

**YEARS BEHIND, A DAY AHEAD:
A CATCH-UP CHRONOLOGY OF NEW ZEALAND'S MEDICAL COLLECTIONS MUSEUMS**

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New Zealand is among the first countries in the world to see the dawn of a new day. Its people thrive at the border of the map. The country has brought forth global innovators in all manner of fields, including modern medicine. Their names grace our textbooks, and the artefacts of their lives are talismans of exceptionalism. There is, however, a turn in the telling of heroism. While many innovative physicians are protagonists of New Zealand's development story, their presence in museums is expanding past ties to their tools. Exhibitions of medical history are evolving to tell a fuller story of the past, and new strategies of display reveal the nature of museum audiences in the present. With a focus on publics, this chronology asks who is represented by current collections, and who is influenced by their stories in the present.

Medical museums are traditionally tied to institutions of education. A collection might once have been the secret of a school of medicine before that knowledge became a commoner commodity. The link between medical education and museology is not lost in New Zealand, though as a sparsely populated country, its collections have disparate grounding. With two major medical schools at either end of the country, and scattered publics in between, the heritage of our health has been translated across a spectrum of audiences. New Zealand's first university was welcomed in the wake of gold rush prosperity for the southern population hub. Otago, near the base of the South Island, established within the university a medical school in 1875. It would be 93 years

before Auckland challenged Otago's chair with a second institution, Auckland being the growing (currently exploding) home to the majority of the population.

The establishment of competing medical schools was a catalyst for the nation's evolving social history of medicine. Competition sparks the acceleration of knowledge-seeking, in this case with the goal to arm an isolated island with international capability. Auckland and Otago medical schools have both maintained the importance of collections alongside their educational programmes. Both have museum-type spaces open to staff and students, and less often to the general public, with the common objectives of teaching and self-directed study. The latter purpose is aided by a capacity one of Auckland's medical faculty members describes as an 'adjunct to the ambience' in relation to the university's collection. Auckland's medical collection space was thus defined as casually conducive to learning, even if its capacity for direct education was outdated. New Zealand's universities are both drivers and mausoleums of progress. Their collections tell the stories of locals whose work surpassed the learning of institutions many centuries older. The aptitude of their collections might however be losing speed, now seen as passive conductors of knowledge.

New Zealand's medical history is found in libraries and classrooms, and in displays of varying accessibility. The centrality of medicine to this country has been moving into the light of recognition with the help of Auckland Medical Museums Trust, a group working towards the development of a purpose-built medical museum. Suggestions of the non-traditional sort ask the necessity of a building, and offer the form of a digital hub to connect local medical collections. In lieu of the toil of construction and transport, a web-based platform could link the lost stories of regional collections. It does not, however, solve the problem of smaller collections that cannot fund the conservation or exhibition of their artefacts. New Zealand's medical collections span the settings of old cottage floors through to modern marvels of architecture. Regardless of size, their artefacts are woven in an intricacy of narrative. The centrality of personhood and family within New Zealand history has by others been rewound to a product of our geographic isolation (1, Part 1). That theory might also be an explanation for the fervent retention of medical history's innovation trail by its local curators.

Auckland, as the home of nearly a third of the population, hosts a handful of larger medical collections. These tend to be housed within institutions that tell a broader story of the city, or the country, or the greater Pacific. While the emphasis of collections such as the Museum of Transport and Technology is

a site for the display of innovation and machinery, it also describes itself as a museum of the human condition (2). The nature of progress is tightly bound to a journey of the self. New Zealand's forerunners of cardiothoracic surgery were commemorated by once-beeping, now-creaking behemoths of engineering in *Brave Hearts: The New Zealand Cardiac Story* (3).

Objective exhibitions of medical material might first lend themselves to cold, hard evidence, but that machinery is grounded in human knowledge. The textbook detachment of medicine does lend itself to the straightforward display of its implements. It transpires, however, that the modern thawing of distance between doctor and patient is echoed in the relational retelling of medical history (4). *Brave Hearts* at the Museum of Transport and Technology introduces to this chronology the notion of reciprocal storytelling, and the interpretation of a collection not as a font of knowledge, but a site for sharing. This exhibition model employs its viewers as translators and co-contributors, who through viewing the exhibit were shown to provide new interpretations of the material, and contribute family-specific knowledge to a growing resource of information. Collections are moving to centralise the human narrative - to invoke a response that is less concerned with intellectual retention, more with a human capacity for empathy. To truly understand the heritage of our health, we must hear from the people themselves. Woven into New Zealand's heritage, both tangible and intangible, is the practice of storytelling.

On a hilltop in the centre of the city, Auckland War Memorial Museum is also breaking the boundary between audience and interpreter. Its Pou Maumahara Memorial Discovery Centre invites visitors to track the wartime genealogy of their relations, and asks their descendants to build the legacy further by adding to its public database. The museum houses myriad stories of the city's past, and unsurprisingly a significant contribution to this local chronology of health. Like many other historical collections, the centrality of war colours its medical content, but moving away from the stigma of pathology, Auckland War Memorial Museum will be introducing a new range of exhibitions as part of its current renovation plan. David Gaimster, Director of Auckland War Memorial Museum, hopes to connect social history with the evolution of the city using "big stories, small objects" (5).

On far smaller hilltops, or past hallways and closed doors, live several rural collections of medical material. Their stories are just as rich, their artefacts acutely obscure. Their caches are the outcome of a lifetime or two of enthusiastic accumulation. Usually sparked by a 'perennial squirrel', who seems

often to have been a physician who has applied their encyclopaedic medical knowledge and amassed a living body of medicine past. Northland Medical Museum, towards the top of New Zealand, is a cabinet of curiosities if ever there was a resurgence of the style. Its curator, Dr John Swinney arranges viewings - more so a knock-on-the-door system than an email reservation. Swinney has spoken of the importance of accompaniment in a collection such as his; that a conversation is necessary for knowledge. He laments the lack of waiting line on the doorstep - "it's no good having a collection with no one to show it to" (6).

Auckland's Colloquium for medical museologists that many of these insights were drawn from was tasked with the question of 'where to from here?' The next decades' inheritance of these medical collections depends on both audience and administration. Collections must match their interpretation to the profile of their viewers, not only to satisfy but to challenge. The person at the helm, particularly of local collections, is usually a meeting of conservationist and clinician, who appears to be a far less common volunteer than once it was. The suggestion to combine the collections into a single site has been met with suspicion of northern ownership. Narrowly mapped as the country may be, a journey from end to end would not encounter a meek expanse. Each locality rightly claims the specificity of their collection to the community, and the loss that would likely be encountered by a national merging. Hence the digital amalgamation -one where resources are made available to a greater range of publics, and where institutions can assist each other in the care of their collections. As stated, the security of a digital database unfortunately cannot fill the cracks appearing in the housing of our heritage.

The call for global participation in this year's gathering of medical historians and museologists asked about the nature of our publics. In a cultural sphere that is ever more invested in the interests of its people, perhaps more so now than its objects, the emphasis for scholars has been on engagement. The possibility of new medical museums worldwide must reassess how narratives are woven into historical objects. The smallest collections in the world's farthest outposts might yet become worthy case studies in examining patterns of storytelling. The applicability of profound subject matter to diverse populations reveals the connectedness of our collective heritage.

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