SPASM MUSE

Newsletter MAY 2020

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

It's an interesting task to write something each couple of months for this newsletter. It's also important to ensure that spelling, punctuation and syntax are correct. But it's also most important to know that what is written is factual. You will be pleased to know that each newsletter is checked by one or two anaesthetists – who are normally folk who are considered to be concerned with the "little things of life" knowing, as they do, that it is often the "little things" that are important.

In the last newsletter I told you all that in 1848 Robert and Jean Judet created a great deal of attention for their acrylic prosthesis. Well I now have to let you all know that I made an error. It actually was in 1948 that the Judet prosthesis was created. Thank you to those who wrote to me thanking me for the newsletter, it is very nice to receive those letters as a fair amount of time and energy does go into each one. I do try to ensure that the information is correct. My editors try to ensure I make sense. Sometimes I trick them… Apologies to all…

We have not been active at the museum in the last couple of months due to restrictions to the Covid Virus, but our minds have been active due to a little email from our curator who sent a message that we might be interested in a free on line course from UTS. I enclose the URL for those of our members who might like the exercise of considering some fascinating examples of archives.

https://open.uts.edu.au/uts-open/faculty/arts-and-social-sciences/making-history-in-the-21st-century/

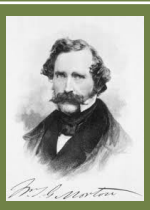
Indeed when we return to our museum and we look again at the considerable number of interesting artifact's we collect and display - I, for one, having completed only the first part of that short course, will look at our artifacts in a different way. There is now a need to consider what stories they tell, to consider what "prejudices, partialities and peccadillos" caused them to be collated. But more importantly, perhaps, are the possible stories, about the "silences, shadows and spaces in between" that could be told about them.

Our first task will be to set up the St Thomas's room after the repairs to the ceiling necessitated the removal of all the display. If you would like to be on the mailing list to advise of the date we will be doing this please let me know.

MAY 2020

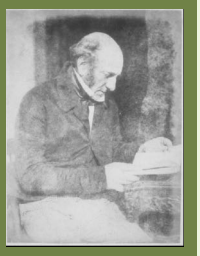
The French designed "Judet" femoral head made of Perspex

Read about William Morton and his secret substance "Letheon" over the page.



A Named photograph of some of those present at the first demonstration of "Letheon" by Morton

Read a little about Robert Liston over the page. He who operated in a green coat and wellington boots, holding his knife between his teeth,



Robert Liston circa 1845

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

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https://ehive.com/account 5547

www.discover huntershill.com.au/whats-on

Like us on Facebook: Society for the Preservation of Artefacts of surgery and medicine SPASM

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 3) by Gary Klopfer.

The anaesthetic properties of ether were first demonstrated by **William Morton** (a dentist) in Boston in October, 1846, which was reported in Boston newspapers the next day. Although Morton tried to keep the substance secret by calling it "Letheon", it was quickly recognised as sulphuric ether and used more widely.

News of the discovery reached England very quickly and ether was first used as an anaesthetic in London just a little over two months after its demonstration in Boston (December 1846).

By June 1847, the news had reached Australia and ether was quickly used as an anaesthetic for the first time in Launceston. Nitrous oxide and chloroform were also introduced as anaesthetics a very short time later, and all three were quickly accepted and used worldwide for surgery, obstetrics and dentistry. Although the discovery of surgical anaesthesia was fortuitous, clearly there was a desperate need for it, and its use was thereafter never questioned, but progressed towards its more accurate and safer delivery.

The first surgical use of ether in London was at University College Hospital on a patient of **Robert Liston,** who amputated the anaesthetised patient's leg in under 30 seconds, but the patient spent 53 days in hospital with a suppurating stump. The medical profession was aware that patients developed suppurating wounds and erysipelas in hospital (due to miasma or "hospitalism"), and were more likely to do so in large hospitals (50-60% mortality after amputations) than smaller provincial hospitals or the homes of the wealthy (15-20% mortality), but did not know the cause or treatment.

Anaesthesia allowed surgery to be performed slowly, safely and with deliberation for the first time. Slow surgeons became the good surgeons. New techniques, instruments and operations were developed and reported, and surgeons could sub-specialise. Previously unsafe procedures became possible.

This progress, however, was greatly hampered for several decades by the continued problem of postoperative sepsis.