

Vanished in the Mist Newfoundland and gas warfare during World War I

By Maxime Chouinard, Curator

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N THIS ISSUE:



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FALL/WINTER/SPRING: TUES.-FRI., 10AM-4PM SUMMER: TUES.-SUN., 10AM-4PM ADMISSION BY DONATION

he Great War was a traumatic event in history which allowed Canada, for the first time, to take an important part in a major conflict. Many men and women lost their lives or came back crippled, mentally or physically, from the battlefields of Europe and the Near East. The War also brought with it one of the deadliest pandemics in history: the Spanish Flu; the spectre of which still haunts collective memories whenever a contagious disease appears.

But the War was not only a matter of destruction. 21 453 Canadians served in the Canadian Army

Medical Corps saving lives and hopefully returning as many soldiers as possible to their families.

To commemorate the upcoming opening of our exhibition *Trench Menders: Health Care in World War I*, we have chosen to present to you a little known aspect of the Canadian involvement in the conflict still in use today: the invention of the gas mask.

A faint smell of pepper and pineapple

On April 22nd 1915, on the notorious



Ypres Salient in Belgium, the nature of the Great War was significantly changed. The two belligerent armies had stood for months near this small medieval town and one part of the line, the Salient, was caving in on the German lines towards Passchendaele. Going through this line would mean that the Germans could break the stalemate.

After an intensive artillery bombardment, the German army sent 160 tons of chlorine gas dispersed from cylinders positioned on the forward edges of their trenches. The thick yellow-green cloud reached the French positions and

sunk in the trenches of the 45th and 78th French colonial divisions, composed mainly of Moroccan and Algerian troops. The deadly gas killed many and sent most of the soldiers fleeing the effects of this unknown and terrible weapon; leaving a 6.4 km gap in the line. Chlorine gas, or *bertholite*, smells like pepper and pineapple and reacts with the water from the mucosa in the lungs, turning it into hydrochloric acid.

The German forces were unprepared and surprised by the response to this attack,

>> Continued on page 4

MUSEUM HIGHLIGHTS

2014 Dr. Margaret Angus Research Fellowship



Participants getting dirty and experiencing the conditions of the trenches during our Summer Family Program - Behind the Scenes: Health Care in WWI



A temporary exhibit titled "War and Public Health" was installed in the Museum's Galleries by 2013 Research Fellow Robert Engen (Image courtesy of Queen's University Communications)



Participants at Kingston's Science Rendez Vous learning about healthy lungs (image courtesy of Science Rendez Vous and Guillaume Nolet)



An outreach exhibit at the Annual General Meeting of the Canadian Federation of Medical Students held in Kingston this year



2014 Margaret Angus Research Fellow Rebecca Benson

n October 16th, Rebecca Benson, Queen's University MA graduate, delivered the lecture "Borrowed Remedies and Hidden Histories" to a rapt audience in Watson Hall, Oueen's University. The lecture presented the research findings regarding two bodies of objects from the Museum of Health Care's collection: nineteenth and early twentieth century patent medicines which used aboriginal imagery and ideology in their marketing; and a collection of herbs used by Canada's indigenous people that were grown, packaged and sold by the Parke, Davis & Co. pharmaceutical company. These two case studies were used to contextualize aspects of pharmaceutical history within indigenous worldviews and approaches to medicine and healthcare.

The Museum of Healthcare's artifacts can be engaged to illuminate the history of some of North America's aboriginal medicines and their appropriation, to tell an important story in the history of Canada's indigenous people, and to highlight a new aspect of the Museum of Health Care's collection. They have been used as a catalyst to create insight into traditional aboriginal approaches and ideas regarding to healthcare and medicines, both historically and today.

Nursing Practice and Public Policy: A Mandate to Care

Kingston Nursing Education Past & Present 2014 Event

tarting in 2011, the Museum has been involved in planning events related to the history of nursing with the Kingston Nursing Education Past and Present Group. This year's event, hosted during Nursing Week in May, focused on the Rockwood Training School for Nurses. Guests attended an inspiring talk by Canadian Nurses Association President Dr. Barbara Mildon and learned more about the history of nursing in Kingston from Providence Care Archivist Megan Kerrigan. Thank you to members of the working group, the Rockwood Training School of Nurses Alumni



Museum Founder, Dr. James Low (left), Canadian Nurses Association President, Dr. Barbara Mildon (centre), Board Chair, Dr. Hugh Gorwill (right)

Association and staff at Providence Care for all the support in organizing this successful event!

NEW Online Exhibit Vaccines and Immunization: Epidemics, **Prevention and Canadian Innovation**

eveloped with Guest Curator Christopher J. Rutty, the exhibit explores the importance of vaccinations to the prevention of disease and the ongoing maintenance of health. The online exhibition draws attention to the importance of preventative measures such as vaccines, and discusses Canada's role in vaccine development. This online resource accompanies our onsite exhibit with the same name that opened to the public in the winter of 2013.



Vaccination shield, 1902, Museum of Health Care, 000001504

In addition to reaching a wider audience, the online component gave the Museum an opportunity to expand



DIGITAL WORLD

Ayer's Cherry Pectoral patent medicine, c. 1870-1906 Museum of Health Care, 1977.12.218

the content and include profiles on noted physicians and increase the number of vaccines covered. Not bound by the confines of a gallery space, the online exhibit contains in-depth, extensive information on the importance of vaccines and the path that led Canadian scientist to eradicate numerous diseases in Canada. You can access the exhibit for free on the Museum's website.

The exhibit was made possible by support from, the Community Foundation for Kingston & Area, Sanofi Pasteur Canada (Connaught Campus), and Canada's Research-Based Pharmaceutical Companies.



Community Foundation

SANOFI PASTEUR 🎝



80 Years of History in the Palm of your Hand Museum of Health Care Apps



Left: Menu screen for KGH Main Building.

Transformation of the Kingston General Hospital, 1835-1914

Whether you use this app to guide you on a walking tour of the hospital grounds or to research history from the comfort of your home, you will be fascinated by the monumental changes that occurred in health care in this era.

To download for free, search for "museum of health care" in the iPhone Apps section of the App Store or on Google Play (TM). Compatible with iPhone, iPod touch and iPad (requires iOS 4.3 or later), as well as Android 2.2 and up. This app is optimized for iPhone 5.

Nursing in Kingston: A History of Caring

Experience the evolution of professional nursing through the windows of six 19thand 20th- century Kingston (Canada) landmarks. Discover photographs, artefacts and audiovisual recreations about the demands and responsibilities of nurses.

To download for free, search for "museum of health care" in the iPhone Apps section of the App Store. Compatible with iPhone, iPod touch and iPad (requires iOS 6.0 or later). This app is optimized for iPhone 5.

This project was funded in part by the Ontario Trillium Foundation, an agency of the Government of Ontario. A special thanks to Program Sponsors CFRC 101.9 FM and iStorm New Media.



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Museum of Health Care - The BAILLIEwick - November 2014

WWI Feature Continued

Gas warfare... continued from page 1

which had never been used successfully before. A small number advanced on the Allied positions, but as they also lacked any protection against poison gas, they decided – probably for the best - to stop their advance before progressing slowly into the cloud. This gave the Canadian forces time to come in and close the line.

In the following battles the soldiers were given cotton pad masks soaked in urine. The army realized that the urea contained in it neutralized the effects of chlorine gas by transforming it into dichlorourea, which crystallized in the cotton pad. Others used bicarbonate soda, which is still used today to treat chlorine gas poisoning.

Putting a bag on your head

The cotton pad masks were hard to maintain in proper working order, afforded no protection to the skin and eyes and made breathing quite difficult. A more effective method had to be devised. The solution would come from Newfoundland.

Dr. Cluny Macpherson was born in 1879 in St. John's Newfoundland. After completing his early schooling there, he moved to Montreal where he studied medicine and subsequently worked at the Royal Infirmary of Edinburgh after graduating in 1901. Macpherson seemed unable to stay in one place for very long and decided to leave again to Battle Harbour in Labrador where he was in charge of the hospital and became a magistrate for the area. He came back to St. John's in 1904 to open a private



Dr. Cluny Macpherson, Egypt 1915, Courtesy of the Provincial Archives of Newfoundland and Labrador

practice. He was very much involved in the establishment of the St. John's Ambulance Association, and when the War broke out he helped to create the Ambulance Brigade which was attached to the Royal Newfoundland Regiment. He was made Captain and appointed Principal Medical Officer.

He was sent to Gallipoli in Turkey and appointed advisor on poisonous gas for the British contingent who feared a gas attack from the Germans. He remembered witnessing a German soldier putting a bag on his head to protect himself against gas, and this gave him the idea of putting a bag over a captured German helmet with additional celluloid film eye-pieces. The canvas was soaked in bicarbonate sodium, and while it protected against the gas, it also irritated the skin of the soldier.

The version that is presented on the cover comes from our collections and will be showcased in our new exhibit *Trench Menders: Health Care in World War I.* It is a variation of the Hypo helmet called the "Tube Helmet", soaked in phenol and equipped with a mouth piece that was added to help with breathing and was used to counter phosgene gas attacks in 1915. The model was finally replaced with the canister helmet in 1916, in which the active ingredients were kept in a replaceable canister at the end of a tube.

In total the Hypo Helmet and its variants will have been issued in more than 25 million copies during the War, and became the first version of a tool which still saves the lives of not only soldiers, but countless civilians alike.

The exhibit was made possible by support from the City of Kingston Heritage Fund and Veterans Affairs Canada.





Stubborn illness: Health of the Macdonald family

By Maxime Chouinard, Curator

2015 marks the 200th anniversary of Sir John A Macdonald. Being located in Kingston, our museum has a special link to Canada's first Prime Minister and more so, to a part of his life which is not very well known of the general public; but which attracts a lot of questions.

Like many families – both now and then- the Macdonalds had to face a number of health problems which were sometimes fatal. While Macdonald himself had problems related to alcohol consumption – the causes of which are not entirely clear - he had no debilitating illness until his death from a stroke in 1891. That was not the case for his family.

His first wife, Isabella Clark, fell gravely ill two years after their marriage. Her disease puzzled physicians who found in her some of the symptoms of tuberculosis but could not establish a clear diagnosis. Some historians have argued that it was partly somatic, but recent evidence suggests that it might actually be a case of multiple sclerosis; a



Mary Margaret Macdonald, 1891, Library and Archives Canada

disease that was completely unknown at the time. She became bedridden and to treat her condition, she was prescribed



Laudanum, 1840, Museum of Health Care, 1969.507.1n

laudanum - a mixture of opium and wine - to which she became addicted. She died a year after Macdonald was appointed Premier of the Province of Canada.

Their first child, John Alexander, died in his sleep only a year after his birth. Most probably this was a case of sudden infant death syndrome, again an affliction which was unknown and is still not completely understood today.

With his second wife, Susan Agnes Bernard, Macdonald had a daughter, Mary Margaret Macdonald who was born with hydrocephalus, leaving her mentally and physically challenged. Macdonald was quite fond of his daughter, whom he affectionately called "Baboo" and although confined to a wheelchair most of the time, she used a typewriter to correspond with her entourage and went on to live to the age of 64.

Armed to the teeth: 100 years of the Royal Canadian Dental Corps

In May 2015, the Royal Canadian Dental Corps is celebrating its 100th anniversary. On May 13th 1915 the Canadian Army Dental Corps was created as a separate corps within the Canadian Army. The RCDC has served in every conflict that Canada was involved in since WWI and has contributed greatly to the training of many dentists who went on to serve civilians after their service. To mark the occasion the Canadian War Museum is presenting an exhibit on the Corps including objects from the Museum of Health Care's collections.

The Museum is proud to be part of this exhibition, to showcase its collections, but also commemorate the service rendered by the members of the RCDC throughout its history.



Portable dental chair from the Korean War, 1953, Museum of Health Care, 010020008

BLOG FEATURE

Here the history of vaccination. Known today as the "father of immunology," Jenner is most famous for developing a vaccine against smallpox in the 1790s. The vaccine brilliantly made use of common knowledge. Milkmaids were known for having noticeably clear and smooth skin. They had, it seemed, managed to develop an immunity to smallpox by suffering (and surviving) a bout of the much milder cowpox.

As the popular narrative goes, Jenner observed this and speculated that it would be possible for others to develop immunity from smallpox if they were infected successfully with cowpox. To that end, he collected the pus from cowpox lesions on the arm of a milkmaid named Sarah Nelms and used it to infect eight year old James Phipps. James suffered some symptoms and once well, Jenner attempted to infect him again - this time with pus from a smallpox lesion. Luckily for James, his body had since developed antibodies to counter the virulent disease. James was deemed immune, smallpox inoculation spread, and the legend of Edward Jenner was born.

From Variolation to Cowpox Vaccination: The First Steps Towards Eradicating Smallpox

By Samantha Sandassie, PhD

Smallpox claimed roughly 400,000 European lives in the 18th century and left many of those who survived it blind and/or covered in unsightly pockmarks. Coupled with widespread syphilis, this was certainly a time of widespread dermatological markers of disease!

In addition to pustules, the disease brought with it pain, fever, swollen eyes, constipation, exhaustion, "epileptic fits," and sweating. If quite serious, Thomas Sydenham wrote (1694), "the sick person becomes lightheaded, vehemently sick and anxious, tosseth his Body, pisseth little and often, and within a few hours expires." Sound quite dreadful, doesn't it? In a time before widespread vaccination, the vast majority of early modern Europeans had to suffer through (and survive) such symptoms.

This sort of suffering serves to highlight the importance of Jenner's vaccination and add a heroic element to his story. But, unfortunately, it also obscures the fact that the actual process of developing and popularizing a successful vaccine was much more complicated than a simple

"eureka" moment.

More modern scholarship has moved away from the triumphant Jenner model to examine efforts to eradicate smallpox in 10th century China, in Turkey, and the inoculation attempts by Jenner's English predecessors. Indeed, we have evidence that at least six people thought of, and began practicing, inoculation against smallpox with cowpox.

A 1714 article in the *Philosophical Transactions of the Royal Society* explains that the pus should be collected in a glass vessel and kept in a warm place. The patient

to be variolated would be pricked in a fleshy location (usually arm) with a surgeon's three-edged needle or a lancet several times until droplets of blood formed on the skin. Thereafter, the blood would be mixed with pus and applied, using a blunt stile, to a freshly made shallow incision (presumably near the initial pricking). The cut would then be bound for a few hours so that the pus and blood would not leak out.



Hollow-Pointed Vaccinating Lancet, 1830 - 1870, Museum of Health Care, 1969.222.4

A few years after the article was published, Lady Mary Wortley Montagu wrote a now famous letter describing the variolation she observed in Constantinople. She went on to have her son inoculated in Constantinople and had surgeon Charles Maitland inoculate her daughter Mary upon return to England.

In 1721, Maitland continued his variolation experiments. On 8 August 1721 he wrote, inviting famed physician Sir Hans Sloane to attend the "Operation of Inoculating the Small Pox on the Prisoners in Newgate." The next day he inoculated, via variolation, six prisoners of Newgate Prison – all of the men survived and were pardoned their crimes in return for agreeing to be experimented upon.

Further experiments were made upon five orphans from London's St. James parish at the request of Caroline of Ansbach (the wife of George II).

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Portrait of Edward Jenner, Wellcome Images Portrait d'Edward Jenner, Wellcome Images

De la variolisation à la vaccination contre la variole de la vache : Les premières étapes vers l'éradication de la variole

Par Samantha Sandassie, PhD

e nom d'Edward Jenner résonne dans l'histoire de la vaccination. Connu aujourd'hui comme "le père de l'immunologie", Jenner est reconnu pour avoir développé un vaccin contre la variole durant les années 70. Le vaccin a été développé à partir des connaissances de l'époque. Les trayeuses étaient connues pour leurs peaux claires et lisses. Après avoir souffert (et survécues) à une forme peu sévère de la variole de vache, elles arrivaient apparemment à développer une immunité contre la variole.



Bistouri de vaccination à pointe creuse, 1830 - 1870, Musée de la Santé, 1969.222.4

Comme l'histoire populaire le veut, Jenner a observé cette situation et a spéculé qu'il serait donc possible pour quelqu'un, qui a été infecté par la variole de la vache, de développer une immunité contre la variole. À ces fins, il a collecté le pus des lésions de la variole de la vache d'une trayeuse, qui s'appelait Sarah Nelms, et il l'a utilisé pour infecter James Phipps, un garçon de huit ans. James a souffert de quelques symptômes, mais quand il a commencé à sentir mieux, Jenner l'a infecté encore, avec du pus de lésions de la variole cette fois. Heureusement pour James, son corps a développé des anticorps contre cette maladie virulente. James était immunisé, l'inoculation de la variole fut diffusée et la légende d'Edward Jenner fut née.

La variole a causée la mort de quelque 400 000 européens durant le XVIIIe siècle et ceux qui survécurent sont devenus aveugles et/ou étaient couverts avec des cicatrices disgracieuses. Avec la large propagation de la syphillis, les signes externes de maladies étaioent nombreux à cette époque.

En plus des pustules, la maladie causait des douleurs, des yeux gonflés, la constipation, la fatigue, des "crises d'épilepsie" et de la sueur. Si c'est plus sérieux, Thomas Sydenham a écrit (1694) que « les malades étaient étourdis, malades avec véhémence et inquiets, ils souffraient de manque d'équilibre, urinaient moins et souvent rendaiten l'âme en quelques heures. »

Affreux, n'est-ce pas ? Avant la vaccination, la plupart des européens souffraient (et survivaient) de tels symptômes.

Cette souffrance souligne l'importance de la vaccination de Jenner et ajoute un élément héroïque à son histoire. Mais malheureusement, ça ne rend pas service à l'idée que de développer et populariser un vaccin à l'époque était bien plus compliqué qu'un moment "eurêka".

Des études plus récentes s'éloignent du modèle triomphant de Jenner et examinent les efforts pour éliminer la variole au Xe siècle en Chine, en Turquie et les essais d'inoculations par les prédécesseurs de Jenner. Il y a des indices qu'il y a eu au moins six personnes qui ont pensés à, et ont commencés à traiter la variole par inoculation de la variole de la vache.

Un article écrite en 1714 et titré: Transactions philosophiques de la société royale explique que le pus doit être collecté dans un vaisseau en verre et doit être gardé dans un endroit chaud.

BLOG FEATURE

Le patient à varioler sera piqué dans le bras avec une seringue à trois lames d'un chirurgien ou un bistouri plusieurs fois jusqu'à ce que des gouttelettes de sang se forment sur la peau. Le sang sera alors mélangé avec le pus, et après sera appliqué, avec un échalier émoussé, sur une incision peu profonde (préférablement à proximité des piqûres initiales). La coupure sera alors tenue pour quelques heures pour empêcher le sang ou le pus de s'échapper.

Quelques années après la publication de cet article, Lady Mary Wortley Montagu a écrit une lettre- qui est très célèbre aujourd'hui - qui décrit la variolisation qu'elle a observée à Constantinople. Elle a fait inoculer son fils à Constantinople et a fait inoculer sa fille par Charles Maitlanf, un chirurgien, quand elle était retournée en Angleterre.

En 1721, Maitland a continué ses expérimentations sur la variolisation. Le 8 Août 1721, il a écrit pour inviter Sir Hans Sloane, un physicien célèbre, à venir "inoculer la variole



Blackmore treatise cover, Wellcome Images Couverture du traité Blackmore, Wellcome Images

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Global Access to Museum Artefacts

By Kathy Karkut, Collections Manager

"How can I see the medical collection if I can't get to the Museum?"

ne of our goals is to share our collection of history of medicine and health care artefacts with a national and global audience. One of the great benefits of living in the digital age is that it allows us to reach a wider audience than ever before. Our online collections database is available for free, thus allowing access to thousands of artefacts. Those interested in the history of health care can read short profiles on key artefacts from our collection, select potential objects for loan or request images for their research. In addition to our digital resources, we collaborate with museums all over Canada and various organizations with an interest in the history of health care.

To accomplish our goal of making Canada's medical and health care history accessible to a national and international resource we provide access to our collection in a variety of ways:

Database & Online Catalogue

Our online database includes images and details about the item and is searchable in a variety of ways for easy sorting.



Image courtesy of Rx&D

In two different places on our website you can view 'treasures' in the collection: "From the Collection" includes short illustrated profiles for several interesting artefacts, while the Museum of Health Care Blog often provides a snapshot into our fascinating collections.

Object Loans

In the last year we have seen an increase in object loan requests from a wide range of museums, heritage societies and institutions across Canada due to the commemoration of World War I. The Museum contributed artefacts to exhibits at Fort Henry National Historic Site, the Canadian War Museum and Trinity Historical Society in Newfoundland among others.

The largest group of loaned medical objects will be on display at the Canadian War Museum to commemorate the 100th anniversary of the Royal Canadian Dental Corps in May 2015. The Canadian Dental Association is also using selected images of items from our Crawford Dental Collection to create articles for their Journal, podcast and website to celebrate the advances in dentistry technology during 1915-1920.

Digital Image Collection

Digital images of items in the collection are often requested. Researchers from all over the world use our online database and request particular images of an artefact from our collection.

Temporary & Custom Exhibits

Throughout the year we created custom temporary exhibits for a variety of request including Nurses' Week, Doors Open Kingston and the Kingston General Hospital School of Nurses' Annual reunion. We also worked in



WWI Wound Dressing Instrument Tray for Burns, Museum of Health Care Object Loan

collaboration with Queen's University medical students to create an exhibit for the Canadian Federation of Medical Student Conference held in Kingston.

The largest temporary exhibit was a custom exhibit commemorating the 100th anniversary of Canada's Research Based Pharmaceutical Companies (Rx&D) for an event at the National Art Gallery in Ottawa. Focusing on the 50th anniversary of the safety cap for pharmaceutical products, over sixty vintage pharmacy items from our collection provided examples of tamper evident, proof and safe closures from c1880 – 1980.

For several years museum staff have created custom long-term exhibits for The Society of Obstetricians and Gynecologists and the Royal College of Physicians and Surgeons of Canada in Ottawa. A long standing exhibit of dental instruments is located at the University of Winnipeg, Faculty of Dentistry.

Publications & Presentations

Our medical artefacts have been used in television documentaries and even a movie! We have also contributed research files, primary documents and photos to several fiction and non-fiction authors.

COLLECTIONS UPDATE

Global Access to our Artefacts... continued

The annual Margaret Angus Research Fellowship lecture and paper cover topics on the history of health care. A video of each year's lecture and manuscript are available on our website.

Museum staff create custom presentations on a variety of topics incorporating our collection for a wide range of heritage and school groups. We've put together displays for seniors groups, ESL students, and art history classes.

Social Media

Posts on Twitter, Facebook, and Pintrest highlight artefacts from our collection bringing our objects to a wide demographic.



Portable dental chair, c1917, Museum of Health Care, 010.020.586

WWI Dental Chair

s the War started in 1914, the Canadian Army quickly found out that many recruits were deemed unfit for service based on their dental condition. It was then decided to establish a more solid dental service which would also offer dental work to men who agreed to enlist. This group would soon become its own corps in 1915 when it officially became the Canadian Army Dental Corps.

The chair pictured here is one of two similar examples owned by the Museum of Health Care. It was made in 1917 by S.S. White and intended at first for travelling dentists and can be completely taken apart and assembled in 10 minutes. Once inside the box, which serves as a

footrest, it weights 118 pounds. It was used by the Dental Corps during World War I in field hospitals. This specific chair will be on display at the Canadian War Museum in Ottawa, and another example currently undergoing restoration will be used in our upcoming exhibition *Trench Menders: Health Care in World War I*.

EDUCATION

Learn • Laugh • Discover

he Museum is pleased to add four new programs to the roster of educational programming. Thanks to the hard work of our Queen's Faculty of Education Placement Students, and our Summer Programming Students we are able to expand the programming we have available to our community. Our new programs are available for all age groups from ages 4-6 to seniors. To mark the anniversary of the Great War we developed a family program that highlighted the various diseases



History of Health Care workshop at Rideaucrest Home

soldiers faced on the front. Our Summer



Summer Family Program Behind the Scenes: Health Care in WWI

Students also created a custom program for a visit to Rideaucrest Home, a program that we can now offer to other adult audiences in our community. We also included a new program that traces the history of treatment and stigma associated with mental health. We look forward to welcoming you at the Museum, or customizing a program to fit your needs.

For more information about our programs, to download our education brochure or to book a program with us, visit our website or call the Museum at 613-548-2419.

Welcoming New Faces



Hello & Welcome!

Whe are happy to welcome two new staff members, Maxime Chouinard and Ashley Mendes!

Before accepting the position of Museum Curator, Maxime worked for 5 years as Curator for the Morrin Centre in Quebec City where he helped the museum win several prizes and distinctions.

Ashley Mendes is replacing Jenny Stepa as the Museum Manager and Program Director for a year. Ashley worked for the Cataraqui Archaeological Research Foundation in the Foundation's Interpretive Centre and archaeological research.

Congratulations

Museum Founder Dr. James Low was appointed to the Order of Canada in June 2014. Established in 1967, the Order of Canada is the centrepiece of Canada's honours system and recognizes a lifetime of outstanding achievement, dedication to the community and service to the nation. Dr. Low has been the major promoter of the Museum and the Emeritus Executive Director for the past 20 years. His passion and determination has guided the Museum from its inception, making it the only institution in Canada whose sole mandate is to preserve the legacy of health and health care. Congratulations Dr. Low!

* Our thanks to Dr. Jacalyn Duffin and the Queen's Summer Work Experience Program (SWEP) for their support in the creation of this position!//** Funding for this position was made possible in part through a contribution from the Young Canada Works in Heritage Organizations program, Department of Canadian Heritage. / Le financement pour ce projet a été rendu possible en partie grâce á une contribution de Jeunesse Canada au travail dans les établissements du patrimoine, une initiative du ministère du Patimoine canadien.// ***Funding for this position was made possible through the Ministry of Citizenship and Immigration, Tourism, Culture and Sport, as part of the Government of Ontario's summer employment program - 2014 Summer Experience Program



had a wonderful experience working as a Collection Assistant** during the summer of 2014! She recently completed a Master's

Katrin MacPhee

in History at Queen's University and was excited to expand her knowledge of the history of medicine. This fall she will begin law school in the hopes of pursuing a career in environmental or labour law. Katrin can usually be found enjoying the outdoors or with her nose in a book.



Kelly Buckholtz Kelly is our newest public programs assistant, as well as a longtime volunteer. She is a first-year student at Queen's

University, and is excited to be here on placement as part of the university's work-study program.



Cadia Chan

is currently a digital photographer at the Museum and is excited about this placement as photography has always been one of

her passions. She is third-year student at Queen's University in biochemistry who enjoys biking, cooking, and anything digital media related.



Veronica Youssef Veronica is in her first year at Queen's University studying Sciences and French. She is excited about her new job at the

museum and her first year in Kingston. After graduation, she is planning to work in the health care field. Her interests are reading, biking and painting.

Abbey Cressman

worked as a Public Programs Assistant* during the Summer 2014 term, and has very much enjoyed the opportunity to

learn more about medical history and educational programming for museums. Abbey is a fourth year Concurrent Education student studying English Literature and History. She loves working with kids, and is grateful for the great teaching and learning opportunities that the Museum of Health Care has provided.

Mariah Maddock



was a Public Programs Assistant* during summer 2014 and stayed on with the Musuem this Fall and Winter. She is

entering her fourth and final year at Queen's University majoring in Health Studies and minoring in Sociology. As a Health Studies major, Mariah was excited to learn more about Canada's healthcare in a historical context. She thoroughly enjoyed getting creative and bringing Canada's health care history to life for visitors of every age.

Carling Spinney



worked at the Museum of Health Care as a Collections Assistant*** this past summer. She is a recent Queen's

University graduate with a History Major and Art History Minor. Carling hopes to have a career in museum collections and has gained invaluable experience through this opportunity. In her spare time, Carling likes to enjoy a good cup of coffee or a visit to an art gallery.

For information about how to get involved visit our website www.museumofhealthcare.ca

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Blog... continued from page 7

aux prisonniers de Newgate". Le jour suivant, il a inoculé, via la variolisation, six prisonniers de la prison de Newgatetous les hommes ont survécus et leurs crimes étaient pardonnés en échange d'accepter d'être le sujet de l'expérience.

D'autres expériences étaient faites sur cinq orphelins de la paroisse de St. James de Londres à la demande de Caroline d'Ansbach (la femme de George II).

Durant les années 1750, le pus de la variole était introduit par une pointe plus fine au lieu d'une grande incision. Connu comme la méthode de Sutton, seulement une très petite quantité de pus était introduit au patient. Un bistouri était trempé dans le pus et inséré 'sous le cuticule obliquement dans la partie extérieure du bras, entre l'épiderme et la peau, à peine suffisant pour obtenir du sang, mais pas plus profond qu'un seizième de pouce. La peau élevée était pressée sur le bras avec un doigt sans l'application d'un plâtre ou d'un pansement.

L'usage du bistouri par Sutton, d'une petite quantité de matière de variole et d'une pointe plus fine- aidait à rendre

Blog... continued from page 6

In the 1750s smallpox pus began to be introduced through a smaller point rather than a large incision. Known as the Sutton method, only the tiniest amount of pus was introduced to the patient. A lancet was dipped in pus then inserted "under the cuticle obliquely in the outer part of the arm, between the scarf and the true skin, barely sufficient to draw blood and not deeper than the sixteenth part of an inch. The raised skin was then pressed down by the finger without further application of plaster or bandages."

Sutton's use of a lancet, a smaller amount of smallpox matter, and a smaller point of entry meant a more comfortable initial experience. The l'expérience initiale plus confortable pour les patients. La méthode n'était pas universelle pourtant, les incisions et même les scarificateurs - utilisés pour saignée – étaient toujours utilisés pour l'inoculation.

Les images ci-dessus n'ont pas besoin d'explications. L'usage de la variole de la vache par Jenner à la place de la variole était très significative. La variole de la vache était une affliction peu sévère et les personnes inoculés



Joseph Towne Wax Model, 1850, Museum of Health Care, 997002031 Moulage en cire par Joseph Towne, 1850, Musée de la Santé, 997002031

method was not universal, however, and incisions and even scarificators – repurposed from bloodletting – were used to aid in inoculation.

The evidence speaks for itself. Jenner's use of cowpox rather than smallpox was significant. Cowpox was a much, much milder affliction and those inoculated with it enjoyed subsequent immunity to smallpox and a less severe reaction to the whole process.

Not everyone was pleased with Jenner's popularization of vaccination. Anti-vaccination protesters suggested that the process was dangerous, that

BLOG FEATURE CONTINUED

devinrent immunisées contre la variole et jouissaient d'une réaction moins sévère face au processus entier.

Ce n'était pas tout le monde qui appréciait la popularisation de la vaccination par Jenner. Des manifestants contre la vaccination suggéraient que le processus était très dangereux, que la variole de la vache était tout aussi affreuse et même - de manière absurde - qu'elle causait d'autres maladies comme la syphilis! Malgré tout ça, et à cause de l'intérêt continuel et le soin des parents concernés, des médecins généralistes et ses scientifiques, des vaccinations plus efficaces et plus utiles contre la variole furent développées par la suite. Grâce à Jenner- et spécialement grâce aux premières variolisations- l'Organisation Mondiale de la Santé a déclaré que la variole a été éradiquée en 1980.

Extrait de l'article du 2 Mai 2014 sur le blog du Musée de la santé intitulé « From Variolation to Compox Vaccination: The First Steps Toard Eradicating Smallpox » Moderniste et historienne de la médecine, Samantha Sandassie est docteure de philosophie ainsi qu'une amie du musée.

cowpox was equally dreadful, and even – rather nonsensically – that it caused other diseases like syphilis!

Despite these naysayers, and through the continued interest and care from concerned parents, medical practitioners, and scientists, more efficient and effective vaccinations against smallpox were developed subsequently. Thanks to Jenner – and especially to the earlier variolators – the World Health Organization was able to declare smallpox eradicated in 1980.

Excerpt from the May 2nd, 2014 Museum Blog post "From Variolation to Compox Vaccination: The First Steps Toward Eradicating Smallpox" Early modernist, historian of medicine, Samantha Sandassie is a doctor of philosopy and friend of the Museum.

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Nursing Sister's medal set, 1914-1935, Museum of Health Care, 992055001.

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We are seeking support from our members and other area residents in the form of family stories that speak to the experience of military health care providers, such as the Nursing Sisters, dentists and medical officers, as well as patients. In addition to examining the health and medical treatment of combatants overseas, we will address how care on the home front changed as an outcome of the War – the treatment of shell-shock being only one example.

If you have a story to share that helps illuminate this aspect of the War, we invite you to contact the Museum to receive further information on participating in this exciting project.

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