

Editorial: The Health of Medical History

FOLLOWING ITS SUCCESSFUL SESSION ON ASPECTS OF THE HISTORY OF MILITARY medicine at its 2003 conference in Melbourne, the Australian Society of the History of Medicine (ASHM) decided that a special issue of *Health and History* should be devoted to this important theme in the history of medicine. I was honoured to have been asked to commission or encourage researchers to contribute articles for this issue, in addition to those papers delivered at the conference. (I have to confess that through inattention to the full briefings I had received from ASHM stalwarts, such as Dr Geoff Kenny, I did not realise that the contents of the issue were to include both full conference papers and newly commissioned articles.) The result was to in fact gather more articles on this theme than could be accommodated in a single issue of the journal. While somewhat embarrassing in that some articles have had to be held over to subsequent issues, the outcome should be taken as a positive sign of the health of the field of medical history in this country.

Moreover, the articles and conference papers reflect a vigorous and pleasing diversity. They range across the span of Australia's history, from the earliest colonial period to aspects of current practice in the modern Australian Defence Force. The authors, too, represent a spectrum of age and experience including doctoral candidates, recently qualified and established historians, and medical professionals. Their approaches spanned the narrative or descriptive history, which is such a strong tradition in the field, through to analytical studies that challenge conventional orthodoxies or open up new lines of enquiry and debate.

The papers presented at the 2003 conference not only reflect the traditional strength of medical history, in describing historical developments and placing them in a broader historical context, but also demonstrate that new knowledge and understanding in our field is being generated by the ASHM's activities. Michael Dowsett's paper (on diving medicine), for example, brings to the surface an area of medical history that has never before been discussed. It suggests that while the stories of medical endeavour on the battlefield might remain the staple of military medical history, interesting and technically significant work remains to be revealed. The ASHM's great achievement is to provide a vehicle and a forum for that research.

Perhaps the single most pleasing feature of the contributions is that several contributors are younger, developing historians of great promise. Their articles—particularly Janet Butler on Sister Kit McNaughton’s experience of nursing during the Great War, Marina Larsson on the repatriation of the wounded of that war, and Rosalind Header on prisoner-of-war medical officers—confirm that first-class research is being done in the field. For medical history in Australia the future is promising.

That medical historians should communicate history in the lively and challenging ways that these writers have is a reminder to those of us working in the field of the interest in, but also the ignorance of, this field among the general public. This was brought home to me in March 2004 when I took part in a ‘living history’ event, part of the marking of the bi-centenary of the Castle Hill Uprising near Sydney. Having published a book on surgery in the period (*For Fear of Pain: British Surgery 1790–1850*), I was invited by a re-enactment group to take part in a demonstration of contemporary medicine. Dressed and equipped partly by Mark Peters, the surgeon to the 73rd Regiment re-enactment group, and my mum (who made me a long apron and sleeves), for a couple of hours I adopted the persona of a surgeon of the Napoleonic period.

This was a challenging and absorbing experience. Without actually being able to cut, saw and stitch our nervous volunteers, Mark Peters and I attempted to demonstrate to an ever-changing audience of curious members of the public aspects of the medicine and surgery of the time. We fell into character—he reflecting a more robust, conservative practitioner, me espousing a more ‘progressive’ medical regime—to help to illuminate the changes which medical practice underwent in that tumultuous time. It became apparent from our discussions with on-lookers that most harboured a view of medicine, and especially surgery, in this time as crude and ineffective, as well as painful. (As ever, virtually every person we spoke to assumed that patients would be stupefied with alcohol: as usual I had to disabuse them and assert that alcohol—‘a cordial’—was used only to revive patients.) Since one of the themes of *For Fear of Pain* is that the surgery of the final decades of painful surgery was nowhere near as crude, bloody, dangerous or rapid as has been represented, I articulated the case as I plied my knife. Mark Peters made the case for bleeding, purging and cupping with vigour, and I had my work cut out as the voice of both medical progressivism and historical revisionism.

It was an enjoyable encounter with ‘living history’, but also offered a powerful reminder that the public’s knowledge of medical history—and I think not only the surgery of the Napoleonic wars—is patchy and imperfect. My afternoon dressed in a long blue apron wielding a

bullet-probe suggested that medical historians should not only talk to each other, but should, if they can, take the stories of medical history to a public which, if our experience in a field near Castle Hill is any guide, is curious about the subject—even if they don't always appreciate the clinical detail that Mark and I offered.

The articles by the developing medical historians in this issue of *Health and History* also deal with powerful human experiences: with medical developments that have had profound consequences and with medical personnel who endured great hardship in fulfilling the highest ideals of their calling. Let us hope that the writers who can tell of these things gain a wider audience than *Health and History's* subscribers and readers: though let us also recall that they published some of their earliest pieces in this valuable journal.

I thank all contributors for their articles, and for their patience in awaiting publication. I must also thank Janet McCalman, Di Tibbits, Geoff Kenny and especially Jane Yule for their advice, encouragement and (especially in Jane's case) hard work to bring this special issue to publication.

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