

SPASM MUSE

Newsletter MARCH 2020

Spasm HealthCare Museum Building 6 Victoria Rd Gladesville
No 1 gate house at the Crown Street bus stop on Victoria Road Gladesville



The hole in the ceiling in the "St Thomas's Room" we wrote about last month is due to be repaired by Monday 16th March, This means the Building 6 at the museum may not be open for visitors on **Saturday 14th March**. However we can concentrate on the workshop which will



be held in Building 5 in our new tea room area. This Special workshop "Putting your best foot forward" with Megan Hicks promises to be a great discussion - so please join us 1030-1330 to consider "**How best to develop Historical Displays**". We will focus on "Perioperative Artifacts." Perhaps we will consider how best to display our latest donations?

Last Monday we were lucky enough to be gifted two collections. One collection from Dr. Wayne Donaldson, retired Orthopaedic Surgeon, which consists of multiple orthopaedic prostheses - including a very rare specimen of the first orthopaedic hip implant, developed and designed in France. - More about these in a later edition of the Muse.

The second collection consists of a beautiful boxed mortuary kit and a full set of dental instruments preserved in their original chamois wrap. These were kindly donated by the granddaughter of Dr. Thomas Conrad Reeves. An English GP who trained at St Thomas's in 1911. He immigrated to Australia in 1926. These instruments were accompanied by some delightful postcard photographs, shown here, and a short summary of Dr. Reeves' life. We are very grateful to his granddaughter Julie Hewson who provided this information and the instruments.

MARCH 2020



Dr. Thomas Conrad Reeves, Captain RMC, Medical Officer Royal Medical Corp, served in France during WWI, Immigrating to Australia with his wife in 1926



A charming photo of Dr. Conrad Reeves and special canine friend in 1914 – how could we not show this ?



An earlier postcard photograph (possibly at St Thomas's Hospital London) sent in 1909 from Dr. Conrad Reeves who trained at St Thomas's, qualifying in 1911.

Visiting the HealthCare Museum in real time or online.

Opening hours for the Museum is 11 am – 3pm on the 2nd Saturday and 4th Monday of each month - February to November. Prior arrangements for Group visits may also be arranged on these days, or other days - depending on volunteer availability.

Executive Members : **President** Sandra Solarz
Curator Gary Klopfer
Secretary /Treasurer Ros Berryman
Volunteer Guides: Val Corcoran, Kate Paton, Margaret Warby, Peter Hartigan & Michael Kelly.

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SPASM web sites at www.spasmmuseum.org.au

<https://ehive.com/account/5547>

www.discoverhuntershill.com.au/whats-on

Like us on Facebook: [Society for the Preservation of Artefacts of surgery and medicine SPASM](https://www.facebook.com/SocietyforthePreservationofArtefactsofsurgymuseum)

Entry to the Museum takes you to another era:

BUILDING 6

Room 1 takes us to a 1911 Consulting room: "**The consulting room of Dr. John Sand Smyth**" who practiced in Warwick. Items from the Five Dock GP Dr. Menzies are in the large display case. Dr. Conrad Reeves' Mortuary kit, dental forceps and photographs featured in this Newsletter .

Room 2. The surgical "pick room" contains instrument cupboards with a large display of surgical instruments, blood collecting apparatus and interesting items. We have recently added a selection of orthopaedic instruments.

The corridor to the library area takes you past a display of hearing trumpets, tracheostomy tubes a display of **early syringes** and other historical equipment.

The haemostasis room is home to: a collection of diathermy machines & knives with ebony handles, a collection of laryngoscopes of various designs.

The St Thomas Hospital Operating Theatre Room hosts an evolutionary display of receptacles used in the operating theatres. An early operating table, as well as ether anaesthetic equipment is in this area.

The sterilizing area We have added the portable operating table, and world war instruments to this area. The small formaldehyde cupboards and dental equipment are still on display as well as the small sterilizing water baths.

BUILDING 1

The Anaesthetic Room which showcases the changes in anaesthetic apparatus used by surgeons, dentists and anaesthetists over the years displaying improvements in safety and monitoring of the anaesthetised patients over the years.

The Corridor gives a time line of the Tarban Creek Asylum - Gladesville Hospital

The New Gladesville Room has ECT machines, straight jackets, mittens & short stories of patients & attendants.

The pharmacy room shows beautiful jars, household remedies and some early dispensing records.

SURGERY IN THE 19TH CENTURY (Part 1) by Gary Klopfer.

Before the mid-1800's, having surgery was a fraught undertaking without anaesthesia or infection prevention and control. By the end of the 18th century, in Britain, France and America, surgeons had to have a medical education before commencing surgical apprenticeship (often lasting several years), unlike the barber-surgeons of earlier times. This raised the professional and social status of surgeons to that of physicians for the first time in history. Also, by that time, surgery was usually performed in hospitals for all except the very wealthy who could afford home care. 18th and 19th century hospitals, however, some of which had been in existence for hundreds of years, were grossly overcrowded, dirty, and smelly, with poor sanitation and usually several patients to a bed.

About 1 in 4 hospital patients died, common causes of death being infectious diseases (including the plague, "venereal" diseases, cholera, measles) as well as sepsis, childbirth, and blood loss caused by accidents, violence, war or surgery. Wounds, whether traumatic or post-surgical, would often suppurate, keeping patients in hospital for many weeks. Wounds were usually left open to drain and heal by granulation, and were washed and dressed by nurses several times a day, as dressings became soaked in pus. Multiple patients' wounds were usually washed with the same water and sponge ("pus-pail"). Dressings were made of used rags imported from far-away slums. Bedding, including straw mattresses, was shared and rarely cleaned, soiled with several patients' body fluids. Dead bodies were often not removed for some days. Phlebotomy and leeches were standard treatment for active inflammation or post-operative fever (at St Bartholomew's in London: 24,000 times in 1821, and 96,000 by 1837). Compound fractures were treated by amputation, and it was usual for the open stump to become infected. In the first half of the 19th century, mortality following "clean" amputation was said to be about 20%, and for compound fracture at least double that figure. Hand washing was not routine, procedures were done with bare hands, and instruments were usually wiped but not washed. If instruments were dropped during surgery, they were picked up, wiped and used again. When finished, the instruments were replaced in their velvet-lined wooden cases. The theatre floor was covered with sawdust to catch any blood, and the surgeons and attendants/assistants wore their street clothes, often caked with blood or pus.

Devenish Silo Art by Cam Scale. Acknowledging the broad role of women caring for military and civilians in wars and natural disasters, more than 3,000 civilian nurses volunteered for active service in WWI.



In 2019 Cam completed this Light Horse Mural to complement his Military Nurses



Spinal Care Museum
SPASM

SPASM Founded by Professor Ross Holland AM 1928 -2017

