

# Medical History

## Newsletter

AUSTRALIAN AND NEW ZEALAND SOCIETY OF THE HISTORY OF MEDICINE INC

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Fourth Series

Number Fifty-six

February 2017

### THE PRESIDENT'S PAGE

Greetings to all of you, dear members. I trust that everyone had an enjoyable Christmas and New Year season. All too quickly it has passed, forgotten like the tide of yesterday, as one struggles to cope with yet another year of work. But this year should, for members of ANZSHM, also be one of pleasure when we attend our biennial conference: a rapidly looming prospect. Presumably everyone has it indelibly imprinted upon their minds, but just in case any of you are so disengaged that you need reminding: it will occur in Melbourne from Tuesday 11 to Saturday 15 July. Please, everybody, do your best to come and to participate to the full.

The programme is rapidly taking shape. The keynote speakers are all brilliant orators. The social events show every prospect of being great fun. And then there are the individual papers. I cannot comment upon the quality of these at this stage having only seen one abstract – that of the one I hope the referees will allow me to present – but if our members and guests are up to the standard displayed two years ago at the Sydney meeting they should amply satisfy people's desires.

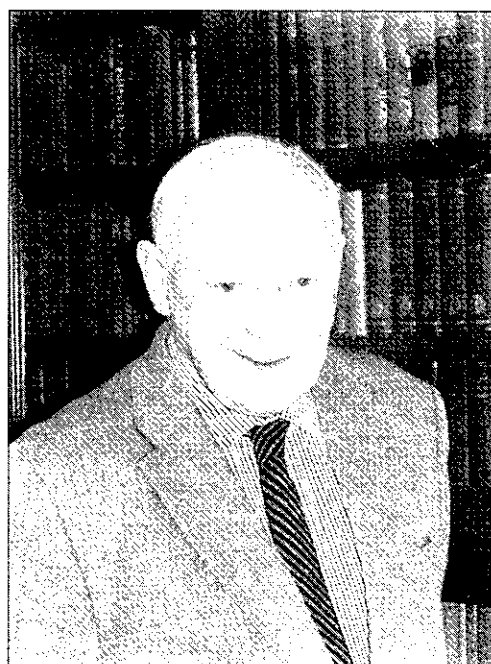
That of course leads me on to a further plea: please get cracking. Prepare and submit an abstract of the historical work you have done recently (or of the work that you wish you had done and which you will force yourself to do in the next few months by offering to present it). No one should feel anxious about his or her abilities in this regard. Some people are old hands at preparing papers, others feel that they are forever struggling. We all have to start at some time and none of us should develop the hubris of assuming that it comes all so naturally that we do not have to plan and work hard at developing a good presentation. Practice nevertheless inevitably helps and there is no better place in which to practice and gain confidence than in the meetings of an organisation such as ANZSHM. So do please seriously consider submitting an abstract.

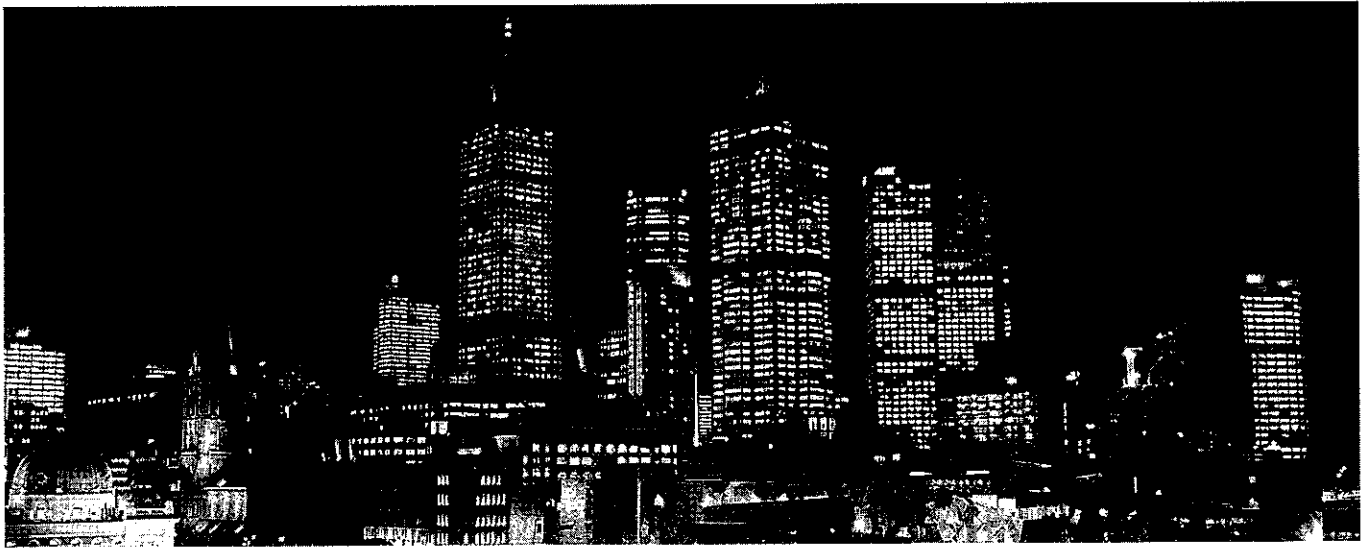
Meanwhile the Society's other activities continue in their regular ways. A special edition of *Health and History* has appeared, this one focusing on

'Medicine in the Shadow of the Holocaust: Australian Reflections'. Once again the editors did a superb job. I found every one of the articles fascinating to read. Some of them were undoubtedly provocative (well, depending I guess on which side you happened to be), but my view is that historians have a task of discussing virtually unrestrainedly (although always politely) the many viewpoints that surround so many events that have occurred in human affairs. Sometimes, indeed perhaps often, one may not agree, but that is the provocation for presentation of seriously considered counter-arguments. Thereby historians can advance social development to the mutual benefit of all. That surely is the nobility of our task.

And just one closing greeting: I look forward to seeing you in Melbourne. Start writing. Prepare to register and to book.

**Charles George**  
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AUSTRALIAN AND NEW ZEALAND SOCIETY  
OF THE HISTORY OF MEDICINE

## 15th Biennial Conference, Melbourne

*Health, Medicine, and Society: Challenge and Change*

Australian Catholic University, Fitzroy Campus

Tuesday 11 July - Friday 14 July | Saturday 15 July: Witness Seminar

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### Keynote Speakers

**Prof Barbra Mann Wall**, Thomas A Saunders, III Professor of Nursing, University of Virginia, USA

**Dr Criena Fitzgerald**, Professional Historian, Honorary Research Fellow, University of Western Australia

**Dr Peter Hobbins**, ARC DECRA Research Fellow, University of Sydney, 2016 Merewether Scholar, SLNSW

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### Program Features

- Keynote addresses by prominent scholars
- Papers and other presentations on a wide range of topics
- Witness Seminar – leading medical scientists and clinicians discuss curiosity-driven research and health outcomes, from benchtop to bedside
- Gala dinner at Melbourne Museum
- Visits to museums and cultural collections

### Key Dates

Call for papers opens	7 Nov 2016
Call for papers deadline	20 Feb 2017
Registration opens	3 Apr 2017
Early bird registration deadline	30 May 2017

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### For further Information and Expressions of Interest

Email [hom2017@dcconferences.com.au](mailto:hom2017@dcconferences.com.au) OR visit [www.dcconferences.com.au/hom2017](http://www.dcconferences.com.au/hom2017)  
or contact conference managers DC Conferences on 61 2 9954 4400

## MEMBERS' NEWS

### Welcome!

Lynda Campbell (VIC)  
John Collins (NZ)  
Margaret Doherty (QLD)  
Nicholas Jufas (NSW)  
Jan McLeod (NSW)  
Sarah Luke (NSW)  
Angela McLoughlin (NSW)  
David Roth (ACT)  
Richard Tait (VIC)

### Vale

Roger Bartrop d. 3 February 2017

## WELLCOME TRUST RESEARCH BURSARIES

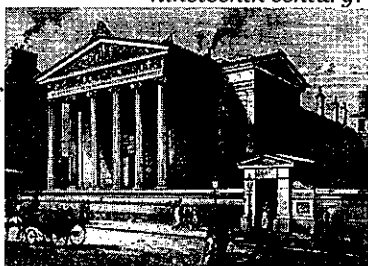
The Wellcome Trust now funds small and medium-scale research projects based on library or archive collections supported by the Trust. (Collections are not restricted to Wellcome holdings but include any which have had previous Wellcome Research Resources grants). Applications are accepted from individuals outside the academic community, and from overseas researchers who are travelling to the UK or the Republic of Ireland. The next deadline for applications is 31 March 2017. For further details see <https://wellcome.ac.uk/funding/research-bursaries>.

## BSHM

The 27<sup>th</sup> biennial congress of the British Society for the History of Medicine will be held in Surgeon's Hall, Edinburgh from 13-16 September 2017.

Core themes include apothecaries and their successors, art and photography in medicine, Scotland's contribution and influence, and women in medicine. Abstracts are due by 31 May. The Congress is being held in association with the Society for the Social History of Medicine whose keynote speaker is Professor Malcolm Nicolson of Glasgow. Other keynotes include Philippa Langley, who led the successful search for the remains of King Richard III. The Guthrie lecture will be delivered by Professor David Watters from Melbourne. For further details see <http://bshm.org.uk/congress/congress-registration/>.

*Surgeon's Hall in the nineteenth century.*



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

February 1992 saw the end of an era with the Victorians relinquishing the *Newsletter* to the capable hands of Ian Chapple, based in far-away North Queensland. Ian immediately instigated a President's Column. During Ian's 11-year tenure this appeared somewhat sporadically, replaced on occasion with guest editorials from other members and, once or twice, with Dr Haneman's iconic 'Ben's Book Patrol'. Given this pattern it was fitting that the final Guest Editorial, by Barry Smith in February 2003, paid tribute to Ian's efforts on the eve of his retirement from the role.

In May 2003 incoming editor Peter Tyle renamed the feature the President's Message, and introduced 'All About Ourselves', which invited members to ruminate on their involvement with medical history.

November 2004 saw another renaming, as 'President's Page' – with the delicious contradiction that at the foot of the column was the advice 'continued on page 3'. The final rewording occurred in February 2009, to the current title of 'The President's Page'.

It is a tribute to successive presidents that we have not missed a presidential offering since 2003, and they have all written to order so that it fits on a single page. If only all editors had such compliant and disciplined contributors!

## EDITOR'S COLUMN

Contributions to the Newsletter are always welcome. The next deadline for copy is 15 May 2017. Copy should be sent to the editor, Derek A Dow at [d.dow@auckland.ac.nz](mailto:d.dow@auckland.ac.nz).

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# *Australian Medical Pioneers Index*

## **AMPI NEWS**

### **The Strange Case of Joseph Black MD**

The death of Joseph Black in Melbourne, following a long and painful illness, gave rise to a remarkable but little-known episode in colonial medical history. Dr Black was born in the West Indies, but trained in Britain. He came out to Australia in 1852, having acquired his sole qualification, the MRCS, at the relatively late age of 35. He may have come in search of his missing brother Patrick, who had been a surgeon in Van Diemen's Land in the 'forties.

It is not known whether Patrick was ever found, but Joseph stayed on in Melbourne, where he became a distinguished and influential member of the profession. He was an Honorary Physician at the Melbourne Hospital; one of the first doctors to be awarded the MD of the University of Melbourne; a founder of the Medical Society of Victoria, and its president in 1862. Yet the diagnosis of his mysterious final illness eluded him, and baffled the physicians who attended him.

Dr Black had enjoyed excellent health until about July 1875, when he fell backwards while attempting to board a moving hansom cab, landing heavily on his buttocks. He was 64 years old at the time. At first he appeared to be none the worse for wear, but in August developed left chest pain. In September he developed pain and weakness in his legs, and retention of urine. His physician, Mr Rudall, suspected a spinal injury. Morphine was given daily. Over the next three years, he gradually lost the ability to stand, and then the ability to move his left leg. In March 1879 it became impossible to control his pain, and he died on the 11th of that month.

On 12 March Mr Rudall, with the assistance of a medical student, conducted a thorough post mortem examination, beginning with the spine, the pathology of which he intended to describe in detail in a published report. The brain, heart, lungs and abdominal organs he found to be quite healthy. He concluded that Dr Black had died of chronic spinal meningitis arising from the injury, or possibly meningo-myelitis 'from the beginning'.

James Thomas Rudall FRCS was ideally placed to undertake this investigation, being an honorary at the Melbourne Hospital, examiner in pathology and physiology at the University of Melbourne, and the pathologist who regularly performed autopsies for the Melbourne city coroner. He prepared a report of his examination of Dr Black's remains, and presented it, along with his original case notes, for publication in the *Australian Medical Journal*.

Rudall's report was published without delay in the April issue of the *AMJ* alongside a beautifully-written obituary of the deceased physician by an unknown author. Thus the memory of Joseph Black was honoured by the simultaneous publication of an appreciation of his professional life, a detailed case report of his final illness and death, and a description of the dissection of his body in the interests of medical science – an event that is possibly unique in the annals of colonial medicine.

Several of the leading members of the profession in Melbourne had been consulted during the course of Dr Black's illness, and undoubtedly many others had followed its tragic progress. However the journal editor took the precaution of prefacing the case notes and autopsy report as follows:

'Dr Black was unmarried, and had no relatives in this part of the world. As the affection from which he suffered was somewhat exceptional, Mr Rudall, who attended him during his illness, and who made the post mortem examination, has kindly furnished the following account of the symptoms from which he suffered, and the appearances presented after death.'

**Stephen Due**  
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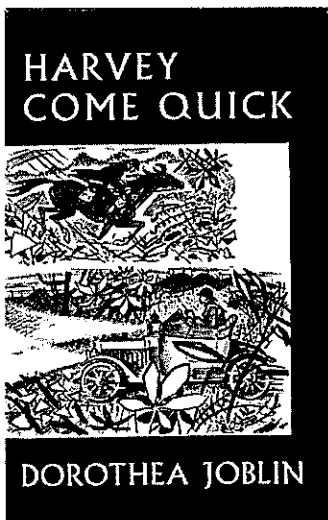
*This extract from JT Rudall's notes on the progress of Joseph Black's illness reveals how limited treatment was in the 1870s.*

On the 11th November I met the late Dr. Martin and Mr Knaggs in consultation on him. It was then decided that he should be cupped on the back, that he should take iodide of potassium, and leave his house for the purpose of change, and of avoiding the trouble of seeing patients. As before stated, there had already been some weakness of the lower limbs, and this soon got worse, although he expressed himself as relieved by the cupping.

## Not poisoned—he is used to it

Stephen Due's account of the death of Dr Joseph Black, following what appears to have been a relatively minor accident while boarding a hansom cab, serves as a reminder that fatal accidents as a result of travel were common amongst colonial doctors. There are numerous instances in New Zealand of doctors who perished as a result of falls from horses or collisions with coaches, cars, trams, trains, or immovable objects.

In some cases it was not the doctor who died but one of his companions. Such was the case in August 1899 when Dr Charles Foucart Scanlan's wife was thrown from their gig after the horse apparently bolted.



*New Zealand medical biographies for those of Scanlan's generation often used transport as the cover illustration, as in the case of Dr Arthur Harvey MRCS LRCP 1892.*

Scanlan, a Glaswegian, qualified in 1886 and practised as a ship's surgeon before taking up an appointment at Sydney's St Vincent's Hospital. He then had a brief sojourn in Port Macquarie before crossing the Tasman, where he acted as a locum for around six months for Dr WL Christie of Milton, Otago, who had been the Otago Medical School's first medical graduate in 1887. Although Christie chose not to return from his trip to England, Scanlan did not remain in Milton, but settled in Lower Hutt, north of Wellington, in late 1893. Little is known of his activities over the next four years, other than the fact he was criticised in April 1894 by the jury at an inquest into a Maori woman who died in childbirth after he withdrew from the case.

In January 1897 Scanlan had married Bessie Wootton of Kent at the Roman Catholic Church in Lower Hutt. How or why Bessie found her way to New Zealand remains a mystery.

It seems that Scanlan suffered from wanderlust, even after his marriage. In March he and his wife sailed for Sydney and did not return to Lower

Hutt until the end of the year. Six months later he set up his plate in Auckland, advertising himself as a specialist in diseases of children. Shortly afterwards the *San Francisco Chronicle* announced that he was making California his headquarters.

The American dream was short-lived but the couple's return to Cambridge, in New Zealand's Waikato region, quickly turned to nightmare. In August 1899 an inquest was held into the death of Mrs Scanlan after her husband's buggy overturned. One witness testified that the doctor smelled strongly of drink and Scanlan's account of events was challenged by the jury, who nevertheless returned a verdict of accidental death.

Not long afterwards Scanlan was charged with breach of the peace after a drunken brawl. He was initially unable to appear in court since he was under the influence of drink and a narcotic which he had taken in a dose sufficient to poison several people. In response to the judge's query as to his state of health, Dr De Clive-Lowe bluntly replied 'Well, he is not poisoned, because he is used to it.'

Scanlan had already made plans to flee the colony, advertising the sale of all his household goods at the beginning of September. Thereafter he disappears from the public record. While it is rumoured that he moved to Nigeria I have been unable to confirm or refute this claim.

## MODERN MINING

Australian and New Zealand historians are all too aware of the efforts, and foibles, of goldfield doctors but *Medical History* (April 2016, 294-6) explored a rather different variety of prospecting in a short abstract by Toon, Timmerman and Worboys entitled 'Text-mining and the history of medicine: big data, big questions?'

Those of us who were around in the early 1980s will recall the scepticism with which many responded to the fanfare surrounding the introduction of optical character reading (OCR). Conversion was slow and cumbersome and few institutions had the resources to manually correct the very high error rate. Search engines were non-existent in that pre-personal computer era and the potential for historical researchers was hard to imagine.

Users of the Australasian newspaper sites Papers Past and Trove are all too aware that digitisation and OCR technology is still problematic, especially for older newsprint. The authors of the *Medical History* abstract reveal that medical journals demonstrate similar failings, with up to 30 per cent of words in the *BMJ* digitised texts containing errors. The words needle and haystack come to mind. *(contd overleaf)*

Despite these failings the authors argue that text-mining, using digital tools to detect patterns, can provide valuable insights for the medical historian. They acknowledge, however, that changes to the meaning of specific terms or diagnosis over time complicates the process. For anyone privy to the rash promises of the 1980s, it is perhaps too soon to become over-excited by the current innovations.

## NSW BRANCH NEWS

The AGM on 18 February elected the following executive committee: John Sinclair (president); Vanessa Witton (vice president); Diana Jefferies (treasurer); Ben Skerman (secretary and public officer); Charles George; Paul Lancaster.

The NSW Branch made a small financial loss as a result of the requirement to re-register with the Office of Fair Trading but is still in robust financial shape. Events during the year included a behind-the-scenes tour of the Powerhouse Museum, an excursion linked to the bicentenary of Sydney's Botanical Gardens, and two seminars at the State Library of New South Wales.

One of the focus points for the incoming committee will be to consider a wider catchment of members, embracing both wider concepts of health in history, and also extending invitations to those interested in medieval or classical history. The 2017 Ben Haneman Memorial Lecture will be given by Alison Bashford, Vere Harmsworth Professor of Imperial and Naval History at the University of Cambridge, on 'The Huxleys in medical history'. All in all, 2017 is shaping up as an exciting year!

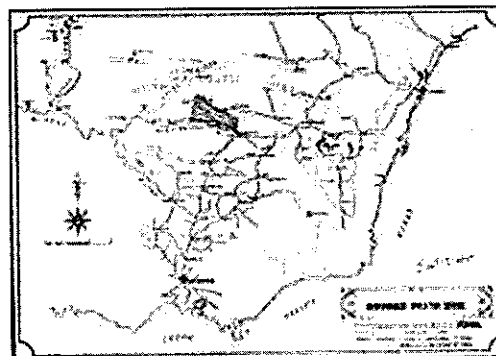
Animals were in the air for the second 'Our Healthy Heritage' seminar held at the State Library of New South Wales on 18 February. The first of four presentations was by Dr Nancy Cushing, an environmental historian. Evoking the sensory world of colonial cities, she explained how animals were not only seen, but also heard and smelled throughout the nineteenth century. Their aromas and ordure, as well as the stench from associated industries, did not disappear from urban areas until the early decades of the twentieth century while welfare concerns for the creatures themselves trailed behind.

Dr Peter Hobbins explored the persistence of seemingly outmoded technologies in the face of newer developments. He focused on two competing snakebite remedies introduced in Australia in the 1890s: the subcutaneous injection of strychnine and local antivenenes (now anti-venoms). He argued that strychnine injection had a 'long tail' reaching into the 1950s and explained how costs, complexity and tightly constrained

immunological specificity restricted the widespread clinical use of antivenenes until the late 1950s. This presentation was followed by the launch of Peter's new monograph, *Venomous Encounters: Snakes, Vivisection and Scientific Medicine in Colonial Australia*.

Dr Jan McLeod discussed the dramatic clinical and operational impact of malaria on the New Guinea campaign of 1942–3, arguing that whilst Australian developments later in the war proved effective, valid prophylactic measures took far too long to implement in the early years of the Pacific War. She suggested that fundamental measures such as long sleeves and trousers, mosquito netting and drainage all proved as difficult and erratic to administer as quinine regimens. The consequence was a substantial loss of operational capability as well as enduring personal debility – or death – for affected troops.

Dr Emily O'Gorman explored enduring concerns that the wetlands of the Murrumbidgee Irrigation Area might become a focus for malaria in mid-century Australia. Prompted in part by infected veterans from World War I, returnees from World War II also provided potential sources of infection. Ultimately, the alarm was driven as much by cultural concerns linking malaria with 'uncivilised races' as with the limited medical impact of the few reported cases.



*Murrumbidgee Irrigation Area  
(shaded) in 1908.*

In assembling a range of primary documents held at the State Library, curators Dr Rachel Franks and Margot Riley intrigued attendees with the breadth of local medical history. Items ranged from certificates in health inspection to pamphlets on animal welfare, and from a photo album of Australian troops in New Guinea to the records of an 1838 bounty on snakes in Van Diemen's Land. As with the first seminar held in November 2016, this display was intended to encourage delegates to investigate and enjoy historical sources for themselves.

**Enquiries/RSVP for all events to Ben Skerman, [raymondskerman@bigpond.com](mailto:raymondskerman@bigpond.com)**

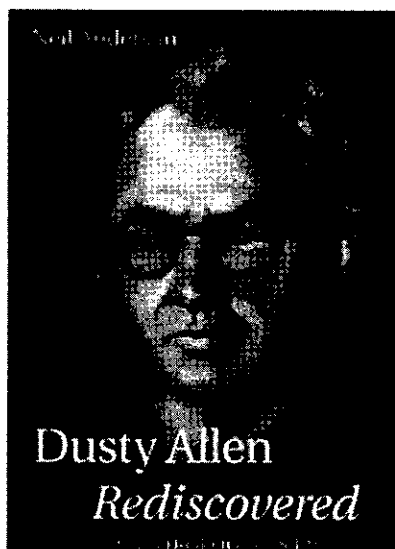
## JOURNAL WATCH

*Medical History* (January 2017) contains an article by Helen Macdonald entitled 'Crossing the Rubicon: death in "The year of the transplant"'. This examines debates about the measurement of death and transplant surgery and the pioneering work carried out in Australia which coincided with the 1968 Declaration of Sydney, defined by Helen as 'an international code on death'.

The October 2016 issue of the *Journal of the History of Medicine and Allied Sciences* contains a review of Barbara Mann Wall, *Into Africa. A Transnational History of Catholic Medical Missions and Social Change*, which examines the period 1945-85 and extends her previous work on Catholic hospitals. Professor Wall will be one of our keynote speakers in Melbourne in July.

## BOOK NOTICES

Neil Anderson, *Dusty Allen rediscovered. A neurologist's life*, Auckland 2016. \$39.99 Surprisingly little has been written about the history of clinical neurology in New Zealand. Neil Anderson, an Auckland neurologist, set about the task of correcting this deficit, but was waylaid when he identified an undoubtedly fascinating character, Ivan McDonald Allen (1895-1962).



'Dusty' was the first fully-trained NZ neurologist; the first to practice exclusively in the field, he established a reputation for superb clinical acumen and diagnostic skills. He did not, however, welcome the intrusion of many of the newer diagnostic tools. He published extensively although he did not hold an academic position. He considered that psychological medicine was part of his brief and had many verbal altercations with the local neurosurgeon. He was at times a controversial figure who seemed to disappear

after his death. Neil has not only produced a very scholarly biography of this man, worthy of being 'rediscovered' but by telling his story and by the in-depth discussion of the main themes, the reader has a greater appreciation of contemporary life and medical practice during the first half of the twentieth century. I would recommend this to all NZ neurologists and NZ historians of medical history, as well as those for whom the history of medical practice in NZ is an enigma.

**Catherine Storey**  
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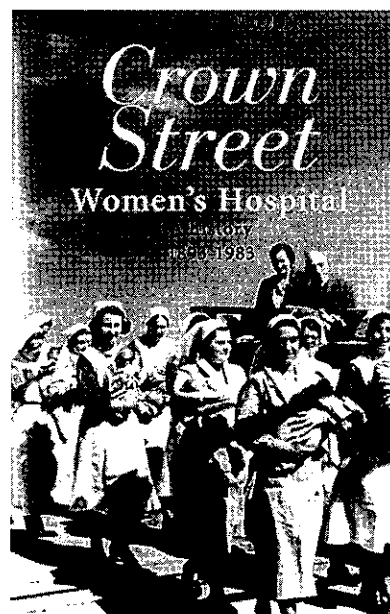
Judith Godden, *Crown Street Women's Hospital: A history 1893-1983*, Crows Nest NSW 2016. \$45.

The history of the three major women's hospitals in Australasia has been well covered by three of our ANZSHM members. The first of these monographs was Janet McCalman's *Sex and Suffering* (1995), which focused on the intimate lives of patients in the Royal Women's Hospital, Melbourne which opened in 1856.

The second was Linda Bryder's history of Auckland's National Women's Hospital, which analysed the political and medical life of the hospital from 1946 until its closure in 2004.

Like Bryder, Judith Godden tells the story of a much-loved institution whose closure sparked considerable protest, but to no avail. Making extensive use of primary material, oral testimony and a wide range of secondary sources, Godden charts and contextualises the evolution over a sometimes turbulent nine decades. Nor does she shy away from controversy, with chapters on the clashes between Drs Dixon Hughes and Reg Hamlin following the eclampsia research campaign in the 1950s, and on the involvement of Crown Street and Dr Bill McBride in the desperately sad thalidomide story of the 1960s. The result is more than the traditional narrative which the contents page might suggest.

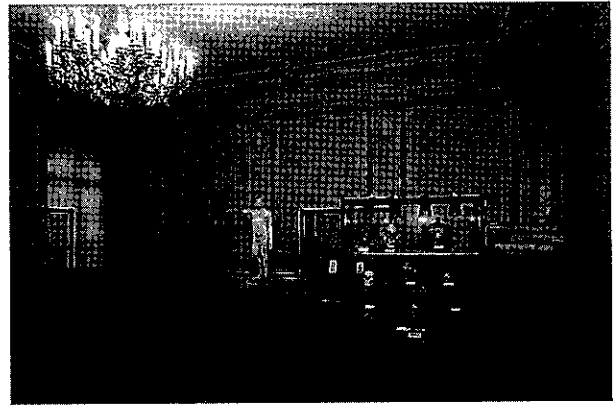
**Derek Dow**  
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## MEDICAL MUSEUMS THAT TIME PASSED BY: ST PETERSBURG, RUSSIA

Tourists in St Petersburg generally head to the extraordinary opulent art museums housed in graciously restored palaces. The Hermitage, Yusopov Palace, the Russian Museum or the newly established Fabergé museum in the former Shuvalov Palace are on the recommended tourist trail. There are hundreds of museums in this glorious city founded by Tsar Peter the Great in 1703. But if time permits, it is worth visiting two unusual museums with a medical focus. These have so far resisted all attempts at restoration and feel like museums of an era past!

Kunstkammer (Peter the Great Museum of Anthropology and Ethnography) is situated on the Vasilevsky Island just across the Neva River from the Hermitage. This is one of the oldest museums in the country. Tsar Peter the Great founded this extraordinary assembly from curiosities brought back from his many journeys. The collection was originally opened to the public in 1719 (and we were told that the public were encouraged with a cup of tea or shot of vodka) and moved into the current, purpose-built premises some years later. The building contained not only the museum and cabinets of curiosities, but also an anatomical theatre and observatory. Today, the first two floors are taken up with displays that relate to culture and life of the peoples of the world, but head for the third floor where much of the Tsar's original material is still displayed. There are the specimens of deformed foetuses that Peter the Great purchased from the Dutch anatomist Frederick Ruysch (1638-1731) in 1717; the teeth removed by Tsar Peter himself as he practiced his dental skills; old medical and anatomical instruments amongst other medical curiosities. It is extremely helpful that all of the displays are accompanied by descriptions in both Russian and English. See <http://www.kunstkamera.ru/en/history/>



*The Museum of Hygiene, St Petersburg.*

In the vicinity of the Russian Museum (one of the opulent must-see Art museums) is the Museum of Hygiene at 25 Italianskaya Ulitsa. Formerly the Museum of Good Health, this was established in 1919, to promote good health and educate the public of the dangers of germs, smoking, filth etc. It retains many of the original posters and displays. The exhibits warning of the dangers of STDs are particularly graphic. Unfortunately, all signage is in Russian, but the exhibits are generally self-explanatory. One display, which seems a bit out of place in this museum, is one of Pavlov's original dogs; stuffed, mounted in a glass case and complete with all of the paraphernalia of the original Pavlov experiments. The museum is worth visiting as a historical exhibit in its own right. See <http://www.saint-petersburg.com/museums/museum-hygiene/>

### Cate Storey

\*\*\* STOP PRESS \*\*\*

### 15th BIENNIAL CONFERENCE

We have received the first application for a student grant to help attend the conference! Please remember that the number of grants is limited and are considered on a 'first in, first served' basis – and can be awarded conditional on your paper being accepted. So don't delay! See conference website for details under 'Call for Abstracts'.

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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 MAY 2017.**