

THE UNFORTUNATE DR CAMPBELL OF
LYTTELTON AND CHRISTCHURCH:
The Life of Donald Campbell, LM, LRCS, LRCP
(1844-81) and his Tragic End.

Geoffrey W. Rice

Emeritus Professor of History

University of Canterbury

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Carte de Visite photograph of Dr Donald Campbell
John Gaul's Portrait Rooms, Christchurch, probably 1881.

From *Old Canterbury* blog 2011

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PREFACE

Dr Campbell's tragic end, drowned along with his wife and young family in the wreck of the *Tararua* in 1881, has coloured one historian's view of his medical career. Dr F. O. Bennett, author of the centennial history of Christchurch Hospital, published an article in the *New Zealand Medical Journal* in 1973 entitled 'Dr Donald Campbell: a Reappraisal'. The main focus of this article is the court case over the Mackay bequest and Campbell's subsequent resignation after a government inquiry in 1877 found him guilty of professional misconduct. Campbell's role in a second Royal Commission of inquiry in 1880 into the misreporting of typhoid cases at Christchurch Hospital is glossed over in a mere seven lines.

Bennett's article is a brave attempt at rehabilitation, using newspaper sources, but it also includes several passages of imaginative reconstruction that are not based on any surviving evidence. The motivation for the article is revealed at the end, where Bennett recalls his own mother's advice:

And in your writing be kind to Dr Campbell. Our family thought the world of him. He attended me once though I don't remember it. Some of the other doctors didn't like him, but he was a great man.

Bennett then describes the recovery of the family's bodies from the rocks of Waipapa Point in Southland and their burial at Addington Cemetery, where a public subscription later erected the tallest obelisk in the cemetery (sadly wrecked in the Christchurch earthquakes of 2011). The funeral was attended by a large crowd and the procession included 70 carriages. Campbell had been closely associated with the Freemasons, Oddfellows and Foresters lodges, and their members turned out in force to farewell him. Bennett implies that a man who could be honoured in these ways must have had qualities that endeared him to many.

The task of the historian is to reconstruct from the available evidence what seems to him or her the truth about what happened in the past. The aim is objectivity, free from bias or partiality, but as we each have our own peculiar outlook on life, shaped by our values, beliefs and experience, historians' interpretations of the past inevitably differ, sometimes slightly, sometimes sharply. The best we can do is to be honest with ourselves and the evidence, and self-aware as we reconstruct the past, for all history is constructed, and contested. It is an endless dialogue between the past and the present. New generations will ask new questions, and view old evidence in new ways.

This present account of the life of Dr Donald Campbell is the product of a larger project on public health and the medical men of Christchurch in the second half of the nineteenth century based on the rich newspaper sources now available online from the

Papers Past website of the National Library of New Zealand. A great deal of fresh detail about the hundred or so doctors who practised in Christchurch between 1850 and 1900 is steadily being recovered and a more comprehensive picture of individual careers is being compiled.

The first fruits of this project were published in 2020. A biography of Dr Llewellyn Powell, Christchurch's first Medical Officer of Health, was followed by shorter studies on surgery, chemists and druggists, court cases involving doctors, and the colourful career of Dr C. J. Russell, the city's leading abortionist. The latest of these shorter pieces has been an account of the 1880 Royal Commission inquiry at Christchurch Hospital in which Dr Campbell was a leading figure on the losing side. Bennett's account of this episode in his centennial history of Christchurch Hospital occupied less than a page and was almost entirely based on a letter of self-justification later issued by the hospital's defeated but defiant medical staff.

My purpose here is not to belittle Dr Bennett, who was a fine physician, especially with children, but to set the record straight by correcting the occasional mistakes of an amateur historian who did not have the advantage of knowing the full background of Campbell's disputes with the other doctors. Context is vital to explaining any event in the past, and the fuller the context the likelier we are to understand the event more accurately.

As Bennett asked at the start of his article, 'Who shall deliver judgment on the acts of a man? The few who administer the law or the masses who are mute on the law but noisy on the verdict? Or the historian, privileged with hindsight and a century wiser?'

Newspaper sources are the public record of a man's actions, and of other people's opinions of him, but we have no personal letters or family papers to give us Campbell's views of himself and the events he was involved with. Speculation on absent evidence is always a risky business, yet historians have to take that risk, especially when trying to assess an individual's values and motivation. This is where interpretations can differ widely. In what follows the evidence is allowed to speak for itself, and my speculations are reserved for the end, where they can be ignored if the reader is not convinced.

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CHAPTER ONE

OVERVIEW

Donald Campbell was born at Lochearnhead, at the western end of Loch Earn, Scotland, in 1844.¹ This loch lies at the far western end of Perthshire, on its border with Stirlingshire. His father Peter Campbell (1811-85) was a prosperous miller and merchant whose business was affected by the failure of the Bank of Scotland while Donald was at medical school in Edinburgh. Two elder brothers were in America and Russia.² The rest of the family of parents, six children, sons-in-law and grandchild, emigrated to New Zealand in 1865, leaving Donald to finish his medical qualifications. They settled in the Ellesmere district of the Canterbury settlement where the father and sons became successful wheat farmers.³ Donald came out to join them in 1869. Though he had qualified LM, LRCS and LRCP at Edinburgh, he had no medical degree and was called Dr Campbell only as a courtesy title. At first he practised in Lyttelton, the main port of Canterbury, until 1872 when he moved to the main town, Christchurch. As the seat of an Anglican bishop, Christchurch had the status of a city, even though it had only 20,000 inhabitants in the 1870s.

Donald's father apparently had enough capital to buy land near Southbridge and he had able-bodied sons to help with the farm. His namesake younger son leased Blamore farm on the Knyvett Run and later started a threshing business during the Canterbury wheat boom of the 1870s. By the time Peter's youngest daughter Isabella was married to William Abbott in 1876, he was described as Peter Campbell Esq of Mornish Farm, Southbridge.⁴ When he died in a riding accident in 1885, Peter Campbell was able to leave £600 to Isabella and numerous parcels of land in and around Southbridge to the rest of his family.⁵

While the Campbell family worked hard at wheat farming and threshing, Donald struggled to make a living as a general practitioner in Christchurch even though he was

in partnership with one of the city's senior doctors, Burrell Parkerson snr. In 1873 he was appointed visiting physician of the Christchurch Hospital. When the resident House Surgeon (Superintendent) Burrell Parkerson jnr died from typhoid fever in 1875 the government appointed Donald Campbell as his emergency replacement, and paid him two guineas a day to live in the hospital. This went on for 25 days until another appointment was made.⁶

Campbell then became interested in the Acclimatisation Society, especially the breeding of trout and salmon. A disagreement with the Curator finally led to the latter's ousting by Campbell. His practice was augmented by lodge fees and his appointment as surgeon to the Addington Gaol. One of his patients was a bachelor farmer named Mackay near Leeston, who often failed to pay his bills. He promised Campbell that he would make up for this before his death and finally gave him a cheque for £500. When Mackay died, his trustees refused to honour his promise, and when Campbell tried to cash the cheque the bank refused to honour it as the signature was unclear. Campbell then sued the trustees, but when the case came before the Supreme Court in 1877 he suddenly dropped proceedings.⁷

This affair raised doubts about Campbell's probity and outraged the Christchurch doctors, who regarded accepting gifts from dying patients as highly unethical. So did the government, who demanded Campbell's resignation from the hospital staff. However, the visiting medical staff were at loggerheads with the Hospital Board and also resigned in 1878. In desperation, the board reappointed Campbell in March 1879. Unfortunately he then allowed his dislike of the Medical Officer of Health, Dr Courtney Nedwill, to cloud his judgement and he refused to register typhoid deaths at the hospital, instead entering the deaths as gastro-enteritis. The government appointed a Royal Commission to investigate, and all the deaths were declared to have been typhoid. The hospital's House Surgeon, Dr Davies, resigned, and Campbell announced that he would be taking his family on a trip to Europe and Scotland in 1881. However, as we shall see, they never got there.

CHAPTER TWO

LYTTELTON

Donald Campbell was registered as a medical practitioner at Fort Augustus, Inverness, on 28 August 1866. Presumably he practised there for the next three years until he and his wife emigrated to New Zealand on the *Caroline Coventry*. They were delayed leaving England when the ship was involved in a collision and had to return to Victoria Dock for repairs. They finally left England on 6 March, crossed the Equator on 27 March and sighted Tasmania on 27 May. The ship arrived at Lyttelton on 9 June 1869. As surgeon-superintendent of the 68 government assisted passengers, Campbell was presented with a testimonial after their arrival, as were Captain Ellery and Matron Creasy, thanking them for a safe voyage. The ship was declared very clean on arrival, with only one case of sickness, a woman recovering from a fever.⁸

We may assume that Campbell's father and possibly one or two of his brothers were there to meet them on arrival. A few weeks later Campbell and his wife, and presumably the rest of the family, attended the opening of the new Presbyterian Church at Southbridge along with the Reverend Charles Fraser from St Andrew's Church in Christchurch. The congregation was addressed by Reverend Fraser and Dr Campbell. The resident clergyman was a Reverend Campbell, possibly another relation. One speaker said that with a new church the cause of Presbyterianism was likely to prosper in the district.⁹ But the new doctor chose to start his practice in Lyttelton.

Canterbury's main port was a small town with fewer than 3,000 inhabitants, constrained by a cramped site on the steep rim of an extinct volcano. A railway tunnel through to Christchurch had been opened in 1867 and besides proving the key to Canterbury's economic success it made the small Lyttelton cottage hospital redundant, as it was easier to take serious cases through to Christchurch Hospital. Lyttelton already had three resident doctors by 1869. Dr William Donald (1815-84), a fellow Scot, had been the first medical man in Canterbury, appointed Port Health Officer even before the first shiploads of immigrants arrived at the end of 1850. He was to have a long and busy career, serving as mayor, magistrate, registrar, chairman of the school committee and the Colonists' Society, and District Grand Master of the Masonic Lodge. Dr John Thomas Rouse (1832-84) was almost as popular as Dr Donald, and served as mayor in 1874-5. Dr Charles Mottley (1799-1885) was an elderly veteran of the Indian Mutiny where he had been medical officer to the Bengal Cavalry and suffered a crippling injury. Little is known of him, and he would not have offered much competition for a keen young doctor. A few other doctors had appeared but moved on to Christchurch. Dr Campbell stayed longer than most.

The newspapers carried notices on 5 July 1869 to inform the public that Dr Campbell, LM, LRCP, LRCS (Edinburgh), would commence the practise of his profession in Lyttelton on 10 July: 'Medicines supplied. Advice free to the poor between 10 and 11 am'. His address was given as 'Ness Bank', Bridle Path, Lyttelton.¹⁰ This ad was repeated many times until September. Free advice to the poor may be interpreted as a sign of Campbell's compassion, but it was also a good way to attract customers, and would be resented by the other doctors who needed every fee they could get.

By then he had been appointed surgeon to the Foresters' Lodge, a useful additional source of income for a new doctor, as he had to subject each member to a medical examination before they became eligible for the lodge's benefits. The lodge then paid the fee for any subsequent consultation.¹¹ In the following month he moved a vote of thanks at a meeting of the Lyttelton Benevolent Aid Society.¹² He was also briefly involved in the Lyttelton Enterprise Gold Mining Company which sent quartz from Price's Valley to Melbourne for testing, but the gold particles were far too small for mining.¹³ Campbell probably lost money on this fruitless venture.

Maria gave birth to their first child, a son, in February 1870.¹⁴ Their address was still 'Ness Bank', Bridle Path, Lyttelton. Campbell described himself confidently as 'Physician and Surgeon'. In April 1870 Campbell spoke at an election meeting for the new superintendent of the Province of Canterbury, William Rolleston.¹⁵

Campbell had been using his home as his surgery, but in April 1870 he moved to an office on Norwich Quay formerly occupied by the merchant J. Drummond Macpherson, one of the leaders of the large Scots community in Lyttelton. His consulting hours remained the same.¹⁶ A month later he contributed to one of the winter readings at the Colonists' Hall, reading the account of 'Mr Bob Sawyer's party' from Dickens's *Pickwick Papers*. The *Press* reporter thought 'the piece was rather long, occupying too much time for these readings, and the audience got impatient'.¹⁷ The reporter for the *Times* was kinder: 'This piece, although lengthy, was very well given'.¹⁸

A welcome appointment came in June 1870, when Campbell was named by the government as the local medical referee under the Government Annuities Act.¹⁹ This gave him a fee whenever he examined anyone applying for a government pension. He then appeared as an expert witness in a case before the Magistrate's Court. The shipping agents Miles and Company were suing a ship's captain £15 for non-delivery of four cases of acid. The captain said he had signed for cases of spirits of salt, and did not know that this was the term for muriatic acid (hydrochloric acid). Campbell confirmed that these were dangerous goods and should never be placed in the hold of a vessel, as in the event of a breakage they would spoil everything they came in contact with, and on oil or wool could cause an explosion. During a heavy gale the captain had ordered the boxes to be thrown overboard. The magistrate found in favour of the captain.²⁰

A busy seaport could expect accidents as ships were loaded and unloaded or dried their sails. A seaman named Spencer fell from the maintopsail yard to the deck in September 1870 and was carried ashore to Dr Campbell's surgery on Norwich Quay. He could find

no broken bones, but the man's spine was 'seriously injured' and he was taken by train through the tunnel to Christchurch Hospital.²¹

Campbell apparently enjoyed acting and appeared at a benefit concert held by the Lyttelton Amateur Dramatic Society in September 1870, in a sketch by W. E. Suter entitled 'A Very Pleasant Evening'. The *Times* reported this as 'a bustling piece, and the characters were well-sustained by Dr Campbell, R. Davis and D. Mills'.²² Acting before an audience requires a measure of self-confidence, and also a desire to please, or at least entertain. At the Colonists' Society in October, Campbell seconded a motion by Dr Rouse that Dr Donald be made a life member of the society. This suggests that by now Campbell had been accepted as the town's fourth doctor. From a few hints in newspaper reports it would appear that he was a popular practitioner, a cheerful and likeable man. He later said that he had always done his best for his patients, but that was expected of any doctor.

However, his surgery was threatened by the general destruction caused by the great fire of Lyttelton on 24 October 1870. There was a strong easterly wind blowing over the Port Hills and a rubbish fire that started in the Queens Hotel quickly spread to nearby wooden buildings. With no proper water supply Lyttelton's volunteer fire brigade was helpless in the face a raging inferno. The entire commercial centre of Lyttelton in the block bounded by Norwich Quay and Oxford, London and Dublin streets was destroyed, leaving only tall blackened brick chimneys. Additional fire fighters came by train from Christchurch and pumped water from the harbour to stop the fire from spreading further, but the only large buildings left standing on Norwich Quay were Heywood's and Hargreave's stone warehouses.²³

Campbell later inserted a message in the *Press* to thank the Christchurch Fire Brigade and other volunteers for saving his premises, and also the 'kind friends' who assisted in removing his furniture and effects to a place of safety.²⁴ Fortunately his house near the foot of the Bridle Path was not affected, though everyone on that side of town must have been busy putting out hot embers blown by the wind. Though some businesses were ruined by the fire, those that had insurance on their buildings and stock were able to rebuild over the following year. The fire had been a frightening and dramatic experience for everyone in Lyttelton. Campbell was one of those prominent citizens designated as collectors of relief funds subscribed by other towns: in November he handed over £41 16s to the borough council, sent by the citizens of Greymouth to aid those who had suffered in the great fire.²⁵

The Colonists' Hall in Lyttelton was on the east side of Oxford Street and escaped the fire, but Dr Campbell urged the hall committee to obtain an early gas fire extinguisher, 'Dick's Patent L'Extincteur'. Wooden buildings were vulnerable to an overturned lamp or coals falling from a fireplace. Campbell lobbied for the purchase of the extinguisher, and organised free shipping and a waiver of the landing charges.²⁶ As we shall see, this was a wise and timely acquisition. He was, we may gather from this, a generous and public-spirited man.

Campbell attended another accident case that month. James Clark, a carpenter from the ship *Monarch*, had tripped on the gangplank when returning to his ship and fell about 5m onto the lower staging of the wharf. He was unconscious when picked up and was taken to a small hut near the steps, where Dr Campbell attended him. He had several broken ribs and a bad concussion. He recovered consciousness before being removed to Christchurch Hospital and passed out of Campbell's care.²⁷ However, there was a less happy outcome for another of Campbell's patients in December. A young man from Eyreton had come to stay with a family in Heathcote Valley where Campbell was treating him for an 'affection of the eyes'. He must have despaired of getting better, for he hanged himself in the stable.²⁸

The year ended on a happier note when Campbell was one of the adults accompanying about 40 of the children from the Reverend J. D. Fergusson's school on their annual picnic to Wards' Island (now Quail Island/Otamahua).²⁹ One hopes he took his wife and son as well. This island in the middle of Lyttelton Harbour had been selected by the Ward brothers from Northern Ireland in 1851, and they had started farming there, but were both drowned in a boat accident in a southerly storm in June that year. Their elder brother Crosbie Ward came out to settle their affairs and later became a notable politician, part-owner of the *Lyttelton Times*, and originator of *Punch in Canterbury* in 1865.

Another picnic followed in January 1871 when about 90 children from the Lyttelton Orphanage went in Captain Cameron's steamer to Rhodes Bay (now Purau), where they were welcomed by Mr and Mrs Rhodes. Robert Rhodes had been one of the 'pre-Adamite' settlers on Banks Peninsula, before the Canterbury Association's colonists arrived, and with his brother George had established sheep runs there and in South Canterbury. Robert's stone homestead at Purau, completed in 1854, was one of the first stone buildings in Canterbury. The house that Dr Campbell saw in 1871 still stands, though in need of earthquake repairs. The picnic had been organised by the Reverend Fergusson and Dr Campbell. The lady superintendent at the orphanage was the same Miss Creasy who had been matron of the immigrants on the *Caroline Coventry* alongside Dr Campbell as surgeon superintendent.³⁰

Campbell added another lodge to his medical practice early in 1871. The Oddfellows Lodge Court Queen of the Isles elected him their surgeon on 8 March at their meeting in the Foresters' Hall in Lyttelton. They had attracted 23 new members in the previous six months.³¹ The Foresters held their anniversary dinner that same month, with Campbell sitting at the top table as lodge surgeon.³²

The Presbyterian Church clearly played a prominent part in the life of Dr Campbell and his extended family. The session of St John's Presbyterian Church in Lyttelton appointed him along with the merchant J. Drummond Macpherson to be commissioners to represent them before the Presbytery of Canterbury in support of an application to call for a minister.³³ The session then 'called' the Reverend William McGowan to be their minister, and Campbell spoke in his support when Macpherson and Hunter moved his acceptance.³⁴

At the Presbyterian conference in Christchurch in June 1871 a deputation from St John's Lyttelton, which included Campbell and Macpherson, moved to establish an association for the extension of the Presbyterian Church in Canterbury. The Reverend Charles Fraser was elected its first president and a list of objectives was adopted. Campbell became a leading light in this new association, and took its resolutions to be approved by the Canterbury Presbytery.³⁵ One of their requests was that Presbytery should send to Scotland for a 'missionary preacher' who would visit the Canterbury churches on a regular circuit to promote and expand the church's activities. This proposal was 'warmly supported' and carried unanimously.³⁶

August 1871 started with Dr Campbell attending a gruesome accident on the Lyttelton wharf. A man was leading a horse pulling a rake of railway trucks when the horse bolted. He fell on the track and the first truck ran over him, almost cutting his body in two, Campbell was called and attended at once, but it was a hopeless case and the man died. At the inquest Campbell testified that the man's pelvis had been crushed and his arm almost severed. The main artery of the aorta had been severed and he bled to death within a few minutes.³⁷

Campbell complained to the Lyttelton Borough Council about stagnant 'refuse water' accumulating in front of his house, but the council said it had no money to lay a drain. This gave rise to much discussion, and some councillors pointed out that other parts of the town were in greater need of drainage works. Cr Kenner 'did not believe in making an exception for Dr Campbell'. The problem would have to wait until the council had more funds.³⁸

August 1871 ended with a celebratory dinner in Lyttelton for the Scottish community, to mark the centenary of Sir Walter Scott, and Dr Campbell had been the prime mover of this event. He had gained the support of 30 gentlemen in Lyttelton for a dinner, and called for one in Christchurch as well. However, Dr Turnbull doubted that they could arrange a dinner at such short notice, and Campbell cheerfully suggested that if nothing was arranged in Christchurch they could 'come over the hill' and join the Lyttelton dinner.³⁹ Anyone who took up this invitation would have gone 'under the hill' rather than over it, through the railway tunnel.

Cr Kenner's sawmill on Norwich Quay was the scene of a serious accident in September 1871 when a worker named Edward Morris had a close encounter with a circular saw. He lost two fingers and his hand was almost cut in two. Someone ran to Dr Campbell's surgery, but he was in Christchurch, and Drs Donald and Rouse attended the man. When Campbell returned from Christchurch and examined the man's hand, he recommended sending him to Christchurch Hospital, where it was almost certainly amputated.⁴⁰ Very little could be done to repair such major trauma at that time and infection had potentially fatal consequences.

CHAPTER THREE

CHRISTCHURCH

Campbell began his move to Christchurch in September 1871. He was still a young man, aged only 27, with a growing family. Two daughters and another son were to appear in the 1870s. He advertised that he was available for consultation at Miss Patrick's shop in High Street, opposite the Old Town Hall, from 2 to 3 pm on Wednesdays and Saturdays.⁴¹ In anticipation of his move, he was elected surgeon of the newly-formed Scotch Volunteer Company at White's Hotel at the end of that month.⁴² Then Dr Burrell Parkerson snr announced that he would be entering into a partnership with Campbell from 1 December 1871.⁴³ Campbell reassured his Lyttelton patients that his practice would be taken over by a fellow Scot, Dr Macdonald.⁴⁴ Macdonald also replaced Campbell as surgeon to the Lyttelton Foresters' Lodge.⁴⁵

In November he advertised for a house to rent: 'a house of not less than seven rooms, with stable. Must be near the centre of Christchurch'.⁴⁶ Early in December he advertised that he could be consulted at the house lately occupied by the brewer Mr Deacon on Colombo Street, and that poor people could attend for 'gratuitous advice' between 9 and 10 am.⁴⁷ This would not have endeared him to the rest of the Christchurch medical fraternity, who had agreed on 2s 6d as the standard consultation fee, but it demonstrates Campbell's generosity and concern for the poor.

Then occurred a curious incident which probably did more than newspaper advertisements to bring Dr Campbell to the favourable attention of Christchurch people. A family attended by Dr Turnbull had a child who was having convulsions in the night, but he could not come. Drs Prins, Powell and Patrick were each in turn asked to attend, but said they would not dream of attending one of Dr Turnbull's patients without his permission, as a matter of medical etiquette. A messenger finally reached Dr Campbell, and he consented to attend the child, believing he was acting for Dr Patrick.

An anonymous letter-writer to the *Times* thought this was carrying 'medical etiquette' too far, and asked, 'Are people to be allowed to die because Dr this is not on speaking terms with Dr that?' Campbell then explained that he never refused visiting the sick, 'even though they were the patients of his bitterest enemy', because he went not to oblige the doctor but to help the patient. Even if he had known the family was being attended by Dr Turnbull, he would have attended, but not to act for him, 'because that gentleman has not recognised him as a professional brother'.⁴⁸

Christchurch's medical fraternity was anything but fraternal in this period. Private quarrels and professional jealousies had split them into two or three warring factions. It was true that some doctors were not on speaking terms with other doctors. Partly this

was because there were too many of them even for a growing population, and most struggled to make a good living. There had been quarrels over hospital appointments and even over disputed inquest examinations. Then there was the rift between the newer MDs and the older doctors who had no degree, but only the LSA or LRCP or LRCS. Campbell had been identified with the latter faction. The MDs or 'degree men' who were anxious to improve the status of the profession looked down on the 'diploma' men as being little better than chemists or druggists, even though some of the surgeons such as Prins lacked a degree and owned their own pharmacies.

Turnbull finally explained himself in a letter to the *Press*. He said that Dr Powell had been unwell: 'May a doctor never be a patient?' Long experience with this particular family had taught him to be cautious. The mother was inclined to panic when her children fell ill. He had made many trying night journeys to this family only to find the supposedly sick child asleep. Indeed, when Dr Campbell arrived on this occasion, he found both mother and child were peacefully sleeping.⁴⁹

Lyttelton had not forgotten Dr Campbell, and had reason to be grateful to him in February 1872 when, at a dinner for the crew of the *Waterlily* in the Colonists' Hall, a kerosene lamp was knocked over and set fire to the floorboards. The fire was put out with the 'L'Extincteur' that Campbell had lobbied for after the great fire of Lyttelton in 1870. Once everyone had calmed down, a toast was drunk to the health of Dr Campbell.⁵⁰

Now that he was living in Christchurch, Dr Campbell joined the Acclimatisation Society. This had been founded in 1864 with the express purpose of importing exotic animals, birds and fishes, provided they were useful and not likely to prove noxious. (The importers of rabbits and hares had clearly not thought far enough ahead.) The founders had included two superintendents of Canterbury, Bealey and Moorhouse, Archdeacon Octavius Mathias, Sir John Cracroft Wilson, Edward Jerminham Wakefield (a son of the theorist of colonisation), Dr Julius Haast, founder of the Canterbury Museum, and William Guise Brittan, Commissioner of Crown Lands and former chairman of the Society of Canterbury Colonists. Brittan had himself brought a number of English trees and shrubs with him in 1850 in Wardian cases, and was the first to plant trees in central Christchurch.⁵¹ The Canterbury Provincial Government assigned part of Hagley Park to be an acclimatisation reserve, next to the Domain and Botanic Gardens and beside the hospital. Here the society had built spawning ponds for trout and cages in the Avon River for salmon. Many familiar English birds – sparrows, blackbirds, thrushes, etc – had been introduced. Pheasants had been released but had promptly made themselves scarce. Most of the founders of the society were keen on shooting and fishing.⁵²

Campbell also had to find a Presbyterian church to attend, and attached himself to St Paul's in Cashel Street East. At its annual meeting in February 1872 he spoke warmly in praise of the Sunday school teachers.⁵³ St Paul's and the Acclimatisation Society were to occupy most of his spare time and energy over the next few years. In April he proposed a vote of thanks to the choir at St Paul's.⁵⁴

Anxious to augment his income while his new Christchurch practice slowly grew, he was appointed surgeon to a new Loyal Perseverance Lodge at Woolston in July 1872.⁵⁵ Later in the same year he was elected surgeon to the Perseverance Division of the Sons of Temperance Lodge.⁵⁶ During 1873 he also became surgeon to the Loyal City of Christchurch Oddfellows Lodge and the Hibernian Australasian Catholic Benefit Society, as well as the Canterbury Deutscher Verein, the local German Society.⁵⁷ Campbell was a Mason, but seems to have been a tolerant man, to be accepted by such a diversity of societies. He was certainly growing in self-confidence, not afraid to speak up at meetings. Whether or not he was himself a teetotaler is not known, but he proposed the toast at the meeting of the Hibernian Benefit Society's meeting, and they in turn toasted him with musical honours: Mr Carroll sang 'Cottage by the Sea' and encored with 'Mavourneen'. Nostalgia for the homes they left behind was common to both Irish and Scots immigrants in nineteenth century New Zealand.

Little is known of Campbell's surgery, but a letter to the *Press* from 'Chirurgon' (= surgeon) in May 1873 reveals one detail. The writer was complaining that an amputation had been performed at Christchurch Hospital without two of the consulting surgeons, Parkerson and Prins, being called. Mention was also made of Dr Turnbull's 'formidable' operation to remove an entire knee joint: 'This is nothing new, as the same operation has been performed twice by Dr Prins, and once by Dr Campbell'.⁵⁸

Much more is known about Campbell's contributions to the Acclimatisation Society. By 1874 he was a member of the society's council, rubbing shoulders with members of the Canterbury elite. The chairman was William Rolleston, Superintendent of Canterbury Province for his second term (until the abolition of the provinces in 1876). At the society's annual meeting in January 1874 it was reported that Dr Campbell had helped to release hundreds of magpies and other insectivore birds. When people saw sparrows on grain heads they assumed they were eating the grain, whereas in most cases they were eating caterpillars and insects that damaged the grain.⁵⁹

Campbell took a leading part in a tumultuous special meeting of the Acclimatisation Society in February 1874. The society's Curator since its founding in 1864, Andrew M. Johnson, had circulated a printed list of members in advance of the recent annual meeting, to show who was eligible for re-election to the council. However, this was contrary to the constitution, as this was the duty of the Secretary, Samuel Coleridge Farr, not the Curator. Disgruntled members regarded the newly-elected council as illegitimate and called for a fresh election. They expected the council to resign.⁶⁰

Campbell asked why any council members had resigned, as he had not. Rolleston said he had called the meeting as he was the only one who could not resign. (Laughter and cheers.) Campbell explained that it was because the Curator had circulated a rival list to that of the Secretary. The by-law against private lists was much ignored as there was no penalty attached. (Laughter.) He would say that Mr Johnson had done the right thing in circulating a private list. (Mingled shouts of 'No, no', and 'Hear, hear', followed by cheers.) The vote to resign had been 11 to 5, so the last five were still members of the council.

Dr Turnbull asked if the retiring council had prepared a list according to the rules, or had they not? (Mingled cries of 'No, no' and 'Yes, yes'.) If the Curator was not a member of council then he had no business circulating his private list of members: 'The rule was very clear on that point'. Therefore the recent election had been illegal and no council existed!

Campbell again asked why some members of the council had resigned. The Hon J. T. Peacock said it was because those who voted for the resolution to resign believed that Johnson had taken a very improper course of action. William 'Cabbage' Wilson said he had voted against the resolution to resign because he believed the new council was a very good one, and possessed of more care and wisdom than the old one. (Laughter.) He added that he thought the previous council had been too severe and unjust towards the Curator, who had worked hard in his post for many years and deserved some consideration. A society which received £800 a year from the Provincial Government had to be properly conducted.

Campbell and two others then offered their resignations and a motion was proposed that the society would not accept the resignation of the elected council. (Laughter and confusion.) Campbell then asked, how could they elect a new council when the old one had not resigned? This provoked lengthy and animated discussion. The main bone of contention had been a dispute over the management of the trout spawning race. Some council members had criticised Johnson's supposedly old-fashioned methods. At long last the meeting agreed to elect a new council, and Campbell was one of those duly elected.⁶¹

That same month saw Campbell elected to the finance committee of St Paul's Presbyterian Church. He reported that he had ordered 200 metal communion tokens, and had donated 26 books for the use of the church. He was formally thanked for his generosity. Later in the meeting he moved that the finance committee be authorised to call for subscriptions and proceed with the building of a new church 'with all convenient speed'.⁶² Plans for the new church had been much-admired, and Campbell became one of its most enthusiastic promoters, but fund-raising went very slowly, and as the congregation grew it was felt that the proposed building would be too small. New plans for a grand classical design were drawn up by the architect Samuel Coleridge Farr (a fellow council member on the Acclimatisation Society) which some critics (including John Anderson) thought was too big and too expensive in brick and stone. They suggested a cheaper wooden building. Campbell preferred permanent materials.

Though the city council had set up a small number of street lamps in the 1860s, Christchurch was still a poorly-lit city in the 1870s, and Campbell complained that his end of Colombo Street was very dark at night, when patients might need to call him to an urgent case. He also complained about the scarcity of chimney sweeps in Christchurch. But the city council declined to erect a street lamp outside his house.⁶³ He therefore offered to erect and keep a lighted kerosene lamp outside his house at his own expense, if the council would supply the lamp. The Lighting Committee agreed to this with alacrity.⁶⁴

Campbell was assiduous in his attendance at meetings of the Acclimatisation Society and in May 1874 helped approve the importation of partridges and golden plovers along with 100 hedge sparrows, 100 thrushes, 40 pairs of goldfinches, 100 blackbirds, 40 pairs of redpolls and 50 pairs of linnets.⁶⁵ In July he moved for the appointment of three new rangers in South Canterbury, but in August he opposed importing more salmon from California, saying it was better to let the ones they had mature properly. On the other hand, he proposed the importation of leeches for use by doctors, as there had been requests for a different kind of leech from the one currently in use in Christchurch.⁶⁶ Nineteenth century doctors still believed in the benefits of judicious bleeding and leeches were often used for specific parts of the body, especially the head.

He also attended meetings of the Woolston Oddfellows Lodge as its surgeon, and the annual dinner of the German Society, where many songs were sung in German, together with speeches and toasts. He made a brief speech in reply to the toast to the surgeon.⁶⁷ We do not know if he spoke German, but many Scots seem to have better facility with foreign languages than the English.

Though Campbell chose to live in Christchurch, he may have been instrumental in securing a doctor for the Ellesmere district in 1874. Dr Henry Chapman was a new Edinburgh graduate when he came to Canterbury and Campbell appears to have helped him get established, attending his first consultations at Leeston and Southbridge in September and October that year.⁶⁸ Dr Chapman was soon appointed public vaccinator for Ellesmere and surgeon to the Canterbury Cavalry Volunteers (forerunners of the Canterbury Yeomanry Cavalry). He was also involved in the St John Ambulance Association before his untimely death from appendicitis at the age of 42 in 1886.⁶⁹

Campbell's importation of leeches was criticised in an anonymous letter to the *Times* as self-interest, as he had his own druggist's pharmacy and could expect to turn a profit by selling them to other doctors. He had not replied to the letter, as he regarded anyone unwilling to sign their name to a letter as a coward, but the council of the Acclimatisation Society strongly supported him. The leeches were purchased at Campbell's own expense and were being brought out to New Zealand by Dr Henry Bills. They would not be sold from his pharmacy but by the society, which could expect to keep any profits. At this same meeting it was revealed that Dr Campbell and the Curator had arranged for the construction of additional salmon cages to be placed in the Avon River.⁷⁰

Since joining the Acclimatisation Society, Campbell had become increasingly interested in pisciculture (the breeding of fish) and had acquired several books on the subject. The new salmon cages appear to have been his own pet project, and made at his own expense. These cages were initially placed a few metres below the Victoria Bridge with eight fish inside them. After two weeks they were to be taken down to the Estuary for release into the sea. By the time of their release the fish had grown and improved in appearance.⁷¹

However, the Acclimatisation Society faced financial problems with the imminent demise of the system of provincial government. It had relied on a generous annual grant, but after 1876 it would have to rely on subscriptions. In November 1874 the treasurer, J. P. Jameson, warned that many subscriptions remained unpaid and some members had halved their contributions. They would no longer be able to employ a curator and he moved that Johnson be given notice from 31 December next. Campbell objected to this motion, saying that such an important resolution required a notice of motion to all council members. Sir John Cracroft Wilson agreed with him, and, thus encouraged, Campbell spoke 'at length'. Dismissing the curator would be tantamount to winding up the society. Johnson was an old and faithful servant and he would be hard to replace. Campbell admitted that some of their experiments with fish breeding had not been successful but he blamed this on dirty water. Jameson thought they should release the rest of the salmon, but Campbell and Wilson moved to retain them, and this was carried only by the chairman's casting vote.⁷²

At the society's annual meeting in January 1875 Campbell topped the poll for council with 41 votes: the Hon J. T. Peacock and the politician and former Premier Edward Stafford tied with 38, and Sir John Cracroft Wilson came close behind with 37. Jameson was not re-elected. Samuel Coleridge Farr was re-elected as secretary-treasurer. Campbell was now 31, the youngest member of council, and by far its most active member.

He was by now an accepted member of Christchurch's social elite, appearing at the top table for two farewell dinners to early settlers who were departing on visits 'Home'. William Boag, the pioneer farmer of Burnside, departed in January 1875, and John Anderson, Christchurch's first blacksmith-engineer, departed in February. They were both leading members of the Scots community.⁷³

Ironically for a leading member of the Acclimatisation Society, and a keen fish breeder, Campbell appeared in the Magistrate's Court in February 1875 on a charge of fishing without a licence in the Domain. He had been seen fishing from a boat. Campbell admitted fishing from a boat, but submitted that the river was not part of the Domain but was public property belonging to the Crown. He had a licence to fish in the river. He knew there was a sign in the Domain prohibiting trespassing with dog, rod or gun but he insisted that this did not apply to the river. However, the magistrate quoted from the Canterbury Domains Act of 1872 which gave the Domain Board exclusive rights over all animals, birds and fishes within their boundary, and concluded that this included the river.

Campbell argued the point further and said that his licence was issued under the authority of the Crown. The magistrate reminded him that there were parts of the river passing through private property where he could not fish. Campbell said he thought he could, unless the owners also held riparian rights, as in England. The magistrate sharply replied, 'Certainly not'. Campbell then complained that the by-law should have been posted on the river as well as at the gate, but the magistrate would not accept that as an

excuse. He might just as well argue that a licence for shooting in certain months of the year gave people a right to shoot in the Domain. He then fined Campbell 20s.⁷⁴

The next case was also about illegal fishing in the Domain. Mr Deacon and his son also argued the point, claiming that the old Domain Board had resigned, so their by-laws had lapsed, but the magistrate disagreed, saying that it was the Superintendent's approval which made it law. Deacon then said he wasn't actually fishing but only carrying his son's rod. He added that he had been insulted by Mr Armstrong and the men employed by the Domain Board. The magistrate said he would have to make a complaint to the board about that, but the by-law was plain, and he fined Mr Deacon 10s.

The Acclimatisation Society's council held a meeting the very next day and agreed to refund 10s each to Dr Campbell and Mr Deacon, saying that their fishing licences ought to have specified the prohibited parts of the river. Steps would be taken to ask the Superintendent to throw open the whole of the river in Hagley Park and the Domain for recreational fishing. But the council also resolved to ask the Superintendent to close a number of smaller Canterbury rivers to fishing to allow the trout stocks to increase.⁷⁵

Rather than risk further fines before the end of the season, Dr Campbell took himself off to the Shag River near Palmerston in Otago Province, where he landed five fine brown trout, one weighing eleven pounds (4.9 kg). He had tried the fly during the day, but in the evening he put out a spinning minnow and got two rises. One of these was the large trout which he played for three quarters of an hour before landing it with assistance from Mr W. A. Young. It was 2 feet 9 inches in length (0.8 m)⁷⁶

However, he had much less luck with his imported leeches. Dr Bills was bringing them on the ship *Tintern Abbey* along with several hundred English birds. The ship was overdue when it arrived in May, and Bills had to report that while nearly all of the birds had survived the voyage, all of the leeches had died on one stormy night in the tropics.⁷⁷ Campbell would have been seriously out of pocket from this failure.

Campbell's career took a sudden turn for the better in May 1875. The resident House Surgeon at Christchurch Hospital, Mr Burrell Parkerson jnr, died from typhoid fever after a short illness. He had been overworked with a hospital full of typhoid cases, and by the time he agreed to go to bed his illness had become very serious. He was delirious and insensible for several days, eventually dying. As most of the Christchurch doctors were still in a dispute with the hospital board, and refused to help, Campbell had been asked to attend to Parkerson, but he was too late to save him.

Desperate for a resident House Surgeon, the Government offered Campbell two guineas a day (£2 2s) if he would sleep in the hospital and take over Parkerson's duties.⁷⁸ He agreed, assuming that his young wife could cope with the children, or perhaps expecting that his mother would travel in from Southbridge to help. This arrangement lasted for nearly a month, and must have been a useful windfall for Campbell, though he would

have lost income from his own patients. The nursing staff found him a likeable and efficient House Surgeon, and the board later remembered his willingness to help. But he was young, and not on speaking terms with some of the local doctors, so the board finally appointed Dr Guthrie to replace Parkerson, and he was soon followed by Dr Robinson and then Dr Hayes, who lasted only five months. It was not a popular post.

He could not have been too busy at the hospital, for Campbell still found time to attend meetings of the Acclimatisation Society. In July he proposed that the society import a variety of birds and animals from Western Australia, but nothing seems to have resulted. He also moved that a sub-committee wait on the Curator and extract from his private copybook all letters relating to the business of the society. He was to be instructed to keep his private letters separate in future and copy the society's letters into its own letterbook.⁷⁹

This was the opening salvo in a battle between Campbell and the Curator, Andrew M. Johnson, which finally ended with the latter's dismissal. Newspaper reports in July and September reveal in detail that the substance of the quarrel was the Curator's overspending at a time when the society was facing financial decline, and his tendency to act without approval from the council, or even against its decisions. The secondary bone of contention was the dispute between Campbell and Johnson over the proper methods for fish breeding. Campbell had given the Curator a new paper on setting the water temperature in the breeding boxes, but Johnson had ignored this and persisted with his 'old-fashioned' methods. Campbell also charged Johnson with a gross overestimate of the eggs obtained from stripping ova from female salmon. The real figure was more like 7,000 rather than the Curator's 17, 500. Campbell said he blamed all his failures on the council, yet he kept poor records, laid the eggs too thickly in the boxes, had even sent 30 eggs to America without permission, and had mixed the young trout and salmon which meant the young salmon had been killed. Campbell gave notice of motion that the services of the Curator be dispensed with.⁸⁰

Johnson had responded with a lengthy paper, 'Replies to Accusations made by Dr Campbell', and Campbell had made a long speech refuting most of Johnson's claims, but the next meeting was adjourned without making a decision. Campbell had said that despite all their expenditure over the years they had only weeds in the Gardens and a few mongrel pheasants: 'The best-kept part of the grounds being the Curator's own garden'.

A letter from David Nairn in early September was critical of Campbell's stance. Campbell had claimed that the Curator had held the society up to ridicule: 'I may tell Dr Campbell that he was held up to ridicule by the most practical men in the place before he was a member of the Garden committee, when he made such a statement that a grain of corn would choke a house sparrow'. The Acclimatisation Society could not expect any more grants from the Provincial Government and would have to rely on public subscriptions: 'I know that a great number of the thinking public would not subscribe money simply to be thrown away by Dr Campbell's theory, which seems to be plagiarised'.⁸¹

The crucial meeting was held on 10 September. Campbell wanted it understood that the dispute with the Curator was a public and not a personal matter. Thomas Wallace recited the charges against Johnson on behalf of the Gardens Committee, and S. C. Farr added his own observation that the Curator did as he pleased and often ignored the committee. The Society had lost several valuable members because of the Curator's behaviour. [Notable among these were Dr Nedwill and the naturalist Thomas Potts.] The Curator had a salary of £150 a year and a free house and garden. The society had a public duty to perform, and he felt very strongly that unless the Curator went, he, Farr, would go.

Colonel Packe agreed with Farr, and said that he had heard similar stories about the Curator's behaviour from dozens of people, both in town and in country districts. Johnson's statement of defence was read out in full. He blamed all the fish breeding failures on Campbell's interference, changing the temperature of the water and increasing the flow of water through the boxes. He accused Farr of constant criticism over the years, putting the Curator in a bad light. The ova sent to America had been part of an exchange, authorised by the council some years before. Constant interference by Campbell and Wallace had upset all his own careful arrangements. Campbell had put young salmon in salt water when they should have been kept in fresh: it was remarkable that they had any left at all. He had watched Campbell extracting ova and squeezing the fish too hard, thus damaging them. Until now, he had always been on good terms with Campbell and Wallace, but they now seemed determined to be rid of him.

Campbell's motion was then passed, with not a single voice against. So Johnson was given the sack, and it had been largely Campbell's doing. Johnson had been Curator for ten years and had made several overseas trips to bring birds and fish ova to Canterbury. He had always had to contend with members who thought they knew more than he did. Johnson was entitled to a month's salary in lieu of notice, but Campbell moved for a quarter's salary. He could afford to be generous, having won.⁸²

At the next meeting of the society's council, a letter from Dr Nedwill said that now that the Curator had been dismissed he would rejoin, and enclosed a guinea as his subscription. Farr told the meeting that Messrs Jameson and Barker had also told him they would rejoin. There were twenty applications for the Curator's position, and Thomas Wallace was appointed from the Gardens Committee. Campbell then moved that the Superintendent be asked to throw open the whole of the Avon River for fishing including the part flowing through the Domain. In a lengthy report Campbell said that nearly all the trout ova had hatched and were looking healthy. He suggested that 100 young fish be given to the Ilam and Riccarton estates for release into their streams. He was pleased to report that the Provincial Government had granted the society £300 to obtain more salmon from California.⁸³

It was then revealed that Campbell had imported an ice-making machine to produce cool water for the fish-breeding ponds. This machine was now owned by a Mr Perkins, an aerated waters manufacturer in Colombo Street. He proposed to make 12 cwt (65 kg) of ice each day during the coming summer.⁸⁴

Meanwhile Campbell was still on the committee of the Presbyterian Church Extension Association, which had now been going for four years. He was also re-elected to the finance committee of St Paul's Church, which had endorsed Farr's plans for a new church in the Greek classical style capable of seating 1,200 people.⁸⁵

The success of the trout breeding programme meant that hundreds of young fish were being supplied to large landowners to stock their streams and rivers, making Campbell a popular figure among the province's anglers. He moved that 500 young trout be liberated into the Avon River, and another 500 sent to country streams. In reply to a critical letter in the papers, Campbell said that he had caught five dozen trout that year with the fly, and had derived more enjoyment from the sport than when fishing in streams in Scotland. He thought New Zealand was capable of breeding very good quality river fish.⁸⁶

Little is known of his medical practice in these years, but one incident stands out, and it probably dented his popularity for a while. Dr Nedwill had asked him to assist with an operation for stricture of the urethra on Robert Bell Thompson, a railway labourer from Lyttelton. Nedwill had operated on him a year earlier, with Campbell administering the anaesthetic, and he had been treating him as a private patient since then. On the previous occasion Thompson had struggled a great deal as the chloroform was being administered, but he had recovered well from the operation. Nedwill now wanted to examine the urethra under chloroform. Thompson said he had been well all year, and had never felt better. He had requested chloroform again.

Campbell administered the chloroform while Nedwill prepared his instruments. Campbell sprinkled some chloroform on a towel and held it over Thompson's face for 8 to 10 minutes. Then the patient began to plunge about on the bed, and Nedwill came to hold his wrists. He got one arm free and pulled the towel off his face. Campbell sprinkled more chloroform on the towel and applied it to Thompson's nostrils for two or three minutes, then noticed that his pulse had stopped. Nedwill immediately started artificial respiration, but without success. Someone was sent to fetch Dr Powell, and he helped the attempt at resuscitation, but by then Thompson was dead.

A post-mortem examination revealed that Thompson's heart had been 'extremely flaccid' and thin-walled. All his other organs were healthy. It appeared that he had suffered heart failure while struggling against the anaesthetic. From what remained in the bottle, it was apparent that only a very small quantity of chloroform had been used. The Coroner noted that there was always an element of risk with anaesthetics, and a certain small percentage of deaths could be expected. His verdict was 'Accidental death'.⁸⁷

Had Campbell pressed the towel too firmly the second time and inadvertently suffocated Thompson?

Adverse comment followed from Dr John Steele Park, who was briefly in partnership with Dr Townend. Park wrote that Nedwill or Campbell ought to have listened to the patient's heart with a stethoscope, and any weakness detected would have indicated

that chloroform was unwise. He personally preferred giving the patient beef tea and brandy beforehand, to make it safe to administer chloroform.⁸⁸ However, the weakness was in the walls of the heart, not in the valves, where any irregularity could have been heard. It was just one of a handful of deaths under chloroform noted in Christchurch in these years. Hundreds of operations were performed with chloroform with no ill effects.

After two years of fund-raising the congregation of St Paul's Presbyterian Church at last had enough in hand to launch its rebuilding programme. As chairman of the Finance Committee it was Campbell who gave the green light to proceed in June 1876, 'with all convenient speed', but he was not on the Building Committee that supervised the work.⁸⁹ The new church was opened in October 1877 and survived until it was badly damaged in the 2011 earthquake and had to be demolished.

Campbell was still busy arranging the distribution of salmon ova for the Acclimatisation Society and in July announced another grant from the government for their importation. At this same meeting a resolution was passed to import 'Humble bees' to help with the pollination of clover crops in Canterbury. Dr Nedwill favoured a bounty on hawks, as they destroyed a great quantity of birds and game.⁹⁰

Campbell participated in a hare drive in Hagley Park in July 1876 which netted a dozen hares. Others were killed by the dogs that helped chase them. The hares had been damaging young trees and shrubs in the Domain. The Acclimatisation Society then offered the hares to the Hunt Club for use in their country hunts. The Hunt Club gladly accepted them but never paid for them. At a meeting in August Campbell declared that he would never have helped if he had thought that the Hunt Club would refuse to pay for them.⁹¹ On his urging, the society took the Hunt Club to court, but lost, as there was no evidence of a contract.

Campbell and Wallace were on hand at Lyttelton to greet the arrival of the salmon ova on the mail steamer *City of New York* in November 1876. They had requested a special insulated railway waggon to take the boxes through to Christchurch, and thence by carts to the Domain. Campbell personally guaranteed the £5 fee for the train, which was cheap, as it also carried the overseas mail. Scarcely a bad egg was visible, but they started to hatch quickly and there was not enough ice on hand to lower the water temperature. Even so, an estimated 100,000 salmon ova survived, and several boxes were sent on to southern towns.⁹²

A special meeting of the Acclimatisation Society in January 1877 agreed to reduce the size of the council from 19 members to 12. This meeting heard that Campbell and the Curator, Thomas Wallace, had spent several days catching ripe female trout in the Avon River and stripping out their eggs. The meeting passed a hearty vote of thanks for this work.⁹³

Campbell moved house in April 1877, but not very far. He went across the road to become a neighbour of Dr Frankish in Colombo Street South.⁹⁴

Several of the reports of accidents and sudden deaths in these years show that Campbell arrived too late to save the patient. A typical case was that of an old man in Waltham who suffered a fit, and although Campbell arrived quickly the man died before he could be taken to the hospital. He had been drinking heavily, according to the neighbours. Campbell conducted the post mortem examination and found that he had died from apoplexy (stroke).⁹⁵

A more gruesome case was that of a farmer from Harewood Road who had been gored by a bull. The right side of his face had been torn away and the right eye forced out. He was still conscious when Campbell reached him, and Dr Bell Hay helped to stop the bleeding before they took him to the hospital. He had lost part of his right jaw, and there was a great deal of stitching to be done, but he must have had a strong constitution for he was soon out of danger and survived, though disfigured for life.⁹⁶

CHAPTER FOUR

THE MACKAY LEGACY

A court case in the middle of 1877 was to be a turning point in Campbell's career, and a serious blow to his reputation. This was described by Mr Justice Williams as 'a somewhat peculiar' case, and the circumstances 'of a somewhat extraordinary character'.⁹⁷

Campbell had been treating a bachelor farmer at Leeston, Robert Mackay, for the previous three years, for rheumatic heart disease. Mackay had come to town to live as a boarder in Gloucester Street West with Miss Rebecca Patrick ('who takes in invalids') so that Campbell could keep a closer eye on his patient. Mackay died on 6 August 1876, and the night before he died he gave Campbell a deposit note for £500 at the Bank of New Zealand, with a cheque for the same amount, as well as a bill of exchange for £50, owed to Mackay by one James Hogg. This was in appreciation of Campbell's care for him and as payment for unpaid medical fees over the previous three years.

Mackay's executors were his solicitors, James McConnell and William Todd. Campbell handed over the BNZ deposit note and the bill of exchange, expecting them to realise them and pay him £550. They duly realised both amounts, but gave nothing to Campbell.

Campbell presented the cheque at the BNZ but it was declined as the signature was 'unlike' the specimen they had on file. After months of waiting, Campbell then served a writ on the executors for £550, also claiming interest and the cost of the action. He also sought an injunction to prevent them from spending the estate, or such part of it that would prevent payment of his claim.

After a preliminary hearing on 1 June 1877 the case was heard at a civil sitting on 30 July. The defence lawyers, Thomas Joynt and Alan O'Neill, had been Mackay's legal advisers in his last weeks. Campbell claimed that Mackay had told him that O'Neill had settled his affairs, except for a sum he was going to give Campbell for his attention over the years. He had given Campbell the BNZ note and the bill of exchange, telling him to put them in the bank and his executors 'would see it all right'. Campbell asked if he was sure he wanted him to have this money, and Mackay said yes, in front of Miss Patrick. Mackay said he had left his mother well provided for, and his sister would get it all when his mother died.

After failing to get the cheque cashed at the BNZ, Campbell had called on Joynt three or four times, but he was never available. Asked what medicines Campbell had given Mackay, Campbell said he had prescribed squills as a diuretic, digitalis, paregoric for his cough, as he had lung disease as well, poultices on his chest, and plenty of beef tea. The digitalis was given as five to ten drops per dose.

Campbell said he had no inkling of Mackay's gift until the Saturday before he died: 'it was a pleasant shock', and yet not surprising as he was 'a very generous man'. Once before he had given Campbell a gold pencil case worth 6 guineas after paying an account for £60 or £70.

When asked about Mackay's condition before he died, Campbell said he had been calm and sensible but not quite coherent. He was not at all delirious. He had seemed better on the Saturday, and Campbell was surprised to hear he had died. Mackay's closest friends Mr and Miss Russell had come to visit him, but Campbell had excluded them as 'they excited him too much'. He had asked Miss Patrick to keep Mackay as quiet as possible.

Miss Patrick confirmed this, adding that Mackay had stayed with her twice in the previous few years, when his illness had worsened. Dr Campbell had called frequently, and Mackay had spoken to her about giving Campbell a cheque for his past services. Campbell had asked him if he had provided for his mother and sister. Mackay at the last had said he did not want to see the Russells, but only Dr Campbell, the Reverend Fraser, and his solicitor, Mr O'Neill. Miss Patrick had come out on the same ship as the Campbells: 'they have always been my friends'. When Mackay knew he was sinking he gave Miss Patrick his gold watch and said, 'That is for you'. She had put it under his pillow. But after his death it was taken by his executors, along with his other possessions, and McConnell had sold it.

Joynt at this point remarked, 'Executors are hard-hearted mortals'.

Dr Thomas Bell Hay then testified that he had seen Mackay on 4 and 5 August. Mackay was suffering from pericarditis (inflammation of the fibrous sac surrounding the heart) and was very weak, propped up by pillows. He also had congestion of the lungs. His pulse was very quick and irregular. Digitalis strengthens the action of the heart and was 'a very proper thing to give him'.

Alexander Back, Commissioner of Stamps for the Canterbury District, testified that Mackay's estate had come in at under £3,901 and duty had been paid on this amount, £515, from the cash in his BNZ account.

Joynt then questioned Robert Russell, a former publican, who said he had been an intimate friend of Mackay for the past decade or more. He had last spoken to Mackay on the Thursday before he died, and Mackay said he had lost faith in Campbell and knew his condition was worsening. When Russell taxed Campbell with this, he had said 'you had better clear out and see him no more'. Russell went on to say that Mackay was not in his right mind that evening and was seeing wool bales on the ceiling. He told a coat hanging on the door to leave the room. Mackay came from Northern Ireland and was 'a very honest man', but he was also very hard, 'couldn't be harder'.

Campbell's lawyer George Harper questioned Russell closely, and Russell admitted that Mackay had left him £100 in his first will, and a like amount for Russell's sister. He had not known about his sister's legacy until she got it. The implication was that by

excluding the Russells Campbell had prevented them from persuading Mackay to think better of them in his will.

The next witness was John Gallen, a cattle dealer, who had known Mackay for about six years. When he was in his senses, Mackay was 'a very shrewd man', and a hard one, who always drove a hard bargain. Gallen claimed that Mackay had lost faith in Campbell and had asked if he could get another doctor. Gallen said he had never seen Mackay give money away when he was sober.

The court was then adjourned, and resumed next day, 31 July. Joynt began by saying that he wanted to bring up some new issues, but the court was stunned when Campbell's lead lawyer Thomas Duncan stood up and said his client had elected to be non-suited.

This meant that Campbell was dropping the case, and the nine points the judge had posed as questions for the special jury would not be heard. Joynt protested that he could not do this: he obviously wanted the jury to decide. But Mr Justice Williams said Campbell's lawyer had a right to apply for a non-suit at any time: 'You must take a non-suit on all the issues, and not some of them'. Duncan agreed with this. Joynt still wanted to argue the point, but the judge insisted that the non-suit stopped all proceedings. The non-suit was entered and the jury was discharged.

Why had Campbell suddenly decided to drop his case? Was he afraid that the jury would be persuaded by the defence and that he would lose the case? Unfortunately, this left the public wondering if he was guilty of some sort of offence. The damage to a professional man's reputation by leaving such questions hanging in the air was considerable. At very least it was a serious error of judgement to accept the gift, and another one to drop the case.

Campbell's medical colleagues were in no doubt that he had stepped over a line when he accepted Mackay's promise of monetary compensation. It was an unwritten rule that ministers of religion and medical men should not accept deathbed gifts as this would leave them open to accusations of undue influence on a person in a vulnerable position.

The medical and surgical staff attached to Christchurch Hospital drew up a memorial to the government, asking for Campbell's removal from the hospital staff, on the grounds of a gross ethical breach. This was signed by Drs Deamer, Doyle, Frankish, Hay, Nedwill, Powell and Turnbull. Prins refused to sign. The memorial was sent to Wellington on 4 August, but weeks went by and nothing happened. Finally, in early October, the hospital's honorary medical staff resigned as a body, refusing to work alongside Campbell.⁹⁸

This jolted the government into action. When the Hon William Robinson asked in the General Assembly whether the Government intended taking any action on the doctors' memorial, Dr Pollen said the delay had been caused by certain papers having been mislaid. (This was a standard official excuse for inaction.) The Legislative Council immediately took steps to appoint a Royal Commission to enquire into the matter.

Campbell had also asked for a full inquiry, and had undertaken legal proceedings against William Robinson for statements made against him in the House.⁹⁹

The doctors' resignations left the hospital with just two medical men: Campbell and Prins. Campbell was carrying on, despite the controversy now swirling around him. On the very same day as the announcement of a Royal Commission, he operated on a carpenter named Charles Hill for cancer of the tongue. This was a very delicate operation under chloroform, and was observed by Drs Parkerson snr, Macdonald, Prins and Symes. After recovering from the anaesthetic, Hill was said to be doing 'remarkably well'.¹⁰⁰

On 8 October 1877 it was announced that Dr Campbell had retired from active duty as a surgeon at Christchurch Hospital pending the outcome of the official inquiry into his acceptance of a gift from a dying patient. The Colonial Secretary had accepted his request to step down.¹⁰¹

Then on 15 October the newspapers published his letter to the Hon C. C. Bowen, which asked for a copy of the doctors' memorial to the Government. Campbell said that as his private and professional character had been openly and publicly brought into question, he felt entitled to an explanation from the memorialists. He said he had acted all along with 'the most perfect conscientiousness', advised by his lawyers, Thomas Duncan and George Harper. Since it was the Government that placed him in his position at the hospital, he felt entitled to know what the Government intended to do. If the allegations proved to be true, he would feel obliged to resign.¹⁰²

The Government responded quickly. Sir George Grey said that a Royal Commission would be appointed to enquire into the dispute between Dr Campbell and the staff of Christchurch Hospital. A copy of the doctors' memorial had been sent to him. In the meantime, Dr Powell had agreed to act as resident House Surgeon, with Dr Prins in charge of surgical cases and Dr Parkerson snr as consulting physician.¹⁰³

The Royal Commission sat in private for several weeks and its decision was not reported to the newspapers until January 1878. The commissioners were Dr Frederick Skae, Inspector of Asylums, Caleb Whitefoord and Edward James Lee, the latter two both magistrates. They had collected 'very voluminous evidence' from a long list of witnesses and had found Dr Campbell guilty of 'improper and unprofessional conduct, calculated to lower the status of the medical profession'. His work at the hospital, and as surgeon to the Addington Gaol, had been found satisfactory.¹⁰⁴ When asked if he had any complaint to make about Campbell's work at the Addington Gaol, Dr Nedwill had assured the commissioners that he had none to make.¹⁰⁵

An editorial in the *Press* on 9 February noted that the charge of unprofessional conduct had been sustained and that Dr Campbell intended to resign his hospital appointment. However, the editor observed, the matter ought not to end there. 'Unprofessional conduct' was a very vague term, and almost every doctor in Christchurch had occasionally been guilty of it, at least in the eyes of his colleagues: 'Probably there was never a time when the medical men were not sending one another to Coventry on the

ground of alleged professional misbehaviour'. Whether or not Dr Campbell had offended against the rules of etiquette of the medical profession was not a matter for public concern. But the case alleged against him was far more serious, 'involving imputations of the grossest dishonesty and even of actual crime'. Campbell claimed he was exonerated from the most serious charges, but the report needed to be made public so that people could make up their own minds about his reputation.¹⁰⁶

Campbell wrote to the *Times* with his own comments on the Royal Commission. On the charge of professional misconduct he was found guilty, and the Government had asked him to resign, which he had done that day. But the other charges of dishonesty and fraud had been dismissed: the commissioners had 'exonerated me from all such implications'. Campbell admitted that the acceptance of money at a death bed by a professional man, medical or clerical, 'must always be liable at least to misapprehension'. However, 'an unprofessional act committed unintentionally, and which must be analogous to an error of judgement, must be clearly distinguished from the disgraceful dishonesty and crime' that the doctors' memorial had imputed to him. He wanted the report to be published in full.¹⁰⁷

This letter prompted a stinging editorial in reply from the *Times*. The editor accused Campbell of trying to 'gloze [gloss] over the serious nature of the Commissioners' findings, and to put a misleading interpretation upon it'. Campbell claimed that the charge of professional misconduct was added later, when in fact it was the main charge by the other doctors. They accused him of a breach of professional integrity, but they made no charges of dishonesty or fraud. The latter was Campbell's own summary of the witnesses' evidence at the inquiry. If their testimony raised that implication, 'so much the worse for Dr Campbell'. Campbell claimed he was only guilty of an 'unintentional transgression', or an 'error of judgement'. But if that were so, why would the Government ask him to resign?¹⁰⁸

The doctors' memorial had in fact said, 'the public looks upon a hospital appointment as a guarantee of professional integrity', and a man convicted of improper conduct was not fit to continue on the staff. Taking money from a death bed must always be open to suspicion: Campbell should have declined it altogether. The editorial concluded: 'The law of the land sets its face against gifts by dying men for ecclesiastical or charitable purposes, as they may often be procured by undue influence'.

The Mackay legacy had been an unmitigated disaster for Campbell. He lost his salary as House Surgeon at the hospital, and was now shunned by almost all the other doctors, except, it seems, Prins and Townend. Despite all his energetic work for the Acclimatisation Society, that bastion of the Canterbury elite seems to have shunned him too, as no further reports appear in the newspapers of his attendance at council meetings. His little pharmacy seems to have gone under for lack of customers, and when he approached Cook and Ross to hire a consulting room they turned him down.¹⁰⁹

His private practice must have suffered a sharp downturn as people avoided him, and even the Coroner, Dr Coward, gave an inquest to another doctor even though the deceased had been Campbell's patient. Campbell wrote an indignant letter to the *Press* in June, commenting on this case. Coward had assured him on a previous occasion that 'by all the laws of courtesy' the last medical man in attendance was the proper person to give evidence at an inquest. Campbell said he knew that 'this scion of truthful integrity [Coward] 'had joined the *clique* by the methodical manner in which he set himself at the position of "eyes front" whenever he got a glimpse of my buggy on the street'.¹¹⁰

The Ancient Order of Foresters showed him greater sympathy, and in July 1878 elected him an honorary member, and presented him with a ribbon.¹¹¹ The German Society also invited him to their seventh anniversary dinner that month, at the Wellington Hotel, where a toast was proposed wishing him good health. In reply Campbell said he was proud to have been their first surgeon, and added that 'He had always tried to do his best. He was afraid he could not please everybody, but as long as the society continued their confidence in him he should do all in his power to serve them'.¹¹²

Campbell's resignation from the hospital staff had prompted a major reorganisation. The Government decided to appoint a Medical Board to manage the hospital, and in March 1878 appointed Drs Deamer, Doyle, Frankish, Hay, Nedwill and Powell to form it.¹¹³ The conspicuous absentees from the old board were Turnbull and Prins. Drs Symes and Prins were added later. The board was issued with a minute book, but kept no minutes, and when at a later inquiry the Government asked to see the book it could not be found.¹¹⁴ The doctors could not agree on a chairman, and asked Dr Turnbull if he would join them to be chair of the honorary medical staff, and he agreed. In May he advertised for a new House Surgeon, and a new house steward, but had no takers.¹¹⁵ The Dispenser, Mr Pridgeon, was appointed acting House Surgeon, and remained such for seven months. He had been a vet, but had no surgical qualifications.

Having failed to agree amongst themselves, the honorary medical staff asked the government to appoint a lay board to control the hospital's administration and domestic matters. The Government obliged in July, appointing the Mayor of Christchurch, Henry Thomson, as chairman, with the Mayor of Sydenham, George Booth, and the politicians William Montgomery and J. Evans Brown. Dr Turnbull was the only medical member.¹¹⁶ A newcomer, Dr Maurice Chilton, was finally appointed House Surgeon, in November 1878.¹¹⁷

However, relations between the Hospital Board and the honorary medical staff did not improve, and in November 1878 Dr Turnbull was especially defiant during a visit by the Colonial Secretary. He demanded that the staff appointments be made for life, but the Government naturally refused this bizarre suggestion. Instead, their appointments were cancelled and the board went ahead to advertise for new staff in March 1879. Eleven tenders were received, but when opened six were blank: these were protests from the

'old staff'. The five remaining applicants were Drs Campbell, Ellis, Mark, Patrick and Prins, and they were duly appointed.

At once, the latter four resigned, refusing to work with Campbell because of his being found guilty of professional misconduct in 1877. Dr Chilton also resigned as House Surgeon, but remained on the staff. The board then appointed Dr Moritz Mark as House Surgeon. He had an MD from Berlin, but his homeopathic methods were strongly criticised by Chilton. Mark committed suicide in May 1879. The board hastily reappointed Chilton, but after a breach of confidentiality they demanded his resignation in July.

At this stormy meeting on 2 July Chilton accused the board chairman, Henry Thomson, of telling people that he, Chilton, wanted to leave the hospital to set up in partnership with Campbell. Thomson said that this was 'a matter of common rumour', and that Dr Turnbull had said so to a number of people. Turnbull had also said that Chilton was not the man to keep his agreement when there was no legal tie to bind him. Chilton said he knew the rumour had come from Turnbull, and that if he did not resign from the hospital Turnbull would have him turned out. Thomson saw this rumour as damaging to himself and to Dr Campbell. Chilton's letter asking to be released from his contract had contained 'some strong personal references' to board members. The board finally agreed to let him go.¹¹⁸ Mr Pridgeon the Dispenser was again formally appointed House Surgeon.

Still resentful that the other doctors had made such a fuss over something which he himself regarded as a momentary lapse of judgement, Campbell had found a new role as surgeon to the Railway Benevolent Society, which voted him £50 in March 1879 for attendance on its members.¹¹⁹ He also renewed his relationships with the lodges, presenting 'a handsome goblet' for the Friendly Societies' Baby Show on Easter Monday and making a speech at the Woolston Oddfellows' Lodge 'Loyal Perseverance' that same month.¹²⁰ He was elected medical officer to the Oddfellows' Benevolent Lodge, and the Foresters' Court Star of Canterbury.¹²¹ He was even consulted by Dr Chilton about some fishing tackle he had brought out from England, so his reputation as an expert angler had not suffered from the Mackay affair.¹²²

By June 1879 it was reported that the Railway Employees' Benevolent Society owed Campbell 'something like £100' for his services, but his performance was not without its critics. One member said that Campbell 'treated the men as if they were paupers, and came or stayed away as he liked'. He thought the members should be free to choose their own doctor and send the account to the committee. Another member said that he knew of Campbell's refusing to attend a member's sick wife, and it was said of Campbell that he expected patients to provide their own lint and silk thread to sew up a cut. One member said he had heard that Campbell would not give a man a bottle of medicine unless he knocked off work. The chairman said that all such complaints should be sent to the committee.¹²³

Campbell was not present at this meeting, but at the society's general meeting a fortnight later he said that he regretted seeing such personal criticisms in the papers when he was not there to answer them in person. He then spoke of his personal involvement with the society, and his commitment to helping its members. He then left the meeting.¹²⁴ This seems to have satisfied the committee and next month he was re-elected surgeon for the Railway Employees' Benevolent Society's Canterbury district.¹²⁵

The rift between Campbell and the other doctors deepened in August 1879 when Drs Patrick and Ellis resigned from the hospital staff, refusing to work alongside him, because he had been accused of stealing patients from another doctor in his absence from Christchurch. They specifically cited the case of a patient named Shepherd, and regarded this as a breach of professional etiquette.¹²⁶ Apparently Shepherd had been injured in a railway accident and his doctor had recommended amputation, but Campbell's more conservative treatment had saved the man's leg.

Campbell knew he would get no support in Christchurch, so he asked for opinions from the leading Dunedin doctors Bachelor, Blair and Ferguson. They could see no breach of etiquette, but Patrick and Ellis remained obdurate, and their resignations were accepted by the board.¹²⁷

Campbell wrote a long letter of self-justification to the *Press* early in October. He had been censured by Prins and Ellis, Patrick having abstained, and then Prins had withdrawn his share in the censure, leaving Ellis as his sole accuser. Yet the Hospital Board had accepted this as 'unanimous censure' by the medical staff! Years before, a vote of censure had been passed on Dr Turnbull for unprofessional conduct towards Dr Nedwill. On that occasion Powell was the mover, Campbell was the seconder, and the other voters were Prins, Deamer, Frankish and Nedwill. That was more like a 'unanimous censuring', yet the Government was not told about this precedent.

The 'old staff' argued that the hospital needed a larger staff, yet the institution was performing perfectly adequately with just three doctors. For many years Prins and Turnbull had run the place by themselves. The public saw no need for a larger staff. Nor was the Government told that the three present staff also had the largest practices in Christchurch, they being Campbell, Townend and Prins. They had been accused of advertising: but they were not the only ones. Turnbull himself had put his name on remedies sold by his drug store as 'Turnbull & Hilson'. [This was now Cook & Ross.] It was true that these gentlemen had said they would not work with him [Campbell], yet not many years before Drs Patrick and Frankish had a bitter newspaper war and swore they would never work with one another, yet were now again on speaking terms.

Campbell concluded his letter by accusing the 'old staff' of wanting to crush and expel him, but they should not make the hospital their battleground. It was a benevolent institution, and their malevolence was out of place there: 'There are principles higher than medical etiquette, and these principles are grossly outraged when malevolence uses benevolence as a cloak'.¹²⁸

The doctors were all saddened by the death of Dr Powell on 4 October 1879 from TB. He was only 36, and had lost his wife to diphtheria in 1874, so his daughter was now an orphan. Powell was a notable scientist as well as an ophthalmologist, and gave the first lectures in biology and chemistry for the new Canterbury College (later Canterbury University). Powell's role as Medical Officer of Health was taken over by his best friend, Dr Nedwill.¹²⁹

In addition to cultivating the lodges and friendly societies, including the Druids, Campbell was instrumental in the establishment of the Canterbury Anglers' Society in October 1879.¹³⁰ They met at the Commercial Hotel and elected Campbell their first chairman. The meeting seems to have been mostly taken up with a discussion of trout fishing methods. Samuel Farr wanted the bait for trout confined to insects and minnows, but Campbell argued that existing rights permitted the use of worms. At their next meeting a week later, Campbell was again in the chair.¹³¹

The Hospital Board was puzzled by the action of Ellis and Patrick in allying themselves with the disgruntled 'old staff'.¹³² They were not the only ones. Campbell would have been gratified to read an editorial in the *Press* in late October in support of him. The writer began by noting that while the 'old staff' alleged that the staffing of the hospital was 'extremely unsatisfactory', in fact under Prins, Campbell and Townend it had 'never been run so well'. The other doctors wanted to establish a sort of medical trade union confined to themselves. In so doing 'they show small regard for those stern realities we call facts'. They had shown 'pitiable animosity' towards three of their fellows, 'who have been guilty of the unpardonable sin of outstripping most of themselves in professional success.' They stood by their idea of professional etiquette to deride Prins, Campbell and Townend, 'men, who in point of surgical skill, are head and shoulders above their accusers'.

They objected to Campbell because he had been compelled to resign by a Royal Commission which found him guilty of improper conduct, when in fact he had simply made an error of judgement, 'in no way affecting his character, either as a medical man or as a gentleman'. Now they had censured Campbell's conduct because he had intervened to save poor Shepherd's leg, 'which they had so terribly bungled and wanted to amputate . . .' The Dunedin medical men had seen no breach of professional etiquette in Campbell's action.¹³³

The Railways Benevolent Society agreed with this view of Campbell's action, and passed a vote of thanks for his 'kind services and gratuitous attention' to Shepherd.¹³⁴ But we must remember that newspaper editorials are not always impartial voices, and the *Press* in particular should be regarded as an Establishment newspaper and a mouthpiece for the Hospital Board at this time. The board was anxious to justify its retention of Campbell on its staff.

Other bodies also seemed inclined to treat Campbell with sympathy and forgiveness. He was re-elected medical officer to the Foresters, the Oddfellows and the Druids.¹³⁵ As

chairman of the Anglers' Society he was part of a deputation that met with the Acclimatisation Society in January 1880, where he spoke about the protection of salmon in estuaries.¹³⁶ When Dr Irving established a Bee-keeping Society, Campbell was on its committee.¹³⁷ At St Paul's Church he was re-elected to the Finance Committee, showing that the Presbyterians did not regard him as a fraud or an improper person.¹³⁸ In March 1880 he assisted on the medical staff at the big Volunteer Encampment at Easter.¹³⁹

When the Anglers' Society met at Campbell's house in April 1880, the members passed a vote of thanks to him, and in his reply he said that the society was 'a labour of love with him, and he would always be most happy to place his services at the disposal of the society'.¹⁴⁰ At a later meeting, 'a large attendance' heard that American salmon had been seen in the Waimakariri River, confirming that the fish released by the Acclimatisation Society had been successfully established.¹⁴¹ At the opening of a new Oddfellows' Hall in Lichfield Street in May, Campbell sat beside the Mayor of Christchurch, and responded to the toast to the 'Army, Navy and Volunteers'. Dr Deamer proposed the toast to the Canterbury parliamentarians.¹⁴² Campbell was also present at the opening of the Papanui Oddfellows' Lodge and was elected its medical officer.¹⁴³ Campbell and Deamer remained the medical officers for the Oddfellows lodges in Christchurch.¹⁴⁴

In September 1880 Campbell advertised for a new groom to care for his latest acquisition, a stud racehorse named 'Miracle'.¹⁴⁵ Owning a racehorse was symbolic: this was the mark of a gentleman of means who aspired to be part of the Canterbury elite. Dr Prins was a notable breeder of racehorses and made a lot of money from it. Campbell set the stud fee for his new horse at 3 guineas. Though his general practice seems to have recovered from its setback after the Mackay affair, he needed to make sure that people who could afford his fees actually paid them. Early in October 1880 he took three patients to court in pursuit of sums ranging from £1 17s to £5 2s.¹⁴⁶

However, his career and reputation were about to suffer an even greater challenge than had been posed by the Mackay affair.

CHAPTER FIVE

THE CHRISTCHURCH HOSPITAL INQUIRY OF 1880

The origins of this inquiry go back to the late 1870s when Dr Powell was appointed Christchurch's first Medical Officer of Health. The Drainage Board had been appointed a local Board of Health with responsibility under the Health Act for the reporting of infectious diseases and the inspection of premises that were suspected of breeding diseases such as typhoid and diphtheria. Though most doctors at this time still thought in terms of miasma as the means of spreading disease, Powell was a well-read scientist who knew about Pasteur's experiments with fermentation and his discovery of bacteria as the causative agents of diseases such as anthrax. Powell also knew of the extensive work done in England in the 1850s and 1860s to improve sanitation in cities. The construction of London's sewers had made death rates from typhoid plummet. Powell saw a link between Christchurch's high death rates from fevers and the prevalence of cesspits. The city's flat site and poor natural drainage led to cross-contamination between cesspits and wells for drinking water. Many people took their water from the Avon River, but by the 1870s it was heavily polluted by industrial waste from breweries, candle factories and 'household slops' (the contents of chamber pots).¹⁴⁷ It is somewhat surprising that the trout released by the Acclimatisation Society survived in this polluted water.

In his short time as Medical Officer of Health, Powell had achieved a remarkable reduction in death rates from typhoid by persuading the city council to ban cesspits in the central city and provide a night-cart service to remove human waste from new pan closets. The key to keeping the death rates down was the reporting of typhoid cases to the Health Board and the inspection of premises. This work was carried on with great energy by Powell's successor, Dr Courtney Nedwill.

Nedwill was later described by Dr Fox as 'a peppery Irishman who, for the times, read a lot, kept up-to-date, tried all new treatments, and was generally active'.¹⁴⁸ He was an upright Anglican with a high sense of duty, but was also inclined to be outspoken and tactless. He was at least as good a surgeon as Prins and Campbell, but he was part of the 'old' staff who had been at loggerheads with the Hospital Board, and part of the 'clique' of doctors who had refused to work alongside Campbell after the 1877 Mackay inquiry.

Nedwill kept meticulous records and sent detailed monthly reports to the Health Board. His reports are a goldmine of information about public health in Christchurch in the early 1880s. Though the death rates had come down, there were still cesspits being found in the central city and in the rapidly growing suburbs of St Albans, Sydenham and Linwood, and doctors were still sending typhoid cases to the hospital, where, it must be said, most recovered. Though the responsibility for reporting infectious diseases had been moved from the doctors to the householder by the 1876 Health Act, this clause was

widely ignored. Nedwill often found other typhoid cases in a family where only one had been reported, and became anxious that the official statistics were not correct.

There was still a steady trickle of deaths from typhoid, but Nedwill noticed a change in the pattern of death registrations in the first half of 1880. Cases sent to the hospital as typhoid and then dying were being registered as from other causes, most noticeably gastro-enteritis, which was not on the list of notifiable infectious diseases. He suspected that this was to save trouble for the owners of the premises from which the cases had come. Hotels and boarding houses with a typhoid case could be closed under the Health Act for disinfection and drainage improvements, with attendant expense and loss of income. Most of the doctors were honest about reporting typhoid cases, but there had been a marked absence of typhoid deaths reported from the hospital since March 1880.

Nedwill asked the Hospital Board to investigate three deaths where the patients had been admitted with typhoid, but their deaths had been registered as gastro-enteritis or phrenitis. The hospital staff, Campbell, Prins and Townend, assured the Hospital Board that their diagnoses had been correct. The Health Board then complained to the Government, and Dr Skae, now Inspector of Hospitals and Asylums, was appointed as a Royal Commissioner to hold an inquiry.¹⁴⁹

At a meeting of the Health Board in August 1880 a letter of complaint from Campbell was tabled, objecting to something Nedwill was alleged to have said about him. The board resolved to return the letter, but Campbell continued to complain about Nedwill who finally wrote to the Hospital Board on 26 August objecting to a statement made by the chairman, Henry Thomson. It had been reported in the *Lyttelton Times* that Thomson had heard Nedwill say in conversation that he was not aiming at the board or the House Surgeon but at 'that fellow Campbell', who had persuaded the House Surgeon to issue a false death certificate. Nedwill wrote: 'I deliberately declare that the whole statement attributed to me is an utter fabrication on the part of the Chairman of the Hospital Board'. Campbell's name was mentioned, 'but not by me'. Nedwill had been telling Thomson that 19 of the twenty or so doctors in the district had agreed to report all cases of infectious diseases, but one had refused, and had written a letter to the Health Board 'abusive and grossly insulting to me'. According to Nedwill, Thomson had then said, 'I can easily guess who that is - that is Campbell, and I can quite believe that he is at the bottom of it'.¹⁵⁰

Thomson at once wrote to the *Times* claiming that Nedwill's version of the conversation was 'pure fabrication'. He challenged Nedwill to produce a witness or confirmatory evidence, 'or forever remain silent where honourable men are mentioned'.¹⁵¹ Campbell also wrote to the *Press*, denying that his letter about Nedwill had been abusive or insulting: 'The letter was nothing more than suitable for the occasion'. Nedwill declined to be dragged into a paper controversy and said he would be glad to produce his evidence before the Royal Commission.¹⁵²

Dr Frederick Skae was only 38 but he came from the Edinburgh medical elite: his father was the medical superintendent of the Royal Edinburgh Asylum, and his father in law

was the Professor of Medical Jurisprudence at Edinburgh. Though Skae's 1862 MD was from St Andrews, he was both LRCS and FRCS from Edinburgh. He had been president of the Royal Medical Society of Edinburgh in 1864-5 and had been medical superintendent of the Stirling Asylum from 1867 to 1876. Though later derided by the hospital staff as a specialist only in asylums, Skae was a well-qualified surgeon and physician. He was also highly intelligent and perceptive.

Skae held a preliminary meeting with all interested parties on 20 October. Dr Prins questioned why an inquiry was needed at all and Dr Turnbull said the complaint should never have been sent to the Government. Campbell objected to the general nature of the inquiry and refused to have anything to do with it unless a distinct charge was made against named individuals. Skae said the inquiry was to establish the cause of death of Mrs Keetley, as there was a discrepancy between the diseases shown on her admission and on her death certificate. Other cases might also be investigated. Prins hastened to assure the commissioner that the hospital staff would cooperate fully and give him every assistance.¹⁵³

The inquiry formally began on 23 October 1880 at Christchurch Hospital. Prins asked for proceedings to be held in private, as it would not be desirable for the evidence to be published piecemeal, but Skae said he could not interfere with the freedom of the press as it was a public inquiry. Campbell agreed with this, saying the proceedings should be reported in the usual way, 'because the matter was one of great importance'.

The inquiry was certainly of great importance to Campbell, because he had been down this path before, and had been condemned by a Royal Commission that had never published its full proceedings. He was understandably touchy because his professional reputation was again at stake, if not his position on the hospital staff.

Skae insisted that distinct charges should be made and adhered to. He did not want witnesses 'popping up' to give evidence without warning. After a short delay Nedwill submitted his list of charges and the names of the witnesses he wanted to call.

The charges were:

- (1) That Mary Keetley, George Kirkhouse, Archibald McLaren, Mary Bennett and Polly Morris were severally admitted to Christchurch Hospital when suffering from typhoid fever, and that no report of such a disease was made to the Board of Health;
- (2) That the said Mary Keetley and George Kirkhouse had died and their medical certificates had said 'gastro-enteritis';
- (3) That in the case of Archibald McLaren the cause of death was given as 'phrenitis'.

Phrenitis was an old term for inflammation of the brain, when the meninges become infected, with symptoms of high fever and severe headaches, drowsiness or prostration, leading to coma and death. Gastro-enteritis is an infection of the digestive tract usually caused by contaminated food or water, with symptoms including stomach cramps,

nausea, vomiting, diarrhoea and low fever. (It is also sometimes misleadingly called 'stomach flu'.) In 1880 this was not a notifiable disease.

Skae accepted the charges and the list of witnesses. Campbell then said that the charge appeared to be a matter of opinion with respect to some cases admitted to the hospital, or simply a matter of mistaken certificates, but the newspapers had alleged that the death certificates had been 'knowingly falsified', or had been issued 'wrongfully' and 'wilfully'. Nedwill had to prove these assertions. Skae disagreed and said that he was there to establish what these people had really died from and whether or not the death certificates were correct. He would not distinguish between the House Surgeon and the other staff as all were responsible for the diagnoses and record keeping. Campbell thought that he should name who was at fault, and Prins again complained that the charge was too general.

Frederick Hobbs, on behalf of the Health Board, said that there was no personal animus against the hospital staff: the Health Board simply wanted the Health Act to be carried out. From the evidence it appeared as if the hospital staff had concealed the obvious causes of death and had tried to prevent the Health Officer from doing his duty. Skae said that the Government had given him wide scope to go into all relevant matters.¹⁵⁴

Nedwill's witnesses all testified that these cases had been admitted as typhoid or 'enteric fever', the alternative name for the same disease. The entries in the Admissions Book were usually made by the Dispenser, relying on what relatives told him about the case. The hospital had since changed its procedure and now he was instructed to leave that column blank until the House Surgeon had made a diagnosis. Mary Keetley's husband Tom testified that Dr Townend had visited his wife several times and had told him that she was suffering from 'a sever attack of typhoid fever'. Tom's mother had been present at the time and could confirm what he said. Fred Barnes, the former assistant inspector to the Health Board, read from his notebook that neighbours and Dr Townend's assistant had all told him that Mrs Keetley had been taken to hospital as 'a bad case of typhoid'.

Campbell and Prins cross-examined Barnes closely, but he could not be shaken, as he had the written evidence of his notebook taken at the time. Dr Davies the hospital's House Surgeon then told the inquiry that he had not reported these cases as typhoid because he believed them to be merely gastro-enteritis.

Most astonishingly, Dr Townend now agreed with Davies' diagnosis and denied ever saying that Mrs Keetley's case had been typhoid. He was prepared to swear on oath that she did not die from typhoid.¹⁵⁵

This was sensational stuff, and newspaper readers would have wondered why he had changed his tune, after telling the Keetley family and his own assistant that Mrs Keetley was a bad case of typhoid. This was surely the point at which Dr Skae began to suspect collusion among the hospital staff. It was well known that both Campbell and Townend were not on speaking terms with Nedwill and most of the other doctors. Prins and Turnbull were, but both had clashed with Nedwill in the past. Prins had regarded

Nedwill as an enemy ever since Nedwill had revealed his carelessness in the inquest on a murder victim in 1871. Prins had refused to allow Nedwill anywhere near the hospital for months after that spat.¹⁵⁶

Despite his excellent Edinburgh qualifications, Dr Joseph Townend had never been accepted as a colleague by the Christchurch medical fraternity, for several reasons. When he arrived in 1874 Townend had advertised himself in the newspapers for several months, as Dr Turnbull put it, 'in the manner of a small tradesman'. Medical etiquette of the day decreed that doctors, as gentlemen, did not advertise. Even worse, Townend had undercut the other doctors by charging only 1s 6d for a consultation when the agreed fee was 2s 6d. Then in 1876 the Townend brothers had been immersed in a major scandal. Townend's brother, William Potter Townend, equally well-qualified but not on the medical register, had acted as his pharmacist and accoucheur. In a difficult delivery, believing the baby was dead, he had started to cut the foetus to save the mother. But the baby was then born alive, and survived for a day, mutilated in the eye and brain. William was convicted of manslaughter, but he was both capable and popular. A petition was widely signed and he was pardoned. But the Townends were still regarded as *persona non grata* by the other doctors. Joseph Townend was anxious to keep his hospital post for the prestige and steady income it gave him.

Next day Nedwill called Townend as a witness and asked him, 'Does it not strike you as odd that there are no entries of gastro-enteritis until after the date of Mrs Keetley's death, and then there two on 15 and 16 May?' Townend said they were not his cases. He believed gastro-enteritis was more common in New Zealand than in England. He said that there had been a great deal of dysentery, enteric fever, diarrhoea and so forth in Christchurch at that time of year.

Nedwill had previously quoted from Taylor's *Medical Jurisprudence*¹⁵⁷ to establish the symptoms of typhoid, and Townend now said that these cases had seemed to him a different disease. He had not had time to look up any books, but he thought it might be a disease peculiar to New Zealand and not yet understood by medical practitioners.

Nedwill questioned several of the hospital nurses who had previously told him that these cases had all been spoken of in the hospital as typhoid, but they proved reluctant to say so in front of the hospital medical staff. (Fred Hobbs had earlier suggested that the nurses should be examined in private.) They were clearly anxious about keeping their jobs. Mary Hayton said she had never seen typhoid on a bed-head card. She remembered that Mrs Keetley's mouth was 'furred' but there were no white patches as in thrush. Jane Carmichael said she thought Mrs Keetley had typhoid, but would not swear to this as she was not a doctor.

Dr Irving testified that he had not seen George Kirkhouse until he was admitted to the hospital, and had not seen any of the characteristic spots on the chest. Nedwill suggested to Irving that there could be cases of typhoid without these spots, and that symptoms could change as the disease progressed. Irving said he considered the symptoms of gastro-enteritis to be considerable pain in the bowels, evidence of

inflammation, elevated temperature and furred mouth and tongue. Nedwill at once remarked, 'All these are symptoms of typhoid'. Irving hedged, and admitted 'They may accompany typhoid'.

Irving went on to say that he had remarked to Davies that a patient only had to have a furred tongue and be a little feverish to be put down as typhoid when it might only be a low fever with gastric irritation. He admitted that gastro-enteritis was rare in adults, but said he too would have signed Keetley's death certificate as gastro-enteritis.

Campbell then questioned Irving to consolidate the diagnosis of gastro-enteritis, but when Nedwill put it to Irving that gastro-enteritis and typhoid were the same thing Irving said he had not meant to imply that.

Davies was then recalled and questioned about the Kirkhouse case. He remembered that on admission the patient had a high temperature and complained of pain in the abdomen. He had been vomiting and was delirious at night. Irving had made the diagnosis of gastro-enteritis. He could not explain how it came to be entered in the Admissions Book as typhoid, and had no recollection of telling the Dispenser to enter it thus. Campbell then questioned Davies, who said that nobody had ever told him not to report fever cases to the Health Board. The Admissions Book was essentially the Dispenser's record book. The hospital usually had over 50 patients and he could not be expected to remember details of each and every case.

Skae then asked if a post-mortem examination had been made on Kirkhouse's body, and Davies said he had not thought it necessary. Skae had earlier commented on the lamentable state of the hospital's record-keeping.¹⁵⁸

Next day Nedwill had to admit that two of his witnesses could not be found, and Campbell then protested that the inquiry was causing the medical men 'great inconvenience'. He said that the defence was always ready with their witnesses but Nedwill was never ready with his. This was rather unfair, as the defence witnesses had so far been confined to the hospital staff, and the inquiry was being held at the hospital. Skae mildly remarked that it was not Nedwill's fault if witnesses could not be found. Some of the nurses had been most reluctant to testify. His key witness was Mrs Grant, who had been McLaren's landlady.

Campbell: 'But Mrs Grant was never here. [In fact she had been present on the Tuesday.] Dr Nedwill should have seen that she was.'

Skae: 'It is very annoying, but if anyone is responsible it is myself rather than Dr Nedwill'.

Campbell: 'I don't think so. It was his duty to see that his witnesses were here'.

Nedwill: 'I am exceedingly sorry if it is my fault. I must apologise. I assure you that I am quite as sorry as anyone'.

Campbell: 'Why can he not go on with Dr Turnbull?'

Nedwill: 'I cannot go on without Mrs Grant'.

Campbell: 'Is it understood that if he has not this witness the case will be given up? We cannot go on playing with the public'.

Nedwill: 'I could go on with McLaren's case, but I would prefer to have Mrs Grant here'.

Campbell: 'I would suggest that it was Dr Nedwill's duty to see that his witnesses attended'.

Skae: 'He expresses his regret'.

Campbell: 'I am rather pleased than otherwise that we get another two or three hours' rest. But if he cannot get his witness tomorrow, what are we going to do?'

Skae: 'We must go on with some other case'.

Campbell: 'Then let him tell us what it is'.

Nedwill joked: 'Perhaps it will suit if you censure me and inflict a small fine'.

Campbell saw nothing funny in this: 'It is all very well for you to make a repartee, but you are not very good at that'.

Skae said it would be better not to keep the medical men waiting, and Townend immediately said, 'This is of very serious importance to me, and if this thing is going on from day to day like this I must have a *locum tenens*'. Skae let him down gently: 'I don't think you were called upon to be present, Dr Townend, this afternoon'. Nedwill then said he had warned his patients that the inquiry might involve him for up to a fortnight.¹⁵⁹

When the inquiry resumed on 28 October Nedwill asked to investigate a new case attended by Dr Campbell. The family's name was Harrington and a case of typhoid had never been reported. Campbell objected 'most strongly' that this case had never come to the hospital and was therefore outside the inquiry. He said he had reported the case as typhoid fever with a query, as he was unsure of it, but then as the symptoms changed he had decided it was not typhoid and gave a different cause of death on the certificate. Skae ruled that this case was outside the inquiry. Nedwill said he was only doing his duty, and that this was one of several cases where the cause of death was given as gastroenteritis when the patient had previously been diagnosed with typhoid. Campbell objected again, and said he would argue the point with Nedwill 'until dark', but Prins interjected and said that the Health Board had a remedy through the Magistrate's Court for non-reporting, and that Nedwill had already been given too much latitude. Nedwill said he wanted it recorded that he had evidence to bring forward and Skae had refused to take it.

Happily for Nedwill, his missing witness appeared that day. Mrs Isabella Grant had been McLaren's landlady, and she said he had been ill for a fortnight, suffering from diarrhoea and vomiting. She had finally taken him to Dr Turnbull who said he had typhoid fever and advised his removal to the hospital. Dr Irving said that McLaren had been admitted on 15 April and he saw no typhoid symptoms or diarrhoea. He had later diagnosed this

case as phrenitis. Nedwill asked, 'Does it not strike you as odd that two patients – McLaren and Hedge – died in the hospital on two consecutive days from such a rare disease as phrenitis, both having been admitted for typhoid fever?'

Campbell complained that this was not really a question but more like an assertion, and Skae ruled it out of order. Nedwill tried again and asked if it was not odd that of the twelve cases admitted as typhoid fever the only one registered as a typhoid death was the one he had sent in himself? Campbell admitted the coincidence but said that many of the entries in the book were incorrect and many typhoid admissions were found to be low fever or dysentery.

Irving told the inquiry that McLaren had been delirious and excessively noisy. The nurses had complained that he disturbed other patients and at one point he had to be strapped down. Nedwill pointed out that according to Tanner, p.243, delirium was an early symptom in phrenitis but a late symptom in typhoid fever.¹⁶⁰ If McLaren had been suffering from phrenitis for a fortnight he would scarcely be conscious on admission. Nedwill asked Irving if he was aware that a Mrs Hedge had been admitted with typhoid fever and died the day before McLaren, her death being attributed to acute encephalitis. Irving said he was not aware of this case. Campbell then objected that all this was not relevant, but Nedwill insisted that it was very important.

Nedwill then presented some facts. From the start of the year up to 24 March 1880 there had been 90 cases of typhoid reported to the Health Board, sixteen from the hospital, while after that date 42 cases had been reported, only one being from the hospital. Since Nedwill had drawn public attention to the issue, the hospital had recorded nine typhoid cases. He asked Irving, 'Does that not strike you as strange?' Irving blustered, saying he could not see what he had to do with oddities or reporting. He had himself stopped only one case from being reported as typhoid.

Campbell here intervened and got Irving to confirm once again that he had diagnosed McLaren's case as phrenitis. Without a post mortem, however, this was merely guesswork.

While this was also true of the typhoid cases, Nedwill's figures had created a strong statistical probability that typhoid cases were still occurring in significant numbers in the community and were being admitted to the hospital without being reported as typhoid, and were being given other names.

Dr Turnbull was next, and Nedwill reminded him about McLaren's case. Nedwill told the inquiry that he had learned from Mrs Young, a relative of George Kirkhouse, that a 35 year old man had died in the next bed the day after George. Nedwill had found his name in the Registrar's office. It was McLaren, and his cause of death had been registered as phrenitis. Nedwill had traced McLaren to his burial in Addington Cemetery, where the Sexton told him that McLaren's brother lived at Leithfield. Nedwill had asked Dr Morris of Amberley to make enquiries, and Morris had discovered that Mrs Grant had taken McLaren to see Dr Turnbull and he had been sent to hospital with typhoid fever.

Turnbull said he remembered McLaren's case very well. Nedwill had asked him to check the Admissions Book to see if McLaren had been admitted with phrenitis. Turnbull had found that he had been admitted with typhoid. Turnbull saw no symptoms of phrenitis, indeed, McLaren would have been incapable of coming to his surgery after a fortnight with such a debilitating disease.

Prins suggested that delirium tremens might be mistaken for phrenitis, but Turnbull said he did not agree with this. Campbell asked Turnbull what symptoms he had found in McLaren, and after listing them had to admit that there were none of the typical spots on the chest.

Campbell then subjected Turnbull to an intense cross-examination in which he accused Turnbull of making only a very cursory examination, and that another medical man might have come to a different conclusion. Turnbull agreed that this was perfectly possible. When asked if he had changed his mind after hearing Dr Irving's testimony, Turnbull said no, he would stick to his original diagnosis. Campbell then asked if violent delirium was compatible with typhoid and Turnbull said it was not incompatible. Turnbull said he would put a lot of faith in what an experienced nurse might say about a patient. The nurses had thought it was typhoid, but were now reluctant to say so in front of the medical staff.

Campbell then suggested that Nedwill had primed Turnbull to give evidence in his support, and that this was apparent from Turnbull's obtaining a list of typhoid cases from the hospital books. Yet as a member of the Hospital Board he had exonerated Dr Davies from any blame over the Admissions Book and the death certificates. Campbell challenged Turnbull: 'You say you consider the case of McLaren on a par with those of Keetley and Kirkhouse -- do you exonerate the officers in one case and censure them in the other, which is on a par?'

According to the *Times*, when Turnbull said 'Yes', Campbell retorted 'Then I am quite done with you!' The *Press* reporter thought he added, 'You will say anything after that'.

Campbell then accused Turnbull of once diagnosing a case of coma from concussion from the man's eye, not realising it was a glass eye. Turnbull hotly denied this. Campbell said he had heard it from Dr Symes in front of the Reverend Fergusson: 'I am very sorry if I offended you: it is a joke . . .' Turnbull objected to being insulted with frivolous hearsay: he had never worked with Symes, and said the story was quite untrue.

Nedwill got the inquiry back on track by asking about the medication in McLaren's case. The Dispenser produced the Prescriptions Book and Nedwill noticed that morphia had been prescribed, with hydrate of chloral. He commented that this not a recognised treatment for phrenitis. The hospital staff asked for a recess to discuss this, and on their return Prins told the Commissioner that the treatment of patients in their professional capacity should not be questioned by lay persons as there would be no end to the controversy that would follow.

Nedwill was astonished by this retreat behind the cloak of medical confidentiality, after the staff had said they wanted the fullest and most open inquiry. But Dr Skae agreed with the staff: Nedwill was entitled to ask about McLaren but not to compare his treatment with that of other cases. Doctors were entitled to differ in their treatment of different cases and to alter their treatments as they saw fit.¹⁶¹

At the next day of the inquiry Nedwill asked if he could present two fresh cases. Campbell immediately protested that Skae had already allowed Nedwill too much latitude and that if he was allowed to pore over the books and find new cases the inquiry would be interminable. Campbell said he thought 'a curb should be put on Dr Nedwill, as he has been too impetuous'. Skae was inclined to agree, saying that Nedwill had had plenty of time to examine the books: 'otherwise this will be like the Long Parliament'.

Nedwill protested that he had had just two evenings to examine the books, after exhausting days questioning witnesses. But Campbell could not see why Nedwill wanted to look at the Prescriptions Book, unless he was trying to hunt out 'evidence of a mythical kind'. Nedwill retorted that Campbell was taking up the position Skae should occupy, in limiting the evidence. They were saying over and over again that these entries of typhoid in the Admissions Book were not really typhoid. But what if the treatments prescribed were those for typhoid?

Nedwill gave way and said he would not bring up any new cases. At this point Prins protested dramatically, 'I am unable to continue here, Sir. I have been very unwell, and physically I cannot stand it. It is a frightful waste of my time, because I have a great number of cases pending'. Nedwill graciously conceded and said that out of consideration for Prins he would bring no fresh cases and stick to the list of witnesses previously agreed.

His next witness was Thomas Gordon, secretary to the Health Board, who produced a long list of reported infectious disease cases, some by persons other than doctors. Townend resented the implication that he had not reported typhoid cases: he said he had reported every case he had diagnosed as typhoid. Gordon read out the typhoid case of Mary Kennedy of New Street. She had been nursed by Mary Bennett, who also fell ill with typhoid. Two other cases of typhoid in New Street had been attended by Dr Townend and they had recovered. Mary Bennett had nursed two other typhoid cases, Polly Morris and Mrs Beatty. Nedwill had asked Nurse Bennett if Townend had said they were typhoid, and she said he had. Nurse Carmichael was recalled, and said she remembered Polly Morris. She had diarrhoea and was bleeding from the bowel. Nurse Carmichael had no recollection of telling Nedwill that it was a case of typhoid. She then refused to answer any further questions. Other nurses now said they could not remember what sort of fever these patients had, though they had previously told Nedwill they thought they were typhoid cases.

Skae here observed that there should be some evidence that Dr Davies knew it to be his duty as House Surgeon to report these typhoid cases to the Health Board. Nedwill added that it had been the custom up to 24 March to report all fever cases. Skae said there was

nothing to show that such instructions had reached Davies. But Nedwill concluded the session firmly by saying that the rest of the staff knew the rules and that they were all responsible for the reporting of these cases and they had not done so.¹⁶²

Next day, J. E. March, secretary to the Hospital Board, put in certified copies of correspondence between the hospital boards regarding the reporting of infectious diseases. Campbell interrupted to ask what the lawyer Mr Cowlshaw was doing sitting next to Nedwill, as both parties had agreed at the start not to employ legal counsel. Nedwill said he was there to observe and assist, and not as legal counsel. March was then questioned about instructions to the House Surgeon about the reporting of infectious diseases and said that the first letter was dated 17 November 1879. The board had replied on 20 November, promising to report all such cases. Pridgeon had been both Dispenser and House Surgeon at the time but had since retired and Davies had been appointed. As Skae had noted, there was no evidence that Davies had been made aware of this duty when he took over in February.

After a testy exchange between Nedwill and board member Charles Thomas Ick, Mayor of Christchurch, in which he finally agreed with Nedwill that the House Surgeon was responsible for the patients and the reporting of infectious disease cases, Campbell also conceded that the Admissions Book had been kept most irregularly, with many gaps and errors. The aim of the staff, he said, was to show that these cases, entered as typhoid, were not really typhoid. Davies added that Turnbull had once sent in a case of typhoid and it had turned out to be pneumonia. Campbell raised an old issue by reminding Nedwill that he had once said there were no cases of scarlet fever in Christchurch. Townend then cleverly suggested, 'The same feeling which prompted you to deny the existence of scarlet fever may lead you to deny that of gastro-enteritis'. Nedwill insisted that the city had been free of scarlet fever when he wrote that letter to the papers.

It was now Nedwill's turn to be examined by the defence, leaving the Health Board without representation, and the presence of Mr Cowlshaw was explained. Nedwill asked if Cowlshaw could represent the Health Board while he was being questioned. Skae agreed with this. But Campbell objected strongly and said that this was dishonest trickery, and refused to put any questions to Nedwill. Instead, Prins questioned Brown the Wardsman about the disposal of clothing belonging to typhoid cases.

Prins then announced that he had found the bed-head cards for Keetley and Kirkhouse and that neither said typhoid. He added that he did not think the hospital books had been kept properly since he left the staff in 1866. [This was in fact not true: Powell had introduced a new format for the Dispenser's Book in 1867, and Campbell had reformed it again in 1875, with columns for a wider range of information. The rot had set in under Pridgeon, when most of the columns were left blank.¹⁶³]

Skae now declared the inquiry at an end and both Nedwill and Prins thanked him for his forbearance.

Skae sent his report to the Colonial Secretary on 11 December and it was published in the newspapers a few days later. It was a brief report, barely one page, in which Skae concluded that all the evidence pointed to typhoid fever as the disease suffered by the six cases raised by the Health Board, and that Mary Keetley, George Kirkhouse and Archibald McLaren had died from this disease.¹⁶⁴

He then made a series of recommendations for the Hospital Board. In future the House Surgeon should keep case-books, in his own writing, recording the history, symptoms and treatment of every case admitted to the hospital; he should carefully preserve all the temperature charts; he should keep a pathological record in which he should enter full notes of all post-mortem examinations; and in all obscure or unusual deaths he should 'earnestly endeavour' to ensure that a post-mortem examination was made. He attached a full record of the proceedings as he thought it necessary to make the inquiry as complete as possible.

This report was a triumph for Nedwill and the Board of Health, and a disaster for Campbell and the Hospital Board. Yet when the board met on 15 December it voted by four votes to three to proceed with the appointment of the medical staff for the coming year. Chairman Thomson proposed Drs Prins, Campbell, Wilkin, Anderson and Townend as the staff, with Dr Deamer as the medical officer to the Charitable Aid department. Consideration of Skae's report was deferred indefinitely.¹⁶⁵

Next day the *Press* published a lengthy editorial about the Hospital Inquiry. The Royal Commissioner had found that Nedwill's charges were well-founded. Yet the Hospital Board, without allowing time to discuss the report or any other possible candidates, proceeded to appoint the medical staff for the coming year. One of those named, Dr Anderson, had immediately resigned. The editorial writer (probably the editor himself, John Steele Guthrie) castigated the board for its lack of judgement. They had given the impression 'that they do not care to be strictly impartial; that they are in fact content to allow personal feeling and private animosity to influence them in the discharge of a grave public duty'. The editorial continued: 'As far as we can see they have no excuse whatever for acting in the precipitate manner they did'. By reappointing the same staff the board had in effect contemptuously rejected Skae's report. They should have heeded Dr Turnbull's call for a delay and more careful consideration.¹⁶⁶

The editor of the *Lyttelton Times*, Robert A. Loughnan, was even more scathing. Skae's report came as no surprise: 'It sustains completely the allegations of the Health Officer'. Three deaths from typhoid fever were wrongly certified as being from gastro-enteritis.

Dr Skae was careful to leave no doubt on the subject: 'The impartial verdict of an expert, after the fullest possible enquiry, has decided against the Hospital staff' :

The authorities are in this dilemma. Either they deliberately refused to acknowledge that to be typhoid fever which they knew to be typhoid fever, or frequently they do not know typhoid fever when it comes under their notice. To

be between factious obstruction of the Board of Health, supported by false death certificates, and incompetence, is not to be in a pleasant position.

The board had rushed to reappoint the same staff, condemned for incompetence, on the last day of the mayor's term of office: 'Most indecently, the Board has endeavoured to anticipate public opinion by acting in defiance of the Commissioner's report'. The board changed every year as mayors came and went, and each new board appointed the medical staff: 'To have acted in violation of this rule, in order to ignore the report of the Commissioner, is simply disgraceful'.

The editorial was sceptical about the chances of this board adopting the Commissioner's 'useful recommendations', changes which should have been made long ago. Other phrases made uncomfortable reading for Campbell and the staff: 'great neglect of duty'; 'unseemly conduct'; 'great imperfection of hospital management'. The editor even suggested that any evidence which might have enabled mistakes to be traced to individuals would by now have been destroyed. The Hospital Board existed on condition of good behaviour, but it had not behaved well. The Government ought to remove it.¹⁶⁷

Faced with this embarrassing criticism, the Hospital Board held a special meeting on 22 December at which a letter from Dr Prins was read on behalf of the medical staff. He began by stating that the inquiry had been 'to a very great degree one of opinion, guided by technical experience'. In the opinion of the staff, Skae's decision was 'contrary to the weight of the evidence'. Prins then cited a long list of medical authorities on which the staff based their opinions, contrasting this with Nedwill's citing Taylor's *Medical Jurisprudence* and a work on public hygiene, 'with hearsay and lay evidence and discharged night nurses' who admitted they were liable to confuse one case with another. He defended the staff as men of 'large and varied experience', and contrasted them with Dr Skae whose expertise was limited to one area – lunacy.

Prins ended his letter with an admission that Skae's other recommendations were desirable, but that post mortem examinations depended on permission from the friends and relatives of the deceased. After a brief exchange with Dr Turnbull, who ingenuously denied any knowledge of a doctor's dispute, the board agreed to receive Skae's report and implement his recommendations.¹⁶⁸

The editorial in the next day's *Lyttelton Times* poured scorn on the Hospital Board for having given 'a delicious example of floundering . . . The more they struggle the deeper they sink'. Prins had declared the verdict was contrary to the weight of the evidence, and derided the Commissioner's expertise as limited to the one area of lunacy. Yet the board had accepted his recommendations for better management. Nedwill had shown during the inquiry that the list of 'great names' did not support the various diagnoses of the hospital staff. Instead the board had blamed the whole affair on 'the doctors' quarrel'. The staff had fallen out with some of the doctors, one of whom was the Health Officer, so they neglected to report fever cases to him.¹⁶⁹

Nedwill had a substantial majority of the city's doctors on his side in this matter. Early in January 1881 twelve of them wrote to the Colonial Secretary to comment on Skae's report. They stressed the 'grave importance' of suppressing typhoid fever in New Zealand, this being one of the diseases most amenable to sanitary reform. All such cases should be promptly reported to the Board of Health. Yet the inquiry had found that the deaths of three patients from typhoid had been deliberately certified as being from gastro-enteritis or phrenitis. This action by the hospital staff 'destroys the accuracy of the vital statistics of the Colony, and thereby makes them valueless for the purposes for which they are compiled at great trouble and expense'. The doctors felt that they were speaking for the medical profession as a whole when they stated that the Hospital Board's decision to reappoint the same staff had 'outraged public decency and professional morality'. They urged the Government to dismiss the present board and appoint a new one. The letter was signed by Drs Anderson, Brittin, Coward, Doyle, Ellis, Frankish, Hacon, Hunt, Patrick, Symes, Russell and Turnbull.¹⁷⁰

At its meeting in mid-January 1881, the Board of Health received a letter from Dr Campbell returning the bundle of forms for reporting infectious diseases which Nedwill had sent him, 'as he had no further use for them'. The chairman remarked that he saw this as a refusal by Dr Campbell to help the Health Board in its work.¹⁷¹

An editorial in the *Lyttelton Times* on 22 January 1881 commented on Campbell's returning these forms. The Board of Health was set up to perform 'very admirable and necessary work' in promoting public health. It was not enough for Campbell to refuse to help and say he was involved in a doctors' quarrel: 'Decidedly, the public has had too much of the "doctors' quarrel" theory'. Or did Dr Campbell think that typhoid had disappeared, and been replaced by phrenitis and gastro-enteritis? ¹⁷²

In the same issue Campbell complained in a letter to the editor that he objected to Nedwill's interfering in his private practice by disputing his diagnoses: 'a course fitted to destroy the confidence of my patients in me as a medical man'. As for Mr Hobbs and the Board of Health, what they asked of medical men was a favour, not a duty, for science had not yet classed typhoid and allied fevers as 'surgical diseases'.¹⁷³

It is hard for us to understand now quite what Campbell meant by 'surgical diseases' as typhoid was certainly a recognised infectious disease in 1880, and a potentially fatal one. Perhaps he meant that its symptoms were not always capable of being confirmed by post-mortem surgery, and that doctors were entitled to differ in their diagnoses from symptoms that might change from day to day. Nedwill himself had pointed out during the inquiry that typhoid cases did not always show the distinctive pattern of spots on the chest. But Campbell quite missed the point when he put his personal reputation ahead of the greater good achieved by public health measures.

Needless to say, nothing further was done and the Hospital Board carried on as before. Henry Thomson remained as chairman and Turnbull continued to lead the medical staff. Dr Davies resigned from the hospital on grounds of ill health in December and

soon departed Christchurch. Dr Irving was appointed to fill another vacancy. Dr Mickle agreed to be acting House Surgeon until a new appointment could be made.

Campbell's role in this whole affair is problematic. His dislike of Nedwill was palpable throughout the inquiry. Yet with hindsight it is plain that Nedwill was fully justified in making his complaint about the possibility of false death certificates. He must have felt totally frustrated that his strenuous efforts to close cesspits and reduce the threat of typhoid were being deliberately undermined by the hospital's medical staff. He was alone in the inquiry, facing a determined phalanx of his worst enemies on their home ground. He was clearly disappointed by the nurses who refused to repeat their previous statements to him that they believed these cases to be typhoid, but they were understandably afraid of losing their jobs.

The complete absence of any phrenitis or gastro-enteritis in the causes of death at the hospital before March 1880 is very striking. Nedwill's figures created a strong statistical probability that these were in fact typhoid deaths, but Campbell, Irving and Prins insisted on their diagnoses, and even more remarkably persuaded Townend to change his to match theirs.

Had it all begun as a joke? Here was their sworn enemy, bright-eyed and bushy-tailed, making his mark as the new Medical Officer of Health, in search of typhoid cases. What if we called them something else to take the wind out of his sails? Then he might slow down and start behaving like the rest of us. (Campbell did accuse Nedwill during the inquiry of being too impetuous.) Let's see how he responds.

They may not have expected him to take it all so seriously that he asked the Health Board to make an official complaint to the Government. Once he did, the hospital staff started registering typhoid deaths properly. But for that crucial period when Mary Keetley and George Kirkhouse died, they were conspiring to embarrass the Health Officer and pull him down a peg. All because he had been outspokenly critical of them at various points in the recent past.

Once they had declared these cases to be phrenitis or gastro-enteritis they could not back down and had to maintain their charade, with a show of medical authorities, and fall back on the protective cloak of professional autonomy. After all, doctors were notorious for disagreeing with each other's diagnoses.

The account of this inquiry in the centennial history of Christchurch Hospital is brief and disappointing. It relies heavily on the letter from Dr Prins of 22 December which was of course biased in favour of the hospital staff and criticised Skae as an expert only on lunacy. Bennett declares Skae's decision, without post mortem evidence, 'a very clever diagnosis', but he fails to explain the background to the inquiry, the strong personality clashes involved, or the convincing circumstantial evidence brought forward by Nedwill. No mention is made of Campbell's leading role in the inquiry, of

his frequent interruptions, his evident dislike of Nedwill, or of Prins' long-standing animosity towards the Medical Officer of Health.¹⁷⁴

Life goes on, even while Royal Commissions are preparing their reports. In November 1880 Campbell was called to an accident only 50 metres from his house in Colombo Street South. A man had been struck by a hansom cab. He had been seen staggering while crossing the road, and on admission to Christchurch Hospital he was found to be drunk as well as badly injured. But he failed to recover from his injuries and as the last doctor to see him Campbell performed the post mortem.¹⁷⁵

In December he was called to a house where a man had been found dead in bed, but there was nothing he could do other than call the undertaker.¹⁷⁶ At a meeting of the Friendly Societies' Fête Committee that month Campbell was thanked for his gift of 5 guineas as a special prize for needlework by members' daughters under 14.¹⁷⁷

At the half-yearly meeting of the Oddfellows Lodge, Campbell was presented with an elaborately framed emblem for his services in procuring the prompt delivery of a large banner. Presumably this was one of those big square banners that were carried aloft on poles during street processions.¹⁷⁸

The year ended for Campbell with his appearance in a Volunteer rifle match at the Cashmere range in which the Canterbury Artillery were pitted against the sharpshooters of the Engineers and City Guard. Colonel Packe's team included Surgeon Campbell, and they won by a few points. So Campbell was still active in the Volunteers.¹⁷⁹

CHAPTER SIX

THE WRECK OF THE *TARARUA*

As the doctor who had been found guilty by two Royal Commissions, Campbell must have thought it prudent to retreat for a while from the scene of his recent combats with the other doctors. At the start of April 1881 he advised his patients that he intended to leave Christchurch on 28 April to proceed to Europe on a brief visit, to avail himself of the most recent discoveries and improvements in medicine, especially those relating to the eye and ear. He felt it was better to see new techniques in person rather than read about them second hand. He left his practice in the capable hands of his new partner, Dr William Frederick Moore.¹⁸⁰

The Hospital Board received his letter of resignation at its meeting on 20 April and resolved to invite applications to fill the vacancy.¹⁸¹ Conveniently, Dr Moore was later appointed to replace Campbell.¹⁸²

The Campbell family duly boarded the steamship *Tararua* at Lyttelton, bound for Sydney, where they would transfer to the Orient steamer *Liguria* for the voyage to England. The *Tararua* called briefly at Port Chalmers and set sail again at 5pm on 28 April. At 1.30 am on 29 April, when the steamer was believed to be off Long Point at the south-eastern tip of the South Island, the Master ordered the course to be changed to WSW. At 4 am he altered course to due West. The night was dark and haze hung over the land. At 4.25 am the Second Officer reported that he could hear the sound of breakers. The ship's course was immediately altered to the SW but 20 minutes later was returned to due West. Shortly after 5 am the *Tararua* struck on the Otara Reef at Waipapa Point, about 2 km from the shore. The impact unshipped the rudder and broke the propeller. Water started entering the ship through the propeller shaft. A strong southerly swell was breaking over the reef and the ship.¹⁸³

A boat was sent ashore with four seamen and a passenger named Lawrence, who raised the alarm at the nearest house, and a rider went to Wyndham to telegraph the news and summon assistance. Six more passengers were taken by boat to the outer line of surf from where they attempted to swim ashore. Three of them were drowned. The ship settled by the stern and the women and children were assembled in the smoking room forward of the bridge. Another attempt was made to take strong swimmers to the shore but all were drowned. The Chief Officer tried to get a line ashore from another boat but it capsized in the heavy surf. Nine men were able to get ashore safely.

By now the *Tararua* was starting to break up and the women and children were taken to the forecastle. Among them were the Campbell family. Dr Campbell was attending to one of the stewards, who had a broken leg, and the third engineer, who also had a broken leg. As he was trying to set the latter's leg, a huge wave suddenly swept the forecastle and they were all carried overboard into the surf. An eyewitness who survived

said he saw Dr Campbell's son doing his best to protect his mother and sisters on the forecastle just before they were all swept overboard.¹⁸⁴

Towards evening those still surviving were forced to take refuge in the rigging, and people on the beach could hear them calling. But when dawn broke next day the *Tararua* had sunk almost out of sight and bodies were coming ashore, badly mutilated from being pounded on the reef. Dr Campbell's body was the first of his family to come ashore, then his wife and their two sons. The two little girls were never found.¹⁸⁵

On 30 April the *Lyttelton Times* reported the wreck of the *Tararua*, noting that Dr Campbell and his family were among the passengers.¹⁸⁶ On 2 May the *Times* reported a fearful loss of life, with over 100 drowned. News of the disaster caused great excitement in Christchurch. The *Star* sold several thousand copies and could not print them fast enough.¹⁸⁷ The Court of Inquiry later established that the *Tararua's* crew numbered 39 and the passengers 112. From this total of 151 only 20 survived. Only 74 bodies were recovered.¹⁸⁸ It remains the second worst shipping disaster in New Zealand history, after that of HMS *Orpheus*.

Telegrams arrived from the south all night, and one to Peter Cunningham suggested that Dr Campbell's family were among the survivors, but this was contradicted next day.¹⁸⁹ Several trunks from the Campbells' luggage were found on the beach, one containing a portrait album along with children's books and clothes. The flyleaf of one book had the inscription: 'Presented to Donald Campbell by the Principal of Breadalbane School'.¹⁹⁰ The body of Dr Campbell's eldest son was identified by his uncles, who had travelled south from Timaru and Leeston.¹⁹¹ The victims were buried nearby, in a large plot later known as the 'Tararua Acre'.

The Christchurch newspapers all spoke kindly of Dr Campbell, with no mention of the Royal Commissions. The Hospital Board expressed 'deep regret' at the passing of 'so valuable a life as that of Dr Campbell'. His death and that of his family represented a great loss to the whole community.¹⁹² A memorial service was held at St Paul's by the Reverend Dr J. Elmslie, and at St John's in Lyttelton, where his gift of a harmonium was recalled. The various lodges with which he had been associated all passed votes of condolence to his parents and siblings.

A subscription list for a memorial was started in mid-May by Peter Cunningham, John Anderson, Robert Sutherland and George Mackay.¹⁹³ Donations were limited to one guinea, but a large sum was soon collected, especially from the lodges. A portrait of the late Dr Campbell by Mr Cambridge, done from photographs, was exhibited in Christchurch in June, and was said to be 'a speaking likeness'.¹⁹⁴ Its present location is unknown.

Campbell's house, next to Vincent's Brewery, was rented as a temporary residence by another Scot, Dr Francis McBean Stewart, who had been in practice in Ashburton before moving to Christchurch.¹⁹⁵ Ironically, he was later to clash with Dr Nedwill in an even more spectacular court case than the Mackay affair had been for Dr Campbell.¹⁹⁶

At the end of June, Matson and Company announced the auction sale of Campbell's horses, harness, carriages, furniture and effects, as his executors started to wind up his estate. The effects included a large microscope 'imported from England', and a camera. Campbell had had views of Edinburgh in his waiting room, and a fire extinguisher in his surgery.¹⁹⁷

The bodies of Dr Campbell, his wife and two sons, were exhumed from Waipapa Point and brought to Christchurch by his brothers in August 1881.¹⁹⁸ The funeral service was held on 1 September at the Addington Cemetery, after a procession through the city from St Paul's in Cashel Street. The streets were lined with spectators and a large number of Freemasons, Oddfellows and Foresters marched behind the coffins, with mourners in no fewer than 70 carriages and other vehicles. It was one of the largest funerals ever seen in Christchurch. At the cemetery the Freemasons cast sprigs of thorn acacia, the Masonic emblem of immortality, onto the coffins as they were lowered into the ground.¹⁹⁹

CHAPTER SEVEN

ASSESSMENT

Nil nisi bonum de mortuis. Of the dead say nothing but the good.

Attributed to Chilon (c.600 BC), one of the Greek Sages.

This once-familiar classical aphorism is based on the logical proposition that as the dead are unable to speak for themselves to explain their actions we should give them the benefit of the doubt and be charitable in what we say about them. Historians have always felt uneasy about this injunction, as it undermines their primary duty to tell the truth about the past, 'warts and all'. Yet it is still a good way to begin talking about the dead.

Dr Donald Campbell undoubtedly was a man with many good qualities which endeared him to a wide circle of friends. We know that one family of his patients at least thought very highly of him, and the large crowd at his funeral suggests a popular doctor, though some of the crowd may have been motivated by deep sympathy for a young family cut off far too soon. He seems to have been a cheerful and gregarious young man, fond of acting, fond of animals of all kinds (even when trying to kill them) and fond of his children. He was a keen angler and rendered significant service to the Acclimatisation Society. As a doctor he achieved a large practice against stiff competition, first in Lyttelton and again in Christchurch, and this cannot all be attributed to his clinics of free advice to the poor. As a surgeon we know that he performed delicate and difficult operations with success. There is much evidence for his generosity to a wide range of organisations.

The inscription on his elaborate tombstone in the Addington Cemetery bears eloquent testimony to his capacity for friendship:

This memorial was erected by personal friends in Christchurch and Lyttelton to whom Dr Campbell and his esteemed wife and family were united by ties of warm and lasting friendship.

And yet he was the only doctor found guilty of professional misconduct by not one but two Royal Commissions in the nineteenth century. Twice his colleagues at Christchurch Hospital resigned rather than work with him, as they regarded him as having breached their ethical standards. His behaviour had, for them, demonstrated a lack of integrity.

Bennett argues that the medical profession back then was 'given to reckless vituperation' in their denunciation of quacks, charlatans and each other: 'a dispassionate judgment was rare'.²⁰⁰ But the complaints against Campbell over the Mackay bequest and the Christchurch Hospital inquiry were not the result of vituperative letters but calm and measured charges laid by his own professional colleagues.

Having reviewed the available evidence, what can be said of Campbell's actions that led to these inquiries? The most charitable view is that he was prone to errors of judgement. He could also be stubborn and vindictive, when he thought he was right, as he had shown in his campaign against the Curator for the Acclimatisation Society. He should never have accepted the gift of money from a dying patient. Bennett argues that he intended to give it back, but a sensible man would have rejected it on the spot. Perhaps Campbell was thinking of his family, and welcomed this 'pleasant shock' as a windfall for them as well as himself.

It is much more difficult to excuse his actions over the misreporting of typhoid cases at Christchurch Hospital. The evidence uncovered by Skae's inquiry strongly suggests a conspiracy to conceal, motivated by his personal dislike of the Medical Officer of Health. In this he was not alone but was aided by Prins and Townend, two more of Nedwill's declared enemies. Bennett suggests in his centennial history of Christchurch Hospital that Campbell and Co could have been right in their diagnosis of gastro-enteritis, and that Skae might also have been right in regarding all of these cases as typhoid.²⁰¹ The diagnosis of fevers in 1880 was far from being an exact science.

Dr Irving emerges from the inquiry as a key figure behind the diagnosis of gastro-enteritis. In one remark he said that a patient needed only to have a furred tongue and be a little feverish to be put down as typhoid, when in fact they might only have a low fever. With hindsight this must be counted as a fair observation. But gastro-enteritis was then a rare condition in adults: it was mostly children who suffered from the diarrhoea of Christchurch's notorious 'summer fevers'. Given the insanitary conditions prevailing on many Christchurch properties, and the prevalence of typhoid noted by nearly all the other doctors in town, there was a stronger probability that these were in fact typhoid cases, as Nedwill's figures suggested.

Why, then, did Campbell take up the diagnosis of gastro-enteritis with such enthusiasm and unshakeable determination? He had lived in Christchurch for a decade and knew perfectly well how prevalent typhoid was, and what a threat it posed to the public health. Why did he fail to keep an open mind and admit the possibility that Nedwill might be correct?

It seems likely that he was haunted by the memory of his humiliation over the Mackay inquiry in 1877. That would have been sufficient to make any medical man become extremely touchy, even paranoid, about any further accusations of professional misconduct. Campbell's behaviour during the Skae inquiry, constantly interrupting and challenging Nedwill, does not suggest a calm or impartial approach to the issues in hand. Campbell seems to have blamed Nedwill for his previous humiliation and must have been determined not to let him win a second time. This would have clouded his judgement and prevented him from seeing that the refusal by the hospital staff to register these deaths as even suspected typhoid damaged the validity of the registration process and the country's vital statistics. In short, he valued his professional reputation ahead of the public health.

Given such a mindset, he would have been unable to accept Skae's decision, and would have supported the letter signed by Prins complaining that the decision went against the weight of the evidence. The hospital doctors were mistaken in this: the weight of the evidence at the inquiry supported Nedwill, and Skae had decided accordingly.

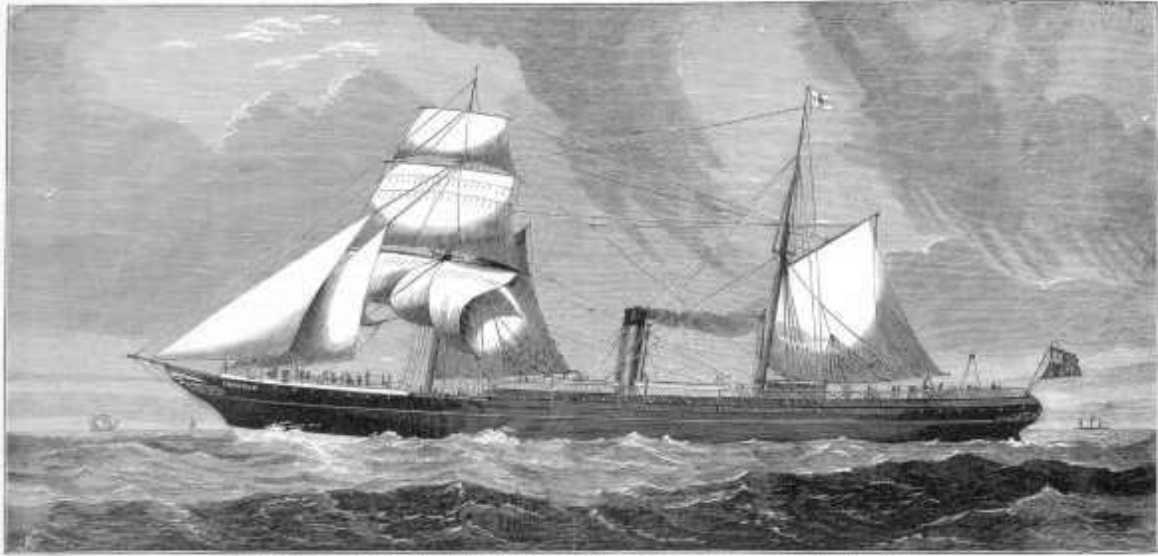
How may we finally assess the character and career of Donald Campbell? He seems to have been a highly competent doctor and surgeon, a kindly and generous man, popular with his patients and a wide circle of friends, and yet he made mistakes and at least two serious errors of judgment. Rather than back-track and admit that he might be wrong, he nursed a grievance from the first inquiry which clouded his judgement and gave rise to the second and more serious inquiry.

In short, he was only human. Other doctors made mistakes and buried them, then as now. Given time, if he had stayed in Christchurch, his colleagues may have forgiven his lapses and valued his other qualities and his skills as a doctor. Only a few years later, Dr McBean Stewart bungled a hernia operation and was exposed by Nedwill, leading to a scandalous court case, yet he remained on the hospital staff and continued to be a respected surgeon until a further lapse caused his resignation in the 1890s. Unfortunately for Donald Campbell, his life was cut short before he could attempt his rehabilitation.

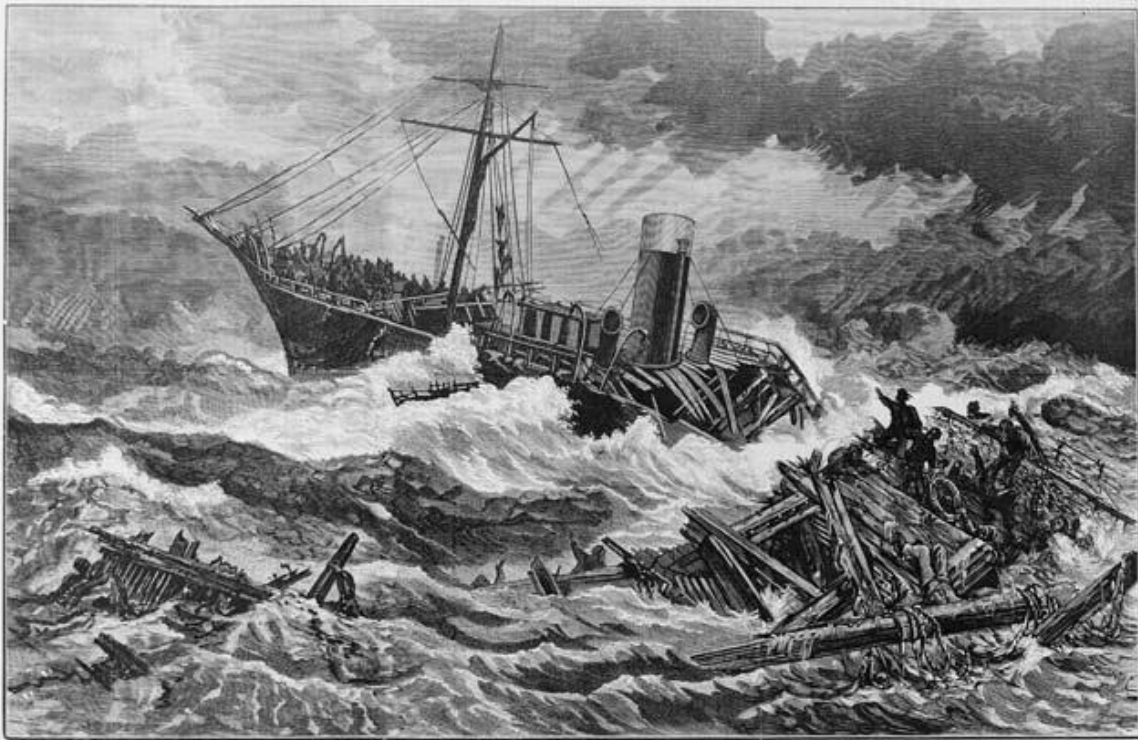


Dr Campbell, wife and children, photo by Peter Schourup, probably 1881.

From *Old Canterbury* blogspot, by permission of Anthony Rackstraw



THE S. S. TARARUA WRECKED IN FOYRACK STRAITS, 29TH APRIL, 1881.



THE ILLUSTRATED NEW ZEALAND HERALD

THE WRECK OF THE STEAMSHIP TARARUA ON THE WAIPAPA REEF, FOYRACK STRAITS

The Wreck of the Tararua, 1881, from *The Illustrated New Zealand Herald*
Wikipedia Commons

ENDNOTES

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- ¹ Rex Wright-St Clair, *Historia Nunc Vivat: Medical Practitioners in New Zealand, 1840-1930* (2003), pp.77-8.
- ² F. O. Bennett, 'Dr Donald Campbell: a reappraisal', *NZ Medical Journal*, 78 (1973), pp. 55-60.
- ³ Ellesmere Historical Society, Family History Archive, 'Peter Campbell (1811-85)', researched by Dorothy McMillan.
- ⁴ *Lyttelton Times* (hereafter *LT*), 23 August 1865, p.2; 14 March 1872, p.2; 1 June 1876, p.2.
- ⁵ Dorothy McMillan, see note 1.
- ⁶ Bennett, 'Dr Donald Campbell: a reappraisal', *NZ Medical Journal*, 78 (1973), pp. 55-60.
- ⁷ F. O. Bennett, *Hospital on the Avon: the history of the Christchurch Hospital, 1862-1962* (Christchurch, 1962), p.37 is seriously muddled: the Mackay court case occurred in 1877.
- ⁸ *Press*, 10 June 1869, p.2.
- ⁹ *Press*, 1 July 1869, p.2.
- ¹⁰ *Press*, 5 July 1869, p.3.
- ¹¹ *LT*, 10 September 1869, p.2.
- ¹² *Press*, 25 October 1869, p.2.
- ¹³ *LT*, 28 & 31 January 1870, both p.2.
- ¹⁴ *LT*, 1 March 1870, p.2.
- ¹⁵ *Press*, 18 April 1870, p.2.
- ¹⁶ *LT*, 29 April 1870, p.3.
- ¹⁷ *Press*, 30 May 1870, p.2.
- ¹⁸ *LT*, 30 May 1870, p.3.
- ¹⁹ *LT*, 30 June 1870, p.4.
- ²⁰ *LT*, 7 September 1870, p.3.
- ²¹ *LT*, 14 September 1870, p.1.
- ²² *LT*, 9 September 1870, p.1.
- ²³ G. W. Rice, *Lyttelton: Port and Town* (Canterbury University Press, 2004), pp. 40-1.
- ²⁴ *Press*, 29 October 1870, p.3.
- ²⁵ *LT*, 9 November 1870, p.2.
- ²⁶ *Press*, 12 March 1872, p.2.
- ²⁷ *LT*, 15 November 1870, p.2.
- ²⁸ *LT*, 3 December 1870, p.2.
- ²⁹ *LT*, 13 December 1870, p.2.
- ³⁰ *LT*, 14 January 1871, p.2.
- ³¹ *Press*, 13 March 1871, p.2.
- ³² *LT*, 17 March 1871, p.3.
- ³³ *Press*, 12 January 1871, p.2.
- ³⁴ *LT*, 27 January 1871, p.2.
- ³⁵ *LT*, 15 & 22 June 1871, both p.2.

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- ³⁶ *LT*, 13 July 1871, p.2.
- ³⁷ *Press*, 1 August 1871, p.2; *LT*, 2 August 1871, p.2.
- ³⁸ *Press*, 9 August 1871, p.3; *LT*, 16 August 1871, p.2.
- ³⁹ *Press*, 15 August 1871, p.2.
- ⁴⁰ *Press*, 5 September 1871, p.2.
- ⁴¹ *Press*, 2 September 1871, p.1.
- ⁴² *LT*, 23 September 1871, p.2.
- ⁴³ *Press*, 13 October 1871, p.2.
- ⁴⁴ *LT*, 14 October 1871, p.1.
- ⁴⁵ *Press*, 10 November 1871, p.2.
- ⁴⁶ *LT*, 14 November 1871, p.1.
- ⁴⁷ *Press*, 2 December 1871, p.1.
- ⁴⁸ *LT*, 25 & 27 January 1872, both p.3.
- ⁴⁹ *Press*, 30 January 1872, p.3.
- ⁵⁰ *Press*, 28 February 1872, p.2.
- ⁵¹ See Frances Ryman & Geoffrey Rice, *Cricketing Colonists: the Brittan Brothers in Early Canterbury* (Canterbury University Press, 2015).
- ⁵² Robert C. Lamb, *Birds, Beasts and Fishes: the first hundred years of the North Canterbury Acclimatisation Society* (Christchurch, 1964), pp. 16-24. Surprisingly, in view of Campbell's energetic contributions to this society, he is mentioned just once, on p.31.
- ⁵³ *LT*, 24 February 1872, p.2.
- ⁵⁴ *LT*, 26 April 1872, p.2.
- ⁵⁵ *Press*, 25 July 1872, p.3.
- ⁵⁶ *LT*, 26 November 1872; *Press*, 22 January 1873, p.2.
- ⁵⁷ *Press*, 24 March 1873, p.2; *LT*, 3 September 1873, p.2; *Press*, 9 September 1873, p.3.
- ⁵⁸ *Press*, 27 May 1873, p.3.
- ⁵⁹ *LT*, 29 January 1873, p.2.
- ⁶⁰ Lamb, *Birds, Beasts and Fishes* (1964), surprisingly has no account of Johnson's dismissal, as his book concentrates on the wildlife of its title.
- ⁶¹ *LT*, 10 February 1874, p.3.
- ⁶² *LT*, 20 Feb 1874, p.2.
- ⁶³ *LT*, 12 May 1874, p.2.
- ⁶⁴ *LT*, 19 May 1874, p.2.
- ⁶⁵ *LT*, 21 May 1874, p.2.
- ⁶⁶ *LT*, 1 July 1874, p.3 and 26 August 1874, p.2.
- ⁶⁷ *LT*, 12 June & 25 July 1874, both p.2.
- ⁶⁸ *LT*, 24 September 1874, p.1.
- ⁶⁹ Wright-St Clair, *Historia Nunc Vivat*, p.83.
- ⁷⁰ *LT*, 30 September 1874, p.2.
- ⁷¹ *LT*, 4 & 21 November 1874, both p.2.
- ⁷² *LT*, 25 November 1874, p.2.
- ⁷³ *LT*, 18 January 1875, p.3 and 8 February 1875, p.2.
- ⁷⁴ *LT*, 12 February 1875, p.2.
- ⁷⁵ *LT*, 24 February 1875, p.2.
- ⁷⁶ *LT*, 6 March 1875, p.3.
- ⁷⁷ *LT*, 5 May 1875, p.2.

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- ⁷⁸ Bennett, *Hospital on the Avon*, p.37.
- ⁷⁹ *LT*, 30 June 1875, p.1.
- ⁸⁰ *LT*, 28 July 1875, p.2; 8 September 1875, p.2.
- ⁸¹ *LT*, 10 September 1875, p.2.
- ⁸² *LT*, 11 September 1875, p.2.
- ⁸³ *LT*, 30 September 1875, p.2.
- ⁸⁴ *LT*, 27 October 1875, p.2.
- ⁸⁵ *LT*, 10 December 1875, p.3; *LT*, 18 March 1876, p.2.
- ⁸⁶ *LT*, 26 January 1876, p.2.
- ⁸⁷ *LT*, 30 May 1876, p.3.
- ⁸⁸ *LT*, 1 June 1876, p.3.
- ⁸⁹ *LT*, 18 June 1876, p.3.
- ⁹⁰ *LT*, 26 July 1876, p.2.
- ⁹¹ *LT*, 30 August 1876, p.2 and 27 September 1876, p.2.
- ⁹² *LT*, 13 November 1876, p.3.
- ⁹³ *LT*, 31 January 1877, p.3.
- ⁹⁴ *LT*, 28 April 1877, p.1.
- ⁹⁵ *LT*, 1 & 3 March 1877, both p.2.
- ⁹⁶ *LT*, 4 May 1877, p.2.
- ⁹⁷ The following paragraphs are based on *LT*, 2 June 1877, p.1 and 31 July 1877, p.3; and *Press*, 1 August 1877, p.4.
- ⁹⁸ *LT*, 5 October 1877, p.2.
- ⁹⁹ *Ibid.*, p.3.
- ¹⁰⁰ *Press*, 6 October 1877, p.2.
- ¹⁰¹ *LT*, 8 October 1877, p.2.
- ¹⁰² *Press*, 15 October 1877, p.2.
- ¹⁰³ *Press*, 17 October 1877, p.5.
- ¹⁰⁴ Bennett, 'Dr Donald Campbell: a reappraisal', *NZ Medical Journal*, 78 (1973), pp. 55-60
- ¹⁰⁵ *Press*, 22 December 1877, p.2.
- ¹⁰⁶ *Press*, 9 February 1878, p.2; 12 February 1878, p.3.
- ¹⁰⁷ *LT*, 11 February 1878, p.3.
- ¹⁰⁸ *LT*, 13 February 1878, p.2.
- ¹⁰⁹ *Press*, 11 March 1878, p.3.
- ¹¹⁰ *Press*, 26 June 1878, p.4.
- ¹¹¹ *Press*, 17 July 1878, p.2.
- ¹¹² *LT*, 10 July 1878, p.3.
- ¹¹³ *LT*, 12 March 1878, p.2.
- ¹¹⁴ Bennett, *Hospital on the Avon*, p.38.
- ¹¹⁵ *LT*, 22 & 28 May 1878, both p.1.
- ¹¹⁶ *LT*, 5 July 1878, p.3. Bennett, p.39, has December 1878, which is wrong.
- ¹¹⁷ *LT*, 12 November 1878, p.2.
- ¹¹⁸ *LT*, 3 July 1879, p.6.
- ¹¹⁹ *Press*, 8 March 1879, p.7.
- ¹²⁰ *Press*, 24 March 1879, p.2; *LT*, 28 March 1879, p.6.
- ¹²¹ *LT*, 25 March 1879, p.4; *Press*, 8 April 1879, p.2.

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- ¹²² *Press*, 1 May 1879, p.3.
- ¹²³ *LT*, 6 June 1879, p.6.
- ¹²⁴ *Press*, 27 June 1879, p.3.
- ¹²⁵ *Press*, 12 July 1879, p.3.
- ¹²⁶ *Press*, 21 August 1879, p.3.
- ¹²⁷ *LT*, 4 September 1879, p.5.
- ¹²⁸ *Press*, 6 October 1879, p.3.
- ¹²⁹ See Rice, *A Scientific Welsh Eye Surgeon: the short life of Llewellyn Powell MD (1843-79)*, *Christchurch's First Public Health Medical Officer* (Christchurch, 2020).
- ¹³⁰ *Press*, 29 August 1879, p.2; 11 October 1879, p.2.
- ¹³¹ *LT*, 18 October 1879, p.4.
- ¹³² *Press*, 18 October 1879, p.3.
- ¹³³ *Press*, 23 October 1879, p.3.
- ¹³⁴ *Press*, 12 December 1879, p.3.
- ¹³⁵ *Press*, 30 October 1879, p.2; *LT*, 31 December 1879, p.4; *LT*, 6 January 1880, p.4.
- ¹³⁶ *Press*, 29 January 1880, p.2.
- ¹³⁷ *Press*, 27 February 1880, p.2.
- ¹³⁸ *LT*, 22 March 1880, p.5.
- ¹³⁹ *Press*, 30 March 1880, p.2.
- ¹⁴⁰ *LT*, 17 April 1880, p.2.
- ¹⁴¹ *LT*, 17 July 1880, p.4.
- ¹⁴² *Press*, 10 May 1880, p.3.
- ¹⁴³ *LT*, 11 September 1880, p.4.
- ¹⁴⁴ *Press*, 15 October 1880, p.2.
- ¹⁴⁵ *LT*, 15 September 1880, p.1; *Press*, 23 October 1880, p.4.
- ¹⁴⁶ *Press*, 6 October 1880, p.3.
- ¹⁴⁷ Rice, *A Scientific Welsh Eye Surgeon*, pp. 106-29.
- ¹⁴⁸ Dr Walter Fox, quoted in David Macmillan, *By-ways of History and Medicine* (Christchurch, 1946), p. 371. See also the entry for Nedwill in *The Dictionary of New Zealand Biography*, II (1993), pp.346-7.
- ¹⁴⁹ For a more detailed account of this inquiry see Rice, *Gastro-enteritis or Typhoid? The Christchurch Hospital Inquiry of 1880* (Christchurch, Hawthorne Press with the Cotter Medical History Trust, 2021).
- ¹⁵⁰ *LT*, 27 August 1880, p.7.
- ¹⁵¹ *LT*, 28 August 1880, p.5.
- ¹⁵² *Press*, 30 August 1880, p.3; *LT*, 30 August 1880, p.5.
- ¹⁵³ *Press*, 21 October 1880, p.2.
- ¹⁵⁴ *LT*, 23 October 1880, p.6.
- ¹⁵⁵ *LT*, 26 October 1880, p.6.
- ¹⁵⁶ See Rice, *Christchurch Crimes 1850-76: Scandal and Skulduggery in Port and Town* (Canterbury University Press, 2012), pp.179-90.
- ¹⁵⁷ Alfred Swaine Taylor, *Principles and Practice of Medical Jurisprudence* (London, 1865).
- ¹⁵⁸ *LT* 28 October 1880, p.6.
- ¹⁵⁹ *LT*, 28 October 1880, p.3.

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- ¹⁶⁰ Thomas Hawkes Tanner, *A Manual of Clinical Medicine and Physical Diagnosis* (London, 1855), a standard text of the day. Tanner's father had been secretary to the Army Medical Board.
- ¹⁶¹ *LT*, 29 October 1880, p.6.
- ¹⁶² *LT*, 30 October 1880, p.2.
- ¹⁶³ Archives NZ, CH384, C764819, Admissions and Discharges Register, vol.II, 1867-75.
- ¹⁶⁴ *Star*, 15 December 1880, p.3.
- ¹⁶⁵ *Ibid.*
- ¹⁶⁶ *Press*, 16 December 1880, p.2.
- ¹⁶⁷ *LT*, 16 December 1880, p.4.
- ¹⁶⁸ *Press*, 23 December 1880, p.2.
- ¹⁶⁹ *LT*, 24 December 1880, p.3.
- ¹⁷⁰ *LT*, 18 January 1881, p.4.
- ¹⁷¹ *Ibid.*
- ¹⁷² *LT*, 22 January 1881, p.4.
- ¹⁷³ *Ibid.*, p.5.
- ¹⁷⁴ Bennett, *Hospital on the Avon* (1962), p.67.
- ¹⁷⁵ *LT*, 18 November 1880, p.6.
- ¹⁷⁶ *LT*, 7 December 1880, p.6.
- ¹⁷⁷ *LT*, 13 December 1880, p.5.
- ¹⁷⁸ *LT*, 24 December 1880, p.4.
- ¹⁷⁹ *LT*, 31 December 1880, p.6.
- ¹⁸⁰ *LT*, 1 April 1881, p.1.
- ¹⁸¹ *LT*, 21 April 1881, p.4.
- ¹⁸² *LT*, 5 May 1881, p.4.
- ¹⁸³ C. W. N. Ingram, *New Zealand Shipwrecks, 1795-1975* (fifth edition, Wellington, Reed, 1977), pp.199-202.
- ¹⁸⁴ *LT*, 3 & 4 May 1881, both p.5, from the *Otago Daily Times*. The eye witness was a cook, Antonio Michalaieff.
- ¹⁸⁵ Bennett, 'Dr Donald Campbell: A Reappraisal', p.59.
- ¹⁸⁶ *LT*, 30 April 1881, p.5.
- ¹⁸⁷ *LT*, 2 May 1881, p.5.
- ¹⁸⁸ Ingram, *New Zealand Shipwrecks*, p.201.
- ¹⁸⁹ *Globe* (Christchurch), 2 May 1881, p.3.
- ¹⁹⁰ *Globe*, 3 May 1881, p.3 with obituary.
- ¹⁹¹ *Evening Star* (Dunedin), 10 May 1881, p.2.
- ¹⁹² *LT*, 5 May 1881, p.4.
- ¹⁹³ *LT*, 19 May 1881, p.4.
- ¹⁹⁴ *LT*, 25 June 1881, p.5.
- ¹⁹⁵ *LT*, 14 June 1881, p.1.
- ¹⁹⁶ F. O. Bennett, 'The Unfortunate Dr McBean Stewart of Christchurch', *New Zealand Medical Journal*, 85 (1977), pp.186-9.
- ¹⁹⁷ *LT*, 29 June 1881, p.5.
- ¹⁹⁸ *LT*, 29 August 1881, p.4.
- ¹⁹⁹ *LT*, 1 September 1881, p.4.
- ²⁰⁰ Bennett, 'Dr Donald Campbell: A Reappraisal', p.56.
- ²⁰¹ Bennett, *Hospital on the Avon* (1962), p.67.