

Newsletter APRIL 2020

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



Our last meeting on March 14 was the workshop **“How Best to Develop Historical Displays”** by Megan Hicks. It was excellent. We considered various museum displays for best effect and the importance of considering the aims and objectives for display of items. Also the need to consider stories in relation to the artifacts was discussed. The important point was made that volunteers were a major asset to our museum as they share their experiences and their different stories and play a central role for bringing to life the exhibitions. Thank you Megan for a very interesting presentation.



Alex has advised us that the ceiling repairs in building 6 are now completed. However the museum is now closed to the public until further notice due to Covid 19. All our scheduled group tours are also cancelled until further notice. We trust all our members and friends will stay safe and well during this difficult period.

Recently Dr. Wayne Donaldson, retired Orthopaedic Surgeon, was kind enough to provide us with multiple orthopaedic prostheses - including a very rare specimen of the first orthopaedic hip implant (the Judet prosthesis) developed and designed in France. We also hold several prostheses previously donated from Dr. Bruce Shepherd's collection. With a little research, by our curator and secretary, we learnt the following: Various materials have been used throughout history to provide an articulating joint. In 1860 adipose tissue was implanted by Leopold Ollier in the Hotel Dieu in Lyon France. In Breslau Germany, Vitezlav Chlumsky (1867-1943) tried zinc, glass, wax, celluloid, muscle & silver. In 1891, Professor Themistocles Gluck developed an ivory ball and socket joint secured by nickel plated screws. In 1919 a French Surgeon used a rubber femoral prosthesis! In 1933 a British Surgeon, Ernest W Hey-Groves, preferred an Ivory prosthesis. In 1948 Robert and Jean Judet created a great deal of attention for their acrylic prosthesis, unfortunately it didn't live up to their expectations. During the 1940's in Oxford UK, instead of using foreign objects, in an attempt to create an articulating joint, Dr. Gawthorne Robert Girdlestone advocated resection of the head of the femur to fuse the joint. But Dr. Austin Moore inserted the first metal Prosthesis at John Hopkins Hospital in 1940. Frederick Roock Thompson further developed the Vitallium prosthesis in 1950 and Austin Moore developed the fenestrated stem designed to allow bone ingrowth. We plan to have The Judet, Thompson, and Austin Moore Prostheses and others on display at the museum when we eventually open to the public again.

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FIG. 2
The acrylic prosthesis. The stem is reinforced with a steel rod, totally enclosed within the plastic. Without this reinforcement the stem was apt to break.

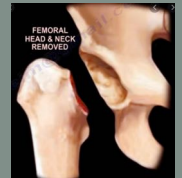
The French designed "Judet" femoral head made of Perspex



FIG. 1
Whitman reconstruction. The indifferent results of this operation in the author's hands inspired the prosthetic replacement operation. (Illustration by courtesy of Sir Reginald Watson-Jones.)

The Whitman's technique (1924) taught and perfected by Professor Mathieu.

The Girdlestone technique (1945) advocated by Dr Gawthorne Robert



Thompson hip prosthesis



Austin Moore hip prosthesis

Visiting the HealthCare Museum in real time or online.

Opening hours for the Museum is normally 11 am – 3pm on the 2nd Saturday and 4th Monday of each month - February to November. **The museum will be closed to the public until further notice**

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

www.discoverhuntershill.com.au/whats-on

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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 Queensland. Items from the Five Dock GP Dr. Menzies collection are also in the large display case.

Room 2. The surgical "pick room" contains instrument cupboards with a large display of surgical instruments, blood collecting apparatus and interesting items. We will be adding a selection of orthopaedic instruments and prostheses.

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: an impressive collection of diathermy machines and other methods used to provide haemostasis.

The St Thomas Hospital Operating Theatre Room has recently had a new ceiling installed, and a new display will be set up on this area. The early operating table, as well as early anaesthetic and surgical equipment will soon be on display in this area. **We would love to find a sponge rack to add to this room. Does any one know where we might procure one?**

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 Gladesville Room has ECT machines, straight jackets, & mittens. There are photographs and stories from patients and attendants.

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

SURGERY IN THE 19TH CENTURY (Part 2) by Gary Klopfer.

Pain relief during surgery, if any, was provided by alcohol, morphine or both. During surgery, patients were usually held down by a number of attendants, but their screams could be heard around the hospital. To minimise the pain, surgeons were very fast. The fastest surgeons became the best, most famous and richest. The top surgeons would boast of amputations taking less than a minute, and they would practice their speed on cadavers. Instruments were devised to enhance the speed of the surgeon (e.g. the double-edged Catlin Knife –on display in the museum). Operations were limited to ones which could be done easily and quickly, such as skin and subcutaneous tumours, breast tumours, amputations and lithotomies for bladder stones - operations which offered the patient a better chance of survival than no surgery. With such a limited repertoire, operations were infrequent, which is why trainee surgeons needed up to six years to complete their apprenticeships.

Operations were a spectacle. The operating rooms in the old, famous hospitals such as St. Thomas', Guy's and St. Bartholomew's in London, the Hotel Dieu in Paris or the Massachusetts General in Boston, were built on the centuries-old amphitheatre model of the anatomy demonstration rooms. The room (theatre) was filled with onlookers – medical and surgical students as well as invited guests, not necessarily doctors, but all male. Surgery was performed with a flourish and there was much noise, from both a screaming patient and a rowdy audience. Onlookers were often invited to touch or feel the operation site or lesion with their bare hands, at times having come directly from the morgue.

So, for patients facing surgery before the mid-1800's, there was only the prospect of severe pain, a prolonged painful postoperative period and the indignity of being paraded and exposed to a noisy, unruly audience, with a high likelihood of not surviving the ordeal. There are several accounts of such patients' experiences, the most moving being the well-known letter from Fanny Burney to her sister about her mastectomy in Paris in 1812.

The middle decade of the 19th century (1845-1855) saw the first discoveries towards the conquest of the twin surgical curses of pain and sepsis. The course of their introduction and acceptance was, however, very different, so that surgery did not advance greatly for another quarter century or more.

Five of the six SPASM volunteers with member Megan Hicks, in our tea room, as she shares ideas how to improve the museum display. What a lovely venue overlooking the water, but all eyes were on the screen - or each other - as we share ideas.



St. George's Health Care Museum
SPASM

SPASM Founded by Professor Ross Holland AM 1928 -2017