



# Medical History

## Newsletter

AUSTRALIAN AND NEW ZEALAND SOCIETY OF THE HISTORY OF MEDICINE INC

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### THE PRESIDENT'S PAGE

In the past few months, and especially in recent weeks, the histories of health and medicine have once again been prominent in public life. With the global pandemic of COVID-19, we have witnessed firsthand the unfolding of enormous social, political and economic global change, something which all of us had only read about in the documenting of the global influenza pandemic of 1918-19. Historians in our own community, as well as around the world, have been celebrated as expert commentators, sought after for their insight into the social and medical dimensions of pandemics.

With the different nations in our global context taking different approaches to managing population health, we have also been in a dramatic and interesting moment as individuals and historians: watching physical and social restrictions play out, daily reports of the rates of infection, treatment and testing regimes, the roles of medical officers and public health officials, nursing and frontline medical staff, and the rising awareness of the daily toil of health workers and their exposure to disease. We have heard discussions of access to Personal Protective Equipment (PPE), ventilators and respirators, and also facemasks as everyday apparel.

Some of these contributions are highlighted in this newsletter but among my favourites, the American Association for the History of Medicine held an important zoom webinar 8-9 May 2020 focused on 'Epidemic history, COVID-19, and the Future of Health'. Professor Warwick Anderson (University of Sydney) was interviewed on US National Public Radio WBUR on 30 April 2020. Dr Peter Hobbins (Member of Council) has appeared on television talking about the 1918-19 flu pandemic, and many others in our midst have made other contributions to public commentary. If you have been involved in any of this effort, please let us know so that we can celebrate your contributions.

Like everyone, my own witnessing of this has brought aspects of my professional interest in the histories of illness, disease, health and medicine to life in new ways. But it has also had far more

serious and deeper implications for academic research and education, problems which many of us are grappling with such as loss of travel time, conferences interrupted, and additional difficulties for our research higher degree students. We acknowledge all of that for our membership.

Our nurses, doctors and healthcare workers are so vital to our wider community and we extend our thanks to them for their work. One of the most significant impacts we have experienced as a trans-Tasman community is in our aged care communities. We offer our compassion to all those affected by the stress and strain of this pandemic including those who may have lost relatives or friends to the virus. On a brighter note, many of us will be thankful we live in this part of the world, with interesting subtle distinctions between states in Australia, and between Australia and New Zealand in terms of public health.

The meeting of the ANZSHM Council will take place in July, with the Annual General Meeting date to be advised, but it will take place before 31 August 2020. Both meetings will be held virtually using zoom.

In this issue of the newsletter, you will also find the Call for Papers for the ANZSHM Conference to be held in Newcastle in July 2021.

Wishing you all health and strength for the months ahead.

**Catharine Coleborne**  
**Cathy.Coleborne@newcastle.edu.au**



# **ANZSHM Biennial Conference, 7-10 July 2021 Innovation in Health and Medicine University of Newcastle, Australia**

## **Call for Papers**

We invite scholars working on social and cultural histories of health and medicine to contribute papers that specifically address past, present or future innovation. In the ANZSHM's first conference since the 2020 COVID-19 global pandemic, we particularly encourage papers that address urgency and innovation related to the identification, diagnosis and management of disease in a transnational context, the health implications of climate change and environmental modification, indigenous health or the intersection of health and medicine with social issues. We are also interested to encourage dialogue between practitioners and historians where possible.



Other topics broadly related to the central theme might include:

- Medicine in public life and policy
- Healthcare and heritage
- Museums and the body
- Histories of diabetes and its treatments, including insulin
- Indigenous health and medicine
- Gender and sexualities in health
- Historical methodologies and practices (including nursing histories, hospital histories, and community health)
- The future of medical humanities
- Epidemics, pandemics and vaccines in history
- Telemedicine and other health communication technologies
- Medicine and technology
- Histories of disability
- Planetary health
- Trauma and resilience

The conference will feature three invited international keynote speakers, two plenary speakers/panels, and a Witness seminar marking the centenary of the discovery of insulin, situating it in the changing cultural, health and medical environments of the past century.

We seek papers (20 minutes) and panels from all periods and regions that address these themes. We particularly welcome submissions that highlight inclusivity and diversity. Submissions from scholars across the range of career stages are welcome, especially from postgraduate and early career researchers. ANZSHM offers competitive travel grants to postgraduate students.

Proposals for papers should be in a single Word document, including 250-word abstract and a short CV/biographical statement. Panel proposals (3 papers) are also welcomed, and should include the same information plus a statement of the panel's aims.

Send all proposals to [ANZSHM2021@newcastle.edu.au](mailto:ANZSHM2021@newcastle.edu.au) by Monday 28 September 2020 with confirmation of outcomes by 1 November 2020. Registrations will open in February 2021 and a final conference program should be available at least one month before the conference.

## MEMBERS' NEWS

### Welcome!

Michelle Bootcov NSW  
Effie Garageorgos NSW

## ISHM NOTES

There has been a recent announcement by the Riga conference organising committee which I reproduce below.

'After carefully evaluating the development of the COVID-19 pandemic we approached the ISHM Executive Bureau with the proposal to change the dates for the 47<sup>th</sup> ISHM Congress in Riga to August 23-27, 2021 and got the approval. We believe most attendees, speakers and sponsors are willing to commit to the new dates and we will try to keep changes to the planned program to a minimum. All accepted abstracts will maintain their status and don't need to be re-submitted. We will extend already existed topic 'Environmental Disasters' to 'Environmental Disasters and Pandemics in the History of Medicine', and open submission for new abstracts at a later date. To facilitate book keeping and minimise banking transactions, all registrations will be converted automatically to the new date.'

No decision has yet been taken on the preceding 1<sup>st</sup> ISHM Summer School on the History of Medicine but this too is likely to be postponed rather than cancelled.

For those who have already made hotel and flight bookings, many hotels and airlines are providing favourable arrangements for cancellations or deferrals owing to the COVID-19 disruptions.

**Brian Reid**  
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## NSW BRANCH NEWS

### Activities planned for 2020!

The newly-elected Committee met recently and have planned for a suite of activities to be held in 2020. These will be talks that, due to COVID-19, will be offered via ZOOM.

Dr Kirsty Short, an Australia Research Council DECRA fellow in the School of Chemistry and Molecular Biosciences at the University of

Queensland, will deliver the first talk, entitled 'The more things change the more they stay the same: influenza and COVID-19' on Wednesday 10 June at 6.30 pm. This will be available to all ANZSHM members with ZOOM access, and there will be an opportunity to ask questions.

At present the time slot is tentative, but we expect it will occur on Wednesday 10 June at 6.30 pm.

Dr Short is no stranger to NSW Branch members, having been our stellar speaker at the 2019 Ben Haneman Memorial Lecture at the State Library of NSW, where she discussed the factors that contributed to the severity of the 1918-19 pandemic and what this meant for modern pandemic preparedness. Little did we know that we'd be living in a pandemic merely months later.

Please support the NSW branch, each other, and this stimulating free event! We will send on the exact details and a link to access the talk closer to the date.

**Vanessa Witton**  
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## EDITOR'S COLUMN

Contributions to the Newsletter are always welcome. The next deadline for copy is 15 August 2020. Copy should be sent to the editor, Derek A Dow at [d.dow@auckland.ac.nz](mailto:d.dow@auckland.ac.nz).

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## AMPI NEWS

### **Tares among the wheat: registration of unqualified doctors in the Australian colonies**

For fifty years after settlement in Australia, private medical practice was largely unregulated. All the doctors were immigrants, mostly trained in the United Kingdom, where medical practice was governed by over a dozen separate licensing bodies for physicians, surgeons, and apothecaries. This complex historical system could not be replicated in Australia, and it was some time before the colonial governments took action to control medical practice within their own borders.

Permanent medical boards to regulate professional practice were progressively established in the colonies between 1838 (NSW) and 1869 (WA). Each board operated under local legislation that specified a standard list of registrable qualifications, including diplomas from the various Royal Colleges of Physicians or Surgeons, licences from the apothecaries' societies in London or Dublin, university degrees in medicine or surgery, and employment as a surgeon in the army or navy.

The colonial medical boards were necessarily conservative in operation, as their enabling legislation could not be at variance with UK law. This principle was eventually enshrined in the 1858 Act establishing modern medical registration in the UK, which stated: 'Every person registered under this Act shall be entitled to practice in any part of Her Majesty's dominions.'

From the beginning of registration in Australia, doctors who were legally qualified in the UK simply presented their diplomas to the relevant colonial medical board and were registered. In the Port Phillip District, under New South Wales law, a local register was maintained from 1844, and was continued by the new Victorian board from 1851. In Queensland at separation, doctors already registered under the New South Wales law were enrolled without further proof of qualification.

Although legally qualified medical practitioners included, by definition, doctors who were trained and examined according to standards set by the British army and navy, this criterion was rarely applied in Australia. Only a dozen men were registered purely on the strength of employment as naval or military surgeons, all in New South Wales in the 1840s.

The gold standard of colonial general practice,

judging by the medical registers, was the surgical diploma. A diploma of the English, Scottish or Irish Royal Colleges of Surgeons is cited in three-quarters of all Australian registrations up to 1875. In two-thirds of those (half of all registrations) it was combined with a medical diploma such as LSA, LRCP or MD.

The only exceptions to the general principle of registering legally qualified doctors were found in 'grandfather' clauses in some of the medical Acts. These enabled doctors who had no legal qualifications but were already in colonial practice when the Acts were passed, to be registered under certain conditions. Eleven doctors were registered as 'grandfathers' in Victoria (1862-5) and eight in WA (1870). All were unqualified except for John Sampson, LSA 1835, who had been transported to WA following a conviction for forgery in 1857.

Over two thousand doctors were registered by the colonial medical boards in the period covered by AMPI data. Only about a dozen cases are known of legally unqualified doctors being registered in error (although a few more may be suspected). This was a notable achievement, especially considering the 13,000 miles of ocean separating the boards from the licensing bodies 'at home'.

Several doctors were registered with forged diplomas, or with diplomas belonging to doctors still in England whom they impersonated in the colonies. Horace Dean, an individual so duplicitous that he was awarded an entry in the *Australian Dictionary of Biography*, successfully registered in South Australia in 1850 using a false name and forged diploma. In Victoria, JK Parsons presented an obviously mutilated diploma, was threatened with prosecution, and fled to New South Wales. On other occasions, however, the boards merely suspected fraud and prudently rejected the application, as in the case of GF Thomas, also in Victoria, whose diploma had 'an unusual appearance'.

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### **Very clever in his profession: unqualified men in New Zealand**

Like other British colonies, New Zealand was home to a number of unqualified and unregistered medical practitioners in the second half of the nineteenth century.

John Hildebrand, the son of an English vicar, appeared as a 'medical man' on the Wairarapa

electoral roll from 1854-7 and described himself as a doctor of medicine on his wife's probate papers in 1870. There appears to be considerable doubt about this claim.

In 1868 a coroner's court heard that Hildebrand was 'beastly drunk' while attending a confinement where the mother died. Dr John Smith stated Hildebrand had been practising for some 16 years but he did not know if Hildebrand possessed a formal qualification, which Smith believed to be essential for competence; he also expressed ignorance of the fact men in practice pre-1857 could obtain registration without a diploma or degree.

The coroner's jurors were less charitable in stating Hildebrand was not qualified in terms of the 1867 Medical Practitioner's Act and they considered he was 'not a proper person being an habitual drunkard to practice the medical profession'. There is no evidence that Hildebrand was sanctioned over his conduct and the *Wellington Independent* recorded that Smith called him in to consult on a severe accident case in October 1871.

Hildebrand was not alone in exploiting the 'grandfather' clause referred to in Stephen Due's column. Henry Richards disembarked at Lyttelton Harbour in 1850 with his brother, apparently after their father, who had purchased land from the Canterbury Association, banished them to the colonies.

Although Henry claimed to have completed three years of medical study he never qualified. Shunned by Christchurch's medical fraternity in 1860, three years later he placed an advert in the press declining 'all professional attendance whatever'. Despite this, he described himself as a doctor of medicine in his will in 1886.

The 1860s gold rush attracted many supposed doctors. Johann Rockstrow, for example, a German medical student who did not complete his studies, arrived in New Zealand from the Australian goldfields in 1865. Despite the absence of qualifications he advertised in the local papers as 'Dr Rockstrow'. In 1868, while employed at Westport Hospital, he was convicted of assaulting a former wardsman and fined £5.

Five years later Rockstrow was appointed as a Native medical attendant in the Manawatu. In 1880, however, he was fined £25 for falsely claiming the title of 'Doctor'. The judge explained that he would not impose the maximum fine of £50 because of Rockstrow's long residence in the Manawatu, even offering to assist the defendant 'in every way in our power' if he elected to appeal his conviction.

Unrepentant to the last, Rockstrow described himself in his 1910 will as a 'surgeon', a description repeated in the court papers when he died in 1913.

The need for medical attendance during the New Zealand Wars of the 1860s saw a number of unregistered individuals slip through the net. TW Gudgeon, the biographer of those colonists 'who distinguished themselves in upholding Her Majesty's supremacy in these islands' said of Surgeon Samuel Walker that 'He was very clever in his profession, although he had not allowed himself time to pass his degrees'.

William Brown, another 1860s Armed Constabulary surgeon claimed at the time that he had lost his diploma – a common ruse by unqualified colonial practitioners. By 1874 Brown had succumbed to the bottle and was sentenced to three months' hard labour for obtaining goods under false pretences. No sooner had he been released than he was convicted of breaching the Medical Registration Act and fined £5, with the judge expressing surprise that he had ever been appointed as a surgeon.

Despite such salutary warnings, many unqualified men continued to call themselves 'doctor', a practice condoned by the New Zealand press which was all too ready to accord them this honorific.

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

In May 1995 MHA reported the demise of Frank Forster (1923-95), one of the founders of our Society and, if memory serves me, the first to die.

President Geoff Kenny, another of those who brought the ASHM into existence, noted that tributes would appear elsewhere in the newsletter; Bryan Gandevia and Harold Attwood duly obliged at length in the August issue.

We owe a lasting debt to Frank Forster, for during his second term as president (1980-2) of what is now Medical History Society of Victoria, he initiated and edited the MHA newsletter.

Recognition of his achievements by the *Australian Dictionary of Biography* came only in 2019, when our former president Di Tibbits, charted the life of this renowned 'obstetrician, gynaecologist, and medical historian'.

## WOMEN'S MUSEUM OF AUSTRALIA AND OLD GAOL ALICE SPRINGS

Readers interested in Australian women's pioneering achievements in medicine, nursing, science, health and academia may like to visit the *Women's Museum of Australia* next time they head to Alice Springs. Formerly the *Australian Pioneer Women's Hall of Fame*, since 1993 it has operated as a public museum, now on the site of the former HM Gaol and Labour Prison Alice Springs. The Old Gaol is heritage listed and in 2019 the museum was renamed the Women's Museum of Australia. This not-for-profit organisation receives ongoing support from the Northern Territory Government, Federal Government, Tourism NT, and sponsors. But of course it could not exist without the considerable support of its knowledgeable local volunteers.

Holding over 2500 objects relating to women's history in Australia, the museum documents and celebrates the achievements of women in many fields through exhibitions both physical and virtual, and via its archives, library, education programs and events. The Museum currently has two exhibition halls, with the former cellblocks preserved for visitor exploration.

The *HerStory Archive* is a physical archive of photographs, documents, audio recordings, correspondence and ephemera, which is slowly being presented online. The online *HerStory Archive* contains entries on over 1500 women 'firsts' which can be searched by clicking on the tabs: Profession, Location, Exhibition, Aboriginal and Torres Strait Islanders. It draws from the Museum's permanent exhibition *Ordinary Women, Extraordinary Lives: First in their Field*.



*Dame Constance D'Arcy (1879-1950, obstetrician and gynaecologist.*

Women occupying the spheres of medicine/health and academia from earlier eras such as Constance D'Arcy sit alongside contemporary figures like Jo Barker, who, as well as her collection of firsts, succeeded in having occupational therapy acknowledged as a sphere and profession of importance.

There are entries on lesser known women like Katie Ardill, the first woman to be

appointed a divisional surgeon in NSW, and Marie Bashir whose involvements in the fields of psychiatry, Indigenous health, and the community are already well documented.

But there are also entries on women who deserve to be better known, particularly Virginia Wykes, a descendant of the Goonoo people of western NSW. She is believed to be the first Aboriginal woman to gain her Private Pilot's Licence (Cessna 150) in 1982, and served for 26 years as a registered nurse at the Yeoval hospital, NSW.

Entries on Indigenous twins Marlene and Marilyn Kong, the first to graduate with a Bachelor of Medicine from the University of Sydney in 1998, and Kim Isaacs, the first Yawuru and Kalapirri person to become a doctor in 2007, are inspirational.



*Marilyn and Marlene Kong with their brother Kelvin, Australia's first Aboriginal surgeon.*

This small museum really punches above its weight, and has partnered with Alice Springs radio station 102.1 8CCC FM to create a series to promote Australian women's contributions to history. Its onsite shop sells locally designed jewellery, children's gifts, books about notable women, and handmade products by the prisoners at the Alice Springs Correctional Centre. Due to COVID-19 government restrictions, the museum is currently not open to visitors, but in the meantime why not check it out online!

Website: <https://wmoa.com.au/>

**Email:** [operations@pioneerwomen.com.au](mailto:operations@pioneerwomen.com.au)

**Location:** 2 Stuart Terrace Alice Springs. Near the town centre and close walking distance to the Royal Flying Doctor Service in the heart of the Alice Springs Heritage Precinct

**Open:** 10 am - 5 pm, 7 days from April to December 2020

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## JOURNAL WATCH

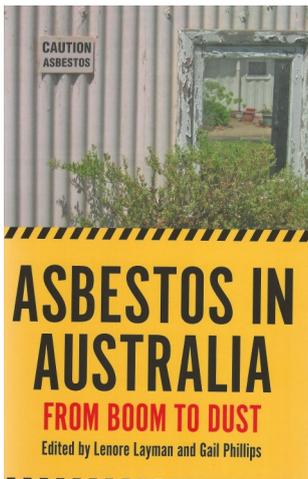
Linda Bryder, 'Challenging New Zealand's icon, Sir Frederic Truby King', *Social History of Medicine*, 33.1, February 2020, 201–23, <https://doi-org.ezproxy.auckland.ac.nz/10.1093/shm/hky051>

Over time Truby King and his childrearing advice have been the subject of severe criticism from, amongst others, 1930s paediatricians, 1950s psychologists, and social historians from the 1970s. This article examines these challenges and revisits King's childrearing manuals to test assumptions about his advice to parents.

E Jeanne Harris, 'Health concerns and remedies in 19th-century Parramatta: a look at patent and proprietary medicines', *Australasian Historical Archaeology*, 37, 2019, 26–36.

## BOOK NOTICES

Lenore Layman & Gail Phillips (eds), *Asbestos in Australia: from boom to dust*, Monash University Publishing, 2019, xviii + 346pp. \$39.95.



Many readers will remember the witness seminar on asbestos-related disease at the 2009 ANZSHM biennial conference in Perth, acknowledged by the editors of *Asbestos in Australia* as one of 2 multi-disciplinary collaborations which resulted in this volume.

The text is organised in six distinct sections, comprising the rise

and fall of the industry, asbestos-related disease, the impact on particular communities, battles for compensation, the industry's 'lingering legacy', and witness stories from 7 individuals, some of whom were interviewed as far back as the mid-1980s. The book is dedicated to the victims who, in the words of the editors, reveal 'the human cost of an Australian tragedy'.

Alexia Moncrieff, *Expertise, authority and control: The Australian Army Medical Corps in the First World War*, Cambridge University Press 2020, xvii + 220pp. \$59.95AUD.

There have been numerous publications in recent years on Australasian contributions to medicine in WW1 but this is the first major study of the AAMC for more than 70 years and is part of the Australian Army history series edited by

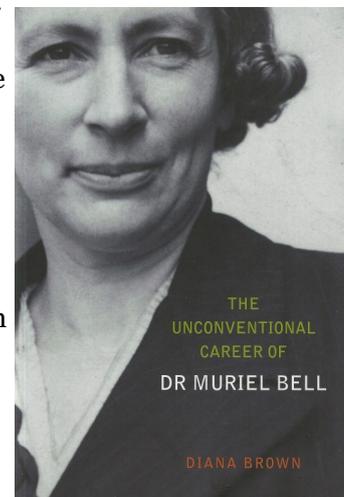
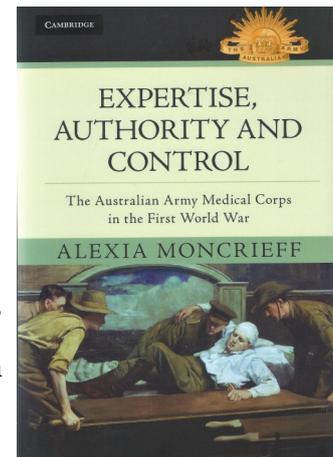
Professor Peter Stanley of UNSW. Its author, an ANZSHM member though currently based in Leeds, England, as a postdoctoral fellow, graduated with qualifications in both history and psychology before completing the PhD thesis on which this book is based at the University of Adelaide in 2017.

Moncrieff examines the intersection of war, medicine, gender and empire in three distinct spheres – the Gallipoli campaign, the Western Front, and the auxiliary hospitals set up in England to treat sick and wounded Australian soldiers. It also includes a detailed chapter on the prevention and treatment of venereal diseases, described in the chapter title as 'the most difficult problem'.

Diana Brown, *The unconventional career of Dr Muriel Bell*, Otago University Press, 2018, 184pp. \$NZ35.

Muriel Emma Bell (1898–1974) MB ChB NZ 1922 typified the importance of family connections in the evolution of the New Zealand medical profession. Her father acted as unqualified doctor and dentist to their remote South Island community, her older brother also qualified in medicine, two step-sisters became nurses, and a cousin was New Zealand's first DDS. Bell's career, however, was trail-blazing, as she made her mark as a medical scientist with a particular focus on nutrition.

Diana Brown's masterful biography had its origins in her 2000 BA research essay on goitre in New Zealand 1920–30, one of the topics which initially attracted Bell's interest. Her account of Bell's career is notable for the way in which she deftly explores the scientific, political and personal strands of her life, contextualising her work in both New Zealand and the UK, where Bell undertook postgraduate training in the 1920s and 1930s before returning home to head the country's Nutrition Research Department for more than two decades.



## Collecting COVID-19

Medical history has not proved immune to COVID-19, with many ANZSHM members called upon to compare the pandemic with the impact of pneumonic influenza or 'Spanish' flu in 1918–19. In addition to looking backwards, Australian collecting institutions have also been looking forward. Several state libraries have requested that community members either collect or document aspects of their personal response to the threat of infection and the impact of social restrictions.

The State Library of NSW, for instance, is collecting pandemic-related ephemera such as signage and flyers: <https://www.sl.nsw.gov.au/blogs/covid-19-collecting-drive>. They have also launched a social media initiative asking people to share images of themselves under the #NSWAtHome hashtag on Twitter ([https://twitter.com/hashtag/nswathome?src=hashtag\\_click](https://twitter.com/hashtag/nswathome?src=hashtag_click)) and Instagram (<https://www.instagram.com/explore/tags/nswathome/?hl=en>). Working with the ABC, the Library's DX Lab has furthermore created 'The Diary Files', a digital space for citizens to post their personal experiences and reflections, <https://dxlab.sl.nsw.gov.au/diary-files>, while a podcast comparing 2020 with 1919 is also in production.

In a similar vein, the State Library of South Australia has created 'Remember My Story', including videos, illustrations and text documenting life in the midst of crisis: <https://digital.collections.slsa.sa.gov.au/pages/covid-19>

Meanwhile, ephemera such as posters and letter-box drops are being sought by the State Library of Victoria: <https://www.slv.vic.gov.au/stories/covid-19-community-collecting>. They have also created a 'Memory Bank' for citizens to deposit their experiences of 2020: <https://www.slv.vic.gov.au/memorybank>

The State Library of Queensland is collecting similar materials (<https://www.slq.qld.gov.au/blog/covid-19-collecting-drive>) and they are

furthermore asking for community contributions of digital ephemera: <https://www.slq.qld.gov.au/blog/help-us-collect-queenslands-covid-19-digital-ephemera>

Western Australia is taking similar measures, with the historian Bruce Baskerville leading a project at the University of WA's Centre for Western Australian History. His early suggestions in this field led ANZSHM member Dr Peter Hobbins to create a #covidstreetarchive hashtag for Twitter ([https://twitter.com/hashtag/covidstreetarchive?src=hashtag\\_click](https://twitter.com/hashtag/covidstreetarchive?src=hashtag_click)). It encourages Australians to photograph the impact of COVID-19 on everyday life – from shop signs to teddy bears – and share them while tagging their relevant state library.

A story documenting these drives by emerging historian Dr Hollie Pich recently appeared in the *Guardian's* Australian edition (<https://www.theguardian.com/culture/2020/may/13/history-in-the-making-how-libraries-are-capturing-the-pandemic-for-posterity>). It prompted a wave of media interest in what historians of the future might want to know about today. Together, these initiatives help create a rich and digitally sustainable archive that – it is almost certain – will offer us far more insights into the daily life of 2020 than we can access from 1919.

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*The Auckland War Memorial Museum is already collecting similar ephemera.*

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For the latest information, visit the ANZSHM Internet Website: [www.anzshm.org.au](http://www.anzshm.org.au)

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

**DEADLINE FOR THE NEXT ISSUE WILL BE 15 AUGUST 2020.**