



ANZSHM 2021 CONFERENCE

PROGRAM

1-4 • DECEMBER • 2021



WELCOME FROM THE ANZSHM PRESIDENT

PROFESSOR CATHARINE COLEBORNE



Writing from the University of Newcastle I acknowledge the Pambalong clan of the Awabakal people, and pay my respects to elders in our community, to past elders, and to the future leaders in our midst.

Welcome to our conference delegates for our ANZSHM Conference 2021! We are excited to bring you together virtually as a community of historians and practitioners to examine our theme of 'Innovation in Health and Medicine'. Our program is full of highlights including plenary speakers with invited international speakers from the UK and North America, and a panel of emerging scholarly leaders from Australia and New Zealand. Our many sessions promise to offer a series of stimulating engagements with speakers and their research, and we hope that you join in as you can, and also meet each other in the social sessions we are offering you throughout the online event.

As part of our conference welcome to you we are sending our booklet and a small gift from the University of Newcastle. Thank you for your patience with our organising committee as we have worked together throughout the pandemic to bring you a conference truly of our times, and one that reflects the important themes of our own age – viruses, mental health, telemedicine, sickness and health, healing, and the impact on our communities including Indigenous communities in Australia.

I also offer my personal thanks to the wonderful support shown to me by colleagues on the organising committee, especially Dr Effie Karageorgos, and pay tribute to the work by Dr Georgia McWhinney. Thank you to our ANZSHM Executive and Council members for their ongoing understanding as we planned this event.

We hope you enjoy the virtual conference and we look forward to spending time with you.

WELCOME FROM THE ORGANISING COMMITTEE

We are very happy to welcome all of you (virtually) to the University of Newcastle, which has campuses on the lands of the Awabakal, Darkinjung, Birapai and Gadigal people. Thank you for your patience during these fluctuating times and for the impressive collection of papers that will be presented at this year's conference. It is encouraging to see how much research is taking place despite the ongoing impacts of the COVID-19 pandemic.

This conference has been organised by a fantastic group of people based at the University of Newcastle, who very generously remained flexible despite our move from face-to-face delivery, to hybrid, and then fully online. The conference organising committee members are:

Professor Catharine Coleborne
Dr Robyn Dunlop
Dr Ann Hardy
Dr Effie Karageorgos
Dr Alexandra Lewis
Heather Lyle
Dr Jan McLeod
Dr Georgia McWhinney
Dr Elizabeth Roberts-Pedersen
Dr Meredith Tavener

A very special thank you also to Miriam Burgess and Kara Waite-Layzell, from UON's School of Humanities and Social Sciences as well as the University of Newcastle IT staff, without whose help there would not be a conference.

ZOOM ETIQUETTE

Each session will run similar to a face-to-face conference. Each speaker will have 20 minutes, plus 10 minutes for questions immediately after each paper. Please ensure that you keep to time, as there will be people jumping in and out of sessions to listen to papers in different sessions.

While in a Zoom meeting, please ensure your microphone is muted. There is a chat function in meetings which will allow you to type questions in during the papers, although you can also use the raise hand feature to ask questions after each paper. Webinars have both a chat and Q&A function for questions, as you will not be able to turn your microphones on during these larger sessions.

We want to ensure that all speakers, chairs and participants are able to enjoy a safe conference, so please do ensure that all comments written or spoken in our conference Zoom meetings and webinars remain responsible and respectful.

Full Program

1 December 2021

6pm–7:30pm

Keynote 1 – Professor Matt Smith, The University of Strathclyde

Peace of Mind: Social Psychiatry, Basic Income and the Prevention of Mental Illness

The World Health Organisation recently estimated that, by 2030, clinical depression would be the most common disease globally, affecting close to half a billion people. Other mental disorders are also increasing apace, sparking concerns about how societies will cope. While debates continue about the way in which such disorders are diagnosed and the effectiveness of treatments - ranging from cognitive behavioural therapy to psychiatric medication – one thing appears clear: if we are really serious about dealing with mental illness, we must prioritise preventive strategies.

Fortunately, we can look to the past for insights into how environmental factors can trigger mental health problems. For most of the twentieth century, prevention was central to how western societies dealt with mental disorder, beginning with the mental hygiene and child guidance movements. In this paper, I focus in particular on social psychiatry in the United States, which emerged at a time when mental illness was also understood to be increasing out of control, and became the most influential approach to mental health during the post-war period. Social psychiatry emphasised that mental illness was triggered by socioeconomic factors, such as poverty, social isolation and inequality, and that the best way to prevent it was - in the words of John F Kennedy - by eliminating these 'harsh, environmental factors'. I argue that we need to return to such thinking today, and suggest that one socially progressive initiative that has considerable preventive potential is universal basic income (UBI).

2 December 2021

9am–10:30am

Keynote 2 – Professor Jeremy Greene, The Johns Hopkins University

Presence, Absence, and the Limits of Telemedicine

Few of us have not been affected by the sudden expansion of telemedicine in the past year, which ballooned into mainstream clinical practice over the past year and a half as a technological patch laid over the holes in healthcare access caused by the upheaval of the COVID-19 pandemic. Yet even though telemedicine may feel like a useful if uncomfortably new medium to practitioners or patients today, the theory and practice of this “medicine at a distance” were laid out more than five decades ago. This talk traces the history of telemedicine back to its origins in a series of demonstration projects supported by the United States federal government in the 1960s and 1970s that promised to use the technologies of closed-circuit television to combat racial, ethnic, economic, and geographic disparities in access to medical care. The successes and failures of these programs sheds light on why we continue to seek technological solutions for the structural failings of our healthcare systems, even as it remains far from clear whether these technologies erase or further entrench existing health disparities.

10:30am–11am

Morning Break

11am–12:30pm

Biography

Clare Ashton

‘Challenging the Tropes: looking at the evidence surrounding Sir Truby King’

Roger Wilkinson

‘The Providence of Time: John Francis Wilkinson (1864–1925) and the Introduction of Insulin into Australia 1921–22’

Catherine Storey

‘Off to a flying start. Wilson Ingram, an early champion for the use of Insulin and its introduction to Royal North Shore Hospital, Sydney’

Women's & Maternity Health

Paige Donaghy

‘Innovating the Historiography of Reproduction: The Importance of “Other” Perspectives and Experiences’

Liz Skinner

‘Stigmas of Prolapsed Womb and Hysteria: Origins of Childbirth Trauma’

Michelle Walker

‘Assessing New Zealand’s Karitane Hospitals as sites of mental illness support for new mothers, 1907 – 1980’

Hospital History

Joe Eisenberg and Janis Wilton

‘A Conspicuous Object – The Maitland Hospital’

Brian McGregor

‘Recollections of Royal Newcastle Hospital’

Diana Jefferies

‘The History of Tongi Hospital in Wuhan, China’

Mental Illness & Subaltern History

Jacqueline Leckie

‘Deepest Blue: Exploring a History of Depression in the Pacific’

Nathanaelle Soler

‘The legacy of missionary ethnology and the birth of a racist New Caledonian Ethnopsychiatry in the 1960s’

Rachael McMahon

‘The Silenced Manifesto and Mental Illness: Its Voice, The Space, The Power’

12:30pm–1:30pm

1:30pm–3pm

Midday Break

Colonial Health

Ash Green

“Silence, Separation and the Health of Prisoners in the Colony of Victoria’

Toby Raeburn

“When innovation becomes an instrument of colonisation: A microhistory of nineteenth century phrenology in Australia’

Neville Yeomans

“Phthisis pulmonales and other misadventures: Early Mortality of Immigrant Doctors in Colonial Victoria’

Pandemics

Anna Efstathiadou and Suja Pillai

‘Museums and extra-curricular activities for medical students: reviewing approaches to empathy and compassion in view of the COVID-19 global pandemic’

Richard Travers

‘The development of compound analgesic use in Australia – the influence of war and the influenza pandemic’

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Mental Health, Law & Sexuality

Douglas Pretsell

‘Psychiatry’s Stepchildren [German & Austrian 19th Century Psychiatry and Sexuality].’

Thomas Sharples

‘The Flawed Monster That Won’t Die: Conversion Therapy in the West’

Ann Westmore

‘A well-orchestrated plan for mental health reform. What did it achieve? Where did it fail’

3pm–3:30pm

3:30pm–5pm

Afternoon Break

Teaching Medicine & Medical History

Benjamin Higginbotham and Catherine Storey

‘Does the history of medicine have a place in a modern medicine curriculum? One student’s experience of a historical project’

Rebecca Lush

‘Breathing New Life: Human Specimen Collections and the Modern Medical Classroom’

Shravasti Pathak

‘Calcutta medical school: the first glimpse of ‘medical nationalism’ in India’

War & Military Medicine

Beverly Wood & Effie Karageorgos

‘Health and Fitness of the Queensland Contingents to the South African War, 1899-1902’

Heather Lyle

“‘A Public Health Problem of Great Importance”: Returned First World War Soldiers and the Changing Definition of Malarial Landscapes in the Australian Context’

Arnel Joven

‘Malaria and Dysentery in the Philippines During the Japanese Occupation Period’

Community Mental Health Panel 1

Holly Kemp and Paul Rhodes

‘Co-Production, Dialogicity and Witnessing: Methods for the History of Community Psychiatry in Australia’

Georgia Valis

‘Violence, Immigration and Mental Health in Post-War Australia’

Robyn Dunlop

‘From Patients to Consumers: Innovation in Newcastle’s Community Mental Health Services, 1967–1978’

Medicine & Place

Paul Lancaster

‘Changing Times for Regional Medical Practices’

Lesley Potter

‘Yesteryear: The Place of Cottage Hospitals in Health Care’

Johanna Conterio

‘Ecological Entanglements: Rethinking the History of Medicine in the Age of the Anthropocene’

9am–10:30am

Quarantine & Vaccination

Peter Hobbins

'Diving into the Wreck of the Preussen: Voyaging, Vaccination and Vitroil on the High-Imperial Seas'

Rebekah McWhirter

'Vaccination Laws in Australia 1853–Present'

Judith Bonzol

'Quarantine and Plague in Seventeenth Century England'

Indigenous Health & Eugenics

Charmaine Robson

'Labour and Leprosy: Australian Indigenous Patients and the Leprosarium Work Regime c. 1931–1986'

Cameron Raynes

"'The most appalling disease one ever watched': medical racism and a case of tetanus at Yorke Peninsula in the mid-20th century'

Bridget Brooklyn

'Eugenics and Feminism in Early Twentieth Century and Interwar Australia'

Medical Ethics & Law

Christopher Mayes

'More Than Etiquette: Medical Ethics at Melbourne University 1906–1925'

Ian Smith

'Can the Power of Stories Influence Policy and Change Laws? Exploring the Case of Retrospective Removal of Sperm and Egg Donor Anonymity in Victoria'

Asylums & Hospitals

Richard White

'Three outstanding psychiatrist-administrators of New South Wales – Frederick Norton Manning, Eric Sinclair and Bill Barclay'

David Roth

'Tuberculosis – Callan Park Hospital for the Insane'

Jennifer Munday, Alison Watts & Eileen Clark

'Innovative Psychiatric Hospital History in Covid Times'

10:30am–11am

Morning Break

11am–12:30pm

Keynote 3 – Professor Chelsea Watego, Queensland University of Technology

Black to the Future – Making the case for Indigenist health humanities

Rather than going beyond conflict towards a more humane world, we seem to be going in the opposite direction. People seem more than ever to be polarised along lines of difference, more seeking to exploit difference to divide rather than cooperate...I'm not suggesting that we go back to the past: but that we might all draw hope from the Murri experience, and learn from it, about what it might be possible to achieve in the future...We see our future stretching out as far in front of us as it does behind us. (Dr Lilla Watson, 2004)

As the oldest continuous culture on the planet Aboriginal and Torres Strait Islander peoples have much to teach about survivance in a rapidly changing world. In the cries of 'still here' on city streets spanning the continent, Indigenous peoples offer an understanding of health not yet recognisable to a health system which has only ever imagined us as destined to die out. It is from this place that Indigenist health humanities has emerged, offering a way to break out of the biomedical mould that has refused to encompass the life worlds of Aboriginal and Torres Strait Islander peoples. It offers an original way of asking new questions of 'old problems' as well as contesting the very construction of these problems, reconfiguring Indigenous peoples from a problem to be solved to that of knowledge bearers of both strategy and solutions for survival. And while the problem of Indigenous ill-health provided the impetus for a new imagining, the application of Indigenist health humanities is not confined to Indigenous peoples. It is the criticality of Indigenous studies that is being brought to bear to broadening our imaginings of health and humanity. Indigenous peoples thus are not a subset of a population group; Indigenous sovereignty is the foundation from which a new future can be conceived, one that is most sustainable, most equitable, most caring, and most humane.

12:30pm–1:30pm

Midday Break

1:30pm–3pm

Plenary – New Directions in the History of Health and Medicine

Chair: Peter Hobbins

Elizabeth Roberts-Pedersen, University of Newcastle
Charlotte Greenhalgh, University of Waikato
Tatjana Buklijas, University of Auckland
James Dunk, University of Sydney

3pm–3:30pm

Afternoon Break

3:30pm–5pm

Community Mental Health Panel 2

Ruah Grace

‘Hope in Action: Annie Syke’s Lived Experience in Aotearoa/New Zealand and Australia’

Roslyn Burge

‘The History of Community Mental Health in Australia since the 1970s: The involvement of Consumer Advocates’

Asha Zappa

‘Mad Pride: The Role of Creativity in the Australian Consumer/Survivor/Ex-Patient Movement’

Health & Literature

Georgia McWhinney

“‘Looking for Aeroplane Eggs” in Trench Newspapers: Remedies, Reviews, and the Dissemination of Vernacular Medicine in the First World War’

Marie Cook

‘Love in the time of Arnica’

Effie Karageorgos

“‘Jingo Dingo Insanity” and Mafeking Day: Articulating Madness in Federation-era Australia’

Innovation & Treatment 1

Tony Ireland

‘Two Hundred Years of Hip Fracture Treatment: Three of Many Innovators Along the Way’

Elizabeth Harford

‘Treatment of shark injuries in Sydney in the 1920s’

Geoffrey Hudson

‘Assistive Devices, June Callwood & Disability Rights in Canada c. 1975-1990’

Disease History

Michelle Bootcov

‘Australian Contributions to the Understanding and Prevention of Viral Hepatitis in the Twentieth Century’

Susan Heydon

‘Why Nepal’s Smallpox Eradication Programme Worked’

Gordon Whyte

‘How Antonio Benivieni (1443–1502) reconfigured questions about the causation of disease’

4 December 2021

9am–10:30am

Nursing History

Tanya Langtree

“‘Fear Causes Many Diseases’: A Review of Infection Prevention Control Measures in Pre-Nightingale Nursing’

Margaret Boulton

‘Iron Lungs and Nursing Practices During the 1937–8 Polio Epidemic in Australia’

Judith Godden & Janis Wilton

‘From Servant to Matron: The Career of Elizabeth Morrow 1869–86’

Community Mental Health Panel 3

Hans Pols

‘Initiatives in Australian Community Mental Health: Alliances between Mental Health Professionals, Mental Health Activists, and Consumers’

Anthony Harris

“‘What Are We to Do with the Mentally Ill’: The Path to an Australian Answer in Community Psychiatry’

Ian Shoebridge

‘Social Justice, the Consumer Movement, and Mental Health Care in Australia in the 1970s’

Innovation & Treatment 2

Kirsten Campbell

‘The Long March to “perfection” in Cataract Surgery’

David Kaufman

‘65 Years Tackling Diabetic Blindness’

John Carmody

‘Chemical Neurotransmission and Endocrinology: Powerful forces in medical science with a common anniversary in 2021’

10:30am–11am

Morning Break

11am–12:30pm

Keynote 4 – Dr Julia Cummiskey, University of Tennessee at Chattanooga

Between “Local” and “Global”: International Virus Research and African Innovation in 20th Century Uganda

Global health is one of the chief areas in which African and foreign institutions interact today. Billions of dollars are invested in global health projects on the continent, many involving strategically selected “local partners”. In the discourse of these projects, local and global are often framed as complementary but distinct categories of people, institutions, traditions, and practices. Innovation is understood to be the product of global actors in global institutions, while implementation is facilitated by local partners. But the history of biomedical research at one such site, the Uganda Virus Research Institute (UVRI), shows that these categories are unstable and mutable, and that people and institutions have mobilized both categories to attract funding, professional prestige, and research opportunities. Founded in 1936 as a joint venture of the Rockefeller International Health Division and the British colonial government, the UVRI has made significant contributions to global knowledge about yellow fever, Zika virus, Burkitt’s lymphoma, and HIV/AIDS, among many other topics. To demonstrate the limits of the local/global dichotomy in international health projects, this talk analyzes the experiences of expatriate and Ugandan researchers who studied yellow fever in colonial Uganda (1936-1960); Burkitt’s lymphoma during the period of Africanization and Ugandan Independence (1961-1979); and HIV/AIDS in the post-Amin period and the Museveni presidency (1980-2000). It shows that the projects of making and deploying knowledge of specific research sites in Uganda substantively remade many of those sites into places tailored to produce knowledge about viruses. The history of the scientists at the UVRI transforms our understanding of the nature of local and international expertise, about Africa as a site of biomedical innovation, and about the evolution of global health research over the course of the 20th century.

12:30pm–1:30pm

Midday Break

1:30pm onward

Witness Seminar – Organised by a Team from The University of Sydney

TBA