Heritage at the University of Canberra

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University Museums, galleries and collections

• Forms a large part of Australia’s heritage
• Over 400 at last count
• Exists in a transient landscape
Pourquoi?
What’s in UC?

• 1967 Canberra College of Advanced Education
• 1990 Became a university

40th Anniversary, University of Canberra
40th Anniversary, University of Canberra
Places

- Weeden Lodge building formerly known as Cameron Offices (Commonwealth Listed)

Grahamec, Wikimedia Commons
Places

- UC Residences Group 2 or New Ressies (ACT Heritage Register)
Places

- Indigenous Site (ACT Heritage Register)
- Artefact scatter
Places

- Futuro
Places

- UC Foundation Stone
Museums, Collections and Archives

- The Australian National Museum of Education
- The Lu Rees Archive of Childrens' Literature
- UC Art Collection
- The Mineral & Economic Geology Collection (Mathis Collection)
Museums, Collections and Archives

- Natural History Teaching Collection
- Ngunnawal Centre
- Donald Horne Institute
- UC Library Rare Books Collection
Why was the geologist not hungry?

Because he lost his apatite!

Apatite $\text{Ca}_5(\text{PO}_4)_3(\text{F,Cl,OH})$
Engagement

- With the wider university community
- Getting heritage and conservation students involved
- Volunteer program at the Australian National Museum of Education
- To rethink and reinvent the collections beyond their intended use
CURIOUS CORRIDORS
University Collections

had their genesis in teaching specimens and the cabinets of curiosity that proved the existence of things, people and places beyond the experience of most people – essentially research tools – such as the Maclay and Pitt Rivers collections.

Specimens or objects are still the basis of teaching and learning in areas such as Archaeology, Art History, Geology and aspects of Medicine such as anatomy and pathology.

but .......
On the shelf
Past their use by date
OBJECT-BASED LEARNING

The power of museums and galleries as learning resources lies in the objects they collect, safeguard, interpret and display.

Objects, or material things, are all evidence of somewhere, something or somebody and as such all have stories to tell.
Introducing pupils to real objects, real evidence of the world around them and of the past, encourages them to think beyond their everyday experience.…..

“it gives them the chance to develop their capacity for careful, critical observation of their world “

Give a pupil an object to look at and you’ll almost always engage their interest – the crucial first step to learning.

Unlocking the enormous potential of objects as tools for learning depends on how we look at, think around and talk about those objects – it depends upon asking the right questions, questions which spark off conversations and reflection.
When using an object in the classroom the physical aspect of the observation process has to be considered.

Ideally children should be able to touch, feel, smell, hold and listen to the object – their sensory experience of that object is a crucial part of the learning and exploration process and is what differentiates object-based teaching from looking at a picture in a book.

- Anra Kennedy, TeachandLearn.net
Ironically, Education students are taught about the work of John Dewey, Piaget, Bruner, Steiner and others but through methodologies which rarely if ever embrace the principles of discovery learning, self-directed learning or direct experience.

University College London and Reading University have undertaken research projects to evaluate the benefits of Object Based Learning in universities. Again ironically, one project proposed digitisation of the objects to facilitate object based learning …..
“Collections afford a valuable opportunity to provide a focal point for acquiring subject-specific knowledge. Objects can also be used to inspire discussion, group/team work and lateral thinking – all essential key, transferable, skills in higher education.”

(Helen Chatterjee; 2008).
Suzanne Paris suggests that ‘objects, although concrete, actually represent a vast continuum of abstract ideas and inter-related realities’

They therefore have the power to help students to cope with challenging aspects of the curriculum. Working with objects strengthens learning, as the sense of touch can lead to a more memorable learning experience.


‘object-handling has a long-lasting effect and relationship with memory, more so than text-based learning often has’

Rembrandt Van Rijn, *Bathsheba at her Bath* 1654
Rembrandt Van Rijn, *Bathsheba at her Bath* 1654 (detail)
Rembrandt Harmenszoon van Rijn (Dutch, 1606-1669) was arguably without peer as a portrait artist, and ranks among the master painters of all time. This paper concerns his portrait of 'Bathsheba at her toilet', painted in 1654 with his defacto wife Hendrickje Stoffels as the model. She bore him his second surviving child Cornelia who was born in 1654. Rembrandt never painted a formal portrait of Hendrickje though various of his subjects are said to have been modelled by her.

In painting her left breast, Rembrandt has shown us skin discolouration, distortion of symmetry with axillary fullness, and peau d'orange. These features in a painting by the old master cannot be anything but a deliberate depiction of what he saw. They are clinical signs of breast cancer.

Hendrickje lived in fact for nearly nine years after the painting of Bathsheba. There was a physical deterioration throughout this period, particularly towards the end when her general ill health became apparent in other paintings. In 1662 she was very weak and unable to talk when she began preparations for the end which came in 1663. Historians record that she was probably consumptive, dying of tuberculosis. Is it more reasonable to suggest that she died of disseminated breast cancer?
Bathsheba: Another Diagnosis

Deformity of the left breast and axilla observed in Rembrandt’s famous painting “Bathsheba at her toilet” (1654, Louvre Paris) has been discussed by several researchers.

Proposed diagnoses were breast cancer and abscess due to tuberculosis. The present article reviews previous articles written concerning the left breast abnormalities of Bathsheba and carefully examines other works of Rembrandt modelled by Hendrickje and painted around 1654.

Previous diagnosis of breast cancer and tuberculous mastitis is less probable. Because Hendrickje survived for more then 9 years after the painting and in other works modelled by Hendrickje shows no signs of cachexia or permanent changes in the left breast.

The most likely diagnosis of the left breast deformity of Bathsheba is a sequela of lactation mastitis abscess following miscarriage or premature childbirth without breast feeding.
La Mujer Barbuda by Diego Ribera, 1631.
EN MAGNUM NATURA MIRACULUM
MAGDALENA VENTURA EX OPPIDO
ACCUMULI APUD SAMNITES VULGO
EL ABRUZZO REGNI NEapolitanI
ANNORUM 52 ET QUOD INSOLENS
EST CUM ANNUM 37 AGERET
COEPIT PUBESCERE EOQUE BARBA
DEMISSA AC PROLIXA EST UT
POTIUS ALICUIUS MAGISTRI BARBA-
TI ESSE VIDEATUR QUAM MULIERIS
QUAE TRES FILIOS ANTE AMISERIT
QUOS EX VIRO SUO FELICI DE AMICI
QUEM ADESSE VIDES HABUERAT.

JOSEPHUS DE RIBERA HISPANUS
CHRISTI CRUCE INSIGNITUS SUI
TEMPORIS ALTER APELLES IUSSU
FERDINANDI II DUCIS IN DEALCALA
NEAPOLI PROREGIS AD VIVUM MIRE
DEPINXiT.
XIII KALEND. MART. MDCXXXI

Tunbridge W M G QJM 2011;qjmed.hcq254
La Mujer Barbuda by Ribera, 1631: A Gender Bender
W. Michael G Tunbridge

The picture showing a markedly virilized central figure with an infant at the breast was painted in 1631 by Jose Ribera, a Spaniard living in Naples. It was commissioned by Ribera’s patron, the Duke of Alcala and in due course returned to Spain. It was exhibited in Paris and in the Royal Academy of San Fernando in the early 19th century and hung for many years in the Hospital Tavera in Toledo. It is now in the Museo del Prado, Madrid.

The central figure poses a conundrum but a case for the diagnosis of the underlying medical condition which would explain all the features seen can be made from evidence in the picture. The medical history of this real named person is given in the Latin inscription on the stone tablets in the picture. The inscription translates as follows:
Look, a great miracle of nature. Magdalena Ventura from the town of Accumulus in Samnium, in the vulgar tongue Abruzzo in the Kingdom of Naples, aged 52 and what is unusual is when she was in her 37th year she began to go through puberty and thus a full growth of beard appeared such that it seems rather that of a bearded gentleman than a woman who had previously lost three sons whom she had borne to her husband, Felici de Amici, whom you see next to her. Joseph de Ribera, a Spaniard, marked by the cross of Christ, a second Apelles of his own time, by order of Duke Ferdinand II of Alcala, Viceroy at Naples, depicted in a marvellously lifelike way. 17th February 1631.
Observations

Magdalena Ventura’s features show frontal balding, a luxuriant beard, coarse skin but no acne, masculine face and large but not acromegalic hands. She has one engorged breast and an infant held just away from the nipple. She wears a beautiful rich dress and has a proud bearing in contrast to the shadowy portrait of her husband standing behind her.

The history that she had borne three sons tells us that she must have had a normally functioning hypothalamic—pituitary—gonadal axis and normal internal female organs.

We do not know her menstrual history, particularly after her 37th year ‘when she began to go through puberty’ meaning probably that her masculine appearance began then when her beard developed and her periods would have stuttered to a stop. Nor do we know whether the beard grew gradually at first and flourished later.
Magdalena however is depicted as though at the age of 52 she had delivered another child whom she is breastfeeding.

The median age of the menopause nowadays is 51 and it remains possible to conceive spontaneously at that age in someone who is still menstruating. The oldest woman to conceive naturally in the pre-in vitro fertilization (IVF) era was 57 in the USA and 55 in the UK.¹

It is unlikely that Magdalena would have conceived had she had sustained very high testosterone levels which would suppress the pituitary-gonadotrophin axis and prevent ovulation. Women with polycystic ovaries however may still ovulate, usually irregularly, despite typically only modest hirsutism rather than a heavy growth of beard.
Diagnosis

The most likely diagnosis is that of a benign androgen producing tumour of the ovary, now called an androblastoma, rather than polycystic ovaries.

The excess androgens could be of adrenal origin but she does not have a Cushingoid appearance nor is it likely that she has any of the congenital adrenal enzyme deficiencies, given her history of natural childbirths. This history would also exclude 5-α-reductase deficiency, in which there is a failure of conversion of testosterone to dihydrotestosterone, in genetically male pseudo-hermaphrodites which results in ambiguous genitalia and who are typically brought up as female but commonly develop masculine features at puberty.

Nevertheless an adrenal androgen secreting tumour would need to be excluded if one were investigating a woman with the features exhibited by Magdalena in the 21st century.
Further investigation of a woman such as Magdalena presenting with virilization in the 21st century would be likely to show XX chromosomes, normal sex hormone-binding globulin, high free testosterone in the usual male range of 10–25 pmol/l rather than the normal female range of 0.5–2.5 pmol/l and failure of suppression with dexamethasone.\(^5\)

Magnetic resonance imaging (MRI) scans of the abdomen would be needed to show both ovaries and adrenals (Figure 3a, b). It would also be essential to sample by catheterization both ovarian and adrenal veins to determine the source of the excess androgens (Figure 3c).
Perceptions

The painting of La Mujer Barbuda has evinced a variety of observations over the centuries. Admiration, curiosity, fascination and revulsion have all been expressed and even today some medical professionals find it disturbing.

Ribera was an admirer of Caraveggio and the school of ‘tenebrists’ who liked to contrast the light and the shade (witness the glowing Magdalena whilst her husband remains in the shadows) and also had a fascination with the bizarre and the macabre.

Nevertheless the subject has been treated with dignity and described as ‘A Miracle of Nature’. Contrast this attitude with the way in which the bearded woman has been treated over subsequent centuries.
Even in the 21st century attitudes of politicians, press, public and some medical professionals towards sexual ambiguity, for example in athletes, reveal ignorance, prejudice, prudery and insensitivity.

Most matters of ambiguous gender identity can be clarified through proper clinical examination and such investigations as I have applied hypothetically to La Mujer Barbuda. These should be conducted in private and with sensitivity over whatever time is needed to sort out the often difficult problems of both diagnosis and management.

It is not appropriate that anyone with delicate gender issues should be manipulated in public or private by politicians or the media or anyone else for their own ends.