

'Diana Dyason (1919-1989) and the history of medicine – as I knew them'

Margaret Pelling
University of Oxford

Wellington, November 2019

I am most grateful to Adam Lucas and to the Society for inviting me to give this lecture, for their kind hospitality, and for the opportunity to visit New Zealand for the first time. I was asked to give my memories of Diana Dyason because I knew her personally, and also to say something about the development of her subject areas in the history of science and medicine as I experienced it. I am more than pleased to do this because, as will become clear, I owe Diana a great deal. Without her I would not be standing here and nor is it clear what I would have done with my life.

A word of explanation. Diana was (almost) universally known as Ding. However, she was a family friend, particularly close to my senior aunt Audrey Cahn, and a year older than my mother. My parents were strict about names, especially as between adults and children, and even now I feel impelled to call Ding Diana.

I will need to say something of myself and my own family here, which I hope will be excused. I should also explain that I have not lived for any length of time in Australia for 50 years, so my recollections should be read as personal, retrospective, and probably approximate. My impressions are those of a teenager and then undergraduate in the Melbourne of the 1960s. How Diana appeared to me then was also influenced by the context of the time, which was not the swinging, liberated sixties by any means. The Melbourne I knew was deeply conventional and rather prim, even prudish. Respectable teenage girls planning to go into town were told to wear gloves and stockings and if possible to carry a matching handbag, just as their mothers did.¹ Suspender belts were giving way not to freedom but to panty-girdles. Shops for the well-bred, like Georges, had a little chair by the counter so that madam could sit down. Women did not go into bars; at most they drank genteel glasses of sherry in the lounge, if there was one. In other words, Barry Humphries was not wrong, and neither was the artist John Brack, of whom more later. A characteristic episode of the time was when the British supermodel Jean Shrimpton came as guest of honour to the Melbourne Cup. Shock horror, her hair was loose and flowing and she wore a mini-skirt, bare legs, and neither hat nor gloves. The tabloid press, hardly known for its gentility in other contexts, exploded with indignation, saying that she had insulted her hosts.²

Thus, in the Melbourne of skirts, hair-do's and handbags, Diana was unusual (Figure 1) - less so, of course, in university and artistic circles, or out in the country. She was short and square, and almost always wore dark tailored trousers with an immaculate white or pastel blouse, which could be frilled or patterned - a mixture of masculine and feminine, though in the ignorant and prejudiced language of the time, her style would have been called butch.³ Her hair was short and rather sparse and her eyebrows heavy and straight. Her best facial features were her eyes, which were large, deep brown, and very bright, with long lashes. She had a direct look which was often challenging and sometimes wary, but her glance could also convey a subversive sense of humour. Her voice was deep and rather throaty, and she usually sounded as if she would stand no nonsense, but she often had health worries and it was possible to detect vulnerability behind the bravado.

I have said that Diana was a family friend. Our family lived in a small scattered hamlet called Kangaroo Ground, about 20 miles NNE of Melbourne, in what was then mainly an agricultural area. During the time that I knew her Diana settled in an even smaller and more scattered hamlet a couple of miles from us called Research, having previously lived in Parkville, near the university. According to death notices, her mother, Anne Dyason, also

lived in Research, at an address called, of all things, Cold Comfort Farm. Anne Dyason however died in 1954 at the age of 63.⁴ Diana had family money and built a house in Research to her own liking, on several levels on a steep slope, vertical rather than horizontal in style, in white painted wood with scrollwork in black cast iron. In some ways it was more American colonial than any Australian architectural idiom, except perhaps for the poshest beach houses in places like Portsea. Except for the inner-city Victorian terraces, suburban houses at that period were predominantly single-storey. But Diana's house certainly contained all the best suburban comforts - lots of the latest mod cons, thick fluffy towels and well-appointed bathrooms. My sister remembers swimming in a small dam in front of the house, to which Diana added alum to make the water clearer.

The first critical impact Diana had on my life came at the end of my final year of Matriculation. I did two years in the sixth form under the misguided impression that I wanted to do medicine, as many of my extended family had done, including both my maternal grandparents. I was certainly fascinated by medicine and areas like natural history, reading for pleasure books like Jürgen Thorwald's *Century of the Surgeon* (1957), Zinsser's *Rats, Lice and History* (1935), Morton Thompson's *The Cry and the Covenant* (1951), about Ignaz Semmelweis, and less reputable popular authors like George Sava. What I rather obstinately failed to realise was that what I was really interested in, and good at, was the humane side of medicine, including its history. I had no ability at all in the basic sciences, except for biology. I therefore ended up with bizarre Matric. results, including subjects at both extremes of the grade spectrum. I also ended up as a wet mess on the hall floor at home, weeping bitterly and trying to cheer myself up with sherry. I was sick of exams and high expectations and could only think of futures which made as few demands as possible. My parents had no idea what to do with me or about me. Someone had the sense to consult Diana, who appeared like a *dea ex machina* and solved everything. It was typical of her flair for unconventional solutions that she invented an entirely new combination of courses for me to do at Melbourne, courses which drew on my strengths, namely English literature paired with history and philosophy of science (HPS). This was an honours course over four years, of which the other novel aspect was that I was able to concentrate for my two final years on the history of medicine. Unlike the history of science, history of medicine hardly existed as a subject in Australia at that time, except in a small way in the hands of what were often rather rudely called old docs, among whom I would have to count my own grandfather (Dyason, 1977, p. 70; Gandevia, 1957). But it was a strong interest of Diana's, one which I suspect was as important to her as it was to become for me. It is possible that in me, the wet mess soaking up the sherry, she saw a likely recruit to an area she was keen to encourage. Whether she had difficulty persuading the relevant powers to allow this unprecedented combination of subjects I never knew.⁵

Thus I found myself a minor member of the small, friendly and informal HPS crowd who inhabited the Victorian red brick villa called Bushey which was one of the last survivals of what used to be called Professors Row (Figure 2).⁶ Although it meant nothing to me at the time – one of those meaningless coincidences which only seem to become meaningful in later life - my mother and her siblings, including my senior aunt, had been brought up in a very similar house next door in Professors Row, because their father, W. A. Osborne, had been professor of physiology since emigrating from Britain in 1903.⁷ Similarly, Monica MacCallum, one of the staff of HPS as I knew it, had earlier lived in the house vacated by my grandparents (Flesch, 2018, pp. 34, 39). The academic world of that date was of course a small one. Melbourne's campus in the 1960s was not nearly as built up as it is now, but to the uninitiated it felt like a bewildering maze of very different buildings huddled together in no particular order. The HPS Department was homely and reassuring as well as easily identified and self-contained. Out the back there was a little common room which was more like a sunroom in a family house. I suspect that Diana very much liked having her own separate

territory in which she could establish without opposition the kind of atmosphere she preferred.⁸ This was informal, at times even jolly, with a strong *esprit de corps*. Diana firmly believed in the properties of alcohol as a solvent, and was lavish in her provision of sherry, spirits, and cashew nuts, even to students. Female students were introduced to the value of brandy when suffering from period pain and allowed to collapse on a divan which was kept in the common room. Diana was always alert to the ills that female flesh is heir to and at first I found this slightly disconcerting, having come from a background in which no-one was allowed to be ill, ever. The Department was in fact quite feminised, in that the staff I had most contact with were Elizabeth Gasking, Monica MacCallum, and Diana herself.

But while students might be nurtured, they were not coddled. Instead, they were trusted to be adults, and treated as such. To my mind this contrasted with attitudes common in Australian families at the time, in which parents and children tended to be 'them and us' and the basic principle of childrearing was the instruction to 'go outside'. With Diana, trust extended to inviting her student and one of her student's friends to stay unaccompanied in her own house in Research. She might have realised I was not one for wild parties but she couldn't have been certain of this. As well as the fluffy towels and other amenities, what stayed with me from this weekend visit was a wonderful painting in deep purple and brown, combining scissors in the foreground and stick figures through a window. So memorable was this painting that I had little difficulty in tracking it down five decades later – it is one of John Brack's, called 'Still life with purple scissors', painted in 1964 (Figure 3).⁹ As another aspect of curious coincidence, I now know that Brack also painted surgical instruments, shops selling wigs, and barbers, all of which have been part of my research interests subsequently (Figure 4).¹⁰ Like her father and her sister Anthea (Tansy), who is described as a surrealist painter, Diana was interested in art and was a practitioner herself, mainly in watercolours.¹¹ She and my senior aunt used to go on painting trips in the bush together, though I gather this was not always harmonious. The area in which we all lived – Eltham, Research, Kangaroo Ground, Warrandyte, Hurstbridge – attracted a high concentration of artists, particularly painters, potters and metalworkers, who were tucked away in corners in the bush, except for where they were concentrated in the artists' colony in Eltham called Montsalvat, which looked like a sprawling kind of gothic stone folly (Marshall, 1971).

I have stressed some of the convivial aspects of life in HPS, but I should make it clear that Diana and her colleagues were absolutely serious about the academic work of the Department. There might be flexibility but there was no slackness. Diana was heavily invested in HPS, both literally and figuratively. On the literal side, she gave students access to her own library and, I suspect, regularly contributed books to the library of the Department.¹² As with her own house, she liked the Department to have all mod cons, and I suspect, again, that some of the funding came from her own pocket. Desktop computers were not of course yet invented, but had they been, I am sure Diana would have bought one, if not several. One machine I remember was an early photocopier. This was a slow device in which at least three sheets of special paper had to be fed in and which did not work if one of the sheets was not the right way up. Copying was therefore a maddening and wasteful process, but it was state of the art for the time.

Apart from her seriousness, I find it hard to assess Diana's intellectual influence as opposed to the value of her support. I suspect this is true of many students of good teachers. I certainly ended up at postgraduate level in a field close to hers, namely public health and germ theory in the 19th century, and both of us at different times carried out research locating and defining networks of medical practitioners. I remember Diana being dubious about finding me once with a book by the Swiss/American historian Henry Sigerist, but it seems doubtful that she disapproved of Sigerist and his advocacy of the social history of medicine. She may, however, have been wary of Sigerist's support for social medicine as practised in

the pre-war Soviet Union, given the Cold War, 'reds under the beds' climate of the time (Fee and Brown, 1997). Diana had a great respect, even reverence, for certain doyens of HPS, for example Alastair Crombie, then based in Oxford.¹³ A guest lecture Crombie gave in Melbourne was the first in which I ever fell asleep, which shocked me so much that I thought I had mistaken my vocation. It was only later that I realised that this had something to do with Crombie's delivery, if not his subject matter. Somewhat in contrast to this perhaps was Diana's undoubted interest in the account of science given by Thomas Kuhn (Home, 1990), which I certainly found attractive. But perhaps the most important aspect of what I was taught was the Department's commitment to primary sources. Our classes were based on foolscap collections of roneo'd texts, especially primary sources, many of them challenging in content (Figures 5,6,7). From these I received a grounding in ways of thinking at different historical periods which has stood me in good stead ever since. The texts were not simply chunks lifted from the source. Each text had been carefully assessed, selectively edited, and retyped.¹⁴ In recent years I have come across MA courses in universities which pride themselves on using primary texts in a similar way, whereas Diana and her colleagues were doing this fifty years ago at undergraduate level. Diana herself attributed this to the influence on her at an early age of her historian uncle by marriage, Ernest Scott, rather than to her overview in the 1950s of courses in the US and the UK.¹⁵

I was not influenced by Diana's published work, because she did not publish. As far as I know her output is limited to several vivid memoirs of her own early life, a trenchant overview of history of science in Australia (1977) and three original journal articles, all on the history of medicine, and all dating from the 1980s (see References). This seems very surprising now, even a major limitation, but it was not so odd at the time. Publication was not a minimum requirement for scholars as it is now, it was a rare achievement, and you were expected to have something important to say. Similarly, most members of staff did not have PhDs. Melbourne did not award its first PhD until 1948 (Dyason, 1983, p. 100). In HPS, Elizabeth Gasking, known as Betty, was seen as a very high achiever indeed because she not only had a doctorate, she had also published a monograph (Gasking, 1967). It was similar for graduate students. Nowadays they give papers, chair conferences, and even publish before they have finished their doctorates. By contrast I wrote copiously – longhand, of course - but did not give a paper, let alone publish, until I had passed the viva for my postgraduate degree. I can still remember how terrified I was and what a major hurdle it seemed to be. As for chairing conferences, that was something you did when you were about 40. This might suggest that Diana did not stretch her students. On the contrary, her expectations of them intellectually were high and she pushed us to attend conferences and to take part. I can recall one in particular at the University of New South Wales.¹⁶

It is fair to say that I found some parts of the HPS course much more congenial than others. History of chemistry seemed somewhat more interesting than chemistry at school, especially in its medical applications; logic, taught by Elizabeth Gasking's husband the philosopher Douglas Gasking, was impressive but baffling in so far as it was mathematical (Gasking, 1996); history of astronomy I could just about engage with, developing a fondness for Kepler in particular; philosophy of science I found remote and abstract, except as it related to science as a social practice. I don't think we did much, or any, history of mathematics, which in my case was probably just as well. Possibly I was able to steer away from it. Predictably, I preferred anything on the biological side, like history of generation, and even more germ theory and the epidemiological methods of people like the naval surgeon James Lind, who investigated scurvy (Figure 8). In retrospect I can see that the critical historical question, 'why did it matter', was, overall, answered less in terms of the priorities of the time, than according to modern judgements. However, as I can see now, this was not true of Elizabeth Gasking's work on generation.

I duly graduated in 1966 (Figure 9). Diana's second crucial intervention in my career came in the course of the year of MA research that followed my first degree. This concerned whether I should aim for a doctorate and if so where. Again, the intervention took place on home territory. By way of controlling her diabetes through exercise, Diana used to walk along local stretches of the Melbourne aqueduct, ending up at my parents' house, always bringing with her a bottle of wine. This was a frequent occurrence, even though after a glass or two she and my father, who was of the conservative persuasion, used to get into shouting matches over political issues such as South African apartheid and the Vietnam war. To his credit, my father did not discriminate between his sons and daughters with respect to educational opportunities, but as a businessman who had climbed his own greasy pole he thought that universities were ivory towers in which people worked too little, did not understand the real world, and were too inclined to be left-wing. This was of course a common set of opinions at the time, the relationship between universities and the rest of the population being one of mutual incomprehension. Similarly, as an effect of this, if cuts in government funding were to be made, cutting back universities was seen as an option without political cost.

I am less sure of my mother's views about higher education. She revered her father, W. A. Osborne; her mother Ethel who came from Leeds trained first as a scientist and then as a doctor; my mother was brought up on Melbourne's university campus, and all three of her siblings did well at university level. On the other hand, she was the youngest sibling by seven years, and seems to have decided that, since she could never catch up with her siblings, she would bypass university altogether and opt for an active social life, equestrianism, and early marriage instead. On balance, I think she would have supported my doing a further degree, and especially going overseas, as this was something she would have liked to do herself. In any case, my poor father did not stand a chance. He was ganged up on by both Diana and my senior aunt, both formidable university women who did not hesitate to make their views known. My senior aunt was Audrey Osborne, later Cahn (Figure 10), who had trained in agricultural science, the first woman to do so. Subsequently, because of the lack of interesting opportunities for women in agricultural science, she had moved into dietetics, in which both her parents had been actively interested, and which she ultimately taught at Melbourne.¹⁷ Dietetics was still regarded as a soft, applied, and subsidiary subject, especially suitable for women, but I doubt if my aunt had much difficulty with her students. She attained the rank of major during the Second World War, and, according to family legend, terrified military personnel during her inspections of their kitchens. She and Diana were both short women, but any battle between them would have been a battle of the titans. However in this case, luckily for me, they seem to have acted as one.

Under pressure then, my father agreed to fund me for a year abroad. But where should I go? The obvious and sensible answer was either Johns Hopkins in the US, or McGill in Canada, both of which had long and honourable traditions in the history of medicine. But, perhaps wilfully, I did not want to go to either country. My sense was that (a) they were too like Australia (b) American influence on Australia was extremely strong and I did not like it, regardless of how unimportant my opinion was, and (c) I was already acculturated towards Britain, as I was researching 19th-century English public health. More nebulously, I had been exposed all my life to British writing, starting with the children's books lying about at home, including the *Boys' Own Paper*, and working through copies of the *Strand Magazine* and the *Illustrated London News* unearthed in my grandfather's cellar, up to authors much praised by both my grandfather and my mother like Byron, Oscar Wilde, George Bernard Shaw and, in my mother's case, Stella Gibbons. Other books too embarrassing to mention here also played their part, as did my English literature teacher at school, Lorna Osborn (no relation), who was a regular visitor to Oxford and to whom I am also greatly indebted (McCarthy, 2014).

As I always became tongue-tied when asked about my own aims and objects, I am not sure how I got these views across, let alone how they prevailed. However, Diana did have contacts she respected in both London and Oxford, including Rupert and Marie Boas Hall in London and Rom Harré in Oxford. Rom was a well-known philosopher of science - and of course a New Zealander.¹⁸ In the event it was apparently thought that the history of science departments in London were then in a state of flux, if not actually unstable, so Oxford became the first port of call.¹⁹ If this sounds like beating the system via personal contacts, I should stress that at this time there was effectively no system to beat. Nowadays graduates wishing to come to Oxford apply using a multi-page online form, with attached written work, and are assessed according to a strict points-based set of criteria. Moreover, they have to be able to guarantee funding for a specified course of years and there has to be someone in post well qualified to supervise their chosen subject. Back then, it was a matter of blue airmail letters between me and the principal of Rom Harré's college, Linacre, though perhaps there was more to it than I ever saw. It should be said that this contrasts, then and even now, with Oxford's approach to its undergraduates, which is meticulous, infinitely painstaking and ferociously competitive. Graduates on the other hand were on the side, so to speak; supervisory arrangements were minimal and little regulated, there were no stages of assessment apart from the progression from one degree to a higher one, and not even a word limit on theses. Behind this benign neglect was a feeling that if graduates were good enough, they could simply be left, as adult scholars, to get on with it.

I have said that I had funding only for a year. Before I left Australia, there was a visit to Melbourne of F. N. L. Poynter, a representative of the Wellcome Trust in London. Somehow I found myself accosting Dr Poynter and asking about funding for PhD research, something which the Trust did not then do. The Wellcome was and is an enormously wealthy foundation which then derived its funds from the profits of the pharmaceutical company Burroughs Wellcome. Most of this money went to medical research, but by the will of Sir Henry Wellcome, a small proportion had to be spent on the medical humanities, however defined. Henry Wellcome himself was particularly interested in medical anthropology, but in the 1960s the Trust was thinking of investing in medical history. It did give Melbourne some funding, but typically this was for a nice comfortable library room for those of the medical faculty with historical leanings, not for Diana's department (Russell, 1977, p. 196). I can think of reasons why the Trust did this, including its rooted conviction that medical history was best done by doctors, and also its preference for one-off project commitments. Giving money to a going concern might have raised expectations of future funding. But I still feel, whatever the ins and outs, that it was wrong to ignore Diana and her department. Similarly I thought it was an injustice that the task of heading the HPS Department only became attached to a professorship after Diana's tenure. I take Rod Home's point that Diana might in her last years have applied for the belated new professorship and declined to do so, but it is still the case that a female head of department had pushed for this recognition for years without success (Dyason, 1977, p. 57; Home, 1990).

My postgraduate period in Oxford ran into every kind of difficulty but I will not dwell on that here because it has little connection with Diana. The only point of interest, perhaps, is that of my supervision, because it bears on the evolution of medical history as an academic subject. Initially I was supervised by Jenifer Hart, a respected 19th-century political historian.²⁰ She was very kind to me but after a year she felt she could take me no further because she knew too little about my somewhat unusual subject area. At this point Alistair Crombie, who had no official standing in the matter, intervened and I was assigned to Alastair Robb-Smith, a pathologist on the brink of retirement who had written some carefully researched pieces on the history of medicine in Oxford. Robb-Smith was an old-fashioned gentleman, somewhat isolated from his medical colleagues, who wore three-piece suits and a

watch-chain. He and I did our best with each other but I was looking at developments prior to germ theory and he could not see the point of spending time on people who 'got it wrong'. I was in a half-way position myself, as I had chapters on William Budd and John Snow, who could be said to have got it right, but I felt, instinctively rather than explicitly, that other views also deserved respect from the historian. And that, even in the case of Budd and Snow, the whole of their thinking had to be taken into account. Why, in other words, did people think as they did at the time, what were their priorities, their prevailing methodologies and their intellectual constraints? As a result I felt I had hit a brick wall in terms of supervision as well as funding and there seemed no way forward. Oddly enough Robb-Smith himself carried out exhaustive research on an 18th-century Oxford physician called Richard Frewin who was not particularly right about anything and was interesting only from the purely historical point of view. This was essentially a piece of social history, which was quite illuminating about the 18th-century university, and I later edited it and had it posted online (Robb-Smith, 2016).

In the end I and my thesis were rescued by Charles Webster, now very well-known indeed but then newly arrived from Leeds on a short-term research fellowship (Pelling and Mandelbrote, 2005). I had had no previous contact with Webster but he was found for me by the principal of Linacre, John Bamborough, who objected to Crombie's role in my supervision. Crombie had a way of making enemies in the university and I think Bamborough was one of them and Rom Harré was another. Although no-one at the student level could hope to understand it, HPS was then a morass of ideological, religious and personal divisions combined with battles over very small territories. Crombie had alienated many colleagues by his sense of entitlement, by acts of appropriation, and by the methods he used in empire-building. This well-earned hostility was nothing to do with his Australian nationality as he was at great pains to conceal his origins, describing himself instead as part of the Scottish diaspora. In fairness to him I should add that he was instrumental in gaining me a year's funding from the Wellcome, which must have been because he was *persona grata* as there was still no Wellcome programme of PhD funding to which I could have applied.

From this point onwards, by a combination of circumstance and inclination, my own interests evolved more and more towards the social history of medicine and towards social history in general. I gained a new lease of life by moving back chronologically into the early modern period, even though this involved a lot of retooling, especially in urban history. I have retained a foothold in the history of ideas, though the ideas in question are now as likely to be religious as scientific. Meanwhile the history of medicine in Britain has expanded enormously as a result of Wellcome funding. Units were first set up in Oxford and Cambridge in the early 1970s, and subsequently at other universities, notably Manchester. The Units were dismantled in the 1990s amid considerable acrimony and were only imperfectly reconstructed, but specialists in the history of medicine can now be found in most British universities as a result of a different programme, the Wellcome's University Award Scheme. The Trust's largesse was never of course unconditional. As a private foundation able to follow its own rules the Wellcome was changeable if not capricious, it tended to use scientific models inappropriate for history, it did not see historical training as equivalent to training in science, it preferred the twentieth century to any other period, and it was inclined to think that the role of historians was to explain to the public at large the praiseworthy contributions made by the Trust's scientists. The Trust was suspicious of social history and dismissed subjects like the history of nursing. At one point in the 1980s it began to think there might be something in social history after all, so it created a new post in London to which the vastly productive Roy Porter was appointed, but it never saw the social history approach as one that needed to be taken to the history of medicine as a whole (Andrews, 2003). However, partly as a result of so many University Award holders becoming embedded in history departments, and partly because the Trust slowly adopted an assessment structure

involving panels of a wide range of historians, its scope has broadened, though it is still unpredictable. I like to think that Diana would have felt at home in what is now the wider world of history of medicine, but it is also true that she trained as a scientist and retained her respect for those kinds of certainties.²¹

I would like to conclude by returning to Diana as a personality, in the light of what I have learned when researching for this lecture. Besides the excellent and affectionate obituary by Rod Home, the source I found most revealing was Diana's own contribution to the collection called *The Half-Open Door*, edited by Pat Grimshaw and Lynne Strahan (1982). It seems to me significant that this autobiographical essay, appropriately entitled 'Preludes', consists of a remarkably vivid account of her childhood, rather than her later life. As a child she was adventurous, rebellious, and unconstrained by gender roles or physical limitations. To call her a naughty tomboy is something of an understatement, and Diana plainly relished this image of herself. She is clear that her relationship with her mother was poor to non-existent but she was sustained by the love and approval of her father, the mining engineer, stockbroker and self-taught economist Edward Clarence Dyason, as well as by the indulgence of older men in her father's circle, including many Melbourne professors (Dyason, 1982; Hunter, 2018). Like my own grandparents, Edward Dyason saw Australian life as offering many freedoms, especially outdoors, including activities like bushwalking, bushcraft, horse-riding, and what is now called wild swimming. Children were allowed to roam freely for hours at a time, to go in bare feet, and to wear the minimum of clothing. And not just in the country - my senior aunt records sunbathing naked on a flat roof of the house in Professors Row (Cahn, 1987, p. 24), and the two ragamuffins shown here (Figure 11), my aunt Audrey and her brother Gerard, are sitting outside Clyde, their Professors Row house. Both families had boltholes in the country where life could be even freer and more adventurous. Given this context, one can see Diana's sense of autonomy and her tendency to cock a snook at anything conformist or authoritarian as belonging not to the 1960s but to her childhood and youth in the 1920s and 1930s.²² Without indulging in psychobabble, I would suggest that Diana looked for the same sense of freedom and equality in later life but did not find it. A skiing accident in the 1950s followed by a bad car accident may have undermined for good her childhood sense of physical invulnerability (MacCallum, 2007; Home, 1990). Although Diana insists that she was loved as a child, she spent most of her time almost from infancy in boarding schools, and her family finally split up in the 1930s. Her father left Australia permanently in 1940 when Diana was 21 and died suddenly when she was 30. Seemingly she was unable to find a comparable source of affirmation. It seems fair to say that in later life she sought approval and equality from the male world but continued to construct herself as an outsider, ready to take on the establishment. I am just one beneficiary of the fact that she was often able to do so to good effect and for the benefit of others. My abiding sense of Diana is that of her youthfulness, her willingness to make things happen, and her generosity, especially towards the young. As I said at the outset, I owe her a great deal.

ACKNOWLEDGEMENTS

I am grateful to the audience at the AAHPSSS conference for their comments, which I have tried to take into account in revising this lecture. I owe thanks also to Belinda Clark, Georgina Fitzpatrick, Amanda Gordon, Deborah Pelling, Michael Pelling, and Paul de Serville.

REFERENCES

Jonathan ANDREWS, 'Grand master of Bedlam: Roy Porter and the history of psychiatry', *History of Science*, 41 (2003), 269-86

Roy BHASKAR (ed.), *Harré and his Critics: Essays in Honour of Rom Harré with his Commentary on Them* (Blackwell, Oxford, 1990).

Audrey CAHN, *University Children* [privately printed, Melbourne, 1987]

Diana DYASON, 'After thirty years: history and philosophy of science in Australia, 1946-1976', in Stephen Murray-Smith (ed.), *Melbourne Studies in Education 1977* (Melbourne UP, 1977), pp. 45-74

-----, 'Preludes', in Grimshaw and Strahan (eds), *The Half-Open Door*, pp. 304-27

-----, 'Diana Dyason', in Hume Dow (ed.) *Memories of Melbourne University* (Hutchinson, Richmond, Vic., 1983), pp. 89-118

-----, 'William Gillbee and erysipelas at the Melbourne Hospital: medical theory and social actions', *Jnl of Australian Studies*, 14 (1984), 3-28

-----, 'James Jamieson and the ladies', in Harold Attwood and R. W. Home (eds), *Patients, Practitioners and Techniques* (Medical History Unit, Univ. of Melbourne, 1985), pp. 1-19

-----, 'The medical profession in colonial Victoria, 1834-1901', in Roy Macleod and Milton Lewis (eds), *Disease, Medicine and Empire* (Routledge, London, 1988), pp. 194-216

Elizabeth FEE and Thomas M. BROWN (eds), *Making Medical History: the Life and Times of Henry E. Sigerist* (Johns Hopkins UP, Baltimore, 1997)

Juliet FLESCH, *Not Just Profs and Toffs: Families Living in the University of Melbourne Grounds* (Australian Scholarly, North Melbourne, 2018)

-----, 'The ones that got away. Four women from the Department of Physiology and what they did next', *University of Melbourne Collections*, 11 (2012), 44-50

Bryan GANDEVIA, *An Annotated Bibliography of the History of Medicine in Australia* [Australasian Medical Publ. Co., Sydney, 1957]

Douglas GASKING, *Language, Logic and Causation: Philosophical Writings*, ed. I. T. Oakley and L. J. O'Neill (Melbourne UP, Carlton, Vic., 1996)

Elizabeth GASKING, *Investigations into Generation 1651-1828* (Hutchinson, London, 1967)

Patricia GRIMSHAW and Lynne STRAHAN (eds), *The Half-Open Door* (Hale and Iremonger, Sydney, 1982)

Sasha GRISHIN, *The Art of John Brack*, 2 vols (Oxford UP, Melbourne, 1990)

Lesley HARDING and Kendrah MORGAN, *Modern Love: the Lives of John and Sunday Reed* (Miegunyah Press, Carlton, Vic., 2015)

Rom HARRE, *A Tame Colonial Boy*, 2 vols (privately printed, Oxford, 2018)

Rod HOME, 'Eloge: Diana Joan Dyason, 1919-1989', *Metascience*, 8 (1990), 6-10; AAHPSSS website, July 2019

Cecily HUNTER, 'Edward Dyason and his sojourn with Australian economists, 1924-39', *History of Economics Review*, 71 (2018), 25-54

Farley KELLY, *Degrees of Liberation: A Short History of Women in the University of Melbourne* (Women Graduates Centenary Committee, University of Melbourne, 1985)

Madeleine LAMING, *The New Inheritors: Transforming Young People's Expectations of University* (Sense Publishers, Rotterdam, 2012)

Rosslyn MCCARTHY, 'Osborn, Lorna Grace (1922-2011)', *Encyclopedia of Women and Leadership in Twentieth-century Australia* (2014), <http://womenustralia.info/leaders/biogs/WLE0737b.htm/>

Monica MACCALLUM, 'Dyason, Diana Joan (Ding) (1919-1989)', *Australian Dictionary of Biography*

Alan MARSHALL, *Pioneers and Painters: One Hundred Years of Eltham and its Shire* (Thomas Nelson, Melbourne, 1971)
 Margaret PELLING and Scott MANDELBROTE (eds), *The Practice of Reform in Health, Medicine and Science, 1500-2000* (Ashgate, Aldershot, 2005)
 A. H. T. ROBB-SMITH, *The Life and Times of Dr Richard Frewin (1681-1761): Medicine in Oxford in the Eighteenth Century*, ed. M. Pelling, Working Paper No. 5 (2016), Early Modern Practitioners, <http://practitioners.exeter.ac.uk/working-papers/>
 K. F. RUSSELL, *The Melbourne Medical School 1862-1962* (Melbourne UP, Carlton, Vic., 1977)
 Leann TILLEY, 'Audrey Cahn: a nonagenarian scientist remembers the early days', *WiseNet*, 49 (2005), 1-7

EXTANT HPS PRIMARY SOURCES (in M. P.'s possession)

P. J. CLENDINNEN, 'Introductory notes on logic and scientific method' (1962)
 FRACASTORIUS, 'Dedication to ... Cardinal Alexander Farnese'
 Sir John HARRINGTON (trans.), *The School of Salernum* (1920)
 Jacob HENLE, *On Miasmata and Contagia* (1840)
 Robert KOCH, *Professor Koch on Cholera*, trans. G. Duncan (1894)
 Robert KOCH in *Recent Essays by Various Authors on Bacteria in Relation to Disease*, ed. W. W. Cheyne (1886)
 Thomas KUHN, 'The function of dogma in scientific research', *Scientific Change*, ed. A. C. Crombie (1963)
 James LIND, *Lind's Treatise on Scurvy*, ed. C. P. Stewart and D. Guthrie (1953)
 Thomas PARKER, *A Practical Treatise on Fever* (1796)
 Philosophy I, 'Logic' (1963)
 Source Material for HPS I, 1963, Vol. 2 [Lyell to Mendel]

NOTES

¹ Cf. Dyason (1983), pp. 116-17, on her similar experience of the late 1930s.

² Contemporary coverage of Shrimpton's visit is still readily retrievable on the internet.

³ This persona was essentially in place from early adulthood (Dyason, 1983, p. 98).

⁴ *Argus*, 27 Aug. 1954, p. 11; *ibid.*, 28 June 1955, retrieved via Trove (National Library of Australia). Stella Gibbons's *Cold Comfort Farm* (1932), set in an imaginary rural Sussex, satirised the humourless earthy novels of the interwar period and was a favourite of my mother's generation.

⁵ On the late but pioneering development of an honours school in HPS, see Dyason (1977), pp. 57-8, 60.

⁶ On the Professors Row houses, including Bushey, see Flesch (2018), chap. 3.

⁷ Cahn (1987), pp. 12-27, 32 (my aunt's invaluable memoir, which would have benefited from copy-editing, is paginated twice: I cite here page numbers from the bottom of the page). The Osbornes lived first in the West Wing of the Old Quadrangle. For the Osborne parents see entries in *Australian Dictionary of Biography*.

⁸ See for example the stress on autonomy in Dyason (1977), p. 55.

⁹ Grishin (1990), vol. ii, pp. 20, 128. Regrettably this picture is reproduced only in black and white, which gives little idea of its impact.

¹⁰ Grishin (1990), vol. i, pp. 33-5, 86-8; vol. ii, pp. 83, 138-9.

¹¹ On Edward Dyason and art, see Harding and Morgan (2015), pp. 60-1, 72, 77, 83. Anthea Dyason, who was disabled, killed herself in Sydney in 1956: *Argus*, 3 May 1956, p. 1, via Trove. Death notices can also be retrieved via Trove. See also Dyason (1982), p. 306. For a fine photograph of Diana and Anthea as young women, with their father, see Flesch (2012), p. 47.

¹² On Diana's library see Flesch (2012), p. 48. On the 'constant problem of textbooks', see Dyason (1977), p. 57.

¹³ For an account of Crombie rather different from the one given here, see entry by John North in *Oxford Dictionary of National Biography*.

¹⁴ This was of course before computers and the disappearance of support staff, so the retyping would have been done by the two devoted (female) secretaries whom I recall as an integral part of the Department.

¹⁵ Dyason (1982), p. 322; Home (1990); Dyason (1977), pp. 49-50.

¹⁶ On the important but in some ways contrasting role of the University of NSW in the development of HPS in Australia, see Dyason (1977), pp. 61-5.

¹⁷ See Cahn (1987), pp. 57-62; Tilley (2005); entry by L. Tilley and B. Stone, *Obituaries Australia*.

¹⁸ See Harré (2018); Bhaskar (1990). Rom Harré's death was announced in Oxford just before the date of this lecture.

¹⁹ On the London HPS departments, see Dyason (1977), pp. 52, 53 (note), 59.

²⁰ For Jenifer Hart, see the entry for her husband Herbert Hart by Tony Honoré in *Oxford Dictionary of National Biography*.

²¹ Dyason (1983), pp. 90-1, 100-1. But cf. Diana's approach to teaching humanities students about science: Dyason (1977), pp. 54, 56, 59, 63.

²² Diana herself tended to confirm this: Dyason (1982), pp. 326-7.