



THE UNIVERSITY OF
NEWCASTLE
AUSTRALIA

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, Creative Industries and Social Sciences as well as the University of Newcastle IT staff, without whose help there would not be a conference.

ABSTRACTS

CLARE ASHTON
THE UNIVERSITY OF SYDNEY

Challenging the Tropes; Looking at the Evidence Surrounding Sir Truby King

This paper examines evidence that reveals Frederic Truby King as quite the indulgent father. His daughter Mary described in her diary the gun her father gave her as an Easter present in 1920, "It was a beauty...". King it appears, was just another doting parent, making sure that his daughter could keep up with the peer pressures of her day. This is a different figure to the one in Erik Ollsen's 'innovative' 1981 social history analysis that portrays a fanatic bent on social control and discipline by the clock. Subsequent writers have unquestioningly accepted those views, echoing the tropes and reinforcing an unfeeling and inhumane image. Here I suggest it is time to revise that image. Incorporating a wider range of evidence for the local and international influences on New Zealand's social fabric in the early twentieth century makes for a more balanced and coherent assessment of Sir Truby King's legacy.

Clare qualified as a nurse in New Zealand. She has practiced in operating theatres, psychiatry, maternity, general practice and at sea. She has degrees in industrial relations, library systems, and public health. More recently she has researched the life of Elizabeth McMillan who served with the AANS through the First World War and founded Karitane NSW on her return to Australia. Clare's continuing interests are the conservation of the natural and built environments.

DR JUDITH BONZOL
THE UNIVERSITY OF SYDNEY

Quarantine and Plague in Seventeenth-Century England

There were many outbreaks of plague in seventeenth-century Europe. Early modern medical texts, court records, and government regulations attest to some contemporary understanding of how plague was transmitted and remedial steps that could be taken to curtail it. Quarantine was one such measure of controlling plague. This paper examines how quarantine was utilized in seventeenth-century Europe and discusses how effective it was. I use early modern medical texts, public records, diaries, and letters to focus on the city of London and the village of Eyam in England during the plague outbreak of 1665.

Judith Bonzol completed a PhD in history at the University of Sydney in 2011. Her PhD thesis was on Cunning Folk and Supernatural Illness in Early Modern England. Publications include: 'The Medical Diagnosis of Demonic Possession in an Early Modern English Community', *Parergon* 26, 1 (2009); 'Afflicted Children: Supernatural Illness, Fear, and Anxiety in Early Modern England', in *Diseases of the Imagination and Imaginary Diseases in the Early Modern Period* (Brepols, 2011); and "A True Narrative of the Grievous Affliction of Roger Sterrop in Somer Islands" in *Monsters and Borders in the Early Modern Imagination* (Routledge, 2018).

DR MICHELLE BOOTCOV
UNIVERSITY OF NEW SOUTH WALES

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

There are five types of viral hepatitis. Together, they infect an estimated 4.5% of the world's population and are responsible for more deaths annually than HIV/AIDS, yet they are largely absent from infectious disease histories. Even less well documented, at least by historians, is the crucial role that Australians played in the history of hepatitis elucidation and management. By the 1960s, only hepatitis A and B had been distinguished. Despite decades of research, their relationship to each other remained unclear, and though a viral cause was suspected, no virus had not been isolated for either. Breakthrough discoveries for both came from Australian bodies—blood from a First Nations Australian for hepatitis B in the 1960s, faeces from a Melbournian for hepatitis A in the 1970s. Australian patients, virologists, haematologists, healthcare workers and molecular biologists made many contributions to the field. Fairfield Hospital, Melbourne, which was also a WHO Collaborating Centre for Virus Reference and Research, led the way. I will explore the crucial role that Australians played in hepatitis research, in regional and global vaccine programs, and in the screening of donated blood in the pre-HIV/AIDS era. In particular, I will examine the contributions of Fairfield Hospital virologists Ian Gust and Stephen Locarnini, including the challenges they met in the global field and how they helped Australia take its seat at the hepatitis table along with the science superpowers.

Michelle is a PhD candidate at University of New South Wales, Sydney. She is researching the twentieth century history of viral hepatitis under the supervision of Alison Bashford. This project integrates her passion for history with her earlier career in molecular immunology. The bioinformatics Michelle used in that PhD (UNSW, 1994) diverted her into corporate technology for two decades, before she returned to UNSW to study the humanities (BA Hons, 2018).

MARGARET BOULT
UNIVERSITY OF ADELAIDE

Iron lungs and Nursing Practices during the 1937-8 Polio Epidemic in Australia

During the twentieth century, polio epidemics increased in size and severity year-by-year, until the late 1950s when effective vaccines finally became available. In the decades that preceded the vaccine roll-out considerable attention was focussed on 'iron lungs', the life-supporting equipment developed in the late 1920s for polio patients with respiratory paralysis. The equipment was widely acclaimed, and photographs of children's heads protruding from coffin-like containers became emblematic of the fight against polio. Newspapers often accompanied the pictures with descriptions of the bright, cheerful and studious children using them. The narrative fitted into contemporary concepts of heroic engineering and the ability of machines to save lives. Little attention was paid to the numbers of deaths, nor the difficult ethical decisions made by doctors, such as which patients should use respirators and for how long. The use of mechanical respirators in the 1930s also marked an important transition in nursing history. It was the first time that patient survival had depended on the continuous monitoring of life-support equipment while continuing to perform routine care for the patients. This paper examines the changes in care practices and capabilities required of nurses during the 1937-38 Australian polio epidemic and argues that this pivotal period in nursing history has been seriously neglected.

Margaret Boulton is part scientist and part historian. She studied for her first degree in Plant Sciences at Leeds University. In 2019 she completed a M.Phil. at the University of Adelaide focussing on epilepsy in nineteenth century lunatic asylums. Between the two she worked primarily in the area of evidence-based medicine and surgical research. She is currently working on 19th and early 20th century Australian medical history and is a visiting researcher with the Discipline of Surgery, University of Adelaide. She is the current secretary of the ANZSHM, and sits on two committees; the South Australian Medical Heritage Society and the Friends of the University Library.

**DR BRIDGET BROOKLYN
WESTERN SYDNEY UNIVERSITY**

Eugenics and Feminism in early Twentieth-century and Interwar Australia

The study of eugenics in Australia has occupied some of our best historians, producing a wide range of scholarship that reflects the diverse categories subsumed under the rubric of eugenics. Despite the breadth of the scholarship, as a field of medical historical enquiry it remains tainted by its connections with ideologies of racial betterment, which are undeniable. While there were many feminists who adopted eugenic principles in a number of ways in the early twentieth century, the extent of feminist engagement with eugenics requires further analysis. Given the dominance of a maternalist form of feminism in the interwar years, eugenics and feminism were not a uneasy fit for feminists of the time, but the dual associations of eugenics with the imperatives of race and of 'traditional' motherhood have not easily served a feminist historical perspective. This is despite some significant and nuanced contributions, beginning with that of Carol Bacchi and more recently by authors such as Ann Curthoys and Philippa Mein Smith. This paper will comment on some of the conceptual problems of defining eugenics, particularly as a practice of feminists. In doing so, I will draw on my research on Dr Mary Booth, a eugenicist and post-suffrage feminist who shared the beliefs of her medical peers that white Australian women had a responsibility to create happy, healthy homes. In exploring the complicated relationship between eugenics, feminism and race, I will also draw on the current scholarship that sees the racial and gendered nature of eugenics as far from straightforward.

Bridget Brooklyn is lecturer in the Historical and Philosophical Inquiry discipline in the School of Humanities and Communication Arts, Western Sydney University. She specialises in twentieth-century Australian history and the history of feminism. Recent publications include 'Mnemosyne and Athena: Mary Booth, Anzac, and the Language of Remembrance in the First World War and After'. In A. Laugesen and C. Fisher (eds), *Expressions of War in Australia and the Pacific*. Palgrave Studies in Languages at War. Cham: Palgrave Macmillan, 2020, and 'Mary Booth and British Boy Immigration: From Progressivism to Imperial Nationalism'. In P. Payton and A. Varnava (eds), *Australia, Migration and Empire. Britain and the World*. Cham: Palgrave Macmillan, 2019.

ROSLYN BURGE
PUBLIC HISTORIAN

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

A project investigating the history of Australian initiatives in community mental health care from the 1970s has brought together a collection of interviews with individuals about their experiences of care as consumers, activists challenging formal locations and practices, and nurses and psychiatrists providing care. This paper considers some of the ways in which their collaboration and how they mobilised influenced the development of community mental health care in the last decades of the twentieth century. Formulated in pre-COVID days the project had to adapt to new methods of interviewing: how did the project proceed and what were some reflections of interviewees on the leadership in and the legacy of community mental health care. The interviews provide a rich perspective on the involvement of consumer advocates in mental health care in Australia. While some consumers aimed to reform the system from within, others decided to establish their own initiatives separate from the mental health care system and mental health professionals. Some quotes from one of the interviews (with Amanda Waegeli): "Take them on ... (Amanda) ... We were going to be disruptive innovators ... Suffocated by the regulations ... We are going to make change happen ... When you've got a division ... it generates a conversation."

Roslyn Burge is a Sydney-based public historian; her work includes commissioned histories and exhibitions. Oral history is significant in her practice which has been enriched by this tribe and its practices in the Community Mental Health Project.

KIRSTEN CAMPBELL RANZCO EYE MUSEUM.

The Long March to 'Perfection' in Cataract Surgery

Treatment of cataract requires removal of the clouded lens. Cataract surgery improves the vision of millions of people every year with safer and accurate techniques. Cataract surgery has been recorded back as early as 2700 BC by couching, where the opaque lens inside the eye is dislocated out of the line of sight. Although often complicated, the technique gave crude form vision. This was practiced for thousands of years, until new techniques of partial lens removal began to develop from the mid 1700s, when Jacques Daviel treated many cataracts by his more successful procedure after which heavy spectacles provided crude focus. Characters in Ophthalmology including quacks and imposters put their spin on this procedure. In the late 1800s, Intracapsular cataract extraction developed involving removal of the whole lens. The operations were relatively simple using magnifying loupes where the eye remained unsutured until the 1960s when use of the operating microscope enhanced accuracy and safety. The last 50 years the significant advancements in techniques have improved the outcomes dramatically. In 1967, Charles Kelman performed the first ultrasonic phacoemulsification cataract removal, the most significant recent advancement of cataract surgery. In 2010, the first laser assisted cataract operation further refined the surgery. After removing the cataract, focusing the image has evolved. From thick glasses to hard contact lenses then rigid intraocular lens implants to a foldable intraocular lens injected into the eye through a 2 mm incision correcting both near and distance vision and astigmatism.

Ms Kirsten Campbell is assistant curator for the Royal Australian & New Zealand College of Ophthalmology (RANZCO) Eye Museum. Her work includes researching, cataloguing, imaging and restoring old eye examination and surgical equipment.

JOHN CARMODY INDEPENDENT SCHOLAR

Chemical Neurotransmission and Endocrinology: Powerful Forces in Medical Science with a Common Anniversary in 2021

Neurotransmitters and hormones, though often studied and understood separately, are really physiological siblings. The fact that the former diffuse across minute distances between source and target cells (typically 60-100nm), whereas the latter are commonly carried by the bloodstream to act on targets far from the cells which produce them (perhaps 1m or so) are not fundamental differences. The intellectual need for each of them was recognised at about the same time. Sherrington coined the term "synapse" in 1897 (a site of separation of a nerve from its target), shortly after Waldeyer-Hartz had formulated the "neurone doctrine" in 1891. Only five years later, Bayliss and Starling first definitively demonstrated the existence and operation of a "hormone" (a new word which Starling subsequently coined in 1905). Then, 100 years ago, in 1921 – not 3 years after the end of World War I, when the entire world was seeking some psychological and intellectual recovery from its carnage and social devastation -- Loewi demonstrated chemical neurotransmission for the first time whilst Banting and Best first extracted functional insulin from the pancreas and, crucially, found that it was efficacious. Clinical medicine and our concept of neural function would never be the same: psychiatric patients and diabetics (both illnesses soon to develop on an epidemic scale) would, thereafter, be significant beneficiaries. The concept of neuroendocrinology was on the threshold of its birth.

John Carmody is a medical graduate of the University of Queensland who joined the School of Physiology at UNSW in 1965. He retired in 2004 after teaching and research in several fields and four sabbatical periods in Germany. He then took up an honorary position at Sydney University and taught in a unit on "Music and Medicine" in the Master of Medical Humanities program. He has also worked for several decades as a writer and broadcaster for national and international media, principally on opera and concert music but also as a book reviewer. He has a 30-year association with the authoritative Australian Dictionary of Biography and has lectured and given numerous seminars on medical history and music at the University of Sydney and elsewhere.

DR JOHANNA CONTERIO
FLINDERS UNIVERSITY

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

The age of the Anthropocene, the period beginning some two hundred years ago, when human interventions in the environment came to impact on geology and morphology, driving climate change, mass extinctions and large-scale destruction of ecological communities, is driving a paradigm shift in biology and earth systems science. As biologist Lynn Margulis argued, life is something fundamentally symbiotic.¹ Working through these new ways of thinking in science is a central task of an emerging body of work in the environmental humanities. As scholars argue, staying alive, for every species, including humans, requires 'liveable collaborations,' and rejects 'the assumption of self-containment.'² Writing in the Anthropocene should bring renewed attention to 'situated connectivities that bind us into multi-species communities.'³ This paper discusses what the environmental humanities and especially the rapidly developing fields of microbe studies and multispecies studies might suggest to historians of medicine and scholars working in the medical humanities. How can we write the history of medicine in the Anthropocene? How can we explore ways of bringing other species and ecosystems into the history of medicine? How do we write a more entangled and multispecies history of medicine? Drawing on this literature, I argue for a post-Pasteurian turn in research in the history of medicine, building on recent work in the history of medicine at the intersection with environmental history.

¹ Lynn Margulis, *The Symbiotic Planet: A New Look at Evolution* (London: Phoenix, 1998).

² Anna Lowenhaupt Tsing, *The Mushroom at the End of the World: On the Possibility of Life in Capitalist Ruins* (Princeton: Princeton University Press, 2015), 28.

³ Deborah Bird Rose, "Introduction: Writing in the Anthropocene," *Australian Humanities Review* 49 (2009): 87.

Dr Johanna Conterio is a Lecturer in International and European history in the School of Humanities, Arts, and Social Sciences, at Flinders University. She holds a PhD from Harvard University.

MARIE COOK
LA TROBE UNIVERSITY

Love in the time of Arnica

I am an English PhD candidate, writing an historical novel about the Melbourne Homeopathic Hospital of 1869-1934. My critical interest focuses on how homeopathy has been fictionalised. In this paper I analyse two nineteenth century novels about female homeopathic physicians, namely *Doctor Zay* (1882) by Elisabeth Stuart Phelps, and *Doctor Breen's Practice* (1881) by W.D Howell. These novels offer insights into how female practitioners of this developing profession were represented in this period, and as such, these novels about how women were accepted into the medical profession as physicians of homeopathy, are innovative for this reason alone. A body of literature already exists scrutinising the experience of the initial women's experiences of working as physician. Alongside recognising this focus of the novels and this analysis, my focus, is how the novel's authors used homeopathic techniques and practices within the novels. Due to the holistic nature of homeopathy, diagnosis and remedies can sometimes be interpreted metaphorically. Ann Scott (1988) has defined this metaphoric interpretation as medical metaphor, and in fiction medical metaphor can also be interpreted as literary metaphor. Thus, the literary function of medical metaphors can provide additional contexts to these narratives and their analysis. Hence, some fictionalised narratives about homeopathy can be seen as an innovative writing style and contributes to literary knowledge about how to write about historical medical science.

Marie Cook is a part-time PhD candidate at La Trobe University in the department of English, and is writing a fiction that explores the Melbourne Homeopathic Hospital (1869-1934). She established a Fiction Writing support group and co-established a Medical History support group for post grads at La Trobe University. Presentations of past papers include "Proving: Making metaphor of the tenets of homeopathy in fiction, and are these representations located in literary theory?" (2019), and 'Holism through the ages: a critical view of medical metaphor and literary metaphor in fiction' (2020). Fiction and medical history are her passions.

PAIGE DONAGHY
UNIVERSITY OF QUEENSLAND

Innovating the Historiography of Reproduction: The Importance of 'Other' Perspectives and Experiences

The historiography of reproduction, including the reproductive sciences, obstetrics, gynaecology and social histories of pregnancy and childbirth, have typically focussed on 'successful' pregnancy and birth. This has often been to the exclusion of histories of 'other' experiences of reproduction, such as infertility, miscarriage, stillbirth, or conditions like molar pregnancy. One example of this is the recent compendium *Reproduction: Antiquity to the Present Day*,¹ in which there is not one chapter on 'other' experiences out of forty-four. In this paper, I reflect on this historiographical tradition, and discuss recent work by medical and cultural historians who have called for the inclusions of 'other' histories of reproduction and pregnancy, because such experiences reflect the true experiences of many women, both historically and today.² Moreover, these historians argue, these experiences have contributed to the development of reproductive science, gynaecology and obstetrics, and studying them can reveal key historical changes in medicine. I will discuss this work alongside a case study of my doctoral research into the history of early modern false conceptions' in England and Europe (today known as molar pregnancy), which were lumps of flesh that women gestated and gave birth to instead of infants. This case study will highlight how social and medical ideas about women's reproductive experiences was broader than contemporary narratives about pregnancy. By doing so, I will suggest that looking to these experiences in the past offers innovations for our present, not only for historians, but for broader society, by expanding social narratives about pregnancy beyond narrow discussions of 'success'.³

¹ Nick Hopwood, Rebecca Flemming and Lauren Kassell, eds, *Reproduction: Antiquity to the Present Day*, (Cambridge: Cambridge University Press, 2018).

² See for example, Gayle Davis and Tracey Loughran, *The Palgrave Handbook of Infertility in History: Approaches, Contexts and Perspectives* (London: Palgrave Macmillan UK, 2017); Shannon Withycombe, *Lost: Miscarriage in Nineteenth-Century America* (New Brunswick: Rutgers University Press, 2018); Catherine Kevin, "Maternal Responsibility and Traceable Loss: Medicine and Miscarriage in Twentieth-Century Australia" *Women's History Review* 26 (2017): 840-856; Lara Freidenfelds, *The Myth of the Perfect Pregnancy: A History of Miscarriage in America* (Oxford: Oxford University Press, 2020).

³ See for example the social silences around stillbirth addressed by the Australian Senate Inquiry into Stillbirth Research: Chapter 7, Select Committee on Stillbirth Research and Education Report (Commonwealth of Australia, 2018).

Paige Donaghy is a PhD candidate in History at the Institute for Advanced Studies in the Humanities and School of Philosophical and Historical Inquiry at The University of Queensland. Her research examines the intellectual and cultural history of the "false conception" within European scientific communities and societies across the period 1600 - 1800. Her other research interests include the history of pregnancy loss, early modern women's sexuality and feminist historiography and she has an article on early modern women's masturbation in the *Journal of the History of Sexuality*. She is a Postgraduate Representative on the Cultural Studies Association of Australasia Executive Committee. Find her on twitter: @donaphy.

DR ROBYN DUNLOP
THE UNIVERSITY OF NEWCASTLE

From Patients to Consumers: Innovation in Newcastle's Community Mental Health Services, 1967-1978

The Australian National Disability Insurance Scheme ("the NDIS") has been introduced in recent years to support people living with disabilities with access community services to live an "ordinary life". Community mental health services have now been running for more than fifty years in Australia, and the time is ripe to re-examine their development. The NDIS was first trialled in 2013 in four sites across the country. One of these four was the Hunter Region.¹ This reflects the early years of community mental health services, when Newcastle and the Hunter Region were also chosen as a trial region. In the 1960s Newcastle was the only location outside Sydney for a new, voluntary patient psychiatric clinic. In the 1970s it was one of two areas chosen to trial a regionalised health administration; was one of the first areas in the country to open a mental health shop and community mental health clinics; and was chosen as the site for the country's first medical school to focus on community medicine. In this talk I will examine the history of innovation and community mental health services in Newcastle to reflect more broadly on the changing roles and expectations of people who accessed these services: from patients to consumers and clients.

¹ Other sites were Tasmania for young people aged 15-24; South Australia for children aged under 14; the Barwon area of Victoria (and the Hunter) for people up to age 65. "History of the NDIS", accessed April 29, 2021, <https://www.ndis.gov.au/about-us/history-ndis>.

Robyn Dunlop is a writer and a PhD candidate at the University of Newcastle. She draws upon oral history and biography to research late-twentieth century mental health histories. This consolidates her work as an institutional historian, and an earlier doctorate on the ethical dimensions of representing the past.

DR ANNA EFSTATHIADOU & DR SUJA PILLAI
UNIVERSITY OF QUEENSLAND

**Museums and extra-curricular activities for medical students:
Reviewing Approaches to Empathy and Compassion in View of the COVID-19
Global Pandemic**

During their 4-year Medicine Program (MD) at the University of Queensland, medical students are equipped and prepared to face the challenges of working in a diverse and changing healthcare environment, to develop critical thinking and communication skills to deliver safe, effective and professional patient care. COVID-19 global pandemic showed that more than ever, future medical graduates need to be also capable to empathise with patients, and importantly, to have an awareness of and ability to manage their own well-being and mental health. The lack of face-to-face teaching in hospital wards and classrooms led to changes in the delivery of medical education, introducing virtual learning along with feelings of loneliness and alienation. The paper discusses the importance of extra-curricular activities (virtual and face to face) in medical education, focusing on a series of activities relating to medical humanities. They were organised at the end of 2020 to, primarily, support students unable to travel interstate and abroad to spend Christmas with their families. Their range varied from modern Greek language teaching and history lectures to tours and workshops in the UQ Antiquities Museum and the Art Gallery. By employing extra-curricular activities with a focus on medical humanities and museum-based art classes, the program aimed to explore if peer engagement and creativity are ways to support current medical students and future medical cohort in adverse times. The paper concludes that even though further studies are required in identifying and assessing the value of extra-curricular activities in medical education, there is indeed an emerging need to consider the intersection of medicine, health and humanities in the immediate future.

Dr Anna Efstathiadou is a language tutor and cultural historian specialising on First and Second World War propaganda and visual image. In her role at the Faculty of Medicine at the University of Queensland, she organises educational programs and extra-curricular activities that focus on and explore the importance of medical humanities as part of a rewarding and engaging teaching and learning experience for the medical students.

Dr Suja Pillai is Lecturer in Pathology in the School of Biomedical Sciences under the Faculty of Medicine in the University of Queensland. Her research is in the field of molecular pathology and cancer genetics. Dr Pillai's research interest also involves medical education research especially in the field of online education, assessments, innovative technologies and integrated learning in pathology.

**JOE EISENBERG & DR JANIS WILTON
MAITLAND CITY COUNCIL
UNIVERSITY OF NEW ENGLAND**

A Conspicuous Object - The Maitland Hospital

The Maitland Hospital has occupied and grown across its current site for over 170 years. From 2022 it will be in a new facility at a different location. From August 2021 to February 2022 Maitland Regional Art Gallery is hosting an exhibition about the hospital. Entitled A Conspicuous Object - The Maitland Hospital, the exhibition is presenting the work of nine artists commissioned to respond to different aspects of the histories, experiences, objects, spaces and places that have shaped and shape the current hospital. An integral part of the exhibition is a dedicated website that will go live in March 2021 and will be updated up to and during the exhibition. This paper will explore the processes involved in working with the artists and in creating and populating a website to evoke engagement with the history and experiences of the hospital. It will also provide examples of the innovative and creative ways in which individual artists - and the exhibition and website as a whole - have responded to and interpreted key issues in the history of the hospital and in presenting that history to different audiences. The website created as a forerunner to and integral part of the Maitland Hospital exhibition is now live: <https://aconspicuousobject.com.au/>

Joe Eisenberg OAM is Cultural Director Emeritus for Maitland City Council. From 2004 to 2015 he was Director of the Maitland Regional Art Gallery and had oversight of its expansion and development. Prior to that he was Director of the New England Regional Art Museum.

Dr Janis Wilton OAM is a public and applied historian with a strong record in working with communities to interpret and present their histories in a variety of forms. She is a former academic and now Adjunct Associate Professor in History at the University of New England, Website: <https://www.une.edu.au/staff-profiles/hass/jwilton>

As art, history and heritage consultants Joe Eisenberg and Janis Wilton have worked jointly on a number of award-winning projects including Golden Threads: The Chinese in Regional NSW 1850-1950, and Maitland Jewish Cemetery. They are currently engaged by NSW Health Infrastructure in a project entitled Collected Memory that recognises the therapeutic value of the arts in health settings, and aims to connect the old and new Maitland Hospitals through art, heritage and stories.

DR JUDITH GODDEN & DR JANIS WILTON
THE UNIVERSITY OF SYDNEY
UNIVERSITY OF NEW ENGLAND

From Servant to Matron: The Career of Elizabeth Morrow 1868-86

The great innovation in colonial nursing occurred in Australia from the 1860s. Low status domestic workers were replaced by 'Nightingale nurses', trained women who became revered for their dedicated care, as modelled by Florence Nightingale. In this paper, we examine the career of a nurse who embodied the transition from pre-Nightingale to Nightingale nursing. Elizabeth Morrow had been a general servant before becoming a nurse at Sydney Infirmary. When Lucy Osburn arrived there in 1868 to implement the Nightingale reforms, she registered Morrow as one of her first trainees. After two years Morrow resigned. A later enquiry revealed much about her working conditions and the personal cost she paid to provide patient care. Elizabeth Morrow moved from Sydney to Maitland Hospital in 1870. She was promoted to Matron Superintendent in 1872. To have a woman in charge of the hospital, rather than a male doctor, provoked the usual opposition. After two doctors repeated a patient's accusation of sexual impropriety, she sued for slander. The ensuing court case revealed much about her working life and the gendered expectations of those around her. In the ensuing years, Morrow consolidated her control of the Hospital. Morrow's 18-year career as a nurse ended with her death in 1886. She was mourned by the Maitland hospital community as an ideal, much-loved matron. What were the qualities that made her so successful? How had she negotiated such a dramatic change from Irish servant girl to esteemed Matron?

Dr Judith Godden is a freelance historian who has published widely on the history of healthcare, social welfare and biography. She is a former academic of the University of Sydney; an Honorary Associate in its Department of History; an Honorary Fellow of the Australian College of Nursing; a Patron of the Ryde District Historical Society; and an honorary Life Member of the ANZSHM. Website: <https://judithgodden.com.au/>

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

In 1988, Annie Sykes escaped out of a mental hospital in New Zealand, left everything behind, and came to Australia with only a small suitcase and \$200. She remembers her words to a physician early in 1988 when, unbelievably, he inquired what she wanted. Her response was: "A chance!" As she related in an interview: I had never heard of holistic care or received it. I come from a history of complex trauma, and complex health and mental health co-morbidities as a result. I used to be shunted around and out to become someone else's responsibility or was simply abandoned as too hard [to deal with] or, worse, violated and object of prejudice within these caring health systems ... receiving a surgical procedure without anaesthesia! While receiving treatment in the private sector, Annie was encouraged to articulate her ideas on recovery. Recovery language and appreciation first appeared in community-based mental health NGOs around 2003. Care in the public health sector remained very basic and paternalistic. Annie's "My Recovery Toolkit" was formally introduced in 2002 and heralded a new paradigm, no longer emphasising paternalistic care but, instead, self-agency and self-determination. Annie Sykes has been Flourish Australia's Senior Independent Advocate since 2001. She has extensive experience across diverse mental health services and identifies as a non-binary Maori Wahine from Aotearoa but calls Australia home. She loves cats, enjoys watching television, reading, going to the movies and live theatre.

Ruah Grace is a peer worker associated with New South Wales Health.

DR ASH GREEN
AUSTRALIAN CATHOLIC UNIVERSITY

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

In the Colony of Victoria, incarcerated men and women were regularly subjected to silence and separation as part of their sentences. This entailed confinement in a solitary cell, the wearing of 'silence masks', solitary exercise, and a ban on communicating with other prisoners. In addition, prisoners under punishment could be placed in underground cells to endure isolation as well as sensory deprivation. The policy of silence and separation represented an innovation in prison operations that was intended to instil order and, it was hoped, reform prisoners. This paper examines the motives behind enforcing silence and separation, responses to seeing its implementation in action, and how the prisoners themselves behaved while incarcerated in this manner. The legacy of silence and separation can be observed in the very structure of surviving penal institutions from the period, and tourists and school groups who visit Victoria's colonial gaols today often learn about this part of the prison experience. With the public showing great interest in this topic, it seems prudent to compile evidence so we can answer one question in particular: what effect did prolonged isolation have on the physical and mental health of Victoria's colonial prisoners?

Dr Ash Green is an early career researcher and recent graduate of The University of Melbourne, where she majored in Classics and Archaeology. She is passionate about Melbourne history and worked for three years with the National Trust at the Old Melbourne Gaol. She currently works as a guide out of the Old Geelong Gaol and Pentridge Prison.

**DR ELIZABETH HARFORD
INDEPENDENT SCHOLAR**

Treatment of Shark Injuries in Sydney in the 1920s

This paper describes three shark attacks between 1922 and 1929 at Sydney Beaches. From 1903 with the legalising of daylight bathing came an increase in swimming in the Harbour, at beaches and rivers, accompanying these activities was an increase in shark attacks. Most of these were fatal. Some due to horrendous initial injuries, however many, even with isolated limb injuries did not survive due to haemorrhage and also time taken to arrive at a hospital. Using the details of medical records, this paper describes the pre-hospital and hospital resuscitation of these casualties. First Aid training of Surf Lifesavers and the use of motorised Ambulance, increased the chances of survival. The paper describes the hitherto untold actions of medical officers and nurses in the Casualty department and operating theatres including the fluid and resuscitation drugs administered and the treatment of shock at this time. The treatment included older practices of resuscitation as well as some newer techniques honed on the battlefields of Western Europe. The teamwork of surgeons, anaesthetists and nurse during resuscitation was becoming apparent. The relatively new technique, for civilian practice, of blood transfusion is also described. Using contemporary news articles, the testing of potential blood donors and the selection and treatment of the donor is described. In one case, the transfusion of blood was delayed and this decision was made relatively late when compared with later practices.

Elizabeth Harford holds a PhD from the Faculty of Nursing, University of Sydney, awarded in 2002. Her thesis was entitled 'Blood, Antiseptics and Stale Beer: A history of Casualty Departments and casualty Nursing 1870 - 1939.' She has had 40 years nursing, clinical and hospital management within the NSW public hospital system ranging from large teaching hospitals to small rural and remote community hospitals and multipurpose services. Her interests include hospital history, nursing and medical clinical history, the history of casualty departments, and the history of lighthouses.

PROFESSOR ANTHONY HARRIS
THE UNIVERSITY OF SYDNEY

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

In 1983 John Hoult published the results of a seminal study in community psychiatry that demonstrated that community mental health teams were able not only to prevent hospital admission but provide care more cheaply than existing hospital-based services and in a way that was significantly more satisfactory for both consumers and their relatives. This finding, hotly disputed at the time, energized the development of community psychiatry services in Australia. The concept for this study had been developed through exposure to a number of innovative services in the United Kingdom and the United States. This paper will trace the development of the study, the local factors that altered the design of the intervention and how this has gone on to mould other community psychiatry services, not only in Australia but also as an exemplar for a broad range of international mental health services.

Anthony Harris is a Professor of Psychiatry in the Sydney Medical School at the University of Sydney and is based at Westmead.

DR SUSAN HEYDON
UNIVERSITY OF OTAGO

Why Nepal's Smallpox Eradication Programme Worked

Smallpox remains the only human disease to have been eradicated. This success in 1980 is still portrayed widely as a triumph of cooperation between countries and a demonstration of how biomedicine can unite people. The World Health Assembly provided the forum to agree on a global health goal and the World Health Organisation (WHO) had the necessary links with national authorities to coordinate and implement a policy, and to draw on international 'scientific' expertise. Central to the policy's success was seen to be a small network of 'professional' WHO staff who could work with and mobilise the large number of national staff. Nepal was one of the last small group of countries to eradicate smallpox. Although not high in global priority, a case study of Nepal allows us to explore and challenge this top-down and centre-led narrative. Even the official history of the global programme acknowledged that central to the success in Nepal were effective district supervisors and the introduction of a limited annual vaccination programme that reflected Nepali people's preferences for vaccination during the winter. In a country of enormous communication challenges and very limited infrastructure - reasons that are usually used to explain why something does not work as intended, another path to success was found.

Susan Heydon (PhD History) is Senior Lecturer in Social Pharmacy at the University of Otago, New Zealand, where she teaches undergraduate and postgraduate students about medicines and society. Her research uses qualitative and historical methods to explore health issues and focuses on Nepal where she spent two years with her family as a volunteer in Nepal in the Mt. Everest region. She is an author of two books, and a number of book chapters and journal articles. Her current project is 'Himalayan roots of a global programme: Nepal and smallpox.'

**BENJAMIN HIGGINBOTHAM &
HON. ASSOCIATE PROFESSOR
CATHERINE STOREY
THE UNIVERSITY OF SYDNEY**

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

The history of medicine is rarely included in modern health sciences curricula. Medical educators feel that the curriculum is already crowded and there is no place for subjects that do not directly inform current medical practice. When the international borders closed for COVID in 2021, many medical students were no longer able to travel overseas for elective clinical placements. For one student, an opportunity arose to curate an exhibition, using the Rare Books and Special Collections of the Fisher Library, University of Sydney, *Seeing the unseen: a history of imaging the pregnant uterus*. The work involved a search of the collections' holdings of works which aided the professional development of midwifery and obstetric practice between the 16th and 19th centuries. Although the tangible result is the exhibition open to the University community and soon the general public, there were many unforeseen benefits gained by the experience. The academic research to source the material, particularly primary sources, with which to mount the exhibition in its historical context was significant. The skills acquired to condense the material into explanation boards and individual captions suitable for the general public were considerable. Overall, this project, had many unexpected consequences - in particular, the student reports that skills gained in curating the exhibition translated into a new approach to clinical communication and a deeper understanding of the ethical framework which underpins modern medical practice. Reflection on historical practice also prompted thought regarding the ethics and developmental trajectory of modern medicine.

Ben Higginbotham is a final year medical student at Sydney University School of Medicine who maintains an interest in the history of medicine after completing a Bachelor of Science majoring in History and Philosophy of Science

Cate Storey is a retired neurologist, an Honorary Associate Professor, School of Medicine, Faculty of Medicine and Health, who supervises student projects which relate to the history of medicine at Sydney University.

DR PETER HOBBS
AUSTRALIAN NATIONAL MARITIME MUSEUM

Diving into the wreck of the *Preussen*: voyaging, vaccination and vitriol on the high-imperial seas

In her 1973 feminist classic, 'Diving into the Wreck', poet Adrienne Rich sought 'the ribs of the disaster / curving their assertion / among the tentative haunters'. This paper likewise explores an allegorical shipwreck, a vessel that did not sink but foundered nonetheless on a shoal of smallpox. Newly launched in 1886, the steamship *Preussen* commenced its inaugural voyage to the Australian colonies that same year. Operated by German shipping line Norddeutscher Lloyd, *Preussen* primarily conveyed British immigrants to the antipodes, during a moment of intense Anglo-German tension in both Africa and the Pacific. The appearance of smallpox during its Indian Ocean crossing exposed quotidian anti-German prejudices around conditions, provisions and vaccinations. As the outbreak spread, *Preussen* called at Albany, Adelaide, Melbourne and Sydney. Its rising morbidity and mortality rates were compounded by the discordant quarantine and vaccination practices of the disparate Australian colonies. Locally, the episode sparked calls for political federation and mandatory vaccination. Imperially, it informed British reassessments of compulsory vaccination, from a Royal Commission to a sophisticated critique in *Vaccination Inquirer* entitled 'The Wreck of the *Preussen*'. Internationally, Germans – both in Australia and within the Second Reich – protested colonial slurs against their ships, their sanitary standards and their moral *ordnung*. Drawing on Australian British and German sources, this presentation reconsiders 'the tentative haunters' who freighted more than mere contagion into this unlucky liner. It follows Rich in diving into the wreck of the *Preussen*, 'to see the damage that was done / and the treasures that prevail'.

Dr Peter Hobbins is Head of Knowledge at the Australian National Maritime Museum. First trained as a pharmacologist, his historical publications have spanned snakebite and its remedies, aviation accidents, infectious diseases, quarantine and immunisation. Peter is an honorary associate in the Department of History at the University of Sydney and a Visiting Scholar at the State Library of NSW. Over 2014-21 he served as an Editor of the Society's journal, *Health and History*.

ASSOCIATE PROFESSOR GEOFFREY HUDSON NORTHERN ONTARIO SCHOOL OF MEDICINE

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

In the last decades of the twentieth century enabling technological developments, and new understandings of the rights of disabled people, resulted in increased demand for improved availability and access for disabled persons to a wide variety of assistive devices to help them deal with the challenges of sensory and mobility impairments. The paper will examine the history of assistive devices within the context of the development of disability rights in Ontario, Canada's most populous province. The focus will be on an influential participant - June Callwood (1924 - 2007). Callwood is one of Canada's most famous social justice activists, founding or co-founding over 50 Canadian social action organizations including Casey House (a Toronto hospice for people with AIDS) and Jessie's (now called the June Callwood Centre for Young Women). She was also an active member of the Ontario government's Assistive Devices Advisory Committee, and left her extensive papers to Library and Archives Canada. Through an examination of Callwood's papers, and other relevant material (including the papers of Ontario Assistive Devices Program), I will examine the ways and means sought to improve equity for disabled persons through the provision of assistive devices, and Callwood's contribution. I shall include consideration of the extent to which publically insured health services were seen to be a successful part of that endeavour.

Geoffrey L. Hudson, D.Phil. (Oxford), M.A. & B.A. Hons. (McMaster), is an Associate Professor in the history of medicine at the Northern Ontario School of Medicine (Human Sciences Division, 2004 to present). Hudson's areas of research include the history of disability, the social history of medicine, the history of medical education, as well as war and medicine. He is currently engaged in a Canadian Institutes for Health Research (CIHR) funded research project entitled "Advocating for Full Citizenship: Disabled Persons, Health and Social Policy, and the Ontario Government, 1975-1995".

DR TONY IRELAND
THE UNIVERSITY OF SYDNEY

Two hundred years of hip fracture treatment: three of many innovators along the way

Hip fracture, recognised since Neolithic times, remains a challenge for clinicians and patients alike. The contributions of three innovators on the journey toward current treatment will be presented. Sir Astley Cooper, in 1823, described the pathological classification still used, emphasising the different risk for local circulation between intra- and extra-capsular fractures. His opinion, that any attempt to 'disturb' the fracture site would jeopardise blood flow and healing, essentially stifled attempts at fracture reduction for the rest of the 19th century. In 1910, Royal Whitman, a New York surgeon, defied this doctrine of non-interference. His Abduction Method, a non-operative process of manipulation and traction, resulted in close apposition of the fracture fragments in anatomical alignment, which was then maintained in a plaster spica for many weeks. Others followed his example and rates as high as 78 per cent for bony union were reported. But the complexity of the process and the hazards of prolonged bed-centred care, maintained interest in surgical methods. Internal fixation using bone, wood, ivory and even glass had been attempted for over 40 years, but material failure, sepsis and/or destruction of blood supply had caused failures. In 1925, Marius Smith-Petersen reported long-term successes from fixation with a tri-flanged metal nail. Initially requiring open surgery, variations by other surgeons produced a closed procedure under X-Ray control. Smith-Petersen further experimented with a range of materials from glass to metal alloys to create a durable, non-reactive acetabular cup and stimulate progress toward modern hip replacements, 'the operation of the century'.

Tony won the SKF prize for medical history in 1964, graduated in 1965 and served as resident, registrar, researcher and clinical administrator in Sydney, Canberra and Concord hospitals until 1976. He helped to pioneer clinical auditing and quality assurance in Australia and worked for many years as a freelance researcher for both public and private sector clients. Clinical contact was maintained as Visiting Physician with the Department of Veterans' Affairs. In 1986, Tony joined the fledgling discipline of Palliative Medicine and served as Visiting or Staff Specialist at numerous hospitals across Sydney. He became a Foundation Fellow of the Chapter of Palliative Medicine in 2000. After retiring from patient care in 2004, his position as Medical Adviser to DVA allowed him to resume his fascination with clinical databases, preparing many reports on hospital practices and outcomes for veterans. He chaired DVA and Commonwealth Dept. of Health ethics committees for more than 20 years. Along the way Tony was a highly involved churchgoer as organist, choirmaster and lay preacher, before converting to gentle atheism. Since age 40 he has played as much golf as possible, and after turning 60 carried Rehab. for a knee injury to the extreme of two world championships in Masters' Athletics. A refresher course in biostatistics at the Sydney School of Public Health morphed into a PhD- analyses of hip fracture databases- in 2016. Tony lives in Northern Sydney with his second wife (of 40 years), has five children and eight grandchildren. In retirement, he continues to work privately on medical data, and is pleased to be renewing his researches into medical history.

**DR DIANA JEFFERIES
WESTERN SYDNEY UNIVERSITY**

The History of Tongji Hospital in Wuhan, China

In early 2020, Tongji Hospital was at the centre of publicity when a novel coronavirus broke out in Wuhan and news reports showed this hospital being overrun by people seeking treatment for their symptoms of this virus. Negative publicity about healthcare and disease prevention and control in Wuhan continues as the WHO seeks to find the origins of the COVID 19 pandemic. However, this view of healthcare in Wuhan is in direct contrast to the services I observed in January 2016. At that time, I had the pleasure of escorting 20 undergraduate nursing students on a field trip to observe healthcare in Wuhan in conjunction with the Department of Nursing at the Tongji Medical College, Huazhong University of Science and Technology. During that visit I was introduced to the fascinating history of Tongji Hospital that began operating in the closing years of the Imperial period in Shanghai and had subsequently survived revolution, civil unrest, the Japanese invasion, World War 2 and the establishment of communism. Today Tongji Hospital sees itself at the forefront of healthcare in Wuhan with innovative treatments and modern facilities. It also has a proud record of research, which includes some of the earliest papers published in high-ranking international journals about COVID 19. This paper seeks to present another view of healthcare in Wuhan by examining the history of Tongji Hospital and a discussion of the healthcare services I had the privilege to visit in 2016.

Dr Diana Jefferies is a senior lecturer in the School of Nursing and Midwifery at the University of Western Sydney. She is a registered nurse with twenty-five years' clinical experience, with an academic background in the humanities. Her research program has two focuses: first to explore the historical and literary representations of mental illness to investigate the cultural background of stigma; and second to identify the place of the humanities in healthcare education.

DR ARNEL JOVEN
UNIVERSITY OF ASIA AND THE PACIFIC

Malaria and Dysentery in the Philippines during the Japanese Occupation Period

The Japanese invasion in December 1941 displaced much of the civilian population, including the US Army Forces in The Far East (USAFFE), combined Filipino and American soldiers and support staff, numbering almost a hundred thousand. By early 1942 towards the end of the Pacific War, there have been numerous reports of malaria and dysentery cases all over the Philippine Islands. USAFFE soldiers contracted either or both malaria in dysentery in the malarial jungles of Bataan, during the Death March, or at O'Donnell POW Camp. At the same time, civilians who evacuated from their homes in the city or town centres towards the countryside have also been reported to have contracted malaria and dysentery. Yet, despite hospitals being filled to capacity, with temporary hospitals set up under the Red Cross or private initiatives, the Japanese Military Administration in Manila never acknowledged these epidemics throughout the occupation period. To complicate matters, there was widespread food and medicine shortage that caused widespread malnutrition and malnutrition-related diseases in the capital city and in major cities. By 1944 and 1945, harrowing reports of the sick left to die on the streets abound while the Japanese forces and resistance movements were busy with the return of the American forces. This paper examines malaria and dysentery, the undeclared epidemics in the Philippines during the Japanese occupation period. This research examines how the health bureau, medical professionals, and the civilian population at large dealt with the epidemics, including the use of indigenous medicines to treat patients.

Arnel E. Joven is Assistant Professor at the University of Asia and the Pacific. He finished his PhD in History from the University of the Philippines in 2012, in which he wrote his dissertation on Health and Medicine in Lowland Luzon during the Japanese occupation period. Dr. Joven has also written an article on Medicine in the Philippines during the early Spanish colonial period.

DR EFFIE KARAGEORGOS
THE UNIVERSITY OF NEWCASTLE

'Jingo Dingo Insanity' and Mafeking Day: Articulating Madness in Federation-era Australia

In 1899, the Australian colonies sent military contingents to South Africa to support the British in fighting the Boer enemy. While some questioned the justice of the conflict, the public reaction to the war was akin to a 'national insanity'. British victories in the first half of the war, particularly the relief of Mafeking in May 1900, saw noisy jingo crowds filling the streets of capital cities in celebration, resulting in public drunkenness and damage to property, behaviour typically deemed 'mad'. Colonial society, faced with increases in lunacy rates, was not only in the process of comprehending madness, but also ideas about Australian nationalism in the period approaching Federation of 1901. These factors, added to popular involvement in a British war in South Africa, shaped political, police and press responses to the new manifestation of jingoism. The press, a site of both the production and advancement of public conceptions of insanity, drew upon the social language of madness to communicate the acceptability or unacceptability of specific jingoistic behaviour. This paper examines the metaphorical use of mad vocabularies by the colonial press during this period to explore the 'arbitrary boundary' between madness and sanity in Federation era Australia.

Effie Karageorgos is a Lecturer in History at the University of Newcastle. Her research is in the social history of war, and specifically histories of masculinity and trauma. Her monograph *Australian Soldiers in South Africa and Vietnam: Words from the Battlefield*, was published in March 2016.

DAVID KAUFMAN
RANZCO MUSEUM CURATOR

65 years tackling Diabetic Blindness

Although diabetic retinopathy was first described in 1855, it took another 100 years for the first attempts at treating the blinding complications. In 1955, pituitary ablation aimed at regressing proliferative retinopathy was reported. Its limited success and with frequent complications, it was surpassed by the experiments of Gerd Meyer-Schwickerath, using a Carbon Arc lamp and then Xenon photocoagulation to induce retinal burns to regress the retinopathy. Photocoagulation came into widespread use, despite lack of randomised controlled studies until the landmark clinical trial results of the Diabetic Retinopathy Study DRS in 1960's and 70's established firm protocols. During the 1960s' Argon laser delivery systems were introduced. The first lasers were bulky and required water cooling. Despite this, effective protocols for accurate treatments were available. Delivery systems for advanced Diode lasers evolved allowing better patient access. Diagnostic fluorescein angiography developed in the 1970s' imaged the pathological vascular anatomy which enabled earlier diagnosis of sight threatening lesions. The last 20 years have seen rapid development of our understanding of the pathophysiology of retinopathy implicating metabolic stress and inflammation in the damage to all types of retinal cells. Research into chemical mediators and molecular pathways has led to the use of pharmacologic treatments as part of standard care. Vitreo-retinal surgery plays a valuable role in salvaging advanced retinal detachments removing scar tissue in complex procedures. The explosion of type II diabetes poses major challenges to public health measures in developed economies.

Dr David Kaufman is a Melbourne ophthalmologist and has been curator of the virtual museum of the Royal Australian and New Zealand College of ophthalmologists for the past 10 years.

HOLLY KEMP & PAUL RHODES
NSW HEALTH
THE UNIVERSITY OF SYDNEY

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

In this presentation we focus on a description of the development of a unique research culture and method for our project on the history of mental health activism and community psychiatry in Australia. This project aims to document the lives, perspectives and praxis of both consumer/ex-patient activists and mental health professionals who challenged the dominance of the medical model and institutionalisation, in favour of an aspiration towards a participatory and community-based approach. The research is defined by three principles which correspond with the subject under study: co-production between academic staff and consumer/ex-patient leaders, non-hierarchical dialogicity among the research team, and witnessing as a frame for both story collection and research dissemination. In this presentation we will describe these principles in practice, arguing that they serve as a critical antidote to elite practices in academic knowledge production.

Holly Kemp is a peer worker associated with New South Wales Health.

Paul Rhodes is a clinical psychologist associated with the University of Sydney

PAUL LANCASTER
THE UNIVERSITY OF SYDNEY

Changing Times for Regional Medical Practices

Kempsey was a thriving community on the mid-north coast of New South Wales. The main occupations of the district's residents on the Macleay River were crop farming, dairy farming, and the timber industry. Looking at the experiences of this region gives us insight into the changing medical environment late in the 19th century. The University of Sydney Medical School did not produce graduates until 1888. The annual numbers continued to be small during the next decade. By the early 1900s these graduates were beginning to practise in regional New South Wales, in Queensland (which did not have a medical school until the mid-1930s), and sometimes in other states. Until then, immigrant doctors provided health care for the burgeoning towns and neighbouring villages. The first doctor to practise in the Kempsey region was Charles Louis Gabriel, born in Martinique in the West Indies where he was a medical apprentice before gaining more experience in Montpellier. He managed to practise in Kempsey for more than 30 years without being registered to do so. Another prominent early doctor was Brabazon Casement who had studied medicine at Trinity College, Dublin. He was the first Medical Officer at Trial Bay prison. He became a surgeon at the Macleay District Hospital, which opened in 1881. When new graduates from Sydney Medical School moved to this region around the turn of the century, they were faced with local outbreaks of plague because most of the transport to the area was by ship. This led to the death of the hospital matron. And the 1918-19 influenza pandemic led to the death of one of the Sydney graduates.

Paul Lancaster has been researching medical and family biographies after considerable work on the biography of the Sydney ophthalmologist, Sir Norman Gregg, who became famous for recognising that maternal rubella caused eye and other birth defects. Gregg graduated from Sydney Medical School in 1915, then served in the First World War. Paul's research has been extended to just over 500 alumni from Sydney Medical School who also served in that war.

DR TANYA LANGTREE
JAMES COOK UNIVERSITY

'Fear causes many diseases': A Review of Infection Prevention and Control Measures in Pre-Nightingale Nursing

Infection prevention and control measures such as hand hygiene and environmental cleaning are used in health care to reduce the risk of transmitting infectious agents. The origin of many of these measures are credited to Florence Nightingale's accomplishments in reducing the morbidity and mortality rates of British soldiers during the Crimean War and are found in her seminal book, *Notes on Nursing: What It Is and What It Is Not* (1859). In *Notes on Nursing*, Nightingale highlighted the inextricable link between health and the sickroom environment and described basic infection prevention and control principles that should be adopted by the caregiver. While *Notes on Nursing* was never written for vocational nursing, these guiding principles later formed the basis of the Nightingale model for nursing training and are collectively referred to as nursing's first theory on environmental health. Despite the continual reverence for Nightingale's contribution to infection prevention and control, little is known about the genesis of her ideas presented in *Notes on Nursing* nor their influences. This presentation aims to address this gap by exploring the evolution of infection prevention and control measures in pre-Nightingale nursing. Digitised primary sources describing nursing practice between the sixteenth and mid-nineteenth centuries will be used to investigate the theoretical basis of early modern infection control principles used by nurses. These findings will then be used to critically examine the legitimacy of Nightingale's unique contribution to the profession.

Dr Tanya Langtree is a registered nurse and Lecturer in the Nursing and Midwifery at James Cook University. Her research areas include missed nursing care and pre-professionalised nursing praxis. Tanya's PhD study, *Notes on pre Nightingale Nursing: What It Was and What It Was Not*, examined the evolution of nursing theory and practice between the sixteenth and mid-nineteenth centuries.

CONJOINT ASSOCIATE PROFESSOR
JACQUELINE LECKIE
THE UNIVERSITY OF NEWCASTLE

Deepest Blue: Exploring a History of Depression in the Pacific

Colonial medical experts have tended to assume that indigenous people did not suffer from mental illness, let alone depression. Depression was considered a disease of civilisation. This generalisation, especially applied to the Pacific Islands from where European tropes of 'primitive affluence' and 'Pacific paradise' were drawn. Yet, lexicon from the Pacific indicates the presence of mental states that might have been considered equivalent to medical diagnoses of melancholia, depression and sorrow in very distant times. This paper explores my research on a history of depression in Aotearoa New Zealand and the Pacific, to trace understandings and treatments, and the social context of depression. It asks why experts in the past considered indigenous people to be immune to depression – in sharp contrast to how today depression is acknowledged as a major mental health issue for indigenous people of the Pacific.

Jacqueline Leckie is a Conjoint Associate Professor with the University of Newcastle, and an Adjunct Research Fellow with the Stout Centre for New Zealand Studies, Victoria University of Wellington. Her research and publications have been on the history and anthropology of Asia-Pacific, spanning health history, labour history, gender, ethnicity, diaspora and development. Jacqui has taught in the Department of Anthropology and Archaeology at Otago University, University of the South Pacific and at Kenyatta University. Her latest books are *Colonizing Madness: Asylum and Community in Fiji* (2020) and *Invisible. Our History of Excluding Kiwi-Indians* (2021). Jacqui is currently working on an intercultural history of depression in Aotearoa New Zealand for which she has received a New Zealand History Research Trust grant.

REBECCA LUSH
UNIVERSITY OF QUEENSLAND

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

The Integrated Pathology Learning Centre (IPLC) is dedicated to maintaining and developing The University of Queensland's human pathology collection, ensuring its ongoing use in the study of disease, and promoting an understanding of health and disease. In total, the IPLC has over 5 000 specimens used for educational purposes. This paper will delve into how we use our specimens in the modern medical classroom, including a discussion on our primary audiences and how we use our specimens, combined with technology, to teach health and disease. Our main three audience groups are medical students, high school students and teaching staff at The University of Queensland. Each group interacts with our specimens in varying ways integrating them into their teaching and learning. This paper will ultimately show how a heritage medical collection, comprising of human specimens, is reaching new and diverse audiences. It will also reveal what the future holds for the Museum.

Rebecca Lush is the Curator of the Integrated Pathology Learning Centre at The University of Queensland. She has worked in the museum and heritage sector in Queensland, New South Wales and Victoria since 2009 across numerous departments. Her research interests include medical history, particularly the history of disease.

HEATHER LYLE
THE UNIVERSITY OF NEWCASTLE

'A public health problem of great importance': Returned First World War Soldiers and the Changing Definition of Malarial Landscapes in the Australian Context

The potential effects of anthropogenic climate change occupy a growing place in public discourse about the relationship between humans and the environment. One of the impacts that has been predicted is the expansion and redefinition of the world's tropical zones, and with these changes the potential of an increased risk from diseases that have their greatest impact in the tropical zones. In the Australian context, some researchers have suggested that diseases spread by vectors like dengue fever and malaria may become prevalent in areas far beyond their current established range. In the case of malaria this would mean the return of a disease that has not been endemic in Australia for decades. This paper will examine an earlier blurring of the boundary between tropical and temperate areas of Australia in response to returned soldiers bringing malaria home in their bloodstreams. In the decades preceding the outbreak of the First World War, a series of important discoveries about the nature and mechanism of spread for malaria had changed the way that malarial landscapes were defined. Initially the disease was still seen as a matter of concern only in the tropical north, but the imminent return of large numbers of soldiers from malarious areas of Europe, the Middle East and closer to home in New Guinea precipitated an urgent reassessment and public discussion of what constituted a potentially malarious landscape in the Australian context.

Heather Lyle is a History PhD candidate at the University of Newcastle. Her research examines the distinctly Australian experience of malaria during the nineteenth and early twentieth century. She is the inaugural recipient of the Janet Copley HDR Scholarship supporting women researching in the Humanities.

DR CHRISTOPHER MAYES DEAKIN UNIVERSITY

More than Etiquette: Medical Ethics at Melbourne University, 1906 – 1925

Medical ethics before the 1970s is often dismissed as merely etiquette and occupied with professional standards. Events such as the Helsinki Declaration (1964) and Henry Beecher's paper on unethical medical experimentation (1966) are said to have modernised medical ethics, culminating in systematic approaches such as Beauchamp and Childress's *Principles of Biomedical Ethics* (1979). This paper seeks to trouble the narrative that a break occurred and show that medical ethics in the first quarter of the twentieth century maintained a distinction between ethics and etiquette, and was an earnest attempt to address difficult questions arising in medical practice of the day. I focus on medical ethics at the University of Melbourne from 1906 to 1925, and specifically the influence of A.V.M. Anderson (1864-1932). Anderson was the first medical ethics lecturer at the University of Melbourne and President of the Victorian Branch of the British Medical Association (1916). In examining archival materials and articles in the *Medical Journal of Australia*, I outline why particular medical activities and practices were considered ethically troublesome and in need of ethical intervention. I also trace Anderson's influence over the Melbourne Medical School curriculum into the 1970s. The purpose of this paper is not to argue that medical ethics in the 1920s was equivalent or pre-empted the medical ethics of the 1970s, but to demonstrate that it was a serious enterprise responding to real and consequential problems in medical practice and regulation.

Christopher Mayes is a DECRA Research Fellow in the Alfred Deakin Institute at Deakin University and Research Affiliate with Sydney Health Ethics at the University of Sydney. His research interests include the history and philosophy of healthcare, bioethics, and political theory. His current research is on the history of bioethics in Australia and its contributions to regulatory frameworks, legal reform, and public discourse in matters of life and death. He is the author of *Unsettling Food Politics: Agriculture, dispossession, and sovereignty in Australia* (Rowman & Littlefield: 2018) and *The Biopolitics of Lifestyle: Foucault, ethics, and healthy choices* (Routledge: 2015).

BRIAN MCGREGOR INDEPENDENT SCHOLAR

Recollections of Royal Newcastle Hospital

Royal Newcastle Hospital under the leadership of Dr Chris McCafferey introduced revolutionary changes in hospital systems and the appointment of full-time salaried specialists. The people of Newcastle supported their hospital. The junior medical staff were the beneficiaries of a training scheme which attracted the brightest graduates. Nursing education was first class. The support staff were valued and loyal. The hospital enjoyed a golden era between 1939 and 1962, but then entered a period of upheaval with the collapse of the full-time medical specialist staff structure and the departure of McCaffery from his position as Medical Superintendent. The Royal Newcastle model would not have caused controversy in the United States where there was similar progress, but the conservative Australian medical establishment was less tolerant of these "socialist" ideas. The specialists who were sidelined by the changes were critical of McCafferey and his methods, but the cause of the failure lay in his management of the staff specialists and the honorary staff. I witnessed the construction of the new hospital in the 1940's and the decline of the system in the 1960's. I met a number of the doctors who were involved.

Brian McGregor is a retired urologist who grew up in Newcastle and graduated from the University of Sydney. He lives in Perth, WA, but maintains his interest in his home city and its medical history.

**DR RACHEL MCMAHON
UNIVERSITY OF WOLLONGONG**

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

This paper presents an autoethnography of living with schizo-affective disorder. By working through this experience, I have been able to explore and examine and encounter the space where trauma and resilience preside, yet where those traumatised find a space for recovery and be empowered in this space. I have created the concept of the 'Silenced Manifesto'. It helps to describe the phenomena of social disempowerment, the discourse of discernment, and the history of discrimination and difference. It situates and gives insight to the position of the silenced. It allows the silenced to have a voice. It describes a space of commensurability, the discourse shared between the silenced mentally ill and the political and scientific powerful. The powerless position of the mentally ill and the powerful model of governance can be unpacked with several conceptual tools. These include measurement, (post)colonialism, space, commodification, governance and bureaucracy, labelling, stigma, language, misrepresentation, and of course history and historiography. The Silenced Manifesto works to unpack the disempowered voice of the mentally ill through an analysis of the foundational cultural politics and cultural artefacts of the State. In the space where anthropology meets medical science, a discourse is allowed and created to support political tools for development and disarmament of unjust and discriminatory power relations. Here the social and biological sciences can find a space through where medicine and humanities speak the same language. Here, I am branded by my illness; branded by my silence; yet given a space of possible commensurability and revised governance.

Dr Rachael McMahon has recently received a PhD in Anthropology from the University of Wollongong - an autoethnography of living with schizo-affective disorder. She has a long history of working on the ground with people living with mental illness and is a strong advocate for them.

DR GEORGIA MCWHINNEY
MACQUARIE UNIVERSITY

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

During the First World War, the dirty and mud-filled environment of trench warfare on the Western front and the blazing sun in the Middle East spurred the onset of various medical conditions. Yet, when soldiers fell ill, it was not immediately recognised that some maladies stemmed from either contamination—soiling and infestations—in their uniforms or even a lack of clothing. With a new focus on preventative medicine, doctors and medical scientists investigated numerous medical conditions that spread through uniforms. It is well known that these medical professionals developed a body of knowledge on the diseases of warfare. It is far less known, however, that soldiers from Britain and its Dominions—Australia, Canada, and New Zealand—also developed their own form of vernacular medicine. This paper argues that soldiers used 'trench culture' and the ironic literary form of the trench newspaper to communicate that vernacular medicine was their own creation and part of their own medical culture. The trench newspaper both reflected and influenced soldiers' vernacular practice. The paper first explores trench newspapers as networks before examining how soldiers used the specific literary forms of trench newspapers—short stories and anecdotes, one-liners, cartoons, and poems—to circulate their medical understandings and practises through the motifs of 'trench culture', a genre that was truly their own.

Dr Georgia McWhinney is an Honorary Postdoctoral Associate in the Department of History and Archaeology at Macquarie University. She is also the Social Media Coordinator and NSW Branch Vice President of the ANZSHM. Her work examines the intersections between medicine, the vernacular, and the British imperial world.

**DR REBEKAH MCWHIRTER
DEAKIN UNIVERSITY**

Vaccination Laws in Australia: 1853 to the present

The question of how best to influence vaccination coverage is especially acute at the moment, given the predicted role of vaccines in ending the global COVID-19 pandemic. This has led to calls from some quarters to make COVID vaccination mandatory, either generally or for specific purposes, such as travel or employment. However, even before COVID, many countries were tightening their vaccination requirements or seriously considering mandatory approaches. In determining whether vaccine mandates are an appropriate response, it is necessary to consider a jurisdiction's vaccine policy history and the social and political factors that are likely to influence the effectiveness of legislative interventions. This paper examines the history of vaccination laws in Australia from self-government to the present, in order to identify what the role of law in influencing vaccination coverage is, and to draw conclusions regarding what the role of law should be in this area. This legislative survey reveals three distinct phases: experiments with compulsory vaccination in the self-governing colonies (1853-1900); the introduction of conscientious objection in the newly federated nation and an emphasis on provision of community immunisation rather than compulsion (1901-1995); and a recent flurry of increasingly coercive legislative interventions to reach the levels required to achieve herd immunity (1996-present). Within each period, I examine public responses to state intervention to assess the utility and limitations of compulsion and other legislative interventions. In doing so, key themes of access, trust and justice are identified and used to explicate the role - and limits - of the state in encouraging vaccination and in public health more broadly.

Dr Rebekah McWhirter is Senior Lecturer in Health Law and Bioethics in the School of Medicine at Deakin University. Her research focuses on the ethical and legal implications of public health, health research and genomics, with a particular focus on Aboriginal and Torres Strait Islander health. Her work is multidisciplinary in nature, employing doctrinal, historical and empirical research methods.

DR JENNIFER MUNDAY,
DR ALISON WATTS & EILEEN CLARK
CHARLES STURT UNIVERSITY
SOUTHERN CROSS UNIVERSITY

Innovative Psychiatric Hospital History in Covid Times:
<https://maydayhills.org.au/>

The COVID pandemic sent more people than ever into the online space. Unable to travel to museums and libraries, people turned to virtual tours of museums, art galleries, and databases of historical documents. The aim of this presentation is to show the first draft of the online virtual tour of the former Beechworth mental hospital, Mayday Hills, and the Beechworth Cemetery, located in northeast Victoria. The innovative digital imagery was created through drone footage and virtual technology and includes artefacts and narrative histories from nurses and doctors employed by the institution. The Mayday Hills asylum buildings still stand today, built in Italianate style and located on 11 hectares of botanical gardens, all under National Trust protection for their heritage and historical significance. Decommissioned 25 years ago, there are many community members who have a living memory of daily life with the asylum. Therefore, this virtual, online digital space is essential for the preservation of history, memories and material culture. It complements the built and natural environment of Mayday Hills asylum and Beechworth Cemetery. The website is a receptacle for a growing collection of memories from those connected to the historical site, as well as publications from data gathered by the research team. [Maydayhills.org.au](https://maydayhills.org.au) enhances understanding of our nation's early psychiatric practices and understandings of mental illness within a former therapeutic community and is available to anyone unable to travel to Beechworth, as well as those physically onsite, to enrich their experience.

Dr Jennifer Munday is an Associate Professor at Charles Sturt University teaching in the disciplines of Creative Arts, and Technology. Jennifer co-ordinated the *Collections from the Asylum: Past Lives, Present Tense* exhibition on Mayday Hills at the Albury Library Museum in 2020. She has served on the Arts Victoria Advisory Panel and is a member of the Advisory Committee for Write Around the Murray, the Albury-Wodonga Writers Festival and is currently engaged in a number of other research projects as well as the Mayday Hills Research Group.

Dr Alison Watts, Southern Cross University, was awarded her PhD titled 'Maternal insanity in Victoria, Australia: 1920-1973.' She has a strong familial connection to Mayday Hills, as her grandmother lived as a patient there in the 1950 and 1960s. Alison curated artefacts from private family collections in the *Collections from the Asylum: Past Lives, Present Tense* exhibition on Mayday Hills at the Albury Library Museum in 2020. She has several journal articles under review and her research on experimental treatments applied to insane mothers in asylums, Victoria, is *in print* with the journal *Health and History*.

Ms Eileen Clark is an adjunct Research Fellow at Charles Sturt University. Eileen holds Masters degrees in sociology and genealogy. Her genealogy dissertation was an archival study of patients admitted to Beechworth Asylum between 1900 and 1912. She worked as a university lecturer for 25 years, mainly in health sciences, and now operates her own writing and research business (Clarks Clerks). She has authored or co-authored over 50 refereed publications and has been a member of several teams receiving major grants. In this project, she has been responsible for researching the biographies of veterans admitted to the asylum and their families and for liaison with Beechworth Cemetery Trust.

SHRAVASTI PATHAK
THE UNIVERSITY OF BURDWAN

Calcutta Medical School: The First Glimpse of 'Medical Nationalism' in India

The history of Calcutta Medical School (presently RG Kar Medical College and Hospital) is intertwined with the rise of nationalising the 'hospital medicine' from 'Daktari medicine' - the vernacularised form of Western medicine. In the era of colonisation, Bengali physician Dr. Radhagobinda Kar with some other trained doctors, established the first non-governmental institution in Asia. The transition from 'Daktari medicine' to 'Hospital medicine' involved various process of acculturation - 'visual, verbal and psychological' - processed through the new institution - Calcutta Medical School. The proposed study intends to understand how the institution appropriated western medical science in the Indian context and transformed it into an independent domain through institutionalisation. I however intend to look beyond the binary of colonial and national histories and explore the emergence of 'Daktari medicine' in the context of Bengal. Few questions are therefore in order. How did the Bengali intellectuals trained in Western medicine conceptualise medical institutions for the masses? How did Calcutta Medical School created a momentum in the history of national movement in Bengal, rather in India?

Shravasti Pathak is a Doctoral Fellow in the Department of History at the University of Burdwan, and a Visiting Faculty member of St. Xavier's College, Burdwan. Her work examines the process of medical nationalism along with Daktar and Daktari medicine in colonial India.

PROFESSOR HANS POLS
THE UNIVERSITY OF SYDNEY

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

In the 1970s, Gough Whitlam's government started to make funds available for initiatives in community health. Several initiatives started to spring up throughout Australia, often as collaborative efforts between mental health personnel, mental health activists, carers, and consumers. The pioneering work of ABC journalist Anne Deveson, whose son had schizophrenia, are well-known: through her initiatives, the Schizophrenia Fellowship was established in every state. The mental health personnel involved generally were psychiatric nurses, occupational therapists, and social workers, who were associated with mental hospitals. Fred Kong, for example, worked as a psychiatric nurse at Gladesville Hospital before he was appointed as head of the Richmond Fellowship. Most of the new initiatives in mental health distinguished themselves by encouraging the involvement of consumers, who came to play a key role in advocacy, public health education, and running community mental health services.

Hans Pols is associated with the School of History and Philosophy of Science at the University of Sydney and part of an ARC-funded research project on the history of community mental health in Australia

**DR LESLEY POTTER
THE UNIVERSITY OF SYDNEY**

Yesteryear: The Place of Cottage Hospitals in Health Care

The existence and history of cottage hospitals has almost been forgotten, effaced under the weight of modern, ever expanding and developing state-of-the-art health care facilities. In late 19th century, a rash of health care institutions materialised in Sydney, in the form of cottage hospitals situated within suburban communities. In many respects, they were an innovative movement, stepping-stones between the home, as the venue for caring for the ill and the modern hospital. The existence of these small hospitals was the result of many complex factors: political, philanthropic and religious. As cottage industries they were fuelled by community spirit, the self-help ethos, the urban sprawl and need of people for health care. In Sydney, cottage hospitals multiplied and provided health care to the poor and needy. This paper will discuss the history of the establishment and subsequent destiny of two of these hospitals: The Western Suburbs Cottage Hospital, Croydon and St George Cottage Hospital, Kogarah. If Ranke's famous dictum that the historian's task is to tell what actually happened, then it is an important aspect of Australian health care history that the rise and place of cottage hospitals is recorded. This paper will discuss the importance and significance of cottage hospitals in the development of health care in New South Wales.

Dr Lesley Potter is a retired Registered Nurse and Midwife who is currently Hon Archivist, Australian College of Nursing (ACN), Chair of the ACN History Community of Interest, Chair NSW Chapter of Independent Scholars Association of Australia (ISAA). She is interested in historical research of the colonial era, especially health care, nursing and midwifery history.

DOUGLAS PRETSELL LA TROBE UNIVERSITY

Psychiatry's Stepchildren [German & Austrian 19th Century Psychiatry and Sexuality]

In late nineteenth century Germany and Austria, psychiatrists began to colonise human sexuality. This was a phenomenon specific to the particular time and place and involved a complicated interplay between clinicians and their sexual subjects. The pioneering 'urning'¹ activist, Karl Heinrich Ulrichs had started the process by lobbying prominent doctors with pamphlets since the 1860s. One of these doctors was the young psychiatrist, Richard von Krafft-Ebing. In a letter of 1879, Krafft-Ebing acknowledged his debt to Ulrichs' writing 'it was only the knowledge of your books which motivated me to study this highly important area.'² Ulrichs gleefully reproduced Krafft-Ebing's letter in his next pamphlet and this may have encouraged several of his followers to start following Krafft-Ebing's published works. Krafft-Ebing's greatest work, *Psychopathia Sexualis*, published in multiple editions from 1886 onwards, was an atlas of sexual categories with each illustrated by clinical case studies. In particular, the case studies for contrary sexuality constituted a growing proportion in succeeding editions, fuelled in part by the supply of sexual autobiographies. These sexual autobiographies were an eye-catching phenomenon within Krafft-Ebing's work. Historians such as Klaus Müller and Harry Oosterhuis have previously interrogated this phenomenon and mapped out the complex interplay between clinician and subject in Krafft-Ebing's use of sexual autobiographies. This paper takes a different approach instead and focuses on the men behind the sexual autobiographies, their lives, loves and self-conceptions as well as their motivations in writing.

¹ 'urning' was Ulrichs own neologism for men sexually oriented to their own sex.

² Letter from Richard von Krafft-Ebing, Graz, to Ulrichs, 29 January 1879 (Ulrichs. *Critische Pfeile*. §125, 685: §125, 685) Letter 214 in Pretsell, *Correspondence*, 247.

Douglas Pretsell is a historian in the third year of his PhD examining the queer identity formation and activism in Germany in the years before the 'homosexual.' The research has focussed primarily on the correspondence of the Hanoverian Lawyer, Karl Heinrich Ulrichs (1825-1895) though additional material has been drawn from contemporary published literature. Douglas published his initial translated database of correspondence with Palgrave MacMillan in May of this year as "The Correspondence of Karl Heinrich Ulrichs (1846-1894)." An article in the 'web of science' highly ranked journal 'History of Science' followed in September (Douglas Pretsell 'The evolution of the questionnaire in German sexual science: A methodological narrative' *History of Science* V58/3, September 2020, 326-349). Douglas, who is originally from Scotland, lived for many years in Munich and it was there, in 2008, that he first read about and started studying Ulrichs.

DR TOBY RAEBURN
THE UNIVERSITY OF NOTRE DAME

When innovation becomes an instrument of colonisation: A Microhistory of Nineteenth Century Phrenology in Australia

Background: Phrenology was an innovation in early nineteenth century mental healthcare. It also became a powerful instrument in the process of Britain's colonisation of Australia, used to justify racism and discrimination.

Aim: This paper will show the importance of health professionals increasing familiarity with the local history of communities they work in and emphasise how understanding past increase our ability to critique modern innovations in healthcare.

Method: A microhistory approach was used to explore research conducted on the skull of Aboriginal Australian man, Cannabayagal, at the University of Edinburgh in the early nineteenth century. Initial data was gathered through a review of historical literature focussed on the Appin Massacre, and Phrenology. Hand searches of local library collections, along with the State Archives and Records Authority of NSW, were accompanied by online searches using databases such as Psych Info, PubMed, and Google Scholar.

Findings: In 1816, as part of the Appin Massacre that took place in the south-west of colonial NSW, the head of Aboriginal Australian man Cannabayagal was cut off, sold, and then shipped to Edinburgh University in Scotland. There, his skull was studied and written about in ways that reflected false science and supported racist ideology.

Discussion & Conclusion: The Appin Massacre is memorialised by an Aboriginal Australian ceremony every year, and the accompanying historical trauma is still felt by the local community. Microhistories hold the potential to increase empathy in local communities and may improve ability to notice and question current day claims of healthcare 'innovation'.

Associate Professor Toby Raeburn, is an educator and researcher at the Faculty of Medicine, Nursing & Midwifery and Health Sciences, at The University Notre Dame Australia. His interest in research emerged during two decades spent working among the homeless and other vulnerable groups in Sydney. Toby has a growing body of publications on topics including the history of healthcare, organisational development and recovery-oriented mental health practice. He is particularly passionate about the empowering potential of history, which he believes can improve people's awareness and ability to cope with the present, and can also inform development of vision and purpose for the future

DR CAMERON RAYNES
THE UNIVERSITY OF SOUTH AUSTRALIA

'The most appalling disease one ever watched': Medical Racism and a Case of Tetanus at Yorke Peninsula in the Mid-20th Century

On 19 May 1951, a four-year-old Aboriginal boy was examined by a doctor at the government-controlled Point Pearce Station on South Australia's Yorke Peninsula. Dr Wallman, of Maitland, diagnosed tetanus and ordered the boy be sent immediately to Wallaroo Hospital, despite the fact there were closer hospitals at the towns of Maitland and Moonta. At the time there was a long-standing dispute between Dr Wallman and the staff of Wallaroo Hospital regarding the admission of Aboriginal patients. This dispute had played out over several decades with disastrous consequences for the health of the Aboriginal residents of the Station. When he heard an Aboriginal patient was on his way, Dr Clayton, the medical officer in charge of Wallaroo Hospital, left his post and travelled out onto the Maitland-Moonta road, with the express intention of blocking the approach of the station utility. The driver evaded the doctor and the boy was presented to the Wallaroo Hospital. When Dr Clayton returned, he refused to even examine the boy. The boy was delivered back to the station. The next morning, he was driven to the Adelaide Children's Hospital, where he died that same day. This paper documents how a four-year-old Aboriginal boy was turned away from life-saving medical assistance despite recent advances in how tetanus was treated. It documents also the lack of accountability and consequences for those involved, and the pattern of behaviour of which it was a part. Primary source historical materials are used to examine these things.

Dr Cameron Raynes is the author of *The Last Protector* (Wakefield Press, 2009), which examined Aboriginal guardianship under the last Chief Protector of Aborigines in South Australia, William Penhall. Cameron teaches Aboriginal history and creative writing at the University of South Australia and also writes short stories (*The Colour of Kerosene and other stories*), novels (*First Person Shooter*) and short films, two of which have been shot in South Australia.

**DR CHARMAINE ROBSON
UNIVERSITY OF NEW SOUTH WALES**

Labour and Leprosy: Australian Indigenous patients and the leprosarium work regime c. 1931-1986

In 1995, Ann McGrath, Kay Saunders and others reassessed the history of Indigenous people's labour, conscious of the trenchant stereotyping of the race as work-shy and unproductive.ⁱ This paper adds to these findings by looking in an unexpected place: the twentieth century leprosarium for Indigenous patients. From the 1930s until the 1980s, all able-bodied adult patients detained in leprosaria in Queensland, Northern Territory and Western Australia, unlike their white counterparts, were expected to contribute their labour to the running of the institution for free, or little pay. Administrators rationalised the work regime for its alleged social and therapeutic benefits for the patients, invoking Western society's longstanding work ethic and concurrent international medical discourse. The labour of the patients reduced the need for outside workers and supplies, and thus delivered substantial financial savings for governments. It will be argued here, however, that the myth of the 'lazy native' was key to bureaucrats' vociferous promotion of the work regime and their resistance to fair remuneration of the patients. Contrary to their perceptions, patients worked diligently. And while this study adds to the wider story of the exploitation of Indigenous labour in Australia, it also highlights the value patients placed on their own and each other's industry and their efforts to have this appropriately recognised by administrators.

Dr Charmaine Robson is an Adjunct Lecturer at the University of New South Wales. She is the Treasurer of the ANZSHM and is also the President of the Society's NSW Branch.

DR DAVID ROTH
AUSTRALIAN NATIONAL UNIVERSITY

Tuberculosis - Callan Park Hospital for the Insane

There was a steep decline in tuberculosis (TB) mortality in Australia and the Western world from 1880 to 1920, which substantially contributed to the first global health transition. TB ceased to be a leading cause of death. This important sea change in infectious disease mortality, which substantially contributed to increasing life expectancies over the period, signally failed to occur in New South Wales (NSW) mental asylums, as clearly shown in the annual reports of the Inspector-General of the Insane. In an era when most of the world's population had the latent, asymptomatic form of TB, fatalities occurred when the immune system was challenged, causing the disease to progress to the active, virulent stage. Using the microhistorical technique of 'changing the scale', a collective analysis of the individual experiences and backgrounds of a sample of patients at Callan Park Hospital for the Insane whose dormant TB infection became active suggests two interacting causes for its continuing high mortality within the asylum. Mental patients had significantly more co-morbidities and weaker immune systems at admission than the general population, and the stressful environment of the large, crowded institutions of the day posed further challenges to the body's first line of defence.

Dr David T. Roth is a Campus Visitor at the School of History at the Australian National University. He completed his PhD thesis in July 2020 on the topic 'Life, Death and Deliverance at Callan Park Hospital for the Insane 1877 to 1923'. He has particular interests in the mortality of the mentally ill, aged care and the history of medications at this period. His publications include 'Chemical Restraints at Callan Park Hospital for the Insane before 1900' in *Health and History*. He is currently researching the effects of the 1918-1919 influenza pandemic on mental patients in NSW.

THOMAS SHARPLES
THE UNIVERSITY OF NEWCASTLE

The Flawed Monster that Won't Die: Conversion Therapy in the West

There has been a recent escalation in the battle against the practice misleadingly known as conversion (or reparative) 'therapy'. The last twelve months has seen Queensland, the ACT, and Victoria create implement widely varying legislation to ban conversion techniques. US in states such as California where the scale of the issue is much larger have already had laws in place for several years, while Britain is also in discussions to follow suit.¹ The United Nations has classified it as a form of torture. However, But with psychiatry all but abandoning this pernicious practice after homosexuality's removal from the DSM2 in the early 1970s due to the unassailable evidence suggesting that not only is it ineffective, but is actually highly damaging to same-sex attracted peoples, the question remains; why are we still talking about it? The fact is, there are many some who defend its application, including the Christian Right and rogue psychiatrists such as the late Dr Joseph Nicolosi of NARTH.³ These (literal) 'defenders of the faith' argue that sexuality is a lifestyle choice, and that same-sex attracted peoples are 'broken' and living in a state of sin; a condition that they supposedly need to be saved from. This paper will argue that studies dating back to as early as the 1950s (including the Wolfenden Report) suggested that a person's sexuality is not something that can simply be 'converted', and additionally that is no biological or ethical reason that homosexuality should be considered abnormal or undesirable. It is for this reason that the fight against a practice that, according to UCLA⁴ has harmed 700,000 Americans, needs to be ended.

1 At the time of writing, Boris Johnson pledged in July 2020 to end the practice which he described as "absolutely abhorrent" and "has no place in this country". This was two years after the British government pledged to ban it as part of its LGBT equality plan.

2 Diagnostic and Statistical Manual of Mental Disorders.

3 'National Association for Research & Therapy of Homosexuality'; since rebranded as the 'Alliance for Therapeutic Choice and Scientific Integrity'.

4 University of California.

Thomas Sharples is a first year PhD (History) student at the University of Newcastle, with his thesis entitled A History of 'Gay Conversion Therapy' in the West; From Psychiatry to the Church. It will map the dark medical and religious origins of CT from the nineteenth century to the modern day and highlight why it is critical that this pernicious practice be made illegal in all its various forms.

**IAN SHOEBRIDGE
INDEPENDENT SCHOLAR**

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

The 1970s in Australia saw a wave of initiatives and changes in mental health delivery. Deinstitutionalisation, the critiques of antipsychiatry, and new approaches and models of therapy led to various community-based treatment approaches and gradual reforms of institutional mental health delivery. The growing consumer movement, informed by other social justice movements and motivated by abuses within institutional psychiatry, led to political activism that fought for representation, inclusion, rights and self-determination for consumers/survivors/ex-patients, and continues even more strongly today, facing some of the same challenges and some new challenges of working within systems for change. This presentation will focus on some of the early pioneers of these changes, across political, medical and consumer activism fields, the interaction of these different these groups, the common and unique challenges they each faced, the barriers overcome and how that has shaped the mental health landscape of the present. What were the most pressing issues these early pioneers sought to change, how did they each overcome various barriers, and what have been the lasting impacts?

It will draw largely from interviews and research conducted by the ARC project, the first to study in depth this history of changing mental health delivery in Australia.

Ian Shoebridge is a lived experience researcher, peer worker, with an interest in mental health, history and anthropology.

DR ELIZABETH SKINNER
UNIVERSITY OF TECHNOLOGY SYDNEY

Stigmas of Prolapsed Womb and Hysteria: Origins of Childbirth Trauma

'Prolapsed womb' is a debilitating ailment that, until recently was poorly understood and, has seemingly affected countless women since antiquity¹. Accounts of the 'wandering uterus' are observed in transcripts from the Egyptians (ca.1835 B.C.). More than a millennium later, descriptions are evident in the writings of Hippocrates (5th Century BC), that associated 'movement of the uterus' (hysteron) with 'hysteria' or women's labile mental disposition. Nonetheless, uterine prolapse was not attributed to childbirth until the late nineteenth century, when an observational study on cadavers, demonstrated damage to a pelvic floor muscle, known as the levator ani (LAM), caused downward displacement of the uterus, bladder and/ or bowel into the vagina. Despite its accuracy, this landmark discovery was overlooked until 2003, when imaging validated findings.¹ Currently, uterine prolapse is included in the classicisation of pelvic organ prolapse (POP), attributed to complicated vaginal births.² Although 'hysteria,' evolved from contentious, female specific theories, neurologists during the late nineteenth century, proposed symptoms correlated with the concept of 'traumatic memory' where the mind unconsciously repeats and narrates traumatic events.³ Current investigators believe 'hysteria' laid the foundation for post-traumatic stress disorder (PTSD), ascribed to victims of war and disaster.⁴ During the 1970s, symptoms of PTSD were observed in studies on mothers, after traumatic birth events. Since then, emerging research has demonstrated childbirth related PTSD is more common than realised, and exacerbated by sequelae of POP, that stigmatise women and adversely affect lifestyle, sexual function and resilience.

1 De Lancey JO, Kearney R, Chou Q et al. The appearance of levator ani muscle abnormalities in magnetic resonance images after vaginal delivery. *Obstet Gynecol.* 2003; 101 (1): 46-53. PMID: PMC1226664

2 Dietz HP (2015). Pelvic organ prolapse: a review. *Aust Fam Physician;* 44(7): 446-452. [Accessed Jan 20, 2021]. Available at URL:

<https://www.racgp.org.au/afp/2015/july/pelvic-organ-prolapse-%E2%80%93-a-review/>

3 North CS. The Classification of Hysteria and Related Disorders: Historical and Phenomenological Considerations. *Behav Sci (Basel).* 2015; 5(4):496-517. doi: 10.3390/bs5040496

4 North CS. The Classification of Hysteria and Related Disorders: Historical and Phenomenological Considerations. *Behav Sci (Basel).* 2015; 5(4):496-517. doi: 10.3390/bs5040496; Dayan J, Olliac B. From hysteria and shell shock to posttraumatic stress disorder: Comments on psychoanalytic and neuropsychological approaches. *J Physiol Paris.* 2010; 104: 296-302

Dr Elizabeth Skinner is a Lecturer in the School of Nursing and Midwifery at the University of Technology Sydney. She is the co-founder of the Australasian Birth Trauma Association and is an expert on Birth Trauma.

IAN SMITH
LA TROBE UNIVERSITY

**Can the Power of Stories Influence Policy and Change Laws?
Exploring the Case of Retrospective removal of sperm and egg donor
anonymity in Victoria**

In 1984 Victoria was the first jurisdiction in the world to introduce laws to govern donor conception – a practice that had at that time been attracting growing medico-scientific attention. That legislation was driven by increasing attention to social and ethical issues arising from the use of donated gametes in assisted reproductive treatment. Fast forward to 2014/2016. Successive Victorian governments, of different political persuasions, enacted legislation which retrospectively removed the anonymity that had once been promised to sperm and egg donors. Victoria was once again a world-leader in making these radical changes. Thus far no other jurisdiction has followed Victoria's lead. The retrospective law reforms shifted the goal posts and changed the rules – decades after policy and legislation governing donor conception was first enacted. Changing the law retrospectively in this way is unusual. It sits uneasily with the principle that law should be able to be known to all, and that people can rely on the law as it is at the time that they act. In this presentation Ian Smith will speak about his research examining an instance of policy making where powerful human stories of lived experiences of – in particular – donor-conceived people worked to influence policy decision and change laws. Law makers in the Victorian Parliament were persuaded that people born as result of sperm or egg donation have a right to know their genetic identity – a right that outweighed past promises of anonymity made to sperm and egg donors. The question which this research seeks to answer is: why and how did this happen?

Ian Smith is a PhD candidate in the Law School at La Trobe University Australia. Ian's research is examining socio-political factors which influenced changes to policy and practice governing donor conception in Victoria, Australia. Ian is a former sperm donor, from the mid 1980's. He works actively to improve awareness and understanding of donor conception issues, and he actively facilitates connection and dialogue between donor conceived people and donors.

DR NATHANAËLLE SOLER
ECOLE DES HAUTES ETUDES EN SCIENCES
SOCIALES (PARIS)

The Legacy of Missionary Ethnology and the Birth of a racist New Caledonian Ethnopsychiatry in the 1960s

This paper describes the continuity between the knowledge produced by missionary ethnology in New Caledonia at the end of the 19th century and that of ethnopsychiatry which emerged in the 1960s in this territory. At that time, a desire for humanism and openness to other cultures ran through psychiatry throughout the world, giving rise to transcultural psychiatry. However, in New Caledonia, the first studies of ethnopsychiatry that focused on the Kanaks had the final effect of perpetuating racist mechanisms against them. In particular, by taking up the clichés of missionary ethnology, they perpetuated the idea of a fundamental maladjustment of the natives to city life - and therefore to psychiatric care. This paper critically analyses a corpus of epidemiological surveys and of articles written in scientific journals in the 1960s. It aims to shed light on the revival of racist clichés, and in particular on two themes: the first is that of the “mythical mentality”, taken from the missionary ethnologist Maurice Leenhardt; the second is that, more diffuse, of the maladjustment of the natives to a European city always described as full of “vices”, a theme in continuity with the idea of the “fatal impact” that was present in the writings of the first missionaries. Finally, I will show how these theorisations echo the racism of New Caledonian society and support the opposition to the independent claims that were emerging at the time.

Nathanaëlle Soler is an early-career medical anthropologist from New Caledonia and is affiliated with the Centre d'études des mouvements sociaux, Ecole des Hautes Etudes en Sciences Sociales (Paris). Her research is concerned with examining traces of colonialism within experiences of mental disorders and their care in New Caledonia and in the French colonial empire. Thematically her work is situated at the intersection of Medical Anthropology, Historical Anthropology and Colonialism Studies.

**HON. ASSOCIATE PROFESSOR
CATHERINE STOREY
THE UNIVERSITY OF SYDNEY**

Off to a Flying Start. Wilson Ingram, an Early Champion for the Use of Insulin and its Introduction to Royal North Shore Hospital, Sydney

In 1920, William Wilson Ingram (1888-1982), a Scottish medical graduate, arrived in Sydney. Here he took up a position as the Honorary Pathologist at the Royal North Shore Hospital of Sydney (RNSH), then a hospital of 100 beds. In 1923, Thomas Rofe, who had recently lost his only son to diabetes, donated £5000 to launch the Institute of Pathological Research of NSW (IPR), based on the Lister Institute of London. Although the Institute (the forerunner of the Kolling Institute) was an initiative of the NSW Government, this opened in an old workman's cottage in the grounds of RNSH with Wilson Ingram as Director and diabetes a focus of research activity. Following the discovery of 'insulin' in 1921, Ingram was very keen to establish a diabetic service at RNSH. With no supplies as yet available in Sydney, in July 1923, Ingram employed two Sydney graduates, Drs Elsie Dalyell and Beatrice Durie, to manufacture Insulin locally, similar to the University of Adelaide. In between expeditions to Antarctica with Douglas Mawson, and a sabbatical year spent with Hugh McLean, one of the leading British diabetologists, Ingram established the first Diabetic Clinic in NSW at RNSH. He published very popular pamphlets with comprehensive dietary advice and a popular text, *The diagnosis and treatment of Diabetes* (1933). The weighing scales, featured in his text, became a constant feature on the dining tables of all people with diabetes in those early days.

Cate Storey is a retired neurologist who spent her professional life at the Royal North Shore Hospital of Sydney, where she is now the Honorary Archivist. In this, the centenary year of the discovery of Insulin, she has co-curated an exhibition for the Royal Australasian College of Physicians to celebrate this event.

**RICHARD TRAVERS
INDEPENDENT SCHOLAR**

The Development of Compound Analgesic Use in Australia - the Influence of War and the Influenza Pandemic

In 1917 a compound analgesic containing aspirin, phenacetin and caffeine (APC) was introduced at the Royal Prince Alfred Hospital in Sydney. It had been developed by Dr Harry Clayton to give better relief of moderate pain than had been available to him at Gallipoli. By that time aspirin was being manufactured in Melbourne by Shmith and Nicholls, the Bayer patent having been declared invalid in the British Commonwealth at the outset of the First World War. One of the pharmacists at RPAH, John Vincent, marketed 'Vincent's Powders' to the general public, just as the influenza pandemic arrived in Sydney. Subsequent aggressive marketing, and easy accessibility following the Sydney Chain Store Inquiry of 1937, helped the use of compound analgesics to become an accepted part of Australian life. Overseas supplies to Australia of two of the necessary drugs (phenacetin and caffeine) ceased with the German invasion of France and the Netherlands in June 1940. Beckers Pty Ltd, whose 'Bex' had been in direct competition with Vincent's since 1934, foresaw this and built a factory at Dudley Park, Adelaide to produce them by methods devised by Professor AK Macbeth. The plant also cooperated with the Medical Equipment Control Committee to produce sulphonamides. There were attempts to stop the abuse of APC from the 1960s onwards, most notably by Professor Priscilla Kincaid-Smith. Changes to legislation were, however, very slow when compared with the rapid responses to more recent health issues.

Dr Richard Travers OAM, FRACP, DHMSA is a Melbourne physician who has had a long involvement with the study of medical history; his extensive collection of books in this field is now at Monash University. He has written many historical papers on rheumatology and on aspects of medicine in Australia.

GEORGIA VALIS
THE UNIVERSITY OF SYDNEY

Violence, Immigration and Mental Health in Post-War Australia

Until fairly recently, the experience of culturally and linguistically diverse (CALD) communities in Australian psychiatric institutions during the post-war era had received little attention in histories of psychiatry. Recent interdisciplinary work by social and cultural historians have demonstrated that a focus on migration and resettlement processes in (post-)colonial national contexts is a productive strand of enquiry in the history of mental health. In this paper I examine the role and experience of violence for migrants and people of non-English speaking backgrounds (NESB) in post-war Australian psychiatric institutions. There is a growing body of literature that analyses the relationship between migration, trauma, and mental health for ethnic and cultural populations, including some new and emerging communities in Australia, though few cover resettled communities in Australia after the 1950s. Studies in migration and resettlement, and transcultural and comparative psychiatry, have shown that the confinement of people of NESB within colonial social institutions was a qualitatively different experience than that of Australian-born settlers. For these reasons I argue that historicising the experience of CALD communities in Australian psychiatric institutions and writing cultural identity back into our histories is an important step for accurate and comprehensive histories of mental health.

Georgia Valis is an Honours student in the School of History and Philosophy of Science at the University of Sydney.

MICHELLE WALKER
UNIVERSITY OF OTAGO

Assessing New Zealand's Karitane Hospitals as Sites of Mental Illness Support for New Mothers, 1907-1980

Karitane Hospitals were an important health care innovation in the early twentieth century in New Zealand. The hospitals were established as a wing of the New Zealand infant welfare society, Plunket Society. They were intended to ensure babies survived infancy and thrived to become healthy citizens. The first Karitane Hospital opened in 1907 as a dietetic institution to care for infants in Otago, with five more hospitals set up throughout New Zealand. They met the demands mostly of European families and to a limited extent supported Māori and Pacific Island families. Strict admission policies meant babies with malnourishment and feeding troubles were predominantly cared for rather than those presenting with surgical and physical health concerns. The slogan of Karitane Hospitals and of Plunket Society was 'to save the babies and help the mothers.' To 'help the mothers' has typically been understood as assisting mothers to save their child/ren. In this paper I will show that the hospitals were also sites of support for mentally unwell mothers, a secondary and perhaps unexpected outcome. Analysis of the Karitane Hospital and Plunket Society archives reveals that many families used the hospitals to care for their infants while mothers received a range of treatments for mental illness related to childbirth. I will also discuss the circumstances and consequences of the disestablishment of the hospitals by 1980, which left a gap in health care for New Zealand women and families.

Michelle Walker is a second year PhD candidate in History and Preventive and Social Medicine at the University of Otago, researching mental illness related to childbirth, motherhood, and medicine in New Zealand society, 1860-1980. Her MA on the Waiata Maori Choir (2012) examined connections between Māori, Methodism, and music. Her outputs include two books, a *History of the Brighton Surf Life Saving Club* (2010) and a *Golden Jubilee History of Dunstan High School* (2012), and an article from her MA published in *Journal of New Zealand Studies* (2013). Her research areas include medical, psychiatric, public health, and music history. ORCID: 0000-0001-9658-7640

**DR ANN WESTMORE
UNIVERSITY OF MELBOURNE**

**A Well-Orchestrated Plan for Mental Health Reform. What Did it Achieve?
Where Did it Fail?**

Mental health reform remains a major objective in 2021 for those personally affected by mental illness and for social and political activists, just as it was in the early twentieth century when the Victorian Parliament passed the Lunacy Act 1903. The Act was the culmination of years of work both behind the scenes and in the corridors of power, and in many ways offers a template for achieving lasting change. It provided Victoria with the legislative framework to dramatically improve its care of patients with debilitating mental illness. In particular, it paved the way for the introduction of receiving houses where the nature and severity of mental health problems could be ascertained, voluntary admission enabling patients to enter mental hospitals on their own volition, and licensed private mental homes that operated under strict administrative oversight. With these and other changes, Victoria pole-vaulted its way from one of the worst performers among the Australian states in mental health care to one of the best over the course of several decades. However before improvements took effect, key activists who had high hopes of rapid, system-wide reform, were despondent. By following the efforts of strategic thinkers and change agents involved in the breakthrough legislation including Drs John Springthorpe, John Fishbourne and William Mullen, this paper provides an historical perspective in seeking to answer the question: What does meaningful mental health reform look like?

Ann Westmore PhD is an award-winning writer and historian of medicine. She has researched and written extensively on the history of psychiatry in Victoria, gaining her PhD for a thesis titled 'Mind, Mania and Science: Psychiatry and the Culture of Experiment in Mid-Twentieth Century Victoria'. She subsequently co-authored with psychiatrist, Greg de Moore, *Finding Sanity: John Cade, Lithium and the Taming of Bipolar Disorder* (Sydney: Allen and Unwin, 2016). She is an honorary fellow in the University of Melbourne School of Population and Global Health and is currently completing a co-authored history of psychiatry in Victoria in the twentieth century.

RICHARD WHITE
THE UNIVERSITY OF SYDNEY

**Three Outstanding Psychiatrist-Administrators of New South Wales—
Frederick Norton Manning (1839-1903), Eric Sinclair (1860-1925) and Bill
Barclay (1930-2020)**

This presentation examines the elements required for a successful career as a senior psychiatrist-administrator. The careers of three outstanding leaders of the mental health service of New South Wales will be considered. The times favoured each of them and each had special talents. Frederic Norton Manning was born in England, in Northampton, in 1839. In 1868 he became Medical Superintendent of Tarban Creek Lunatic Asylum. As the first Inspector-General of the Insane for NSW, between 1876 and 1898 he created an exemplary mental asylum system in NSW. Eric Sinclair was born in 1860 near Glasgow. As the second Inspector-General of the Insane, he made it possible to be voluntarily admitted to mental hospitals, established Broughton Hall Special Hospital and was instrumental in the creation of the Chair of Psychiatry at the University of Sydney and in the appointment of its first Professor Sir John Macpherson. He created a foothold for psychiatry in the general hospitals of NSW. Bill Barclay, the son of a furniture maker, was born in 1930 in Coogee, NSW. He was educated in public schools and the University of Sydney. In 1961 Barclay became the Acting Director of the mental health service of NSW. He was responsible, inter alia, for initiating the movement of acute psychiatric services out of the mental hospitals and the creation of community-oriented mental health services that were initially based in general hospitals.

Dr Richard T White is a PhD candidate in the School for the History and Philosophy of Science at the University of Sydney, where he is researching the history of general hospital psychiatry in New South Wales. Between 1970 and 2017 he was a consultant psychiatrist in mental hospitals, private practice, and general hospitals, including a period as Acting Director or Director of Psychiatry at the Royal Prince Alfred Hospital.

DR GORDON WHYTE
MONASH UNIVERSITY

How Antonio Benivieni (1443-1502) Reconfigured Questions About the Causation of Disease

Medieval physicians were expected to be philosophers first and medical craftsmen after, proving their knowledge through disputation. But in the late fifteenth century, Antonio Benivieni (1443-1502), a physician and philosopher and a friend of the intellectual leaders of Florence, told medical stories as verifiable vignettes. He was a student of Aristotle's posterior analytics and seems to have been aware of the limitations of Avicenna and Haly Abas. Benivieni's explicit intention was to stimulate questions about the causes of intriguing diseases, in contrast to the conventional *Consilia*, which offered almost syllogistic recipes for managing a diseased patient according to authoritative dogma and opinion. I suggest that Benivieni offers a different perspective on the influence of the humanist renaissance in Florence on the medical renaissance of the sixteenth century, usually epitomised by Andreas Vesalius and Niccolo Leoniceno. Benivieni used stories of the real world to stimulate debate rather than trying to fit the observed world to the dogmas of authoritative texts.

Gordon completed a Masters in History at Monash in 2014 on 'The Transformation of Medicine at Salerno, 1050-1200' and undertook a PhD in the area of medical practice and theory in late fifteenth-century Florence and Bologna. He is a retired Haematologist and Medical Educator with experience in Australia and internationally in both fields.

ROGER WILKINSON INDEPENDENT SCHOLAR

John Francis Wilkinson (1864-1935) and the Introduction of Insulin into Australia 1921-22

On the evening of the 22nd of September 1922, Dr. McLeod, the secretary, of the University of Toronto's Insulin Committee brought to the notice of the Committee that a Dr. John Wilkinson of Melbourne had called on him with a view to gaining permission for insulin to be manufactured in Australia. The meeting of the same Committee on the 19th of October written requests were received from Wilkinson and Professor Brailsford Robertson of Adelaide. Wilkinson, the foremost authority in Australia on Diabetes, had suggested the Commonwealth Serum Laboratories (CSL) for the manufacture while Robertson asked permission and details to make insulin in his own laboratories. Negotiations followed with CSL and Robertson was given his permission. Using Robertson's preparations Dr. Constantine Trent Champion de Crespigny (1882-1952) was the first to use Insulin in quantity in Australia in January 1923. Wilkinson was given the early doses from CSL to use in March 1923. There were violent objections to the use of insulin in some medical quarters. The retention of potency under Australian conditions was questioned. The initial cost was a concerning factor. The benefits however proved outstandingly successful as demonstrated by Wilkinson, de Crespigny and many other physicians. Diabetes Mellitus ceased to be the harbinger of a diminished quality of life and reduced life span that it had been with only diet as a treatment as outlined by Wilkinson in his pivotal lectures in July 1923.

Roger Wilkinson is a retired cardiologist. He continues to research and write on the life and times of his great uncle, John Francis Wilkinson. He maintains his historical research interests in the doctors and medicines in polar expeditions pre-1920. And he continues to explore the history of his discipline.

HON. ASSOCIATE PROFESSOR BEVERLY WOOD
& DR EFFIE KARAGEORGOS
DEAKIN UNIVERSITY
THE UNIVERSITY OF NEWCASTLE

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

Less than two years before Australian Federation, colonial enlistment began for volunteers to the South African War. Australian soldiers who fought in South Africa are described within the historical literature as fit and healthy, especially in comparison with British 'Tommies'. Colonial troops wrote frequently of the superior physical condition of the Australians in their personal records from South Africa. This paper examines these claims by investigating the demographic and anthropometric data on enlistment and discharge of 279 men who fought in the 1st and 3rd Queensland Contingents in South Africa. General health was represented by height, weight and a fitness test comprising chest circumference difference on expiration and inspiration. In South Africa, the food, cooking equipment and other supplies were carried in wagons which followed the men on horseback. Regular Australian rations were tinned bully beef and hard tack biscuits, which were not intended to sustain them. The soldiers carried all that they required on their horse, which included one Emergency Ration pack. Their diet was by no means adequate in nutrients but it provided sufficient energy, mainly through their ability to scout the terrain and to access additional food supplies by scavenging and looting. Anthropometric analysis reveals that despite these privations, Australian soldiers returned home fit and with slightly better nutritional status than on enlistment. This confirms the claims of health sent in letters home to mothers and wives from the battlefield, and provides some backing to the legendary public perception of Australian servicemen as 'athletic, tall and unbeatable'.

Beverley Wood is Honorary Associate Professor in the Faculty of Health at Deakin University in Melbourne. She is interested in the historical records of Australia which provide information on food, nutrition and health.

Effie Karageorgos is a Lecturer in History at the University of Newcastle. Her research is in the social history of war, and specifically histories of masculinity and trauma. Her monograph *Australian Soldiers in South Africa and Vietnam: Words from the Battlefield*, was published in March 2016.

PROFESSOR EMERITUS NEVILLE YEOMANS THE UNIVERSITY OF MELBOURNE

***Phthisis pulmonales* and Other Misadventures: Early Mortality of Immigrant Doctors in Colonial Victoria**

Between 1859 and 1900, 1447 overseas-trained doctors were registered by the Medical Board of Victoria. This paper concerns the seventy-five (9.5% of deaths in the period) who died within three years of registration. From death certificates and coronial inquests, the cause of death was determined, although sometimes the author amended it based on evidence by deponents. Those that died soon after arrival were young (median 33 years) – not surprisingly, since most arrived within ten years of qualifying (nearly all from Great Britain). The largest group (28%) died from tuberculosis, at a mean age of 31 years. Between 1871–1890, their annual tuberculosis mortality was calculated as 537/100,000, more than twice that of the corresponding age-group in the colony as a whole.¹ There is evidence that at least some had the infection before they left Britain, and probably had followed advice that a long sea voyage and the Victorian climate might help them recover.² The second largest group died by suicide, all but one of whom was single. It was about that time that Émile Durkheim identified being unmarried as a risk factor for male suicide.³ Loneliness and alcoholism in a strange land seem likely to have contributed to this second ‘epidemic’.

¹ Henry Haylyn Hayter, *Victorian Year Book for 1879–80* (Melbourne: Government Printer, 1880).

² S Dougan Bird, *On Australasian Climates and Their Influence on the Prevention and Arrest of Pulmonary Consumption* (London: Longman [etc.], 1863); Linda Bryder, "A Health Resort for Consumptives': Tuberculosis and Immigration to New Zealand, 1880–1914," *Medical History* 40, no. 4 (1996).

³ Émile Durkheim, *Le Suicide: Étude de Sociologie* (Paris: Félix Alcan, 1897).

Neville Yeomans is a gastroenterologist, and Professor Emeritus of Medicine at Universities of Melbourne and Western Sydney. His interest in medical immigration started from examining IMGs for his College and the AMC, and now as a Board director of a rural health service critically dependent on the contributions of immigrant doctors. He is enrolled at Melbourne in a PhD on the history of medical immigration to Australia, 1778–2020.

ASHA ZAPPA

WAYAHEAD & THE UNIVERSITY OF SYDNEY

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

Mad Pride is an international movement that directly challenges mental health prejudice through celebration. This often takes the form of creative projects, including, in Australia, Mad Pride concerts. In this presentation, I will explore the ways the consumer/survivor/ex-patient movement has used creativity to de-stigmatise mental illness, and positively influence the understanding of mental health within mental health systems. As truly consumer-led initiatives, projects such as Mad Pride have enabled consumers to take control of narratives around mental illness, and re-situated the power away from the medical-model-informed view of creative pursuits of people with mental illness as “outsider” (e.g. “outsider art”) toward community empowerment. These events and projects also break down barriers between what is “art” and what is “medicine”, challenging traditional hierarchies of knowledge. In this presentation, I will present information from the ARC-funded History of Community Mental Health in Australia research project (University of Sydney), drawing on interviews with consumers, medical and other health professionals, and researchers. The research project has interviewed over 40 people involved in the development of community mental health in Australia. The presentation will explore the history of the Mad Pride movement in Australia, and the way creativity has played a role in the consumer/survivor/ex-patient movement, with particular focus on the way that celebratory events - such as concerts and art exhibitions - can strengthen the impact of the movement. The presentation will explore the experiences of people involved in these activities, including the originators of Mad Pride in Australia, and the way that these activities influenced and supported their work in consumer advocacy. I will also explore ways that creative approaches to the consumer/survivor/ex-patient movement can inform understandings of mental health, and how it has influenced the medical field.

Asha Zappa (they/them) is an Art Therapist, researcher, and lived experience advocate. Currently working as a mental health promotion and program manager for WayAhead, Asha believes firmly in the importance of centring people with lived experience in all aspects of mental health care. Asha’s research focuses on Art Therapy with sexuality and gender diverse people, and they are part of the consumer research team working on the History of Community Mental Health project at the University of Sydney. As a lived experience advocate, Asha has an interest in systemically embedded prejudice and stigma, as well as accessibility with regards to mental health. Asha coordinates the Mardi Gras Mad Pride concerts and has been a performer since birth.