

*DOCTOR
DOWN
UNDER*

by

*Doris
Gordon*

Gordon, Doris
Doctor down
under

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Doctor Down Under

DORIS GORDON

M.B.E., F.R.C.S., F.R.C.O.G., D.P.H.

Everyone who read *Backblocks Baby-Doctor*, the first part of Dr. Doris Gordon's autobiography, finished it all too quickly ('It kept me up all night' was a frequent comment) and wanted more. Now this posthumously published sequel, *Doctor Down Under*, tells the rest of her moving and inspiring story.

It is the story of a great woman doctor who has been the mainspring of maternity history in New Zealand. She founded the Obstetrical Society there, was the prime mover in the endowment of two professorial chairs of obstetrics, served the government as director of maternal and infant welfare, and still had time to be a wonderful wife and raise a fine family.

In this second book, as sincere and terse and exciting as the first, Doris Gordon weighs the progress of socialized medicine against the personal devotion of the private doctor to the individual patient. Her forthright opinions may illumine the lay reader. Her thoughtful conclusions may inspire some of those who seek to follow her footsteps in the profession to which she dedicated her life.

Doris Gordon died as she laid down her pen from the writing of this book, but she leaves many memorials behind her. Some are in stone, some in the wisdom and skill of doctors she has helped to train. Some are the very lives of a whole generation of New Zealanders. But not least of her memorials are the posthumous testimony and the enduring challenge of *Doctor Down Under*.

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Doctor Down Under

by the same author

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BACKBLOCKS BABY-DOCTOR

Doctor Down Under

by

DORIS GORDON

M.B.E., F.R.C.S. (Edin), F.R.C.O.G., D.P.H.

My sword, I give to him that shall succeed me in my pilgrimage, and my courage and skill to him that can get it.

—JOHN BUNYAN

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To
ALISON

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Acknowledgments

My wife and I were on our way to Auckland, when her last illness supervened. She had been looking forward eagerly to a five weeks' 'holiday' during which she had planned to put the finishing touches to the manuscript of this book with the help of her friend, Mrs. J. C. Graham—widely known to readers of the *New Zealand Herald* and *Otago Daily Times* under the pen-name of 'Susan'.

Dr. Doris, as everyone called her, had known for some considerable time that her days were numbered. In her characteristically calm and realistic way, she had often said to me that once her second book was completed, she would willingly 'give up her sword'. But that last five weeks' work was not to be. She died in our own Marire Hospital, in Stratford.

Without the willing and immediate help of Mrs. Graham, this book could not have reached publication. I am glad to have this opportunity on behalf of myself and the family, to acknowledge her painstaking service in getting the manuscript into its final form.

At the same time, Mrs. Graham and I would like to place on record the great assistance given by Mrs. Joan Faulkner Blake, of Hawera, and Mr. R. H. Quilliam, of New Plymouth.

Stratford
New Zealand

W. P. P. GORDON

PROLOGUE

White Woman's Way



She escorted me down the long paddock from her tidy home flanked by the giant trees of the Okataina forest to the highway where my car was parked beside the white pumice-sand beach of Lake Rotoiti, but with true Maori courtesy she was in no hurry to speed the departing guest.

So we stood in eloquent silence. Her brown eyes acquired a far-away look as if seeing beyond the immediate beauty of the lake, and then this tall pillar of brown-skinned dignity summarized our discussions by calmly remarking: 'White women frightened to have babies. Maori women not frightened. We will recapture New Zealand by our birth-rate.'

The idea of reconquest through babies was not new to me, so it was easy not to betray surprise; but what was astonishing was the *naïveté* with which she handed out this news to a Director of Maternal Welfare under the White Man's Government. Or was it perchance a compliment to our mutual femininity that she permitted me one glimpse behind her mental curtains? There had been no hint of bitterness or threat in her soft speech; rather it was a simple statement, based on compound multiplication, that the race which habitually reared eight or nine children per couple must soon out-vote the more shyly breeding *Pakehas*; and therefore the Maori sun was rising.

There was much feminine lore I had wanted to hear from her simple lips. But, because she wore conversational dignity like a cloak, all I had learned after two hours' talk was that

Maori women experienced the same gradients of morning-sickness as did white women, and that while the older women still preferred to have their babies born at home, 'bending over a box with just our husbands helping us', they heartily approved of their daughters going into the Rotorua Hospital to have their babies 'white woman's way'. I had so much wanted to ask her about Maori menopause; Maori ideas of birth-control; and whether Maori husbands' efforts to hasten delivery by powerful squeezes on brown abdomens or by the traditional medium of pressure exerted by a piece of wood, resulted as one might expect in falling wombs and prolapsing bladders. But here I was saying good-bye with these matters still a mystery, and, in lieu of feminine confidences, I was being favoured with a revelation of Maori ideas of tomorrow.

I returned the compliment of silence. My eyes also roved around the noon-day beauty of Lake Rotoiti, fringed in its setting of bush and fern, trimmed with a sailing yacht or two and rippled by a launch trolling for trout. Through shuttered eyelids I looked backwards, just 125 years, and saw Hongi's armada of war canoes thrash up this placid water with every warrior's tongue hanging out in anticipation of cannibal carnival shortly to be staged on the shores of Lake Rotorua.

I thought, 'What a transformation the white man has wrought in those 125 years!' True, we had made mistakes. From the days of the Maori wars onward—all along the line—there had been errors in judgment. But white man is only mortal: and what mortal never made mistakes?

As our lakeside tête-à-tête was merely a ripple of the twentieth-century upsurge of native races, I did not resent her calm assumption. I knew biology was stronger than theories of compound multiplication, and I knew that, like a wholesome annual blood transfusion, streams of energetic new white settlers from Nordic lands were always arriving to help keep balance. So, in farewell to Maoridom, I looked far beyond Lake Rotoiti and saw an even ratio of *genes* white and *genes* brown, *genes* charged with restless energy and *genes* blessed with Polynesian equanimity, ultimately blending in one stream

to make a new Pacific nation wherein complexion would not count, but industry and character would mark the better man.

When I was first asked to pack suitcase and act as Director of Maternal Welfare, a deciding factor had been the Ministerial promise: 'You'll have to give half your time to Maori mothercraft; on the standard of homecraft of Maori girls of today will hinge the progress of their race for the next many years.'

Now my term as Director was drawing to its close: my report on Maori mothercraft would doubtless be lost forever in the files of officialdom. But in the book I was going to write my dignified companion of this moment, with her ideas of reconquest through babies, would live in a woodcut all her own.

My book, as I envisaged it then, has been a long time in the writing, and has in fact finished up as *two* books. In the first half, already published as *Backblocks Baby-Doctor*, the woman in me told the story of her life, with the doctor leaning over her shoulder and jogging her memory. But it is the doctor in me who writes the present story, and if the woman inevitably intrudes and interferes at times, I must never let her deflect me from my purpose in writing it.

This purpose is to pass on to a new generation of doctors and nurses the strongest conviction that has emerged from my own experience: that a doctor must give his whole self to his patient, as a mother to her baby, as a king to his country; that the patient is more important than a day off, a night's sleep, the forty-hour week, a crossed cheque, Big Business and any bureaucratic tangle of Red Tape.

This demands selfless service, but it brings reward beyond all monetary gain. It means sacrifice, but it brings joy and excitement and spiritual expansion beyond all practical reward.

I hope that through these pages these young ones will glimpse something of the heritage of pioneer medicine in New Zealand, and that they will see the writing on the wall for all

WHITE WOMAN'S WAY

who are tempted to accept or to tolerate any but the highest standards, the strictest discipline and the most whole-hearted and single-minded devotion to their oath and to humanity.

If only I could feel, at the end of my days, that I had succeeded in getting this urgent message across, even to a few, then might I feel in my heart that I had not lived and worked and died altogether in vain.

PART I

Home-Spun Surgeon



*So nigh is grandeur to our dust,
So near is God to man,
When Duty whispers low, Thou must,
The youth replies, I can.*

R. W. EMERSON

I. In the high and far-off times of my house-surgeon days. during World War I, the few staff surgeons left at Dunedin Hospital were far too busy to stop and consider whether they owed their house-surgeons some surgical training. Even if they had thought of their duty, they would have scorned the idea of wasting time holding forceps and snipping ligatures while a *woman* learned how to fold and neatly refold the layers of the living abdomen. So no one ever said, 'Don't scratch with the tip of your scalpel, use the blade,' and, in the general scramble, no one ever said, 'Now these are obstetrical forceps, note this is the left blade and you insert it thus. . . .'

My clinical teachers certainly did instil into me the old-time art of taking detailed case-histories and sleuthing out cause and effect like a Bow Street detective. They imparted a knack of shrewd observation and the habit of getting *en rapport* with every patient; and I am eternally grateful to the few who taught me the transcendent value of every human being, be that human a 'char' scrubbing the hospital floor, or the V.I.P. chairman of the said hospital board.

There was just one surgeon, Dr. Sydney Allen, who showed

an inclination to train his house-surgeon in the way great surgeons are trained today, and I did not happen to be his lucky house-surgeon. Allen's houseman was James Jenkins, really a fifth-year student who, like Bill Gordon, had to thank the Kaiser for premature elevation to the status and pay of house-surgeon. Mr. Jenkins was a marked student who had obviously hitched his waggon to surgical stars and was always in the forefront of any spectating group of trainees, and in the few weeks since he had been promoted to the rank of acting houseman, his surgical ascent had been so astronomic that all other house-surgeons were green with envy.

"That appendix Syd let me do this morning. . . . The hernia I did for him on Monday. . . . The semilunar cartilage he's letting me do tomorrow. . . .' We heard news like this daily, and as no such experiences came our way we wondered what *was* the riddle of his success. Did Dr. Allen recognize genius when he met it and hasten to offer surgery on a salver? Or did the astute James boldly ask for these operations and get away with the request?

I had been qualified eighteen months and war-time fates had pitch-forked me up to be senior of six house-surgeons, of whom only two were really qualified. A state of emergency in the laboratory gave me four extra hours' daily work there and the hospital board expected me to cover all risky anaesthetics if a senior anaesthetist from the city could not be located. I revelled in all this extra work. But on one eventful Sunday night, when I chanced to be relieving for Jenkins, I admitted a case of acute appendicitis to Allen's ward and my imp said, 'Why not try to collect the experience of removing just one appendix, seeing he frequently permits an unqualified man to do it under supervision.'

It was an eventful night, for not only did I put my foot on the first rung of the surgical ladder, but within the same hour collected a firm option over a worth-while husband, which was not slow going for a lass born in Victoria's reign and reared in Edwardian dignity. Bill Gordon happened to be the only other house-surgeon on duty that night and I promptly booked

him to give the anaesthetic for 'Dr. Allen's appendicectomy'. Bill and I, in rare off-duty days, had had a few horse-riding exercises together. But Bill was a canny Belfast Scot and obviously felt that as I was already a graduate doctor enjoying the princely salary of about £180 per annum, and he was a final-year student in debt to his elder brother for about the same amount, it was not fitting that by squeeze of hand or look of eye he should betray the slightest interest in me other than the medical camaraderie common to two of the institution's keenest trainees.

Dr. Allen arrived in a fine fuming temper, for he had visitors at home and a call at seven-thirty on Sunday night seemed just over the odds. Half-way through the scrubbing-up process I made matters worse by asking, 'Please, Dr. Allen, will you let me have the same privilege that you grant to *Doctor Jenkins*?'

'W—what's that?'

'Will you let me do this operation and take over only if you see that I'm about to make a mistake?'

"S—suppose I'll have to."

The nominal *Doctor* Bill Gordon gave a smooth chloroform induction and then swung over to pure ether, and in between the heavens of an etherized abdomen I managed to make a three-and-a-half inch incision through which I fished up a plum-coloured gangrenous appendix.

'G—gosh, t—that's a juicy one, four more hours and it would have b—burst. T—take it gently, Doctor.' And all of a sudden Allen was his old genial self, the theatre sister was smiling her relief, and we were one team of four brains and eight hands combining to cope with that treacherous appendix. Allen's zest for sailing close to danger made him forget that his understudy was a woman, and I was equally tense with the thrill of getting a purse-string suture tied without trauma and bleeding. Yet all the time I was subconsciously aware that Allen would get home to his visitors in half the time if he but wrested the lead from me.

When we were closing up, some dexterity with catgut made

him exclaim, 'H-hello, young woman, w-where did you learn to practise that stitch?'

Preoccupied with the sewing together of the last inch of muscle sheath, I replied, 'Oh, that's merely the button-hole stitch I've been doing since I was ten.'

This comment tore it! My calm assumption that it came more naturally to a woman than to a man to be deft with sutures rekindled fury and Allen snipped savagely at my last thread of catgut, turned from the table, ripped off his gloves and said, 'Carry on, you c-can't possibly m-make a mistake now.' And to the anaesthetist he said, 'S-see you in staff-room, Gordon. Come the m-minute you are free.' In an atmosphere of thunder he stalked out of the theatre.

Fifteen minutes later, I was perched on the corner of my sitting-room table, staring into space and meditating on the fact that I had really enjoyed doing an appendicectomy from A to Z, when I heard light quick steps taking my private staircase three at a time. I knew those steps, and whatever the reason might be for Bill's visit I was grateful that he arrived quickly and discreetly. The previous year a woman and a male house-surgeon had rather blotted their copy-books, and Bill, known in the University as Uncle Bill, was taking good care that no hospital scandal wafted round our two names.

This February night, after a quick knock, he burst in grinning from ear to ear, sank into my nearest armchair and exclaimed, 'Such a joke! Syd's been dressing me down because I let you do that appendix. Seems to think I ought to have pinched it from you just because you are a woman. He talked non-stop for five minutes, stuttering worse than usual, and never gave me a chance to say I'd have been breaking rules if I had taken the case from you. He started off: "Look here, G-gordon. W-what are you doing l-letting t-that woman get ahead of you like that? W-wanted you to do t-that appendix, and you l-let her. Y-you want to be more p-pushing. She's *too* damned pushing. If she likes to do laboratory work, w-well let her . . . but I'm not having a d-damned p-pathologist assisting

at my operations. Y-you t-take my advice, G-gordon, and k-keep an eye on her.”’

The recital ran out and we both laughed. I seem to remember that we both laughed more than the occasion warranted. And then, as suddenly as he had arrived, Bill jumped up and from the door explained that he was more than an hour late on his rounds. And I was left staring at the space through which he had vanished.

‘Now, Uncle Bill, what’s that in aid of? Why come bursting in with a face like the rising sun to tell me that Allen called me a damned pathologist and told you to keep an eye on me? Is that tantamount, you canny man, to a notice of motion that, as soon as you are qualified, you’ll be proposing to keep both eyes on me for life?’

Suddenly my little world of dedicated ideals and exciting careers started to spin, the walls of my room reeled, the furniture seemed to jitter as if in an earthquake. Highlights of appendicectomies and pneumonias seemed to waltz crazily with ideas of matrimony and round-the-clock domestic chores. Like two puppets the wonderful drama and comedy of hospital life came on to this gyrating stage and bowed to two pairs of slippers by one’s own fireside. And through the medley my ears caught again the beat of pursuing feet . . . pattering baby feet . . . which are every woman’s Hound of Heaven.

That night sleep was elusive. Hopeful cupids and doubting demons held confab on my pillow.

‘To be or not to be—that’s the question.’

‘Should a woman doctor marry?’

‘Marriage threatens all you’ve built up.’

‘Marriage breaks a woman.’

‘Marriage makes—even while it breaks—a woman.’

‘You’ll never be satisfied without babies.’

‘And in the uncharted waters of matrimony you’d rather trust Uncle Bill than anyone else you know.’

At dusk, six weeks later, I was completing my last round of duty as a house-surgeon. Next day I would go on leave and in

less than a week would return as a full-time lecturer in bacteriology and pathology. I had always dreaded this day: the occasion on which I would say good-bye to hospital life with its endless excitements which welded a conglomerate group of characters into a loyal house-surgeon team. Now the day, the hour had come and, contrary to expectation, I was anything but sad. In fact I must have been surcharged with courage, for, spying Dr. Allen emerging from the southern corridor, I risked a verbal encounter.

'Good evening, Dr. Allen. Have you a minute to spare for a joke?'

His face beamed as he hoisted his tired anatomy up on to the sacrosanct table which held our Domesday Book (that ever-open tome which told *who* was cutting up *whom*, in *which* theatre and at *what* hour). Swinging his legs informally he said:

'F-fire ahead. Always ready for a joke.'

'Do you remember a Sunday night six weeks ago when you let me remove an appendix?'

'Yes. D-didn't see any joke about that.'

'I know. It was Sunday night and you had visitors. But thank you for letting me do it.'

'But w-where's the j-joke?'

'Do you remember telling a certain house-surgeon to keep an eye on me?'

Allen's eyes bored into mine trying to discern whether I knew the sequel about the damned pathologist; but keeping up a show of geniality he said:

'S-still don't see the j-joke.'

'We thought it a rich joke; for when you told him to keep one eye on him he was already keeping two, and I'm going to marry him the day after tomorrow.'

Allen's hand slapped down on my shoulder while he burst into a paean in Bill's favour. Then he stuttered on to say how much he had liked me when, as a relieving tutor in anatomy, he had spent forty minutes helping me master the intricacies of the temporal bone. But he went on to add that since I had

become a house-surgeon he had thought I might become tough and hard-bitten. He wound up by asking me to run up and get my cheque book, for he knew we banked at the same bank, and he wanted to give us a wedding present.

When I laughingly declined to go upstairs for the cheque book he said, 'W-well, I'll post you one. N-nothing's made me so happy in a month. W-hat day did you say you were getting married? B-but that's G-good Friday! G-good Lord, g-girl, are you s-sure it's legal?'

In my first book I told of the confusion in 1917, when the military called up every doctor of Bill's graduation class on the night their results came out, totally regardless of what it would mean to these young medicos to miss all experience as civilian house-surgeons. I have told of our whirlwind wedding; of my period as a public health worker; of a diphtheria epidemic in Invercargill; and how the Director General of Health introduced me to New Zealand's mountain town of Stratford.

Hindenberg's heavy hand not only streamlined our romance but for two decades unsettled our married life. A much travelled and world-wise Bill was demobilized late in 1919 to the realization that the war which had robbed him of so much useful practical experience had, by piling double, triple experience on his wife, made her as competent and adventurous as he was scholarly and cautious. It was a topsy-turvy domestic situation; and there wasn't anything we could do about it.

In an effort to compensate for the years the locusts had eaten, Bill and I blistered our bank account in 1925 and went off to Edinburgh where we had fun pinching our respective F.R.C.S. diplomas before the pundits realized we were husband and wife. But the possession of a diploma, if obtained without those years of hospital experience, does not make the holder thereof a calm, competent surgeon. So in Vienna we spent more money paying for Bill to work under penurious surgeons who gave him concentrated experience in genito-urinary work and routine surgical procedures. Again in 1929, we raised the money to give him a period of study observation at the famous

Mayo Clinic, Rochester, U.S.A. Nevertheless by 1935 we reluctantly faced the fact that when Bill operated, the patients did exceptionally well but our own family suffered agonies beside which Bill's own anxiety dyspepsia was as nothing, and when in 1937 he threw his scalpel over the back hedge, we all heaved sighs of relief. Thus it came about that the Gordon team developed round a quaint set-up wherein the woman did the surgery (on the safe principle of tackling only such cases as she knew she could benefit), while the man became the highly valued general practitioner, anaesthetist and general father-confessor.

Colloquially speaking, I never wanted to wear the trousers. Fate thrust them upon me, just as in World War II it thrust a shrewd ability upon another generation of women. Between 1939 and 1944 we wives had to cope with the ever-changing trappings of the Welfare State, while husbands forgot quotas and coupons and acquired the army mentality which carries out orders and seldom has to think them up. On demobilization many of these heroes did not understand the modern world, its doubtful benefits and its manifold shortages, its red tape and the multitudinous ways of circumventing red-tape. But their wives did. And many a matrimonial tangle I've helped unravel just because a bemused husband unconsciously resented his wife's competence.

Such consultations usually end on this note: 'Well, lass, we women are all in the same boat. It's in the interests of our domestic peace that we build up a husband's self-respect. You've got to be a good actress, and go out of your way to seek his advice or find something which he can do and you cannot. Personally, I long ago cultivated a helplessness with everything mechanical in order that my husband could come steaming along (just when he was in a hurry to go out) and get me out of my fix. He's so often told me in exasperated tones: "Oh Mother! You've no mechanical genius!" that by now I really believe him. You think up your own ruses, but you'll find they pay, for men must have tangible reminders that we are the weaker sex. Right here in Taranaki you've the picture before

your eyes, for on every farm the morale of a herd of seventy cows hinges on the self-respect of a couple of bulls.'

Apart from deciding our life-long roles, the 1914-1918 war reduced our initial romance to one week of engagement, one week of marriage and two and a half years of separation. So after Bill was thirty-one and I was twenty-eight we had the real task of discovering each other; and I was middle-aged by the time Bill accidentally found out that he'd not only married a down-to-earth practical woman, but had also acquired a real romanticist. When time revealed that the carnage of the trenches and the hope of the League of Nations had turned him into a white-hot pacifist, I told myself, 'Well, if you married a man with seven generations of divines in his lineage, what else could you expect?' So, like our neighbours to right and to left, we also had our personal readjustments to make. And I've come to the conclusion that a quartet of protein-pepped and sun-tanned progeny are the best possible parental agitators and adjustors.

When the progeny had done their best or their worst, we found ourselves at fifty in calm waters; and were surprised to realize that we were regarded in our district as an unofficial marriage council of two, beside whose joint wisdom some folk seemed to think the platitudes of priest, parson and vicar paled into insignificance.

2. I remember as clearly as if it all happened just last week the events surrounding my first plunge into general practice; and not until I was well and truly isolated in the wilds did I realize that the senior staff at Dunedin Hospital, despite their individual idiosyncrasies, had combined to make a friendly protective brooder for newly-hatching doctors.

My regime of fourteen-hour days as senior house-surgeon, with no whisper of such a convenience as a registrar above me, changed into a position as lecturer in bacteriology and pathology. And no sooner was I adjusted to this new work than the professor of bacteriology got pleurisy and I found myself in

charge of his diagnostic laboratory, his four-legged guinea-pigs and his forty medical students. For two days I wondered if they would start leap-frogging desks, but they were exceeding gallant; an attitude I attributed more to the fact that I was Bill Gordon's war-bride than that their high spirits really appreciated female lecturers.

After seven months of laboratory work I was rather suddenly bundled out of Dunedin with a suspected T.B. chest. The orders were 'eight weeks' perfect rest in the crisp air of high Central Otago, another two months' rest at the Gordon home-stead at Taihape, and then if you've been good you may start light practice in a country area'. That had been the edict; and it sounded like 'here doctor, take your own medicine'.

I obeyed faithfully until late in February 1918 a faint voice hailed me over the 'phone into the home of David Gordon, sheep farmer of Taihape, and announced that it was Dr. Feltham of Ohakune speaking, that he had not had a holiday for five years, and he'd heard I was in the district and would I come and do a week's locum for him?

As common sense told me mental idleness was disastrous for a bride with a husband somewhere in the trenches around Ypres, and as Ohakune was 2,029 feet above sea level, I decided a week's work up there would not harm me and might be a mental tonic as well.

'I'd like to come for just one week.'

'Good. Can you arrive on the midday train on Saturday?'

The next day the Gordon's party telephone-line brought in another faint tinkle from the heart of the North Island.

'Dr. Feltham speaking again. I forgot to ask if you can drive a car? There's no one up here to drive mine and if you cannot drive I cannot go.'

This called for a split-moment decision and realizing that he'd only hear me faintly, I called back, 'I'll drive your car'.

At lunch big brother Dave grinned and said, 'Better come down to Taeroa Flats and have a lesson in my Chev roadster.' And on the downward way, while it seemed his arms were

making sixty directional tugs on the steering wheel per minute, he casually remarked:

'Roads still a bit twisty and narrow; but kings compared to the pack-horse track I had to use eighteen years ago. The Main Trunk Railway was just going through and Taihape was the southern railhead and a hot-spot it was too. I came out here with my world on top of two pack-horses and £25 in my pocket to last till the wool grew.'

'That wouldn't last you long.'

'It did. I lived in a ten-foot log hut which I shared with the dogs and saddles, I only bought flour for damper bread, and I struck it lucky with turkeys. They did well in the bush here and for a few years, at Christmas time and again at Easter, I took the horses out laden with turkeys for the Wellington market.'

'But how did you get money to fence and develop your farm?'

'I worked with the road gangs for three winters, and that brought in enough cash for fencing materials and grass seed. Funny now to drive a car over these very roads which fifteen years ago I helped to make with shovel and barrow. But we must have cars these days: horses are no longer safe. Once a few stock agents started nuzzling cars into the Ruahine ranges everyone had to get cars, because horses meeting a motor on one of these corners would just tip us down the ravine. Well, here we are on the Taeroa Flats. First you'd better know about choking, and then cranking. . . .'

Half an hour later Dave was completing the lesson by showing me how to reverse direction for home.

'Run into a farmer's gate: come out in reverse, and always take care to keep three wheels on the gravel, else you'll be in queer street.' And after I had executed this manoeuvre once or twice he said, 'Right, you'll do. Your only trouble may be mobs of sheep and experience teaches. But should you meet a mob of steers between a cliff and a ravine, it's best to stop the engine and let the drover send the animals past your car. Don't get scared unless one rears up and plants his hoofs on the car bonnet.'

The wheels of Saturday's mixed goods and passengers

groaned and whined as they made the grade from Taihape to Ohakune, the highest township in the North Island. As the train twisted in and out of hills and tunnels I caught occasional glimpses of huge volcanic Mt. Ruapehu, which, even though it blew its top off aeons ago, still stands a truncated 9,000 feet.

Personally I was feeling vastly important and highly pleased with myself.

"I'm going to start practice today somewhere just under that mountain. Thus far, Doris Gordon, you've never worked outside a hospital, but today you begin to stand on your own feet. Wonder what saw-milling settlements are like? Wonder if Ohakune roads are like those Taihape-Taeroa roads, for somehow I've got to get away with that car-driving promise. Wonder what I'd do if I got a case of strangulated hernia? And I hope the traditional bush-felling accidents take a week's vacation along with Dr. Feltham. Wonder if. . . ."

Dr. Feltham's train for the south left fifty minutes after my train pulled in, so his briefing was staccato.

"You're the only doctor in the district. Your nearest doctors are at Taihape, forty miles south, and at Taumaranui, fifty miles north; but they aren't much use to you because there is no connection by road. The railway is our only link with the rest of the world and it runs over two huge viaducts. No trains run on Sundays, but that does not matter as the mills are not working then, so major accidents are less likely. There's no hospital at all; but each mill keeps a few stretchers and splints and you give accident cases a heavy dose of morphia before you send them out by train. They are a cheerful, healthy lot up here and most of them survive. You visit Raetihi township daily: it's in the centre of the mills. Use the car, the road's metalled out as far as that. Otherwise Jessie, the lady-help, will drive you in the buggy. She knows every road and home. There are only two cars in this area, a taxi-cab and mine, and of course there is no garage. So if anything goes wrong with the car that we cannot fix ourselves, well it just stays wrong. I'll be back late this day week, so you'd better stay till Monday. Cheerio and good luck."

I was lunching when a call came to go to Karioi, a small rail flag station seven miles southward.

'We'll take the buggy,' said Jessie. 'It looks like rain and part of that road is just a sandy track cut deep between tussock grass.'

When we were half-way out, the heavens opened and a mountain deluge poured down. Buggy rugs counted for nothing. Water trickled off our hats, down our backs and on to the leather seat. It trickled down the leathered back-rest to augment the pool under our sit-upons and all Jessie said was: 'It's a nice warm rain.'

The patient was a middle-aged man with lobar pneumonia and it was a new experience to treat this disease in a small four-roomed house. In a flash I realized that for a week this man would have to be visited every day, if he was to have even one daily dose of morphia; so this was going to mean a three-hour jaunt each day for us. I was relieved when Mrs. Next-Door said she could read a thermometer, so we ruled up a temperature graph on the back of the Farmers' Trading Company's calendar and soon I had both the wife and the neighbour able to count the respirations and plot them on our chart. I told them the reasons for, and showed them the art of, propping up the patient, gave instructions about rubbing his back with methylated spirits, how to make poultices, and left written instructions about the medicine which would come out from town.

Then I went back to Jessie and the gig only to find that the seat was now more like a sitz bath than an orthodox conveyance, and I was not surprised, on my arrival back in the Feltham home, to find that my corsets had soaked up the water to well past my waist.

I ate tea wearing Mrs. Feltham's dressing-gown while my own apparel steamed before a huge log fire. But before my garments were really dry another call came, so, while Jessie yoked up, I rooted in my one and only suitcase and managed to sally forth dressed and somehow suspended. We were late returning for the evening surgery and then I found that if I was

to deal honestly with unknown cases and personalities, I'd have to take them slowly. Thus it was after nine when I sank into an easy chair. I was more than tired, but still this *was* life on a high tide, and I was already sure that I was going to enjoy general practice.

When we were considering bed, a call came to go to an urgent case and suddenly general practice did not look quite so rosy after all. Jessie grabbed a lantern.

'I'll get the minister's horse,' she said. 'Ours has had enough for today and we don't take the car out at nights—its lights don't work.'

Fifteen minutes later we were jogging and jolting over roads obviously pot-holed by bullock waggons from the mills. It was a warm night with rain clouds hanging so low that not a star was visible and despite my desire to see the country and compare it with the landscape about Taihape, all I could discern in the flicker of the buggy lights was the haunches and head of our nag and a pair of out-sized may-bugs flopping between our faces and the lamps.

The minister's horse was non-co-operative. He ignored Jessie's suggestion that we hurry along and all get finished. And when eventually she gave him a light flick with the whip he stopped so suddenly in his stride that I nearly fell over the front-board. Then with devilish ears laid flat back and a couple of kicks for emphasis, that mulish brute started backing and backing us toward an unknown abyss of darkness. My impressions, in order of sequence, were: 'Jessie is as cool as the proverbial cucumber. What's the side of the road like and how far do we fall? and You brute! if ever I get home alive from behind you, I'll certainly drive the car.'

Next morning I glibly told Jessie we'd better get the car out and that we would ease it down the narrow drive between house and fence by hand. She said the local ironmonger was the only man apart from the doctor who understood the car and soon I was apologizing for disturbing this citizen's Sabbath peace and saying, 'Please show me the gears. I am not used to this make of car.'

Never was there such a car. Its folding hood folded no longer and lay aslope behind us. The lights did not work and the starter was temperamental. The horn did not blow, but this did not matter because the ensemble made so much noise that folk heard us half a mile away and had time to congregate at doors and gates to see the new woman doctor pass. The foot-brake did not work so we arranged a combined control wherein my task was to concentrate on the steering wheel, jittering above the pot-holes, and Jessie would watch the indicator, which miraculously did work, and if we exceed twenty-five miles an hour on any hill she was to pull gently on the hand-brake.

Shortly after the ironmonger departed, there came a call to Raetihi, but the Ohakune-Raetihi highway was broad and easy compared with the Taeroa roads and we arrived intact. Then I got stage-fright. I'd forgotten how to stop the thing, and if I did stop it, could I ever get it going again? My mind was a sudden blank about Dave's directions for reversing and turning. With my brain in a whirl I drove to the end of the wide and fortunately deserted road and then swung the two-seater round in a reckless semi-circle. A jet of rusty water spumed from the capless radiator and steamed away to leeward; never had Dr. Feltham made such a spectacular arrival.

While a few Sunday loungers gathered round discussing with Jessie the wonder of a woman driver and her dashing driving, I was diagnosing a case as a probable ectopic pregnancy, with symptoms suggesting she might stage a collapse at any time. Horrors! An ectopic on Sunday and no trains passing till about midnight! This woman and I were as effectually isolated from the aid of team surgery as if we dwelt on a remote Polynesian atoll! Then I knew what fear was.

Mixing morphia in an egg-cup in the kitchen, I kept rehearsing what I had done and what I could do away up here in isolation; and decided to turn out Dr. Feltham's surgery and if necessary the chemist's shop, to find a few things with which I could rig up a subcutaneous drip. I'd go back at four, I told myself, thus ensuring three hours of daylight in which to get in

fifteen ounces of saline fluid and if her pulse was rising, I'd remain with her until I got her on the midnight train.

On the return trip, while the physical me gripped the jittery steering wheel, the mental part of me was back in that Raetihi bedroom. My baser self kept whispering, 'Don't worry. Legally it's not your fault if she dies.' And my better self kept arguing back, 'What's legality got to do with it? A human life is at stake and it's your case, and it's very much your responsibility that those two children sprawling about that kitchen shall not lose their mother.'

We visited the pneumonia man early after lunch and though I passed scenery modern tourists pay heavily to view, I did not heed gigantic Ruapehu, almost beside me, nor slender Mt. Egmont standing like a luring lone lady a hundred miles away. My mind was back in that Raetihi bedroom and my heart felt like a millstone. But in the evening I found that her pulse was good in volume with a rate of just a hundred per minute and after getting twelve ounces of saline solution under the skin of her thighs I drove the car back to Raetihi in the gloaming, feeling happier about her prospects.

Nevertheless a call to a maternity case at 9 p.m. came as a welcome relief, for experience teaches that the best cure for anxiety is to have so many anxieties that you cannot worry over any one of them in particular.

The nativity scene was a four-roomed house, or more precisely three large rooms and a lean-to which served as scullery and bathroom. As houses in milling areas could be built for a financial song they were usually roomy, and lent themselves to different ways of cheering up their paintless exteriors by garden borders and a hundred different interior expressions of homecraft art. But the home in which I did my first confinement in private was a sad and sorry exception. Six infants born in eight years had apparently made the poor wretch now in labour so thin and depleted of vitamin and harmonic energy that house pride had died long ago. Obviously she'd had no will for many months to tackle spider-webs and torn blinds, or to pacify brawling children. One just

wondered what meals were like in this home and what bickerings passed between her and her man. Had I practised for years in Ohakune I doubtless would have come to know the real, the intimate story of that domestic set-up. But, like the proverbial ships that pass in the night, I was there for only a few days, and I have often wondered what was the finale to that family tale. Did the man leave her for a more glamorous female, or did she, in desperation, leave him? Did she desert her brood and start earning again as a free woman, or did she perchance die with her tenth? Did the children turn out well or did the welfare workers, the juvenile courts and the Borstals bring up the family?

When I arrived the patient was moaning with pains every four minutes. The handy-woman said impressively, 'She won't be long,' and I decided that the gamp knew more about the timing of these things than I did. Enjoying herself on a high tide of self-importance, the midwife bustled from bedroom to kitchen stove, and on every second trip gave terse directions to a surly husband hunched by the fire. He answered her in increasingly angry growls, obviously resented being kept out of his bed on a Sunday night, and objected to any handy-woman coming into his house in the role of mistress of ceremonies.

The labour dragged on and the gamp gave her opinion 'that she was having it hard'. I agreed. When the gamp commented a few minutes later that she just wished 'that bugger outside was in this bed having the baby', I agreed again. After two hours the woman was crying loudly with two-minute pains and I reasoned, in my profound ignorance, that these pains ought to have produced the baby long e'er now. I made an examination and, deciding that all was ready for the birth, felt sure that the head must be caught up with one of those dreaded occipito-posterior presentations which I had vaguely comprehended in my Dunedin days. What could I do? I'd never used obstetrical forceps. Could I now? Here in this double bed? Well, I'd have to start sometime or other. . . .

I searched in Dr. Feltham's bag and had just produced the forceps and was trying to think which was the right blade and

which the left one, when the husband burst into the room shouting to his wife: 'Don't make such a damned fuss. Every woman has to have babies!' The forceps came together with a click, and carrying out my original intention of boiling them, I marched into the kitchen and confronted the man with what must have looked to him like an all-steel Indian club.

I suppose that in youthful ignorance I missed a golden opportunity to analyse that poor man's muddled psyche. I might even have revealed unto him his better self. In modern parlance I should have said, 'Hi brother, what's biting you? You in pain too? Well, have a look at these forceps and brace yourself for I need a bit of man power about. You climb into that double bed and hold your wife's leg up while I pull out that limb of Satan you've sired. That will give you something to think about besides yourself.'

But I was too tired to think of adult education. I'd had two strenuous days of general practice. I'd *had* motor-cars and may-bugs, stubborn horses and bad-tempered husbands. And I was scared stiff of what I was about to do. So what I did say was: 'I'd like *you* to have your next baby, and not a drop of anaesthetic would I give you. Here. . .' I opened the door and with the Indian club waved him out . . . 'out you go. Walk five miles. And don't come back until you can be civil to your wife.'

3. On my birthday, 10th July 1918, I officially took over the practice of Dr. Paget, Stratford, who, though he allegedly 'hated woman doctors', saw in me a chance to get away from the treadmill of practice, wear khaki and knock round in a man's world, and again set his long-exiled feet on English soil.

Six weeks later a Scottish accent speaking down my bedroom telephone provided me with electric shock therapy.

'It's Mrs. Wallace speaking. I'm an ex-army nurse calling from Whangamomona; I've been up all night with a two-year-

old with croup. Don't think it's diphtheria; but we want you to come out. Do you think you could get through?'

Truly wide awake, I was telling myself even while she talked that Whangamomona, forty miles out east, was the railhead settlement where Paget's buggy had met a ten-man stretcher party which had carried for eight difficult miles a woman labouring with a cross-birth. Dr. Paget had told me that the track they followed was often as narrow as an Andes mule trail, and that every toiling stretcher-bearer knew that, beneath the blanket, an infant arm hung down between the woman's thighs. Now in these same wilds a youngster was struggling for breath and they were asking Dr. Paget's successor to try to get through!

'I'll try it. I'll see if Billy Paton will risk the trip in his big taxi.'

'Don't come right into Whanga. At the bottom of the last saddle a buggy will be waiting. The road to the Marsh's farm is unmetalled. And you'd better bring a tracheotomy set, just in case.'

The speaker cut off and I was left staring at the telephone that transmitted the last words.

'A tracheotomy! Forty miles out!' Then I snapped into action. 'Well, girl, first see if you can get yourself to Whanga.'

Paton would. Complete with chains, sacks and shovels, he'd be honking at my gate in fifteen minutes. Sister Nicholas would. Never a word about her missing her breakfast. Once she got the cue she rattled off all the things she'd pack into Paget's antique fish-kettle, and together with steam-kettle, balsam and diphtheria antitoxin would be waiting outside the hospital in seventeen minutes.

While I bunned my hair, Mother fed me two boiled eggs. Then I ran down the front path to the honking taxi, still able to see the ludicrous side of a woman doctor garbed in a dyed army coat, a heavy bag in her left hand, and in her right hand ankle-length tan boots dangling by their laces while that same hand carefully guarded a large square of hot buttered toast.

Paton drove hell for leather until the metal faded out just past the Douglas saddle, and five minutes later he readjusted

himself in his seat and set his jaw tighter in preparation for his part of this all-out effort which was to get us up and over the infamous Strathmore saddle in the wet month of August. A few years later the settlers out east put hands in their own pockets and raised funds to get this Strathmore saddle metalled; but in 1918 no one attempted to cross it in winter except by horse or bullock waggon. Yet on this fateful day long ago, Billy Paton was giving it a go by motor-car because a kiddy was near to choking.

For fifteen speechless minutes we wallowed upwards. Chained wheels whirred impotently in yellow mud, and only sometimes gripped a few yards of still frosted surface with the help of which they could lever us round another corner of invisibility. Wherever the sun reached there was thaw and skidding, a few feet to the right or a few feet to the left, but we were always brought back to the centre of the road by Paton's skill and indomitable will. We silent passengers knew perfectly well how close we were to a crumbling road edge and a drop to muddy extinction. But steadily Paton steered a crazy upward course until, to the medical saints up aloft, our passage that August morn must have looked as if the veritable serpent on the pole himself had come adrift and was snaking his way across the Strathmore.

When we reached the top the engine was boiling, so perforce we stopped and had time to study the panorama. As far as the eye could see stretched a series of razor-backed hills and beyond these we knew Mt. Ruapehu was hidden in the clouds. Away down beneath us the main road, after performing a couple of crooked S-bends, ribboned out through a farming valley which seemingly typified many other valleys sequestered in these wild hills. Half the settlers out east were in the process of making good. In time they would win out against the wilderness and in due time their children would rear fat stock, bank fat cheques, and inland revenue would reap rich reward for pioneer toil.

The other fifty per cent, so rumour ran, were themselves in the process of being overcome by nature's retribution for

invading forests with axe and fire. Subtropical rainfall periodically brought to the luckless ones cloudbursts which carried away a chain or two of their private approach roads, sent hillsides glissading into kitchens, and whisked cow-byres away on the crest of a minor landslide. Contrary to expectations, tall bracken crept over the acres which had recently been burnt off and sown with costly grass seed, and to cap disaster Captain Cook's pigs, now wild and immense, discovered they much preferred a diet of new-born lamb to the bother of digging up roots.

Viewed from the top of Strathmore in 1918, the tragedy of Taranaki's hinterland was most depressing. In the valley below us logs sprawled higgledy-piggledy amid lush grass. Here and there dead and splintered tree stumps stood like huge ghost candles jaggedly slashed by some fiendish hand. Against the morning light every ridge showed leafless ring-barked trees whose lop-sided shapes were as macabre as the trees which would, at this very moment, be waving shell-torn arms in no-man's land.

Somewhere among these hills a railway threaded. Its tracks ran just ten miles past Whanga, but its one train a day was no use for medical emergencies; so three muddy disciples of Aesculapius, Hygeia and Panacea cooled their radiator on Strathmore's top and each indulged his own thoughts.

Sister said: 'I don't wonder women get the *willies* living out here months on end; seeing only these hills and these dead trees. But of course if one had a sense of adventure. . . .'

'Don't talk of adventure,' said Billy, 'until I've got you women through the mud of the Pohokura valley.'

And I was silent; for when I saw the territory we were entering, courage faltered and I fancied all those macabre trees were waving their arms at me as if they too were fighting for breath.

Two men, one carthorse, a towrope and a sledge piled high with manuka scrub to strew in the mud in front of us and make a temporary corduroy road, awaited us at Pohokura's

slough of despond. A mud-spattered gig with a much muddier horse waited for us at the eastern side of the Whanga saddle; and as Paton piled our hospital gear into our laps he arranged to be back at this spot by mid-afternoon.

The owner of the gig, Mr. Dagg, told us that Mr. Marsh had come to his home at nine the previous night asking him to drive to the village to get Mrs. Wallace. Mr. Dagg had driven her back to Whanga at daylight to summon a doctor, then back again to the sick child. Therefore this driver and his valiant horse towing us through knee-deep mud were making this sticky trip for the sixth time in fourteen hours. The little valley wherein the Marshes farmed ran due north-south, so only the midday sun seemed able to peep in. Moreover it was so narrow that there were only a few chains of pasture land on either side of the road before hillside cliffs rose, so steeply that perforce their native bush had been preserved. It was all very beautiful but one wondered how any settler ever imagined he could create a farm out of this shady canyon.

The Marsh homestead was a typical three-roomed affair designed for expansion if and when the farm paid dividends. We entered via the kitchen where we found Mr. and Mrs. Marsh sitting rigid and anxious in their chairs giving the impression that they had sat thus all the previous night and would sit all the coming night. In the living-room we found our patient, a fair curly-headed boy of about twenty months. One glance showed he was bright of eye and he neither looked nor smelt diphtheritic; but he was wheezing badly and instinct had made him grasp the side of his cot to give his labouring chest better breathing scope.

On general safety principles we gave the anti-diphtheritic serum; then added our steam kettle to all the home steaming aids that Mrs. Wallace had fixed up, administered ipecacuanha wine, and after the manner of that day applied poultices. Then we sat down to watch results and fondly imagined we saw signs of improvement. As we lunched I said to Sister Nicholas, 'I just couldn't do a trachy out here. Think of the certain death afterwards if we tried to move him to the railway! I can

visualize a steam tent in the guard's van, but can you think of a way of erecting a steam tent in that buggy we've just used?'

'Can't,' said Sister gloomily, 'and the few trachy's I've nursed remained in steam tents for ten days.'

'But I think he's a little better,' said Mrs. Wallace; and on this note we decided to let Sister Nicholas go back to town with Paton while I remained indefinitely with the child. But by nightfall his condition had deteriorated, and in panic I realized I would just have to operate.

The nearest I'd ever come to a tracheotomy was in my final examinations when Dr. Hugh Douglas—the sole examiner since his co-examiner had died in the middle of the exams—bade me take a living, scared and large-eyed urchin 'and do a tracheotomy on him'. I did not realize then under what pressure the kindly Dr. Douglas was working, and to punish him for what I regarded as rank cruelty to the child I had turned the whole situation into a game of make-believe in which I finally put Dr. Douglas in his place by telling him that if ever I was a doctor I would sack any assistant who did not hold the head and neck in dead straight line.

But this evening, in a remote valley three miles from Whangamomona, what would I not have given to see Dr. Douglas's face bending over that cot and sharing my responsibility? Never had I felt so utterly alone. In blind misery I stepped out into the dappled moonlight to come to grips with myself, and never since then have I felt so close to God.

In the misty light the steep forest cliffs became the walls of a vast cathedral of which the little white road was the aisle. The moonlight spilling over the eastern rim was ethereal and I almost expected to hear a great forest organ roll out long-lost chords of another world. Had my great-grandmother felt this Imminence when she stood alone in her mission clearing in Whangaroa a hundred years ago? I might be Anne Turner living again, in which case there wasn't much difference, really, between *Whangaroa* and *Whangamomona*. And if Anne could be calm when cannibals camped in her garden, I too could deal calmly with croup.

I went inside, warned the parents, and exacted their promise that come what might, they would not budge from their kitchen chairs. Then I drew Mr. Dagg outside and explained that the big kerosene lamp had to be held so that its beam followed every movement of my hands. For good measure I added, 'If you cannot promise to hold that lamp without flicker or faintness, go down the road and find someone who *will* promise.'

For the next fifteen minutes Mr. Dagg emulated the Heroine of the Crimea and held his heavy lamp like a nobleman.

Mrs. Wallace and I, strangers to each other, after a quick rehearsal did our jobs without a hitch. I scrubbed, donned gloves, arranged the few instruments, then she lifted the bairn on to the table where I gave him the barest whiff of anaesthetic to banish struggle. And in the two seconds wherein I was rinsing my gloves in biniodide solution, Mrs. Wallace slipped a rolled towel under the fat baby neck and held the neck and head dead straight. My hands worked as if inspired and it seemed not more than a minute before the tube was inside the trachea and the crowing breathing changed to a two-way hiss. Shortly afterwards the parents came in to rejoice at the youngster's obvious relief, and junior felt so full of beans that he decided it was time to puddle and splash in Mrs. Wallace's basin of warm balsam water.

Mrs. Wallace suggested that I should lie down; but sleep was impossible for every avenue of thought ended in the blind question: 'How *can* I move this child to town?' But that transport problem never eventuated. At midnight Mrs. Wallace called me; soon we were doing artificial respiration . . . but to no avail. It was too late.

The mellowing years brought more babies to the Marsh family, also brought a better, less isolated farm. Our doughty engineers have tamed the Strathmore and now a good two-car metalled road runs right out to the central mountains. Time has erased the macabre trees and man now preserves new native bush on hill-faces too steep for cultivation. Aerial top-dressing wins out in the battle of the bracken and the view

from Strathmore is one of pastoral beauty. Cattle trains laden with beefsteaks for England steam out to the port; and express trains thunder through Whanga en route to Auckland.

But I never bowl over the Whanga saddle in my comfortable car without glancing to the left up the narrow valley of my humiliation.

'Up there, Doris Gordon, you once tried to cross the bridge that divides the possible from the impossible.'

PART II

Not Case Histories—People

What general practice holds that makes it satisfying to me . . . is the opportunity it gives for doing things in my own way for my own patients, and going on doing so, not at one special time, but all through their lives, in all their illnesses and tribulations; getting to know them and their families, their homes, their jobs and their habits—in fact being their family doctor.

A. TALBOT ROGERS, M.B., B.S.
Royal Society of Medicine, 1955

4. Granny M. from Douglas had *sugar diabetes*, as she insisted on calling it. I had never heard of a meat or a starch diabetes, nor a salt or a potato diabetes, but as Granny rolled off her recital about the woes of sugar diabetes she seemed to derive morbid compensation for her sufferings. Her mouth was dry, her thirst perpetual, her skin was more mummy than feminine, and she itched down below. Moreover she loathed bacon and eggs for breakfast, meat and cabbage for dinner and meat and lettuce for tea. She longed for the lush scones and iced cakes that the rest of the family ate at 3 p.m.; but surely as she broke the rules her neuritis got so bad that even her heroin would not relieve it.

Dr. Paget had introduced her to a syringe and heroin a year or two before I arrived, and as this was the orthodox treatment for severe diabetes in the pre-insulin days, all I could do was to keep on repeating heroin orders and try to teach her not to give herself abscesses every time she jabbed in the hypodermic needle.

Then in 1921 Banting discovered insulin and the wide-awake Wellington Hospital Board sent its superintendent, Dr. H. B. Ewen, across to Canada to find out all about it. Dr. Ewen had been a good friend to me in my first trying days in the dissecting room, and Granny's distress prompted me to go to Wellington soon after his return for the express purpose of picking his brains.

Dr. Ewen was sceptical about the advisability of attempting insulin treatment in such a back-blocks area as Taranaki. There were grave risks of convulsions if one overstepped the dosage; so treatment ought to be restricted to hospitals which had well-equipped laboratories right at hand. But I finally persuaded him that Granny's condition warranted risks, and that if he would only permit me to work beside his laboratory technicians for two days I'd go off and purchase whatever gear was necessary. I came home with £12 worth of burettes, beakers and what-have-you, only to find after the first week that Bill and I could control insulin dosages by meticulously testing every sample of urine passed. So the expensive gear became so much surgery junk. But junk, nevertheless, which marked the milestone of the first use of insulin in Taranaki.

In the old Marire hospital, Granny headed an enthusiastic team. Insulin and urinary reactions were the accepted topic of every meal at the hospital and in the Gordon ménage. And as the brick-red dust of positive sugar faded from the tests, Granny's eyes opened wider and wider as long-forgotten dainties appeared on her tray. As the sugar decreased we scaled down her heroin, and just when we were all aglow with the spiritual joy of field-research safely accomplished, Granny handed us out a thunderbolt.

I was bathing my second boy when Nanny said, 'Sister says she really must speak to you.' The message was, 'Is there anything about this insulin that makes folk mental? Granny looks funny. Vows she hasn't had any breakfast. Is getting aggressive and abusive and I myself took her empty tray away half an hour ago.'

Ten minutes of observing Granny, a hauling out of bed of the night nurse, and an inspection of the drug box gave me the clue.

We were using hyoscine extensively for pain relief in labour, and *Hyoscine* and *Heroin* really did look alike when printed in tiny letters on those tiny hypodermic tubes.

'It's all right, girls,' I said, too relieved to be stern. 'You've only given Granny a nice dose of twilight-sleep. No wonder she's forgotten all about her breakfast.'

Six years later Bill and I naturally knew more about the working possibilities of insulin. And as Bill had found out a great deal more about genito-urinary surgery in Vienna, when the fates sent us an old man who had both diabetes and a prostatic gland-block, we made due explanation to the relatives and admitted him for surgery. In his week of pre-operative medical treatment, what with Bill's super-meticulous attention and that of our devoted nurses, Grandpa G. must have reached the self-satisfactory opinion that he was the one and only patient in all the Stratford region.

The operation itself was uneventful. Bill and Dr. Saunders grovelled in the bloody depths and duly landed the troublesome gland in sister's kidney basin. The only noteworthy feature was that I anaesthetized with a chloroform induction followed by ether, and Grandpa never turned a hair, which confession must sound like rank heresy to the pukka anaesthetists of today. However, heresy or no heresy, Grandpa never looked back, and naturally Bill and I were overjoyed with adventure and success when suddenly we had to admit to the next door poor Mr. P., who in a quarry accident had had his pelvis severely crushed. Mr. P.'s case seemed hopeless from the start but our little team spared neither time nor trouble in a vain attempt to save him.

In the next room Grandpa cocked his ears and timed the minutes and the hours the nurses were giving to 'that other chap'. He asked endless questions about his rival, and gave derisive snorts when he received evasive answers. He sulked; he humped worse than any Kipling character; and he swung his bell, inventing endless excuses to ensure that he got as much attention as the unknown man next door.

It has always been our policy, if a patient is dying, to transfer inmates of adjacent rooms to another part of the hospital. But when Mr. P. was dying we had not another room to which he could move Grandpa, and my Bill, apart from his sustained anxiety about Mr. P., was worried in case Grandpa threw a real relapse if he knew a dead man lay in the next room.

'How can I get the undertaker into room eleven and out again with the body without the old chap guessing?' asked a jaded Bill Gordon.

'Gladioli might help.'

'Gladioli! What the mischief do you mean?'

'Don't you know Grandpa has just had two butter-boxes of gladioli corms sent in? He insists it's the last week of their season for being cleaned; and he is giving us one boxful but says I have to have a horticultural lesson in the care and cleaning of the corms. I think it's a brainwave. Lend me your penknife, you read to the kiddies tonight and just tip off the undertaker to creep round the hospital path fifteen minutes after I set out from home.'

The nurses set the stage for Operation Gladiolus. With much ado they reversed the white quilt, brought in kitchen chairs to hold the boxes, the wash-house buckets for waste fibres and corms, gave us trays on which to work and generally admonished us not to make a mess.

The old man was in his element instructing me and I let him hold the floor for the first ten minutes while he told me how to peel and scrape, what should be saved and what discarded. But when I heard stealthy footsteps on the gravel path I suddenly became very garrulous.

'What's this? Looks like brown rot to me. What causes it? Can I plant it like that? If I have to burn this rotting one, what happens to the little one's joined on to it? What was that you said? Soak them in formaldehyde! Well, I never heard of that. What strength do you use and how long do you soak them?'

The real question was of course, how long does it take to place a corpse in a coffin and slide it out the window.

'Ah, five per cent. And when you take the corms out, how do you dry them? Or could you go straight ahead and plant them? What kind of manure do gladioli like?'

Thank God the footsteps started to creep away for I had nearly exhausted my patter.

'Do you raise fresh stock from seeds or from these baby corms? What do you do after they've flowered and the leaves start to go brown and ugly?'

Our door opened slowly and like a long interrogation mark Bill's scholarly face came smiling round the frame.

'Hello, Mum, is this the way you waste your time? I come to see my patient and Good Lord! what a mess I find. Sister, I'm surprised you permit my wife to bring her gardening hobby into this hospital! Spores you know might . . . but I suppose you'll tell me that Grandpa is a specially privileged patient!'

Granny O., aged sixty-two, from out east, hailed originally from Ireland. When she came in to see me she stated frankly that 'everything was falling'. This was a branch of work I specially liked and soon I had given Granny a comprehensive overhaul and was telling her that a replacement operation was the only cure, that she'd have to resign herself to fourteen days in bed and at least three weeks in our small hospital.

In a broad Irish brogue she quizzed me about pros and cons, and finally collected her best-bonnetted self and departed with a dubious, 'Well, Oi'll see'.

Four years passed during which I heard no more of Mrs. O. Meanwhile I was reading of an improved operation for prolapse being perfected in Manchester which, in one bold stroke of plastic surgery, did what used to take my respected chief, a student assistant and myself two and a half hours with four or five separate tuck-and-gusset operations.

My Dunedin chief, fine old Dr. Riley, was so conscientious towards his patients that never once in the twelve months that I served under him did he think to say to me: 'Here, you take the central seat and I'll reverse roles and hold and retract

while you repair the tear in the neck of this patient's womb.' But in every other respect he was a grand teacher, even if he did turn me out with a surgical abyss to leap when I set up on my own as a general-practitioner surgeon. Beloved Dr. Riley was so renowned for his slow and sure technique that he could never do more than two such cases in any one theatre session.

On one occasion I was recalled to his ward because the second case for next day's theatre had melted into floods of tears.

'Sister says I'm second on the list,' she sobbed. 'The other patients say the second case never comes back to the ward before two o'clock. It's not the operation I dread, it's the awful idea of being left open and alone while you all go to dinner.'

Between 1927 and 1929 I filed all the Medical Journal articles I could find on this new and better Manchester operation; some day, when a suitable case offered, I'd really have to try it. Meanwhile my old friend Dr. Charles North, of Dunedin, published a very lucid description of the operation, and whom did the fates send me for my first Manchester effort but Granny O.

After four years' silence she waddled into the consulting room with her equipment for hospital all packed into an expanding wicker dress-basket.

'Oi've come to have it done,' was all she could say, and possibly those six words cost her a tremendous effort.

'Then off with your frock and petticoat again, Granny, I'll give you another overhaul. And remember I said fourteen days in bed.'

Four days later, with Dr. North's pages stuck up handily over the taps in case I got myself anatomically bushed, Bill and I did our first Manchester, and as we had given her the benefit of another new find—Avertin anaesthesia—Granny went back to bed in a very satisfactory state. But anticipating Irish rebellion on the essential first effort to pass a catheter, I arranged with Sister Irene Blythe that I would do it myself.

About eight that night Blythe preceded me down the old Marire Hospital corridor, carrying the ritualistic covered-over catheterization tray while I walked behind with my sterile hands held together somewhat in the manner in which a vicar proceeds into church. Blythe flung open the door, stepped back for me to enter first and simultaneously our eyes assessed a tossed and empty bed. Even in that critical instant I couldn't help thinking that Blythe's expression was suggestive of the look Mary Magdalen and the other Mary must have worn when they entered the sepulchre and found not the body. But Blythe's words were twentieth century.

'Good God! Where is she!' She peered under the bed and dashed out on to the wide verandah with goose-skin rising up and down her own spine, in case our precious surgical experiment was lying cold and unconscious on that verandah.

I dashed twenty feet in the opposite direction and flung open the door of a small lavatory to behold Granny, nighty appropriately tucked up, sitting on the pedestal obviously resentful of my intrusion. On the glazed cement floor at her feet rested the sterilized dressing which we had so carefully placed as a barrier between our surgery and microbes from the outside world, and before I could utter a word Granny ducked down, retrieved her dressing, and placed it, additional microbes and all, where she fancied it ought to be.

'Oh Granny,' I said reproachfully as I steadied her on her way back to bed, 'you promised faithfully that you'd stay in bed after your operation.'

'God bless you, Doctor dear,' she murmured, 'sure I did. But I didn't know I'd had the operation yet.' And to this day I've never decided whether the Avertin anaesthetic had been so comfortable that Granny really did not know, or whether she was telling me a nice Irish faddy-didlum.

Irene Blythe and I parted company soon after she presided over the arrival of my daughter. She was in a responsible position in the South Island when the blitz of London made a new generation of administrators decree that when sirens wailed, all those with anything less than a broken spine would

have to grab dressing-gowns and make their own way on foot to the shelters. I wondered if Blythe followed the amazing surgical reports of the benefits of this war-enforced early ambulation, and if so, whether she remembered that, ten or twelve years before it became orthodox practice in London, Granny O. scared hell's bells out of us by trying it out in New Zealand's little town of Stratford.

5. As I represent a bridge between the old and the new order of obstetrics, it is not surprising that, up till the time I left the Medical School Hospital, I had never seen a Caesarean section operation performed. It was only about the turn of the century that surgeons began to feel that they could open the abdomen without colossal risks of introducing peritonitis; and while I was a house-surgeon, between 1915 and 1917, I read in journals about this rare and wonderful operation performed successfully to separate mother and infant. But in the rush of war days, I was too busy to wonder why we in Dunedin never did a Caesarean—until I participated in a *débâcle* that killed both mother and infant.

I realize now that our tardiness in Dunedin to bring Caesarean section aid to a few necessary cases was because, by some error in the set-up of the young medical school, the chief of gynaecology, Dr. Riley, was not also head of the midwifery department. Naturally those in charge of midwifery, wanting to defend their own laurels, struggled on to get the baby born through the natural passage and, by and large, thank God, the majority of infants arrived unmutilated. But many more infants died in birth than occurs in these days of improved ante-natal and delivery care. That their mothers frequently suffered from urinary incontinence, falling wombs and anaemia was, according to the philosophy of the day, accepted as the natural price of motherhood.

Then one night, when I was in my second term as Dr. Riley's assistant, the obstetricians sent us in one of their failures. They had had several efforts to deliver her with forceps in her

own home. There was, strictly speaking, no official maternity hospital to cope with an obstructed birth. So far, far too late, they sought surgical aid.

'Father Riley' (he earned that nickname because of his high-priestly approach to his women patients) said: 'It's far too late to think of a Caesarean section; with all this bruising and internal handling and forcep application I'd only give her peritonitis if I cut through the abdominal cavity and then opened the uterus. We'll do a pubiotomy . . . that has a reported 60 to 65 per cent chance of saving the mother. Get me two senior students to act as hip props.'

When we were lined up on that grizzly three-in-the-morning mission, Riley explained to the students that, when he had nearly sawn through the fibrous union of the pubic bones, at a signal from him, they were to push evenly inwards to prevent the unleashed hips from springing so widely apart that the bladder would be torn; and when, with the hip bones widened by a probable inch or inch and a half, he was drawing down the infant, they were to oppose his strength by even firmer pressure.

Despite all these precautions I was filled with apprehension from the moment Riley started operating.

'This bladder is in danger *now*,' my instinct told me, 'with this wicked steel wire saw working away a hair's breadth from it! And at best, even if we do not damage the bladder and kill her, how long will it be before I can get her walking about my ward again, when her hip bones are being deliberately unhinged?'

At the finish, with the patient's pulse fluttering at 150 flickers a minute and a dead bruised baby discreetly covered over behind me, it was my task to catheterize the patient. I drew off two teaspoonsful of blood-stained urine, and since in those pre-penicillin, pre-transfusion days no one dreamt of a further operation, it was my duty to supervise her four-day drift to death. When I came to Stratford there was one thing I knew I'd never do. *Never a pubiotomy.*

I had been painfully cutting my wisdom teeth on the trials

of private practice in Taranaki for some seven months when a patient said, 'Doctor, there are two of you.' She was a thirty-nine year old woman whom I'd admitted the day before because of generalized swelling and albuminuria. In those far-off days no one knew much about eclampsia; but I'd seen enough of its killing propensities to work out that swelling, albuminuria and eye-changes often heralded fits; and fits presaged death. I rushed to the telephone and spoke to Dr. Buist.

'She's only at the thirty-fourth week of pregnancy, Doctor, so induction of labour by bougies is not likely to give me quick results.'

'Better do a Caesar,' he cut in. 'I'll be over in an hour. Try and get some heat up in your theatre.'

Our total staff was four. A registered state-trained nurse, Sister Olive Nicholas; Patterson, a trained maternity nurse; a probationer aged eighteen and a cook-general. None of us had ever seen a Caesarean. But from book directions we dressed up Paget's historic theatre for the first Caesarean in central Taranaki, and as we worked we kept murmuring the book directive: 'Ample supplies of hot swabs are the main essential.'

Buist was a hard taskmaster and once he started Nicholas had to work like a Trojan to keep up with his demands, every alternate one of which was for 'another hot swab'. With her head in a swirl, Patterson scallied round trying to remember what she could touch and what she must not touch, and outside the cook stoked and stoked the kitchen range, fully convinced that the issues of life and death, swaying back and forth in the nearby theatre, hinged entirely on her ability to produce a boiling kettle every five minutes.

Came the big moment when Buist handed to Patterson a crumpled, parchment-like edition of humanity, commenting: 'Not much hope he'll breathe . . . more hot swabs, sister.' Nicholas echoed 'more hot water' and for an instant Patterson, holding the baby hesitated. Then Buist roared, 'Here girl, put that dead baby on the kitchen rack and look sharp with more hot water.'

It seemed only ten more minutes until we had counted all the swabs and were sewing up the abdominal wall. We shot a big dose of morphia into the patient and consoled ourselves this would at least ward off fits for a few hours. Back in her bedroom we rigged up an invention to encourage skin sweating, placed a padded spoon beside her in case she had a fit and bit her tongue, and then left Patterson on guard. Nicholas departed to view the wreck that had been her tidy theatre, and Buist and I drew the anxious husband into an empty bedroom. We had just informed him that 'with great care his wife might survive, but that the baby we regretted to say was . . .' when a piercing shriek rent the building. Nicholas and I, converging in the direction of the yell, collided with each other in the kitchen doorway, there to behold the cook leaning against the far wall, gesticulating toward the stove and gibbering, 'It squeaked!'

Once Dr. Buist had demonstrated to me how simple a Caesarean could be, providing always that you have *three* essentials: (a) perfect sterilization, (b) a sister who keeps her head and counts her swabs, and (c) judgement to operate before a mother or her infant is *in extremis*, I started to do more and more. Looking back now over thirty-eight years in general practice I never regret doing one of them; but I *do* regret that several times in those years I did not do a section and thereby lost a much-wanted baby. A few really high-brow colleagues, pukka obstetricians of the working variety, have occasionally questioned my relatively high incidence of Caesareans and my reply was, 'Well, if you can show me any institution which over the same years has shown a higher ratio of live babies going home with their mothers, only then will I concede that I have been too surgically minded.'

Outstanding in consequence was a Caesarean Bill and I did in 1924. Admitted because we suspected a misplaced placenta, this patient sent her supper tray clattering to the floor as she fell back in a faint with blood gushing like an onturned tap.

For three strenuous weeks we fought for her life, but felt well rewarded when she and her infant went home well. So it was anti-climax when a letter came from one of the civil servants—at that date starting to multiply like noxious weeds—reading, ‘I see by your monthly hospital return that you did a Caesarean section. Kindly note this operation may not be done without consent.’

The tradition of Dr. Paget’s hospital was as virile as the peppery little doctor who founded it. In 1917 a new specimen, an inspector, called to tell Paget he must henceforth pay a licence to work his *own* hospital, must submit it to periodical inspections and make monthly returns of inmates and their illnesses. Paget’s reply was to kick this advance guard of controls off the Marire verandah. Now it was my turn and I too had been born of free folk. My ancestors had done their bit for New Zealand before ever there was a Governor, a Government, a British Flag, or a dog-tax; and I had grown up in this free land, free as the rata vines in which I swung, and free as the waves in which I swam.

So I went to Wellington, had morning tea with a great Pooh-Bah, and asked if he would kindly outline how, when a woman gushed blood, I could wait for any bureaucrat’s permission to do the right thing to save her.

There must be something in this Pacific air which makes us do things with fervour; and when it’s climbing Everests or fighting Gallipolis it’s a wonderful national trait. But when it’s someone collecting our income tax, telling us how to run our practices, control our businesses, or educate our children it’s a trifle trying. In 1924, when the State was starting to invade everything, a fashionable fervour was for office-wallah doctors to tell the working obstetricians how to do their jobs, and to ask them to explain their Caesarean chits.

Another set of busybodies in the bureaucratic hive in Wellington had delusions about the use of obstetrical forceps, so life for honest doctors became about as precarious as if we all lived in the hypothetical town of *Titipu*.

By the years 1950–55 authoritative midwifery journals

might refer to these instruments as 'the helpful, the protective, the baby-saving forceps': but in 1924 officials in central health administration, not knowing themselves how to use these things, labelled the doctors who did know and who did use them as 'meddlesome midwives'. So it came about that two clerks at £500 per annum each spent their days analyzing our forcep rate: then they sent their figures onward and upward to a statistician at £900 a year for his checking and signature, after which the incriminating list went on up to Pooh-Bah, the £1,200 Lord High Everything.

Pooh-Bah merely had to clap his hands for a pimply cadet at £200 per annum to sprout like a mushroom from the carpet.

'Boy. Draft letters to all doctors whose forcep rate is above seven per cent. Tell them they are black-listed. And before you return sharpen my executioner's sword. What? Damn it! Haven't you any brains? Fill my fountain pen.'

On this threat to our privilege of treating our patients as we saw best, the New Zealand Obstetrical Society was founded. It got away to a flying start, because, motley sinners though we might be, the blood of medical saints pulsed through our veins. City doctors did not see why they should sally out with the night-carts and return with the milk-carts only to be told by a voice from the blankets what they *should have* done. And country doctors did not see why, if they had the guts to brave a howling gale at midnight, plus the chances of a flat tyre and a breech birth, they had not the right to serve their patients up to the limit of their own judgement and ability.

Despite limitations of equipment and staff, inevitable in a small country clinic, I never lost a Caesarean mother: the one who came nearest to death was E., the T.B. hunchback who in 1927 brought me a story as pathetic as, in our sunny land, the hump on the back was unusual.

'Doctor, I'm having a baby. My husband is a painter for the railway at Patea. But because we lived at Stratford until four months ago the Patea doctor says I can't go into the Patea hospital to have the baby. I came to see the doctor of the Stratford hospital but he says because I now live in Patea I

cannot enter his hospital. I'm V.'s sister—do you remember V.?—so I've come to you.'

At that date New Zealand was divided into some forty-three hospital board districts, each self-governing, each proud of its local powers and all careful about expenditure. Having originated from small beginnings during the packhorse and bullock-waggon days, these boards depended financially upon fees from patients plus a rate levied on the district. And, as every board member might have to answer a challenge of extravagance at the triennial elections, the boards were economical and consistently refused to admit anyone whose linseed poultice and night's laundry might be regarded as the responsibility of a neighbouring board.

Like all smaller hospitals, Stratford and Patea were strictly *closed-shops*. A part-time superintendent was paid to do all manner of treatments; only an outside anaesthetist was permitted, and outside opinions and consultations were discouraged unless the patient asked for, and paid for, such an opinion. Even then it had to be a consultant from at least thirty miles away, for distance lent distinction.

All this was changed when the Welfare State assumed the lion's share of expense, encouraged patients to seek consultant service at base hospitals and placed obstetrical specialists at key points over the Dominion. All of which is greatly to the benefit of the patient providing that, in the pendulum swing towards institutional and scientific glorification, we do not forget that the individual patient is slightly more important than the white quilt the paternal State provides for his bed. Although one could find endless minor faults with our unified hospital system, in all fairness we must admit that New Zealand was lucky to start its hospital system *after* it had seen the best in Britain, in U.S.A. and in Australia.

We are young enough not to be encouraged by antiquity. Comparatively speaking we have no shortage of money. Certainly skyscraper hospital buildings are not popular because of our earthquake menace, and amazing population spurts in northern areas leave many hospitals in the predicament of the

small boy who habitually outgrows his pants. But we can be proud of our compulsory standard of floor space per bed, our spacious theatre suites, our general standard of surgery, and very proud of our unified nursing standard.

But when E. sat her weary little self down in my surgery there was no Welfare State. The Stratford and Patea Hospital Boards could do each as they liked and they were guided and advised in the main by their own salaried part-time doctor superintendents. Neither of these gentlemen had ever done a Caesarean, and albeit one glance at her stunted, warped frame must have told them natural delivery was impossible, neither doctor had any urge to commence Caesarean experience on this white-faced waif.

In all fairness again, I must admit that if such a wild thought as 'Try a Caesar, it's her only chance' had crossed their canny minds, the knowledge that bureaucrats in Wellington opposed the increased use of this operation would have been a final deterrent. So what with this, and what with that, each doctor found his line of escape in his statutory boundary clause, and E., a shuttle-cock between bureaucratic dogma and doctor-caution, came and dumped her woes in my lap.

Her sister V., who had a tuberculous right kidney with extensions of ulcers to her bladder, had been my protégée and my headache all through the year 1924. She came to me after she had been discharged from the Stratford Hospital without the true diagnosis being suspected. Thereafter, not surprisingly, the doctor superintendent and the board whom he advised, took a dim view of a woman-doctor using a centrifuge, isolating T.B. bacteria, and sending a control specimen to the Wellington Hospital laboratory.

To my tactful letter asking that the board send V. to Wellington to a proper kidney specialist, the board replied that it could not go to this expense and that it was unanimous in support of its chairman's opinion that the Stratford Hospital could do everything necessary for the sick of its district.

For weeks and weeks we beat the air while V. lay, a non-

paying guest, in our little private hospital and the tuberculous ulcers gnawed night and day at her bladder. She had no cash, no affluent relatives, no influential friends, and her only assets to cope with a hard world were her languorous grace and wondrous velvety eyes. Bill and I racked our brains to find ways and means of helping her, and always we ended up against a stone wall, for we knew quite well that her case demanded specialist treatment. As we were shortly leaving for our first trip to England, we ultimately reached that pitch of desperation when, as substantial rate-payers to our own stubborn hospital board, we decided that our patient's weal transcended the tiny matter of treading on the board's corns.

We got in touch with the chief genito-urinary specialist in Wellington, Dr. Campbell Begg, who agreed to treat V. in the first instance as a private patient in his own surgery. Possibly Dr. Begg and Doris Gordon shared the knack of living fifteen years ahead of our times, for which foresight we have more than once been roasted, but we both enjoyed surmounting the hill called Difficulty if there were humane reasons for striding over man-made molehills. And this time even the orthodox, conservative W. P. P. Gordon entered heart and soul into the process by which we smuggled V. into the Wellington Hospital.

Bill signed a Gordon and Gordon cheque which paid her fare to Wellington, paid her board at the Y.W.C.A. and formally paid for her to consult Dr. Begg like any ordinary patient. But once the latter had done his intricate cystoscopic tests which would inform him whether the left kidney was sound enough to do the work of two if he removed the right one, V. was so desperately ill, right there in his surgery (as we fully expected), that he evoked the blessed hospital board clause of extreme urgency, whipped her into his own car and landed her into his ward at the hospital.

The operation was reported successful, V. was convalescent and walking about the Wellington ward and we were within four or five days of sailing, when the Stratford board received a surprising *billet doux* from the Wellington board. The locals were wrathful; and I felt sorry for them. But when they

demanding by official letter that I refund to their board all they were due to pay to the Wellington board, I took V.'s full dossier down to my attorney and asked him to draft a letter indicating that much as I regretted having to take a firm line, it was high time they realized that no *one* doctor of theirs could cope with every emergency in medicine and surgery, and that if they pressed for payment he had instructions to hand all V.'s papers to the ever news-hungry provincial press.

The board never pressed. V. lived on one kidney for ten relatively peaceful years during which her wondrous eyes won her a husband who kept her in comfort for the last eight years. But her case provided my Bill with the inspiration to master the use of a cystoscope while he was working in Vienna and we came home possessed of two of these costly electric-torch-like instruments. We were met on return with the news that the chairman of the local hospital board, having developed a cancer of the lip, was even then in Wellington Hospital having specialist treatment. And for the next four or five years that enlightened chairman was forever talking of all the wonderful things that had happened to him under a series of specialists in Wellington, while Bill and I occasionally murmured to each other: 'God moves in a mysterious way his wonders to perform.'

Now V.'s sister E. was before me, another penniless waif, and as she was seven months pregnant and I was three months the same way, every exalted maternal and defensive hormone told me I'd just have to take on her case. I realized that if she died on our hands I'd have a hornet's nest of gloating inquisitors buzzing about my ears, but after the V. episode it was not diplomatic to make a further approach on E.'s behalf to the local hospital board.

Also it would have been rank heresy, in the year of 1925, to suggest that Bill and I should do the Caesarean in the hospital maintained by universal rates while its superintendent gave the anaesthetic. But by some queer process of reasoning it was quite in order for the superintendent of the board hospital to give E. her anaesthetic in our own private hospital if we paid him and

made ourselves responsible not only for the giddy risks involved, but for the general expense of this little pauper's treatment.

Worrying on my behalf, Bill kept saying, 'Mother, you'll burn your fingers yet. When will you learn that fools rush in where angels fear. . . .'

'Don't call them angels!' I cut in. 'Call them cowards. Someone just has to care for this poor little thing and if the hospital board had any more brains than a set of stuffed monkeys they would make provision for exceptional cases like hers. I've had about enough of this man-run-world.' And when I reached this pitch, Bill always knew silence was golden.

In the last week discretion warned that to have a photograph or two of E.'s warped back and pendulous belly would be good defence if I had to face a bevy of inquisitors. Clad merely in a tiny loin cloth and a lace boudoir cap she cheerfully posed in our old theatre and today that photograph is filed for safety inside Professor Bruce Maye's textbook of obstetrics. In this much used tome it may sometimes meet the eye of doctors who succeed me, and serve to remind them, amid the well-planned services of today, of the medical trials of yesterday.

And E. very nearly did die. As all the nerves giving tone to external and internal muscles were involved in the hump on her back, she just blew up and up with wind like a dying pup. No wind passed downward, and everything she swallowed was returned with vile-smelling compound interest. A skeleton skulked in the Gordon home—'Mother's fingers were going to be burnt'.

Then Bill said that of course the proper thing according to the latest in medical journals would be to make an incision over the appendix region, stitch a catheter into the near-by caecum and let this act as a gas valve.

'But,' he commented, 'she'd never stand another anaesthetic.'

'I'll risk the anaesthetic if you'll do the little operation.'

And that was that. Bill, the cautious member of our team of two, did the trick that pulled E. back to this world and afforded her twelve more years of life to enjoy the little daughter who was safely born to her.

PART III

All My Children



Children by adoption and grace. . . .

Book of Common Prayer

6: On her wedding day Doris Jolly made a compact with Doris Gordon: 'Wherever the fates take us, whether to China (Bill's choice), or to India (my choice), or whether they puckishly split the difference so that we pitch our tent and light home fires in Tibet, Bill's home will be as well run and his children as well tended as his saintly mother, Martha Gordon, cared for her home and her brood.' This vow was essential to self-respect, for in the scant time preceding our whirlwind wedding critics had said: 'Bill's marrying a blue-stocking!'

Little they knew that my childhood had been so domesticated that I took to a broom and an egg-beater as if to my mother's milk. They wouldn't guess that when I was nine and Mother ill, I cooked for the family for weeks on end and found it an education so valuable that I tried to repeat the process for my own daughter. They wouldn't know that I cooked roast beef dinners before I could do long division sums and was winning cooking prizes long before the magnificent obsession to be a doctor persuaded me to master the mysteries of decimal sums.

Winged tongues said what a wonderful woman was Bill's mother: the beloved Granny Gordon of serene brow and frilly cap who from 1885 to 1910 had presided over the destinies of the Martin Manse, kept open house, reared five children and

found room in her heart for two foster children, all on a precarious two hundred a year plus a few acres and a cow thrown in for Presbyterian good measure. In years to come, when I really got to know my mother-in-law by sharing bed and board with her Benjamin son, I came to the secret conclusion that if Granny Gordon had had any fault at all it was that she *over-mothered* her children: a task I felt in no wise inclined to continue for her.

Whether she guarded them because she imagined they were delicate, or because she thought the devil roamed the roads of Marton waiting to tempt the sons of the Manse I know not. I only know Bill was not allowed to play football, nor join scouts, and that he had to teach himself to swim in the week he was away from home sitting matriculation examinations. So I had not been a mother long before I realized that, if our boys were to be tough little he-men, I'd better add swimming and canoeing lessons to my summer repertoire, tobogganing and eeling expeditions to my winter programmes, arrange for boxing lessons, permit goal posts on the lawn, and be firm about hedge-cutting chores for Christmas pocket money and lawn-mowing and lino-polishing as a bi-weekly contribution to their daily bread and butter.

In real life, once the novelty of connubial bliss wears off, there is nothing more aggravating that a husband can do than perpetually quote to his wife what his mother used to do. Fortunately I knew of this matrimonial quicksand, so arranged to get my word in first. I kept reminding Bill of all the generous things his mother did under harder circumstances and found in her excellent excuse for keeping open house, open garden, a spare bed into which to pop a convalescent kiddy from Marire if we needed another hospital bed for an emergency, and occasionally I'd have a really good girl quietly hiding in my home until labour pains suggested I'd better whisk her down to Marire.

This open-house policy, in which patients, staff, visitors and all manner of waifs and strays became temporary members of the Gordon family, made me a much more prolific mother than

the Registrar of Births would acknowledge. Thus ten-year-old Hazel Chapman, for instance, first made friends with my younger ones when she was brought up to the house convalescing from a hernia operation. The children found they were all fond of part-singing, and not surprisingly Hazel returned to Marire as a probationer at sixteen and thereafter was often to be found in my kitchen singing with my own two youngest, Graham and Alison, to an undervamp of dish-washing and an occasional time-beat from the bread-knife.

In my time I've heard Dame Nellie Melba in the Melbourne Town Hall, Clara Butt in the Albert Hall, Richard Tauber in Lucerne, the Cossack choir in London and Tannhäuser rendered to the accompaniment of a hundred strings in the Vienna Opera House; but sweetest memory in mother-ears is the music of those youngsters of mine amongst my pots and pans.

When I first set up house-keeping I had a remarkable almost-blind housekeeper who drove herself to amazing performances to compensate for her defect. Violet refused to let anything defeat her.

'I must always dress extra well,' she would say. 'I'm not going to have people say, "Poor woman, she's blind".'

Once or twice Bill and I shot each other warning glances if we lifted the lids of the vegetable dishes and found Violet had poured the white sauce over the potatoes instead of the snow-ball turnips; and our own arms positively ached when we saw hers all scratched with gooseberry thorns. But she always determined that this year yet again she would pick the gooseberries by feel alone.

When our first-born arrived, he who won the nickname of Peter in the first hour of his life although we named him John, Violet bought herself a brilliant pink silk frock in order that when she wheeled Peter out in his pram she would do honour to The First Son. Then she started rising at five to get her work done so well ahead that she would take the baby for his afternoon walk and I could have no excuses for engaging another

woman. And when at eighteen months Peter pitched himself into her lap and for the first time called her 'Wiley', her queer rolling eyes overflowed with tears.

There came a day three years later when Violet brought me her sister Rose. Rose, also educated at the Institute for the Blind, was married for six years to a thoroughly worthy labouring husband who agreed with her that there should be no family. Then a bombshell hit their little home, for Rose found herself pregnant and started swallowing every possible and impossible quack remedy advertised to *regulate* families. All that costly stuff did was to peel the lining off her stomach and intestines, and when she was nothing but a wraith talking of suicide, Violet brought her to me.

In vain I tried to impress on these two fine women that by the law of averages the coming infant had more than a fifty per cent chance of good eyesight; that only half of their brothers and sisters had been born with partially detached retinas; and that in human genetics, as in animal genetics, the sire was a big determining influence. I even went so far as to argue that the chances were seventy-five per cent that the baby would be all right. But when they realized that I was refusing their demand to scrape away the unplanned and unwanted life, Rose just rushed to my surgery hand-basin and vomited up all my psychotherapy.

In despair I went to the dining-room where Bill was having a lonely afternoon-tea.

'Dear, would you mind if I take Rose into our home for a few weeks? I'll bring her to every meal here with us and as she is far too full of Victorian inhibitions to vomit in your presence, we'll have a chance of getting some food into her. If we can just get her past the suicide idea, I'll promise to do a Caesar on her and take the chance to block the tubes: I'd rather do that than get another opinion now, about the ethics of terminating this present pregnancy.'

So Rose mealed with us for three weeks, by which time she was over her worst rebellion, but still declared that she could never love a baby she couldn't properly see, and how was she

to manage tiny buttons, safety pins, and the preparation of infant food, and what an extravagance it would be for her husband to have to pay for all the things a blind wife could not do for a child.

When the baby was four hours old, and Rose was out of her anaesthetic sufficiently to appreciate the situation, I carried in the infant.

'Rose, I've got your baby here. It's a girlie, and she's a little brunette and awfully sweet. Would you like to touch her wee hand?'

'Where is it?'

'Here, just close your own hand on hers.'

'Oh!' gasped the mother, every maternal instinct at last awake, 'what a tiny hand! Can I feel her head? I think I shall call her Doris, after you.'

'I'm going to cuddle her in beside you and leave you two alone for ten minutes to get to know each other.'

When I returned she asked her burning question: 'Doctor, are her eyes all right?'

'Rose dear, try to be patient. She is only four hours old, and good doctors do not force new-born babies' eyes open. We might introduce germs that way. Even by tomorrow or the next day I couldn't tell you truthfully; for remember I'm not an eye specialist.'

But four days later the normally-sighted grandmother arrived full of a hard-boiled self-control and wearing a cloak of icy indifference to Rose. Fourteen times in the crucifixion of her years had this strong woman gone down into the valley of death to bring forth life, and seven times had she returned with a half-blind infant in her arms. In her days of child-bearing, no one thought of blocking Fallopian tubes to ensure that defective children would not be born. So the blind members of the family grew up as a family apart, loyal and loving to one another in their affliction, and the only mother they really knew was the matron of the Institute for the Blind.

Dreading the ordeal of meeting her own mother, Rose had asked me to be present, and I saw this upstanding, well-dressed

visitor take the infant in her arms and move to the light of the bay window. If I was not an eye specialist, the vicissitudes of her life had made her one; and after one quick look at those tiny eyes she baldly announced, 'This child also is cursed with blindness.'

As long as memory lasts, I'll never forget the cry that issued from Rose.

In 1941, when World War II swept up husband and first-born and college life collected Secundus and Tertius, I acquired a fourteen-year-old foster-daughter as a companion for my lonely nine-year-old Alison. A few years later when she too went to college and when one-quarter of the inhabitants of troubled Europe wanted to get away from that unhappy continent, I 'adopted' thirty-two sponsored immigrants from anywhere between White Russia, Hungary, Serbia, East Germany, Switzerland, Denmark and Holland. In their turns they all lived on our property and in his mellowing years Bill found it stimulating to have two eager Dutch girls bring their dictionaries to breakfast and ply him with grammatical problems while they reserved their other adjustment problems for my private ears.

I could write a book solely on the high drama and escape stories which made these new settlers seek a country where peace and plenty seemed assured. Here I can only say that Ilija, the Serb, with forehead stove in while fighting for the Allies, was the hardest worker I ever met. To me who had procured his permit to enter New Zealand he was as gallant as if I was a duchess, which new homage I lapped up with thirsty appreciation. But apparently I was a puzzling kind of duchess who drove a big car but was as much given to delving her lady-hands in the good earth as he was to running it industriously through his peasant fingers.

A typical conversation with Ilija took place one evening when I was driving him back from a day's work on the farm.

Ilija: 'Mud-der c-o-o-w . . . c-o-o-w. Far-der c-o-o-w?' And his eloquent hands, arms and shoulders asked the rest of the

question. He repeated his questioning effort three times before I guessed what he wanted to know and then I joyfully announced:

‘Bull!’

Ilija mouthed the word *bull* two or three times and then risked a whole sentence.

‘You haf an g-o-o-d b-u-l-l at your farm.’

As his command of English grew his masterpiece of oratory was the description of the grapes, gourds and broccoli he used to grow back in Serbia. If I proudly showed a good-sized cabbage or broccoli, Ilija’s face would light up with nostalgic memories and with a word of pathos in his voice he would say, ‘Oh! But in Serbia s-o-o-o!’ And his eloquent hands would stretch out two inches more every time he added another O until I was left with an impression that in Serbia he scorned a broccoli whose white heart was less than twenty-four inches in diameter.

These, then, were my adopted children. All have made good and their heroism in tackling a new life and adapting to a new language and new ways fills me with admiration. Their names and their ultimate destinations within New Zealand are all known at the central immigration office.

In addition, there are two or three thousand citizens who describe themselves as ‘one of Dr. Doris’s babies’, and up to date my husband has never objected. These are all the children of my own labours, for I labour with every woman I deliver, be it an easy or a strenuous birth. These medical children of mine are mainly within Taranaki but some are scattered not only over New Zealand but also over Australia and England.

A true obstetrician never forgets the circumstances of any unusual birth. Still fresh in Bill’s mind and mine are the dread two days we shared when Mrs. H. was having a series of eclamptic fits, and our mutual relief when the first rescue from the apparent wreck was a healthy baby girl. Needless to say, this happened thirty-five years ago, and thereafter Bill and I

became such wily birds that we never let an expectant mother get to the stage of kidney complications even verging on eclampsia.

We all relive the drama every time Bill treats Mrs. H. for an old-age blood-pressure state, and some six people in the know—relatives and Gordon doctors—rejoice every time that same little baby girl goes cheerfully into labour and produces an infant of her own without any risks.

One could never forget the little wife who, having disclosed to me her secret dread of labour pains, sampled my earlier Twilight Sleep technique and opened her mouth just after her babe was born to sing in a sweet treble, 'I dreamt I walked with God in the garden!'

There were always medical aspects to pinpoint each case as an individual miracle. But there was often a comical side too. Once when I received a 2 a.m. message to 'come as quickly as you possibly can', I obeyed so literally that I arrived at the old Marire Hospital, a mile away, without my dentures.

Then there was Mrs. S. who at first couldn't have any babies at all and then had them thick and fast. One day she thoughtlessly went into labour on the afternoon our M.P.'s daughter was getting married. The two big events were running a dead heat five hundred yards from each other, so with my Bond Street hat most correctly poised on my head I spent twenty minutes alternately with each star actress. When I peeped round the door of the labour room on my third return visit, the patient said cheerfully, 'Don't take that hat off, Doctor. I'll give you the baby with the next push.'

So, despite all rules and regulations, I tied a mask below Bond Street, got into orthodox gown and gloves, just in time to see a future Florence Nightingale or perhaps just a plain good-natured housewife slip into the world. That's the exciting part of obstetrics. You never know, when you see the baby's head coming, whether this, your medical child, will be a Hillary, a Freyberg, a Rutherford—or the leader of a Kelly gang. But the obstetrician just washes the little one's eyes

as an initial baptismal rite, thinks, 'Another life launched!' and passes on to the next job.

When I became Director of Maternal and Infant Welfare in 1946, I suddenly felt I had acquired hundreds of thousands of new children—all the children in New Zealand. When I travelled about the country, as I had to do a great deal at that time, I used to find myself watching every home, every front garden, every back yard, and mentally picturing what kind of mother reigned in each. I used to watch the women I saw in buses, in streets, in shops and factories—whites and Maoris alike—and try to get inside their minds. I had been especially commissioned by the Minister to aid home life. Later the role passed to Mrs. (now Dame) Hilda Ross as Minister for the Welfare of Women and Children, since it was found it could not be fitted into the framework of directors jostling for power within the Health Department. But meanwhile their personal problems and woes all collected on *my* desk, and I sometimes used to feel that their dependence on someone in high office, presumably me, was a pathetic symptom and a great responsibility.

Many of those who laid their troubles in my lap were the wives of servicemen returned from the Second World War. Looking chic and gay in the first week of demobilization, they had introduced their husbands to run-about children whom some of them had never even seen, and then to celebrate the reunion and to compensate the father for missing all the babyhood of his first child, the majority rushed into babe number two, or three. Too late they realized there were housing difficulties to contend with, for landlords did not like young children, and often the warmth and glow of the second honeymoon turned to co-lateral anxiety with resultant nagging and tension states, and sad were the stories that reached my desk.

When I became *en rapport* with my Maori mothers, with their child-like but deadly sincere questings for a better approach to their homecraft problems, plus often an inquiry as to how they could tactfully handle their 'husband-bosses', plus also the citizen-potential of six pairs of brown eyes peeping in

at me from the open doorway—then Doris Gordon, aged fifty-six, felt that her quiver of motherhood was indeed full.

7. In 1925, at the conclusion of our stay in Vienna, I had a few weeks in London wherein I set out to acquire medical wisdom in children's diseases. I attached myself to a famous children's hospital, which Bill had described as the Mecca of soldier-doctors demobilized in 1919.

On my first entry I was amazed at the hordes of mothers and children being drafted about the vast waiting hall much as we in New Zealand draft sheep. This conception of mass-produced medicine was something foreign to me, having been trained by Dr. Bowie whose weekly dictum was, 'Lassie, whenever you get on to a difficult case, forget everything else, turn the clock to the wall, and let no other waiting cases hurry you through a thorough examination.'

For a minute I stood still analysing the London scene.

'Gosh, it looks more like the Ford Assembly Plant than a hospital dealing with bodies and souls!'

That night Bill tried to explain that the changing financial order had brought more English people into the old established teaching hospitals; that this would account for my description of children coming down the assembly line like parts of engines or parts of chassis, and he added that this special hospital had not seemed over-rushed when he worked in it in 1919.

After a few mornings in its medical out-patients' department, hanging on the words of wisdom of the professor who sat centre-stage dealing with the cream of the cases and surrounded by a semi-circle of mothers all wondering if their children would be lucky enough to get *him*, or would be treated by a junior, I was suddenly asked to assist.

'We are a doctor short this morning. Would you help? Good! Start on the right there. Treat them from this pharmacopoeia and remember Professor X never wants to deal with more than six selected cases at any one session.'

Keeping well out of the professional orbit, I was happy in

my work until finger sense told me one youngster was feverish.

'Thermometers. Now where do they keep them? Sure to be a rack somewhere here. Don't waste folk's time asking. Just look round and find them yourself.'

The first assistant noticed me cruising round and asked what I wanted.

'A thermometer.'

'Thermometer! We don't keep them in this department. If we started taking temperatures we'd never get finished.'

My gauche jaw dropped wide open; and as nothing makes me more angry than to see medicine traduced into some half-pie swindle and trusting folk fobbed off without proper attention, I flamed out at that assistant: 'You tell me that you don't take temperatures here in this famous out-patients' department! I've travelled 12,000 miles to learn something here, but I guess I can learn better back in New Zealand. At least they taught us to be thorough down there. I'll finish out for you this morning, but I'm not wasting any more time coming back to a so-called teaching unit which thinks speed is more important than real medicine.'

'My dear,' said the Peacemaker that night in our Bloomsbury boarding house, 'there was no need to rub it in like that. And how do you propose now to learn more about sick children?'

'By going home and having three or four more of my own. I'll learn more from them than from that speed-crazy hospital which I'll never forgive for denying those London kiddies the use of a thermometer.'

My saintly Bill, to whom destiny surely owed a more placid pilgrimage through life than the tumultuous adventures of his wife have ever permitted, suddenly looked truly frightened.

'Three or four more! Don't you think you've got enough on hand, what with your practice, the hospital and those two young spalpeens we already have? Can't you be satisfied with two?'

'Bill, the more children we have the less we can spoil them; your own mother made a fine job of five with much less money. And don't you know that I'm really a fuss-pot mother and the

only way to prevent myself from overmothering kiddies is to be compelled to spread that love over at least five?’

‘Five!’ gasped Bill, ‘and now with only two I can never find my own hammer.’

Preparing life’s balance sheet in double entry, it’s interesting to see if my children did not really teach me more than I ever taught the four of them. Even if they sheared down the actual hours of my practice they gave me a homely authority and approach far removed from the aforesaid London clinic.

First they made me an absolute mistress of *infantile eczema*. I had grown up steeped in my own mother’s story of the ‘awful’ eczema which plagued my brother. The story was richly embellished in my youthful mind by the account of two grandmothers and sundry aunts taking round-the-clock relays walking the floor, crooning to the fretful infant and duly wearing the pattern off the carpet. Somewhere amidst this unique setting I had elected to be born. But happily for me everyone was too busy and distraught to worry about me, so, like Topsy, I guess I ‘just grewed’.

But when my thirty-year-old medical eyes saw cradle-cap and scaly reddened eyebrows and a spotty forehead in my four-week-old first-born I was duly concerned, realized the family trait was coming out, and said, ‘Now get straight on to this with all the textbook wisdom you can find and see if you cannot outwit a full-blast eczema.’

I managed to outwit its attack fairly easily with number one, two and three. But the day on which my daughter was christened her face looked such an oncoming mess that I spent two hours wheeling her about the garden with a heart full of dire forebodings. But perseverance won and within ten days she could hold her baby court with a complexion that needed no apology.

Since then, whenever young mothers ask in frightened tones, ‘Is it eczema, Doctor?’, I can talk with that authority born of personal experience: ‘Well, it’s only the beginning of eczema; all my own children gave me this same degree of it, and I can

show you how to get your baby right within ten days, just as I did mine.' Then with the Dragon of Fear slain, we depart into the working surgery and start the ritual of shampoo, olive oil and ointment.

Often I think it diplomatic to get the father roped into the team so that he will be a co-operative and patient helpmate to his wife at the home treatments, which I insist must be kept up daily or at least on alternate days for a year.

Farming fathers often arrive rather sheepishly humping in the carry-cot. They brighten instantly when I thank them warmly for coming and state, 'I really need your help, you know. Now please hold the head this way, and this folded handkerchief that way, for we do not want any shampoo getting into Baby's eyes. And you'll do this every night for your wife, just as you're doing it for me now, won't you?'

Eventually fathers farewell me with grins of real camaraderie.

'Thanks an awful lot for all your care. It's a treat to have her face clean like this. I've got two sisters who've had eczema all their lives; and our first child had it badly for two years.'

As I watch the parents go down the surgery path swinging the carry-cot between them, I reflect that infantile eczema cured by mutual effort binds husband and wife more firmly together than would years of untroubled parenthood.

My second baby contrived to make me doctor-wise to *food allergies*. It was fashionable, thirty years ago, to give albumin water for various infantile upsets; but every time I gave Secundus an ounce he collapsed, looked like death warmed up and sent my heart plummeting to my shoes. When I finally realized it was a reaction to egg, that bairn and I went in for a prolonged process of breaking down the allergy, which we did so successfully that, arrived at manhood's estate, this son cheerfully sits down to a plate of steak and two eggs.

But one week-end, while we were still in the process of adjusting to eggs, this same son partook of a boys' camp-fire concoction of plums and assorted fruit and by next day his

mouth and nose were so swollen that it looked as if I had mothered a young porker, and I just had to screw up my courage and give him adrenaline. Then I waited anxiously for the snout to vanish and my own offspring return.

In the interests of training his parents, Primus, aged five, gave a somewhat humorous lesson in the efficacy of juvenile *convulsions* as a sure cure for adult lumbago. Bill and I elected to get lumbago simultaneously, but as I was six months pregnant with Tertius I naturally concluded that Bill's miseries were as nothing compared with mine.

One wet Sunday afternoon the boys spent an hour diving from the top of the chesterfield into its bouncy depths. I heard an occasional cough from Primus but paid no heed until at tea-time he was dopey and flushed. By bed-time he was obviously so ill that I put him into Bill's bed, asked Bill to sleep in the guest room and announced my intention of sitting up all night beside the youngster.

Weary and sore with his own aches, Bill disliked the idea of my sitting-up, so tut-tutted, 'Nonsense! Go to bed and sleep, the boy will be all right.'

'No dear. That wouldn't satisfy me, and anyway when you are pregnant a big arm chair with plenty of cushions is as good as a bed. Can you help wriggle me into this easy chair?'

At three in the morning the boy staged a major convulsion and I just shot down the passage calling to Bill to 'come quickly!' Half an hour later there was another convulsion, after which Bill and I rushed in those circles only comprehensible to parents who have seen their own kiddies in convulsions. By five, Bill was out at Skinner Road persuading good Sister Emily Boyd to come back in his car to the aid of the Gordon household, and at seven-thirty Bill and I sat down to a much-needed breakfast.

As we took our seats a simultaneous thought flashed through our minds. We stared at each other in amazement.

'Where was our lumbago?'

Neither of us had felt a twinge from the moment of the first

convulsion and by the time Primus was convalescent from his broncho-pneumonia, Bill and I were firm converts to the idea that for a fibrositic lumbago there was no cure as efficacious as the movements of utter panic.

My maternal pride had a sorry fall when the two elder children collected diphtheria. Owing to distance away from the Wellington laboratory, erroneous reports were sometimes possible. But on clinical appearances when Secundus first got ill, we gave him antitoxin and he was chirping like a cricket by the time the laboratory reported that he was negative for diphtheria. So Bill and I, too tender-hearted about our own flesh and blood, felt we had jabbed the kidney for nothing.

When Secundus was convalescing from whatever it was, I took Primus to a winter show and watched with inordinate pride his manly bearing as he rode round and round on his merry-go-round horse. That same evening he lay down before the fire, obviously sickening for the same thing as his younger brother. Suddenly my pride turned to foreboding, and foreboding to confused thinking.

'The lab. says Secundus did not have diphtheria, therefore Primus has not got diphtheria, therefore we do not give antitoxin.'

For three or four days we worked on this assumption, then Bill's acumen warned him.

'Look! Laboratory or no laboratory, I'm giving that boy antitoxin . . . he's got a very suspicious diphtheria-like throat.

And in doing so my husband just, and barely just, saved the boy's life. On the seventh night of illness, an uncanny sixth sense woke the nurse, who found the child cold and collapsed and quickly summoned me. After an instant's appraisal I gasped, 'Get the father,' and by the time Bill got down I was preparing an injection of pituitrin.

Bill said patiently, 'I've got a fresher batch of pituitrin in my—'

'Then get it!' I jerked back, split seconds being too precious for politeness.

Ten minutes later, when we had a slight glow of warmth in the boy, I said, 'Bill, please get Geordie Home out; I just cannot stand the strain of treating my own child any longer.'

When that beloved physician arrived, distributing calm by his every word and gesture, he casually remarked about my emergency pituitrin, 'Well, adrenalin would have been much better'.

For another week we nursed our first son in Stratford, but his queer heart turns were so shattering to the family morale that finally Dr. Home took him to New Plymouth and wisely decreed a ten-day separation of mother and child. Next time I was permitted to see him, I had the whole diagnosis in one flash: for the boy was now speaking with a queer nasal speech that spelt only one thing: *post-diphtheritic paralysis*. When Dr. Home came in to meet us I said, 'I notice his speech changed, so it's been a diphtheritic paralysis of the laryngeal nerve after all, and we are lucky to have him alive'. The doctor agreed.

It was four months before my former bonny little man was anything but an inco-ordinated muscular wreck. Every time I helped his wobbling legs up a step, or helped him into my car for an outing, every time I stood between him and the storms normal to the world of a seven-year-old, and every time I saw his old-mannish face twitch and pucker at the least emotion, I knew that from him I had learnt for life this essential lesson: when in doubt about some throat condition it is better to give antitoxin straight away than to withhold it pending the findings of the laboratory.

I am the daughter of a Mason, the wife of a Mason, and the mother of a Mason and as, seemingly, the male sex could be up to much worse mischief, I think I approve the craft. But the night Secundus blew himself up with Mayor Thomson's blasting powder, while Bill was twenty miles away wearing his blue apron and saying his piece, I took a very dim view indeed of everything Masonic.

Our Number II was an inveterate collector of butterflies,

bugs and beetles, and one evening when young Alan Thomson and he chanced on a little blasting powder they thought up an excellent experiment to see how blasts destroyed bugs. Secundus insisted on hanging over the glass jar to get the first clear sight of what did happen.

When Charlie Thomson, who later distinguished himself in the R.A.F., carried my son across to me and placed in my arms a boy with no hair and no skin left on his face, I knew the very acme of fear. Oh, if only Bill were here! I laid the lad on the same sofa where he occasionally saw us treating accident cases, and because he was moaning, 'Oh my eyes! My eyes!' I gave him a good draught of morphia containing nepenthe. Then I had just enough wit to get to the telephone and ask calm Sister Emily Pearce to get a taxi and come up with everything she could think of for a blasting accident.

Thereafter I had three dread and lonely hours in which to work up a tigerish and unreasonable hatred of Masons and everything that took fathers away from adventurous children. Bill came in about midnight to be greeted by my terrible fear that our son had blinded himself for life. And then I broke down and cried: 'Bill, *I've had enough now of learning medicine on my own children.*'

But next day the boy could see all right. As in those days we had nothing like pencillin creams, his new growth of skin was characterized by so many small pustules that he lay for ten days under a series of starch and boracic poultices while Mum, learning still more of the art of handling children, read him three long Henty books. Ultimately his eyebrows took on a slightly piratical kink, and when the family had almost forgotten the whole episode and he was a boarder at St. Andrew's College, the last echo of the beetle experiment was that he developed a creeping alopecia. With sundry queer bald patches on his pate, the matron had difficulty convincing other parents that St. Andrew's was not harbouring a ringworm carrier, and the boy had to go to Christchurch laboratory every quarter to provide the matron with written evidence that his bald areas were not due to ringworm. Meanwhile the worthy matron

ALL MY CHILDREN

rubbed his scalp so vigorously every evening with hair restorer that the new hair grew in with a permanent wave.

All this was learning medicine the hard way indeed, but I truly think the four children I bore myself did help to make a better doctor of their mother.

PART IV

Portrait of a Family



My children have been my great romance.

PEARL BUCK

*An author who speaks about his own books is almost as bad
as a mother who talks about her own children.*

DISRAELI

8. I am eternally grateful to my four flesh-and-blood children because they early selected their own careers and left their parents no greater task than merely to shape their holiday occupations accordingly.

John B. Gordon, alias Peter, after a few years of gazing at railway engines, decided on farming. It must be, he declared, farming in the South Island where the Antarctic was in league to breed sheep with heavy fleeces of fine wool, where teams of Clydesdale horses, tractors and cultivators, headers and threshers and goodness knows how many other kinds of mechanical aids coaxed maximum return from the good earth. When I decided to take the other boys to Switzerland he was not at all envious. He didn't want to study languages or foreign cultures; he only wanted to farm. He'd learn his calling on his own hook, and some day, when he had made his pile, he'd go overseas and see modern countries, especially the United States of America, which, to his seventeen-year-old vision, was the Mecca of everything mechanical.

So he saw us off that January night when the Trans-Tasman ferry *Wanganella* pulled away from the Wellington wharf; and

while one Gordon group aboard waved to a group of dear ones on shore, the last distinguishable objects above a blur of human faces and figures were the long arms of my first-born doing a semaphore of farewell. Watching those wig-wag arms, little did I guess that his dreams of travel would speedily come true. For in 1953 he was awarded a Nuffield Farming Scholarship, spent a few weeks in the United States as he passed through, then four months in England as a young ambassador-farmer from New Zealand, comparing points with British farmers, after which he rushed up to Hull to meet me when my Blue Star argosy landed me and over a million pounds' worth of New Zealand's golden fleece at the front door of Britain's wool trade.

The metamorphosis from a teen-age academic sluggard who greatly detested Latin to a Nuffield Farming Scholar came thus. To keep him out of mischief during College vacations we made him apprentice without pay to a Stratford garage dealing with truck and lorry repairs. Thereby, I believe, we shocked the remaining vestiges of our local Victorian society.

'Fancy the Gordons putting their eldest son into a garage!' they murmured over their tea-cups.

At seventeen he was truly apprenticed to his namesake Dr. John Bowie, then retired from medical practice and enjoying old age as a multi-acred run-holder. The old man agreed to take him with the following Scottish proviso: 'He may bear my name, but I'll have no favouritism. He'll do what every other lad on my farm has done, and if he doesn't like milking the house cows at 6 a.m. with the thermometer below zero, he can leave.'

At nineteen, he was called by the R.N.Z.A.F. to a course of precision training that surpassed anything his brothers had learnt in Switzerland, and shortly afterwards his parents sold their old Marire Hospital and banked the proceeds in his name to help him buy a farm to his liking.

In due course he went back to the same area of western Otago where he had first served under Dr. Bowie, and being determined to wait until some farm in this locality came on the market, he took a trucker's job and carted other farmers'

lambs, drainpipes, manures and supplies of household coal. It rather hurt me to see him bending under a sack of coal, but I did see humour in an ex-Air Force officer sallying forth at 6 a.m. in a jaded R.A.F. uniform to deliver two-pint or four-pint household supplies of milk for the village of Heriot. Here was my brave son, dangling ridiculous little billikins, hastening up someone's backyard in the frosty dawn in the hope of netting one penny clear to bank against the day he'd buy a farm.

What would the heads of R.N.Z.A.F. have said could they but see their uniform on a milk-run! But in due time he obtained an option on a 374-acre farm, went cap in hand to the Rehabilitation Department of State Advances, faced a gigantic blister and settled down on a farm which he called Marire.

Bill and I had originally chosen the name of Marire for our hospital because a Maori scholar said it meant 'peace and happiness', and that symbolized our own ideal. 'If people had to be sick, let their surroundings be cushioned with peace and happiness.'

Thus amongst the family we now talk of three Marires. Firstly there is an occasional account of some hair-raising medical incident that happened long ago in the *old* Marire Hospital. And then there is the *new* Marire Hospital just down the hydrangea path from where I now write. And there is Marire *Southern*, which banks its money in the same bank where I, as a teen-ager, hid a chamois leather bag of gold-dust up a bloomer-leg; which sends its golden fleece to Bradford in bales boldly marked Marire, and which annually sends up to Marire Hospital enough blight-free potatoes to feed the institution from June to November.

A small figure in a dirty holland tunic flashed past the kitchen window. In its hand it grasped the gizzard of a fowl and behind boy and gizzard trailed a few yards of entrails.

'Peter, Peter,' called Secundus. 'Come and see where the chooky puts its wheat!'

'There goes anatomist John Hunter the second,' I said, and went on washing dishes.

We never remember a time when Secundus did not want to be a doctor. At seven years his greatest delight was to help Dad sew up the rump of a farm horse and to help him in an (unsuccessful) effort to put a pedigree Friesian's broken leg in plaster.

When he was a medical student of eighteen, and helping in his vacation to erect concrete walls round the new but unoccupied Marire, I turned up to interrupt.

'Go and soak in a bath for half an hour and be at the hospital in forty minutes. The ambulance is bringing in from twenty-five miles away a woman who has had seven eclamptic fits in the last twelve hours. If you work day and night with me on her case you'll learn a life-time lesson that eclampsia is easier to prevent than to cure.'

When the tempo of World War II quickened, when Bill was away sometimes for six months with his hospital ship and I was again a lone woman doctor with just a surgery nurse to help me, toward the end of each 'varsity session I'd send Secundus a cheque and say, 'Fly home, we've several tricky operations waiting, for which Sister and I would value an extra pair of hands.'

And thus this son got experience in assisting at operations long before his official teachers would have taught him the principles of scrubbing-up, gowning, gloving, holding forceps and snipping ligatures.

We never remember when Tertius had any other idea save that he too would be a doctor, but his novitiate rites took the form of wiring up his bedroom to batteries and equipping it with so much chemical gear that I never knew just when the next member of the family was due to explode himself.

Frogs and rabbits in the skilled hands of laboratory technicians had for some time been aiding us in swift diagnosis of early pregnancies. When the exigencies of World War II made it advisable for me to revive my old laboratory training and instal a stud of rabbits amid my own cabbage patch, I left as much detailed work as possible to the boys coming home at

different times from Medical School and College. They had to sex the half-grown rabbits after which the surplus bucks would be given away. This task is not as easy as it sounds, as operator Secundus found one day when doing a rabbit laparotomy.

The *doe* had been segregated in her private hutch for four weeks; the all important specimen had duly been injected into her ear vein, and Sister Kathleen Hood was giving a nice rabbit anaesthetic on the lid of our washhouse copper when Alison and I came in from a call just in time to hear Sister urging, 'Hurry up, lad. This rabbit has had enough anaesthetic. Your mother will be cross if we get an anaesthetic death.'

'Oh lord!' grunted the harassed surgeon. 'No wonder I couldn't find the ovaries. This *doe* is a buck!'

It was a common occurrence to come in and find either Secundus or Tertius sprawled in a dining-room arm-chair with a white rabbit lying on the day's newspaper between their feet.

'It's all right, Mum,' they would assure me. 'She's coming round, and it's nice and warm for her in here.'

When the woolly concept of the Welfare State started to bear fruit and all military training was stopped, and life was to be cushioned from the cradle to the grave, the first noticeable effects were that youth seemed to have no greater physical or intellectual ambitions than to spend week-ends propping up lamp posts. I therefore decided to take my future doctor sons to north Switzerland, firstly to learn precision training for the good of their future patients, and secondly exercise their own legs and muscles. At the last moment I acquired a travelling twin for the youngest and, on the wave of relief created by the Munich pact, we embarked for Europe on 18th January 1939.

I had expected to have to battle my own way through currency exchanges and passport visas, but Secundus, just turned sixteen, took to the international money-market as a fish to water and soon was also my agent with Colombo traders and Egyptian camel-men. Seemingly it pays to start them young. Later, after the Russian-German pact was signed, he brought

the two younger boys out from Lucerne to Paris, and the trio were ten hours late reaching Paris only because their passenger train was side-tracked at every section to let troop trains rush past to man the Maginot line.

If those nine anxious months in Europe have contributed to my permanent insomnia, nevertheless I reaped, and still go on reaping, rich dividends for the months wherein the boys showed me the changing world as they saw it.

Just to glance from page to page through my ten-year-old's diary makes me feel young again.

- January 20. Wasn't sick yesterday until I went to the lavatory. Lay flat for rest of day.
- January 23. Put my head out of porthole at 5 a.m. and saw Australia.
- January 28. Sailed at 1 a.m., bands playing and streamers. Just outside the heads, six aeroplanes kept circling over us dropping rolls of toilet paper as farewell streamers for a squadron leader going to Egypt. Six-course dinner.
- January 29. Sunday. Learned three verses of Scripture. Mum makes us learn ten at home. But the rest of the day was restful.
- January 31. Melbourne. Went to a regatta, then to a cricket match. 99 in the shade. If we don't spend too much of our ship-board money we may have enough to do the pyramids.
- February 1. Captain Cook's cottage. Museum where we saw the stuffed hide of Phar Lap. His heart is in Canberra, but his skeleton is back in New Zealand.
- February 15. Colombo at dawn. Had our photographs taken with a snake charmer. The natives live in awful smelly houses and there is dirt and filth everywhere.
- February 21. Aden is a real Arabic town. Mules, goats and cripples asking for money.

PORTRAIT OF A FAMILY

- February 25. Anchored off Suez. On the train to Cairo I went to sleep on a seat and woke to see a Galli-Galli man bringing live chickens out of a sleeping lady's sleeve. The captain was terribly cross because he had to pay an extra day's harbour dues.
- March 1. Naples at 6 a.m. Saw Vesuvius smoking and many long, grey submarines. Man at British Consulate told Mother we must hurry on to Rome and get to Switzerland quickly as Mussolini was up to some mischief. He said we were never to mention Musso's name in case people heard us. So we called him Mr. Smith whenever we wanted to talk about him.
- March 2. Electric train to Rome. It's costing us 35/6 each to travel first class from Naples to the frontier, but for this concession we *have* to visit Mr. Smith's new Forum.
- March 4. The treasures of the Vatican I liked best were the little gold statue of the Good Shepherd and his sheep. They all stand on a marble slab and even the sheep are solid gold.
- March 6. Without a Cook's guide we did the Forum. We were just arguing which of us would be Caesar and which Antony when there was a great shouting from a policeman. We couldn't understand a word, but we climbed down pretty quick after what the Consul had said. Mother pretended to spank the book she was holding and the guard ended up by laughing. But guard or no guard we have stood where the Caesars stood. At noon a fascist car took us to some homes for feeding pregnant women. Wonderful marble halls in pale pink colours. Hundreds of women quietly eating. All poor pregnant women have one good midday meal given to them. They are not allowed to take the

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food away; must eat it there and rest an hour afterwards. While Mother was talking diets and teeth and things, we went off with a younger nurse. She couldn't speak one word of English, but taught us to slide down the clothes' chute and bring ourselves up again in the lift. Mother said later it was a good thing the hospital was quite new or we might have picked up some lice.

- March 9. A bell rang in a tunnel and we were glad to know we were in Switzerland.
- March 10. Took a lake ferry from Lucerne and Dr. Bertsch met us at the wharf with two big dogs. His school only takes about 12 boys. Mother liked him and it was decided we would come there next day and not waste time going across to Flims to look at the other school.
- March 17. We get plenty of Swiss cheese grated on all our food. It is delicious.
- March 29. Mother has gone to England. Today we heard that the school at Flims to which we nearly went was wrecked in an avalanche. Only one boy escaped.
- April 1. Herr Hasler made us April Fools. So it's international.

And what of Swiss precision, what of the physical exercise to develop muscles and backbone? Within one week of arrival they were building an Eskimo house made with real model snow bricks . . . no slap-dash affair this, no reminder of the saying at home: 'Near enough is good enough.' Within fourteen days they wrote that when it was too wet to trek about the Canton with Herr Hasler discussing its history and industry in high German, they spent three or four hours making a relief map of the Lucerne area. Every height had to be worked out to scale and it took about three hours to model two square inches.

Later, when Secundus was able to read *Hamlet* in German in private sessions with the old headmaster, the teacher remarked one day to his pupil, 'I never punish a boy for being lazy. Life will punish him.' Those dozen words explain a lot about Swiss energy and thoroughness.

Tertius had had severe pneumonia a few months before he left New Zealand, so on the occasion of the first midnight climb of Mt. Pilatus, when nearing the summit the little chap just sat down in his tracks and declared he could not move another foot. Herr Hasler loomed large above the boy.

'Come,' he said, 'I always get my pupils to the top. I'll carry you a hundred yards; then you'll walk a hundred yards, and so we'll go on. By this method we'll land at the top for a day-dawn breakfast.'

In July some English boys entered the school for a brief summer session of language study. Their period of stay was cut short by telegrams based on war alarms, but on one occasion they all set forth to climb the Rigi and Tertius airily wrote in his diary: 'The new boys were a bit soft, but we let them take it quietly.'

When this ten-year-old diary writer was a twelve-stone man of twenty-one and finishing his fourth year as a medical student, I telephoned him to the effect that as Marire was minus a theatre sister until one flew in to us from Zurich, he was to remain at Dunedin Hospital two days after term finished, understudy the theatre sisters there, then fly home and for six weeks to act as theatre sister for us. His salary, I hastened to add, would be the same as if he was doing seasonal work in the local butter factory which had been his way of earning next year's shoes, slacks, shirts and underwear.

After two rehearsals of surgeons's likes and dislikes in instruments, the importance of writing down the number and type of needles selected for any operation and checking these elusive needles at the first opportunity, our somewhat bulky 'Swester' settled in well, and I fancy he will never regret that invaluable experience.

While I type this a light-weight brain has been waving comparative sets of earnings before the public, with doctors well ahead by a very comfortable margin. If that critic merely sat down and calculated that the student doctor has to spend as much every day as an apprentice carpenter earns, and at twenty-four, when the doctor is graduated and the carpenter out of his apprenticeship the latter earns twice as much *per diem* as does the house-surgeon doctor and has, in addition, excellent chances to erect an almost debt-free house for himself, then the critic might not feel quite so envious of doctor earnings after thirty years of age.

If the said critic thinks more deeply, he'll realize that any doctor trained to specialist level has been studying on overdraft until he is thirty; that when he hangs up his plate he is heavily in debt to his banker, and either mortgaged to his own duodenal ulcer or to his prematurely hardened arteries. Further, that if he is lucky enough to gain public confidence to the extent of over £3,000 a year, the Income Tax representative will camp like Nemesis on his tail for the term of his working life, because he has been foolish enough, or noble enough, to train himself into a high income bracket.

For sheer peace of mind and prospects of longevity, our doctor would have been wiser to become a master carpenter, have a chance to enjoy restful week-ends, and stagger his total earnings over forty years instead of collecting them all in a hectic span of merely twenty or twenty-five killing years. Alternatively, for comfort and peace of mind he might consider an undertaker's calling. Good money; certainly a few risks of 3 a.m. wake-ups. But never does the Demon of Responsibility camp on the soft pillow of an undertaker, and who ever heard of a young undertaker dying of a coronary thrombosis?

Yet I swear by all that's holy that if I had nine lives I'd be nine doctors, and count every day of every life a precious gift to me.

9. And what of you, Alison Jean, to whom I dedicate this book. What did you teach your mother? You who were nicknamed Sunshine because, born when I was forty-two, your presence in the home like a warming autumn beam deferred the winter of old age.

Together you and I learned many things not found in orthodox text-books of mothercraft; and many things beyond the ken of orthodox educationists. Running true to my childish type, you also were too full of health and curiosity to see much sense in grammar and sums, so you were our fourth child to puzzle your scholarly father because his children couldn't settle down to be precocious little swots. But I cheerfully accepted his suggestion that all the wild genes, all the apparent lack of brains, stemmed from my side of the family. I smiled when I heard the father of my children telling men friends that he was not sure if he was raising criminals or morons, and from my seat beside the teapot I'd occasionally slip in the words: 'Just wait awhile. When they find out what they want to do in life, you'll find they have ample brains and perseverance to do it.'

In medical parlance, you gave me a 'refresher course' in all the usual childish ailments and, as a specialty, instead of throwing a post-diphtheritic collapse or blowing yourself up with bugs and blasting powder, you turned on an infected ear followed by an attack of *nephritis*. So by the time I had you well after that complication I had personal insight into a new art . . . the art of handling the *parents* of sick children.

Nephritis is a fearsome word: ten times more fearsome if it applies to one's own child. So the morning whereon you woe-fully looked at me out of a swollen face the whole gyrating world of Doris Gordon stopped its normal spinning. Being an astute youngster, you soon capitalized on maternal anxiety and staged a strike at mother-treatment. So once again Dad and I had to harden our hearts and decide you must go to New Plymouth, this time to the care of Dr. Claude Taylor. Despite a few 'won't goes' from you we landed you there, and as a gesture of co-operation with Dr. Taylor we volunteered not to

visit and upset his therapy and discipline for at least ten days.

At that date the Germans were overrunning Norway; Dad had a septic hand and morale in ratio; I had frequent visions of you in your coffin, so all told, when we farewelled your puffy baby face, we had little left to learn about the trials and miseries of parenthood.

But as each storm of life safely weathered gives us more friendliness and usefulness, what I learned from your nephritis stood me in good stead in a quaint London episode in 1954. One morning I found a boldly printed note slipped between the glass and the oak top of my dressing-table in the Cumberland Hotel:

'Hephritis. What is it? We are very worried. Marcia.'

I stared at it. Who in all London was Marcia? And as for *hephritis* I had an idea I'd better seek the solution at the zoo. Then keys rattled in the lock of my door and in came my bedroom maid explaining that she was Marcia, and that her mate who did the next twenty bedrooms had a boy very ill with *hephritis*.

So the two Cumberland maids, dusters in hands, told me this story. Jimmy aged ten had recently had an operation for appendicitis. The wound discharged so they kept him in hospital three weeks. He had been home two weeks (my mind leapt to visualize what *home* was like if mother worked six days a week at Cumberland), when the lady-almoner noted that his hands and feet were swollen. Back to hospital he went and all the information the mother could get from the sisters was that 'he had *hephritis* and was very ill indeed'.

'You see,' they chanted in chorus, 'they never tell us anything at the hospital.'

So, Alison Jean, I spent ten minutes of that July morning perched on a corner of the dressing-table, telling two London women how one or two microbes wandering in the bloodstream from the septic appendix site might settle in the fine collecting tubules of the kidneys and set up so much congestion that the normal kidney function of waste excretion could be thrown out of gear.

'Thanks awfully for telling us. Is it very serious?'

'Well, that depends,' I said, trying to be guarded and yet reasonably optimistic. 'Children usually come out of it well, for you see they have such amazing powers of recuperation and healing. I wouldn't worry too much if I were you. My own daughter had just the same thing when she was six and she made a first-class recovery. She's a nurse now. But I do know just how you feel when you see your child all puffed up. I've been through the same thing myself.'

Your arrival, Sunshine, decided Granny Jolly to give up her lonely home in Wellington, build a new home just across our car drive, and live where she could enjoy to the maximum the babyhood of her one and only granddaughter. Everything you said and did was wonderful to her, until the day you uttered your thoughts in the manner that proverbially emanates from babes and sucklings. Granny often lamented when her knees or her back would not allow her to garden as quickly as she wanted to garden, and when for about the tenth time, you heard her say, 'Poor old Granny is getting old,' you chimed in with your own bright suggestion.

'Granny,' you said, 'isn't it about time you went back to God?'

In retrospect it seems unfair that you, the girl-child, should not be able to remember this home in its day of damask dignity, with crystal out on Sundays and Dad sitting down to carve a rib roast all decorated round with crisp roast potatoes. Your first memories are of a home threatened with Japanese invasion and the possibility of refugees from near-by coastal towns. Your first ideas of shopping were of coupons for this and scarcities of that, and your impression of meals was of food served up cafeteria fashion in the kitchen and rushed into the dining-room by individual consumers. But farewell to yesterday! The era of the seersucker or the plastic table-cloth is upon us and if we ever see a d'oyley it's a paper one from Woolworth's. We live in an age of supersonic speed, talk of

week-ends to the moon and of using atomic energy to warm up the Pole while we dig our fortunes in Antarctica! Amid all this excitement I wonder if you'll ever iron with the same care as Granny ironed those treasures of her linen-cupboard which, when she did go back to God, we washed free of their starch and carefully stored for your future glory-box?

Come what may, fun and laughter can never be couponed and happiness, being a twin, comes from sharing; you and I shared everything in those chummy days between 1941 and 1945, when we were all alone in this big old home.

Later you carried that principle of happiness-through-sharing into your nursing days for, contrary to present trends, you found it fun to take an old lady off a bed-pan if, during the process, you could crack a little joke with her. Moreover I suspect that the red-letter day of your early nursing training was when you hired a taxi and, assisted by another junior nurse, carried a life-palsied woman from your chronic ward into a cinema to see a Coronation film.

Of course it was inevitable that associating so much with grown-ups you should become a youngster old for your years. I'm very sorry that it was impossible for me to present you with a youngster sister, as that would have kept you longer a child. As it was, you would shake a wise head when any of our home-coming males started scattering their possessions about and your usual comment was, 'Dear me! What a mess these men do make when they come home!'

We invented fun and interest from our garden and from our rabbits; for I owed it to you, Sunshine, to try to give you your due of happiness.

Those white rabbits provided endless fun and lessons in rabbit biology for both of us. You rightly considered it more important to keep your carnivorous cat off an escaped baby rabbit than to concentrate on your homework of weights and measures. And your observation told you that when the doe sat and stared at you with wisps of straw like fearsome whiskers

in her mouth, this meant nesting time. When Snowy, the buck, suddenly plucked out half his hair to line the nest we thought him gallant; but when on the next occasion of his paternity he did not pluck his coat but actually booted all the young males out of the nest and kicked them to the end of the coop, we agreed that the male temperament was indeed unpredictable.

You decided that you wanted to rear one young male for your special pet, to cuddle and take for a walk on a white bandage lead. So war-jaded citizens homeward bound sometimes saw a rosy-cheeked child grazing a white rabbit on the roadside, and children after tonsillectomies gazed with big fond eyes at Peter Rabbit as you sat him on their Marire window-sills.

Despite my care to soften the austerity of those years, I think the incessant talk of coupons worried you. One wet Saturday when you and I had only each other for company and you heard I had an engagement to select two bulls for our own farm, you decided such momentous matters warranted your personal judgement. So we togged up in gum-boots, rainsters and sou'westers and tramped through five paddocks seeing grandfather bulls, father bulls, boy bulls and their respective womenfolk. Then right in the muddiest gateway you were seized with such an awful thought that you stopped dead in your tracks and with the rain trickling down your glowing face asked in consternation, 'Mother, are bulls couponed too?'

Whereas the old home used to be full of roystering boys, you brought to it sundry touches of femininity. With two or three girl friends you'd play at dolls' hospitals or dolls' dental parlours. The surgery screen would be commandeered for stage-setting, Sister Hood's cap would perch on some juvenile head and a real pair of dental forceps would threaten disaster to some doll's fatuous smile. Your Saturdays were bright if I'd present you with two eggs and their equivalent ingredients, bid you bake what cakes you liked, and leave you with the reminder that children who burned their hands usually did so only once. On Sundays we borrowed other girls and made our

own little choir. What with part-singing and descants I am sure the sound-waves reached out to a father in peril on the sea, and to a brother in greater peril still in the air.

You'll remember that the high-light of those days would be a telegram from the head of Military Medical Services simply stating that he wished to see you and me on such and such a date. We guessed, and you kept it a deadly secret, that on such and such a date Dad would be berthing in the hospital ship *Maunganui*. We'd go off with a minimum of hand-luggage, but always a mysterious square brown parcel which we insisted on handling ourselves. In it would be sixty fresh Taranaki eggs with which, I have to confess, you and I bought popularity at egg-starved medical headquarters.

On these occasions you could never get a Wellington breakfast down fast enough to hurry off to the berth beside the clearing hospital reserved for the *Maunganui*. You used to present our passes and hurry me through to the water-front to gaze at that white hospital ship riding at anchor half a mile away, her shapely hull flanked by the semi-circle of hills that form Oriental Bay.

As in New Zealand's deep-water harbours there is never any question of waiting for the tide, promptly at nine our ship would weigh anchor, bands on shore would strike up, and slowly she would make her dignified sad way to her berth. Soldiers lined her sides. Soldiers with arms in slings, in plaster casts, or soldiers poised on crutches with one empty trouser leg pinned up at knee level indicating what land-mines had done.

You and I knew that down below, swinging in their cots, were soldiers too ill to rise and glimpse the hills of home. And as we watched this tragic disembarkation with stretcher parties carrying off the cot cases and orderlies shouldering the packs of ambulatory cases, lumps rose in our throats and we were not ashamed of tears.

In my heart of hearts I would be thinking: 'This hospital ship command is the first big solo task Bill has ever held down without me at his side. World War I took away from him all

the clinical training he was due to have, and ironically piled it all on to me instead. But this task he holds at fifty years of age calls for much tact and diplomacy to weld an ever-changing ship's company into a one-brain working unit. It is his consolation for the years the locusts ate.'

Standing beside me, all you knew, little Alison, was that this orderly disembarkation of shattered humanity had something to do with months of planning and quiet discipline on your father's part. We were both so proud that we kept far in the background while he hobnobbed with parliamentarians and military brass hats and finally disappeared into the clearing hospital. Not for an instant would we, his own womenfolk, interfere with his duty. But when finally his batman sought us out to say, 'Please come aboard now,' we knew that for at least one luncheon hour, our man was all our own.

Since you are my daughter it is natural that you always did have a mind of your own. Right from the time you announced your individuality you were a determined little foetus. Later years revealed that it had been a fibroid which interrupted three pregnancies preceding yours; and as I had just co-authored a book on the evils of abortion, I was hard put to explain to my patients three attacks of supposed influenza which had indeed been miscarriages, each keeping me out of practice for a week or ten days. We have never resented Stratford's interest in the advent of our babies. Perhaps it was a token of their sense of proprietorship of their two Dr. Gordons. But if just one female had suspected that I was indulging in a series of miscarriages, Dame Rumour would assuredly have spread the libel: 'Ah! So, after all, she does know something effectual which she will not prescribe for others.'

But fibroid or no fibroid, you hung on by every tooth of your embryonic villi and every time I felt nauseated and resorted to my old trick of lying face downward on my bed, I'd say, through my misery, 'Thank God it's still living'.

Eventually you arrived, the last infant Dr. George Home welcomed into the world; and promptly you announced that

you were hungry. Hungry you remained and as your harassed father was then controlling two practices and had to get some sleep, we fed you at any time of the night you demanded sustenance, solely to give your sire some peace and quiet.

Then you developed definite views that you could only sleep happily if you held on to my finger all night. Again for the sake of midnight peace I lent you a finger; and when I started practice again and had midwifery calls you decided that Nanny Joan Dyer's finger would have to do instead. Little it worried you if our arms ached at daylight from being held out all night at your dictates.

When you were two we decided that this tyranny had to cease. I got up from Marire that wonderful children's nurse, Sister Doris Pederson, set her in charge of domestics and the family, with special commission to convert you into a Christian child. Then I put the Tasman Sea between my mother-ears and your first few nights of outraged discipline. Once Sister Pederson had tamed you, my shrew, thereafter nothing was too difficult for her: not even her final task as Director of Nursing for south-east Asia.

On your distaff side you are not merely a chip off one old gritty block: you represent chips off several fine old blocks who coped with pioneer problems in Australia and New Zealand. Very strong-minded old blocks they were too, but because they knew of no escape from masculine interpretations of divine law, the poor dears went right on submitting themselves unto their husbands and were so fruitful and multiplied so freely that they averaged twelve living children apiece. So it is left to us latter-day mothers to guess what prolapsing uterine distresses were doubtless hidden beneath their crinolined skirts.

When I saw you at thirteen taking upon yourself to recover the eiderdown quilts at the seaside cottage I said, 'That's Granny Jolly coming out. She was a wizard with needle and thread.' When you took to an egg-beater at the age of ten I said, 'That's Great-Grandmother Jolly coming out. She was of French descent and famous for turning out an omelette.'

When in years of discretion you showed no interest in either cocktails or the folk that swallowed them, I said, 'That's the combined influences of Great-Great-Quaker-Grandmother Crouch of early Tasmanian history combining with genes of Great-Great-Grandmother Turner who risked being the wife of a Methodist missionary to New Zealand in 1824, when cannibals often capered in her mission garden.'

On your father's side you have an unbroken lineage of Presbyterians right back to the Calvinistic predestination days. So when you finally showed us, in no uncertain terms, that you were bent on marrying a Dutchman of Lutheran descent, I could merely scan your already assorted ancestry and conclude that a few hard-working Dutch genes, added to the hotch-potch that is you, might lend a Rembrandt-like touch of colour to the tapestry of your tomorrow.

As extravagance was never a family trait, when you were at College we kept you on a tight financial rein. Once you were definite that nursing was your *métier* I rather surprised you by saying, 'Between leaving College and starting your nursing training I want you to go to Europe for one year. Your future sister-in-law will accompany you. You'll reside during winter months in good Swiss homes where damask dignity still prevails, you'll try to learn high German and you'll learn to tailor a blouse. Later you can bicycle through Switzerland in blossom time, live in youth hostels and note what thrift and industry mean to European people. Arrangements are made for you both to stay at the famous Pestalozzi village for war-orphaned children and you'll learn what war does to children as well as to the cities of the history books. In the latter months in Switzerland you'll attend a cooking class in Zurich and thereafter no matter what credit or debit is in your bank account, you'll be rich in your mental equipment.'

When I farewelled you at the Tasman flying-boat base, did you guess how I longed to go with you? But I was not of your vintage and perhaps that is the tragic part of bearing a child at the age of forty-two. Taxis and comfortable hotels would have

been a necessity had I accompanied you, and you needed to do things in youth's own way, which is hard and vigorous. You needed the discipline of aching legs and sunburned biking days, of seeing Paris on the cheap, walking on your own New Zealand feet, of fraternizing with the children at the village, of motoring across the ruined Rhine sector of Germany, viewing Holland from the seat of a tandem bicycle, and spending your eighteenth birthday sitting on the back stairs of an overcrowded Edinburgh Festival.

After you returned there were six precious months wherein you worked as a probationer nurse at Marire, and we again had a daughter. On your nineteenth birthday you entered our old beloved Dunedin Hospital and although you were far away, Dad and I were happy to know you were serving in the same wards which had taught us so much forty years ago. Your letters soon suggested that you were enjoying your strenuous work and hectic study even more than you had enjoyed your halcyon days in Europe, and you were puzzled as to why you were so happy until you discovered that it was because you were *giving out* in all your nursing tasks.

At the end of your first year you rather coyly told us that it had fallen to your lot to give an excessive number of enemas in the male orthopaedic ward, and that as you hastened down the ward on your sixth commission for the day, some wag had called out, 'Here comes Fire-Brigade-Allie', which quip had set all the ward chuckling as you gathered screens about the next victim.

You looked sideways at us to see how we would take this story of our delicately nurtured daughter rushing round on such missions. And when we remarked that these days far too many nurses wanted to do only the fancy tasks and too few were willing to do the trying jobs you were obviously relieved at your parents' good sense.

The discussion widened out and there was perfect unity now between your youth and our mellow age that throughout the practice of medicine, these days, far too many folks wanted to

be instructors, tutors, supervisors, speech-therapists, physiotherapists, or specialists at something or other, and everyone wanted to be in a position to tell the other fellow what to do, and only a very few were willing to get down in the dust of the Samaritan Road and do the menial tasks themselves.

Sitting in the lounge of Dunedin's quietest hotel we got hotted-up to our subject, agreeing that what humanity needed more than anything else in these hectic super-scientific days is a smile with its dinner tray, a smoothing of pillows that is a kind of benediction, a nurse who thinks more of her patient's weal than of her own exalted dignity, and doctors who have eyes to see and ears to hear that the patient is a complete human being with a personality to consider, and not only the impersonal possessor of *A Stomach*, *A Duodenum*, *A Sluggish Colon*, or *A Bunch of Piles*.

In September 1955, we went back to our Dunedin Mecca, back to our old haunts to see our baby receive her graduation medal. At one moment I had delusions that you were myself up there among the graduands; and the next minute my degenerated lumbar disc and its related sciatic leg said the seats were hard and I was old and most assuredly I was past tense and not going forward for medals. What I was seeing was my reincarnation, my Alison Jean, being called up to receive her honours.

When finally Dad and I walked away, leaving you surrounded by a mob of buzzing nurses, we were rich in memories. Dad said slightly wistfully, 'Well, that's the last Gordon to walk these wards for a decade or two.'

I couldn't say much for somehow there was that lump again in my throat; but I managed to reply, 'Well, thank God, that last Gordon can still see the Holy Grail shining forth in a rack of bedpans.'

PART V

Director's Dilemma



*He fixed thee mid this dance
Of plastic circumstance.*

ROBERT BROWNING

IO: Away back in 1917, a honeymoon couple had rested on a shingle bank of the great Rangitata River, where it sweeps out from the forest foothills of the Southern Alps, and had indulged in crystal gazing.

'What would we do, where would we take root, once Bill had done his decimal-dot in this Kaiser-Hindenberg affair?'

As I was on six days' leave from the bacteriological and public health department of the Medical School, it was perhaps natural that Bill should say, 'If we were sure red-tape would not fetter our progress, public health would be a grand career.'

But Bill had not set a foot in France before I discovered that no matter how inspiring public health looked when studied under the enthusiastic Professor Champteloup, the Dominion service in the capital city worked just like any other political set-up and was not my idea of preventive medicine at all.

One week in Wellington warned me that if I took public health as a life career I'd not sally forth to challenge disease and death. Instead I'd become a pen-driving doctor. I'd stand before a paunchy chief whose motto was expediency, and I'd receive orders to write something soothing for the press and know in my heart that God's ample sunshine did more for the health of New Zealand than could any semi-political health bureau.

I saw an alternative in the crystal—an aged me, wise in the art of pain relief and long accustomed to such a shortage of midwives that I'd be delighted to turn midwife myself occasionally and release my too few sisters for leave or for other urgent tasks. I saw myself as a useful kind of hitching post to some young woman, as yet unborn, who in my old age would find herself in my care, half-way between an obstetrical heaven and a labouring hell. When I put out my steadying hand and spoke my quiet firm words, she would toss her tormented head on my shoulder and grip my arms as if I were the bed-post. And when the pain relaxed, she would throw herself back on the disordered bed and gasp, 'Thank you, Doctor, thank you for staying with me.'

My scintillating crystal of 1917 promised that this would be medical life on a high tide—a satisfaction to the end of my days. And if this unknown *she* was hot, sweaty and tumbled of hair, and if her breath bore the smell of those who have not eaten for more than a day, and if I too was tousled and tired and would ache all tomorrow from being a hitching-post today, still the crystal urged me, 'Don't miss it for anything. The giving of a tiny chip of yourself with every difficult birth will be your own life made more abundant, your own immortality.'

With a measure of sorrow I turned my back on administrative health, for I knew its grand possibilities and foresaw its political fate. Then I stepped out into the unknown and set my face toward a future that would often find me emerging from hospital at dawn. Work done: a tired mother sleeping. A new rosebud of life, perhaps a trifle ugly, trying out its new pattern of breathing and communication by mild wails from its crib. The golden east rolling up the night and a hundred birds in my garden welcoming another day and another life: and I a humble part of the whole.

New Zealand's first Director of Dominion health had qualified for office by the unique process of crashing his tandem-drawn gig into his own gate-post. This happened at Inglewood, twelve miles from where I now write. He recovered from his

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leg amputation in time to go as medical officer with Premier Seddon on a South Sea voyage. The voyage finished, Seddon made his new friend director of a new idea called public health. Thus from the word 'go', New Zealand health services had a political basis and bias.

In the years between 1917 and 1935, administrative health took on more and more duties until its files covered everything from rat extermination to the purity of ice-cream, international statistics and the findings of Geneva conventions. Maori and Polynesian health matters became major affairs; and the ever-expanding Dominion's need for sanitary services, supervision of factory conditions and the hygiene of foods, plus the care of school children's health and a campaign to eradicate tuberculosis, provided tasks for a small legion of sub-directors. But over them all, and responsible to political party heads, reigned the Director-General of Health. Truly, whoever holds this post of D.G.H. needs to have Churchillian dimensions.

Then our experimentally minded, go-ahead little land added to these onerous duties the supervision of its grand idea of free medicine, free doctors, free hospital beds, and, if you wanted them, free babies. And its new gift to its harassed Director-General was all swaddled up in terms of nursing shortages and spiralling hospital costs.

Hospital boards accountable to ratepayers for their budgets began to see red. From North Cape to the Bluff they camped on the D.G.H.'s tail and then transferred their attention to the Minister of Health. Finally, on the eve of the 1946 elections, they went gunning for the Prime Minister, the main sire of social security, and their demand was for merely a few millions for their hospitals to save the face of socialized medicine.

When Mr. Fraser's promise that more and more hospital costs would be assumed by his consolidated fund reached his department of health, one honest accountant looked over the top of his spectacles and announced: 'Now the lid's off. There'll be no limit to the boards' demands.'

For many different reasons I was reluctant to intrude at this

juncture, not least because the then D.G.H. and I had been life-long friends and I sensed that he might not appreciate my feminine intrusion in a corner of his chaotic domain. But duty and my guardian angel made me agree to plant my Plain-Jane self among his sub-directors, for I felt that someone well-accustomed to dusters, mops and vacuum cleaners simply had to start and tidy up that section of administrative health called *Maternity*.

'Incredible!' exclaimed my conservative ancestors.

'Madness!' said my fair-weather friends, when I left my home, my hospital, my garden and my mountain to be a temporary director under a socialist government.

Just Bill and I knew that it was God-inspired madness. At the interview that decided my appointment, when the Director-General was trying to head me off and my lawyer was trying to warn me off, they could not see my guardian angel standing in close. In these materialistic days, men don't expect celestial visitors in ferro-concrete premises, so these puzzled gentlemen did not hear my briefing: 'This is your real life work for which all else has been but preparation. You have done the spade work. You have picked up your degrees. You have had in addition a home and children, a practice and a private hospital. Out of endless difficulties you are now equipped. For the next few years your task will be to make the rough places smooth for the mothers and babies of New Zealand. Do not shirk it.'

The initial request to accept this office had come to me from the President of the Obstetrical Society. Between 1927 and 1937 this society had been drafting plans for a service for New Zealand mothers suited to our geography and climate. Our blue-prints had been available for all political aspirants to see: but only Mrs. Janet Fraser and her husband Peter Fraser, leading lights in the up-and-coming Labour Party, had shown real interest. When Mr. Fraser became Minister of Health under our first Labour Government, he despatched Mrs. Fraser and others on two fact-finding missions to ascertain everything necessary to make motherhood a primary national industry.

Thus in 1939, amid the topsy-turvydom of the new socialized order, we midwifery doctors found ourselves presented with *our own scheme* plus embellishments for which we never dared to hope. Free doctor attendance for every mother. Fourteen days free rest in hospital after labour. A free anaesthetic service if a full-scale anaesthetic was required. And, supreme wisdom, every woman could have the doctor of her own choice. Thus we beheld our long-planned maternity service rising phoenix-like above the ashes of our yesterdays and the disorganization of our servantless homes.

Regardless of party politics, we obstetricians were setting to work to make our Grand Scheme an Empire example, when Hitler threw in his massive spanner.

Next, that left-hand-child of socialism, the five-day working week, started kicking out of the nest all the good things socialism had tried to evoke. Costs soared and almost overnight came a crisis in staff shortages. Private maternity hospitals closed at the rate of one a month, and hospital boards, ordered to accommodate maternity cases, found they had neither space nor staff.

One age-group of women was seized with a worthy urge to have babies; and another age-group was seized with the fashionable urge to spend every week-end kicking holiday heels in the sun.

Everyone took as a right shorter hours and higher pay. No one figured out that a community cannot long function on massed selfishness. Too late our legislators realized that while double or treble pay-rates might appease some week-end workers, nothing would stop babies being born at week-ends, nor discourage them from wetting napkins between Friday nights and Monday mornings.

In the midst of the confusion Janet Fraser died: and Peter Fraser, now war-weary Prime Minister, had scant time to see what was happening to the services which were his wife's living memorial. In an effort to preserve standards, the Obstetrical Society had asked me to step into the breach. For the next two years I did my very best to fill it, even when at times I felt I

was wearing out my soul-case in a vain effort to salvage the vestiges of our Joint Grand Plan.

My first book made plain that my appointment as Director of Maternal Welfare was a temporary one; my husband, generous as ever, agreed to lend me to the maternity muddle for as long as I had lent him to the hospital ship. It also made clear that our midwifery muddle had been precipitated by a coterie of civil servants who, not content with a global war, carried on a local vendetta against anything calling itself private enterprise.

Private maternity hospitals were singled out for extinction as, presumably, if an infant's first yell of surprised discomfort occurred under private auspices, the new citizen would be a conservative to the end of its days. But meanwhile the zealots left undisturbed the class distinctions of grandstand seats at race meetings, luxury five-star hotels and also the right of Labour members of Parliament to enjoy quiet nursing themselves in whatever private hospitals had survived the blitz.

In asking me to risk this appointment the Obstetrical and Gynaecological Society also suggested that I be the lubricating oil in pending discussions between the Government and the Royal College of Obstetricians and Gynaecologists.

The discussions concerned the founding of a post-graduate hospital in Auckland for midwifery teaching. The public had given a handsome endowment; the Government had promised a large new building. So apparently all that was necessary was tactful liaison between Government and University before we would light a new beacon of learning in the Pacific as free and unfettered as the best medical foundations in the United States.

Unofficially the Society executive shoved me off on my adventure with words to this effect: 'Whenever you come across an empty soldiers' ward, for God's sake snavel us a maternity unit. We dread births on back seats of taxis, and taxi-drivers are fed up with blood and tears. The remaining private hospitals, fearful of fines, dare not admit a case a little out in her

dates when they are overfull already, so the poor patients have to tear round all the other private maternity homes asking in vain for a bed. The taxi-driver, sensing urgency, lands the outfit at the general hospital and helps shove his fare into a wheel chair. The chair and a porter set off at a run for the women's ward only to be met at the door by Sister.

' "Maternity case? Oh no! I cannot admit you here. I've no facilities and no staff for maternity. I'm sorry I can't. . . ."'

' "No such word as *can't!*" says the baby, gathering his muscles for a supreme last effort. "Look out, here I come!"'

All our children had left home for College or careers when the request came to hurl myself into the *mêlée*. Even so there was no sense in rushing off to the neglect of my own home, so the Honourable Minister of Health, Mr. A. H. Nordmeyer, kindly waited until I could secure a competent Swiss house-keeper.

I dived into my task full of zeal, feeling that it had four main corner-stones of service. Beds and the immediate need to double their number. Preservation of our high standards. Maori mothercraft and housecraft. Cementing the foundation stones of the post-graduate midwifery hospital at Auckland.

In retrospect it seems that only in the acquisition of beds by something akin to commando tactics was my reign in office a success.

Standards of care were bogged down by the fact that the political situation was balanced on a knife edge. Cabinet was at sixes and sevens among its own members, no government official dared ruffle the parochial pride of local bodies and no Director of Health dared tread on hospital board corns. When my reports revealed that the worst offenders against State rules were the State's own hospitals, they were hastily filed and my popularity waned accordingly.

Maori mothercraft moved slowly ahead on its own majestic tide and I cannot flatter myself that I did much to augment its surge.

The post-graduate dream was threatened by the University's

timidity to pay a world-standard salary, even though they had been given the mandate of thousands of subscribers to the obstetrical endowment. As I write now, in 1956, it is comic tragedy that University staff throughout the Dominion is on the verge of a dignified strike for Empire standard incomes, being fed up with socialistic levelling down to the lowest common denominator of academic intelligence. And the beacon that was to light this corner of the Pacific still awaits its torch-bearer.

II. When as an enthusiastic young graduate in training for my Public Health Diploma in 1917 I worked at Dominion headquarters of Health, the whole box of tricks was housed in four downstairs rooms in an oldish residence. Two doctors and one clerk saw to Dominion affairs. Two nurses, one sanitary inspector, one motor-bike and one side-car covered Wellington's health, and our files rested on our desks or on shelves beside us.

But so rapidly does life multiply in New Zealand that any new species, whether trout, red deer, fallow deer, goats, opossums, rabbits or civil servants, soon out-number themselves. I've great admiration for our Internal Affairs Department which keeps a fine squad of outdoor he-men culling trout, sniping inferior stags, shooting goats and licensing opossum trappers. But no one has thus far appointed he-men to cull civil servants now reaching a staggering ratio in the labour force of this blessed Dominion.

When as a silver-headed woman in 1946 I returned to Dominion headquarters, I found the hive covered half an acre of the seven-storied State Fire and Accident Building, an edifice grand enough to make Uncle Sam approve and to make Auckland break the tenth commandment.

To the end of my term I refrained from asking our exact numerical pay-roll. But at one party staged in the large architects' room overlooking the Wellington harbour, I nibbled a cheese straw and assessed well over a hundred 'central-healths'

enjoying themselves. I wondered if a big southerly buster came and whirled the majority into the harbour whether Dominion health would suffer one whit. And I took another nibble and reflected that hospital boards might heave sighs of relief.

We nine directors and the architect occupied Floor Seven. Typists and clerks covered a rood of territory on Five and Four. Records covered a square chain of disorder lower down, three score motor-cars slid down a ramp in our rear, toured round in our basement and snuggled down in two-berth stalls among our pylons. As a kindly gesture the Minister had consented to my using my own car and six thousand annual miles. But my Dodge, suitable for Taranaki hinterland, was too long in her chassis to go into those city berths save at a slight angle which made it impossible for a Vauxhall or a Standard to slide in beside her. I soon got a hint that we were unsociable and capitalistic, so in the interests of fraternity and equality, we found a park elsewhere.

Most of us directors strolled round with detached mien. Effective energy seemed bad form. To be snowed under with work was correct decorum. To be able to duck to alternative appointments was tact; and enthusiasm was childish. Our manners were those of diplomats and our voices were never raised in noisy argument. After all, what need to? We could so easily cancel each other out next time the file came our way and eventually one learned that it was not what one said that won, but what one kept up one's sleeve.

The record system had to be experienced to be believed, for a dozen directors or accountants had the right to keep them in their own offices for one or two days and there were no duplicates. Clerks in records opened all my mail and hung it on clips until the appropriate file on Timbuctoo or Teheran returned to them. Then they affixed the latest and sent me the file. It was no uncommon occurrence to read an urgent inquiry twelve days after it had been mailed. Meantime some frantic secretary or doctor would telephone asking me for the requested answer to their letter despatched ten days ago; and all I could say would be, 'no such letter has yet reached me'.

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If one asked for a special file, inscrutable clerks would report fifteen minutes later 'that file is missing'. Never would they impart the alerting information that the file in question might be up with the Minister or Prime Minister.

Thus was a sub-director liable to get caught up in the end of the story without knowing its recent past; and once I was rushed up to Parliament and bidden sit for an hour in the Minister's office as the Prime Minister was putting through a contentious bill on which a division might be called. Eventually it transpired that the bill concerned the taking of a small portion of Timaru park-land on which to build a new maternity annexe, that the Prime Minister had our file, and found himself in full agreement with the Professor of Obstetrics whose opinion I had placed on its forefront. As the Professor had trenchant views that maternity annexes should be *near* to, but not right *inside* general hospitals, no defendants of park domains dared call for a division.

Typists being in short supply, I took my own machine to Wellington's Waterloo Hotel, and several nights a week, after a post-prandial snooze, I worked on drafts until midnight. I suppose the fact that I resided at the Waterloo Hotel made me further suspect in the anti-capitalist camp. But it was handy, quiet, and cheaper than renting a furnished flat from which I would be absent half the time. It was probably the typewriter that won me occupancy of room 220, 320 or 420, which were a trifle larger than average. But these rooms had linen stores on one side and the staircase well on the other and neither of these utilities complained if I clicked my machine at unusual hours.

From 320 I had a good view of Parliament Buildings with a disconsolate Norfolk pine doing its best toward the southern slope of lawn; a little to the northward stood a marble premier Seddon exhorting the passing public (and me), while to politicians striving and lobbying behind him he presented a rear view of fortitudinous endurance.

From room 420 I got a grander view of Parliament flanked by the pine-clad Tinakori hills, and from this elevation I could

see the morning sun glinting on the upflung sword of the Cenotaph Soldier. So high above the gates of Parliament had his sculptor mounted him that his uplifted arm towered above intervening roofs; and in the name of all who had died for liberty, day in and day out, he kept that sword uplifted, challenging everything mean and crafty that crawled below. From my Waterloo window every morning I saluted him; and every time I walked beneath him I drew a little of his courage.

I needed to borrow courage, for reluctantly I came to the conclusion that there were forces of folk about the capital city who for their own reasons preferred to perpetuate post-war chaos. Preferred darkness to light. Were they spivs battenning like barnacles on the good ship Welfare? Or were they Communist cells wearing down the patience of hospital boards, striking dismay among mothers and hitting helpless infants in cradles?

After my first few successful raids for more maternity beds I was warned that I could expect only my share of the cake and not one crumb more . . . mothers must share hardship along with the whole community. Not knowing whether this was the voice of Brother Barnacle or the counsel of Comrade Commie, I would skate round that 'obstetruction' by posing a child-like innocence: 'Oh, but I've been appointed by a Government whose platform is *nothing but the best* for mothers. And as they had a raw deal during the war, we really must make them priority number one now.' For this I was about as popular in the hierarchy of health as a housewife in spring-cleaning time.

Gradually, reluctantly, I became enlightened about my phantom directorate and began to feel that in spite of my fine title I was in charge of a nebulous nothing. But it was my examination of two conflicting certificates, brought to me by an indignant doctor, that led to the final shattering of my illusions. Certificate I stated that a twelve-day-old baby had died of broncho-pneumonia, and Certificate II, issued the next day, stated that the laboratory had cultured pure diphtheria bacilli from an ulcer on its shoulder.

'The damnable thing,' said the doctor, 'is that ten days have

elapsed and no effort has been made to correct that death certificate. If we are going to gloss over the truth when infants die of diphtheria, there'll be no end to our losses. What will you do about it?'

I took the duplicates to the Director-General and was smartly told to moderate my language, verify all statements, and learn in this work not to use such strong phrases as 'misleading death certificates'.

I handed across the certificates.

'Am I exaggerating anything? What I am asking you to do is to circularize hospitals' superintendents that they may not place new-born babies near children's wards where they will be tended by the same nurses. That is how this baby caught diphtheria—some poor nurse must have been an innocent carrier.'

I was told to get it clearly into my head that administrative health did not issue orders to boards, who were local bodies and a law unto themselves; that all we could do was advise and circularize a warning. Beyond that neither he nor I could go.

'You really are informing me, sir, that I'm not a Director at all and that I draw my fourteen hundred pounds a year for being an anonymous counsellor. There are nine directors on parallel salaries and if we tot up costs of clerks, typists, cleaners, rentals and your Director-General's staff, we must cost this country a fortune every year. All in the name of preventive health. Yet between the whole lot of us we cannot guarantee that babies will not incur diphtheria risks. Don't you think infants were safer in those small private hospitals which your inspectors have been so busy. . . .'

'My circular will run thus. . . .'

By circumstances stranger than fiction, while the D.G.H.'s circular was being cyclostyled, a Wanganui gentleman wrote to the newspapers and to the Minister, complaining that he'd lost track of his wife and week-old infant and had finally located them, along with two other normal mothers and infants, in the isolation block of the main hospital. The stork was

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working overtime. The isolation block was only half full. So. . . !

A Wanganui doctor made it his business to bring me the papers with this story, saying, 'What's the Director of Maternal Welfare going to do about this?'

With a caution for which I cannot blame him, the Director-General told me to do nothing until he had a report from the regional medical officer. But four days later this officer wrote in that he had found the strange mixture of one diphtheria, one typhoid and one dysentery case in the left wing of isolation, three normal mothers and infants in the right wing, and all sharing the services of one supervising sister and the same kitchen sink.

But meanwhile the quick-working press had taken a hand and by this time newspapers all over the Dominion had black head-lines about Wanganui babies, and reporters haunted Floor Seven in Wellington. The Minister's secretary S.O.S.'ed the Division of Hospitals for drafts of a letter to the original complainant and for release to the Press. And I read to my astonishment that under modern techniques of barrier nursing, etc., etc., it was quite in order for infants to share kitchen sinks with dysentery and diphtheria cases.

The net result of too many cooks stirring this particular broth was that by mid-week hospital superintendents sipping breakfast coffee read that the Minister had said it was safe for new-borns to be close to infectious cases. And when they sat down at their office desks and opened their mail they read the Director-General's circular that it was highly dangerous to place young infants near children's wards; and any hospital doing so ran grave risks of action for damages if anything went wrong.

When this happened I went to the Minister's office and in the course of a long talk showed him the D.G.H.'s circular, the two conflicting certificates, let him assess the Wanganui problem for himself, and made clear that unless my true sphere of influence was quickly defined I must hand him my resignation.

'I wait to hear your account of this confusion,' said the Minister patiently.

'It's just an instance, sir, of the utter chaos or the planned confusion which surrounds health affairs these days. Everyone feels frustrated and some superintendents are so fed up they cease striving to do the right things. Housemen doctors catch the spirit of cynicism and instead of developing spiritually in the discipline of medical practice they start thinking in terms of hours off, days off. We did have wonderful hospitals too, all built within recent years, not fettered by antiquity like so many in Britain; excellent standards of floor space; fine theatre suites and a very high standard of nursing. But now. . .'

'Yes. Continue.'

'Our hospitals are on the high road to being factories where the worth of the individual patient is forgotten. Instance this shocking muddle about these infant's lives. Good wards stand empty and other wards are so understaffed that nurses have to rush and hustle in a manner detrimental to the patients and ruinous to the nurses' technique and health. Of course we all know that when Labour pioneered the road of State medicine, it did so with the highest of human motives. But it is human nature that has let you down and the forty-hour-week was the last straw. Things will go for a worse skate still, and maternity work is already in a landslide of its inviolable standards, because it is a section of nursing which just cannot be hurried.'

'I do not see a reason in this why you should resign.'

'May I remind you, sir, that New Zealand will be quoted for years to come as the country which showed the world how to bring puerperal sepsis deaths down *before* the discovery of the sulpha drugs and penicillin. And how? By the disciplined team work of keen doctors and nurses. But today doctors within your own health service are determined to mix accident cases with my maternity cases in rural areas, and nurse maternity cases at random close to septic cases in large hospitals. They blandly tell me that penicillin will take care of cross infections!'

'And you disagree?'

'Well, my prophecy, Mr. Nordmeyer,' I said, 'is that penicillin may not always take care. It's not a panacea for carelessness and some day those streptococci and staphylococci will

stage a come-back. I'm not selling my medical soul to any travesty of medical integrity. The public think I am in charge of their infants. But now I find that I am not. Unless you define my sphere I must resign, for as it is I'm about as helpless to preserve standards as a surveyor's peg is helpless to stop a landslide in the hinterland hills of Taranaki.'

Alas, my unhappy prophecy came true. I thought of my nameless fear as a 'come-back'. Doctors of today have an equally colloquial name for it—the H-Bug.

I2: The first two days I worked with the deputy Medical Officer of Health in Auckland, he was as reticent as a clam, for he was, I suspected, a perplexed and perhaps disillusioned young man.

Following in the footsteps of great medical leaders, he had puzzled and puzzled over a mysterious illness causing deaths of babies in their second week of life. The illness did not come like an epidemic in any one or two hospitals, but cropped up here and there as odd cases all over his big district. Finally his laboratory colleagues cultured tetanus bacilli from the sick babies.

The famous Jenner puzzled out his discoveries by noting the relationship between sores on cows' teats, sores on dairy-maid's hands and the latter's subsequent immunity to smallpox. Pasteur puzzled out the reason why cows forced to graze above the grave of a beast which had died of anthrax also contracted anthrax. And the unassuming Alexander Fleming quietly puzzled why cocci would not grow where moulds had contaminated his media, and in his puzzling discovered penicillin.

My young friend, puzzling about a common source of tetanus in babies, went shopping and purchased twenty-four tins of a popular brand of baby-powder from which the laboratory cultured tetanus bacilli from six tins. Further investigation revealed that the finished product had not been sterilized, and, as the ingredients of this powder came to our land in Indian

jute bags, and as teeming India has a high incidence of tetanus, the mystery of this disease in New Zealand nurseries was a mystery no longer. However, no legal action followed.

That M.O.H. deserved the O.B.E. When I arrived in Auckland six weeks later, representing the Ministry of Health, he was understandably a little cagey with me at first. But by our third day we discovered that we shared co-rebellious traits and by our fourth day we were allied conspirators in a plot to expedite protracted discussions between Health and War Assets about the use of an empty American hospital for emergency maternity use.

'Don't go finding any more private licensees for having thirteen patients in a twelve-bed hospital,' I advised him. 'Citizens ought to thank a matron for giving up her own bed to a patient in dire need. I've already warned the Minister that as the maternity ward in his own Auckland State hospital offends every existing rule, he's looking for trouble if he allows others to be penalized for the same things. I'll give you a signed order not to take action against private hospitals until the heads of Health and Military *do* make it possible for us to provide safe maternity accommodation at Cornwall Park Yankee hospital.'

'Gosh!' he exclaimed. 'I'd be vastly relieved if you would.'

'It's the only common sense thing to do,' I told him.

'I didn't know central health worked on common sense principles.'

'Well, what do you think of that awful ward sixteen up at the main hospital, which they call a maternity ward?'

'Never seen it. I'm not allowed to inspect wards under board control.'

'Good heavens! You spend your time insisting that private institutions must be up to standard and you have no idea what goes on in your nearby State ward. You and I are deep in a game of double standards. You'd better come with me on an educational tour and see it.'

'I'd like to. But I can't.'

'I'll fix that. I hear you often play bridge with Dr. Plunkett. He's in charge of ward sixteen. I'll get him to take us through tomorrow as his guests.'

Next morning Dr. Plunkett first introduced his 'guests' to the hospital superintendent. Then we set off to see what had been an old ward adapted five years earlier to accommodate a dozen complicated maternity cases. But as more private hospitals went out of action more women in normal labour dashed into ward sixteen and threw themselves on the mercy of its overworked staff. Which staff, be it recorded, worked with a zeal and devotion reminiscent of the best traditions of nursing.

Let no one decry historic, shabby ward sixteen. In the millennium, when Auckland mothers repose in pastel peace in their new dream hospital (it's only been promised thirteen years as yet), let each one give a thought to the jaded, overcrowded ward sixteen which pioneered the way for Auckland's board to deal with midwifery on a grand . . . and we hope humane . . . scale.

When we visited it there were a score or more using facilities meant for twelve mothers. The beds were too close together and the nursing staff was inadequate in numbers. But a gallant little sister seemed to be everywhere at once and still found time to be polite to us. There was no milk room: this a positive *must* by New Zealand standards. There was no luggage room: so suitcases lay under beds collecting hourly acquisitions of dust. There was no soiled linen room: so linen was dumped in the bathroom. A verandah had been glassed in to hold more beds. It could be reached by a round-about route, or for nurses always in a hurry, could be more quickly reached by taking a short cut across the one and only labour room.

We stood in this labour room and noted babies' bottles being rushed through from a store on the verandah; morning tea trays being carried outwards to verandah patients; and odorous bed-pans passing inward across it, *en route* to the one and only sluice room.

But critics, please remember that many big institutions have had their dubious pasts. The famous Rotunda Hospital in

Dublin recently published in its centenary book the unblushing fact that a hundred years ago patients were confined in their street clothes and then bedded down two to a bed, presumably a double bed; while in the nearby office matron and doctors wondered why they were never free from puerperal sepsis.

I returned to Auckland health office and drafted a report which I vaguely sensed might blow out the old order and inaugurate the new. In the early afternoon Dr. Plunkett came to check its every line and phrase and in the late afternoon I commandeered a taxi and set out personally to deliver two copies.

To the superintendent I said, 'If I've anything unpleasant to say I'd rather say it to your face. Here is my report on your maternity ward. It's not your fault, even if it's now your headache. Everyone knows you were a prisoner-of-war when this muddle started.'

To energetic lawyer Allan Moody, chairman of the board, I said: 'I'm handing this directly to you, before it goes to Wellington. It's white hot, but as you were defending counsel recently in a similar case concerning a privately owned hospital, what is the public going to say if it gets hold of this report showing that your State ward, meant for twelve mothers, habitually houses twenty?'

'Fine, Dr. Gordon,' was his hearty reply. 'I've been waiting for a weapon such as this. If it's as good as you say, I can scare hell's bells out of those procrastinating Wellingtonians and get right ahead with alterations at the Yankee hospital.'

'They tell me at headquarters, Mr. Moody, that even when agreement is reached about terms of occupancy, there will be six months' delay on account of acute shortage of stainless steel sinks and sterilizers, but if it comes to that, couldn't you and I both say we'd been born without the aid of stainless steel?'

'Don't worry about trifles, Dr. Gordon, leave those to me. I've thousands of city voters and many rural ones behind me in anything I do for quick improvements of maternity conditions. And don't forget it's election year—the time for all politicians to go for votes.'

DIRECTOR'S DILEMMA

What transpired between Mr. Moody, Military and Health I never knew. But when I visited Auckland four weeks later he had carried everything before him like a whirlwind. One roomy ward at Cornwall Park held twenty normal mothers, and five abnormal cases occupied adjacent single rooms. Two labour rooms and two nurseries were in use and two more labour rooms were being furnished: and all so beautifully equipped with new stainless steel that I began to wonder what secret weapons the astute Mr. Moody kept hidden. Carpenters were working on two more wards preparing for fifty additional patients, and while they hammered and planed, women heavy with child seeped in at the far end, asked the carpenters the way to matron's office and dropped their suitcases among the carpenters' kits and shavings. Sisters bustled round with a new verve, thankful that at long last something definite was being done. When they came near the carpenters they took flying leaps over kits and suitcases and in their eyes I saw a glint that would have done credit to the conquerors of El Alamein.

The Auckland harbour, a yachtman's paradise, cuts our sub-tropical city into two sections, and on the northern side of this blue water reside thirty-five thousand people who, I reported to the Prime Minister, were shamefully short of all types of hospital facilities.

My second official visit to Auckland concerned the midwifery services on this North Shore locality where our departmental lists showed that four small private hospitals were working.

By some wizardry of chairman Moody's, two of them had recently changed their colours and were weird hybrids incapable of classification either by the statutes or the stud books. After their chameleon change seemingly no one could say if they were hospital board institutions immune to official rules, or if they were private hospitals that could be disciplined and fined.

The shrewd Mr. Moody foresaw their imminent closure, foresaw also the inevitability of a Labour Ministry of Health calling on his board at a minute's notice to provide services (as if in

those troubled days one could produce a twenty-woman team like rabbits out of a hat), so he got in first and bought up the two larger hospitals lock, stock and barrel.

Then his board paid for the alterations and plumbing demanded by the inspectors and turned round and offered each matron a lease on her improved property at rental of one shilling per annum!

Neat work. But the terms of remuneration were even neater. Each matron was to receive a handsome retaining fee to work her own hospital. Furnishings and linen would be maintained by the board. The matrons would employ what staff they liked and pay staff salaries and tradesmen's accounts out of the large maternity benefit cheques coming from the Welfare State . . . and pocket any profit.

It was a clever move to retain hard-working midwives grappling with a birthrate crisis. Moreover by this time the Auckland board knew that if it lost those two veterans of the old brigade it would require six modern midwives, thinking in terms of forty hours per week, to replace them. But by this strange arrangement every incentive was given to these women to admit as many patients as they could and to economize on staff. Admit, and slave themselves night and day. Admit until they slept standing up, and when they did lie down they were too tired to sleep at all.

The first chameleon I inspected got off with a cursory examination because the aide who admitted us through the back door (the front door of the mansion being nailed up so that the capacious front porch became an extra bedroom), whispered, 'Matron is asleep. She was up all night, and only went off after dinner was served.'

'Don't disturb her.'

A quick survey told me fourteen beds had been installed in a hospital licensed for ten patients. Every bed was occupied by happy-looking mothers and everything was spotless. The kitchen and pantry were a joy to see, and all the charts were in order. So I left by the back door, saying, 'Tell Matron she must be a good manager to hold all this down so well.'

DIRECTOR'S DILEMMA

At the second hospital a bosomy matron greeted us. She gave the impression that she might take a stroke at any moment; but equally impressed one with her inherent kindness and good cheer. I sensed she couldn't refuse a stranger in labour even if the latter rang her front door bell at 2 a.m. and that she'd prefer to admit her into the limitations of an already overcrowded hospital rather than hear her confining herself on the footpath. And, come to think of it, I'd do the same thing myself.

But law and order were not quite so apparent, and eighteen mothers were jammed into premises licensed for twelve. Eighteen babies shared a nursery so tiny that cot touched cot and infants' bath towels hanging on the wall also touched one another. This a heinous sin by all accepted nursery standards. Matron herself demonstrated her method of coping with an overcrowded nursery: 'Just put two babies head to toe in one cot . . . see? . . . and to save mixing them at feeding time, one is Maori and one is Pakeha.'

I suppressed my gasps of amazement until I got back to my car.

'If matrons are being fined,' was my first reaction, 'why not this one?'

Then I recalled that she was now an employee of the Auckland Hospital Board and as such outside the jurisdiction of the Health Office.

'Now that's queer,' I thought, 'if she is an employee of the Auckland Hospital Board, why is her hospital still listed amongst *private* hospitals? Surely the local board does not control both public and private hospitals? It seems Mr. Moody has worked some clever manœuvre to outwit all our red tape. I'll take this hybrid hospital up with the Crown Law Office as soon as I get back to Wellington.'

Next I asked the M.O.H. to take a look with me at the empty military hospital up on the cliff. This deserted hospital was a director's dream. It would immediately take a dozen patients and, with a few alterations to one ward, could take eighteen. Moreover, it commanded a panoramic view of city and harbour

calculated to make any tired mother feel her sojourn there was a magic holiday.

'What chance do you think we have of wresting this from the military, Dr. Gordon?' asked my friend.

'I don't know as yet. But our tactics would have to be different from those we used when we grabbed Cornwall Park from the War Assets Board. Let's think. Give me a clear six weeks after this report reaches our D.G.H. Then if no action seems forthcoming, don't write me anything. Just take your own lines of stirring up local opinion.'

I wrote a coldly factual report upon North Shore maternity services and only used rhetoric in the final sentence: 'Our whole Health Department is sitting on a volcano until we acquire a lease of the empty military hospital and so relieve the dangerous overcrowding now going on in existing hospitals.'

After our successful Cornwall Hospital raid, the D.G.H. had been most insistent that all my reports must come to him in the first instance. So I meekly handed him this one; watched him scan it; noted a slight frown at apt phrases about volcanoes, and hoped my North Shore report was not going into a pigeon hole.

Next day I called at the Crown Law Office seeking a classification of hospitals that seemed neither private nor public ones. But I soon diagnosed that Crown Law also was balancing itself on the communal knife edge. It swallowed bismuth with its 10 a.m. milko, apologized for its ulcer and suggested that I call back later for its ruling.

I did call back. I called back every three months for the two remaining years of my Directorship and never could Crown Law classify Mr. Moody's chameleon hospitals, which therefore gaily went on thumbing noses at inspectors and directors alike. As a grapevine links all hospital boards, it was not long before several other boards had bought up private hospitals and put them also just beyond the pale of the strict standards of care to which the Ministry paid lip tribute.

By the time I took office in Wellington, the blessing of a

buoyant birthrate had given politicians a headache and reactionaries were hoping a baby would be born on the steps of Parliament itself to spotlight the Utopian débâcle. So it was easy for me to arrange for the empty ward twenty-one at Wellington Hospital to be ceded for maternity. It had its own garden setting, a separate entrance and with the minor addition of labour rooms and nursery units would make an ideal maternity ward. I secured an order of extreme urgency from Cabinet, and the superintendent, the matron and I told one another that the whole thing might be completed and occupied within ten weeks.

But after three months the additions were at foundation level. At five months the walls and roof were complete but the window frames stared gaunt and empty. At the sixth month I marched into the architectural division of Health asking for the chief.

'He's out,' said the cadet. 'No, I don't know when he'll be back.'

'I'm seeking information about ward twenty-one in Wellington, what's delaying it?'

'Perhaps you'd better telephone the firm of architects concerned,' said the cadet, passing the buck.

'I think you know them better. Kindly phone and ask if either of the senior partners can see me at his earliest convenience.'

An hour later a juniorish member of the architectural firm of X and Z sat at ease in one of my armchairs spinning a yarn entirely to his own satisfaction.

'You see, Dr. . . . er . . . Gordon, we are held up for conduiting. That's the boxing in which electric light wires run. Sometimes conduiting is made of wood and sometimes of iron. For a hospital job like this we are compelled to use iron conduiting, of which there is at present a great shortage . . . er . . . in fact, we do not know when the next shipment will reach New Zealand.'

'Look, young man,' I cut in. 'You trot back to your chiefs and tell them I've got Cabinet's vote of urgency for this work

and I want to hear the truth from their own lips. Otherwise I'm reporting to Cabinet this evening that some shilly-shally goes on somewhere. Also tell Messrs. X and Z that there's about to be a march of black shirts in this city . . . no, not black *shirts*, black *skirts*, and a hundred women who do not know where they are going to have their babies born are going first to wreck the offices of X and Z, and after that they will march on Parliament!

A scared clerk went for his life and a little later a well-poised senior partner sat in the same armchair.

'To save each other's time,' I began, 'you'd better know that I am fully conversant with conduiting and its various types. I recently built a hospital of my own and found the short remnants invaluable for staking my dahlias and roses. And please don't waste time mentioning shortages. Here is the address of two sheds crammed to the roof with brand-new iron conduiting. It's possibly stored for—well, I don't want to know what it's stored for. I just want occupancy of ward twenty-one.'

'Dr. Gordon, I'm sorry my clerks did not make the facts clear to you. It's really the stainless steel fittings that are holding us up. Only one firm in New Zealand makes them. Their men work overtime, but even then this firm has a terribly long waiting list.'

'Isn't that a good argument for starting other firms specializing in stainless steel? I never did believe in monopolies. And I seem to spend an awful lot of time explaining to middle-aged men that they were successfully born without the aid of stainless steel, or even the common electric kettle. You and I were lucky if our nativity basins were even boiled in our mother's jam-pans: yet we've survived.

'But if stainless steel sinks and sterilizers you must have,' I continued, 'come with me and the Wellington M.O.H. tomorrow. Bring a screwdriver and we'll pinch everything necessary to start ward twenty-one from the empty military hospital at Trentham. It's only twenty miles away and I'll be delighted to explain to Cabinet that I organized the raid.'

Three days later the newspapers announced that ward twenty-one would be working in four weeks and the booking office would be open at nine next Monday. I was out of Wellington that eventful week: but the hospital matron said that when she pulled up her bedroom blinds she saw a queue of heavily coated pregnant women, probably seventy in number, lined up outside the door of ward twenty-one, and curling itself away round a circular flower-bed. New Zealanders are not used to queues and probably our protein and sunshine pep would not let us submit to them. At any rate the spectacle of pregnant women queueing at 7 a.m. was so horrifying to Matron that she telephoned the porters for seats and chairs, hurriedly dressed, and organized cups of tea.

Reporters heard about the queue and stood in. The evening paper bannered headlines about pregnant women in a queue in the capital city, and naturally enough, before the night was out, the Opposition was twitting the Treasury benches about their masterpiece of applied socialism.

13: As there was no marked population spurt in the South Island and only a scanty Maori settlement, I assumed that there would be no real crisis down there, spent my first four months on North Island problems, and finally went south in something like a holiday mood.

But in the cathedral city of Christchurch I found that the pressure on remaining private hospitals seemed as acute as in the north, heard that maternity cases were finding their way to the main city hospital which protested that it had no accommodation of any kind for them, and even that bulwark of our standards, the Christchurch St. Helen's, was full to overflowing.

Soon after the turn of the century, a chain of six St. Helen's hospitals had been founded by Premier Seddon and were the first maternity training hospitals in New Zealand. Financed direct from the Treasury and not through the medium of any hospital board, they passed into the absolute control of the Nursing Division, and though by 1946 only four St. Helen's

hospitals remained, they were the only hospitals at which *midwives*, in contra-distinction to maternity nurses, could be trained. Our Nurses and Midwives Board has rightly ruled that unless the Nursing Division has absolute control over these four hospitals, it cannot ensure that midwives going out to be sisters in charge of public hospital maternity annexes will maintain our high standard of obstetrical skill.

The St. Helen's hospitals have played a leading role in our recent history, and none of their buildings was worthy of its high destiny. The Christchurch St. Helen's, for instance, had been founded out of an old hotel and still bore a striking resemblance to its plebeian forbear. Indeed it had become a national joke because, since 1915, every aspirant to political honours had thumped the Christchurch hustings and assured audiences that if he and his party were but put into power a new and suitable St. Helen's hospital would be built in the cathedral city.

When I scanned this historic old hospital from the perspective of Director of Maternal Welfare, my only severe criticism was that, as a gesture to the birthrate crisis, the hotel's former balcony had been glassed in to take four or six more patients; and these verandah beds could only be reached by a route across the end of the nursery.

This meant that everything printed in modern textbooks, and everything drilled into trainee-midwives about the technique of excluding chest and skin infections from nurseries, was hourly being annulled in the pupils' consciences by the sight of visitors, meal trays and other conveniences skipping through the nursery to reach verandah patients.

'If once we relax standards in our St. Helen's hospitals,' I thought, 'good-bye to any attempt to maintain uniform standards all over the Dominion.'

On a Friday morning I went by appointment to see what was happening in the main city hospital and found a fine matron waiting to see me. She was crisply starched and carried a battle glint in her eyes.

'Come this way, Dr. Gordon. I'll show you what we have to cope with. Here, adjacent to the children's ward, but of course totally glassed off, is a tiny ward meant for premature babies or infants sent in because of grave feeding difficulties. I always keep a sister here who holds a special certificate in baby care. But now this little ward is overcrowded with normal babies, who are thrust in here because their mothers, failing to find a bed anywhere in the city, rushed into our outpatients department at the last minute. Sometimes these mothers arrive with the infants' heads half born, and while the mothers suffer unduly, my staff rebel at the primitive conditions under which they have to finalize the labour. This has been going on for too long. It's getting worse and worse, and we sighed with relief when we heard you had been appointed Director.

'At four-hourly intervals these normal babies are placed in two dropside cots, wheeled to this elevator . . . please step in, Doctor . . . and travel up to the third floor to find their mothers. We step out now, Doctor. This is the third floor. We pass through the women's ear, nose and throat ward, following the route these infants take, and now we arrive at the women's gynaecological ward. Good morning, Sister, this is Dr. Gordon, you were expecting her.'

Sister hesitated a moment, then looked her superior dead in the eye and said, 'Matron, may I tell Dr. Gordon what I have to do here?'

'Tell Dr. Gordon anything you like,' said Matron, with a lift of her chin that made me think of the little *Revenge* tackling a fleet of Spanish galleons.

'Well, I usually have six or eight mothers in here solely because they could not find a bed in any other city hospital. I nurse them on that glassed verandah to keep them as far as possible from my surgical patients, a few of whom always have discharging wounds. These poor women come in as gate-crashers, come at the last moment, and either give birth in the taxi, or soon after they get into our outpatient's room. And it's contrary to all I was ever taught about midwifery to deliver in a room used daily for accidents or for treatment of discharging

cases. It's also contrary to my midwifery training to have these wee babies passing through the next-door ear and throat ward, and they go through that atmosphere every time they are fed. But what can I do?'

Her voice broke and I could see that she was dangerously near to tears, standing right there in the middle of her own ward.

'I try . . . try to supervise all breast-feeding myself to lessen risks of abscesses; but the whole planning of my ward makes correct swabbing and correct breast treatment impossible. Look down that corridor and you'll see my nurses, some coming up with clean trays and others passing downward with used dressing trays and bed-pans. There ought not to be crossed traffic like that; but this ward is so old and . . . I try. . . '

Her voice failed again, and knowing I was dealing with a real Florence near to breaking point, I gave her hand a double squeeze and said, 'Just carry on a little longer, lass, and we'll do something to relieve you of this awful responsibility. And thank you on behalf of all women for what you are doing for these women.'

A dainty tea awaited us in Matron's office. But I doubt if either of us knew what we were biting. It might just as well have been leather. We looked at the muddle from every angle, turned it upside down and inside out and found no solution. All I could say was, 'I've told Sister I'll do something; and I will. It doesn't matter if I get myself sacked in the process, Matron, I'm not in this game for honour or glory, and already those officials in the Ministry of Health don't know what to do with me because I'm not afraid of any one of them.'

To myself I said, 'Even if I'm sacked before Sir William Fletcher Shaw gets here from the Royal College to advise us, I'll not sacrifice these Christchurch women for the gain of the Auckland women. Sir William wouldn't want me to lower my flag to smooth his way.'

All Saturday the problem of those mothers and infants sat

heavily on my conscience until I began to feel an octopus of anxiety and repressed fury closing its tentacles round everything inside my chest. On the Saturday night my third son, then a student at Canterbury College, took me to hear an overseas singer of international fame; but music fell on deaf ears.

On Sunday at St. Paul's church I heard not a word of hymn, prayer or sermon, but found the God-given solution. I determined then and there to break my recent instructions, compile a comprehensive report of *all* this proud city's maternity services and send it to every high official concerned: the Minister himself, the Director-General, the Director of Hospitals, the Director of Nursing, and the chairman of the local hospital board. Hadn't the D.G.H. himself invited me to rebellion by *sauvely* saying, 'By all means try to alter the law about infants in public hospitals if you feel like it?' I'd alter *something*! Even if in the first instance it meant breaking his own instructions. Once I had made this no doubt reprehensible decision, the octopus that was choking my very spirit relaxed his grip.

On the Sunday afternoon I spent two solid hours drafting the report. Then I asked the matron of the public hospital to check up everything concerning her own institution.

My opening paragraph began: 'If the long-promised St. Helen's had been built to reasonable time and dimensions, the present crisis would be only a minor one. This report is addressed to all concerned with the welfare of Christchurch women, in the hope that it will spur them on to a quick commencement of building operations.'

I listed the minor flaws at St. Helen's, picked up sins of slackness at the board's official maternity hospital, and dealt at length with the appalling mix-up within the general hospital. Stated that there was a good empty ward at Burwood military hospital on the fringe of the city, said this could be opened within fourteen days to relieve the strain on city beds, and wound up with a renewed plea for an immediate start on the long-promised new St. Helen's.

On Monday morning two typists at the local health office worked at dual editions. Their looks suggested they were not accustomed to handling dynamite; or else those looks implied that the next time I met them I would be decapitated. In the afternoon I personally saw to the enveloping of the reports, which I was determined to drop into the mail-box myself and make sure that the Wellington despatch caught that evening's upward ferry mail. Then I wired each addressee to watch out for an urgent communication.

At noon on Tuesday I strapped myself into my plane seat. 'Departmental officers are not encouraged to travel by air,' ran our rules, 'therefore the difference in cost between air travel and surface travel will be the personal responsibility of any officer electing to travel this way.' Soon we were skitting about high above a leaden sea. The physical part of me plummeted with the plane, but the spiritual me looked lovingly at sullen skies, scudding clouds and midget seagulls, saying: 'What does it matter if the pilot puts me down in the drink? I've had the satisfaction of telling the whole truth.'

Arriving in Wellington in time for a late lunch at the Waterloo Hotel, I decided to shout myself a half-holiday. I'd snooze while Wellington assimilated my report. And so free was my conscience that I slept like a baby.

Next morning, full of beatific calm, I strolled into my office and busied myself with all the minutiae of officialdom that pile up when one is absent for a week. About 10 a.m. a frozen-faced clerk said, 'There's a meeting of all directors in the D.G.H.'s office at ten forty-five'.

'This is it,' I said to myself. 'Rather nice, though, if they sack me. I could go right home and keep my conscience free for evermore.'

When I entered, all the other eight directors and two senior clerks were already seated in the D.G.H.'s office and they looked so serious that I got the ridiculous impression that I was attending a Quakers' meeting. Then the D.G.H. entered from his private office and the court-martial began.

We were assembled, I was told, to discuss my Christchurch report. Had it not been made clear to me that such reports must go first to the D.G.H.? Yes, indeed. Then why had I disobeyed orders? Because the situation seemed to me so desperately urgent. Was the D.G.H. not the one to decide degrees of urgency?

'But the North Shore report was urgent, gentlemen, and it's still in its pigeon-hole.'

The Quakers gasped.

But surely I knew better than to combine in one document my reports on the Government-owned St. Helen's hospital and on the hospital board's own institution? Why send its chairman details of other services which did not concern him?

'But isn't he responsible to this department and to the Government,' I persisted, 'for the expenditure of much maternity money? How can he know what is expected of him if he does not know all the facts?'

In the end the D.G.H. gave it up. After instructing the clerks to file my report under the relevant headings, he said, 'I've an appointment with the Minister.' And that was that.

I wandered back to my own room marvelling that I had not been suspended. But in one of my comfortable armchairs a much more depressing problem awaited me. As I opened the door, a well-set-up gentleman rose and introduced himself as Mr. R.

'Good morning, Dr. Gordon. I am a surgeon of this city. I've been waiting four days for you to return from the south. I regret to have to report to you that ten days ago my cousin, Mrs. M. H., of Karamea, died under circumstances which the family considers should be investigated.

'On Sunday week she had violent indigestion, and being pregnant, reported it to the midwife, who in turn reported it to the doctor. He was one of these salaried men whom the State places in isolated practices. He just gave some medicine. My cousin decided to stay in her mother-in-law's home, right in the little township, for the night. At midnight she had an

eclamptic fit. Her husband went to the doctor's home and asked him to go to her. Instead the husband was given two small pills for the wife to take. My cousin had three more fits before daylight and at six her husband went and demanded more forcefully that the doctor visit her. When they got to the home she was dead. The baby too of course was dead. You are Director of Maternity, Dr. Gordon. What have you to say about that?"

While he was speaking, my brain touched supersonic speeds: 'Shades of the medical saints! Shades of all who taught us that when the patient calls the doctor must go! Shades of my colleagues of pioneer times, who, never knowing whether they would even be paid or not, yet for the duty and joy set before them spent a day in the saddle to reach a patient, or swung across canyons in miners' cages, or spurred their hesitant hacks to swim flooded rivers, or if necessary swam the flooded rivers themselves!

'Oh you deluded philanthropists! What have you done to the medicine we practised yesterday? You who, in the name of sociology, thought that by offering a weakling doctor a cold twelve hundred a year to work in a lone outpost you could buy courage and devotion!

'But hold on, Doris G.,' I warned my racing brain. 'You cannot spill these thoughts out loud. While you play the role of a civil servant, you must talk the cautious civil servant's way.'

'Please believe me, Mr. R.,' I said sincerely. 'I am more sorry to hear this than I can express. I shall follow this case up immediately. But the way we work here is first of all to obtain a report from our regional medical officer. According to his report, I'll possibly have to hand the matter over to the Medical Council.'

'That's the correct body to consider the case.'

'But if things move slowly,' I added, 'please do not think I have forgotten. When we follow a set procedure, things take a long time. But I'll lodge a request to speak to the local medical officer right away. I happen to know the inter-island telephone is heavily engaged today. But at least before you go you will know that I have initiated action.'

DIRECTOR'S DILEMMA

While I was dialling, and until the end of that interview, I felt this strong silent man assessing me and asking himself whether Doris Gordon was still a woman of her word, or whether since her strange dive behind the lines of socialism, she too had become infected with the virus of tread-wary bureaucracy.

I had a hasty lunch and re-entered my room to hear my desk telephone ringing. At the other end of the line, the Minister's private secretary said: 'I've got a North Shore mayor up here raising Cain. He's burbling about an indignation meeting held on the North Shore. The Minister is heavily engaged, but this man insists he is going to have satisfaction before he catches tonight's train home. Can you soothe him down?'

'I can try. Send him down to me.'

I buzzed records for the North Shore file and got out my own silver teapot and dainty cups. The file and the mayor arrived simultaneously and while he blew off his first gust I was placing a marker in the file where my activities commenced.

'So we held an indignation meeting two days ago,' the mayor was saying.

'I'm delighted to hear it.'

My visitor looked at me in amazement.

'You see, it's just what I was hoping you would do.'

He looked more amazed.

'I think perhaps you have had a trying day,' I said. 'So indeed have I. Let's have a cup of tea. While I go and brew it, I want you to scan this file. Start in at this marker. There you will see my request for the military hospital and further on you'll find my tentative discussions with the Director of Nursing as to how we can raise a staff for it.'

I escaped with the teapot.

When I returned, I found the mayor deep in perusal and with a very different mien he greeted me: 'But this throws a new complexion on everything. Why had no one told us that you and the Nursing Division were trying to get that empty military hospital for us?'

'Because', I said, 'the left hand does not always know what

the right hand is doing. What I do know is that this visit of yours is going to help things tremendously. It's only when men of affairs like yourself start throwing their weight about that we in this office can get things done. Could you arrange with a neighbouring mayor to descend on us again in another couple of weeks? It takes an awful lot of public indignation to move those military brass hats. They've had things so long their own way that they forget what women endured during the war, and still endure, to recruit the race.'

And up on Parliament Hill the D.G.H. was deep in conference with the Minister about Christchurch. Prior to lunch they had busied themselves, as I predicted, burning out the telephone line between the islands (so a member of the hospital board told me later) in an effort to ensure that nothing of my report prematurely reached the newspapers. After lunch they went into a huddle with the military and then hotted up the lines again arranging that the Burwood ward be opened for maternity within fourteen days. Then finally they got in touch with the building controller and contractors to make sure the huge pile-driving cranes of the new St. Helen's hospital towered above Christchurch North before voters went to the next month's election.

While they were thus engaged a North Shore mayor and I sipped tea and peacefully acquired the military hospital on North Shore's lovely bluff.

PART VI

Time the Auditor



*This above all: to thine own self be true,
And it must follow, as the night the day
Thou canst not then be false to any man.*

WILLIAM SHAKESPEARE

I4: The Advisor from the Royal College, the 1946 elections and the medical officer's report on the unattended eclampsia case in Karamea all came at once. I informed Mr. R. that the report verified his story of his cousin's death and handed the matter on to the Medical Council, the official body dealing with medical registration and sins of commission and omission. I could do no more for the moment, and turned my attention to the other two events.

In pre-election week in the northern world, presidents and prime ministers are said to rush round kissing babies; but in Wellington the watersiders staged an alternative stunt which they imagined would help return Labour to power. Emulating students in capping week, they turned a lorry into a float, sat the aged Prime Minister like a captive king on a throne thereon, and with a following of a host of cheering unionists manhauled him from the wharves to Parliament Buildings.

I issued from Crown Law office in time to be engulfed in the crush and for a few moments had a close-up study of the stolid solemn-faced Peter Fraser thus made the gaping stock of the crowd. Like a flash my memory recalled a day a few years earlier, just before Mrs. Fraser died, when in an unguarded

moment in our chat she had broken down and sobbed, 'Oh these people! These people! The more we do for them the more they demand.' And this cry of disillusionment, I had realized, was more than Janet Fraser's private sorrow: it was a bitter secret she shared with her Prime Minister husband.

In mental stature and international acumen Mr. Fraser had far outgrown the tawdriness of this 1946 display, but for political expediency he had to suffer it. So there he sat like an impassive Buddha in a Homberg hat and, knowing what I did know, I said to myself, 'Poor old Peter, uneasy lies the head that wears that crown. I wonder if, in your heart of hearts, at this minute, you too are saying, "Oh these people! These people!"'

Thirty-six hours later I mingled with the midnight crowd, hearing the Prime Minister deliver what he obviously thought was his valedictory address. He was mounted high in the limelight, and a few feet below him, also focussed in the limelight, was Janet Fraser's young granddaughter, making the perfect picture of young child adoring great statesman. My own interpretation of his speech was that he was not at all sorry to be laying down his administration burdens.

But next morning they woke him with the news that, by the solid vote of the four Maori constituencies, his party was still in office, and the old veteran promptly asked what the day's schedule was for the Prime Minister.

'A civic reception to the ambassador from the Royal College of Obstetricians and Gynaecologists? Why certainly I'll attend.'

His secretary notified the mayor of Wellington and gave *me* sixty minutes to hand in a précis on everything concerning our V.I.P., Sir William Fletcher Shaw. Seldom did my brain work faster, nor typists' fingers fly faster, and when I passed in the summary, I was told that I was to accompany the Prime Minister, taking the place that Mrs. Fraser would have filled.

During the reception I marvelled at the all-round ability and vitality which enabled the tired man to stage such a come

back. Never once referring to notes, he spoke with the ease born of knowledge, exuded bonhomie as between the rival cities of Wellington and Auckland, and leant with excellent stage effect across the guest of honour, to assure the Wellington mayor that the capital city had no need to begrudge this big medical foundation to Auckland. The mayor quipped back, 'You can give it to Auckland under lend-lease arrangements.' Then Mr. Fraser dropped back into serious vein and solemnly asked Sir William to return to the Royal College and assure its Council that everything the latter considered necessary in laboratory equipment and staff would be provided by his Government.

'A political promise,' says the sceptic. Well, perhaps so. But Mr. Fraser knew public opinion wanted a strong midwifery centre and that promise of his was Labour's *Te Deum* for another term of office.

As the reception broke up, Sir William said to me: 'Your Prime Minister is remarkably well informed. How does he have this knowledge?'

'As Minister of Health he grew wise in ways of midwifery conduct,' I said. 'His wife Janet made maternal welfare her life-work and on his last two visits to London our New Zealand specialists over there coached him on how to make this Auckland centre a success. But please excuse me a minute. I must button-hole those reporters. If I make sure they send out Mr. Fraser's promised laboratory and its staff through the Press Association, then we'll have his promise in black and white for all time.'

In Auckland the V.I.P. had had sessions with the endowment chairman, the hospital board chairman and the university college chairman.

In the capital he had sessions with the university senate, the Prime Minister and Mr. Nordmeyer. Finally I received an order to work with Sir William and Crown Law drafting a bill to be enacted in 1947 which would give the director of the teaching hospital an over-all control of midwifery generally

within the radius of the Auckland Hospital Board. This was merely a replica of the regional controls given to professors in Britain who, through their trainees established in their out-stations, had finger-tip control of the services of several million people.

'You'll remain in office until this bill is passed, Dr. Gordon?' said Sir William. 'The Opposition must be informed of its reason and wisdom. Once the bill is passed, all should go well. But I'm uneasy to learn here in Wellington that the stabilization officers may think they have some jurisdiction over what is after all a privately endowed chair. I arranged wide latitude about salary when I was in Auckland because we in Britain are just raising our professors to £5,000. That's no more in these days of taxation and inflation than £2,200 a few years ago. If New Zealand wants one of the best up-and-coming teachers in England to get the post, it will have to pay a world-standard salary.'

With these parting words the great man flew away and suddenly I knew how tired I was.

It was the first week in December. Summer had come early and the idea of spending a full summer in Wellington seemed a travesty. At home the last rhododendrons would be dropping their petals, the last snow on Egmont would be retreating into the clefts of its gorges, and out at Urenui, our seaside home, the little creek that provided water for Bill's tomatoes and pumpkins would be gurgling out over its stones: 'Summer's come!'

'Thank God,' I thought, 'that if I have to remain in office to see this bill passed, I can at least get out of Wellington and spend some time in the country with the Maori mothers.'

But before I could turn my face in that direction, there was one more battle for me to fight for my mothers of every colour. It was the *battle of the sites*. The common sense of women in general told them that mixing pathology, suffering and sadness with the recreation of life was all wrong, and they asked for maternity units separated from the general hospitals, even if

for convenience they were in the same grounds. Others went further and asked for maternity hospitals and clinics near homes and husbands. And why could they not be built inexpensively, in light structure, in a garden setting?

But when I arrived on my wobbly captain's bridge, plans were more or less advanced to build all maternity wards right inside general hospitals; the annexes mainly concerned at that time being Invercargill, Gore, Timaru, Wanganui, Gisborne and Rotorua.

Timaru women won out easily because of the direct interest of the Dunedin professor concerned and of the Prime Minister, who in that instance supported the 'separate' idea. Thus whenever at women's meetings I was asked direct questions about my opinion on this matter, I could skate round official orders for silence by stating that I heartily endorsed the opinion recently given by the Prime Minister in the case of Timaru.

The Gisborne file suggested that the situation there bristled with difficulties, and soon after the election the D.G.H. lightly bade me go up to Gisborne and settle the dispute.

First I promised myself four weeks at home, including two weeks' leave without pay. Our own physician in Taranaki warned my husband, 'She'll kill herself if she goes back to that frustrating job, Bill.'

But after two weeks of rest I felt I just had to be up and doing again. My only concession to weariness was to take Tertius along as driver. Good for him, I felt, to get to know his own country and its problems—in this instance the problem of assimilating a native race. So at the end of January we set out for the East Coast Maori district in general and the Gisborne hospital in particular. I wrote to the D.G.H. asking if he or his deputy would meet me there to help solve its problems. And most fortunately I kept a copy of that letter. But no reply came from headquarters and I reached Gisborne to find a mass meeting of local women demanding their maternity hospital handy to their homes, while the superintendent was equally emphatic that he wanted it up on the hill with the main hospital two miles out of town. Walking with him over the projected

site I said, 'Don't your pegs come rather close to the edge of this cliff for a heavy-weight two-storey structure?'

'Oh that will be all right, we'll anchor it with strong girders to the nurses' home right there beside the last peg.'

'Will you indeed!' I thought. 'Do you think that because I wear a skirt I am a constructional ass? This is an earthquake area and every housewife has to board in her preserves to ensure they will not be spattered all over her kitchen. Didn't Napier, only a hundred miles away, suffer a monster earthquake that half-wrecked the hospital and killed some of the nurses and patients?'

But aloud I said: 'Why not build in light structure on that empty ground below this bluff?'

'No, we can't use that ground. It's shifting land.'

I wondered how stable that would make the hill directly above it, but knew I must get more facts before I committed myself more deeply. That afternoon I asked the local public works engineer: 'What would you say if I told you that I was recommending a light-structure sixty-bed maternity hospital on those nice rolling acres in preference to a heavy building on the bluff above?'

'I would agree, Dr. Gordon. See all those residences built about these hills where people come up to dodge the city heat. Hardly one can shut its doors and their windows are always jamming. All these hills are creeping country. That's why my team of roadmen have such a job to keep the roads open.'

'Thank you. Would you put that statement in writing?'

The engineer looked worried. 'You realize, Dr. Gordon,' he said, 'that an officer of one department is not supposed to give opinions bearing on the decisions of another department. I can only tell you off the record that your judgement is sound about that cliff site.'

'Thank you for that. But what *can* I do then? Tomorrow I have to meet the hospital board and I need something strong in writing about this creeping land.'

'Well, there's a recent soil survey report on the Lands and Survey Department dealing with this locality. That could be

incorporated in a letter if you cared to ask for it. It's open copy already.'

Next day I met the hospital board and handed round a dozen copies of my summarized report, ending with the statement that because of the attached extract from a recent soil survey report, I could not recommend the hill site.

The chairman asked if there were any questions, and then announced that as I was very soon leaving Gisborne en route to Rotorua, afternoon tea would be served immediately, and after I had departed there would be another brief business session. Tertius was brought in to see what a luxurious board room looked like and to partake of the kind of afternoon tea only New Zealand can hand round. Then they farewelled us and we bowled down through Gisborne, where I stopped at the Post Office and mailed the Minister a full copy of everything I had said to the board, together with a note to him: 'As you instructed me that a report from the Lands and Survey Department was a prerequisite of every project, kindly scan my report to Gisborne *re* the siting of their new annexe and note that I am gravely concerned at the pressure being brought to bear to build a heavy building near the edge of a rubble cliff.'

Next afternoon at Rotorua, I received a lengthy telegram from the Minister indicating that he too was gravely concerned about something or other at Gisborne and that I was to return to Wellington for immediate discussions. I was puzzled as to how he could have read my report so quickly, but wired back that I too was gravely concerned, etc., etc., and was leaving immediately for Wellington, and would confer with him in the morning.

After a wash and a brush I entered my office next morning to see the Gisborne file in the middle of my desk. On top of it was the front page of the *Dominion*, a most conservative paper, featuring two full columns headed 'Health Department Officers Differ'. One column was headed: 'Director of Maternity advises to build on the flat.' The adjacent column was headed: 'Anonymous officer of the department advises to build on the hill.'

I never did know why my Director's days were fated to be one swift oscillation from frying-pan to fire, but those two *Dominion* columns made good hot reading. From them I deduced that after I had left the board meeting the chairman produced an anonymous letter which he vowed was given to him three days earlier at headquarters of Health. It set out six cogent reasons for the hill site, but all had ignored all details of soil safety.

Apparently the board meeting broke up in disorder and one member with a sense of the dramatic went direct to the local representative of the *Dominion* and they spent the rest of the day relaying the juicy news to that conservative newspaper.

'Gosh! No wonder the Minister wants to see me!' I thought, 'and am I not pleased I sent him that spirited telegram from Rotorua!'

I telephoned the Minister's office to say that I was available. Next day I repeated the message.

The third day I worded it more firmly.

The fourth day I told his secretary that I was about to arrange my own interview with the *Dominion* and clarify my own invidious position. Then we were all called up. Ten of us sitting in the Minister's office, looking like a kindergarten. But the Minister made a calm, just chairman; and in icy tones he told us that in no circumstances could any rift of opinion between us departmental officers get out to the public. We had a Director-General to arbitrate, and over him we had the Minister himself, and then, turning to me, he said, 'Dr. Gordon, what is your explanation of this Gisborne *contretemps*? Why did you not refer the matter back to the D.G.H.?'

'Sir, he told me to go up and settle it. I wrote to him in January asking him if he could not possibly meet me in Gisborne to help with the decision. Here in fact is my copy of the letter I wrote . . . and they all knew I was meeting the board, else why did someone bother to write that anonymous letter countering the recommendations they thought I would make?'

Brushing aside my duplicate letter, the Minister rapped out a blast about anonymity, asserted that he would not have

anonymous letters sent from his department, and then, for my comfort, admitted that I had only carried out his orders in seeking information from Lands and Survey.

Five more minutes and I was strolling down the southern slope of Parliament Hill and thinking about my car stranded in Rotorua as a result of this sudden panic. As I passed beneath the Cenotaph soldier, he said quite distinctly: 'Keep up your pecker. That was a neat little effort you made for the safety of your mothers.'

One day in 1947 Floor Seven rocked with the news that there had been a reshuffle in Cabinet and Miss Mabel Howard was to be Minister of Health. Floor Seven obviously did not favour 'too many skirts around' and one brave spirit muttered about resigning. Then within three days the barometer started rising and there was an unseemly scramble as to who would sit at her right hand and who at her left, and pour his ideas of sage advice into the ears of a kindly, credulous and understandably perplexed Mabel Howard.

I chanced to meet a famous Christchurch surgeon in the Waterloo Hotel on the day her appointment was announced and he came across the lounge to tell me, 'I've known Miss Howard all her life. Indeed in my early days I was the Howard family practitioner. She's bedrock honest, Dr. Gordon. And if you just give her time to learn her job you and she will have much in common for the genuine weal of women.'

'Thank you. In that case I shall enjoy working with her. Poor woman, she's no idea as yet of the ramifications of the Ministry she has assumed.'

I saw a good deal of Miss Howard in her first few weeks in office and on one occasion she came out with a typical Howardian burst of enthusiasm:

'Do you know! I've discovered something! We're keeping scores of architects battening on this country!'

The solution she proposed was to establish standard units of

twelve beds and work in multiples of these for all needs. In that way she hoped to achieve uniformity in the hospitals, stop costly rivalry between boards, and save the country millions of pounds.

I answered her in the language she liked to adopt on the hustings.

'Shake on it!' I said warmly.

But Miss Howard, fresh in her new-broom role, must have talked too widely about the millions she was going to save, and that shrewd company of Barnacle and Co. decided that at all costs Mabel Howard and Doris Gordon must be prevented from seeing too much of each other. Two honest-to-God housekeeping women putting their heads together about affairs of State were just over the odds. How separate them?

They decided on a nine-foot corral for Miss Howard with a roster of hand-picked gatekeepers, and they built round me a six-foot corral in which I was meant to stay put.

But just before the gate closed on Miss Howard, a deputation of two relatives of the late Mrs. M. H., of K., slipped through and told her the whole story of how a doctor stayed in bed and left a young mother to die, and how six months had gone by without any satisfactory reply from the department.

'We know Dr. Gordon took the matter as far as the Medical Council,' they said, 'but our information is that someone at that level decided it was not a case for consideration by the Council, at least not at this date.'

Miss Howard promised instant action and swore that justice would be done. Like lightning the word ran round Floor Seven that the new Minister was in a towering rage about some woman who had died six months ago and was demanding the file and the blood of some tardy officer. Inevitably the file lost itself. 'In fact it hasn't been seen for months,' said the records department. Routine work on Floor Seven was suspended until the file was found and when at last it did go up to the Minister she sent down an urgent round-robin for all those directly concerned to sign, exonerating themselves from having mislaid the file. By the time the impressive green-tabbed

memoranda reached me, I was the sixth to sign my guiltlessness. The preceding statements made interesting reading, but I did not emulate any of their phrases. Instead I block-printed in large letters right across the Ministerial memo: 'Miss Howard, be not misled. The real issue before you is not who mislaid the file. The real issue is that the doctor who neglected this patient was a full-time servant of the State.'

I believe that cleared her vision on the matter. In a few more days a letter went from the divisional head who dealt with salaried doctors working in isolated regions under the jurisdiction of the nearest hospital board. What the local board told headquarters was that the poor doctor of Karamea was by this time an inmate of a southern hospital, suffering from a nervous breakdown, and making an effort to cure himself of some drug habit. On the first hint of further inquiry into the six-months old tragedy, he became his own jury and judge, his own executioner and paid his debt in full. He knew too much to cut into the mid-line of his throat. A useless tracheotomy does not save a doctor from a devil of remorse. So he cut deep and truly to both sides. And then there were *three* ghosts haunting Karamea: a young mother, her babe, and the doctor who failed to serve them both. I decided to go in search of them.

The road from Westport to Karamea is the loneliest and perhaps the most beautiful I have ever traversed. It turns inward six miles up the coast, wanders up a gentle slope for miles to traverse deeply timbered hills, displays abysmal chasms to the right and to the left, crosses the divide, meanders along a valley and then turns outward to touch the sea again at Karamea. Usually I am highly impressionable to beauty, especially the beauty of the bush. But on this day my brain was arid and my eyes saw only ghosts beckoning me on. But they were not the ghosts I sought, for when I came abreast of them they would prove to be huge harmless wood pigeons.

I knew in my heart that it would be too late to gain any useful knowledge about the case. Even the midwife stationed at the village had packed up and left, and though ghosts might

talk to me, that would not provide me with evidence for my files.

'Why, oh why,' I asked myself on my lonely drive, 'did educated folk permit young wives to risk having their first-borns in such medical isolation? What had gone wrong with our campaign to teach all women about the dangers of toxæmia which could lead to eclamptic fits? Was anyone using the radio, here and now, to persuade this new generation of young women that they must get regular supervision from doctor and midwife for weeks and indeed months before their babies were born? That even the storekeeper's scales for weighing sacks of potatoes would serve to warn them if they were gaining too much dangerous weight?'

On the return trip a melancholy face with deep penetrating eyes etched itself on the windscreen. I had never seen the dead doctor's face nor heard his voice, yet I seemed to recognize both now.

'I have paid,' said the tortured voice. 'Judge me no more. I lost my job through no fault of my own on the other side of the world. I had no country, no home. I saw an advertisement for beautiful New Zealand. Salubrious climate, good living conditions, a set salary, my passage paid if I would work the State scheme. I landed at Wellington and was posted straight to Karamea. I knew nothing of Karamea, nothing of the wild west coast. As a youngster I had always lived in cities. It was not until those terrible cliff roads closed in on me that I realized what it was going to mean to be so many miles from any other doctor. I hated Karamea. I was afraid every day of my loneliness, of my work, of myself. When that poor man came at midnight I couldn't think at all. I couldn't remember. The telephone had gone off at six, I couldn't even ring through to another doctor. I was utterly alone. I gave the husband some pills for his wife and I took some myself. That is my confession. Are you satisfied now? I have paid the only price I could—my own life.'

'Oh the tragedy!' I thought. 'The stark folly of importing

doctors from overseas to work a State-sponsored scheme without warning them they would go into isolation that might give the strongest mind the willies! A New Zealander born would not have feared isolation to the same extent, and a New Zealand trained doctor would have had it dinned into him, time without number, that morphia or barbiturate in heavy doses are the sheet anchor for eclampsia, but by far and away the best treatment is to pick its threat, while it is still ten days off, and get the patient out over the hills and over the flood-treacherous rivers to the safety of a base hospital.

'The people have given £100,000 to teach New Zealand doctors in Auckland's promised hospital *HOW* to make maternity safe. How long will it be before Authority has enough firmness to decree that no inexperienced doctor shall be appointed to such an outstation as Karamea, until he has had a minimum of twelve weeks residing in this big hospital learning to detect the first threat of eclampsia, learning to sort the normal from the abnormal, learning to know just how much a doctor should attempt in a one-man district, and when he should decide a mother's safety—and a baby's life—depend on team work in a base hospital?

'Rest now,' I murmured to the ghost face that haunted me. 'Perhaps you have not died altogether in vain.'

A lay Colossus now straddled all over Floor Seven. He ranked very high in the civil service, and he certainly struck terror into the hearts of the lesser inhabitants of Health. Just how and why a medically trained Director-General agreed to having a lay co-equal head associated with him I did not bother to inquire. But I did not see eye to eye with Mr. Colossus, and in particular found no fun in being cut off as I felt myself to be from access to my Minister. So irksome did this become that finally I wrote a long and honest letter to our mutual friend in Christchurch, explained how difficult it was for me to talk freely with Miss Howard in Wellington, asked him to pass my letter on to her, and if possible to arrange a meeting in Christchurch. Meet we did, in the quiet of her

cathedral city, well away from suspicious masculine eyes.

We conferred for an hour. Our talks hinged on big building projects and on the pressure brought to bear on us. The net result of that meeting is that I have the greatest regard for Miss Howard's integrity, and when we meet in the Great Beyond, we shall not sit in opposition seats and hurl cheap quips at each other. Instead we'll draw up our golden chairs and go into another housekeepers' huddle, and perhaps she will say, 'What the heck was that row about Gisborne the time you filled two whole columns of the Tory rag?'

'Just soil survey, Mabel,' I might answer. 'I couldn't let sixty mothers, their nurses and their babies be housed right on the edge of a crumbly rubble cliff.'

'Well, what made you turn down that forty-bed plan for Thames, Doris? I thought that was foolproof.'

'Well, first of all they cashed in on my recommendation for a fourteen-bed maternity hospital and then landed on my desk a nice set of plans for a forty-bed, three-storied, lift-serviced hospital. Any woman could see that only fourteen beds of it were for maternity. And when I referred that plan to Lands and Survey, they replied that since all the ground below was riddled with old gold-mining tunnels, they could not pass that weight of superstructure.

'And by the way, Mabel, was it in your time as Minister or subsequently, that Health got round the thorny problem of building a heavy hospital on those sulphurous Rotorua grounds with all that bubbling yellow mud just over the back fence?

'Gosh! I didn't fancy it. I'd not have slept there one night myself. Why, every time we walked up the path to inspect the old building, a new geyser jet would hiss at my legs from the dahlia or zinnia beds. Now some "expert" has gone in for expensive floating foundations at Rotorua—an idea they borrow from Japan. More sensible if they'd shifted the main hospital two miles inland away from all the boiling pools and busy jets of Ohinemutu village. But there you are. Why, a committee of housewives would no more recommend spending a mint of public money on that Rotorua piecrust, spread over

hot hell, than they'd recommend poisoning a skyscraper on a meringue.'

But of course we did not really say all these things in Christchurch. Most of them may have to wait, as I say, till heaven.

15: It is a piquant thought that if two doctors engaged by a southern hospital to deliver difficult maternity cases at their annexe had not first *taught* and then *allowed* the sisters to give a full-scale anaesthetic and to wield the all-merciful forceps, I might never have become an author.

Ever since New Zealand skipped down the primrose path of socialized medicine, every wage-earning woman has been taxed to pay her share of State benefits, of which the most important to her will no doubt be that she is assured of doctor attendance at as many confinements as she chooses to have.

But in this hospital everyone concerned with its administration must have been as sound asleep as a hibernating dormouse. The board slumbered on, ignoring the march of time and ignoring the fact that its mothers really had a right to a doctor of their own choice. It was quite content to leave its salaried doctors to run the annexe just as they had run it twenty years before. But their secretary still banked to the common fund the new fat Welfare State cheque that came monthly to recompense the board for the additional cost of a doctor attending every confinement, while in fact the doctors concerned allowed two heroic nurses to take high risks with anaesthetic and forceps when it was not convenient for them to attend in person. Local women's organizations must have been somnolent too, else they would have sent a red-hot resolution to the Minister of Health, protesting that these doctors were too often conspicuous for their absence from their patients' sides.

When, in the course of duty, I reported this transgression back to headquarters, there was a flutter in the Nursing Division.

'This head nurse must appear before our disciplinary

council. She knows she has been exceeding her duty in giving anaesthetics and handling forceps.'

'Hold on. If you discipline that sister, in fairness I must report the doctors who permitted the practice.'

But Nursing Division did not care what I did with doctors. It only knew what it would do with recalcitrant nurses. So when the nurse had been arraigned and censured, I sent my report to the ethical committee of the Medical Association. And great was my surprise when I heard that my report had been recalled (but not before the secretary had made a copy of it), by someone high up in the Health hierarchy. I could only suppose that this was because the revelations of my report would not enhance the bureaucratic dream of making *all* doctors salaried servants of the State.

To complete my annihilation, I was *gated*. Travel leave cancelled. I was to remain in Wellington.

'What do you suggest I do then to justify my salary?'

'Oh! Write a book or something! Perhaps a book on modern antiseptics.'

'Chemistry was never my strong subject. But', I added slowly, 'I *could* write a book. A book about socialized medicine, about socialized doctors. Meanwhile please remember that the terms of my appointment specifically gave me wide scope to travel to ensure that our standards of maternity care are indeed being maintained, and also in the interests of Maori mothercraft.'

But it was no use. I had to remain in Wellington.

Eighteen hours later my Wellington lawyer drafted a tactful letter to the Minister of Health stating that, unless the terms of my appointment were fully restored I would announce my early resignation. As the Prime Minister was also Minister for Maori Affairs, we decided that it would do no harm for him to receive a duplicate.

For the next fourteen days, much to the bemusement of my clerks, my hour-to-hour address was the Turnbull Library, and never had I enjoyed such uninterrupted scope to delve into that institution's literary and historic treasures. I'd been told

to write a book. A book I would write. It would be a history of New Zealand from a very new perspective.

It chanced my ultimatum expired on the eve of the 1947 local body elections, an event regarded as a Gallup poll on the issue of the next parliamentary election. As officialdom had done exactly nothing about my notice of resignation, my own announcement of retirement into private life was already in the care of a trusted newspaperman when the civil service woke up.

Then I endured forty gruelling minutes at the hands of two high officials. But I was adamant that I was resigning. I ignored their complexional signals of rising choler because I felt a tremendously important principle was involved. I had been trained in a creed that when the patient calls, the doctor goes. And if I'd been sent to Coventry in the past fortnight for defending this creed, it was now a restorative to my trampled ego to realize that I was such a lime-lit Director that my resignation might upset a poll.

Eventually the Prime Minister's own voice tinkled down my telephone, asking me to come and see him. As it was an unusual honour to have Mr. Peter Fraser delivering his own messages and as there were many things concerning the welfare of his maternity cases that he was overdue to hear, I gladly went up to his office.

To his disarming, 'Now, Dr. Gor-r-rdon, suppose you tell me what's wor-r-rying you?' I contrived to get across to him firstly that the scheduled standards of care for mothers and infants were being broken right and left, now that the service had passed into the hands of the State, and that instead of the statutory thirty feet of nursery floor space per infant, one might find fifteen infants in a nursery of 120 square feet, and so great was the congestion that twice I'd seen two infants sleeping head to foot in one cot. Secondly, that every barnacle of big-building-business was battenning on our rise in birthrate and its crisis in maternity beds.

'I've only to find that one area needs a twenty or twenty-five bed bungalow-type of maternity annexe, which type of

structure is recommended by the building controller and the chiefs of the public works department,' I said, 'for word to come from some of your Health administrators that the maternity beds will be provided as part of a projected major building policy for that hospital board. Seemingly we can't have babies without also improving the office quarters, domestic quarters, orthopaedic wards, massage and physiotherapy units, etc., etc. One or two boards get away with their projects, but there have been one or two building extravaganzas to which I for one have refused to lend my signature.'

'Do you imply irregularity or graft, Dr. Gor-r-don?'

'No, Mr. Fraser, a lady does not use such words. But being a banker's daughter I can say that it looks to me as if lunatics control the reckless expenditure of taxpayers' inflated money. Architects spend five, maybe ten years drafting elaborate plans, scrapping them, drawing other plans, and someone pays for the rejected plans too. More than one board has bought a hospital site, had plans drafted for it and then sold the site, bought another and started all over again. Eventually, when such a hospital is ready for use, John Citizen finds he is paying for an edifice which, for costs per bed, would rock even the wealthy U.S.A. Your Labour caucus recently ruled there must be equity and no luxury building in hospital affairs; yet nevertheless a few favoured boards *do* get luxury set-ups while less favoured ones are put off from year to year with next to nothing.'

Mr. Fraser parried this by telling me what I already knew, that a few high officials were even then working on a plan to divide the Dominion into five or six regional hospital areas and let a commission for each area know exactly what their financial expectations would be for the next year or two. Then he ventured to ask why I was determined to resign at this date?

I outlined the *casus belli*, my recent report of doctors relegating forceps duties to a sister, and added for good measure that the records showed that obstetrical forceps had been used in this hospital only half as often as in the standard-setting Medical School Hospital, the inference being that perhaps

some mothers had suffered more than they should, owing to the sisters' natural reluctance to use the forceps. I also told him of the doctor who failed to roll out of bed in the middle of the night when called, with the result that a young wife died of eclamptic fits.

The Prime Minister banged his fist down on the desk.

'Doctor-r-r Gor-r-rdon, you may blazen these stories from one end of Noo Zilland to the other. I won't have doctors breaking down our legislation.'

'Yes sir, thank you. But you see all the doctors concerned are salaried servants of the State. That is the real reason I am gated and that is the real reason why I am resigning.'

The conversation took a switch to other topics and after some minutes the Prime Minister asked how I was employing my enforced idle time.

'Researching in the Turnbull Library. I never had such a chance in my life.'

'Researching! For . . . what?'

'Historical data. You see, some day I am going to write a *real New Zealand book*.'

At this juncture the old diplomat asked if, as a favour to him, I would retain office to give him a chance to look into some of the important things just discussed. The original terms of my appointment, he assured me, would stand. I stipulated that he must give me this request and promise in writing above his own signature before I would reconsider my resignation. And this letter I duly carried round with me for the remaining seven months of my term as Director.

In my final weeks as a civil servant, I visited the Rotorua maternity annexe to see what last offices I could perform to help cope with the tidal-wave of hospital births initiated by a steep rise in the European birthrate and magnified by the Maori decision to have their babies the white woman's way. History may reveal that the greatest single uplift in Maori mothercraft started when the younger women decided to take advantage of the non-segregation rule in New Zealand, enjoyed

a round of shopping in quest of a glamorous bed-jacket, and went into hospital *the white way*. Every time they did so, they unconsciously absorbed another adult course in hygiene and infant care.

But as this tidal wave coincided with World War II, and overlapped the inauguration of the forty-hour-week, which knocked sideways all our building tempo, and as it demanded a doubled nursing staff at a time when nursing personnel was at a dead low ebb, no post-war chaos in Mother England exceeded our chaos *Down Under*.

As I entered the Rotorua ward, I was preoccupied with ideas of inadequate buildings and shortage of beds. But my attention was soon drawn to a pile of rusty, blackened objects cluttering up an all too small service-room. The objects were somewhat reminiscent of basins, but these things all had cracked rims, some had real fissures running half-way down the sides, and not one had a vestige of enamel left.

'Sister, what have we here?'

'Ward basins, tooth and breast basins, swabbing basins. . . .'

'Don't tell me you use things like this . . . not in New Zealand?'

'Rotorua sulphur is hard on enamel. And shortages, you know. . . .'

'But the Welfare State does not permit nurses to risk scratched hands and septic fingers by scrubbing and scouring dangerous basins like these, which are not fit for the patients to use anyway. As Director, I'm not sanctioning it.'

All of a sudden my inner imp said: 'Be a real Director, just for a change!'

'Please telephone your superintendent, Sister, and tell him that I'm taking away some of his hospital property. He might like to step around.'

The doctor arrived. He looked suitably serious, but a twinkle of eye refused suppression.

'I'm only taking away the ten worst,' I said. 'I really ought to take the whole lot.'

'But we can't do without those ten. We've no reserves at all,

and every one of these basins is needed in fifteen minutes when wash-time starts.'

'Then hop in your car, drive up town and buy some. Buy anything either enamel or china, basin or soup plate, but your nurses just aren't using these broken ten. Perhaps you'd better telephone your board secretary in Hamilton and warn him that some of his basins are going to Wellington. And tell him I know a warehouse that has at least a thousand new ones.'

'And if he asks me what *you* intend to do with *our* basins in Wellington, what shall I say?'

'Tell him I'm thinking of staging an exhibit on Lambton Quay to show our *Whitehall* how, after thirteen years in office, the Welfare State cares for its mothers and their nurses.'

Early next morning my six cylinder Dodge slipped out of Rotorua on the first leg of its 400-mile drive to Wellington, and soon carried me into the peace of the Mamaku Hills. While my eyes watched the road, noted nearby beauty and inspiration of skylines, my real self was way out east steeped in the peace of Maoridom and more than reluctant to turn and face the quibbles, the chicanery and the competitions of the white man's world.

But, by the time the Dodge and I had turned off on to the Te Kuiti-New Plymouth highway and were scooting up and coasting down endless saddles over razor-backed hills, my over-active brain was also working on six cylinders and wondering what accumulation of piled-up problems awaited me in Wellington. Would a mayor be camped in my armchair ready to pounce in protest at shortage of beds in his suburbs? Would an irate father be on the doormat? Would someone have usurped my authority and drafted drivel for Ministerial signature to the effect that diphtheria bacilli were tame, tractable little pets safe to share kitchens with normal mothers and new-born infants? Would a dour-faced Salvation Army captain hand me two conflicting letters from the State: A. 'Equip your maternity hospital with iron fire escapes or our Department will close down your hospital.' B. (dated four days later) 'The Building

Controller regrets that no iron fire escapes are in the country and no information can be given when they may be expected.'

For two years my daily diary had consisted of such encounters. From them I had built up a fund of bottled amusement along with a battery of thwarted blood-pressure. But since I had deliberately changed my mode of life and had dropped, like a paratrooper, behind the lines of socialism, I could expect to collect everyone's anger concerning the confusion I was trying to tidy up.

Now for the last time I was rolling down the Mahoenui hills on Welfare State petrol. I slewed hard on the steering wheel to take a hair-pin bend in the road and a jingle behind me reminded me that on the rear seat, like ten little nigger boys in the proverbial woodpile, were my ten Rotorua basins.

'Now just what would you have said, Janet Fraser, if during your socialist committee's tour of inspection you had found basins like that in use in financially embarrassed *private enterprise* hospitals? I suspect your party henchmen would have taken a delight in exhibiting them in the House, and your own Labour newspaper would have featured them under banner headlines. But Janet, these are not *private* basins, but *Government* basins. That's the damnable tragedy of today, that bureaucracy can sell the gullible public a shoddy kind of service, gloss it over with controlled propaganda, and in the final show-down let its agent boards do just what they like.'

Suddenly I sat up, seized with a new determination.

'Janet,' I said, half-aloud, 'when I go for farewell discussions with the Prime Minister, I'll take him a basin. You'll not think it belittling to his Right Honourable dignity if I land just one cracked basin on his desk, will you? You always did pay heed to the little things that count so much with women.'

Thus it came about that in June 1948, a Rotorua basin and I went for a last talk with an aged Prime Minister who had followed a noble, if Utopian, ideal, and had found at the end of his rainbow only a potful of trouble. I was surprised that I was not stopped at the entrance to Parliament Buildings and

told to deposit my brown paper parcel. Perhaps after all I did not look like a modern Guy Fawkes.

Miss Howard, then Minister of Health, was out of Wellington, but Mr. A. H. Nordmeyer, the former Minister, was in Mr. Fraser's room with him. With disciplined calmness I placed my parcel on the corner of the Prime Minister's desk and sat down close beside it. Out of the corner of my eye I saw both gentlemen quickly appraise the rounded package, but I allotted them good marks because they scorned to ask premature questions. Possibly they made split-second decisions that however turbulent I might be for the truth, I was not the type to plant time-bombs in high places.

'So you are leaving us after all,' the Prime Minister said. 'I had hoped that you would finish a three year period.'

'Yes, Mr. Fraser. My husband is going to the United States shortly on Rotary International Affairs, and I must get my fingers on the steering wheel of our group practice. As you know, there is work very dear to my heart in Stratford, whereas down here, as I've told you before, if I'm not allowed to do the right things, I'm just a *frozen asset*.'

A smile lit the Prime Minister's face, but, as there was thin ice to be negotiated, he said in appeasing tones, 'You must be ver-r-ry pleased with what you have accomplished. Now, about those standards . . . we are giving you a free hand to name whom you want for a national conference to discuss their present-day applications. Have any more wor-r-ries cropped up since I last saw you?'

'Yes, sir. Auckland is pestering the department to grant a licence that will permit a little nine-bedded maternity hospital at North Shore to be used also as a dumping ground for major accidents. Their story is that they require some overnight holding-place until the ferry boats start running again in the morning. This private hospital is an old-fashioned house converted into a maternity hospital and its passage is about five feet wide. Picture the scene. Five or six mothers asleep, one perhaps in strong labour and all available staff fully occupied. Suddenly all hell is let loose in that passage because six men are trying to

manceuvre a stretcher full of moaning misery and road dust through one of those doorways! How much sleep for the mothers thereafter? What germs and tetanus spores might not be let loose all round this maternity hospital? You'd never have sanctioned that licence when you were Minister of Health, Mr. Fraser.'

The Prime Minister leant forward and snapped out, 'Have you managed to stop Miss Howard granting that mixed licence?'

'*Pro tem*, yes, sir. But so many counsellors pour advice into her ears that she'll need strong guidance from you, Mr. Fraser.'

Despite the diplomat's mask, a fleeting expression on the Prime Minister's face suggested that whereas it might be difficult to guide *any* of his Cabinet, an effort to direct the generous but impulsive Miss Howard was a task beyond even his skill and patience.

Noting that look, I thought I had better crystallize the North Shore problems then and there, so I rattled on. . . .

'There's a dandy little naval hospital at North Shore which, I believe, stands half empty. Why can't the senior service help out in this dire civilian emergency? Why should the navy dodge these accident emergency cases and the mothers be asked to tolerate them? Haven't our women made enough sacrifices for the forces over the past nine years? If the tradition of the navy denies civilian admittance to its hospital, hasn't your Cabinet, which pays the navy, enough power to commandeer one of its launches to run the accident across the harbour to a waiting ambulance? Everyone knows the sooner an accident gets to a base hospital the better. But it's primarily my mothers that I'm worrying about.'

'Doctor-r-r Gor-r-rdon, you're valiant for your mothers . . . you are going to be gr-r-reatly missed.'

'Only missed in some quarters, Mr. Fraser. The Barnacles and their friends will toast my departure.'

The Prime Minister shot me a shrewd glance.

'Do you still hold to your views about extravagance and favouritism, Dr. Gor-r-rdon?'

'So definitely, that unless you do bring in that judicial commission control which you plan, then despite my civil servant's oath, I'll some day tell the truth.'

'For instance?' rapped the Prime Minister, as irascibly as diplomacy permitted.

'Last year, you will remember, Mr. Nordmeyer advised the Hospitals Boards Association, with a view to curbing expenditure, that their total allowance for the year's building was two million pounds. Immediately Southland board, with a big programme planned, started a four-month squeeze on your Health department and your luckless building controller to get sanction to proceed with a £200,000 project for additions to its hospital at Gore. You know that Gore is a small town and has no population spurts such as give us headaches in the North Island. Yet so much pressure was brought to bear that Gore did in fact get away with one-tenth of Mr. Nordmeyer's avowed allocation for the whole Dominion. Its ambitious programme included improvements to the outpatients' department, domestic quarters, nurses' home and store rooms—all wrapped round the need for a maternity ward!

'All this would be commendable if New Zealand were one vast gold mine, Mr. Fraser, but I objected because bigger towns in the north, like Levin, had no hospital service whatever, not even public maternity beds. A growing town like Te Awamutu had no facilities at all for treating accidents, and I've just told you of the predicament of North Shore—a region of over 35,000 people badly in need of an accident-holding hospital. In my opinion, North Shore needed a new hospital far more urgently than Gore needed £200,000 worth of improvements to an already relatively efficient hospital.

'But as I told you six months ago,' I went on, 'lunacy rather than justice seems to allocate the golden eggs dropped by this Welfare State. To make matters worse, this Gore project was pushed through despite vigorous protests from all the women of the district, and from the Gore town council. Everyone concerned wanted a bungalow building in the spacious grounds of the main hospital. But no. Big Business decreed that the

maternity ward must be built above a surgical ward, and that the mothers' restful lying-in period must be spent within sight and sound of Gore's pathological woes, while their infants ran all the risks of crossed infections inevitable if domiciled within a general hospital.

'To cap this comedy of high finance, that same board soon afterwards wrote to the Health department that it was in debt to its architects to the sum of £6,000, being the normal $4\frac{1}{2}$ per cent commission on plans in hand or work already done (at its base hospital or at Gore) to the total value of £402,000!'

I rose to go. It was not wise to rant too long in a Prime Minister's office. But, lifting up my brown parcel and starting to unwrap it. I casually asked whether they would like any further illuminating instances. Mr. Nordmeyer stepped into the breach with a cheerful question.

'What have we here, Dr. Gordon? It looks like Exhibit Number One.'

'Exactly that, Mr. Nordmeyer.'

I handed the rusty things to Mr. Fraser.

'Can you tell me what that is, sir?'

He picked up the roughened object gingerly, and to gain thinking time held it closer to his eyes than even his severe short sight necessitated.

'It looks as if it was once a basin.'

'Not past tense. Present tense. As in recent use, along with a hundred others, in our Rotorua maternity annexe. Tangible evidence of how apathy among your administrators breaks down socialism's plan for mothers. What would your wife have said if she had found a basin like this in use?'

I took the object from his trembling hands and passed it to Mr. Nordmeyer.

'You yourself complained to me recently,' I said, 'when the forty-hour-week conception of nursing hurt a sick member of your own family. Would you like to think that your wife was receiving treatment out of a thing like that, sir?'

'I would not permit it,' was his incisive reply.

I started to walk to the door and Mr. Fraser walked with

me. Then he placed his detaining hand on the door-knob.

'Doctor-r-r Gor-r-rdon, that book you are going to write. Will you write it in . . . er, goodwill, or in . . . er, bitterness?'

I took the old man's hands in mine. We had been friends in so many things that transcended politics, and political adversaries in only a few.

'Mr. Fraser, rest assured,' I promised, 'that anything I write will be solely for the long-term good of this New Zealand which we love so well. You have done your best. I have done my best. And Time will be the Auditor.'

PART VII

Write a Book!



*If any thing delight me for to print
My book, 'tis this; that Thou, my God, art in't.*

ROBERT HERRICK

16: And so I began to write. To my way of thinking, bringing a book to birth is a more tedious and painful business that gestating and bringing forth four babies. Often during the early weeks of pregnancies, instead of disappearing in the lavatory and vomiting, I'd lie face downward on the bed and, in depressed misery, wonder why ever I had wanted this prospective baby. During the three years wherein I gestated my first book, times without number I felt equally depressed and wondered why ever I'd succumbed to the urge to start the darned thing.

Real writers, those born with pencils in mouth, apparently run off books in a few weeks or months. But at sixty my amateurish approach was to give up week-ends and forego Friday night bridge in the nebulous interests of literature. Having packed Bill's hamper and seen him off alone to our seaside cottage, I'd take my suitcase full of manuscript and references to the dining-room and strew the table with piles of scribble paper and new quarto sheets, first copy script, new copy script, pins, scissors, india-rubber and glue, and finally plant my typewriter dead centre. After I had read the last twenty pages to gather up the threads of where I left off, I'd

find that Friday had made me too tired to shape one constructive new phrase.

On Saturday morning I'd wake hopefully only to find that the handy-man gardener, George, and the Marire shrubbery beds needed a synchronizing influence; and by noon the influence would be so exhausted that it required a sound sleep. By Saturday night I'd start again in real zeal, but usually in reverse gear, correcting and rephrasing paragraphs I had written a week or two ago.

On Sunday morning I would be really hopeful and would be nicely dug in, when all the calls incidental to running a practice and a private hospital would come trickling and then pouring in, and I loved both too much to turn them down for a doubtful excursion into literature.

'The stove is sulking. We have not heat enough to cook the Yorkshire puddings for the hospital. Could you help out with your electric stove?'

Or: 'Marire calling. We've just admitted Mrs. X. in strong labour.'

Or: 'Is that you, Dr. Doris?' (The voice is very faint, and no wonder, for it's coming in from many miles away.) 'Our K. was chasing a ferret and fell on a *manuka* stake. She's bleeding very badly. We're bringing her straight in, but just rang to make sure you were in on a Sunday.'

My patients never consider me to be aged. A gracious but exacting compliment I find it. They seem to think I'm immortal and tireless. But of course with that message in my ears, I had to be at home. K. had been one of my babies, and a quarter of a century ago her mother and aunts had been some of my special patients. On this particular Sunday, before we got our modern Diana repaired, three of our team's younger doctors and one blood donor had had a hectic two hours, and as I had acted as emergency theatre sister, I was thereafter too weary to string two words together.

For the first six months I worked at my story in the third person. Then my literary guide and mentor, Joan Faulkner

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Blake, said: 'No good. You must write yourself into it. Use the first person. Talent alone never makes a book. There must be a personality behind it.'

So I started all over again.

Next I cultivated the habit of sneaking away from practice for a sixty-hour hide-away at Urenui, choosing days on which Bill's radio would not annoy me, nor my typewriter irritate him. Living alone I could meal when I liked, and go to bed when I liked. As I usually forgot to take out a clock or a watch, and as I scorned to turn on the radio and permit the world to intrude, I'd live the life of a hermit and gauge time by sun and tide.

Page by page the *opus* grew at Urenui. And when, after an intense session, my brain felt woozy, I'd go into the garden and train up passion vines, or pull out a barrow load of lush weeds. As I gardened with my hands in the good earth, verbal puzzles and tangled ideas would drop into place, so that by the time my retinue of worm-hopeful birds were scratching in my wake, I'd be back at the typewriter crystallizing into words the inspiration of the garden.

When I'd burned the black enamel off the coal-scuttle by asking it to serve as a waste paper basket and then as a last minute incinerator, I became aware that my peculiar technique for writing a book was very costly on quarto sheets, so I began to use up fifteen-year-old letter heads of:

New Zealand Obstetrical and Gynaecological Society
(N.Z. Branch B.M.A.)

President:

LOUIS LEVY

M.B. Ch. B. (Ed)

Hon. Secretary:

DORIS C. GORDON

M.B., Ch.B., D.P.H. (N.Z.), F.R.C.S. (Ed.) F.R.C.O.G.

P.O. Box 33,
Stratford.

And when this stock was exhausted I started on four-year-old sheets of:

WRITE A BOOK!

ROTARY INTERNATIONAL

Service Above Self
Telegrams and Cables
Dr. Bill Gordon, Stratford

Office of Governor of
District No. 39
DR. W. P. P. GORDON
P.O. Box 129, Stratford,
New Zealand.

And when in time, these stocks also ran low enough to make Bill suspicious, my eyes lit on a dozen big foolscap books labelled:

GENERAL PRACTITIONER SERVICES

Daily Schedule of Medical Services to Patients

On the pasteboard cover of these latter big books were written directions to doctors to the effect that 'schedules must be completed in duplicate, the originals to be sent monthly to the Medical Officer of Health and the carbon copies to be retained by the practitioners for their own records.

But my cupboard bulged with endless records of seven and sixpences claimed, and on the reverse side of this pecuniary medicine were hundreds of type-tempting blanks. I completed the *opus* on these and felt sure my colleagues in central health administration would be pleased to know that their suggested book was being drafted on Welfare State paper.

In October 1952 Mr. J. A. Stallworthy, of Oxford, a former New Zealand obstetrical scholar, visited us and toward midnight scanned a hundred pages.

'Doris, you've got something here. May I take a rough copy away with me? Yes, I know it is rough and incomplete, but go ahead and if you take my advice you'll write it specially for the public.'

So I slightly reworded the *opus*. At the same time, thinking of the eyebrow lifts of any publisher's reader who was handed four hundred pages of script, I cut down and down on words until I had myself graduated in seventy-five pages and married

by page one hundred and fourteen. No wonder that, two years later, a few overseas critics said my style was *terse*.

In July 1953, while Mt. Egmont's frosts numbed my circulation, too many exciting things happened all at once. My farmer son came home on a fleeting visit, scanned the *opus* and was enthusiastic. My capable German maid announced she was leaving to be married and I saw domestic problems looming. And the Marire monthly electric bill shot up from £25 to £55. I got a heart attack.

To be precise, I got coronary thrombosis; and as few doctors are in a position to compare the allegedly awful gripping pain of a coronary with what women experience in mundane labour pains, I'd like to leave on record that the initial half-hour of that coronary seizure was *nothing* compared to the later stage labour pains I had had with my first infant, who chanced to have his head turned back to front. Moreover, after this heart attack, I soon got peace in my chest in response to hypodermic injections, and could thereafter lie abed in a nice drug daze and meditate with relief that all work and worry was about to be ended.

But no. Four days later, through a haze of bromide and barbiturate drugs, I heard my six-feet of ex-Air Force saying: 'Now, Mum, I'm going back to my sheep. The one thing you've got to do now is to get well and then do nothing else but finish that book. It's the biggest thing you ever did in your life.'

'Thank God I've bred one optimist,' I thought as sleep claimed me again.

The rest of the family had scouted the idea of mum writing a book. Bill declares now that he was just being cautionary. But for two years, if he chanced to find me amid my *débris*-littered table, he'd smile patronizingly and in his never-to-be-dropped school-teacher manner inquire who ever was going to correct my atrocious spelling, and what sum I was prepared to pay some publisher to print the stuff.

All of which was so galling, or so inspiring, that I made bonfire after bonfire of rejected pages, saying as I stoked,

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'Children and husbands shouldn't see things half finished.'

Eventually in 1954, just before the final version was air-mailed to England, Bill was permitted perusal. Then one morning in sweet contrition he brought my breakfast to bed with the words: 'Mother, I don't know whether you have written history or not: I only know I can't put your book down to read the morning paper.'

On 13th December 1953, fate offered me a chance to take the manuscript to England myself; and coming as this invitation did on the aftermath of a grim thirty-six hours, it seemed like a ray of hope from heaven.

December the 12th had been one of those black days that doctors must accept among the crowns and crosses of practice. It started about 10 a.m. when a red-headed woman handed us out a meaningless haemorrhage which kept two surgeons and an anaesthetist two hours late for their noon appointments. All day she continued to worry us: and at eight that night, when she was having her third transfusion, the tired team again assembled in the theatre and spent a mentally killing sixty minutes hunting for a slipped ligature. Although my role was merely that of assistant to my specialist son on this occasion, I had shared his anxiety all day and after two theatre sessions I guessed I knew how Aaron felt after a full day of holding up the arms of brother Moses.

At the 10 p.m. tea and sandwiches which always await a tired theatre team, I said, 'I'll sit with her, for I can cancel tomorrow's morning bookings, whereas you boys have to be on call all day. I wouldn't sleep in any case if I did go to bed, so I'll be mentally more at rest if I sit beside her.'

In my thirty-five years of practice, I have several times spent the night beside equally bad haemorrhage cases; but, apart from the vital concern every right-minded doctor feels for the case of the moment, there were big personal issues involved in this crisis of December the 12th. Mrs. Copper-Top had been *my* patient and I had handed the surgical lead over to my son, and in so doing had unwittingly handed him what the junior

school would call a stinker of a case. Could I have foreseen, ought I to have foreseen this complication, and if so, what steps could I have taken to avoid it? What if death dogged the career of my son just as it had dogged me in my first few years in Stratford? Moreover, either by chance or destiny, Bill and I had built up a small group practice with a fair name for good service, and the good name of the whole group seemed represented in this red head now on the pillow beside me. At eleven o'clock I realized that the reputation of the group was in dire jeopardy. One unexpected death can take years to live down.

So I drew my chair in close. Ran my left hand under the blankets and let my fingers rest lightly on that flickering pulse. I am informed that it is not the chemical components of the atom bomb which create its power, but rather the manner in which the chemicals are compounded. Be this as it may, I believe with Norvalis, that I touch God whenever I touch one of his human creatures, and who can say what spiritual and physical alchemy ran up and down my questioning fingers during those vigil hours? About two in the morning my mental horizons cleared and there dawned a conviction that we were not in trouble because any ligature had slipped, but because nature was pouring out an untimely and terrific menstrual flow.

'Ergotamine! Why didn't I think of it sooner?'

At five I wakened my patient's farmer husband who was uneasily asleep sprawled out on two of our office armchairs. He focussed astonished eyes on a strange tea tray and slowly comprehended his whereabouts and its whyfores.

'Your wife is much better and asking for you. After you've seen her you'll have to step on the gas to get back to your cows unless you want to be late for the factory. You need not come back till evening; she's going to do all right now.'

Then I stepped out into the Marire garden, aglow in the dawn with its December shades of pink and blue Canterbury bells, blue and pink larkspur, red rambler roses, and pink candytuft borders all bathed in a million dewdrops. A hundred birds were welcoming the day, and I was so relieved that I felt

like singing with them. Instead I left a mundane note on our kitchen table asking to be called at eight-thirty, and rolled into bed only to find that I was too keyed up to sleep.

At nine I was running over with the surgery nurse what cases might tactfully be deferred when, to my horror, I found I was listed to be at the New Plymouth courthouse, twenty-seven miles away, at ten, to give evidence in the case of J. versus J., separation with maintenance. There was barely time to do my best with my night-tousled hair, grab the bulky case history of Mrs. J., and climb into the Dodge.

Events of the past twenty-four hours must have made me feel incisive as I stepped into the witness box. My evidence was that as Mrs. J. had developed a thyroid deficiency through and after the birth of her children, her disability of myxoedema was a hazard of wedlock, and as such was her husband's responsibility.

'No,' I replied to a question from the magistrate, 'I do not feel that over the years this man has taken a normal husband's interest in her welfare. She's been coming to me for fifteen years and has paid her small fees out of money made by stitchcraft, and never once has Mr. J. bothered to inquire what was wrong with her. Admittedly she does not look ill at this moment.' She had on all her artificial jewellery, a goodly coat of rouge, and the look of a star martyr. 'But if she leaves off my pills for three months, she gets puffy and pasty of face, her hair falls out and she gets depressed and irritable. Under these circumstances, is it surprising that married love evaporated years ago?'

Mr. J.'s counsel interjected with some learned question about the thyroid gland, to which I replied: 'No, sir, it's not only the thyroid; we must go higher to the pituitary, situated at the base of the brain. This gland is the pace-maker for all the ductless glands, and so determines our build and, to a large degree, our characters. Moreover, the pituitary itself is affected by our emotions, so it's rather asking too much to expect Mrs. J.'s pituitary to rejuvenate itself at the age of forty-five, especially when it is daily flogged by the emotions and stresses of an unhappy home.'

Defending counsel interrupted to suggest that my services might be dispensed with at this point: but the magistrate ruled otherwise.

'Dr. Gordon,' he said, 'are you implying that Mr. J. has failed in his duty as a proper husband?'

'Well, sir, what is the definition of a proper husband? I think I met one such last night. He sat all night in our hospital office, while just along the corridor I sat beside his desperately ill wife. That's my idea of a proper husband. . . .'

'Have you been up all night?'

'Yes, and I haven't had any breakfast either.'

'We'll conclude this in chambers.'

Within the inner sanctum of the court, all was so informal and I was so tired that I lapsed into vulgarity. I reached into the envelope containing Mrs. J.'s history and produced a medical journal article I'd filed years ago on myxoedematous madness, which was profusely illustrated with revolting faces of thick-lipped, slobbering crazy women. Including three learned lawyers in my gesture, I said, 'There you are, gentlemen, how would any of you like to go to bed with a face like that?'

Mrs. J. duly received her separation and allowance.

By mid-afternoon I was slumped in an armchair half-heartedly skimming over my mail. And there it was:

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

Telephone:

58 Queen Anne Street,

Welbeck 2281 (2 lines)

London W.I.

Patron: H.M. Queen Elizabeth the Queen Mother

Dear Mrs. Gordon,

It gives me great pleasure to tell you that, in connection with the Silver Jubilee Celebrations of the College to be held in July 1954, it is the wish of the Council to confer upon you the Honorary Fellowship of the College in recognition of your great services to obstetrics and gynaecology. The only condition

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which I am asked to put to you is that it will be necessary for you to be present to be admitted, and the Academic Ceremony is arranged for July 13th, in London.

I do hope that you will be able to make the journey, and I need hardly say how much pleasure it would give me, personally, to admit you to the Honorary Fellowship.

Yours sincerely,

Arthur A. Gemmell,

PRESIDENT.

Mrs. D. Clifton Gordon, M.B., B.Ch., F.R.C.S. (Ed.),
F.R.C.O.G.

P.O. Box 33,
Stratford,
New Zealand.

Suddenly I felt very wide awake and when an ageing doctor-husband and a tired but cheerful doctor-son came in for afternoon tea, I was tactful enough to get them well started on refreshments before breaking the news.

'I think I'm going to England! Look at this! It's a rare chance too to try and place my book with a British publishing house.'

As I was addressing the two canniest members of my family, they each scanned the letter to make sure that I was not (as they liked to assert) drawing on my imagination. Their comments were typical. . . .

Bill: 'You'll never be able to get a berth at this late date; I presume you do not intend to fly?'

Self: 'Oh no, dear, I'll go as a ship's surgeon. That's by far the most comfortable way to travel.'

Secundus: 'You as ship's surgeon! You've not a hope in the world.'

During the next few months the final trimming of the *opus* went on apace, albeit its progress was handicapped by the fact that in its earlier processing my literary collaborator and my typist had each 'caught' a pregnancy from it. But they were radiantly happy and between us all at the end of April we put

£5 worth of stamps on a cardboard box and airmailed copy I to John Stallworthy in England. In May, copy II embarked with me in the surgeon's cabin of the *Wellington Star*.

17: In 1925 I'd had such a knack of losing myself in London's bewildering underground railways that I developed a phobia about subterranean travel and a nose that smelt the foul air of a tube station while still a quarter of a mile from its yawning opening. Thereafter I daily explained to Bill that I objected to being swallowed at one site by an escalator, projected through the evil-smelling guts of an electric eel, only to be vomited up by another escalator two or three miles away. I told him that the only way to imbibe the spirit of London and to study her massed humanity was from the top of her red buses. So in 1953 it was not surprising that the family's parting admonition to an antique voyager was, 'Now don't put yourself underneath one of your beloved London buses'.

I landed at Hull on Derby Day, and wondered what war-battered London would be like. As my vintage taxi jostled me round Trafalgar Square I felt an unexpected surge of affection for Lord Nelson, for while he still stood on his column, all must be well; and I need not lose myself, for I could daily trim my compass from his lions and pigeons.

Moreover, in my maturity I realized that Nelson up aloft symbolized all the Drakes and Frobishers, the Grenvilles and the Raleighs, the Men of Devon and the Anzacs, the pilots of the Battle of Britain and the frogmen of the Normandy beaches, *all the intrepid spirits* whom we Britons of the south weave into the tapestry of our heritage. Since I had last been here a lunatic had capered at Berchtesgaden, bombs had dropped and missiles whizzed; even now a Bear might be dancing behind the Iron Curtain; England, like New Zealand, might be in the throes of a social revolution. But there was a comforting sense of security in old Nelson standing steadfast on his lookout and scanning the horizons of tomorrow.

A traffic light flashed red and we jerked to a stop. A tiny man dropped out of a small red van in front, bounced toward us and thrust his head into our cab.

'I say, can you tell me wot won the Derby?'

'No chum,' said my driver, 'wish I did know.'

At this the curious one hurtled back into his van and was ready to be off the moment the light changed to green.

'Oh you English!' I chuckled. 'You've not changed one whit despite the war, the blitz and the revolution, and when the last trumpet sounds for the white race, you'll probably queue up on St. Peter's golden stairs still asking, 'Wot won the Derby?' True to type, your southern cousins will come jostling up the astral pathway still arguing whether the Melbourne Cup was won on a fair or a foul.'

Despite my 1939 observation that London was rapidly filling with foreign business interests, I was not prepared to find that the Strand Palace Hotel, on Derby night 1954, was an up-to-date Tower of Babel. My vintage taxi could not draw in because two Panamanian dandies wearing tartan shirts and tams and driving a dashing scarlet French racing model had created a minor traffic jam. Despite a reservation, confirmed by radiogram from the ship, I had to queue for fifteen minutes to obtain my room number, so had ample time to study my fellow occupants of Babel. All round me were the rapid speech and the eloquent hands of the sporting French. There were sundry groups of a new type of Wise-Men-From-The-East, while black eyes, diamonds and an air of opulence associated with a soft Latin speech suggested dozens of South Americans. Had I but known it, down beneath my feet were a couple of dozen Jamaicans and Gold Coast negroes basting and grilling for Derby night rush, and counting themselves lucky to be earning good wages at a big London hotel.

A Levantine gentleman controlled the dining-room, a Levantine lady took its cash, and soup and a sad portion of fish were served by a waiter with a French flourish. A noisy Czech band dispensed modern music and inspired a dozen couples to shuffle about the dance floor until my brain, trained

long ago in a laboratory of public health, longed for nothing more satisfying to the appetite than a bacterial content culture of the floor dust we were being compelled to breathe and eat.

Away up on the third, fourth and fifth floors I discovered the lost Anglo-Saxon race serving as bedroom-maids under olive-skinned supervisors.

'Is this just the law of the survival of the fittest?' I asked myself as I rolled into bed; and despite Nelson, barely a quarter of a mile away keeping his sound eye on the affairs of Whitehall, I felt a measure of apprehension and wondered which people now really owned the Britain of our Pacific dreams.

My first day in London was spent establishing banking credentials, telephoning John Stallworthy to ask if he had received my £5 parcel, and calling on a slightly surprised manager at the Blue Star shipping office in Lower Regent Street to ask on which liner his company proposed to return a woman surgeon. Thereafter I concentrated on obtaining a rail reservation to get myself to friends in Wiltshire before the long Whitsun week-end would make London too deadly lonely for me.

In the course of my second morning, I took my book to the literary agent whom Mr. Stallworthy had recommended to me, and after an encouraging chat and a delicious lunch, during which I surreptitiously slipped off my shoes for an orthopaedic cooler after the rigours of London pavements, I found myself in a taxi rattling off in the direction of the Strand. In my lap was a sudden emptiness and in my heart a strange vacuum, for I'd given up the *opus*, that unborn babe I'd cherished for three difficult years.

Some fourteen days later my agent telephoned me at Oxford that if I was willing to cut by some forty per cent, he thought the firm of Faber and Faber would accept; the question was, would I make the sacrifice to have their name on my dust-jacket?

Back I went to London and this time to the Cumberland

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Hotel, for the family had cabled that I was to move my aged, Dresden-china self to some quieter hotel and ignore expense. But *quiet!* At the height of the London season the Cumberland was just another Tower of Babel, and to obtain peace I went to earth in the study reserved for residents, two basements below street level, and so poorly air-conditioned that one felt stifled. I was so far down among London's subterranean mysteries that in between my decisions as to where to cut, I'd pause and listen to uncanny rumbles, door-bangs, and voices of guards controlling the underground station of Marble Arch! It was all so fantastic, so foreign to my mountain-bred personality, that I worked quickly to quit this too-wonderful London and find some place where air would be charged with life-giving oxygen.

A friend lent me her typewriter and her sitting-room overlooking a section of the Thames between Waterloo and Westminster Bridges. Here the air swept in cooler off the river and did not constantly remind me that I was sharing every breath with millions of human lungs. Here I felt I could work to a constructive finish. The river boats steamed past full of holiday makers; fussy tugboats chugged by towing all manner of strange cargoes; and empty barges moored just beneath our window bumped one another with the ebb and flow of the tide, making noises like the thud of distant gun-fire.

In this historic setting, overlooking Father Thames down which my great-grandmother had sailed in 1822 to carry civilization to cannibal Maoris, her descendant completed the operation of cutting out forty per cent of the family saga.

The highlight of my visit to England and in one sense the crown of all my work was of course the academic ceremony at the Royal College of Obstetricians and Gynaecologists, where I had the great and humbling honour of becoming the first Honorary Fellow in the Southern Hemisphere and the only woman ever to be so honoured apart from ladies of the Royal Family.

Peter, our eldest son, was in England at the time on a

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Nuffield farming scholarship, accompanied by Dorothy, his wife. As I ruffled through my papers to find my own notes about my big day, I came across this typical letter from him to the rest of the family at home, and will let him tell the tale for me.

Nuffield Foundation House,
34 Leinster Gardens,
LONDON, N.W.1.

14th July 1954.

Dear Pop (and rest of family in turn)

Well, the great events are over, and as your deputy I suppose I am committed to make a report and tell the family of Mother's great moment.

The afternoon 'do' at the College went off splendidly and was undoubtedly the most impressive ceremony I have ever seen or am ever likely to. Dorothy and I picked Mother up at the hotel and set off for the London University by taxi. Half-way down Oxford Street, Mother discovered she had forgotten to put any lipstick on . . . a fair indication of all our nerves that no one had noticed it. We could not effect repairs in a moving taxi, so it was done at the next series of traffic lights. Dee's lipstick fortunately seemed to match O.K. We were ushered into the massive hall and Mum was taken in hand by the Major Domo while we were shown into very good seats in the second row. Sir Bernard Dawson and Lady Dawson were about three rows away and were the only other people we knew by sight, but there were only some 100 people all told.

The ceremony proper started off with the procession led by the afore-mentioned Major Domo carrying some sort of mace and followed by the President and then Mother, who was escorted by *the* Lord Simonds, Lord High Chancellor of Great Britain though she didn't realize who he was at the time. They were followed by Sir Arthur Sims and Dr. Joe Meigs, an American from Boston, who afterwards described Mum as 'a great worker, a voluminous correspondent, and the world's worst typist!' All gowned and robed and quite colourful and certainly dignified.

The formal ceremony was short and sweet. The Major Domo read the citations . . . Lord Simonds' first . . . then the President said a few words and then conferred the honour. The crux of Mother's citation was, I think, when it was made plain that though she had held the Fellowship in her own right by examination, the honorary one was the highest that could be bestowed by the College and that she was the only woman in the world outside of Royalty to have been so honoured.

Mum was very cool, calm and collected, looked very poised and I am sure, Pop, that it would have been your proudest moment had you been able to be there. She was the only one photographed and I see it in *The Times*. Sir Arthur Sims was an interesting one to me, as he has made his money from our New Zealand meat trade, and it was some consolation to see that he had been honoured for passing it on to such a worthwhile cause. The whole thing took about forty minutes and then they served a sumptuous afternoon tea. Mother looked fine, Pop, she had on a grey dress, with a black gown and the College Fellowship stole of grey and blue . . . quite aristocratic in fact.

We were back at the hotel by 5 p.m. and Mum got in a good rest before the evening ceremony. With much struggling I got myself into Moss Bros. tails and white tie, together with gongs and all the trimmings, while Dee got into a special Edinburgh dress and looked just fine. We collected Mum in a taxi at 8 p.m. and set sail again. After all her fussing about what she would wear, she wore the one made from the material that Dorothy got her in Timaru last Christmas. She looked quite regal too.

At the University we presented our coloured tickets and found that we were in the 'privileged' group that was directed to the inner chamber where the Queen Mother was to have the various Fellows presented to her. All the others—by far the majority—were taken off to the main hall where the Queen Mother made only a token appearance. Everyone made small talk and sipped cocktails for an hour while an orchestra played pleasant music. I managed to make conversation with Sir Arthur Sims' son-in-law who recognized me as a New Zealander

from my medals. At 10 p.m. the Queen Mother came in and looked charming, though Mother still wasn't left right out of it. She is much smaller than I would have thought, but my word what a gracious lady.

She was taken round the room and all those who had been honoured that day, as well as some other prominent Fellows, were presented to her. She made conversation with each one and when Mother's turn came Dorothy and I were standing right behind her. She had no need to have been worried, though I don't think she really was. They chatted about the Royal Tour in New Zealand and about the late King and all sorts of small things, and the Queen Mother said she was impressed that Mum had come so far for such an honour. How the Queen can do it I don't know, but she did that right round the room, with sixty or seventy pairs of eyes on her all the time, and she never faltered or showed the least trace of an affected manner. Mother was introduced by John Stallworthy, though that really meant that he stood beside her, as the speaking was done by the President of the College.

More music and supper and home again. All I can say, Pop, is that you should have been there. Mum did everything perfectly and I am sure we could not have been prouder of her. I am sure too that she felt it was going to be the absolute academic highlight of her career, as indeed it must be, and as you well know it was well and truly earned. I think her only regret can have been that you were not there to escort her yourself, but against that she knew that her hospital was in good care and that meant a great deal to her. What really shook me about the whole affair was the very simple unhurried dignity that seemed to pervade the whole College. It left one in no doubt as to the standing of the College itself and of the honour they were conferring.

She goes to the royal garden party on the twenty-second, but I have jibbed at that one. Once in a hired suit is enough for me. I gather Mother will be one of the very few presented to the Queen and Duke, and they have got Mr. Spite, general manager of the New Zealand Shipping Company, to take my place as

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escort. I'm sure he will do a better job than me, and at any rate the Duke would flatten me if he asked any technical questions.

Dorothy has previewed the dress and all seems to be 100 per cent for this next big occasion. We will actually be down at Newquay in Cornwall at that time. I will be writing my Nuffield report and Dee will be resting on the beach. I hope the weather is good. We are both fit and well, if tired. Cheerio and love from us both,

Peter.

I heard the fate of my book as the *Empire Star* dived through Atlantic billows like a frolicksome porpoise. She rejoiced in waves washing over her decks for, leaving behind a land of fog and smog, she was bound for the sunny south, and moreover she was well aware that she was the last lucky liner to slip out of dock into the muddy Mersey before the 1954 strike paralysed the Port of Liverpool. But after three days of such capers, the skipper, mindful of his deck cargo of two hundred motor-cars and one hundred tractors, and thinking the Blue Star company would take a dim view of her performance if she landed three hundred rusted vehicles in Wellington, rang down for half speed, and thereafter his *Star* lumbered lazily up each billow and slid gently down each following trough.

Having a premonition that the Irish Sea and the Atlantic Ocean might not be exactly sociable, I had gone aboard one day early and, with a cadet officer's help, had thoroughly cleaned out the miniature pharmacy cum sick-bay; and once I knew what each bottle contained and had the syringes, scissors and morphia exactly where I wanted them, I felt that I could easily hold down the job in spite of the fact that I was still convalescent after a pretty serious operation which my London specialist sprang on me at the last moment before my departure. But this cyclone was a little outside my reckoning; so I had to go about my work silently and quickly and then retire to my kindly bunk; and no one knew me well enough to know that I moved around in an advanced state of drama-mined dopiness.

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On our last day in dock, Liverpool stevedores had coaxed on board a maroon leviathan in the shape of a

Ninety ton

Thirty-five feet long

Fifteen hundred horse-power

Diesel Railway Engine

and had moored the brute four feet from my hospital door. It towered above me all the journey, and for the first few days, in my landlubber's ignorance, I felt sure it would break loose on one of our dives and land up in my sick bay among my winchesters of castor oil, calamine lotion, cough mixture and clap mixture. But being a docile, well-roped monster, it never budged an inch, and by the time we reached Wellington I had a positive affection for my queer companion.

On the fourth day out the skipper told me that somehow or other I just had to get seven or eight sea-sick dames out of their luxurious cabins, and for emphasis added, 'Order what special food you like, do what you like, but *get them mobile.*'

In my last thirty years of practice I'd never been worsted in a fight with another woman's pregnancy sickness. By some weird methods of my own, based on tasty and unexpected food at all hours of day and night, plus drugs and drips, plus a goodly measure of the firm personality manner extolled by Grantly Dick Read, I have got every woman past her crisis. Now, on the *Empire Star*, the skipper presented me with an equivalent personality problem. So I sailed into action with the same abounding enthusiasm as if each fiftyish lady, after paying her passage money, had suddenly sprung a pregnancy.

I sat on chests of drawers spooning brandy jelly into women who vowed one minute they could not take one mouthful and within seven minutes had swallowed half a pint. One noble husband, whose stomach seemed made of cast iron, offered aid concocting sandwiches the like of which had never before appeared on the *Star's* menu, and by the fifth day we had all save one up on deck enjoying their sea legs.

Mrs. C. hugged her bed.

'I'm far too ill to lift my head off the pillow, Doctor.'

'No, you're not, my dear. And as there's no stewardess I propose to dress you . . . or shall I send for our wonderful steward, Jerry? There's a deck-chair in a sheltered corner all ready for you and as we pass through the Azores this afternoon you've got to be up to share the fun. Now up we come. . . . Just get yourself up to this stool and I'll steady you while you give yourself a quick sponge down.' I grabbed her shoulder and in the interests of the sponging held her back hair.

'Don't you think I ought to have a bath?'

The suggestion staggered me, for although I could now omit my dramamine, I did not think my own stomach would stand a ten-minute session in a steamy bathroom.

'No, that's for tomorrow. Here, let me sponge your back, and a good towelling gets circulation going. Feels better, doesn't it? Which suit is the easiest to pop on? Good. Now for your handbag, hanky, lipstick . . . out we go. I've got a good grip of you.'

At noon I had the satisfaction of seeing Jerry taking away Mrs. C.'s three-course luncheon tray without a crumb left on it.

About two-forty the valiant dietetic assistant and I were planted in the narrow alley opposite the steward's pantry. We were compounding a variety of savoury fillings and the stewards on the other side of the two-foot bar were building piles of sandwiches preparatory to making ship's tea more palatable to a dozen somewhat jaded passengers. Every time the *Star* rolled badly we just rested our rumps on the far wall and leant forward to keep the sandwiches in their piles on the counter. At one moment an extra bad roll sent all the mustard pots shooting about the dining-room, and as I staggered up on deck with a consignment of sandwiches, I met a grinning third steward exclaiming, 'Won't the old man be pleased, the saloon walls are all spattered with mustard.'

As we nibbled sandwiches, Mrs. C. made a grateful little speech and told me that she was the niece of our beloved ex-Governor-General, Lord Bledisloe. Remembering how I had recently been hanging on to her back hair with a firmness

verging on torture and brow-beating her like a Dutch aunt, I felt about the size of a sprat.

The steward chose this moment to hand me a radiogram from my agent.

'Fabers accept.'

It was as well no one was yet in a mood to pay heed to anyone else's expression, for I believe my jaw dropped open in blank amazement. It had been so long since I handed in my book that hope had died, and five days ago I'd embarked resigned to the hard fact that my fifth born was a still-born effort. But now I felt I must be alone with this marvellous annunciation, so beat a retreat to my cabin, flung myself on my bed, held tight to the radiogram for confirmation, and said to four waving walls, 'My book at last! I've won on the gamble of trying a British publisher after all. I've finished my task!'

'Hold on,' said a voice in the wind. 'Have you truly finished?'

Against those waving walls two forms appeared. The first spoke with the Hebridean brogue of Dr. John Tait Bowie, my clinical teacher of forty years ago.

'Well done, ma bonnie lassie. Thus far well done, but you've not finished yet. You've lived in two medical worlds and the new one is too scientific to be humane and too socialized to be individualistic. You've got to write again of the warm and living medicine I taught you. . . .'

The second form took the voice and six-foot shape of my first-born, our John Bowie Gordon, Junior, and he repeated his dictum of 1953: 'Now, Mum, your main life-work is to finish that book. Note I say *finish*. You're far from finished. In fact you've only made a jolly good start.'

'Oh Lord,' I groaned. 'Do I really have to struggle for another two or three years with a second book?'

But I already knew the answer in my heart.

I8: If a housewife and a grandmother, a medical practitioner and a small hospital administrator, a landscape gardener and a farm supervisor goes overseas for seven

months, on return this mother-of-many-things is not likely to find spare time to exercise a typewriter.

During my absence all had done their best and Marire Hospital greeted me with an entirely new interior colour scheme but with such a depleted staff that I had to start scouting. The late rhododendrons, the irises and the delphiniums made such a summer show that it was a few weeks before I discovered that the villainous weed, oxalis, had greatly multiplied under gardener George's one good eye.

As our last bairn had left the nest two years earlier, it was inevitable that the old home felt like a hall of memories. But just across the car drive in a smaller home, Secundus had a trio of live-wire children who piped in sweet baby prattle or schreeched like small fiends according to mood, and who generally contrived to keep grandparents stirred up as only grandchildren can. So I set the clock back twenty-five years, lashed a southern world Christmas tree to a pillar of the portico and with a London-bought cine-camera recorded the antics of a new generation of small fry bursting with glee over miniature tip-lorries, Hornby trains and dolls' prams.

In New Zealand an orgy of fruit and vegetable preserving follows hard on the heels of Santa Claus. Every housewife who calls herself a homemaker cheerfully faces the bottling season, and usually schemes to do this seasonal extra between the hours of 6 and 10 p.m. when the routine chores of the day are out of the way. No wonder Lady Newall, a recent Governor-General's lady, said of us: 'You New Zealand women amaze me. You are chars in the morning, executive women in the afternoon, and duchesses at night.' Which appraisal compensates us for our honourable work-stained hands. I had been used to fruit preserving ever since, at eight years of age, I understudied my mother, so in 1955, after I had filled my own pantry shelves, I did a hundred jars to augment the Marire Hospital stores.

Among these home-coming distractions, patients were also determined not to let me get involved in private literary affairs. They strolled up the path so consistently or telephoned

so persistently that the receptionist had to develop the tact of an angel to persuade them that two ageing Gordon doctors were not made of everlasting fabric. And so life went on with every day a challenge to every ounce of energy I had until, on April 13th, I had to remove an appendix.

It was a nice satisfactory kind of operation, for that appendix looked more like a billy-goat's horn than the worm-like vestige biologists assert is a relic of our *primaeval* days. But the circumstances surrounding the operation, which I felt sure was my swan-song to surgery, suddenly changed my itch to write when convenient, into a hounding drive to work this Smith-Corona to breaking point at any inconvenience to myself.

At noon on that thirteenth I was called to see a boy who had just been deposited on my surgery sofa. He was in some kind of toxic trance and the story of five days' mild indisposition before severe pain set in was so unlike the history of appendicitis that I asked the physician's opinion. When that opinion was *appendix*, I asked the anaesthetist to view the ten-year-old from the point of view of anaesthetic risks. And when both said, 'appendix, operate at once', they sounded a reveille of youth, for I was the only one on duty able to do it.

It was Easter Tuesday, my surgeon son was anywhere between Lake Taupo and Stratford, and no one ever knows at what hour a dust-covered fisherman will swing his car into the drive. Moreover, what kind of a reception would it be to a man who had been up in the dawn trying a last few casts in the rip to be greeted with the announcement, 'an appendix has been waiting four, six, hours for you at Marire'? Our consulting surgeons at New Plymouth would be too busy with their first-day-after-Easter rush to appreciate being summoned for anything less than a ruptured duodenal. So this lad and his appendix were clearly my responsibility.

Being well over sixty, I had felt complimented of recent years even to be accepted as assistant to the new school of properly trained surgeons. In contrast to these supermen, I represent the old school of general-practitioner surgeons who did valiant deeds here in the days when Taranaki medicine was

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characterized by bog, bush and candle-light. And as I am now the senior practising member of that old guild I probably know more than anyone else about their feats of devotion and daring.

Compared to these pathfinders, the modern surgeons have been fashioned by a ten-or twelve-year treadmill of examinations and apprenticeship and with all this ultra-ability around, it was fitting that a self-made surgeon should shrink back into the junior role of assistant. But here, on the thirteenth, was a gift from the gods of yesterday. Something that could not wait, and a neat little challenge to my two unaided hands.

It's easy to say, 'operate at once'. But when well nigh a million cows decide Taranaki's dates and destinies, it's easier said than done. Farmers come to town only when cows do not need them. Conversely doctors' surgeries are full of farmers and their families while cows chew their noonday cud. *Ipso facto* I could not get the services of the anaesthetist until farmers' cars started streaming out of town to get back to four o'clock appointments with cows.

Apart from the all-important question of whether or not the appendix had burst, I had my own reasons for wanting to operate promptly and get finished. I chanced to have a neatly worked out evening programme calculated to save both energy and petrol. It was scheduled to start with a meeting with a contractor on the farm to discuss dredging an old pond with a view to extended irrigation. Then I would proceed to Hawera, another eight miles southward, for a tea-time rendezvous with Joan Faulkner Blake who was checking the proofs of *Black-blocks Baby-Doctor*, and the schedule would wind up with bridge at the Hawera Duplicate Club. All told, not a bad night's programme for a dame who had been told, away back in 1939, that if she never did another tap of medical work her heart might tick on for a few more years. And now, on top of all this, an appendix and no hope of starting on it before 4 p.m.

But if I couldn't get an anaesthetist, then I couldn't. And it was no use working up a tension mood about it. The sensible thing to do was to lay on my bed a complete change as for the farm, and thrust into an attaché case another change as for

bridge, and then to camp in the armchair and relax while younger doctors coped with overflowing surgeries. This delay would at least give the physician time to hitch junior up to an intravenous drip, which would give him forty drops a minute of his missing breakfast and dinner.

As I lathered and scrubbed for my adieu to surgery, a pageant of surgical progress paraded through my cerebral convolutions. . . .

'Here, in my old age, I was standing in a modern theatre right above the spot where, twenty-five years ago, the aforesaid surgeon son and one of my present trustees used to wreck my delphinium borders by scoring confused goals therein. . . .

'I was gathering up life's final threads in a good theatre, whereas in 1918 I'd see a Taihape surgeon of my own graduation year operating in a room with a tongue and groove wooden floor. He'd carefully lifted a boiling wet operating gown out of a kerosene tin persuaded to act as a boiler, hold it steaming and sterile to cool somewhat, and then clamber into it despite the fact that he had had a frank tuberculosis chest half-way through his medical course. . . .

'I had come on here to Stratford, first just to relieve, and then to be a partner with Dr. Paget, who was so "progressive" that he decided against removing ovarian cysts on kitchen tables and built himself an up-to-date—for those times—operating theatre. This theatre had walls of fine corrugated iron and a floor of sealed cement. "Both", Dr. Paget explained. "very convenient for hosing down". But when Mt. Egmont frosted, this theatre was colder than charity, so Dr. Paget donated it one kerosene burner. And when I took over as his partner and he left for a military destination, I soon found that this asset had a joyous trick of bursting into spurts of evil-smelling smoke whenever we were nicely started, so it usually added a quota of soot to my surgery. . . .

'Once Dr. Paget's back was well and truly turned, I had called in electricians and arranged for that theatre to be heated, but the best electricity could do in those far-off days of 1918

was to take six hours, on a July night, to lift the room's temperature to 55 degrees. And even electricity was temperamental when I was making myself into a home-spun surgeon. There was the never-to-be-forgotten night in 1921 when Bill and I were groping with a bloody ectopic pregnancy and the lights went out and our one probationer had to lean over the operating table shedding candle-grease and illumination into the abdominal incision. . . .

'And there had been all the long years wherein Bill and I thought nothing of giving a chloroform-ether anaesthetic on an open mask ten feet away from the roaring log fire with which the Stratford Hospital Board of the 1920-30 years warmed its operating theatre. We never had a mishap of any kind: but we had both been trained by Dr. John Bowie who drilled into us that eternal vigilance is the price of success. . . .

'And outstanding in the surgical pageant of these years was Billy, who at eight months of age, turned up one Sunday morning with symptoms of intussusception. I had enough sense to realize that this was well and truly beyond me, so I telephoned Dr. Buist, F.R.C.S., of Kaponga, asked him to come across, and offered him the choice of a stone-cold theatre or a large bedroom plus good log fire. But I hastened to add that the said bedroom was in the grips of the paperhangers who had stripped down the wallpaper and gone away at noon on Saturday leaving shreds and litter everywhere. Dr. Buist voted for the bedroom with fire, and shouted back over the phone, 'Don't try to tidy anything up. Don't raise a dust.' Today, somewhere in Central Taranaki, walks a middle-aged man. He's my friend Billy, who as a two-toothed surrendered his intussusception to Buist's clever fingers and parted with his appendix amid a litter of stripped down wallpaper. . . .

'And now in 1955, at a time when New Zealand seemed wedded to some moron creed of standardized mediocrity in all things medical, I was scrubbing up for my farewell to surgery in our own new theatre, which would at least be good for another decade. In 1951, with the object of projecting into the uncertain future the high standards which Bill and I had set

for ourselves in our novitiate years, we had converted our Marire Hospital into a Charitable Trust, with academic trustees. Here, even if we never felt tempted to feats of lung or brain surgery we, could always maintain the fine old tradition that every patient was a real human being, and our personal guest for a week or two. . . .

'Things had certainly changed since I did my first solo appendix at Kaponga in the year 1918. Then I had to make a taxicab dash from Kaponga to Eltham with a drum of theatre inen to be autoclaved and on the return trip, with the hot drum like a footwarmer at my feet, I was asking myself a dozen times over, "Have you really the courage to lift a scalpel and open this girly's abdomen all by yourself?" And every time cowardice asked the question, my guardian angel replied, "It's your duty to do it: and do it you will. . . ."

'Now in 1955, a modern autoclave installed at a cost of £500 stood thirty feet down the corridor and right at my elbow was the anaesthetist's own costly Heidbrink machine ready to work its miracles for Junior; if this appendix really had burst and peritonitis had set in, we had our electrically driven sucking machine, and over and above all these things we had the blessed coverage of the penicillin group of remedies. . . .

'Yes, surgery was simplified. So simple these days that one almost missed the Herculean contests of bush and bog days when we'd fight for a life with everything we had in us linked up to a God-given unconquerable will. No wonder those of us about to pass on the torch questioned whether the patients of today got anything like the individual attention we were compelled to mete out thirty years ago! No wonder we, who were moulded in the tough old days, thought the new generation of doctors a bit soft. . . .'

But here my reverie is interrupted by Junior being wheeled in. Junior already looking a different youngster, fuller of face and less toxic because that drip contraption the physician is so carefully guarding is bathing his million dehydrated cells with nutrient glucose.

Now the anaesthetist squirts a few drops of magic into the

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rubber tube leading to the vein in his arm and eyelids gently close. The Heidbrink is brought into action. Sister drapes guards and I begin to operate on a peaceful little abdomen which does not rise and fall like the other tides of forty or thirty years ago. . . .

Well, I missed the contractor at the farm, but by stepping on the accelerator managed to keep tryst with Joan, but she too had had her Easter Tuesday all cut about and in consequence had not finished the proofs. So we scoffed a meal and ruefully agreed that while most New Zealand housewives knew all about filling the unforgiving minute with sixty seconds' worth of distance run, in any such feminine marathon we two could hold our own. Joan proofed over coffee and I slipped into an adjoining bedroom to do a lightning change. The toddling daughter, deciding that our commas and italics were not her line of country, edged in after me and made a few abortive attempts to swallow my marcasite brooch and a hairslide or two. At seven-fifteen Joan called, 'Come back after bridge; I'll be finished by then.'

By all the laws of distraction and fatigue, I should have played badly. But I drew a partner who, in bridge parlance, did know the difference between a hand and a foot, and between the two of us we played steadily to gain top score. Shortly after ten I was back to take charge of my proofs, and by ten-thirty the Dodge and I were settling into a purring homeward drive to Stratford, our little town perched high on one of Mt. Egmont's ancient lava flows.

It was so nippy that I reached for my knee rug, and somehow the nip in the air and the sight of Egmont silhouetted so magnificently in the moonlight reminded me again of the little girl who had challenged me with my very *first* solo appendicectomy and of the pageant that had been parading through my brain all day.

'What has not happened in the years between?' I murmured in grateful retrospect. Here I was now bowling along over wide tar-sealed highways, had just done my *last* appendix, and on the

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seat beside me rested not a hot sterilizer drum but my publishers' proofs. Their near presence had a more than warming effect, and as I reflected how fortunate I had been in getting this first book safely launched, the conception of a companion book slowly but inexorably took shape, and I knew that I would start tomorrow, perhaps even tonight, to draft headings for it.

Cold reason argued that it was madness to think of another book at all. 'Why not sit back at last and relax?' But some creative urge, no less insistent than the voice on Patmos, was saying, 'Yes, write of these things', and out of the left-hand pane of the windscreen Egmont too seemed to be morsing *Write*.

Egmont had been the inspiration of many folk before I first stood like a hypnotized ant on her footslopes. To the Maoris, I know, Egmont (or Taranaki) was a male personality and the hero of many tales, but to me the mountain is always a sister—'she', and so I must write of her now.

She had inspired Kupe, our medieval Viking, who around the year 900 gazed entranced at her cloud-piercing summit. She had been the lode-star for Turi when in 1360 he sailed, paddled and portaged his canoe of hunger-driven Polynesians to the fertile land beneath the peak. She had been Cook's inspiration in 1769 when he logged, 'Very high mountain. Shaped like the Peak at Teneriffe but of prodigious height and its top covered with everlasting snow. Have named it after the First Lord of the Admiralty.'

Later, in 1840, Egmont had been the landfall for the first white settlers from Devon who deposited their luggage and their crinolined ladies on her ironsand beach. She had looked with approval when Major Von Tempsky and his sixty-four rangers blazed a trail through her almost impenetrable eastern forests, with dusky forms flitting about covetous of white men's tools and rifles. She had caused her sun to shine on the axes, picks and shovels of a contingent of industrious Poles whose woodcraft made them the best hewers of forests, the ablest diggers of drains.

She had smiled when a nostalgic surveyor, resting his hob-

nails on a boulder where Von Tempsky's trail crossed her Patea rivulet, murmured 'Stratford'. For nothing could be less like the home of the bard than this Stratford, perched a thousand feet up on the 'prodigious' mountain, whose rivers must perforce tumble down in trout delight and never a swan sails by. But Stratford we were called and Stratford we remain, the most cultured town south of the line if names mean anything. I merely step out of my back gate into Hamlet Street, out of my front gate into Portia Street; and Romeo and Juliet Streets are, alas, still at cross purposes.

And Egmont, who never takes a moment off duty, had been the inspiration of two generations of doctors before me. Doctors who seldom thought of holidays, but took their enterprising delight cutting kerosene tin reflectors to improve lamp or candle-light so that they could better cope with their emergencies.

Typical of these medical giants of yesterday was Dr. George Home, who rode forty miles up coast from New Plymouth to Mokau to save the life of a man whose axe had severed his popliteal artery. His operating table was a cross section of a huge tree stump; his assistant the blacksmith. At the last minute the smith plunged his paw right into the sterile saline Dr. Home had carefully carried all the way from New Plymouth. The ever-patient Dr. Home merely said, 'Now you take this basin and ride your horse as far out into the sea as you can go and bring it back full of clean sea-water. It's going into this man's veins. So don't put your hand in it this time.' Next day patient and doctor travelled down coast on a coal launch. The patient lay on the locker and grinned at a pea-green doctor who hung over the side all the way back to civilization.

Shortly after I arrived in Taranaki, Dr. Paget, my predecessor, had stripped and swum a river in spate to reach a patient, and naturally bets ran high at the Stratford Club as to whether or not the new woman doctor would be game to emulate him and turn on a modified Lady Godiva stunt.

And so on this decisive Easter night, while the moon rode high and I set my course for home, Egmont seemed to say:

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'Write of these things and of the toil of the pioneers so that your children can tell their children. Write that nothing this modern mechanized age gives, nothing State paternalism pays for, equals the grand camaraderie, the good neighbour team-work and the Samaritan home-nursing service which extended round my footstool fifty years ago. Tell them I look down on their tractors running round in circles and leaving weeds to flourish in the corners. I see their youth flocking to cities and towns for higher wages, shorter hours, greater temptations and more crime. Tell them I make no long-term promises of prosperity to lotus-eating New Zealanders—it will be all the same to me in a hundred years' time whether brown-man, white-man or yellow-man tills my fertile soil.'

As I turned the car into my own driveway, I knew already what my new book must say. It must outline the changes I had seen in the provincial medical work of Taranaki, must tell a little more of the fun and fears of raising a family here in Egmont's shadow. Above all, if I were to be true to my own ingrained conception of the glory of medical tradition, it must reveal and evaluate the changes, some undeniably good, some indisputably insidious, which Bill and I had noted wherever and whenever doctors were drawn willy-nilly into some form of State service. If the service had become in some ways more efficient, more stream-lined, more cheaply available, in other ways it had become colder, more impersonal, more mercenary. The price was too high. Somehow the old warm personal relationship must be restored between patient and doctor. This must be the essential theme of my new book. This was the sword I must wield while yet there was strength in my arm.

Before I went to bed that night, late as it was, I took a clean sheet of paper and wrote on it those words of John Bunyan's that have always goaded and inspired me: 'My sword I give to him that shall succeed me in my pilgrimage, and my courage and skill to him that can get it.'

Then, in larger letters just above, I added the title of this book; *Doctor Down Under*. At least I had made a start.

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About Dr. Doris Gordon

'It is safe to say that no one has contributed more to British obstetrics and to the welfare of the women of New Zealand. Dr. Gordon's achievements and long record of voluntary effort were in 1954 recognized in Great Britain when they were rewarded by the Honorary Fellowship of the Royal College of Obstetricians and Gynaecologists. This, the highest distinction of the College, has been bestowed on only twenty of the leading obstetricians of the world. Dr. Gordon is, apart from the Ladies of the Royal Family, the only woman to be so honoured, and is the only Honorary Fellow of the College in the Southern Hemisphere. Her death is a sad loss to New Zealand, the end of a life of ceaseless efforts for the good of the Dominion which deserve the fullest recognition.' Sir Bernard Dawson, Professor Emeritus of Obstetrics, University of Otago, N.Z., writing in the *Otago Daily Times*, July 1956.

'In her death the medical profession has lost one of its most distinguished members, and New Zealand a woman of uncommon achievements.' *Auckland Star*, July 1956.

Also by Doris Gordon

BACKBLOCKS BABY-DOCTOR

'Her story will appeal to those who respect a resolute woman of character who is forthright and fearless. Certainly her experience, even in medicine, is unusual. . . .' *The Observer*

'Like many good New Zealanders her family were Nonconformists, who arrived in Wellington at the end of the last century. She was one of the first women students at Dunedin Medical School, which from her account was much like medical schools elsewhere at the time. . . . Dr. Gordon is matter-of-fact about her experiences. This is a relief from the biographies of some of her contemporaries. . . .

'The rest of the book is the forthright story of a successful and energetic obstetrician. There are confinements, abortions and epidemics for readers who like them, but the second half shows her making the common transition from clever hospital clinician to clever hospital politician.' RICHARD GORDON, author of *Doctor in the House*, in *The Sunday Times*

'In its way this is truly a great book; the writer is clearly a person of the finest qualities in whose hands, were there but more of such, the destiny of the human race would be safe and happy indeed.' *The Medical Officer*

'This autobiography by one of New Zealand's outstanding women doctors commands great respect.' *Medicine Illustrated*

'It is a truly revealing self-portrait of a unique figure in the history of New Zealand womanhood and New Zealand obstetrical progress. It reveals the source of her idealism and her amazing enthusiasm. . . . and the almost ruthless drive which would brook no opposition, which sometimes irritated but which almost always compelled admiration and agreement.'

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