include an analysis of battlefield casualties, wartime dentistry, the role of women doctors, venereal infections, shell shock, oral and maxillo-facial surgery, pathology in the trenches, and medical research.

Judith Godden, *Australian Pain Society: the first 35 years*, North Sydney, 2015, ISBN 978-0-9942500-0-1, 149pp. \$50 + \$10 p&p.

The International Association for the Study of Pain was founded in 1973. An Australasian Chapter was formed in 1978 and evolved into two separate bodies, the New Zealand Pain Society (1983) and the Australian Pain Society (1984). Judith Godden's meticulously researched book chronicles the evolution of the latter body up to the present.

Lavishly illustrated, the volume also includes a detailed appraisal of the annual scientific meetings from 1979.



Friends of Callan Park, *Callan Park: Compassion and conflict in the Asylum*, Rozelle NSW, 2015, ISBN 978-0-9943688-0-5, unpaginated (28 pp). Another exhibition catalogue, *Callan Park* brings together stories from many of those—patients, friends, staff, and community members—who have passed through the doors since it opened as Callan Park Lunatic Asylum in 1874. Unashamedly anecdotal, the book captures the feel and ethos of the institution for many of those whose lives were touched by it.

Callan Park: Compassion and Conflict in The Asylum

An exhibition presented at Leichhardt & Bidean Libraries in April and May 2015 for the National Trust Heritage Festival



Friends of Callan Park

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

The November 1990 Newsletter contained the somewhat belated announcement of the formation of the New South Wales Society of the History of Medicine (now a branch of the ANZSHM) in August 1989, some six months after our first biennial conference, held in Sydney. The first paper presented to the new body was an account by Dr Gwen Wilson of how anaesthesia reached Australia in 1846. This was a prelude to her monumental 647-page *One Grand Chain: The History of Anaesthesia in Australia, 1846-1962. Vol. 1, 1846-1934*, published in 1995, three years before Dr Wilson's death.

The NSW Society's inaugural president and secretary, Randall Albury and Susan Hardy, are both still members of the ANZSHM. Just last month ABC Classic FM re-broadcast an interview with Susan, first aired in August 2008, on the history of medicine.

Page one of the 1990 Newsletter was devoted to an account by Harold Attwood of his attendance at the 32<sup>nd</sup> International Congress on the History of Medicine, held in Antwerp in September 1990. One of the Congress papers which caught Harold's attention was a 'plea to make museums of medical history more relevant to the needs of the non-medical community and to discard the old curiosity shop image', a topic which was the subject of a one-day seminar linked to our recent biennial conference in Sydney (see the August 2015 Newsletter for details).

### **AN AMERICAN PARALLEL?**

The report in the Fall 2015 issue of the *Bulletin of the History of Medicine* of the American AHM 88<sup>th</sup> annual meeting in May 2015 makes for interesting reading, especially in the light of the comments in this quarter's presidential column on biennial conference costs. Noting accrued losses of

some US\$40,000 from the previous two American meetings, the report states: 'The membership has come to expect necessary audio video services, along with breakfasts, snacks during breaks, and generous food at the receptions, for a relatively modest registration fee. While Local Arrangements Committees (LACs) have been historically successful in raising extra funding for the meeting, we cannot depend upon such resources in the future. The Finance Committee supports the hiring of a meeting planner who will be responsible for monitoring costs so that we do not experience a major deficit in the near future. We expect that the Executive Director will take over the responsibility of assisting the LAC in managing meeting revenue and expenses once we are able to hire one.'

### **CONTRASTING CONFERENCES**

I have recently received notification of two forthcoming conferences to be held from 17-19 March 2016. 'Histories of Forensic Psychology and Forensic Psychiatry' will take place at the University of Canterbury, NZ. The organiser, Dr Heather Wolfram, hopes to encourage cross-fertilisation and competition, thus echoing recent developments in the two disciplines highlighted in the title. Attendance is FREE and the deadline for abstracts is 15 February 2016. For more details contact [heather.wolfram@canterbury.ac.nz](mailto:heather.wolfram@canterbury.ac.nz).

The second conference is rather further afield. The Southern Association for the History of Medicine and Science was set up by Professor L. Margaret Barnett of the University of Southern Mississippi to promote awareness at colleges and universities in the South of the importance and usefulness of the history of medicine and science'. It held its first conference in 1999 and the 2016 version aims to encompass all fields and subfields historical, literary, anthropological, philosophical and sociological related to the historical understanding of any aspect of medicine, health care, and science, as well as closely related topics, including, race, disabilities, sustainability, environment, technology and gender studies.

*Medical History Newsletter* is the news bulletin of the Australian and New Zealand Society of the History of Medicine Incorporated, distributed to all members without charge. 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. Edited and compiled in Auckland; Printed and posted in Melbourne.

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Enquiries about membership of the Society should be sent to the Administrative Secretary, ANZSHM, PO Box 4092, University of Melbourne VIC 3052. E-mail: [anzshm@anzshm.org.au](mailto:anzshm@anzshm.org.au)  
For the latest information, visit the ANZSHM Internet Website: [www.anzshm.org.au](http://www.anzshm.org.au)

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

**DEADLINE FOR THE NEXT ISSUE WILL BE 15 FEBRUARY 2016.**