

# WHEN DOCTORS DIFFER:

The 1895 Christchurch Hospital Inquiry and the 1896 ousting of  
Dr John Murray-Aynsley (1860-1917)

Geoffrey W. Rice

Emeritus Professor of History  
University of Canterbury

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Matron Sibylla Maude  
*Canterbury Museum*



Dr Murray-Aynsley  
*Cotter Museum*



Dr De Renzi  
*Canterbury Museum*



Dr McBean Stewart  
*Cyclopedia of NZ*



Dr Lomax-Smith  
*montagulomax.org*



Richard Brown  
*Cotter Museum*



Christchurch Hospital staff in 1895 (left half of group photo): Nurse Cameron at left, Nurses Henry and Hiatt at rear, Sister Ewart at right. *Cotter Medical History Museum*



Christchurch Hospital staff in 1895 (right half of group photo): Matron Maude upper left, with Dr Murray-Aynsley; Sister Medlam, with her dog, could be mistaken for the Matron (and probably wished she had been); Pappill the Dispenser centre rear, Brown the Dresser at right. *Cotter Medical History Museum*



Charles Mathew Gray



Dr Walter Fox

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## INTRODUCTION

The title of this work is only half of an old aphorism: 'When doctors differ, patients die'. Some medical historians have inverted it, to refer to the notorious inability of nineteenth century medical men to agree on anything: 'When patients die, doctors differ'. While the first part of the Hippocratic Oath requires medical men (and women) to do no harm, another aphorism might be, 'When doctors differ, they only harm each other'. This is the sense in which the title has been chosen, for it is the story of four careers wrecked by personal disagreement.

The full story of the 1895 Christchurch Hospital Inquiry has not been told until now. Dr F. O. Bennett's history of Christchurch Hospital, *Hospital on the Avon* (1962), has a sprightly summary of the episode (pp.107-12), but he failed to explain the bitter personal conflicts that gave rise to the inquiry and his chronology is seriously muddled on the aftermath of the inquiry in 1896. The minutes of the hospital board are often skeletal in this period, simply recording motions passed or defeated, but the leading Christchurch newspapers of the day, the *Lyttelton Times* and the *Press*, sent shorthand reporters to the board meetings, and their reports sometimes included verbatim exchanges between board members, enabling the historian to identify individual members with particular policies or opinions.

In many respects Christchurch Hospital was the most backward of the main centre hospitals in New Zealand in the early 1890s. Its old wooden buildings were overdue for replacement and its equipment was mostly outdated or simply worn out. The kitchen range was so defective that patients and staff alike complained of half-cooked food. The surgical instruments were described by one witness as 'a lot of old fossil instruments that were of no earthly use'. Visiting surgeons preferred to use their own scalpels. Listerian antiseptic surgery had been introduced in the 1880s but the operating room was poorly lit and notoriously difficult to keep clean.

However, the main problem lay with the nursing staff. The older nurses (who were only middle-aged, but old by the standards of the nineteenth century) were untrained in antiseptics or bacteriology, and were not willing to learn. There was no separate nurses' home before 1895, and until then the nurses lived in attic accommodation above their ward kitchens, making them reluctant to be rotated to other wards. When the new London-trained Matron Maude attempted to introduce 'modern' methods in 1893, one senior nurse was heard to say that she would never accept Matron Maude's 'new-fangled ideas'. There was inevitable friction between the older nurses and young Nightingale-trained probationers who despaired of getting permanent appointments while the older nurses held onto their positions.

Christchurch Hospital had another problem in its Dresser (the head wardsman, responsible for changing dressings on wounds), Richard Brown, a veteran of the Crimean War who had never trained or qualified in medicine yet had picked up enough experience in military hospitals to be capable of some minor surgery. By 1895 he had been at Christchurch Hospital for 23 years and virtually ran the place, conducting post-mortems and assisting at operations. Several previous resident medical officers had

been alcoholics, and Brown had kept the hospital running for them. Successive boards saw him as too useful to be without, especially as he saved them money. But Brown sided with the older nurses, and resisted all attempts at reform. His coarse language and male chauvinist remarks upset the probationers, who were increasingly well-educated young women from middle and upper-class families.

The 1895 inquiry is of great value to historians of medicine and hospitals in New Zealand because it lifts the lid off day-to-day normality to reveal the reality of hospital life in the 1890s, warts and all, in one of the country's largest public hospitals. There are lessons of governance and management that have echoes in the problems of district health boards today.

This is also the story of two promising careers that were ultimately wrecked by the inquiry and its aftermath, and two others that probably deserved to be wrecked. Miss Sibylla Maude was a highly capable hospital matron, firm yet kind, fair-minded and devoted to her nurses and patients. She should have had a long career in the New Zealand hospital system. Instead, dismayed by the hostility of the hospital board and the stress of a deeply-divided institution, she resigned to become a pioneer of district nursing in New Zealand. As 'Nurse Maude' she became a legend in Christchurch, and her name lives on in the large organisation that bears her name.

Dr John Murray-Aynsley was about the same age as Miss Maude when he was appointed resident medical officer of Christchurch Hospital in 1893: he was 33 and she was 32. However, his experience of hospital administration was limited: he had spent just six months in a children's hospital in London after completing his medical qualifications. He had no degree, which was seen as a handicap by the better-qualified Christchurch doctors. Yet he was a good surgeon and a highly energetic and progressive administrator. He was also a specialist anaesthetist and bacteriologist. He was a popular secretary and then president of the Canterbury Medical Society. Like Miss Maude, he should have had a long and successful career in the New Zealand hospital system.

Though Murray-Aynsley was almost completely exonerated by the 1895 inquiry, further charges against him by Dr Montagu Lomax-Smith resulted in his dismissal by the board in 1896 after a secret inquiry that resembles a 'kangaroo court'. Two other doctors resigned in protest against this unfair dismissal. Murray-Aynsley found it hard to find another job. He spent six years as a district medical officer in the Wairarapa, living at Eketahuna, but the life of a country doctor was too strenuous and his health declined. He moved to Montrose in Scotland, his wife's home town, and spent 13 years there as a general practitioner. He returned to Christchurch in 1916, almost an invalid, where he died in September 1917, only seven months after his father's death in the same house.

The third career wrecked by the 1895 hospital inquiry was that of the man who brought it about, Dr Francis McBean Stewart. A rather arrogant elderly Scot, he was a competent but sometimes careless surgeon who had influential friends on the hospital board. In 1884 he had operated on a man named Strickland for an inguinal hernia, using a new method he had only read about. He had not performed this operation before, yet saw no need for a consultation beforehand, thus breaking the hospital's Rule 6. Strickland survived the operation but died several days later after haemorrhage from a

slipped ligature. Observing but not assisting at this operation was Dr Courtney Nedwill, a much better surgeon who had performed this risky abdominal surgery six times before, with three deaths. Nedwill advised Stewart to use a clamp or tenaculum to arrest the excessive bleeding but Stewart had ignored him. Nedwill resigned in protest, but the hospital board's inquiry exonerated Stewart. A request for a government inquiry was refused.

Nedwill told his version of events to the co-proprietor of an opposition newspaper in Wellington, and a sensationalised article appeared which led Stewart to sue the proprietors. At the libel trial held in Dunedin in 1886 expert witnesses showed how Stewart had bungled the operation, upholding Nedwill's original protest. The jury agreed that a libel had been committed, but awarded Stewart just one shilling in damages. (He had claimed £2,000.)

Nedwill remained in the wilderness for ten years before a new hospital board reappointed him to the surgical staff, while Stewart's attempt to market his own asthma cure in 1888 resulted in his expulsion from the Canterbury Medical Society and the loss of his Scottish qualifications. Yet the hospital kept him on until the 1895 inquiry, which revealed him as the author of the anonymous letter by 'Tongariro' which had sparked the inquiry, after which he was dismissed from the consulting staff.

The fourth career ended by the 1895 inquiry was that of the Dresser, Richard Brown. He was given three months' salary in recognition of his long service to the hospital, but it was clearly time for him to go, having opposed reforms and stirred up much internal dissension. In December 1895 he and Dr De Renzi confronted the chairman of the hospital board, demanding an apology for remarks made at a meeting, and De Renzi punched the old man in the face, knocking him down. De Renzi spent a month in prison for this assault, and Brown had committed perjury at the trial. Brown later opened a tobacconist's shop, and displayed in the window a skull with two bullet holes in it, a souvenir of his time at the hospital.

Who said medical history was dull?

What follows is as much a biography of Dr Murray-Aynsley as it is an explanation of the 1895 hospital inquiry and its aftermath. Some of the other leading characters in this often startling and revealing story have already been the subject of detailed studies, most notably Dr Francis McBean Stewart and Dr Courtney Nedwill. (See G. W. Rice, *A Fatal Herniotomy and the Medical Libel Case of 1886: Dr Courtney Nedwill's pursuit of Dr Francis McBean Stewart.*) Other participants will be introduced as we come to them.

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## 1. CHRISTCHURCH HOSPITAL IN 1895

We have a rare insider's glimpse of Christchurch Hospital in 1895. Dr Percival Clennell Fenwick (1870-1958), later a long-serving member of the medical staff, spent several months in the hospital in 1895 as a young assistant house surgeon and recorded his impressions in the hospital's first history, published in 1924.<sup>1</sup> He was a very enthusiastic young surgeon, as Dr Nedwill remarked, and was given his own ward of 'interesting cases' to study, while Murray-Aynsley and Nedwill respectively coped with the bulk of the out-patients and routine surgery.

Fenwick thought the hospital was 'a curious mixture of buildings'. On the left of the entrance gate on Oxford Terrace was the original two-storey wooden house which contained Wards 1 and 2. The upper storey was Ward 2 comprising two rooms, the outer for male chronic cases and the inner for eye cases. The chronic cases included bad legs, a typhoid and two advanced tuberculosis patients. The eye room was painted black with darkened walls, 'the most depressing ward I have ever seen'. Downstairs in Ward 1, Sister Merritt looked after the female chronic cases, and kept the ward 'in an excellent condition'. A covered passage connected the original building with the newer wards 4, 5 and 6: 'The sisters in charge – Miss Ewart [later matron, 1899-1908], Miss Griffith and Miss McRobbie – were as good nurses as could be found in any hospital today'. [1924] The operating theatre was 'spotless: the sister in charge, Miss Turner, was a splendid manager'. Ward 3 was a separate small building some distance behind Ward 6 and was supposed to be for infectious cases, but as it comprised only two rooms each holding six beds it was 'quite inadequate'. The path to this ward led past the morgue, known in those days as the 'dead-house'.

Fenwick continued: 'The old wards 1 and 2 were very bad: the modern wards, 4, 5 and 6, were quite good ... Though the new Nurses' Home had just been built, the attics over wards 4, 5 and 6 were still occupied by the maids as sleeping quarters. These consisted of one fair-sized room and a tiny annexe in which it would have been quite impossible to swing the proverbial cat. Miss Maude was matron, but gave up that position to found and conduct the District Nurses' Guild: her wonderful work among the sick and miserable has endeared her to everyone and made her name a "household word" throughout Canterbury. Sister Turner, who was later in charge of Ward 6, possessed unquenchable optimism – an invaluable gift to all who have to deal with the sick'. One patient, feeling very ill, told Sister Turner that he was going to die. "You are not", immediately replied the Sister: "You dare to die and I'll box your ears!" He soon got well.

The hospital was governed by a board of laymen: the elected mayors of Christchurch, Lyttelton and Sydenham, representatives of the adjacent county councils, and citizens elected by the city wards. These were mostly businessmen, lawyers or farmers, and their main concern in this period was to save the ratepayers' money. The hospital was financed by a combination of annual levies from the local bodies and occasional grants from the central government in Wellington. Its income from charging patients for their food and medicines was minimal, as most patients were too poor to afford the services of a doctor in private practice. The board had no medical expertise, but relied on the

advice of the House Committee, which represented the medical staff, both salaried and honorary. In the 1870s there had been a bitter struggle by the doctors to control medical appointments, but the board had won that battle and now controlled all appointments. In the hospital's early days the surgeon and physician had been salaried staff, on very generous salaries, but as the hospital grew the same amount of money had been split between four visiting staff. This made it hard to attract high calibre men. The Resident Medical Officer (also confusingly called the House Surgeon, and the precursor of a Medical Superintendent) was on £250 a year and the Matron on £100. The Dispenser and the Dresser were each on £100 while the nurses were on salaries ranging from £30 to £50, depending on seniority. The Cook got £80 and her assistant half that. Housemaids, laundresses and porters ranged from £25 to £40 a year. By 1895 the hospital had 27 sisters and nurses.<sup>2</sup>

The handful of well-trained sisters formed the backbone of the nursing staff, and were mentors for the young probationers, but some of the older nurses (such as Nurse Medlam) were set in their ways and were unable or unwilling to learn about bacteria and the need for antiseptics. They were also unwilling to obey orders from the comparatively youthful matron and resident house surgeon of 1895.

## 2. EARLY CAREER OF DR JOHN HENRY MURRAY-AYNSLEY

John Murray-Aynsley was born into one of the elite families of early Canterbury. His father, Hugh Percy Murray-Aynsley (1828-1917), was a grandson of Lord Charles Murray-Aynsley (1771-1808) and great-grandson of John Murray, 3<sup>rd</sup> Duke of Atholl (1729-1774). Lord Charles had married the heiress of Gawen Aynsley Esq and for legal reasons assumed the additional name of Aynsley.<sup>3</sup>

As a young man Hugh managed a sugar plantation in Trinidad for his cousin, Sir William Miles, before emigrating to Australia to work for Miles and Company in Melbourne. He came to New Zealand in 1858 as manager and principal partner for Miles and Company in Lyttelton, the port of the Canterbury settlement established in 1850. Miles and Company were the leading stock and station agents in early Canterbury, handling large exports of wool and importing a wide range of goods for the new settlement. In 1862 Hugh purchased a large rural property on the Heathcote River where it bends near the start of the Rapaki Track and named it 'Riverlaw'. The spur of the Port Hills above the house is still known as Murray-Aynsley Hill. The road on this side of the Heathcote River is known as Aynsley Terrace, and its continuation upstream is known as Riverlaw Terrace. Also in 1862 Hugh bought the Mount Hutt sheep station from Alexander Lean, and his second son Charles P. Murray-Aynsley later managed this run until it was subdivided and sold in 1898.<sup>4</sup>

Hugh entered politics in 1862 as a member of the Canterbury Executive Council, and in 1864 was elected member for Lyttelton in the Canterbury Provincial Council, until 1866. He was deputy Superintendent of Canterbury from 1869 to 1872 and represented Lyttelton in the House of Representatives as the member for Lyttelton from 1875 to 1879.

In 1873 Hugh was one of the founders of the New Zealand Shipping Company and for many years was chairman of directors until his death. He was highly respected as one of the province's wealthiest and most influential businessmen. Hugh was instrumental in establishing the parish of St Mark's, Opawa, and his fourth son George was the first child baptised in the new wooden church in 1865. Between 1885 and 1892 he had a large three-storeyed brick house built at 'Riverlaw', but sold it in 1905 and went to live in Christchurch, at 38 Holly Road, St Albans. ('Riverlaw' was badly damaged in the 2011 Christchurch earthquake and had to be demolished.)<sup>5</sup>

Hugh married Elizabeth, daughter of Thomas Campbell of Edinburgh, in 1859. Their first child was a son, John Henry Murray-Aynsley, born in 1860. Three more sons followed, Charles Percy, Archibald, and George, and three daughters, Agnes, Emma and Helen. Elizabeth helped to run the Addington Orphanage in Christchurch and was famed for her hospitality at 'Riverlaw' and at Mount Hutt.<sup>6</sup>

As the eldest son of a large and wealthy family, John Henry Murray-Aynsley had a privileged childhood, and was privately educated at the Reverend Charles Turrell's school in Upper Riccarton. Turrell was the city's leading chess player and also lectured in Latin, Greek and French at the newly-established Canterbury (University) College. One of John's classmates and friends at Turrell's school was Robert Heaton Rhodes, namesake son of one of the earliest pioneers on Banks Peninsula. Miles and Company had been the agents for the Rhodes family's sheep stations. Robert Rhodes's numerous properties made him probably the wealthiest man in Canterbury, if not all New Zealand, when he died in 1884. His son Heaton Rhodes, as he preferred to be known, went on to a distinguished career as a politician and cabinet minister, and head of the Order of St John in New Zealand.

The Rhodes and Murray-Aynsley families were old friends, attending each other's weddings and garden parties. Heaton Rhodes and his sisters were also close friends with the children of Thomas Maude, Registrar of Births Deaths and Marriages for Christchurch and a member of the Provincial Council. Sibylla Maude was a bridesmaid at the wedding of Heaton's sister Edith to Alister Clark in 1888, and they remained lifelong friends.<sup>7</sup>

After leaving the Reverend Turrell's school, Heaton Rhodes went to a prep school in Switzerland and the Cathedral School at Hereford in England, before enrolling at Brasenose College, Oxford. His cousin Arthur Rhodes, son of the South Canterbury branch of the Rhodes family, went to Cambridge to study law, and returned to Christchurch in 1884, where he introduced the sport of polo and began a lucrative legal practice. (When Arthur's father died suddenly in 1864, Hugh Murray-Aynsley was appointed his guardian until Robert Heaton Rhodes senior returned from a trip to England.)

John Henry Murray-Aynsley stayed in Christchurch, and was enrolled at Christ's College in 1875, entering Corfe's House. Little is known of his school days, but much is known of the school he attended. Christ's College had been part of the original plan for the Canterbury settlement, a grammar school for boys with links to the proposed museum and university. Once known as 'the Eton of the South Pacific' it was modelled on a mid-range English public school, with all the traditions and rituals of a school like

Marlborough or Rugby. Caning and fagging were therefore familiar to the young John Murray-Aynsley, but in Charles Carteret Corfe he had a young and popular headmaster much loved by the boys. Corfe was only 25 when appointed headmaster in 1873 and he remained until 1888. In his time the roll more than doubled and several new buildings were added. Corfe was a mathematician but also a keen cricketer and sport loomed large in the daily lives of all the boys.<sup>8</sup>

After Christ's College young Murray-Aynsley went off to England in 1880 to study medicine in London. In March 1882 he attended a dinner at the Grosvener Restaurant organised by Arthur Rhodes for former Christ's College boys who were then in England. About 50 young men attended, including Heaton's younger brother George Rhodes, and his cousin Ernest Timaru Rhodes. The sons of several leading Canterbury families were also present: Grigg, Harper, Tripp, Whitcombe and Wilkin.<sup>9</sup>

John Murray-Aynsley trained at St George's Hospital, London, and qualified MRCS and LRCP in 1889. He was registered on the English Medical Register on 23 December 1889. He then spent a short period as medical superintendent of the Belgrave Hospital for Children, before returning to New Zealand 'with very high references'. In September 1890 he inserted a notice in the *Lyttelton Times* announcing that he was about to commence general practice in the Opawa-Woolston district.<sup>10</sup>

The St John Ambulance Association had been started in New Zealand in 1885 in Christchurch, and offered certificate courses in first aid and home nursing for both men and women. Local doctors volunteered their time to give the lectures, and John Murray-Aynsley was recruited in 1891 to give a course on first aid for men. The women's lectures were taken by Dr Lomax-Smith, another new arrival in Christchurch.<sup>11</sup>

Montagu Lomax-Smith (1860-1933) was the same age as John Murray Aynsley. He had obtained his MRCS and LRCP at Edinburgh in 1883 and trained at St Bartholomew's Hospital in London. He was registered in Christchurch on 3 May 1890, and commenced practice from the Deanery in Armagh Street in partnership with Dr Prins, one of the city's oldest surgeons.<sup>12</sup> He was a keen tennis player and partnered Dr Nedwill in a tournament in that same month.<sup>13</sup> His wife Ethel had a fine singing voice and appeared in amateur theatricals for the Hunt Club in July 1890.<sup>14</sup>

John Murray-Aynsley also had a good singing voice, and performed in entertainments for the St Mark's parish. In April 1891 he was married in St Marks Church to Miss Elizabeth Key from Montrose in Scotland, who had arrived on the *Ruapehu* with her two sisters just ten days before. They were to be her bridesmaids. We have no information as to when or where the bridal couple met. This was a significant society wedding in Christchurch, fully reported in the papers. It was a 'chrysanthemum wedding' with the church 'beautifully decorated'. Among the families attending were the Rhodes and Maude families, Leonard Harper the lawyer (son of the Bishop of Christchurch), and Joseph Palmer, the influential manager of the Union Bank. After the church service the guests were conveyed to 'Riverlaw' to drink the health of the happy couple and to view the many presents. John and Elizabeth spent their honeymoon at Governors Bay at the head of Lyttelton Harbour.

Murray-Aynsley was soon recruited to join the Canterbury Medical Society, and in June 1891 was elected its secretary.<sup>15</sup> His minutes are a joy to read, being both full and

clear. Dr Walter Thomas was the president, and the treasurer was Dr Walter Hacon, superintendent of the Sunnyside Asylum. Here Murray-Aynsley was mixing with the more progressive side of the Christchurch medical fraternity, and hearing scientific papers on a wide range of topics. However, as secretary he was immediately plunged into a local controversy over Professor Koch's TB cure.

Robert Koch (1843-1910) was probably the world's greatest microbiologist after Pasteur, famous for discovering the anthrax bacterium in 1876 and devising an effective antidote against the disease. 'Koch's postulates' established a reliable method for identifying specific diseases with their causative bacterium. However, a major controversy erupted after he announced his invention of 'tuberculin' as a cure for tuberculosis. When other doctors tried it on patients, it proved largely ineffective.<sup>16</sup>

In April 1891 Dr Prins announced that he had imported Koch's tuberculin and his partner Dr Lomax-Smith had injected it into a volunteer at Christchurch Hospital. Among the doctors observing this experiment were the Deamer brothers, George and John, and Dr McBean Stewart. However, the Canterbury Medical Society concluded at its May meeting that Koch's cure had been declared a failure in Britain and North America, and that Prins should not raise false hopes in TB sufferers. A sarcastic anonymous letter in the *Press* poured scorn on the society, and prompted a reply from Dr Hacon. It was pointed out that Dr Prins had been invited to join the medical society but had never done so, and Dr Lomax-Smith had been invited, joined, but attended just one meeting. Lomax-Smith gave an interview to the *Press* in which he gave statistics from Germany, admitting a 55% failure rate and stating that the cure was 'still on trial'. Drs Hacon and Jennings responded with more dismal figures from British and American hospitals, and invited Prins to submit a paper on his experiment to a medical journal, or even to come and report his results to the medical society. He did neither.<sup>17</sup>

This episode may be the origin of what became a deep personal rift between Lomax-Smith and Murray-Aynsley. As newcomers they were competing for patients to establish themselves in general practice, and Lomax-Smith had identified himself with one of the more reactionary factions among the Christchurch medical men, led by Prins, Turnbull and McBean Stewart. Murray-Aynsley was part of the progressive faction identified with the medical society. When Dr De Renzi resigned as resident house surgeon at Christchurch Hospital in November 1892, Murray-Aynsley was appointed to act temporarily, and in January 1893 was confirmed as the new house surgeon. Lomax-Smith probably felt that he was a better-qualified candidate, and may have harboured resentment thereafter.

In the meantime, however, Murray-Aynsley established himself as a capable and reliable practitioner, lecturing for St John and other groups, and demonstrating his skill as a bacteriologist and microscopist. In July 1891, having completed his first aid lectures for St John, he 'very kindly' offered an extra revision lecture that would count for any lecture missed.<sup>18</sup> In August in the larger men's class two firemen were unable to attend the oral and practical examination, but Murray-Aynsley 'very kindly' offered to complete their examination if they called at his home. The other 16 had all passed with 'great credit', nine achieving nearly full marks: 'The oral part also gave every satisfaction, showing that in nearly every case the candidates could not only answer theoretically but

really knew how to act in giving first aid'.<sup>19</sup> Murray-Aynsley was clearly a very effective teacher.

In September that year Murray-Aynsley gave a public lecture at St Mark's schoolroom on 'How to take care of Number One, or, the Preservation of Health from infancy to old age'. In addition to his advice on leading a healthy life, Murray-Aynsley had arranged four scenes with volunteers simulating hunting, shooting, football and street accidents, to demonstrate the first aid appropriate to each situation. Mrs Wilding and Mrs Murray-Aynsley gave vocal items between the scenes.<sup>20</sup> The *Star* reported that Murray-Aynsley lectured in 'a graphic and lucid manner', and pleased his younger hearers with his stern denunciation of excess in the matter of homework.<sup>21</sup>

Murray-Aynsley was then involved as a medical witness in a protracted civil case in which a labourer named Gousemot sought damages from the Union Steam Ship Company, claiming that while discharging coal from the *Tekapo* one of its employees had negligently caused a large piece of coal to fall into the hold where he was working, injuring his spine or shoulder blade. Dr Tom Guthrie had simply put his arm in a sling for two weeks, but Gousemot claimed that he was still in great pain. He claimed to be able to hear slight sounds of the rubbing of one end of broken bone against the other. At the hospital Dr McBean Stewart could find no sign of a fracture, and as Gousemot could move his arm up and down he concluded that there was 'nothing the matter with him'. However, Murray-Aynsley and Dr Ovenden put the patient under anaesthetic and found that Gousemot writhed with pain when the muscle bulging above the shoulder blade was touched, and they concluded that there was a fracture somewhere. Murray-Aynsley made a small model of the bones involved to show the jury where the fracture was likely to be, and suggested an operation to repair the fracture with wires, but conceded that even this might not succeed. Faced with this conflict of expert witnesses, the jury could not agree, and a new trial was ordered for February 1892. McBean Stewart at this trial derided Murray-Aynsley's diagnosis as a mere 'theory' and once again the jury could not agree. At another trial in March a new jury finally found in favour of the Union Steam Ship Company.<sup>22</sup> Gousemot was still unable to work, and a fund was started to help his family, but after a few months it had raised only £14.<sup>23</sup> This matter could have been settled by an X-ray, but that useful device had not yet been invented. Murray-Aynsley had used his expertise with anaesthetics to make a more informed diagnosis than McBean Stewart, who preferred to assume that the man was malingering.

In his St John lectures in 1892 Murray-Aynsley demonstrated that he was a thoroughly modern and up-to-date doctor. In May he lectured on 'Bacteriology and the Nursing of Infectious Diseases', and illustrated his lecture with microscope slides. About 40 ladies attended.<sup>24</sup> In June he lectured on 'Hygienic Nursing' and then 'Antiseptics in the household and in monthly and surgical nursing'.<sup>25</sup>

Murray-Aynsley was also honorary surgeon to the Christ's College Rifles, and in September 1892 showed his interest in matters military with a lecture on 'Outposts and Reconnoitering'. Taking as his example an enemy landing near the mouth of the Waimakariri River, he used maps and plans to describe the arrangement of outposts needed to protect Christchurch from attack.<sup>26</sup>

As noted before, when Dr De Renzi resigned from his position as resident house surgeon at Christchurch Hospital, Murray-Aynsley was invited to act in his place while the board sought a permanent successor. Three applications were received from 'well-qualified gentlemen', one of whom was almost certainly Lomax-Smith, but after 'exhaustive consideration' the board agreed unanimously to appoint Murray-Aynsley in January 1893.<sup>27</sup> He was now 33. His reputation had probably grown from his popular lectures for St John and his skill as a microscopist, but we know nothing of his general practice. The hospital board may have felt safer in choosing a well-known and obviously energetic local man over a relative newcomer from England.

### 3. MURRAY-AYNSLEY AS RESIDENT MEDICAL OFFICER

Our best evidence for Murray-Aynsley's work as resident medical officer comes from his regular reports to the hospital board, but his name also appeared in the newspapers when he attended accident cases or when he appeared in court as a medical witness. In contrast, Lomax-Smith's name rarely appears in the Christchurch newspapers, suggesting that he led a more private life and was not as active in the community as Murray-Aynsley.

The accident cases attended by Murray-Aynsley ranged from simple broken arms (one being a lad swinging over the Avon River from the willows opposite Dr Nedwill's residence in Oxford Terrace<sup>28</sup>) to the family members injured in an attempted murder-suicide shooting in Papanui. The former licensee of the Sawyers Arms Hotel shot at his wife and daughter with a shotgun, but being drunk at the time he only wounded them. He then tried to cut his throat, but missed the vital arteries. Murray-Aynsley sewed him up and he later stood trial for attempted murder, and was sentenced to 18 months in prison with hard labour.<sup>29</sup> Giving evidence in such cases often took Murray-Aynsley away from his duties at the hospital, but he seems to have made up the time in the evenings, touring the wards with the matron on her last rounds of the day.

From 1 July 1893 Murray-Aynsley worked alongside the new matron, Miss Sibylla Maude, and by all accounts they got on well, sharing the same ambition to modernise the hospital's nursing staff and administration. Murray-Aynsley continued with his first-aid lectures for St John, and now added extra lectures to the hospital nurses.

Miss Maude came to Christchurch Hospital with 'high testimonials'. She had started in 1889 at the Middlesex Hospital in London as a paying lady probationer in both medical and surgical wards. The matron at the Middlesex was Miss Godiva Thorold, a legendary martinet in her strict training of nurses and the high standards of care she demanded of her staff. Nurses at the Middlesex wore uniforms of deep violet serge, with frilly white caps and a small train designed to conceal their ankles from the view of medical students as they leaned over a bed. The hours were long and arduous, and the lady probationers also had to attend lectures and accompany the medical officers on

their rounds of the patients. After completing her training, Miss Maude spent a year as acting-sister of two surgical wards, where she worked under two famous surgeons, Sir Henry Morris and Sir J. Bland Sutton, who were pioneers of new surgical techniques. The Middlesex Hospital archives contain this assessment of her:

An excellent worker and thoroughly dependable. Temper and discipline exceedingly pleasant; always loyal, true and obedient. For twelve months acting-sister of Broderip and Percy wards, where she maintained complete discipline, managing patients and nurses with tact and kindness.<sup>30</sup>

Unfortunately, Sibylla Maude's career as matron of Christchurch Hospital was overshadowed by her father's involvement in the bankruptcy of Leonard Harper's law firm. Thomas William Maude (1832-1903) was educated at Winchester and Balliol College, Oxford. He had arrived in Canterbury in 1855 with his brother and enough family money to enable them to start sheep farming at Mt Thomas. Once the farm was established, Thomas preferred to live in Christchurch, and in 1858 was appointed clerk to the Magistrate's Court. In 1861 he was elected the member for Ashley in the Canterbury Provincial Council and became a part-owner of the *Lyttelton Times*. After marrying Emily Brown he settled in Riccarton, and was appointed Registrar of Births Deaths and Marriages for Christchurch. Sibylla was born in August 1862 and baptised at St Peter's, Upper Riccarton. In 1876 he took the family to England where he studied law and was called to the bar in 1880. On his return to Christchurch he was taken on as a partner by Leonard Harper and bought shares in the company for £2,000.<sup>31</sup>

Leonard Harper was the son of Bishop Harper, and his law firm was regarded as the most respectable in Canterbury, 'as safe as the Bank of England'. Many people invested with the firm, from New Zealand, Australia and the UK, and their money was lent out as mortgages, yielding modest but steady returns. However, Harper and Company had been badly affected by the 1880s depression. Increasing numbers of mortgages turned sour, and could not be repaid. Leonard Harper used fresh deposits to pay the interest on existing loans, hoping that things would improve. But they got worse, and Thomas Maude knew that the company was insolvent before July 1892, when he resigned. He was also involved in a rather suspect purchase of shares in the *Lyttelton Times* as a trustee for W. J. W. Hamilton's estate, assigning 405 to his son and 671 to himself. This was regarded with disapproval by the city's business elite as a form of what would now be called 'insider trading'.<sup>32</sup>

Leonard Harper was declared bankrupt in March 1893, owing over £200,000 (equivalent to about \$36 million today) to the banks and a long list of unsecured creditors. It was as if a large provincial bank had failed. Leonard was in England, trying to raise funds from his relatives, so the axe initially fell on his partners, his brother George Harper and Thomas Maude. Both were declared bankrupt in April 1893 and were struck off the rolls in August 1894, preventing them from practising as lawyers. Leonard had handled the investment side of the firm by himself, leaving the court work to George and the conveyancing to Thomas Maude. They survived as law clerks for other firms before being readmitted in 1899. The Harper bankruptcy was the great scandal of 1890s Christchurch and affected a large number of families in Canterbury and the UK,

including pioneer settlers such as the Aclands and Tripps. Yet when the government finally brought Harper back to face fraud charges in 1896, the jury acquitted him, as there was no evidence of intention to defraud.

Though not personally involved in any way, Miss Maude was inevitably tainted by her father's bankruptcy and disgrace. Families who had lost money in the crash were angry at the Harpers and Thomas Maude, and would have shunned the latter's daughter socially. It must be remembered that all through the 1895 hospital inquiry and its aftermath she had this family disgrace hanging over her. She could expect little sympathy or support from the businessmen on the hospital board, who regarded her father as a fraudster.

One of first reforms introduced by Matron Maude was to persuade the hospital board to spend £50 a year on material to provide all of the nurses with uniforms.<sup>33</sup> However, the board itself decided on the material, a dark blue serge-like material. This made the nurses look like asylum attendants, and the move was not popular, as the heavy material was difficult to wash. When Matron Maude asked the board to provide washable material, the board said it had just issued that year's uniform allowance, and the nurses would have to wait another year. The nurses then pointed out that five cotton uniforms could be purchased for the price of the serge ones. However, the board decided that the cost of laundry for five uniforms instead of one would be prohibitive, and the nurses were stuck with their dark blue serge for several more years.<sup>34</sup>

One of Murray-Aynsley's contributions to improving the atmosphere in the hospital was to organise occasional entertainments for the patients. In May 1893 he invited the Truda brothers, a well-known string trio in Christchurch, to play musical selections in the corridors, 'to the great delight of the patients, who seldom have so rare a treat'.<sup>35</sup> In October 1893 Messrs Hart and Seager were invited to deliver their illustrated lecture on 'Old Canterbury' for the entertainment of patients.<sup>36</sup> (Edward Seager was the former Steward of the Sunnyside lunatic asylum, where he had introduced musical evenings and theatrical productions involving the inmates as part of his innovative therapeutic programme.) In December 1893 a concert was held at the hospital with piano duets, solo songs and a recitation by Oscar Alpers. Murray-Aynsley also started a fund for Christmas presents for the patients, which was continued for many years thereafter by the Hospital Lady Visitors' Association.<sup>37</sup>

Murray-Aynsley saw some sad cases in his role as resident medical officer. In July 1893 he gave evidence at the trial of the father and step-mother of 11-year old Ada Cribb from Lincoln, who had been admitted to the hospital malnourished and with weals and bruises on many parts of her body. Murray-Aynsley saw the 'very distinct impression of a buckle' on her right buttock, and marks on her ankles suggested she had been whipped. Her feet had ulcerated sores and chilblains, and her knees, elbows and hands had callouses from prolonged hard manual work. She weighed only 30 kg. Neighbours had seen the child being whipped by her step-mother, and heard her screams and cries for mercy. The parents said she had been a difficult child, stealing food and money from neighbours' houses, and running away. Murray-Aynsley told the court:

It was not reasonable to allow a child to fall into that condition without seeking medical assistance, which would have prevented her suffering to the extent she had suffered ... repeated thrashings would have had a bad effect on her health.<sup>38</sup> After several adjournments the case was finally decided at the end of July: the father was discharged with a severe reprimand, and the step-mother was sent to prison for two months with hard labour.<sup>39</sup> One wonders how she treated the child on her release from prison.

Murray-Aynsley often had to patch up the victims of assault. In December 1893 two men were charged with a vicious assault on a groom named John Wilson. He was closing up at the Caversham Hotel when they demanded another game of billiards. He had removed the billiard balls, whereupon they knocked him down and kicked him. He was admitted with a severe scalp wound, exposing the bone, a broken nose, one tooth knocked out, one black eye and various bruises on his face and body consistent with having been kicked by a hobnail boot. Joseph Farrell was fined 60 shillings, half to go to Wilson, but the other man denied ever touching him and was discharged.<sup>40</sup>

The hospital had an inflexible rule that drunks and alcoholics were never to be admitted, as they tended to be disruptive and noisy. Murray-Aynsley sent them back to police cells or to the Charitable Aid depot. But for one case early in 1894 he bent the rules in the interests of humanity. One Joseph Samson Figg had been refused admission to the hospital as he was delirious with drink, but Murray-Aynsley had given him some medicine to ease his symptoms. Back at the police station he had been given the medicine at regular intervals, but his condition worsened, and Dr Devenish-Meares said they could do no more for him, and ordered his removal to the hospital. Murray-Aynsley admitted him in a collapsed state, suffering hallucinations from delirium tremens. He then developed pneumonia, sank gradually over the next week, and died in hospital. He had no friends or family in Christchurch. The magistrate commented:

A sick and dying man, who ceases to be responsible for any ill he has done, and who becomes an object of charity, must be attended to in the interests of common humanity.<sup>41</sup>

The problem was that Christchurch had no appropriate facility for such cases, nor for chronic alcoholics or prostitutes suffering from venereal disease. Such cases needed special nursing and medical treatment, but the hospital board refused to let them occupy beds next to respectable patients recovering from surgery or illness.

The old Contagious Diseases Act of 1869 had provided for such cases to be locked up and given compulsory treatment, but the act had been difficult to enforce and had become a dead letter. The hospital board now asked the government to make one of the empty buildings at the Addington prison available as a lock hospital, and the minister responsible agreed to the idea, but a vociferous public opposition defeated the proposal.<sup>42</sup>

#### 4. NEW NURSES' HOME, 1894-5

The hospital board then became preoccupied with the need for a proper nurses' home. Two sites had been suggested, on the corner of Lincoln and Riccarton roads (the 'lower' site) and on the edge of the hospital grounds beside the Domain (the 'upper' site). The government had offered a grant of £500 if the board could raise £1,000. However, the consulting engineers pointed out that the Domain site would need deeper foundations, as it was beside the Avon River. Though half of the board had opposed the Riccarton corner site, on grounds of noise and dust, the extra expense made them change their minds and opt for the corner site.<sup>43</sup>

Both Murray-Aynsley and Matron Maude were consulted by the architect, Joseph Clarkson Maddison, on the requirements for a modern nurses' home, and many features of the Dunedin Hospital's home were copied for Christchurch.<sup>44</sup> The foundation stone for the new Christchurch Nurses' Home was laid by Heaton Rhodes on 19 April 1894. This was a big event for the city, with many dignitaries on the platform, and large contingents from the Fire Brigade, College Rifles, St John Ambulance, Working Men's Clubs, Masonic lodges and Friendly societies to swell the crowd.

In his speech the chairman of the board, William Moor, contrasted the ten nurses of the 1860s hospital with the 25 nurses now under Murray-Aynsley's charge. In the early days a nurse needed no education and only needed to be honest and hard-working, as the job involved much hard menial work. Now, however, there was a new order of nurses, intelligent and well-educated ladies who were trained to give more attention to the medical treatment of patients. Nurses were always at risk of catching things from patients, and they needed healthy living quarters. Christchurch had more admissions a year than any other hospital in New Zealand, and needed more nursing staff, as well as a School for Nursing. The new Home would help to attract the new staff the hospital needed.

He said that they had chosen Heaton Rhodes to lay the foundation stone because the Rhodes family had done more charitable work than perhaps any other family in New Zealand, giving advice and money to alleviate the misery and suffering of the poor. Heaton Rhodes also represented the younger generation, the sons of the pioneers, in whose hands the future of Canterbury was assured. After Heaton's speech, the laying of the stone, and speeches by Bishops Julius and Cummings, it was Murray-Aynsley's turn.

He was introduced not only as the resident medical officer but also as the secretary and vice-president of the Canterbury Medical Society. In reviewing the work of the hospital over the previous year, Murray-Aynsley referred to the low death rate, the large number of admissions and the low cost per patient. Other hospitals had received far more than Christchurch in government grants, so the board need have no compunction in approaching the public for money to complete the Nurses' Home. He thanked Heaton Rhodes for laying the foundation stone, and again referred to him as a representative of 'young New Zealand'. They had been at school together, and were both childhood friends of Matron Maude. She was now his right hand, 'and a real good right hand too, New Zealand born and bred'.<sup>45</sup>

After thanking the speech-makers and marshals, and the newspapers, he invited everyone to partake of the lavish afternoon tea. As well as tea, there was beer and wine for the platform party, and this fact would come back to haunt Murray-Aynsley at the 1895 hospital inquiry.

A controversial admission in June 1894 would also come back to bite Murray-Aynsley at the inquiry. As he explained at the inquest, Eileen Kennelly had been brought to the hospital from Hawarden by her employer, John O'Carroll. He had telephoned from Waikari railway station on the way, and Murray-Aynsley had asked if it was an accident case and did she have a doctor's order for admission? The answer to both questions was no, but O'Carroll assured him he could pay for a bed. Murray-Aynsley warned that the hospital was 'very crowded'. He commented that the hospital was for the poor and not for paying patients. When the patient arrived in a cab from the railway station, Murray-Aynsley told O'Carroll that there were no beds free and he would have to take Kennelly to a private nursing home. He had rung to arrange a bed for her in Mrs Rowan's nursing home in Durham Street.

Murray-Aynsley's big mistake was that he did not examine the patient that evening. Kennelly remained in the darkened cab while O'Carroll spoke to Murray-Aynsley, who thought Kennelly had influenza. The hospital had two beds reserved for accident cases, and she could have occupied one until another bed became free. Overnight her condition worsened and she was brought back to the hospital next day as an emergency case. Murray-Aynsley admitted her, but she died that night.

At the inquest Murray-Aynsley said he had been shocked by Kennelly's condition. She was in a filthy state and had a large bed sore on one hip. She had not been washed for some time and her hair was matted. Her knees and fingers were worn and calloused from hard work. The post mortem examination revealed that she was in the last stage of tuberculosis, with lungs 'thickly studded with small masses of tubercle' and a large tubercular tumour in the lower abdomen. Ulceration had caused a perforation of the small intestine. O'Carroll said that she had complained of a sore side and became ill some three weeks earlier, but he thought she would 'pull round'.

Murray-Aynsley was sure there had been serious neglect by someone, and Magistrate Beetham agreed. Kennelly was described as a 'very reticent' girl, and may not have been aware of what was wrong with her, and O'Carroll and his wife did not know either. The verdict was 'death from natural causes' with no blame attached to anyone.<sup>46</sup>

A week after Kennelly's death the hospital board held a luncheon for the nine Canterbury members of Parliament to provide them with information about the need for a new ward. Board member Charles Gray (a draper and also a member of the city council) compared Christchurch Hospital with hospitals in the other main centres and pointed out that Christchurch had only 100 beds for annual admissions of over 1,200. Dunedin had 140 beds and Wellington had 175: 'Every week persons were refused from lack of beds'. Dunedin Hospital had been given a grant of £8,000 for a new ward, while Christchurch had barely a quarter of the amount granted to Wellington.

Murray-Aynsley took up the theme with a map showing that Canterbury had the largest hospital district in New Zealand. The population was getting older and poorer, and Christchurch had no equivalent of the Benevolent Institutions in Wellington and Dunedin. Where could he send the elderly poor with chronic conditions? 'They could not be turned out into the fields to die'. To a rich man an ulcerated leg was a passing inconvenience, but to a poor man, an ulcerated leg was a serious matter if it prevented him from working. He should be fully cured before returning to work, but at present he was bundled out to make room for a new case. The hospital was not crowded with trivial cases.

Murray-Aynsley said he found it 'very, very hard on him at the present time. He was between two fires – either he had to turn out a case before it was well, in which case he would be blamed if the patient died, or he had to keep it in and refuse admission to a fresh case, for which he was also abused'. Most of the patients were so poor that the hospital received hardly any maintenance fees at all: 'almost nil' added William Moor. The parliamentarians said they were duly impressed with the urgency of Christchurch's need.<sup>47</sup>

The newspapers did not usually include Murray-Aynsley's monthly reports as resident medical officer when they reported on board meetings, but from August 1894 they started to include his figures for admissions and discharges. In July there were 100 admissions, 95 discharges and seven deaths, with 89 patients remaining in the hospital.<sup>48</sup> August was even busier, with 122 admissions, 112 discharges and four deaths, leaving 95 beds occupied. Murray-Aynsley reported 34 operations in August, and two cases of frostbite. Among infectious diseases there had been four cases of diphtheria, nine of influenza and seven pneumonias.<sup>49</sup>

In an editorial in late September the *Star* paid tribute to the way the hospital had coped 'splendidly' during the winter. The nurses had cared for their patients with 'kindliness' and 'good cheer'. Admissions had to be either by order of a doctor or a board member, but the resident medical officer could admit other cases if he was satisfied that they were proper ones to enter the hospital. There was a desperate shortage of convalescent beds. Murray-Aynsley and the matron did all they could to help convalescents find suitable lodgings.<sup>50</sup>

Murray-Aynsley's October report for 1894 drew attention to the fact that there had been no deaths in the hospital between 16 September and 20 October, even though 'many severe cases' were admitted during this period. Two cases had been given up as hopeless by the surgeon and physician, but they had recovered, 'almost entirely owing to the careful nursing they received'. The death on 16 September had been a case of apoplexy only a few hours after admission. That on 20 October had been 'moribund' on admission. In this month, there had been 51 operations performed, including five abdominal, several amputations and a thyroidectomy. Murray-Aynsley said he had searched the records back to 1879 and could not find a longer period without deaths. Admissions in 1893 had been swelled by a measles epidemic, from July to September, yet even without an epidemic the number of admissions in 1894 had been similar: 'if such difficulty is found in dealing with the demands on the hospital space in the absence

of any epidemic, what would happen if an outbreak of some infectious disease took place?'<sup>51</sup>

It was not an epidemic which taxed the hospital's capacity on 6 October 1894 but an accident at the city's latest outdoor entertainment, the switchback railway in Manchester Street. This craze had spread around the world from exhibitions in Europe and America, and the one at the 1889 South Seas Exhibition in Dunedin had been extremely popular. A Greymouth builder had constructed his own version and had 22,000 paying passengers before he sold it to Edward Featherstonhaugh Dombain for relocation to Christchurch. Dombain then erected the wooden trestles and iron rails on an empty section between Madras and Manchester streets near Allen Street. City council engineers recommended strengthening some parts of the structure, after which it was officially opened by the mayor of Christchurch on 4 October 1894. The structure was brilliantly lit by electric lights. However, two days later one of the loaded cars jumped a set of points and collided with the other car as it came down the steep slope of the switchback. Nobody was killed, but ten people were injured, four very seriously, and patients recovering from surgery had to be moved to make room for them at the hospital.<sup>52</sup>

Murray-Aynsley treated the most serious cases as they came into the hospital. Johanna ('Tottie') Fraser from Ensors Road, Opawa, had both legs badly broken, in compound comminuted fractures (where the bones protrude through the skin). Ernest Whittington and James Pearson both had broken legs, and 15 year old Morris Williams, son of C. Hood Williams, secretary of the Lyttelton harbour Board, had his left leg broken in two places and a severe head injury. The other cases were just badly bruised and were treated at home.<sup>53</sup>

Dombain closed the switchback for a week while the defective points were fixed, and then reopened to cash in on Carnival Week in November. By then neighbours in Allen Street and Eaton Place had complained to the city council about the noise from the switchback, which was open until 10 pm. A brass band added to the din. But the council said it was unable to do anything about it. Having been warned that some of the accident victims would be seeking damages, Dombain closed the switchback and put it up for sale early in 1895. The Williams family claimed £2,000 for the injuries to Morris. He had spent nine weeks in hospital, and one leg was now shorter than the other, requiring him to use a walking stick. Murray-Aynsley gave evidence in the Supreme Court in June 1895, and Dr McBean Stewart agreed with his description of the injuries and their treatment. The special jury awarded the family £300. Not having found a buyer, Dombain had the railway dismantled and auctioned off in July to help cover his court costs.<sup>54</sup>

In his annual report for October 1893 to November 1894, Murray-Aynsley was pleased to announce that the operating room had a new adjustable operating table, and that nitrous gas apparatus had been installed, along with electric batteries for increasingly popular electrical treatments for various conditions. In twelve months the hospital had admitted 1,279 patients and discharged 1,194. There had been 84 deaths, 27 of which occurred within a day of admission, suggesting that these were cases already beyond

hope. Though the number of operations had increased, the death rate had gone down from 7.3% to 6.4%. The out-patients department had seen 3,222 attendances and 236 accident casualties had been treated, a significant increase on the previous year.<sup>55</sup>

Some of the nurses had fallen sick during the year, probably in part thanks to their poor sleeping accommodation, but the new Nurses' Home should remedy this problem. Murray-Aynsley stated firmly: 'Miss Maude and her staff have given me loyal and efficient support during the last year'. He had continued his programme of concerts to entertain the patients, and brass bands played sacred music in the hospital grounds on Sunday afternoons.

Early in November 1894 the Governor, the Earl of Glasgow, visited Christchurch and Murray-Aynsley was present at two vice-regal events. The first was the distribution of certificates by the St John Ambulance Association, of which the Governor was patron. Murray-Aynsley replied to a vote of thanks to Miss Maude for her assistance with the nursing certificates, as she was too modest to speak for herself in such distinguished company.<sup>56</sup> A few days later the Governor paid an official visit to Christchurch Hospital, where he was welcomed by Murray-Aynsley and Matron Maude, and speeches were made by William Moor, chairman of the board, and Charles Gray. Dr Montagu Lomax-Smith represented the honorary surgical staff. Murray-Aynsley then showed the Governor around the hospital.<sup>57</sup>

Having noted the lack of a Benevolent Institution in Christchurch, Murray-Aynsley was involved in the revived Christchurch Benevolent Society in 1894 as its honorary surgeon. The society had been founded in 1880 and had done good work during the 1880s depression, but had become moribund in the early 1890s. The other prime movers in reviving this philanthropic venture were the Reverend Pastor Dr Birch, a fiery evangelical preacher, the lawyer Henry Wynn-Williams and Charles Louisson, a former mayor and owner of the Crown Brewery. Judge Dudley Ward accepted nomination as president. The revived society set up a night shelter, and during the winter of 1894 they had found shelter for over 500 unemployed men and about 40 women, who had no home and when not in prison slept under trees or in sheds.<sup>58</sup>

## 5. THE CHARITABLE AID INQUIRY OF 1894

Several members of the Hospital Board also served on the Charitable Aid Board, which ran the Jubilee Old People's Home, the Female Refuge in Linwood, the Armagh Street depot, and the Ashburton Old Men's Home, as well as assessing the needs of poor families and distributing money to enable them to buy food and pay their rent. Some poor families received very small amounts of money, while the secretary of the Aid Board enjoyed a salary of £350 a year, and the Inspector £175. In September 1894 the editor of the *Star* drew attention to the case of a widow with several children who was about to be evicted by the Church Property Trustees for arrears of rent while she had been in hospital. He asked, 'Is this a Christian community or is it not?'<sup>59</sup>

In further editorials that month he castigated the Aid Board for its niggardliness and complacency, and the arbitrary manner in which its Inspector decided which families received aid and which did not. He declared the government's aid system a total failure, and pointed to the much larger volume of relief work undertaken by voluntary and private bodies such as the Benevolent Society.<sup>60</sup>

Dr McBean Stewart had been elected to the city council in 1894, and raised the question of charitable aid at its meeting in October. He said that the charges made by the *Star* were 'true and more than true'. The officials of the Charitable Aid Board 'treated the poor unfortunates like brutes', and they were spoken to 'like dogs'. Respectable poor people were afraid to apply at the office, and were terrified when the inspector came to their homes: 'While the salaries of the officers were going up by leaps and bounds, the doles to the poor had been contracted almost to the vanishing point'. He had heard that the officers treated the office as their club, where they could sit and smoke or drink, while poor people were starving and going cold. Stewart was asked to table a notice of motion for a proper debate, but instead he wrote to the newspapers.<sup>61</sup>

The chairman of the Charitable Aid Board had defended his officers, insisting that they treated the poor with kindness and courtesy, even when dealing with truculent and undeserving cases. Stewart said he had heard a great many opposite opinions from poor people, and that ratepayers had asked him to raise the question of charitable aid at the city council. Then he backtracked and said that he made no accusations against the board, but only wanted an inquiry into the way aid was doled out: 'Some of these charges I know to be true, and will not be so easily explained away as the Chairman seems to think. Let me say that when the air is filled with rumours, there is in all probability some strong foundation for them'.<sup>62</sup> (Rumours are also likely to be untrue or exaggerated.)

Stewart found plenty of public support for an inquiry, and a Royal Commission of Inquiry was appointed in November, comprising Magistrate J. C. Martin and Mrs Grace Neill, the Inspector of Factories. As some of the charges were of a personal nature against the secretary and inspector of the aid board, the inquiry was held in private. Stewart's charges were vague and general, claiming cruelty, extravagance by officials, parsimony towards the poor, and immoral behaviour by officers when dealing with prostitutes. Specific charges of cruelty and poor food were made about the Ashburton Old Men's Home.<sup>63</sup>

The commissioners reported in December 1894 and a summary was made available to the press in January. The charges against the officials had been either distinctly disproved or 'not proven'. A few items of expenditure were declared to be excessive, but the officers' salaries were found to be fair considering the time and effort they gave to their duties. Secretary Norris was declared to be 'an excellent officer' who kept meticulous accounts. The most outspoken criticisms of the board were not justified. Some niggardliness in the quantity of rations supplied was found, but the main fault lay with the board's periodical dole, which was limited by the government's grant. In all other respects the board's arrangements were endorsed, but it should appoint female relief officers with nursing experience to assess needs, instead of a male inspector. Editorial comment noted that the worst of the rumours had not been forthcoming as specific charges, while other charges were met with emphatic and credible denials. A

few minor adjustments were needed, but these did not justify an expensive Royal Commission.<sup>64</sup>

McBean Stewart had embarrassed the Charitable Aid Board (and its members who were also on the hospital board) with vague and flimsy accusations. Not surprisingly, when the newly-elected hospital board appointed the medical staff for 1895, Drs McBean Stewart and Lomax-Smith were not reappointed. The new honorary surgeons were Drs Courtney Nedwill and Devenish-Meares. The honorary physicians were Drs J. Murdoch and E. Deamer. Dr Manning remained in charge of ophthalmology and the honorary dental surgeon was E. N. Turrell.<sup>65</sup> These appointments would have been made on the recommendation of Murray-Aynsley as resident medical officer. This new board had every reason to think that Christchurch Hospital was in good shape, and being run with efficiency and success by Murray-Aynsley and Matron Maude. However, it now faced implacable hostility from Drs McBean Stewart and Lomax-Smith, and an unexpected attack in the form of a newspaper letter.

## 6. THE LETTER BY 'TONGARIRO' IN THE STAR

Sir –You have done yeoman service as regards the Charitable Aid Board and its treatment of the poor; but from all I hear there is another institution in our midst that urgently requires a share of your attention, viz. the hospital. Matters are carried on there with a very high hand, patients and nurses treated as if they were menials, and once they cross the portals, if they expect to get along comfortably and smoothly, they have to leave their souls and minds behind them. However, we may best arrive at the prevailing condition in the hospital by asking a few questions, which I hope you will endeavour to get answered.

They are as follows: –

- (1) Is it true that the house surgeon compels young girls to be present and assist in holding the limbs of men during delicate operations, at which none but male attendants should be present?
- (2) Is it true that the house surgeon issued an order that all patients must attend the Church of England services on Sundays, otherwise they would be punished by having their passes to visit their friends outside stopped?
- (3) Is it true that no applicant has a chance of being placed on the nursing staff unless she belongs to the Church of England?
- (4) Is it true, as a matter of fact, that all the recently-appointed probationers belong to the above denomination?
- (5) Is it true that probationers have been appointed without the knowledge or consent of the House Committee in whose hands (according to the rules) all such appointments rest?
- (6) Is it true that no Irish need apply as probationers?
- (7) Is it true that the house doctor orders patients to be put on bread and water if they offend against what he considers the order of the wards? (The governor

of the gaol does not put the greatest villain under his care on bread and water without the permission of the visiting justices.)

[There is no number 8.]

(9) Is it true that many complaints are made as to the cooking of the patients' food?

(10) Is it true that the only time nurses get beef is when it is served up after having first done duty at the doctor's table?

(11) Is it true that the house doctor formulated a charge against the nurses and laid it in all seriousness before the House Committee, the said charge accusing them of a grave and serious breach of discipline in having presented Dr Stewart with a testimonial of their respect without having first obtained his (the house doctor's) permission?

(12) Is it true that the house doctor is in the habit of operating on patients without the permission or knowledge of the visiting staff?

(13) Is it true that important operations are done without the whole staff being duly notified?

(14) Is it true that the house doctor goes outside to administer ether or chloroform, such being a breach of the rule of the institution?

(15) Is it true that the house doctor, on his rounds through the wards, frequently smokes cigarettes, greatly to the annoyance of the patients?

(16) Is it true that a poor dying girl, full of sores, after a long wearisome journey by rail, was brutally turned away from the hospital doors at nine o'clock at night to find a bed elsewhere?

(17) Is it true that a man who had a sudden stroke of paralysis was refused admission into the hospital on the ground that the hospital was not a proper place for such cases?

(18) Is it true that a man (an accident) was turned away recently from the hospital, the house doctor telling him there was nothing the matter with him, while he is at present under treatment for a fractured leg?

Now, sir, if any or part of these charges be true, would you kindly inform the friends of those patients who unfortunately have no option but to go to the hospital, as to what method or steps should be taken to remedy the existing state of matters, so that when the unfortunate poor do go there they may expect to get humane and civil treatment. TONGARIRO

Editor's note: It would be well, perhaps, for the trustees to consider these questions in the form of complaints, and find out whether or not there is anything in them. At present, all sorts of statements are made, and the easiest way to silence these is to inquire fully into the complaints made.<sup>66</sup>

Murray-Aynsley's reaction on reading this letter is not known, but he may well have been astonished as well as greatly annoyed. The letter had obviously been written by someone with an intimate knowledge of the workings of the hospital, and of the nursing staff. One of the rumours circulating was that the letter had been written by Dr Nedwill,

who had been the cause of two previous inquiries at the hospital, but he quickly denied anything to do with this letter to the *Star*.

The hospital board happened to have its usual monthly meeting the very next day, 23 January, and of course the 'Tongariro' letter was raised under other business. W. D. Wood said they should not take any notice of anonymous correspondence in the newspapers, but Charles Gray disagreed, and said that the board had a public duty to enquire into such serious allegations. He moved for an inquiry by the House Committee, but J. Hamilton moved that the Inspector of Hospitals, Dr MacGregor, be asked to investigate, and Gray agreed with this. Ironically, in view of what was about to be discovered, the board added the name of Dr McBean Stewart to its list of honorary consulting staff.<sup>67</sup>

Dr Duncan MacGregor (1843-1906) was one of New Zealand's most influential civil servants (and most highly paid) of the late nineteenth century. Tall and immensely strong (he excelled at the Caledonian games, tossing the caber), he had been a brilliant student, winning several scholarships on the way to completing his MB and CM qualifications at Edinburgh in 1870. He was the inaugural professor of Mental and Moral Philosophy at the University of Otago from 1871, and was an inspiring and popular lecturer. He was credited with being the first to conduct surgery at Dunedin Hospital using the Listerian antiseptic method. As a speaker he had a commanding presence and a rich and varied vocabulary. In 1873 he was appointed inspector of Otago lunatic asylums, and from 1876 to 1882 he was medical superintendent of the Otago Lunatic Asylum. As an administrator he was bold and decisive, though often frustrated by the parochialism of hospital boards. He was interested in the causes of poverty, Darwinism, women's rights, education and old age pensions and wrote extensively on all of these subjects.<sup>68</sup>

However, Dr MacGregor found that he had prior engagements and would be unable to come to Christchurch himself, so Mrs Grace Neill would be sent instead, to conduct her second inquiry in three months. In his monthly report, Murray-Aynsley informed the board that there had been 113 admissions, 98 discharges and eleven deaths in January, leaving 104 patients in the hospital. It was seriously overcrowded, and the honorary medical staff now added its resolution asking the government for increased accommodation. The report on the Charitable Aid Board would be considered by a special sub-committee. However, Charles Gray protested against the way Mrs Neill had conducted her inquiry, especially in not consulting the House Committee.<sup>69</sup> Murray-Aynsley also reported that a very successful concert had been held at the hospital in mid-February, much appreciated by the patients.<sup>70</sup>

A Medical Congress was held in Christchurch early in March 1895 to coincide with the annual meeting of the New Zealand Medical Association. Murray-Aynsley was one of the Canterbury delegates, alongside Dr Jennings, current president of the association. Jennings paid tribute to Murray-Aynsley as their 'energetic secretary' for organising a comprehensive programme for the two-day congress. Delegates attended from Auckland, Napier, Wellington and Dunedin. Murray-Aynsley gave two papers, on post-mortem diagnoses and the use of massage treatment at Christchurch Hospital, and Dr Thomas gave an exhaustive report on typhoid fever in New Zealand. Dr Lomax-Smith

gave a lengthy paper on 'The Philosophy of Disease'. The meeting confirmed the resolution of the previous AGM to affiliate with the British Medical Association, and the editor of the *New Zealand Medical Journal*, Dr Barnett, was authorised to enter negotiations to amalgamate this journal with an Australian journal. Murr-ray-Aynsley was also elected to the committee of the New Zealand Medical Benevolent Fund, to which Drs Nedwill and Anderson were elected trustees.<sup>71</sup>

## 7. MRS NEILL'S INQUIRY

Mrs Grace Neill conducted her preliminary inquiry into the nursing situation at Christchurch Hospital during February 1895 and interviewed most of the nurses one by one. Based on her findings, Dr MacGregor reported to the government in March in a letter that was published in the newspapers. He was convinced that the trouble at Christchurch was all about reorganising the nursing 'on modern lines'. The board had to wait for the completion of the new nurses' home before they could attract 'the new type of well-educated young ladies taking up nursing as a career'. He knew from his previous inspections that there was an urgent need for reform at Christchurch Hospital, but there was no point in pressing for changes until the board got a new nurses' home. The other main centres had been obliged 'to get rid entirely of the nurses who were sufficient in the days when trained and certified nurses did not exist'.

MacGregor claimed that in this long period of delay and transition, the older nurses at Christchurch had formed a 'cabal' to paralyse the authority of the matron and resident surgeon, causing such internal friction as to make the situation 'intolerable'. He had given the board the names of four nurses who should go, if possible to other positions. He agreed with all of Mrs Neill's other conclusions.<sup>72</sup>

This report sparked heated debate at the next hospital board meeting. Charles Gray said he would 'oppose the report strongly', claiming it was one-sided and not impartial. Some of the older nurses had not been interviewed by Mrs Neill. Gray asserted that, according to Mrs Neill, 'the Matron appeared to be only one degree removed from the angels, while the House Surgeon, compared to that lady, occupied the position of Archbishop'. Peryman interrupted with a point of order, saying that Gray should not use such sarcasm, but Gray persisted and said that Dr MacGregor had recommended the removal of four nurses and the Dresser, Richard Brown. He thought it 'monstrous' to dismiss staff simply on grounds of age, when no complaints had been made against them. He claimed that the House Committee understood the internal workings of the hospital far better than any Wellington officials, adding that Brown had 'a vast amount of experience and had always done good work'. Gray 'objected entirely' to the sweeping reforms proposed for the nursing staff.

But W. D. Wood thought they had to take the report seriously, and Robert H. Wood agreed, saying that Mrs Neill had conducted 'a most exhaustive inquiry'. He then moved that Nurse Cameron, one of the nurses accused of immorality and cruelty to a patient, be dismissed, and J. Hamilton seconded this motion. Gray continued to object, claiming that 'the trouble had been caused by the fact that the House Committee was virtually

under the thumb of the House Surgeon'. Members of that committee strenuously denied this claim, and he was forced to withdraw it. An amendment was lost, and the original motion was passed.<sup>73</sup>

Robert Wood then wrote to the *Lyttelton Times*, refuting the editor's suggestion that the inquiry had been one-sided:

During the past four years I have been continuously brought face to face with the difficulty entailed by having two classes of nurses, and I give Miss Steel, the former, and Miss Maude, the present Matron, credit for the fact that during this period in selecting probationers, none but those of good education and refined and sympathetic character have been admitted. This is the class of nurses we want, good women who will be nurses for the pure love of it.

He concluded by saying that Matron Maude and Murray-Aynsley, along with Mrs Neill and Dr MacGregor, should be given credit for trying to improve things at the hospital.<sup>74</sup>

This was the start of a lively newspaper correspondence, most of which disagreed with Wood and agreed with Gray, that Mrs Neill's inquiry had been one-sided and that a full public inquiry was needed. Much sympathy was expressed for Nurse Cameron and the Dresser, Brown. Two writers referred to 'class distinctions', which gave preference to 'young ladies' instead of honest and capable daughters of working class men. One referred to 'the toadyism of class distinctions'. All agreed that a public inquiry was needed.<sup>75</sup>

## 8. THE PUBLIC MEETING

This outcry resulted in a large public meeting on Saturday 6 April. Over 200 people crowded the Oddfellows' Hall and heard speeches from local politicians and the Temperance campaigner T. E. Taylor, a close friend of Charles Gray. George Warren Russell MHR said that if the hospital was being turned into a training school for young ladies who wanted to be nurses, then 'God help the poor people who were sent there as patients'. There was loud applause at mention of Gray's name. Taylor had gathered information about Nurse Cameron. She was on holiday when she received a letter from Matron Maude, saying that charges of cruelty and undue familiarity with a patient had been brought against her, and that the resident medical officer had suspended her until an inquiry was completed. She was asked to be present on 30 January. Another letter from Matron Maude dated 25 January gave her a list of the complaints against her, including harshness, scolding, refusal of drinks at night, throwing a poultice at a patient, and so on. Nurse Cameron had consulted a lawyer, Frederick K. Hunt, who advised her not to attend the inquiry. He asked to see the evidence against Cameron, and Mrs Neill had refused, saying it was a preliminary departmental inquiry and not to be made public. On 27 March Nurse Cameron had received a letter of dismissal from the secretary of the hospital board.

When mention was made of one board member who had two daughters as probationers and had voted to adopt Dr MacGregor's report, the meeting gave loud

groans. When Richard Brown's name was mentioned, they gave three hearty cheers. Taylor claimed that the charge of undue familiarity with a patient amounted to Nurse Cameron sitting at a table in the ward kitchen talking to a male patient. This had been reported by a probationer who stood to gain if the older nurses were removed. In defence of Brown, Taylor said he had attended 801 post-mortems and assisted at or carried out no fewer than 9,412 operations. Russell's motion for a full government inquiry was passed with acclamation. Congratulations were offered to Charles Gray for the stand he had taken, and he and the nurses were cheered.<sup>76</sup>

Russell sent a telegram to the Premier, Richard John Seddon, saying that public feeling in Christchurch strongly demanded an inquiry: 'Feeling here is intense'. Mrs Neill's inquiry had been limited to the nurses, and did not pursue the anonymous charges against the resident medical officer, Murray-Aynsley. Seddon replied that the hospital board had to request a Royal Commission in the usual way. This it did at its next meeting on 24 April, but not without acrimonious debate. This was a very stormy meeting, demonstrating deep divisions between a majority in favour of receiving MacGregor's report and a noisy minority of three led by Gray. H. W. Peryman said he thought 'the public was being gulled by a few rabid speakers – he would not say prohibitionists'. Had the report called for the dismissal of Matron Maude and Dr Murray-Aynsley there would have been no public comment at all. Robert Wood supported Peryman. There was no intention to turn nurses into the street; they were to be found other positions in the hospital service. Gray kept interrupting Peryman, and at one point even said Peryman had not much of a mind – 'a poor one'. He was asked to withdraw this insulting remark. A motion to receive MacGregor's report was then carried.<sup>77</sup>

All went quiet for a month while the government made arrangements for a Royal Commission. The hospital board did not want a commission, but passed a motion saying that it would assist in any way possible if a commission were to be set up. The formal petition for an inquiry came from various groups associated with the Sydenham labour and temperance movements. Dr Joseph Giles, an Auckland practitioner who was also a magistrate, was appointed as sole commissioner to conduct the inquiry. Murray-Aynsley continued his first-aid lectures for St John, and his nursing lectures for women. He was also in court in June to give evidence in the claim for damages by the Williams family against the proprietor of the switchback railway.<sup>78</sup> He resigned as secretary of the Canterbury Medical Association pending the outcome of the inquiry, and Dr Richard Anderson of Sydenham was appointed to replace him.<sup>79</sup>

## 9. THE CHARGES AGAINST THE MATRON AND MEDICAL OFFICER

A full list of the charges against Matron Maude and Murray-Aynsley was published on 6 June, the day before the inquiry began.<sup>80</sup> The charges had been laid by the Progressive Liberal Association, the New Zealand Workers' Union, the Ballance Liberal Association, the Women's Political Union, the Canterbury Women's Institute and the Canterbury branch of the New Zealand Railway Servants' Union. These lists were very

similar, and closely followed the questions posed by 'Tongariro' in the *Star*, but new ones were added by the Sydenham lawyer John A. Caygill:

- (9) That the House Surgeon issued an order to squirt water in children's faces;
- (10) That the House Surgeon has been under the influence of liquor and drunk while in charge of the hospital;
- (11) That the House Surgeon has been guilty of cruelty, indifference and neglect in (a) refusing admission to applicants, (b) dealing with applications for admission, (c) treatment of patients, in the following cases, among others: – Mrs Ellison, Mrs Pankhurst, Henry Tibbs, F. J. Montagu, Edward Strange, James Lennie, R. Green, Mr Rye, Mr Burt, Mr Robertson;
- (12) That the Matron has been guilty of cruelty in dealing with applicants for admission;
- (13) That the Matron has constantly administered ether and chloroform, the House Surgeon only being in attendance;
- (14) That the Matron has been inattentive and neglectful of duty, particularly as to visiting wards at night;
- (15) That the Steward has failed to exercise proper supervision over the food supply of the hospital;
- (16) That the food supply has been insufficient and food has been improperly cooked;
- (17) That while patients have been stinted of food there has been waste and extravagance of food;
- (18) That there is no proper system of checking the administration of the Steward as to (a) the consumption of medical comforts [i.e. alcohol], (b) the amounts due by and received from patients, (c) the effects of patients;
- (19) That no control is exercised over the Destitute Patients' Fund;
- (20) That the authorities in charge have retained persons on the staff unfit for their duties while seeking to dismiss highly qualified and experienced nurses.

Two further charges were added to the list submitted by the lawyer Frederick Hunt on behalf of Nurse Christina Cameron:

- (14) Nurse Cameron, who has been a night nurse in the accident ward for six years, was dismissed on charges of immorality and cruelty, without giving her an opportunity of hearing the evidence against her or of defending herself, although she went to a meeting of the Board with 20 witnesses on her behalf; and
- (17) Patients when being brought to the hospital in the ambulance stretcher have not been allowed to go in at the front door but have been carried round to the back over very rough ground, thus causing them needless pain.

Altogether this was a formidable list of charges. The fact that they had been laid by a variety of workers' unions and women's groups made the inquiry much more than merely a hospital matter: wider issues of social class, gender equality and radical or progressive politics had been tacked onto what should have been a purely medical and administrative inquiry. Public interest was sure to be high.

## 10. THE CHRISTCHURCH HOSPITAL INQUIRY OF 1895

Dr Giles opened the inquiry in the old Provincial Council Chamber on Friday 7 June 1895. It was a judicial inquiry, with evidence given under oath. All parties except Murray-Aynsley had retained legal representation. Nurse Cameron was represented by the lawyers Caygill and Hunt. Matron Maude was represented by her father, and the Crown Prosecutor, Walter Stringer, appeared on behalf of the government. The hospital board's own solicitor, Andrew Loughrey, appeared on its behalf. Murray-Aynsley appeared on his own behalf.<sup>81</sup> The inquiry lasted for nearly a month, and heard no fewer than 180 witnesses in 17 days of public sittings. The proceedings were fully reported in the Christchurch newspapers, the shorthand reporters often producing almost identical verbatim accounts.<sup>82</sup>

It would be tedious to go through every single witness in turn, especially as many said the same thing on certain charges, most notably those relating to food, and whether or not Murray-Aynsley was seen smoking, or drunk. Nor was there a logical order of witnesses, as some spoke to different issues, and some were later recalled to add to their previous testimony. However, much interesting detail was produced about the hospital and its staff, and relations between the medical and nursing staff and their patients which deserves notice. These details will be noted in between summaries of the major witnesses.

Probably the most sensational revelation came in the second week when Dr McBean Stewart admitted to being the author of the 'Tongariro' letter.<sup>83</sup> He denied any personal animosity against Murray-Aynsley and said that he had brought these charges out of a sense of public duty. He had been on the surgical staff for twelve years and the nurses were 'in the habit' of coming to him if they had any complaints or grievances. They all complained to him about the food, and some improvements had been made. Matron Maude had started a system of sending food to the wards in hot water dishes, and for this 'she deserved great credit'. (In fact this was Murray-Aynsley's idea.) But he thought that Murray-Aynsley's encouragement of her to administer anaesthetics 'had been carried too far'. These should only be given by a doctor. He strongly disapproved of having young nurses present for 'delicate' operations on male patients, and thought it could not do them any good. He also disapproved of Murray-Aynsley administering anaesthetics outside the hospital.

Stewart declared the nursing staff at Christchurch Hospital to be uniformly 'excellent', and added that the nurses who had been named for dismissal were 'the best nurses in the institution'. He was under the impression that older nurses were to be ousted to make room for the new ones, 'but none of the nurses had said anything to him'. When Dr Giles pressed him on this point, Stewart finally admitted that several nurses, Medlam, Knight, Henry and Cameron, had been to see him at his house about this very issue, as had Brown, the Dresser. But he denied having been active in 'getting up evidence' for the inquiry. Stewart claimed not to have spoken to Brown since his retirement from the surgical staff.

Stewart accused Murray-Aynsley of failing to give notice of operations, and said that he knew of two or three major operations that had been done without any consultation with the honorary staff. But he then admitted that he shared responsibility for the misdiagnosis of the man Pearson who had a fractured leg from the switchback accident. He also admitted having an interest in a new asthma cure marketed under his name, and recalled the case of Strickland in 1885, insisting that the surgeon in charge of a case should perform the post mortem examination so that he could learn from any mistake observed. (Yet this also tempted a surgeon to conceal his mistakes.)

Dr Giles recalled Dr Stewart on the following day, to question him more closely about his sources of information. Stewart said he had reconsidered his previous statement and now wished to say that the information in his letter had come from Nurses Medlam and Cameron. He had spoken to Nurses Knight and Henry after the 'Tongariro' letter had been published. He admitted to Stringer that he had 'got a little mixed up as to the dates'. He had also asked Nurse McRobbie to come and see him, and she had complained mostly about the food: 'His questions to her were not entirely against Dr Murray Aynsley'. Stewart refused to say anything further.

Board member Charles Gray, who had vigorously opposed receiving Dr MacGregor's letter based on Mrs Neill's inquiry, was another disappointing witness. He said he had very little to do with the nurses, and only knew two or three of the older ones who had been at the hospital when he was previously on the board. Dr MacGregor's report had recommended the dismissal of Medlam, Henry, Knight and Cameron, but the board had only dismissed Cameron. Gray said he was not aware of any 'cabal' among the nurses, and said he had not himself received any complaints from patients about their treatment. When he once visited Dr MacGregor in Wellington, the latter had complimented Gray on the 'grand lot of nurses' at Christchurch, and mentioned Nurses Ewart and McRobbie as two he had noted for future advancement. He had not mentioned any other names. Gray had nothing more to say.

A much livelier witness was Murray-Aynsley's predecessor as resident medical officer, Dr Arthur Castriot De Renzi.<sup>84</sup> He had been in that position for five years up to the end of 1892, and admitted that 'the customs of the Hospital sometimes overrode the by-laws'. He said he knew nothing about the letter by 'Tongariro' and had not discussed it with Dr Stewart. (This was soon shown to be a false statement.) The board had given him permission to do anaesthetics outside the hospital, and he assumed that the same permission had been given to Murray-Aynsley. When De Renzi said that he thought the present by-laws were not in force when he was at the hospital, one of the lawyers reminded him that they were promulgated in 1891. De Renzi then said that they had never been posted up so he knew nothing about them. (!) He thought Rule 6 about consultations was 'perfectly absurd' in cases of emergency. Consultations were poorly attended: cards were posted to the doctors, but the board secretary had objected to the cost and they were simply put up in the corridor a week in advance. The surgeons usually attended, but not the physicians.

De Renzi favoured allowing probationers to attend all types of operations, and that women entering the medical profession should go through the same course as the men. He would not prohibit a female medical student from dissecting a male body. Nor should a nurse, on entering her profession, 'disabuse her mind of any sex feeling'.

Murray-Aynsley questioned De Renzi about the nurses and the general running of the hospital in his time. De Renzi said that when he recommended changes to the old-fashioned style of nursing at Christchurch, he was told that it had done very well for his predecessors and did not need changing. He thought the matron should have control of the nurses, under the house surgeon, but that the power of dismissal should rest with the board, on their recommendation: 'In a town like this, where personal interests might intervene, the power of dismissal should rest with the board'.

De Renzi said that he had found great difficulty in dealing with chronic cases, alcoholics and cases of semi-insanity. They needed separate treatment, but there was no provision for them at Christchurch Hospital. The hospital was always overcrowded, and patients often had to wait a long time before being seen by a doctor. Murray-Aynsley said that he asked these questions to show the Commissioner the sort of difficulties he himself had to labour under.

Later in the inquiry, Frank Hancock directly contradicted the claims by Stewart and De Renzie that they had not been gathering evidence against Murray-Aynsley. Hancock had been on the hospital staff as a night wardsman since 1891 and said he had never seen Murray-Aynsley drunk or smoking in the wards. He went on to say that about three months before the inquiry Dr Stewart had stopped him in Montreal Street and asked him if he had ever seen Murray-Aynsley drunk. When Hancock said no, Stewart had retorted, 'Well, plenty of others have, as well as you'. De Renzi was with Stewart and asked Hancock to come and see him at his home that night. Hancock was surprised to find Stewart there as well, and they asked him again if he had ever seen Murray-Aynsley drunk. Hancock told the Commissioner that he had felt trapped, with Stewart in front and De Renzi behind him. They did not ask him about anything else.<sup>85</sup>

The accusation of drunkenness against Murray-Aynsley had come from a single nurse, Elizabeth Henry, and a single patient, Francis O'Neill. Nurse Henry claimed that on the night of the laying of the foundation stone for the new Nurses' Home, Murray-Aynsley had come to her ward in an excited state which she attributed to liquor. She had seen him stumble on the stairs, and on another occasion saw him fall across a patient in bed. She had told Mrs Neill that Murray-Aynsley was 'often drunk'. She had also told Dr Stewart, who then sought confirmation from the other nurses, some of whom thought the house surgeon had occasionally been brusque or slurred in his speech.

O'Neill said he had seen Murray-Aynsley come into his ward late at night, 'staggering up the ward', speaking in a thick voice and obviously the worse for drink. He had also seen Murray-Aynsley smoking cigarettes on his rounds, and smoking a pipe in the corridor. O'Neill said he had often spoken to Brown about the doctor coming round intoxicated. Nurse Cameron had also seen him fall across the patient, and at other times when he was the worse for liquor. O'Neill complained that Murray-Aynsley had not

examined him properly on admission. He had fallen off a horse and injured his shoulder, and the horse had stood on his stomach. He was put on a milk diet and that was literally all he got. He asked for toast and tea and was refused. He had three times asked to see the doctor, who did not come. He was starving and nothing had been done to relieve the pain in his arm. Finally Murray-Aynsley had come and ordered the nurse to rub something on his arm which relieved the pain. He had discharged himself and promptly ate a rump steak and 'felt much better'. He saw the chairman of the hospital board and asked for an inquiry into the doctor. The chairman made enquiries, and Murray-Aynsley had told him that a full diet might have killed a man with unknown stomach injuries. O'Neill had talked to Drs Stewart and De Renzi about his experience of the hospital, and they had urged him to lay charges with a solicitor, but O'Neill had no money and could not afford that.

Yet when questioned by the Commissioner, or Joynt the lawyer, not one of the other nurses said that they had ever seen Murray-Aynsley drunk. One after another they said that the nurses all worked well together, and there was nothing like a 'cabal' within the hospital. The younger nurses said that they got on well with the older nurses, and vice versa. It was as if they had all been drilled to give the same answers.<sup>86</sup>

Nurse Annie Hiatt was rather more forthcoming than most, and told the inquiry that, since Christmas, Nurses Cameron, Knight, Medlam and Henry had made 'sneering remarks' about the 'lady probationers'. Then, after Nurse Cameron was suspended, they made things unpleasant for any of the nurses who had given evidence to Murray-Aynsley about her. Nurse Knight had been the most objectionable, yet they had all signed the testimonial when Nurse Knight left for Greymouth Hospital: 'A feeling of unpleasantness grew up, but it did not interfere with their work'. She had never noticed anything like a 'cabal' inside the hospital.<sup>87</sup>

Nurse Clara Collins confirmed this testimony. She said there had been no ill-feeling before Christmas, but when Nurse Cameron was suspended, her friends – Medlam, Knight and Henry – had 'made things unpleasant for the others'. Nurse Collins had left the dinner table on one occasion because of the 'unpleasant, sneering remarks' made about the younger nurses. She had been grateful for the lectures given by the Matron and Murray-Aynsley, and had never attended any operation that she objected to. Matron Maude lectured on the operations, and said that a nurse should not consider any part of the human body more private than another.<sup>88</sup>

One of the patients, George Maslin, said that he had heard from Frank O'Neill that some of the nurses and wardsman Brown were 'getting up a case' against Murray-Aynsley, and that Brown and Nurse Medlam had offered a pound to anyone who would testify that the doctor had been drunk in the ward. O'Neill was recalled and questioned about this, but strenuously denied that he had ever said such things to Maslin: he did not want to give evidence as he might soon be back in the hospital, and 'if he did he would be on the doctor's side'. But he admitted that Murray-Aynsley had once threatened to turn him out of the hospital for smoking in the corridor. He denied taking other witnesses to see the lawyer Hunt, and denied having anything to do with 'getting up a case'.

Murray-Aynsley called a string of other patients who all said that they had never seen him smoking or the worse for liquor when on duty. He also asked the same of his medical colleagues and a number of leading citizens and got the same answers. W. W. Collins MHR, for example, said he had often visited Murray-Aynsley in the evenings when he was doing microscopic work: 'It was very delicate work and a man must be absolutely sober to do it'.<sup>89</sup>

Just one patient, William Whitby, said he had seen Murray-Aynsley smoking, but not in the ward: he was on the balcony of the men's convalescent ward, where the patients were allowed to smoke.

Dr Walter Hacon, superintendent of the Sunnyside Lunatic Asylum, was also a prominent member of the Canterbury Medical Society and one of the city's most progressive doctors. (He had cultivated calf lymph at Sunnyside to provide for smallpox vaccinations in the 1880s.) He told the Commissioner that he had been watching affairs at Christchurch Hospital for 14 years and thought that Murray-Aynsley and Matron Maude had 'greatly improved' the hospital. He had observed operations and 'had been very much pleased with the improvement in discipline and in other ways'. Discipline had been lax under De Renzi, and he thought the government ought to have held an inquiry into the situation at Christchurch Hospital before Murray-Aynsley had been appointed. He declined to say what Murray-Aynsley had said to him on taking office, but the implication was that much had been in need of improvement: 'It was wrong of the Wellington authorities to allow Murray-Aynsley to take office without holding an inquiry'.<sup>90</sup>

Hacon thought that whether or not young probationers should attend operations on male patients was a matter for the matron to decide. Every nurse should learn all aspects of hospital work, but from what he knew of Matron Maude she was the last person who would force a young woman to watch anything offensive to her. He thought Matron Maude's administration of anaesthetic 'reflected the greatest credit on her', but he agreed with Stewart that it should be given by a second doctor.

Nearly all of the nurses and patients complained about the food. The fish was often coarse or 'high', and inedible. On such occasions, the nurses would send out for tinned sardines. Meat was often half-cooked, and Matron Maude had been known to send it back for more cooking. Vegetables from the hospital garden were often overcooked. Some of the nurses spoke about 'Terrible Jimmy', a sort of stew or pie made from twice or even thrice-cooked meats. Puddings were often watery and tasteless.

There was therefore much interest in the testimony of a former cook, Louisa Goodwin. She had left of her own accord about two years before. On her arrival she had found the kitchen 'very dirty' and the pantry infested with rats. She complained to Matron Steel and a cleaning woman was employed. The steward-secretary, Walter Miller, sent a man to patch holes in the wall with tin, to keep the rats out. The stove was 'very bad'. The boiler leaked and they had no reliable supply of hot water. Meat was not properly cooked one day because the coal was wet. On another day the rice was not cooked because the steam for heating it had been turned off at the engine-house.

She had to cook for over a hundred people, and had only a kitchen maid and a scullery maid to help her. The latter was not very efficient and had to be helped by the former. On her arrival, the kitchen had no meat board, no sieve and no pastry board. When she complained, these items were provided. The meat was always good and fresh, but the fish and poultry were sometimes 'high' when delivered. The fish-monger would replace a tainted supply, but the situation only improved when the hospital changed its supplier.

The cook objected to nurses and patients coming into the kitchen between meals in search of food. Nurse Medlam often came to ask for something different from what was on the table. After complaining to the matron, an order was issued that people were not to go into the kitchen. Once when the nurses complained about the soup, Murray-Aynsley had said he thought it was quite good: 'He was easier to please about food than the nurses'. Vegetables were provided from the hospital's garden, and were sufficient but had not much variety. She had spoken only once to Brown outside the hospital. It was at the gate: 'He had put his hands on her, and she told him not to take such liberties'. She left soon after that.

One of the most colourful and forthcoming of the patients interviewed was Thomas Brunsdon, who had been in Ward 6 under Sister Medlam, when Nurse Cameron was the night nurse there. He said he got very good treatment from all the nurses, but once when he complained to the doctor that 'the stuff put on his leg' hurt him, Sister Medlam gave him 'a good jacketing' (a severe reprimand) for speaking to the doctor. Brown had come by one day and said, 'Your leg will be no more use to you; you had better have it off'. He mentioned this to Nurse Cameron that night, and she must have told Sister Medlam, for she came to him next morning and gave him another 'good jacketing', asking why he had been 'blobbering' about having his leg off, and why he didn't stick to his treatment. Brunsdon said that one night when he was in great pain, he asked Nurse Cameron if he could see the doctor, and she had replied, 'Decidedly not; you will have to bear it the same as the others'.

The patient Berry had been in the bed next to Brunsdon, and his wife used to bring in a newspaper for him. Medlam 'severely chastised' Berry for letting his wife come into the ward: 'She spoke very unpleasantly to the sick man. He did not answer much, he was too ill'. Another patient with a bad leg, Arthur Smith, told the doctor that it hurt the way he had been told to lie on one side, and after the doctor had gone he got 'a telling off' from Medlam. After that he always said he was all right, just to avoid another 'snubbing' from Medlam.

Brunsdon testified that Brown and Sister Medlam were in the habit of bringing their terriers into the ward, and would wash them in the baths used by the patients. The patients did not like this, but were afraid to complain.

He thought that Medlam was doing her best for the patients, but she did not like them to complain to the doctor: 'She was terribly crabby sometimes, but was very kind at other times'.<sup>91</sup>

The charges of mismanagement of the supplies against Walter Miller, the secretary-treasurer and steward of the hospital, were comprehensively disproved by the suppliers themselves.<sup>92</sup> Miller paid their accounts in full and never sought or received any commission or favour in return. The only contractor to allege corruption was Henry Scrimshaw the undertaker, who had the contract for pauper burials up to April 1893. He alleged that when arranging funerals for the friends of deceased patients Miller would 'skim' a pound or so off the final account. He gave four examples from his account book where the hospital account was for £6 or £7 but all he got was £5. He assumed that Miller had pocketed the difference.

The lawyers for various parties questioned Scrimshaw closely about his allegations for most of a day. Stringer had noticed that five pages of Scrimshaw's account book were missing, and Scrimshaw could not explain this. Nor could he explain details about several of the examples he had given, saying in one instance 'I must have got hold of the wrong funeral'. The district agent for the Public Trustee, J. J. Hamilton, told the commissioner that Scrimshaw had come to see him more than a month before, wanting his advice about certain charges he was going to make against Miller. In the case of the Smythe funeral, he claimed that he made out the receipt for £7 but Miller only paid him £5. Hamilton had warned him that if he could not prove this he would implicate himself in a fraud. Scrimshaw had then told him that Dr De Renzi had urged him to raise it at the inquiry.

George Barrell had held the undertaker's contract since 1893, and said that Miller had always paid him the amount shown on the invoice. He had never asked for any commission or benefit. The pauper funeral rate was far too low, and he always made a loss on these. When Miller was questioned, he said that what Scrimshaw had alleged was 'utter fabrication'. He had not gained even a penny of benefit from any of the funerals named by Scrimshaw, and then proceeded to explain how a misunderstanding could have arisen over payment of the cemetery fees.

There was much interest in the testimony of the Dresser, Richard Brown, but he proved to be a disappointing witness for those wishing to condemn Murray-Aynsley.<sup>93</sup> Brown said that he had never seen Murray-Aynsley drunk or smoking on his ward rounds. He thought that the nurses had worked 'very harmoniously' since Murray-Aynsley's appointment. He had not noticed Murray-Aynsley being 'arbitrary' with the patients, but he had heard about his order to squirt water in a child's face. He had also heard about the doctor putting a patient in Ward 6 on bread and water for talking too much. But he had been 'a stupid kind of a man' and Dr Stewart had been present and had not objected. The former matron, Miss Steel, had expected young nurses to assist at 'delicate' operations on male patients, and this practice had continued under Murray-Aynsley. It had stopped since the appearance of the letter from 'Tongariro', and a Clover's crutch had been used instead. He personally did not think that young nurses should be present at such operations.

Brown said that he knew an order had been issued requiring all patients who were not Roman Catholics to attend the services of the Church of England. He had seen it

stuck up in the kitchen, signed by Matron Maude. He had heard that patients not attending would have their leave passes stopped.

He knew that the patients' food was often far from satisfactory. He had seen food sent back, especially the fish, which was often tainted even before it was cooked. The cook changed fairly often. The current one had so far lasted six months. The soup was thin but not bad as a rule. There had been no eggs in the puddings for ten or twelve days at a time. But the meat had been very good lately.

Brown said that notice was always given of a major operation and generally speaking there would be a consultation, but the consulting staff rarely turned up. As a rule, Murray-Aynsley did the minor operations with Brown assisting. Brown usually did the post-mortems under the direction of Murray-Aynsley, who sometimes lectured the probationers on a case. When the Coroner ordered a post mortem, Murray-Aynsley always did that one, and he did not get paid for it.

According to Brown, he had known the night nurses to finish off any left-over alcoholic stimulants. Patients often requested stimulants at night to help them sleep. These were served out in the daytime, as Mr Miller locked the cabinet when he left the hospital and took the keys. When questioned, Brown said that he did not know that Matron Maude had a reserve stock of stimulants, or that the office boy had a key to Mr Miller's room.

Brown admitted that O'Neill might have said something to him about the doctor being drunk, but this was after he had left the hospital. Brown said he would not allow a patient to say such a thing inside the hospital.

One of the most trenchant witnesses, who put the lawyers in their place, was the formidable Inspector-General of Hospitals, Dr Duncan MacGregor.<sup>94</sup> He began by reviewing his reports about Christchurch Hospital. In 1891 he had noted that the nursing staff at Christchurch was on the whole inferior to those at Auckland and Wellington. He had recommended a new Nurses' Home and the appointment of well-educated young women as probationers. In his 1893 report he had identified the nursing system as the hospital's major weak spot. The lack of discipline was the main problem, along with old-fashioned nursing methods. The modern nursing system had been introduced at the other main hospitals, but not at Christchurch. Matron Steel had told him that she could not enforce discipline as the older nurses had so many friends on the board that 'they could not be touched'. Dr De Renzi had told MacGregor that he despaired of getting any change and had 'given up'.

In his 1894 report MacGregor had noted signs of improvement under Murray-Aynsley, and he thought the hospital had been run 'quite satisfactorily' over the last two years. He had found Murray-Aynsley 'straightforward' in his letters and reports. He thought Matron Maude was 'very efficient and perfectly equipped' for her role, and 'very attentive to her duties', but she was too young to deal with the older nurses, some of whom openly said they would not obey her orders.

He thought the public agitation over Nurse Cameron had been 'quite absurd and foolish', as the charges against her were serious and well-attested. (Cameron had entertained a male patient in her room at night, and after leaving the hospital had

married him.) MacGregor said he sent Mrs Neill to investigate because he thought it was mostly a women's agitation and it would take a woman to get to the bottom of it. He had told the board that their conduct had been 'foolish and weak', and gave them the names of nurses who should be dismissed, and that of Brown. Though Brown was very popular in Christchurch, he believed Brown had been for years 'the origin and tap-root of all the mischief in the hospital'. The board was in awe of him, and nobody would venture to tackle him.

MacGregor was certain that Drs Stewart and De Renzi had been 'fomenting the trouble' outside the hospital. They could see that the hospital was far better run than when they had been there. (This implied professional jealousy of Murray-Aynsley.) There seemed to 'an underground railway' of information leaking from the hospital to these two. Inside the hospital, Brown and Nurse Medlam appeared to be 'the centre of the cabal' to undermine Matron Maude and Dr Murray-Aynsley. Brown was 'a very clever, capable man, but ignorant and uncouth, and always offensive to the better-educated women'. The board backed him because he was useful and saved them trouble, and money. But MacGregor thought the idea of Brown going about the hospital telling these young women how to do their work was 'perfectly intolerable'. The hospital needed a properly trained and qualified doctor to be assistant medical officer.

MacGregor thought the hospital board had been weak and failed to back its matron and medical officer: it was in his view 'poor in point of quality, and of pluck'. Hospitals needed larger governing bodies with men of wide experience, 'who would do their duty without being frightened by an article in a newspaper'.

He recalled that Dr De Renzi had made serious verbal complaints to him about the hospital, but had refused to put them in writing. One of them alleged that the food could not be improved because the chairman was too friendly with the cook, and she knew 'she could do as she liked'. However, when De Renzi refused to put these complaints in writing, MacGregor began to doubt his truthfulness, and thought that De Renzi should have resigned.

According to MacGregor, Matron Steel had refused to sign the nursing certificates for Cameron, Medlam and Knight as she did not consider them efficient, but Murray-Aynsley had offered to coach them and when they passed the examination Matron Maude was persuaded to sign their certificates. MacGregor had told the Minister (W. P. Reeves) that the hospital board was unlikely to dismiss anyone, from fear of public disapproval, and the nurses in question should be moved to an infirmary at the Addington Gaol. Reeves was also anxious not to dismiss anyone.

At this point Thomas Joynt, the lawyer for one of the unions, interjected, saying 'Yet you said they must be got rid of. Did you not hear every nurse called here say that there had not been anything like a cabal?' MacGregor replied, 'I did not see anything of the sort. I saw you very artfully getting these young women, who were in a very difficult position, to say that there had not. Very few people know what a cabal means'. Joynt said he had done his best to explain it to them, and the Commissioner agreed with him.

MacGregor went on: 'They did not understand what was meant. They thought that I meant that they, as nurses, were combining against authority. What I meant was that certain nurses were carrying information to outside persons, and that those persons

were working against the authority of the hospital'. He thought the board had been paralysed because there were two parties pulling against each other.

MacGregor then launched into a lengthy speech about 'popular government' in New Zealand and the need for reform in local government and the way men were elected to hospital boards. He was not sure that the presence of a medical man on the Christchurch board would cure the ills complained of. Much depended on the character of the medical man. Certainly the secretary and treasurer should not be the same person, nor should the secretary also be the steward. The older nurses who were unwilling to learn new ways should be pensioned off or given lighter duties: 'No nurse should be in a position of responsibility who had not had a thorough and proper training'.

He thought the hours of work needed revising. The night shift was far too long (twelve hours) and the night nurses kept a fire going in their kitchen where they could receive their friends alone. (This had been Nurse Cameron's undoing.) Christchurch was now the only hospital in New Zealand with a male Dresser: 'Brown was now paid for doing very little', yet no Christchurch doctor dared say a word against him.

MacGregor thought the annual appointment of the medical staff was absurdly short, though he had never said so in his inspection reports. The resident medical officer needed at least three years to get experience of the institution. He should be under the direction of the visiting staff when it came to operations and consultations. Patients should not be discharged without reference to the visiting staff. It was quite right for the matron to administer anaesthetic in an emergency. He had commended the lighting, heating and ventilation in the newer wards at Christchurch, as a model, but there were now better wards in other cities.

He had urged the board to take action over De Renzi's charges, and could not understand either the board or Dr De Renzi. MacGregor now 'washed his hands of the whole business'.

The next witness was Dr Courtney Nedwill, who had only recently been reappointed to the visiting surgical staff after nearly ten years 'in the wilderness' following the medical libel case of 1886. He had never seen Murray-Aynsley drunk or smoking, and thought that the medical officer was 'always attentive to his duties', but had far too much to do. He thought Matron Maude was 'exceedingly well-qualified to administer anaesthetics'. Nedwill thought that in view of the recent great advances in medicine and surgery it was necessary to have women of education and intelligence as nurses: preferably 'shrewd, clever women'. Nedwill said: 'The better educated a woman was, the better the nurse she would make'. Brown was an excellent surgical assistant, but a well-trained woman could do the work just as well.

Nedwill thought it desirable to have the medical staff represented on the board, if they could get a good man, but a mischievous man there would be worse than none. (He probably had in mind Dr Turnbull's long and divisive presence on the board.) Nedwill had adopted the use of a Clover's crutch for operations on the groin and lower abdomen as it was more reliable for holding the legs steady than an assistant. He thought a nurse should gain as wide an experience of hospital work as possible. When

he rejoined the staff at the start of the year, he had been most impressed by the nursing, which was 'much improved' on what it had been ten years before.

Dr James Irving followed Nedwill, and told the inquiry that he had been chairman of the honorary medical staff between 1885 and 1888. He had drawn up the dietary charts that were still in use at the hospital. He had tried to get the board to remedy 'great irregularities' in the consumption of stimulants, which was greater at Christchurch Hospital than any other New Zealand hospital, but had failed. The nurses had been kind and attentive, but 'the discipline was very defective'. The present situation under Murray-Aynsley and Matron Maude was 'a wonderful contrast to the former state of things'. The board was mainly concerned with finances, and saving money: it had never fully grasped the needs of the hospital and the medical staff, 'and never would, as presently constituted'. The hospital had always had difficulty attracting the best medical men. In England, the hospital medical staff were usually the best men in town, but here 'anyone could get appointed' simply by buttonholing a member of the board. Some board members should be government appointees, for longer terms, and membership should not be left to the local bodies. The board needed medical expertise. Irving thought that a nurse who had been recently certified at Christchurch Hospital was obviously 'one of the new school' of nursing.

Robert H. Wood, chairman of the board up to the end of 1893, recalled that Matron Steel had complained to him about the lack of discipline among the older nurses.<sup>95</sup> They were in the habit of sitting up late in their ward kitchens with the house surgeon, Dr De Renzi. She could not alter this. He would say, 'Oh, never mind Miss Steel, let them stay up'. De Renzi's familiarity with the night nurses and other acts of insubordination were 'subversive of discipline'. When he found De Renzi was untruthful over a missing set of surgical scalpels, Wood had been disgusted and would have nothing more to do with him. When De Renzi gave three months' notice to go on a trip to England, Wood had proposed that he be given three months' salary and told to go at once.

He agreed with Dr MacGregor in 1892 that the Christchurch nurses were not up to modern requirements, but reform had been impossible until the completion of the new Nurses' Home. He had agreed with the dismissal of Nurse Cameron, after hearing the evidence against her, and agreed with the other dismissals recommended by MacGregor. Wood thought that Brown's influence on the hospital had been bad: 'no self-respecting woman could remain in the hospital while he belonged to it'. He wanted to act against Brown, but the female domestic concerned refused to make a statement against him. Nurse Medlam had been heard to say that she would 'not stand any of Miss Maude's new-fangled notions'.

Dr Colin Graham Campbell was the acting resident medical officer after Murray-Aynsley's resignation, and told the inquiry that the work was almost more than he could cope with alone. The busiest times were in the mornings and at night, and the out-patient work was 'very heavy'. He had previously offered to the board to help relieve Murray-Aynsley of some of his burden, unpaid, but the board had declined. Dr Palmer

had made a similar offer. The hospital obviously needed an assistant resident medical officer, and Brown had to go, as he had no medical training and was 'not an antiseptic man'. A trained nurse would be just as good as Brown to assist in medical cases. Campbell also remarked that 'There was a lack of necessary instruments at the hospital; there were a lot of old fossil instruments that were of no earthly use'.

There was great public interest in the testimony of Matron Maude. After informing the inquiry of her training at the Middlesex Hospital, London, and her membership of the Royal British Nurses' Association, she explained the system for appointing nurses at Christchurch. Applicants needed to provide two references and a medical certificate as to their good health. A list of applicants was kept in the date order of their applications. When a vacancy occurred, the new appointee was put on three months' trial and then sat the examination. If she passed, and the medical officer thought her suitable, she became an honorary probationer for another trial period. Matron Maude and Murray-Aynsley selected those they thought suitable for appointment to the paid staff. They took no account of religion. Indeed, Matron Maude wished Christchurch had more Catholics on the staff, as they had been generous supporters of the hospital. She favoured a mix of religions on the staff.

At the Middlesex, as at most British hospitals, it was the custom for nurses to stand when the matron or doctor came into the ward. This was to show respect to the office, not the person. She always stood in the presence of the doctor, and encouraged her nurses to do the same.

She had asked the probationers to attend operations, and gave them tasks to keep them 'busily employed'. Only a few had objected to attending 'delicate' operations, but this was mainly because of the remarks Brown had made about them. She thought that the matron and doctor should have the power of dismissal in cases of serious mistake or dereliction of duty. (One nurse had administered belladonna by mistake, which could have had fatal consequences.) Matron Maude said she had been 'carefully trained' in anaesthetics by Murray-Aynsley, and had successfully administered ether in 126 cases and chloroform in 84 since her appointment to Christchurch Hospital.

Her daily routine began at 8 am when she had breakfast with the nurses. Her desk work started at 9, when she signed leave passes and met the doctor to take his orders for the day. She then visited the kitchen to order the dinner, and inspected the pantries and cupboards. Then she went to the store room to serve out the linen needed for the day. After that she toured the wards and spoke to each patient. She inspected the back premises and the mortuary, then the dispensary and the out-patients' department. She inspected all food before it was served to the patients. In the afternoon she attended to her paper work, and received visitors. The visiting medical staff often came to see her, and they had no set times for visiting the hospital. She was also liable to be interrupted by telephone calls. She looked after the arrangements for destitute patients. In the evenings she gave one ambulance lecture a week, and attended the doctor's lectures to the nurses. Last thing at night, she walked the wards and spoke to the patients before they settled for sleep. Murray-Aynsley often accompanied her, and she had never seen him drunk, or smoking, in the wards.

When she first came to the hospital she had found 'a marked difference' between the trained and untrained nurses. Some wards were better-run than others: in Ward 6, 'things were done in a rough and ready style, not according to modern ideas at all'. Recent advances in surgery and medicine required a corresponding improvement in cleanliness and the training of nurses. She had not dared to remove Nurse Medlam because she was, 'as it were, afraid of her', and feared that the board would not support her if she dismissed Medlam.

As for Brown, Matron Maude thought he was no longer needed. A trained nurse could do the work he was supposed to do. He had 'deteriorated' in the past six months, and was 'not a good influence'. There had been many complaints against Brown from patients and some of the nurses. She did not think there was a cabal inside the hospital, but there was outside it, and she suspected Nurse Henry of carrying stories out of the hospital. She had found Nurse Henry unreliable in her work, and thought she should go. Henry had accused Murray-Aynsley of being drunk and stumbling on the stairs, which Matron Maude knew to be untrue, from several other witnesses.

When questioned about other nurses, Matron Maude said that Nurse McLaren had left because she was not up to the modern standard required of a nurse. She had failed her examination, and was rather too small in stature for active nursing. Her manners were poor and disrespectful, referring to the doctors by their surnames only. Matron Maude had had to ask her not to air her socialistic views quite so much.

## 11. MURRAY-AYNSLEY'S TESTIMONY

The star witness of the inquiry was of course Dr John Murray-Aynsley.<sup>96</sup> He said he had been sent for 'in a hurry' when De Renzi resigned, because nobody else wanted the job. He had been formally appointed resident medical officer from February 1893. When he was first appointed, the younger nurses from Ward 6 (male surgical) and from Ward 4 (female surgical) all attended operations. He had not modified this policy, except for one occasion last May when Dr Nedwill had 'a delicate operation' to perform. Brown the Dresser, Papprell the Dispenser and Whitelaw the Wardsman were usually present, and assisted when required. But Murray-Aynsley found them all 'very unsatisfactory', as they lacked 'the same neatness and quickness' of the nurses. Murray-Aynsley often had to thread his own needles.

With Matron Maude he had introduced a new system to take nurses from all wards in rotation to attend operations. Nedwill had asked him to obtain a Clover's crutch for abdominal operations. Before then the limbs of male patients had usually been held by Brown and Sister Medlam, or Sister Ewart for female patients. Murray-Aynsley had not noticed whether young nurses or probationers were asked to do this: 'only a person of impure mind' could think it objectionable for any nurse, whatever her age. He had never ordered nurses to attend operations against their will. But he may have suggested to Matron Maude that such and such a nurse was not getting enough experience in assisting at operations. He knew of only one probationer who objected to attending an operation, and that was because she could not bear the sight of blood!

When the board appointed a chaplain to conduct Church of England services on Sundays, Murray-Aynsley thought that staff and patients should be courteous enough to attend. He verbally suggested to the sisters that ambulant male patients might be sent to make up a congregation 'instead of letting them loaf about'. He had not himself issued a written order, but Matron Maude had written one. In all of the English hospitals he had worked in, patients who were able to were expected to attend church services. He had never stopped anybody's leave pass for not attending a service. The service was over by 10.30 am, and as a rule patients went out to visit friends or family after midday. The two passes he had stopped were for different reasons. (These men intended to buy alcohol.)

In response to charges of being rough or arbitrary in his manner towards patients, Murray-Aynsley asked the inquiry to bear in mind that he had charge of a large institution that was often overcrowded. He had to consider the greatest good for the greatest number. He was often tired, and when he encountered patients quarrelling he may have been a little terse or strained in his language.

Probationers were appointed by the House Committee on his recommendation. He had always relied on his own observation, the examination results, and the sister's report in making appointments. Neither religion nor nationality had ever come into it. He strongly denied ever saying 'No Irish need apply'. This was simply not true.

The patient he had ordered to be put on bread and water was a convict from the prison with an eye condition. Nurse McRobbie said he had been abusive and disruptive, and had insulted the night nurse. Murray-Aynsley had spoken to him and said that if he did not keep quiet he would be put on bread and water. The man continued to be abusive, so Murray-Aynsley issued the order, and he then kept quiet. The man was given milk and bread for just one day, after which he had a normal diet.

As for the two boys from Ward 6 put on bread and water, they had escaped from the hospital to climb trees looking for birds' nests. As a punishment he had ordered them to be sent to bed and given only bread and water, a punishment he had often been given himself when a boy. Again, this was only for a day.

He recalled another case when a man had annoyed other patients by talking continuously, and Dr Stewart had been present when he ordered him to be put on bread and water. The man had later apologised, and the order was not enforced. This was about a year before the letter by 'Tongariro'.

Murray-Aynsley said that Matron Maude had mentioned to him in the middle of last year that she believed the milk was being watered. He had made enquiries, and discovered that the steamer was not working properly and that condensation was getting into the milk. The steamer was repaired, and there had been no complaints since then.

He had also complained to the board about the old kitchen range and the problem of half-cooked food. The chairman had said that it could not be attended to until the new Nurses' Home was in use. He had repeatedly warned the board that the appliances were worn out and the accommodation was insufficient, but nothing was done. In March 1894 he had written to the board to suggest a cool chamber for butter and milk. Two years later nothing had been done about this either. In April 1894 he wrote to the

board to suggest hot water dishes to keep the food warm in wards, and these were obtained. He also requested wheeled trolleys for transporting the food to the wards, and gave orders to keep refuse away from the kitchen and larder. The latter problem had been met by keeping pigs. As for the nurses only getting beef which had come from his table, Murray-Aynsley said he was very fond of cold beef and when a joint of it left his table there was not much meat left on it.

Murray-Aynsley said that when Robert Wood was chairman things got done, but since then Charles Gray had always said 'they must economise', and that the interests of the ratepayers must come first.

On the issue of the nurses using the board room for their presentation to Dr Stewart, Murray-Aynsley said that he and Matron Maude had obtained permission from the board to let the nurses use it as their evening sitting room. Then when Matron Maude found that the laundresses had no place to sit or dry their clothes, permission was extended to include them as well. The presentation had taken place without Murray-Aynsley or Matron Maude being informed. It was not the presentation that the board objected to, but the use of their room without permission. A reporter had been invited, which made it a public meeting. He discovered that Brown had led the nurses to believe that he, Murray-Aynsley, had known all about it.

Whenever he operated, Murray-Aynsley made sure that he had general or special permission from the visiting medical staff to operate on their patients. He had never operated on any of Stewart's patients without getting his special permission. The only exceptions were emergencies or very minor procedures. Notice of important operations was always put up in the hall, and he would telephone the visiting staff to be sure of their attendance. Stewart was continually putting off his operations, and on one occasion he postponed an operation six times.

Rule 35 forbade private practice by the house surgeon, but it was not intended to include anaesthetics. Murray-Aynsley said he had the board's permission to administer anaesthetics outside the hospital, as it was his specialism. There had been no complaints about this until the letter by 'Tongariro'. The Medical Congress had agreed with him that this could be fairly regarded as part of the privileges of a house surgeon. In contrast, the Medical Congress had agreed that the examination of lunatics was legitimate private practice and therefore outside the scope of a house surgeon's work.

Murray-Aynsley categorically denied ever smoking in the wards or on his rounds. The only exception was when he visited fever cases in Ward 3, which was in a separate building down the path past the morgue. He said he often smoked while coming and going from there, but never inside the wards.

On the Kennelly case, he said that he was given the impression that the girl was not very ill, perhaps with influenza, and had not been ill for very long. The man with her also said he had plenty of money to pay for a bed, and this had annoyed Murray-Aynsley, as the hospital was for the poor. He had rung Mrs Rowan's nursing home and found a bed for her. As a general rule, he would examine a case before sending it away, but he

knew that a medical man would examine her at Mrs Rowan's. Next day, Gray had said that the girl's condition made her an urgent case, and on his order she was admitted, and died that same night. Murray-Aynsley said that if he had known the full details, he would have shifted someone from Ward 2 to make a bed free for her.

On the Lennie case, in which the patient resisted being discharged and had to be manhandled into a cab to be taken to his home in Tuam Street, Murray-Aynsley said that the patient could walk pretty well when discharged, but did not want to go to his home, as his wife was not there, and he wanted to go to the Charitable Aid Board instead, but the officer there would not accept him. He had resisted leaving the cab, but was not 'roughly handled'.

Murray-Aynsley gave the dates on which he had written to the board complaining of overcrowding, the need for alternative accommodation for chronic cases, and the large increase in out-patients. He felt he could not cope with the out-patients as well as his normal case-load. All of his complaints had been disregarded.

When questioned on individual cases of complaint, Murray-Aynsley gave reasonable and plausible answers for his actions, or lack of action. For example, the hospital preferred to have male out-patient cases on Mondays and female cases on Thursdays. In the case of Mrs Grimsey, who accused him of 'speaking roughly' to her, if she came on a Monday he may have told her to come back on the right day. Some patients were difficult, and did not always understand the reasons for such decisions.

In the case of Bowley, he was drunk when admitted and his breathing failed when he was taken to a ward. Murray-Aynsley performed artificial respiration on him until about 11 pm, with Dr Meares and Nurse McRobbie helping. When O'Neill said that Murray-Aynsley had fallen across the patient, she probably saw him leaning to perform artificial respiration. He 'absolutely denied' being under the influence of liquor, that night or any other night. Nurse Henry had said that he was not sober when attending to Mrs Hepworth, but he had an affidavit from Mrs Hepworth to say that he had been sober. Sister McRobbie had said that he was very excited one night, and she thought he had been drinking, but he was angry and irritated by a conversation with Dr Murdoch about the Charitable Aid Board sending chronic cases back to the hospital.

As for squirting water in a child's face, he had been taught this at the Belgrave Hospital as the best way to stop children who screamed at the thought of being touched. He may have suggested this, but did not think it had actually been done on the night in question.

He had never heard of a probationer being rejected on account of her religion, but he knew of one who had been rejected because of her poor health. He thought Matron Maude was 'too soft-hearted' and could be taken in by a plausible complainant. She was very efficient at administering anaesthetics, because he had trained her carefully over a long period.

When he was appointed he found it difficult to manage the nurses as there were three factions: those favoured by Matron Steel, those favoured by De Renzi, and those who had deserted the latter's party. Matron Steel had shown favouritism to 'her nurses' in

the matter of leave passes, and he had soon put a stop to this. He had realised that 'some of the old nurses were not up to modern requirements'. He thought the best type of woman to become a nurse was the school teacher, who was quick to learn.

When he was appointed, Ward 6 was under Nurses Medlam and Cameron. It was 'untidy', the bedclothes were not changed as often as they should be, and there were many ways in which the ward was 'not as smart as it should be'. (He probably meant, not very clean.) He spoke to them about this, but they could see nothing wrong. He was for a while unwilling to do anything more about it, as he was not sure the board would back him up.

But then a complaint was made about Nurse Cameron from a board member, and Murray-Aynsley interviewed every nurse in the hospital, and was satisfied that the complaint was well-founded, so he had suspended Nurse Cameron and laid the whole matter before the board. They had agreed with his decision.

However, Brown, with Sisters Medlam and Ewart, and Nurses Knight and Henry, 'seemed to form a party to back her up'. This had interfered with the running of the hospital. The probationers on Ward 6 were made to feel 'very miserable'. He could see this plainly. In order to stop this bullying, he moved the probationers away and put all the old nurses into Ward 6, which caused much grumbling.

The main problem was over antiseptics. The older nurses such as Cameron and Medlam did not seem to understand the need for antiseptic precautions. Antiseptics had recently become very varied, and nurses needed instruction on which antiseptics were appropriate for different situations.

He then found that everything he said and did was being carried outside the hospital and being misconstrued. Nurse Henry had been seen going into Gray's drapery shop, and at the next board meeting Gray had questioned him about the situation in Ward 6. Murray-Aynsley had mentioned the belladonna case to Nurse Henry, and 'it had got outside'. He had mentioned Green's case only to Brown, yet Dr Stewart had then rung Dr Irving and showed that he knew all the details of the case. Murray-Aynsley became convinced that there was 'a system of espionage' on him. Brown was constantly talking with Dr De Renzi, and he was told that the older nurses were often seen going into Dr Stewart's house.

Murray-Aynsley said that he believed he had always worked well with Stewart in a professional capacity, but had occasionally remonstrated with him over some of his operations, and had 'spoken his mind once or twice'. This may have offended the older doctor.

He thought that Dr De Renzi seemed to have some sort of hold over Brown, as they were often seen together. Brown was a capable dresser, but had no medical training and no knowledge of modern medicine. Brown had once sent a case of scarlet fever into Ward 4. (Stewart had also said that scarlet fever was not especially infectious!) Murray-Aynsley thought that Brown had deteriorated in recent months. He had seen him talking to a probationer in a way which, it was obvious from the expression on her face, she found offensive, but he was not close enough to hear what was said.

He believed Sister Medlam had been loyal, but had been misled by Brown and the others: 'She would do admirably for the matron of an infirmary, but was not physically

capable for the active work of such a ward as No.6'. He had recommended her for a post at the Addington infirmary, if it should be established, on a better salary than she got at the hospital. Brown could also be put there on his present salary of £100 a year.

Murray-Aynsley said he had performed 85 operations in 1893 and 97 in 1894. He had lost one patient under chloroform, a girl who died on 7 May last. Of the 91 operations performed by him up to 31 March 1895, only six had been performed after 22 January because before then Dr Stewart 'frequently did not turn up', and Murray-Aynsley had to go ahead alone. By contrast, since January, Dr Nedwill had been 'most attentive' and performed all the operations under his care. Dr Meares also made a point of taking all of his operations.

On Nurse Henry, Murray-Aynsley said that he thought she had been unfairly treated by De Renzi and Matron Steel, who had driven her into a sort of 'sullen existence'. He had spoken to her a year ago about her situation, as he thought she was disliked by the others. When the complaint had been made about her sitting close to the German patient Gulcher in the gardens, in her uniform (he had put his arm around her), he had pointed out to the board that they had a 'foolish by-law' by which a nurse could do as she liked outside the hospital. He was not aware that this had later been laughed at by the House Committee.

He had a high opinion of Nurse Knight until he found that she was associated with 'this crew', and was carrying stories outside the hospital. He had tried to get her a salary increase, and had signed a reference recommending her to Greymouth Hospital: 'He wanted to get rid of her and thought they might as well have her'.

On the day of the laying of the foundation stone for the new Nurses' Home, he heard that the nurses had a little party afterwards, and 'rather a merry time'. He had not been invited, but looked in and drank a toast to Dr Stewart's health and left.

Murray-Aynsley said that he had started initialling the signatures of medical staff members in the record book because he found that they had been entering their names for days when they were not there. However, Lomax-Smith had objected, and he had stopped doing this.

The next witness after Murray-Aynsley was Mrs Grace Neill, deputy inspector of hospitals and lunatic asylums.<sup>97</sup> She described her career and qualifications to the inquiry, including her training under the Sisters of St John at King's College and Charing Cross hospitals, London. She had then been lady superintendent of a hospital for sick children near Manchester with 160 beds.

She had been sent to Christchurch to investigate alleged problems in the nursing staff. She had inspected the wards before speaking to any of the witnesses, and had been struck by the 'general untidiness and slovenliness' in Ward 6. There was no nurse in sight when she entered, but after a short time Nurse Medlam came out of the pantry. The back premises of the ward were also 'untidy'.

Mrs Neill had then interviewed Nurse Cameron before any of the other nurses, and asked if there was anything she could do on her behalf, as Cameron had received a letter of suspension from the matron. Just then a telephone call interrupted them, and she had to speak to the Minister, W. P. Reeves. Afterwards she found Nurse Cameron in Mr

Hunt's office, and told her that this was a departmental inquiry, and did not have anything to do with any legal proceedings. Neill invited Cameron to come and talk to her, with the matron's letter, but she never did.

Nurse Henry said very little in her interview, and did not at first say anything about Murray-Aynsley being drunk. She said in a second interview that Dr Stewart had told her that the doctor had been drunk. Henry said she thought the doctor had been slightly under the influence of liquor, but not incapable of doing his work. She had been annoyed at being moved from her previous ward, and seemed sorry for having spoken in a moment of irritation.

Mrs Neill said she saw the need for reform of the nursing arrangements. She thought the nurses should be rotated from ward to ward, yet at Christchurch the nurses seemed to think that they had a right to a particular ward: 'That was the old practice, and had been out of vogue for twenty years'.

She did not think that any nurse could go on being an active ward nurse after the age of 45: 'Nurse Medlam was not physically suited to have charge of an important surgical ward'. Some provision should be made for the old nurses, as in England, with a pension, but in New Zealand there was nothing for them.

As for wardsmen, they seemed to Mrs Neill to be 'a relic of barbarism'. She thought that men did not have as much patience as women, and were not suited to be nurses. Christchurch Hospital seemed to be a combination of the old and new systems, with an antiquated system of wardsmen and permanent ward sisters with comfortable pantries. She could not see what use wardsmen were in a modern hospital. Changes in the method of treating wounds made the Dresser's role 'much diminished' and part of 'the old system'.

Brown was getting £100 a year with board, and Matron Maude the same, yet there was a vast difference between them in responsibility. Matron Maude's salary was 'absurdly small'. She was expected to look after the housekeeping and attend operations as well as supervise the nurses: 'no woman could do so much'. Murray-Aynsley also had 'very much more than he could attend to'. The fact that nurses could appeal matron's decisions to the House Committee completely undermined good discipline.

Mrs Neill said that she could see at once that there was an underlying 'bad feeling' in the hospital. Brown and Medlam had denied this, but the other nurses made it clear that dissensions had come to a head over the dismissal of Nurse Cameron. Yet Matron Maude had 'most decidedly gained the confidence of the probationers and the nurses, who spoke most gratefully of the kindness both of her and the doctor'.

She thought that most of the nurses at Christchurch Hospital were 'a remarkably intelligent lot of young women', but it was impossible to run a hospital with such friction amongst the nursing staff. She had invited Nurse Cameron to come and say whatever she pleased, but she had never come. Nurses Knight and Henry had shown 'a decided feeling of discontent' at being changed from their previous wards. Two of the older nurses had expressed concern that the probationers wanted their places, and it was natural for them to feel threatened by these 'younger, better-educated women'. Rather than speak of the older and younger nurses, Mrs Neill thought it better to speak of the older and newer systems of nursing.

She did not want to enter into the medical cases mentioned by ‘Tongariro’, as that was not part of her inquiry, but in the Berry case, being given a basin of water and told to wash himself when he was incapable of doing so was in her opinion ‘defective nursing’.

The remaining witnesses added various details to cases already mentioned, but no matters of great importance were revealed by them. Dr Giles refused some of the evidence offered as he judged that it lay outside the scope of his inquiry. Brown and De Renzi returned to deny all of the things that had been said against them, De Renzi describing Brown as ‘a most useful man’, and ‘infinitely better than a medical student’.

By 3 July there were no further named witnesses, except Nurse Pilliet, who was ill. Dr Giles said he would visit her, and also ask a few more questions of the current chairman of the hospital board. The formal proceedings were closed, and Dr Giles said that he hoped to have his report ready in a few days’ time.<sup>98</sup>

But it was almost a month before his report was made public, in early August 1895.<sup>99</sup>

## 12. THE COMMISSIONER’S REPORT

Dr Giles had ‘no hesitation’ in dismissing as untrue the allegation that Murray-Aynsley had compelled young probationers to assist at ‘delicate’ operations on male patients. Any reluctance on their part had come from the remarks made by wardsman Brown that such attendance might make her a nurse but never a woman, or a lady. He agreed with the view that nurses in training should attend operations of all sorts, but on a voluntary basis.

As for his order for attendance at church services, the allegation was true but the order had never been insisted upon. Dr Giles thought that while English hospitals supported by voluntary contributions could make such a rule, it was not appropriate for a public hospital in New Zealand.

All of the allegations about only Anglicans being appointed as probationers or nurses, and that ‘No Irish need apply’, were dismissed as untrue.

The patients ordered to be put on bread and water were disruptive and troublesome cases, but the orders were not carried out for more than a day, and the patients had been given pudding. In the case of the two boys who had absconded to go bird-nesting, the house surgeon was acting *in loco parentis*.

A great deal of testimony was heard about bad food or food inadequately cooked. Dr Giles concluded that, after making allowance for the propensity of human nature to grumble about food, it seemed pretty clear that the hospital’s food department was ‘not quite what it ought to be’. He was glad to see that the problems were now being dealt with. Appliances were being replaced and the kitchen was having a thorough renovation. He also remarked that the complainant, Dr Stewart, might have done more about the bad fish, and sooner, when he was on the staff.

The use of the board room without permission for their presentation to Dr Stewart was seen as a breach of discipline, but a minor one. It was not true that Murray-Aynsley had made a formal complaint about this to the House Committee.

The charges that Murray-Aynsley performed operations without notifying or consulting the visiting staff were found to be not true. Some laxity had crept in, but this was from the failure of visiting staff to attend consultations, and Dr Stewart was shown to be the worst offender in this respect.

On the question of administering anaesthetics outside the hospital, it was clear that Murray-Aynsley had the permission of the board to do this, and the Medical Society had supported it.

The charges against Murray-Aynsley of smoking and being drunk in the wards were dismissed as untrue.

However, in the case of the patient Ellen Kennelly in June 1894, Murray-Aynsley had committed a grave error of judgement in not examining her before sending her to a private nursing home. He admitted his mistake, but the expression 'brutally turned away' showed animus on the part of the complainants, O' Carroll and Stewart. If he had known the full facts of the case Murray-Aynsley would have found room for her.

The allegations of cruelty and neglect were based on ten cases, all of which had reasonable explanations. The man Alfred Burt had suffered a paralytic stroke, and Dr Stewart had ordered his removal to the hospital. However, Murray-Aynsley had asked for a second opinion, and Dr Mickle said that the man should not be moved. After a few days he improved and was admitted to the hospital, and made a good recovery. Robert Green's cracked shin bone had not been noticed because the injury had been in a different place and was easily missed. No harm had resulted, and Dr Giles remarked that it was scarcely the sort of case that justified one surgeon trying to damage the reputation of another.

The Montagu case was similar in that the fractured shoulder was not spotted by Brown, and Murray-Aynsley had relied on Brown's diagnosis. Montagu could move his arm freely and it appeared to be only a matter of deep bruising. Mrs Neill had said that a nurse trained in modern methods would have discovered the fracture.

The other cases of cruelty and neglect were not proven, and some were shown to be quite trivial. One had never complained while in hospital, but only did so when approached by Dr Stewart. Dr Giles remarked that she was 'a person not likely to minimise any grievance'.

As for the charge that he had squirted water in a child's face, Murray-Aynsley admitted doing this on one occasion to stop a child screaming, and it had worked. He had seen it done in England. But no general order had been issued for nurses to do it.

Matron Maude had been accused of cruelty in sending a stretcher case round to the back entrance when it was littered with bricks and rubbish. The front door had been closed for repairs, and the sloping back entrance was better than steps for the stretcher bearers. She had also been accused of partiality for Anglican applicants as probationers, but this had been disproved. The allegation that she had been neglectful of duty in visiting the wards at night had also been disproved.

It was a fact that the matron administered anaesthetics, but the complainants seemed unaware that this was now part of a modern nurses' training and that she had been carefully trained by Dr Murray-Aynsley.

The allegation of wasting food supplies was admitted as true, thanks to poor cooking, but that of extravagance in the ordering of supplies was not. No evidence of corruption or benefit to Walter Miller, the secretary-treasurer, in the matter of ordering supplies had been found, and the undertaker Scrimshaw had failed to substantiate his allegation that Miller was keeping part of the burial charges for himself. Dr Giles remarked that in this instance he had 'the sworn assertion of one man against the sworn denial of another', but some parts of Scrimshaw's evidence had been shown to be untrue. The system of contracting for funerals needed reform.

Dr Giles wrote at length about the dismissal of Nurse Cameron. She had not been charged with immorality, but only with 'undue familiarity' with one patient, and she had subsequently married him. She had breached other by-laws, and Mrs Neill had concluded that these were grounds for her dismissal. Nurse Cameron had been given every opportunity to refute the charges against her, but had never come forward, and instead had consulted a lawyer and allowed 'outside agitation' to be fomented on her behalf. Dr Giles concluded that her claim of unfair dismissal 'falls to the ground'.

The question of getting rid of older nurses resolved into two main issues. One related to their ability and efficiency as nurses, and the other to their forming a faction or 'cabal' to thwart the efforts of the hospital authorities to reform and improve the nursing system. Dr Giles observed that a modern scientific system of nursing had overtaken the old untrained staff. Nurses now needed to be well-educated and well-trained. Mrs Neill had confirmed the views of Matron Maude and Murray-Aynsley that some of the older nurses were not able to fulfil the role required by the modern system, and seemed unwilling to learn it. They deserved the greatest consideration, in view of their long and loyal service, but tale-bearing outside the hospital merited instant dismissal. For a nurse to complain to the board about an order from the matron was 'rank insubordination'. Dr MacGregor's allegations of a cabal inside the hospital had been misunderstood, but it was clear that friction had arisen after Nurse Cameron's dismissal and the older nurses had made things miserable for the younger staff. However, the work of the hospital had not been impaired. The matron had admitted to lack of courage in dealing with older nurses as they were supported by certain board members.

Dr Giles concluded that the board needed to give firm and unflinching support to the matron and house surgeon to exercise their professional judgement.

As for the Dresser, Richard Brown, Dr Giles acknowledged his long service and his usefulness in assisting at operations and with post mortems, but he was untrained and unqualified and was now paid for doing very little. He had opposed reform of the nursing system and had intimidated the younger nurses with his coarse language. He needed to be replaced by a properly qualified assistant house surgeon. Brown had been accused of fomenting mischief both inside and outside the hospital, but Dr Giles said he had found no clear or direct evidence of this.

In contrast, Drs Stewart and De Renzi had been clearly identified as the 'cabal' outside the hospital, even stopping a man in the street to ask if he would testify that he

had seen Murray-Aynsley drunk. When he wrote the 'Tongariro' letter, Dr Stewart had been on the list of consulting staff and had recently been on the surgical staff of the hospital. Dr Giles commented:

Yet, instead of availing himself of his position to get abuses rectified, he preferred to stir up the mud by an anonymous letter, making many imputations, which were supported by no facts within his knowledge.

Stewart had certainly shown no desire to promote the good working of the hospital in the public interest. The public meeting in April had been whipped up on false pretences. Now that the facts were known, it would be difficult to get up a meeting to support Nurse Cameron. Many of the speeches made then would lose their point or lapse into silence.

Murray-Aynsley had been accused of 'discourtesy and roughness of manner', but allowance had to be made for the exaggeration of witnesses. The evidence showed no more than 'a little occasional irritability or quickness of temper', and a propensity to plain speaking. His lack of tact and patience had to be balanced by his heavy duties and tiredness. Some of his jokes had been misconstrued. When a man wanted to remove his very sick mother from the hospital, Murray-Aynsley had said he might as well get a rope and hang her there and then, and then cut his own throat, but surely nobody thought he was seriously encouraging the man to commit murder.

Dr De Renzi had not emerged with much credit from this inquiry. Dr Giles commented that there had been vague assertions of 'irregularities and disorganisation' in the hospital before Murray-Aynsley had been appointed. De Renzi had complained to Dr MacGregor in 1889 that nothing could be done to reform the hospital because of close relationships between board members and certain staff members, but he refused to put his complaint into writing, leading MacGregor to doubt the truth of his assertions. De Renzi ought to have resigned if he could not substantiate his claims, and the board should have insisted on it. When challenged, De Renzi described the allegations as a rumour that he did not believe. Giles thought this 'hard to believe'. De Renzi had failed to explain his role in this business. Either way, the episode suggested weakness in the management in that it took no action.

### 13. THE RECOMMENDATIONS OF DR GILES

The House Surgeon: Murray-Aynsley had admitted one serious error of judgement in sending away a patient he had not examined, and his attempt to induce patients to attend church services was 'a temporary indiscretion' that was not repeated. But all the other allegations against him appeared to 'vanish' on a careful consideration of all the circumstances: 'All the other charges against the House Surgeon are, in my opinion, either false, or frivolous, or sufficiently answered by the plea of admission and justification'. The hospital urgently needed to appoint an assistant resident medical officer.

The Matron: 'Nothing has been found against this lady except her concurrence with the House Surgeon in the attempt to induce patients to attend the Sunday service'. Matron Maude may have lacked experience in housekeeping for such a large establishment, but she ought to have assistance with this department, as her nursing responsibilities seem more than enough for one person: 'her efficiency is unquestioned'.

The Secretary and Steward: No abuse of office had been proven against this officer, but the system of contracts for pauper burials needed reform. The roles of secretary and steward should not be held by one person: the hospital needed a full-time housekeeper. A better system was needed to keep proper checks on the accounts, including the Destitute Patients' Fund.

The Food and Cooking: This department had varied for a long time between excellence and inferiority. The kitchen improvements now in hand might remove all causes of complaint. An alteration in meal hours was needed to reduce the interval between tea and the next day's breakfast. Mrs Neill had suggested, and Matron Maude supported, the appointment of a 'house sister' to be held by the ward sisters in rotation for several months at a time.

Nursing: The modern system of nursing needed to be 'steadily pursued' and extended by degrees to all parts of the hospital administration. There was great need for a pension fund for retiring nurses, which could be created by a combination of public and private funds, donations and legacies. The night nursing system needed reform and a reduction in the hours on duty.

Wardsman and Dresser: The present holder of this office was unlikely to help or harmonise with an improved system of nursing. His role had been that of an assistant medical officer, but he was now 'an incongruity which should no longer be tolerated'. His appointment may have been a justifiable expedient in the gold-rush days, but he was neither qualified nor ever likely to be, and had no place in an efficient modern hospital.

Chronic cases and infirmities of age: Such cases needlessly crowded the hospital. There was an urgent need for them to be accommodated outside the hospital.

The Hospital Board: This body needed members from a wider constituency. That would avoid undue local and personal influence on the management of the hospital, and perhaps give it more courage and firmness. It was essential for the board to trust its officers and to support their recommendations. Their hands needed to be strengthened to maintain order and discipline.

The Medical Staff: Dr Giles endorsed the opinion of several witnesses that one-year appointments were 'objectionable' and did not attract the best and ablest practitioners.

Representation of medical staff on the Board: This was desirable, and might have good effect, but in other places it had not proved to be a solution for all troubles.

Dr Giles concluded his lengthy report with the hope that this ‘somewhat tedious and minute inquiry’ might result in some good, ‘by clearing up confusion, dissipating prejudices, refuting calumnies, pointing out the sources and proper remedies of complaints that are well-grounded, and generally helping to facilitate the administration of the hospital, to increase its usefulness and to enhance the esteem in which it is held by the people of Christchurch’.

#### 14. EDITORIAL COMMENT

Editorials in both the *Press* and *Lyttelton Times* listed the main findings and recommendations of the Giles report and castigated Dr Stewart for causing such an expensive and needless Royal Commission.

The *Lyttelton Times* described it as ‘a very bulky document’, and an ‘earnest, painstaking’ inquiry. With ‘judicial calmness’ Dr Giles had taken the complaints one by one and shown that most of them were ‘without any reasonable foundation’. All the charges of ‘tyranny, cruelty, incompetence and corruption’ levelled at the hospital authorities had ‘fallen to the ground’. Nurse Cameron’s case had stirred up public feeling in support of ‘a suffering, injured and defenceless woman’, but now that all of the facts had been revealed, her case had suffered ‘utter collapse’. Apart from one grave error of judgement, which he freely admitted, all the charges against Murray-Aynsley had been disproved. Matron Maude had been spoken of ‘in the highest terms’, and the charges against the hospital secretary had collapsed. Even so, the hospital was by no means in an ideal state. The board had been shown to be ‘marked by weakness and want of moral courage’. Systems of supply and accounting needed reforming, and much else needed alteration and improvement. Dr Giles had stressed the need to pursue ‘the modern and scientific system of nursing’, which meant that Brown had to go.<sup>100</sup>

The *Press* recalled the ‘cloud of suspicion and innuendo’ hanging over the hospital, worked up by sundry industrious agitators, which seemed likely to burst into ‘some horrible scandal’. But as the inquiry proceeded, this cloud gradually dispersed and at last ‘vanished like mist before the morning sun’. The charges against the matron and the medical officer had almost completely broken down, and not a single complaint or abuse had been revealed that could not have been dealt with by a really capable board. Many complaints were made about the food and the cooking, but the board said it could not remedy the kitchen until the new Nurses’ Home was finished. In fact they only took action when the inquiry shamed them into doing something. In the opinion of the *Press* editor, the hospital board had proved itself ‘hopelessly incompetent’.<sup>101</sup>

Dr Giles was restrained yet ‘scathing’ in his remarks about Drs Stewart and De Renzi. Stewart’s role had been the most reprehensible, as he did nothing to remedy abuses

when he was on the staff and was often lax in performing his own duties. His 'Tongariro' letter had shaken public confidence in the hospital and caused 'a shock of pain and surprise' to his medical brethren, yet nearly every charge was shown to be unfounded. The hospital needed an assistant medical officer, but its first essential was 'a really competent board'.

Both newspapers thought that the parties involved in the inquiry should pay their own costs rather than the taxpayers or ratepayers: 'Strict justice would compel Dr Stewart and members of the Hospital Board to pay every penny of the costs out of their own private pockets'.<sup>102</sup>

## 15. AFTERMATH OF THE INQUIRY

One immediate product of the hospital inquiry came from the government. In early August 1895 it announced the establishment of a night shelter at Addington for homeless men and a permanent home for old women, along with a voluntary infirmary for 'diseased women'. Judge Ward was appointed to head a committee that included the Mayor of Christchurch and a number of worthy citizens such as Professor Bickerton and the Reverend Pastor Birch. Dr Murray-Aynsley was appointed honorary surgeon.<sup>103</sup>

At the August meeting of the hospital board Gray objected to several items in the £107 bill from the board's lawyer Andrew Loughrey, so consideration of this and the Giles report was held over for a special meeting in early September. Gray then raised two cases of patients discharged without treatment who were later found to have serious complaints. (His obvious motive was to reveal negligence on the part of the house surgeon.) Murray-Aynsley explained that the young woman in the first case had refused to allow her foot to be cut open and had discharged herself. The second case, dating from February, was the responsibility of Dr Meares. The board resolved that Dr Meares should be removed from the honorary staff for this lapse. It then resolved that the house surgeon should in future report any laxity on the part of the honorary staff.<sup>104</sup>

Though Murray-Aynsley had been exonerated by the inquiry, the board had been labelled as weak and incompetent, and some members, led by Charles Gray, were now angry and hostile towards him. At the September meeting, Gray objected to paying for witnesses that had been called by the board but whose evidence turned out to support Murray-Aynsley. However, the rest of the board agreed to pay Loughrey's bill in full, with Gray dissenting.<sup>105</sup>

Gray then embarked on a long speech in which he accused Dr Giles of bias, and completely rejected his remarks about the board. Taking the report as a whole, Gray said he was 'disappointed' with it. He thought the Commissioner had let Murray-Aynsley off 'too lightly' over the allegations of drunkenness. (It must be remembered that Gray was a leading prohibitionist.) He still thought Matron Maude had been at fault for requiring young girls to be present at operations. (The inquiry had shown that they were not compelled to attend.) Gray then took credit for getting the notice about church attendance withdrawn 'in a day'. As for the cooking and food, Gray said that the board had been blamed for things it knew nothing about, and took steps to remedy them when

complaints had been made at the inquiry. (Yet the board was well aware of complaints about the food long before the inquiry, as it gave the excuse that the kitchen range could not be replaced until the new Nurses' Home was finished.) Gray thought that Brown had been reprimanded for a single remark while others were treated more lightly. He also thought that many of the minor complaints were Murray-Aynsley's fault for lacking tact and a 'conciliatory manner'. Gray thought the nursing system had come out 'very well'. But he thought the board ought to have held its own inquiry. (Yet Gray was one of those who had demanded a Royal Commission.)

Richard Westenra took exception to Gray's remarks, and said he had read the report carefully and saw no bias or animus in Dr Giles's remarks. Forrester seconded the motion to receive the report, and observed that the public would not have been satisfied with anything less than a full public inquiry.

Peryman then moved that the board proceed to adopt the recommendations of the inquiry 'wherever and whenever practical'. The inquiry had been expensive, probably costing about £1,400. The lawyers had all done very well from it. This sum could have started a pension fund for retiring nurses. He approved the appointment of a qualified doctor to replace Brown, and agreed that pauper funerals should be abolished, but he doubted if adding a medical representative would strengthen the board. He took exception to the board being called weak-kneed when they had made many improvements to the grounds and buildings. Dunlop seconded this motion, and said that he had made up his mind to see that the recommendations of Dr Giles would be carried out.

Robert Wood then moved that the board advertise for an assistant house surgeon on £100 a year, and Dunlop moved that Brown be given notice. Gray objected to 'such a hurried dismissal of a man who was admitted to having done useful work and had been a valuable servant for twenty years'. Wood silenced Gray by reading out Dr Giles's remarks about Brown. Westenra remarked that there had been a great deal of friction on the nursing side, and too much 'tittle-tattling' outside the hospital. The motions were carried, with Gray alone dissenting.

Other motions followed swiftly, to appoint a housekeeper, to have the accounts audited and a new system put in place, to bring in an eight-hour shift system for the nurses, and to consider ways and means to provide for retiring older nurses. Wood finally moved that any employee found guilty of 'tittle-tattling' should be instantly dismissed. Gray protested against such a 'despotic' motion, and said that something should be done to stop tittle-tattling by board members. Wood chose not to press the issue, but the chairman ended the meeting with the promise that the hospital's rules would need revision.

By October several of these measures had been implemented. The new housekeeper and assistant medical officer had taken up their duties, and the rules had been revised to allow for eight-hour nursing shifts. The House Committee had recommended that a second porter be engaged. Murray-Aynsley made his usual monthly report: there had been 95 admissions, 104 discharges, 2 deaths and 86 remained in the hospital. The rest of the meeting was taken up with a discussion of the case of Daniel Sharp, a labourer

who had been run into by a hansom cab when he was drunk. He had suffered three broken ribs and a broken clavicle. One rib had penetrated his lung, making it impossible to set the clavicle. He had been carefully bandaged to let the ribs mend, and he was in a critical condition for several days. Dr Meares had been ill at the time and Murray-Aynsley had asked Drs Nedwill, Murdoch and Deamer to examine him daily. They all approved of his treatment. When the ribs had healed, Murray-Aynsley suggested an operation to wire the clavicle, but Sharp had refused, saying he could move his arm well enough. He had since reported some loss of power and nervous disturbance, which had been treated with electricity, but he still refused an operation. The secretary confirmed that Sharp had expressed gratitude for his treatment at the time, and at having had his life saved. The board agreed to recognise no liability in this case.<sup>106</sup>

Also in October, the *New Zealand Medical Journal* commented on the Christchurch Hospital inquiry, and expressed its sympathy for Murray-Aynsley, who had been ‘completely vindicated’, but at the cost of ‘much trouble and annoyance’. The editor then made this comment on Stewart:

Dr McBean Stewart, the instigator of the attack on the hospital, failed in the most ignominious manner to prove his case, and brought upon himself most malodorous and deserved discredit.<sup>107</sup>

Murray-Aynsley was now back to his usual routines, and gave evidence in two court cases in November and December. At the annual meeting of the Canterbury Medical Society in December 1895 he was elected president. In his acceptance speech Murray-Aynsley said he hoped the society would devote its attention to promoting public health in Christchurch, by cleaning the river and reviving the inspection of dairies and abattoirs. The city still needed a public morgue. He hoped that the general practitioners, whether members or not, would unite in promoting public health.<sup>108</sup> In January he was named among the players in a bowls tournament hosted by the Christchurch Bowling Club, alongside Drs Anderson, Brittin and Thomas.<sup>109</sup> Later in January he was one of the platform party at a large public meeting to establish a Canterbury branch of the Navy League.<sup>110</sup>

However, his enemies remained on the field. In the municipal elections in December, the city council named Charles Gray and Dr Stewart as its representatives on the hospital board for 1896. The councillors may have thought that they were giving the board some medical expertise, but their choice of a discredited and disgraced surgeon was naïve in the extreme. Murray-Aynsley had survived what must have been a terrible year for him and his family, but there were still dark clouds on his horizon. Instead of blaming Stewart for their humiliation, certain board members now wanted rid of Murray-Aynsley.

## 16. DE RENZI'S ASSAULT ON THE BOARD CHAIRMAN

One of his enemies at least suffered a temporary withdrawal. One of the first duties of the new hospital board was to appoint the honorary medical staff. Drs Deamer and Murdoch were reappointed as the physicians, but there were three applicants for the two surgical positions: Drs Nedwill, Lomax-Smith and De Renzi. The new chairman, Richard Thomas, reminded the board that De Renzi had said damaging things about the board and the hospital at the recent inquiry. The board agreed not to entertain the application of Dr De Renzi. Thomas added some remarks of his own, suggesting that De Renzi ought to have been prosecuted when he left the hospital. (De Renzi had taken a set of surgical equipment with him, the property of the hospital, and when asked to return it he sent back different instruments. He later said the packers had scooped them up by mistake.)

Next morning the chairman, Richard Thomas, received a message asking him to call at the office of the lawyer Richard Harman, who was De Renzi's brother-in-law. According to Thomas, there he found himself confronted by De Renzi, the hospital's late Dresser, Richard Brown, and another man named Alfred Reynolds. De Renzi demanded that Thomas repeat or apologise for the remarks he had made at the board meeting, and Thomas refused, asking how De Renzi had heard about them from a meeting that was in committee. Thomas moved towards the door, but found his way blocked by Brown. De Renzi raised his fists and demanded that Thomas fight like a man. Thomas refused, saying that he had a heart condition, but De Renzi had punched him in the face, knocking him down. Thomas then left the room, as a shocked Harman restrained De Renzi. Thomas returned to the hospital where Dr Jennings patched up his bruised face. He suffered a black eye and a cut cheek.

Thomas brought a charge of assault causing bodily harm against De Renzi and the case was quickly referred from the Magistrate's Court to the Supreme Court where it was heard before Mr Justice Denniston in February 1896. The defence argued that Thomas had been seated, but had jumped up quickly, raising his hands, and De Renzi thought he was going to be assaulted, and punched first in self-defence. A clerk in Harman's office said that both men had been 'very excitable' and that Thomas had seemed 'rather indignant', speaking in a loud sharp tone. Brown denied blocking the door and said that Thomas could have left at any time. It had all happened very quickly.

The jury took less than an hour to find De Renzi guilty of common assault. Judge Denniston said that Brown had committed perjury, because his testimony in the lower court had been quite different from what he said in the Supreme Court. De Renzi had entrapped Thomas by false pretences, and attempted to coerce him in a way that was 'improper and unjustifiable'. It was clear that Thomas wished to escape the room and was prevented from doing so by Brown. Denniston thought the defence's story about self-defence was 'absurd'. He added: 'The assault was premeditated and a cowardly outrage on a public man carrying out his public duties'. He sentenced De Renzi to one month's imprisonment, without hard labour.<sup>111</sup>

Public opinion was divided, as De Renzi was a popular practitioner. Two of the jurymen said that they had recommended probation or a fine. Some people thought the sentence too light, and asked why a surgeon should be treated any differently from a labourer. Others believed the self-defence story, and started a petition to spare De Renzi the prison term: in two days it had collected 5,500 signatures. Judge Denniston felt obliged to make a public statement, saying that a month in prison was the equivalent of a heavy fine for a professional man. De Renzi served his month in prison, and upon his release was welcomed at the Christchurch railway station by a large crowd of his supporters.<sup>112</sup>

At the January 1896 meeting of the hospital board, Richard Westenra expressed regret about the assault and offered Chairman Thomas the sympathy of the board. Dunlop strongly deprecated the action of the member who had divulged matters referred to in committee. Dr Stewart shared this sentiment, and denied that he was the member who had divulged the board's business outside: 'He wished to deny that distinctly'.<sup>113</sup>

Stewart was not the only one suspected of having been the leak that spilled the beans. Gray had been away in Wanganui and had sent his apologies for the January meeting, but he returned for the February one, and at the start of the meeting 'emphatically denied' having given information to De Renzi. He hoped that the culprit would own up and clear those who had been under suspicion. But nobody did.

Stewart was making a bid to dominate meetings of the hospital board, despite his disgrace over the 1895 inquiry. He had tabled several motions for this meeting. The first was to separate the office of house steward from that of the secretary-treasurer. Gray said he too had urged this, and Stewart claimed that he had wanted this even before Drs MacGregor and Giles had come along. But the motion was lost. Thomas pointed out that the recent appointment of a housekeeper would now relieve the steward of some of his previous duties, and creating a separate office would add cost and need a readjustment of salaries and by-laws.<sup>114</sup>

Stewart then moved that all members of the board should also be members of the House Committee. This absurd motion was only lost on the chairman's casting vote, demonstrating that this was still a deeply divided board. Stewart's next motion was to add to the house surgeon's monthly reporting duties, by asking about the out-patient numbers, and the number of patients in the hospital for more than two months, their diseases and the reasons for their prolonged stay. Murray-Aynsley must have been relieved that this motion also failed, by seven votes to six, as it would have added considerably to his monthly paperwork.

But Matron Maude was not so lucky. Stewart's motion that she make monthly reports on the nursing staff, their numbers, their duties, their general health and fitness for work, and any other information which the board might like to hear, was passed unanimously. Gray then moved that Rules 49 and 73 be altered to add the words 'medical comforts' (a euphemism for alcoholic stimulants) after the word 'drugs'. Stewart seconded this motion, but it was lost on the chairman's casting vote.

Murray-Aynsley had reported a surge of admissions, nearly 130 in a month, and the board heard that this was caused by 'a sudden rush of typhoid cases'. The hospital was so overcrowded that a marquee tent was ordered to take the overflow, but the admissions suddenly abated and the tent was not needed. Murray-Aynsley's plea for greater emphasis on public health echoed Dr Nedwill's work as medical officer for the Board of Health more than a decade earlier. He had predicted that a relaxation of reporting and inspection of infectious diseases would sooner or later see a return of typhoid cases.

Murray-Aynsley and Dr Jennings were the Canterbury delegates to the medical congress held in Dunedin in February 1896, and while he was there he was clearly shoulder-tapped by the Otago Medical School to be an examiner in pathology, alongside Dr Roberts of Dunedin. His appointment was announced by the Senate of the University of New Zealand, the examining body, in March.<sup>15</sup> He was one of the judges for the Fire Brigades' Association biennial demonstration that month, with Drs Murdoch, Palmer and Thomas.<sup>16</sup> He must have thought that life was getting back to normal for him – and then the next bombshell burst.

## 17. LOMAX-SMITH'S ALLEGATIONS

A special meeting of the hospital board early in April 1896 heard in committee a report from a sub-committee which had held four sittings and had interviewed both Murray-Aynsley and the surgeon Montagu Lomax-Smith. The latter had sent in his resignation saying that he could not remain on the staff while Murray-Aynsley was employed by the board. The charges against Murray-Aynsley were:

- (1) That the House Surgeon had failed to observe the by-laws.
- (2) That he had not fulfilled his duty towards the honorary staff.
- (3) That he had been guilty of neglect in the treatment of very serious and critical cases.
- (4) That he had failed to show that interest and attention to patients that the Board had a right to expect.

The committee comprised the chairman, Richard Thomas, Richard Westenra and John Caygill. (The latter had been one of the lawyers representing complainants at the Hospital Inquiry.) The committee had resolved to ask Murray-Aynsley to send in his resignation, or be given three months' notice of the termination of his appointment as house surgeon. As a sop, the committee wished to give Dr Murray-Aynsley 'full credit for the efficient work he had done in training and organising the nursing staff'.

Charles Gray moved to advertise for a new house surgeon, and Dr Stewart no doubt took great pleasure in seconding this motion, as he went on to declare:

He thought the step proposed was entirely in the interests of the institution, and that, in future, the engagement of the House Surgeon should be terminated by a month's notice on either side, and also that the engagement should not be for a longer period than one year.

(Yet Dr Giles in his report had recommended three-yearly appointments.)

Caygill then moved a vote of thanks to Lomax-Smith for having laid these complaints, and thanked him for conducting himself in 'this most unpleasant duty' in a very 'gentlemanly' manner. Webb moved a vote of thanks to the committee. All of these motions were passed unanimously.

Gray then asked if it were true that there were other cases besides scarlet fever in the Fever Ward, and Stewart said this was merely a child's disease and not dangerous for adults. The board then moved on to discuss repairs to the spouting and guttering.<sup>117</sup>

Murray-Aynsley sent in his resignation, as requested, and said he would go at the end of one month rather than three. His assistant house surgeon, Dr Robert Fox, resigned 'as a protest at the treatment Dr Murray-Aynsley had received at the hands of the Board'. Dr George Deamer also resigned from the hospital staff in protest.<sup>118</sup>

The board meeting of 22 April had to listen to both of these letters, and a much longer one from Murray-Aynsley.<sup>119</sup> Dr Fox wrote that his resignation was 'an emphatic protest against the highly unethical behaviour of Dr Lomax-Smith towards Dr Murray-Aynsley and myself'. Dr George Deamer was much more explicit:

It altogether passes my comprehension how a small body of laymen can imagine for one instant that they are capable of giving a fair judgement upon complex medical and surgical matters. I venture to think that if at the last inquiry one medical man had been of the jury of three the ultimate finding would have been different in tone.

I must also protest against your Board's scathing verdict against Dr Murray-Aynsley. It would in my opinion have been more generous had you simply placed upon record the statement that after hearing evidence brought forward you requested him to send in his resignation. By doing so you would have upheld your own dignity and not virtually ruined a professional man for the rest of his days.

I think strongly that this consideration was at least due to Dr Murray-Aynsley for the way in which he has reformed the working of your hospital during the period of his office.

Caygill declared this 'a grossly impertinent letter': Dr Deamer had taken it upon himself 'to preach to the board about what they should have done'. The feeling of the sub-committee had been 'very strong' and the recommendation had been as mild as they could make it. Webb moved that Deamer's resignation be accepted, and Gray seconded this.

Gray said he considered this letter 'a smack in the face' for the committee, yet he also expressed regret that the hospital had lost the services of Dr Deamer. The resignation was accepted but the letter was allowed to lie on the table, not received.

A letter from Lomax-Smith was then read in which he expressed 'much pleasure' in withdrawing his resignation from the medical staff.

## 18. MURRAY-AYNSLEY'S RESPONSE

Murray-Aynsley's letter began by observing that he had been condemned by a committee of laymen who refused to allow him to cross-examine Lomax-Smith on certain points of which a medical man would see the point. In addition, the sub-committee had not understood the difference between the duties of a resident medical officer and those of a house surgeon, 'which would be grasped at once by a medical committee'.

Lomax-Smith had listed a number of cases in which he believed Murray-Aynsley had been at fault, and all but four had been withdrawn after satisfactory explanations had been given. Dr Fox, who was present, had agreed to this. The fourth case brought by Lomax-Smith was 'so disproved that the Chairman said there was no need of further evidence', but the committee's report did not mention this.

As for the failure of duty towards the medical staff, a letter was written to the chairman by the House Committee denying that they had brought any charges against Murray-Aynsley, yet the chairman failed to mention this letter.

On the third charge, of neglect, two cases were brought forward. One was a case in which Lomax-Smith had told Dr Fox to dress the wound. Murray-Aynsley was blamed for not supervising Dr Fox's dressing.

Murray-Aynsley wrote that he had always understood that the chief reason for appointing a qualified doctor in place of a dresser was to relieve him of the day-to-day care of those cases which were usually dressed or supervised by a house surgeon. The resident medical officer was responsible only when appealed to by the house surgeon. In this case he was not appealed to.

If the senior resident was expected to supervise every dressing done by the junior resident, he ought therefore to see every dose of medicine given by a nurse, for as the board's ruling now stood, if a visiting physician complained that a dose of medicine had not been given at, say, four in the morning, or that by mistake an overdose had been given, then the senior resident would be held guilty of neglect.

Murray-Aynsley noted that this case showed the necessity to have medical men to hear and decide on medical questions. Lomax-Smith had made two 'astounding statements' that would never have been accepted by a medical tribunal:

- (1) That he had never seen or heard of a visiting surgeon doing or supervising the first few dressings of his major operations; and
- (2) That he did not consider the visiting surgeon responsible for the after-treatment of operations.

Murray-Aynsley stated that the sub-committee had not allowed him to bring evidence on these points, nor would they allow him to cross-examine Lomax-Smith as to the general results of his operations. He tabled statistics of operations performed at Christchurch Hospital and noted that in 1892 Lomax-Smith performed five abdominal operations and four of the patients died. In the same period, when Dr De Renzi was resident medical officer, Dr Stewart performed twelve abdominals, and lost only two patients. In the six months since September 1895 Lomax-Smith had lost nine patients from abdominal operations; Dr Nedwill had performed eight, and only one had died. Murray-Aynsley wondered how De Renzi and he could be held responsible for such different results.

Dr Fox had generously offered to take the blame in the case cited by Lomax-Smith, but Murray-Aynsley thought that a medical committee would have considered that the operator had some responsibility to supervise the dressings: in this case Lomax-Smith did not visit his patient for a week. Murray-Aynsley stressed that he had not even been consulted about this case.

As to the second case, this was raised at the Royal Commission and Dr Stewart had there frankly admitted that the surgeon was responsible, even if the medical officer reported wrongly on the case.

Lomax-Smith had accused Murray-Aynsley of letting a case remain in the ward for 36 days without noticing a fracture, but his attention had not been called to it, and the patient had said nothing about it. After the committee had finished its inquiry, but before making its report, Murray-Aynsley had obtained evidence to support his explanation, and sent it to the chairman, but was told that it could not be received because their report had already been written. He thought they should have reopened the inquiry and heard the evidence, even if it led to a rewriting of the report.

On the fourth charge, three nurses had been called who stated that Murray-Aynsley had not shown sufficient interest in the patients, contrasting him unfavourably with Dr Fenwick. Murray-Aynsley explained that Dr Fenwick was 'a highly enthusiastic young man' (Dr Nedwill said *too* enthusiastic) and he had been given charge of several medically interesting cases outside the male surgical ward. He had no executive work, no out-patients to see or nursing teaching to do, and consequently had the time to show greater interest in his few patients.

Murray-Aynsley had asked to interview other nurses about his interest in the patients, but this was refused. Nor was he allowed to call testimony from Matron Maude. He noted that not a single complaint had been made to the board by a patient about him. Yet evidence had been given during their testimony on the second case by Matron Maude and Nurse McRobbie that patients had complained about Lomax-Smith not having attended to them.

Murray-Aynsley described his daily routine, and the fact that he had over a hundred patients to speak to daily. If he had to do the dressings himself, it would have to be in the afternoon, causing trouble and distress to visiting friends and family of the patients. Again, he stressed that the duties of a house surgeon were different from those of a resident medical officer: 'I beg to challenge the Board to show any cases in which I have

failed to do my duty as Resident Medical Officer, or in which I have not attended when appealed to’.

He then gave statistics to show how much the work of the hospital had grown since he took office in 1892. Out-patients had doubled in number, and yet deaths from diphtheria had dropped to zero since he trained a nurse in his method of treatment for diphtheria. He challenged the board to lay the charges and evidence before a medical board in Auckland, Wellington or Dunedin and to ask them if he had been guilty of any neglect in serious cases: ‘The Chairman stated that no imputation was cast on my professional skill, yet the committee promptly proceed to impute a want of skill’. In fairness to his successor, if they wanted him to act as a house surgeon, the board should relieve him of the out-patient department. At present it seemed ‘quite impossible’ for any one man to do all the work expected of the resident medical officer.

Dr Stewart moved that the letter lie on the table, that is, be ‘not received’. He thought the committee had gone into everything thoroughly, without bias in any form, and two of them were legal gentlemen accustomed to sifting evidence.

Robert Wood moved that the letter be received, as a courtesy to a man who had given the hospital six year’s ‘hard labour’ and Hamilton seconded this, but it was defeated on the voices. Stewart’s motion was then carried.

The chairman reported that a letter had been received from the Canterbury branch of the New Zealand Medical Association asking for a copy of the evidence, but he said that the committee had done its utmost to avoid publicity, and he did not approve of outsiders reading the evidence. Stewart seconded his motion to decline the request.

The resignations of Fox and Murray-Aynsley were accepted.

An editorial in the *Lyttelton Times* said it could not comment on evidence which had not been made public, but trusted that Murray-Aynsley had been given ‘every opportunity to answer the charges’, and noted that the board had adopted the committee’s report unanimously. But the difference of opinion between Murray-Aynsley and Lomax-Smith had shown a lack of clear definition of the roles of the resident medical officer, his assistant, and the visiting surgeon. The board needed to review these matters.<sup>120</sup>

Lomax-Smith responded with a very long and indignant letter to the *Times* in which he described Murray-Aynsley’s letter as a ‘malicious mass of falsehoods and misrepresentations’. He thought the board had treated it with the contempt it deserved by voting to let it lie on the table. He then launched into a detailed justification of his own record of successful operations: 140 in the hospital with a death rate of only 7%. He discussed the four key cases in detail, to show that they were all complicated by other conditions, pneumonia, peritonitis, and gangrene. Some surgeons avoided these hopeless cases to keep their ‘score’ looking good. Patients could die after correct operations by the most skilful of surgeons. (An echo of Stewart here, from 1886.) He was outraged that Murray-Aynsley had not mentioned his score in 1894, when he performed over 60 operations with not a single death. Murray-Aynsley had told ‘a deliberate lie’ when he said Lomax-Smith had lost nine patients: the true figure was six from 51

operations since October 1895. In that period Lomax-Smith said he had performed over 100 operations in his private practice, with only three deaths. It was no thanks to Fox or Murray-Aynsley that his other cases had survived, but rather thanks to skilful nursing.<sup>121</sup>

On his return from examining the students at Otago in pathology, Murray-Aynsley wrote to correct his letter: it was a copyist's error, transposing six with nine in his letter sent to the *Times*.<sup>122</sup>

A columnist in the *Times*, 'Flaneur', suggested in the same issue that recent events indicated that the old aphorism about doctors and patients should be reversed: 'When patients die, doctors differ'. Lomax-Smith appeared to insinuate that Murray-Aynsley had 'deliberately neglected' certain patients to prevent a doctor whom he disliked from achieving a good average success rate.<sup>123</sup>

Lomax-Smith responded quickly, denying that he had ever accused Murray-Aynsley of 'deliberate neglect'; this was an assertion that was 'monstrous and totally unjustifiable'. He had only suggested the possibility that neglect by a house surgeon in his work could spoil the results of the most brilliant operator that ever lived, and the hospital committee had then proved neglect by Murray-Aynsley.<sup>124</sup>

This prompted a letter from 'Scrutator' a few days later suggesting that the editor of the *Times* must be 'overflowing with good nature' to allow Lomax-Smith so much space to advertise himself. His letters must have caused pain and disgust among his medical brethren, as 'his unlicensed language and personal abuse of Dr Murray-Aynsley [was] out of all reason, and [was] pitiable – in faith, a Satyr reviling Hyperion'. It was really the fault of the hospital board for having suppressed evidence, and the figures for operations performed over the past few years.<sup>125</sup> (Hyperion was one of the twelve Titans in Greek mythology, and a Satyr was a lustful woodland spirit, fond of wine, women and song.)

This correspondence soon petered out, and Murray-Aynsley left the hospital on 10 May. The nurses and permanent staff at the hospital gave him a travelling case and a Gladstone bag. The housekeeper and her staff gave him a dinner service, and a number of other presents were also given to him by individuals. Dr Robert Fox made the presentations, and spoke of 'the respect and esteem in which Dr Murray-Aynsley was held by those connected with the hospital'. He wished Murray-Aynsley success and happiness in his future career. Murray-Aynsley 'suitably replied', but the newspapers did not record his words. No members of the board attended.

The nurses who had attended his lectures gave him a handsomely-bound medical volume, with this inscription: 'To J. H. Murray-Aynsley, in remembrance of the many pleasant lectures given to his nurses and probationers in 1895-1896 at Christchurch Hospital'. Dr Fox received testimonials from the patients in the wards under his charge.<sup>126</sup>

On 12 May at Warners' Hotel a gathering of the medical men of Christchurch met to bid farewell to Murray-Aynsley, and conveyed to him their 'deep regret' at his leaving the district, and their 'hearty good wishes' for his future welfare and success. Numerous letters and telegrams were received from medical men in other parts of Canterbury and

Wetsland, regretting their absence from the evening. The meeting then presented Murray-Aynsley with a sum of money for him to purchase surgical instruments.<sup>127</sup>

On 21 May the Christ's College Rifles had a social evening in their Orderly Room, at which Murray-Aynsley was presented with a handsome set of carving knives, and on the case was a silver plate with this inscription: 'Dr Murray-Aynsley, from Christ's College Rifles, May 21, 1896'. Songs and toasts followed, and 'a very enjoyable time' was had by all.<sup>128</sup>

A few days later Murray-Aynsley left for Wellington on the *Penguin*, presumably to look for a job.<sup>129</sup>

## 19. AN HISTORIAN'S OBSERVATIONS

Murray-Aynsley was without any shadow of a doubt the victim of a hatchet-job by his enemies on the hospital board and his medical colleagues, Drs McBean Stewart and Lomax-Smith, probably urged on by De Renzi. Though he had been almost entirely exonerated by the Royal Commission of 1895, the board had been left humiliated and exposed to public ridicule as a weak body lacking in 'pluck', that great masculine virtue of the Victorian age. His declared enemy from the inquiry, Charles Gray, had been joined on the board by John Caygill, the Sydenham lawyer who had represented Nurse Cameron, and then by McBean Stewart. They already had supporters on the board, including the chairman, Richard Thomas. All were powerful speakers and influential citizens, who could sway weaker members of the board. Robert Wood and William Dunlop spoke up in support of Murray-Aynsley, but they were easily outvoted, and Richard Westenra had thrown his lot in with Gray and Stewart.

This was a vengeful and hostile board, egged on by McBean Stewart and Lomax-Smith. Their denials of any personal feeling against Murray-Aynsley must be taken with the proverbial grain of salt, for it is abundantly clear that they were motivated by extreme personal animosity, for reasons that are not hard to fathom. Stewart blamed Murray-Aynsley for his failure to be reappointed to the honorary visiting staff at the end of 1894, and Lomax-Smith wanted Murray-Aynsley's job. Both men probably regarded themselves as far superior surgeons to Murray-Aynsley, yet both had been guilty of careless mistakes in the past.

They were also probably jealous of Murray-Aynsley's success in improving the standard of nursing care at Christchurch Hospital. Lomax-Smith had attributed the survival of his patients to good nursing, but he said not a word of thanks to Matron Maude (let alone Murray-Aynsley) for having improved the skill level of the nurses. The nurses themselves thanked Murray-Aynsley for his lectures.

Murray-Aynsley may have irritated the board by his air of renewed self-confidence after the 1895 inquiry, and he admitted himself having annoyed Stewart by commenting on his surgery and speaking to him in a forthright way. Some of the older nurses who had supported Stewart in the inquiry were still there in 1896, and seem to have been

persuaded to say things against Murray-Aynsley that they had not mentioned to Mrs Neill or to the inquiry.

The board's refusal to allow Murray-Aynsley to cross-examine Lomax-Smith or to call Matron Maude and other nurses in his defence seems to this historian a gross injustice. Though the sub-committee was an official body, its behaviour strongly resembles that of a 'kangaroo court'.

The board may have realised that they had gone too far and lost yet more public esteem, for Matron Maude also resigned from the hospital in May 1896, and left in August after serving out her notice. They had thus lost their two best officers of the past three years. The board was wise enough not to appoint Lomax-Smith to replace Murray-Aynsley: instead they appointed Dr Walter Fox (no relation to Dr Robert Fox).<sup>130</sup> His new assistant resident medical officer was Dr Arthur Crosby, who was appointed superintendent of Sunnyside Asylum in July 1896 and later became superintendent of Wellington Hospital.

Dr Walter Fox was probably the most able medical officer (later superintendent) that Christchurch Hospital ever had in its first hundred years. He took no nonsense from the board, and stood his ground in two episodes in 1898. Richard Thomas resigned as chairman in a dispute over two nurses who could not pass their examination. Fox quietly persuaded them to resign. Thomas was replaced by Charles Gray, and a year later he made some incautious criticisms of Fox, who formally protested. The board took this seriously, and after a long discussion asked Gray for his resignation as chairman. He served out his term on the board, often dissenting, and did not seek re-election.<sup>131</sup>

Sibylla Maude wanted to devote herself to district nursing, and with financial support from Jessie, the wife of Heaton Rhodes, and the vicars of St Michael's and St Saviour's, she started her work in November 1896. Their only stipulation was that she confine her work to the poor who could not afford a trained nurse.<sup>132</sup> From small beginnings she created New Zealand's first district nursing service. Her district nursing association was founded in 1901. By 1914 she had seven more nurses helping her work, and the Rhodes family paid to build a two-storey brick building as her association's headquarters in 1918. Today the Nurse Maude organisation is a multi-million-dollar charity with its own hospital, serving communities across the upper South Island.

Lomax-Smith did not long remain in Christchurch. After giving a lecture on 'Woman and Her Place' to the Fabian Society in May 1896, in June he instructed the auctioneer Charles Clark to sell his household furniture and effects, including his dogcart and Brougham coach, as he was leaving New Zealand on a visit to England.<sup>133</sup> Lomax-Smith and his family departed on the *Rimutaka* on 7 August.<sup>134</sup> He never came back.

It seems likely that, apart from McBean Stewart, the medical men of Christchurch would have nothing to do with Lomax-Smith after his victimisation of Murray-Aynsley. The Canterbury branch of the New Zealand Medical Association told the *New Zealand Medical Journal* that they thought the Christchurch Hospital Board had treated Murray-Aynsley 'very shabbily', and symbolically removed their library of medical books from the hospital.<sup>135</sup>

## 20. MURRAY-AYNSLEY'S LATER YEARS

Having lost his position at the hospital, it is not known whether or not Murray-Aynsley returned to general practice, but this seems likely, as he had to find an income somehow. He was back in Christchurch in October 1896, for he came second to Dr Downes in the singles handicap at the Christchurch Bowling Club's annual meeting, and with former mayor C. P. Hulbert came first in a doubles match in Section II.<sup>136</sup>

However, he seems to have departed before the end of that month, for at the inauguration of the New Zealand branch of the British Medical Association at a conference of Canterbury and Otago medical men held in Christchurch, Dr Jennings lamented his absence. In his welcome as chairman, Jennings said that he very much wished that Murray-Aynsley had been able to preside:

For, in the first place, I know he would have done so with great pleasure, having been largely instrumental with others in bringing about the establishment of a New Zealand branch of the British Medical Association, and also because he would have discharged the duties which now devolved upon me much more effectually than I can hope to do so.

He added that Murray-Aynsley had resigned the presidency of the association and had left the district.<sup>137</sup>

Murray-Aynsley had accepted a position as district medical officer for the Wairarapa, based at Eketahuna in the North Island. Though it has now shrunk to a mere village, and has become the New Zealand stereotype for a remote rural town, in the 1890s Eketahuna was a growing centre for forestry and dairy farming. It had been founded by Scandinavian settlers in the 1870s, and was on the railway line from Wellington to Napier. The Murray-Aynsleys probably travelled to their new abode by train. Eketahuna did not become a borough until 1907, and in the 1890s the village was administered as part of a road board.

Our main source for Murray-Aynsley's time at Eketahuna is the *Wairarapa Daily Times*, based in Masterton, the largest town of the district. His name appears most often in treating accident cases, the first appearing in December 1896 when a storekeeper's employee slipped on a doorstep and suffered a compound fracture of his knee.<sup>138</sup> Early in 1897 Murray-Aynsley started a course of ambulance lectures at Eketahuna.<sup>139</sup> In August that year he was elected president of the Eketahuna Progress League, which was campaigning for the settlement to be made a borough. The newspaper remarked that the league was 'fortunate to have the guidance of a gentleman of first-class professional attainments'. His first goal was to improve the settlement's sanitary condition.<sup>140</sup>

Within a week of taking office he led a deputation to a meeting of the Eketahuna Road Board seeking a grant to improve the township's drainage, as the existing insanitary condition was 'a standing menace to public health', not only for the townspeople but also for the many dairy farmers who came to town. However, the road board had already spent all of its income from rates, and improvements would have to wait until the New Year.<sup>141</sup>

Eketahuna was graced by a visit from a Cabinet minister later that month, the Hon T. Thompson, and Murray-Aynsley was voted to the chair for the luncheon reception held at Pelling's Hotel. He proposed the toasts to the Queen, and their visitor, then gave a 'neat little speech' making the case for more government spending on Eketahuna, in view of its increasing population and the railway's 'immense revenue' from the district. The settlement also needed a new courthouse and post office.<sup>142</sup>

Accidents at sawmills and in bush-felling saw Murray-Aynsley riding his horse long distances across rough country to attend the injured. He treated fractures, crushed arms and legs, cuts from axes and facial injuries from sawmill machinery.<sup>143</sup>

Murray-Aynsley built a new house for his family in Eketahuna early in 1898. Builders were also busy at the new Catholic Church.<sup>144</sup> He continued to chair the Progress League, but also found time to play cricket. He was elected captain and president of the Eketahuna Cricket Club in October 1898.<sup>145</sup> Early in 1899 he was elected president of the Eketahuna Literary and Debating Society.<sup>146</sup> He chaired meetings of ratepayers to decide on the ridings in the new county, and a meeting to elect a new school committee.<sup>147</sup> He was also a member of the committee to campaign for a new post office.<sup>148</sup>

Little is known of him after 1900, until the newspapers announced in 1903 that he had decided to leave the district. His health had been affected by long journeys in severe weather and he wanted to move to a larger town. The newspaper commented that the district had been 'very fortunate' to have such a skilled physician as its district health officer.<sup>149</sup>

He sold his Eketahuna practice to Dr Chadwick, a new arrival from England, and then declared his intention to take his family on an extended tour of England and Scotland.<sup>150</sup> Murray-Aynsley was farewelled at a 'packed' function in O'Neill's Hall in May 1903, at which he was presented with a gold watch and chain, and Mrs Murray-Aynsley was given a silver travelling companion (a writing set). The Oddfellows' Lodge gave Murray-Aynsley their own farewell. The family was to travel to Christchurch before departing for England.<sup>151</sup>

We next hear of the Murray-Aynsleys when they arrived in London in August 1903. They had travelled in the *Perthshire* and one newspaper said he had been ordered to take the sea voyage for the sake of his health. He hoped to take up hospital work for a time, but would first visit Scotland.<sup>152</sup> (His wife came from Montrose in Scotland, half way between Aberdeen and Dundee.) In December we learn that the family had been living in Bray, County Wicklow, Ireland, and that Murray-Aynsley liked the place so much that he was thinking of settling there.<sup>153</sup>

In fact, however, they settled in Montrose, where his wife's family still lived, and Murray-Aynsley spent the next 13 years there as a local GP. They returned to New Zealand in 1916, when Murray-Aynsley was described as being 'in rather poor health'. His wife had apparently died in Scotland. He did not take up his profession again, but lived in retirement, 'practically an invalid'.<sup>154</sup>

He lived with his parents in Holly Road, St Albans, and his father died there in February 1917. Murray-Aynsley died on 21 September 1917. The *Press* published an obituary which summarised his career, and noted that he left no family. He still had two

brothers and two sisters in Christchurch.<sup>155</sup> He was remembered at the annual meeting of the Philosophical Institute in December as one of its former members.<sup>156</sup> This was a sad end to a career which had seemed so full of promise in the early 1890s.

## 21. THE CURIOUS CAREER OF MONTAGU LOMAX-SMITH

Having successfully ousted Murray-Aynsley from his post as resident medical officer at Christchurch Hospital, why did Lomax-Smith within three months sell his expensive furniture and effects and return to England? He may have hoped to step into Murray-Aynsley's shoes at the hospital, but, as we have seen, the board appointed Dr Walter Fox instead. Had Lomax-Smith made himself *persona non grata* in Christchurch? In the absence of personal letters or diaries, we cannot say, but Murray-Aynsley's continued high regard within the Canterbury Medical Society may suggest that the local medical profession had closed ranks against Lomax-Smith, his persecutor.

Until recently very little was known about Lomax-Smith's personal life, but research by Clare Groves has uncovered a complicated and troubled man.<sup>157</sup> He changed his name, not once but twice. In 1888, when he was in Cheltenham, he changed his surname from Smith to Lomax-Smith. His father had come from a long line of tanners, but had inherited enough money to take himself to Cambridge University and complete an MA, after which he was ordained a priest in the Anglican Church in 1855. Young Montagu grew up in a middle class family that may have been defensive about its lowly origins. On his return to England in 1896, he dropped the Smith altogether, and was known as Montagu Lomax for the rest of his life.

One strong reason for his return to England was probably the death of his sister in May 1896. It would be natural for him to want to be with the rest of his family after that. Another reason may have been that his second son Armine was 'feeble-minded' and obviously unsuited for normal schooling. He was admitted to an asylum in 1906. In the twenty years after he returned from New Zealand, Lomax failed to settle anywhere for very long, and had a succession of posts in different towns. In 1901 he was living at Sheringham, on the north coast of Norfolk. He later lived in Brighton. He also travelled on the continent and lived for a time in Brussels. This is interesting because one of his secrets, not mentioned in New Zealand, was that he had an MD degree from Brussels. This was not recognised by the British medical register, but it was a popular way for British graduates to obtain impressive letters after their name. There were no courses or examinations, just an interview in English with an interpreter.

Lomax became deeply interested in theosophy, spiritual healing and psychology, perhaps seeking to help his disabled son, who died in 1910. He wrote poetry and had it published in book form and in newspapers, including one back in Christchurch. Although Lomax had retired from general practice, his interest in mental illness seems to have grown. When the British government appealed for retired medical men to help with the war effort during the First World War, Lomax applied for the post of assistant medical officer at the Prestwich Lunatic Asylum in Lancashire.

This was an old and very large asylum (still using earth closets in 1921) with 3,000 inmates. The First World War sent endless numbers of shell-shocked and deeply disturbed men to the asylums. Lomax was appalled by the old-fashioned methods offered at Prestwich and the generally poor treatment of patients. He became a member of the National Society for Lunacy Law Reform, and in 1921 published *Experiences of an Asylum Doctor*. Its 'shocking revelations' caused a huge public outcry, and questions in Parliament. A whistle-blower is never popular with those in charge, and the British medical profession largely denounced Lomax as a troublemaker who had no training in psychiatry, but he was supported by Henry Labouchere's influential journal *Truth*, and the public demand for reform was impossible to ignore.

The British Government set up a Royal Commission in 1924 and Lomax's submission ran to 26 printed pages. The commission's recommendations finally culminated in the 1930 Mental Treatment Act, which abolished the term 'asylum' and replaced it with 'mental hospital'. Lomax died in 1933, satisfied that he had brought about significant change, but since then medical historians have debated the extent of his influence, pointing out that there were many other submissions and sources of expert advice.<sup>158</sup>

Why did he bring his charges against Murray-Aynsley? As we have seen, their personal dislike may have gone back to the start of their careers in Christchurch, when they were competing to build up their practices. They were on opposing sides in the debate over Koch's TB 'cure'. As a partner of Dr Prins, Lomax-Smith allied himself with the more conservative and reactionary wing of the Christchurch doctors, who had obstructed Dr Nedwill's efforts to reduce the typhoid death rates. They had also supported Dr McBean Stewart in the inquiry into the death of the patient Strickland. Murray-Aynsley not only had the advantage of coming from one of Canterbury's 'aristocratic' elite families, but he had allied himself with the more progressive wing of medical men who belonged to the Canterbury Medical Society, men such as Hacon, Symes, Thomas, Anderson and Nedwill. In between there were doctors such as Townend, Irving and Patrick who tried to avoid the factions yet were advanced in their medical practice and thinking.

The Christchurch Hospital Inquiry of 1895 further polarised the medical men of Christchurch, with Stewart and De Renzi actively seeking to discredit Murray-Aynsley. When he was exonerated, and De Renzi temporarily removed after his assault on the hospital board chairman, Stewart appears to have recruited Lomax-Smith to help destroy Murray-Aynsley once and for all. They were assisted by a highly partisan and vengeful board, still smarting from their public humiliation by the Commissioner and the Inspector-General of Hospitals. Their inquiry was held in secret, Murray-Aynsley was denied witnesses, including Matron Maude, and the board got its way and demanded Murray-Aynsley's resignation. By now he was probably glad to go.

From Murray-Aynsley's letter, and Lomax-Smith's violent and vociferous self-defence afterwards, it looks as if the charges had very little substance, but the board was glad to seize on them as a way to be rid of him. What strikes this historian as rank injustice is the fact that Stewart was able to influence them to destroy a man's reputation, and yet he remained on the board and tried to dominate it, despite his

previous disgrace. Charles Gray and John Caygill also emerge as vengeful partisans, driven by their own convictions and political agendas rather than the good of the hospital, or the patients.

It has been said that while it takes talent to recognise genius, mediocrity cannot rise above its own level. Both Nedwill and Murray-Aynsley were victims of mediocre boards and committees that failed to recognise talent and ability, or perhaps did so and were frightened by the prospect of change and reform. These were boards of short-sighted and limited men, local politicians whose main concern was to save money for their ratepayers. They made Christchurch Hospital the laggard in providing the best health care available in 1890s New Zealand, and managed to wreck not one but several promising medical careers. When doctors fall out, they harm themselves as well as their patients.

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The Commission of Enquiry in 1895. *The Spectator* reviews the report.

## ENDNOTES

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- <sup>1</sup> P. Clennell Fenwick, *The Christchurch Hospital: Historical and Descriptive Sketch* (Christchurch, North Canterbury Hospital Board, 1924, second printing 1926), p.16.
- <sup>2</sup> F. O. Bennett, *Hospital on the Avon: the history of the Christchurch Hospital, 1862-1962* (Christchurch, North Canterbury Hospital Board, 1962), pp.83, 98-101.
- <sup>3</sup> Wikipedia, 'Hugh Percy Murray-Aynsley', retrieved 12 January 2022.
- <sup>4</sup> *A Dictionary of New Zealand Biography*, ed. G. H. Scholefield (Wellington, 1940), II, 111-12; L. G. D. Acland, *The Early Canterbury Runs* (fourth edition, 1975), p.120.
- <sup>5</sup> Gordon Ogilvie, *The Port Hills of Christchurch* (second edition, 2009), p.168.
- <sup>6</sup> Canterbury Museum, Macdonald Dictionary of Canterbury Biographies, M 774;
- <sup>7</sup> G. W. Rice, *Heaton Rhodes of Otahuna* (2001), pp. 38-41, 60, 104.
- <sup>8</sup> Don Hamilton, *College! A history of Christ's College* (1996), pp.95-104.
  
- <sup>9</sup> *Lyttelton Times* (hereafter *LT*), 2 June 1882, p.4.
  
- <sup>10</sup> *LT*, 24 September 1890, p.4.
- <sup>11</sup> *LT*, 23 April 1891, p.4. See also G. W. Rice, *Ambulances and First Aid: St John in Christchurch, 1885-1987* (1994).
- <sup>12</sup> Rex Wright-St Clair, *Historia Nunc Vivat: Medical Practitioners in New Zealand, 1840 to 1930* (2003), pp.349-50; *LT*, 30 April 1890, p.1.
- <sup>13</sup> *LT*, 28 May 1890, p.6.
- <sup>14</sup> *Press*, 16 July 1890, p.1.
- <sup>15</sup> *Press*, 15 June 1891, p.4.
- <sup>16</sup> Roderick McGrew, *Encyclopedia of Medical History* (1985), pp.28-9.
- <sup>17</sup> See G. W. Rice, *Doctors Divided: Medical Societies in Christchurch, 1865-97* (2021), pp.73-6.
- <sup>18</sup> *LT*, 25 July 1891, p.4.
- <sup>19</sup> *Press*, 3 August 1891, p.6.
- <sup>20</sup> *LT*, 12 September 1891, p.4.
- <sup>21</sup> *Star*, 16 September 1891, p.4.
- <sup>22</sup> *LT*, 16 December 1891, p.3; *Press*, 16 December 1891, p.6, 26 February 1892, p.4, and 25 March 1892, p.3.
- <sup>23</sup> *Press*, 21 June 1892, p.6.
- <sup>24</sup> *LT*, 28 May 1892, p.4.
- <sup>25</sup> *LT*, 11 June 1892, p.4.
- <sup>26</sup> *LT*, 3 September 1892, p.4.
- <sup>27</sup> *Press*, 26 January 1893, p.5.
- <sup>28</sup> *LT*, 1 March 1893, p.5.
- <sup>29</sup> *LT*, 6 March 1893, p.4; 31 May 1893, p.3.
- <sup>30</sup> Beryl Hughes, 'Maude, Sibylla Emily', *Dictionary of New Zealand Biography*, II (1993), 321-2; E. Somers Cocks, *A Friend in Need: Nurse Maude: Her Life and Work* (1950), pp.21-6.
- <sup>31</sup> Canterbury Museum, Macdonald Dictionary of Canterbury Biographies, M 252.
- <sup>32</sup> On Leonard Harper's bankruptcy, see G. W. Rice, *Christchurch Crimes and Scandals, 1876-99* (2013), pp.193-211.
- <sup>33</sup> *LT*, 25 July 1893, p.3. Bennett, *Hospital on the Avon*, p.98 has the wrong date, giving 1886.
- <sup>34</sup> Bennett, *Hospital on the Avon* (1962), p.98.
- <sup>35</sup> *LT*, 23 May 1893, p.4.
- <sup>36</sup> *Press*, 27 October 1893, p.6.
- <sup>37</sup> *LT*, 12 December 1893, p.4.
- <sup>38</sup> *Press*, 22 July 1893, p.10.
- <sup>39</sup> *LT*, 29 July 1893, p.5.
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- <sup>41</sup> *LT*, 15 January 1894, p.6.
- <sup>42</sup> *LT*, 24 October 1893, p.3.
- <sup>43</sup> *LT*, 23 January 1894, p.3.
- <sup>44</sup> Bennett, *Hospital on the Avon*, pp.102-3.
- <sup>45</sup> *LT*, 20 April 1894, p.6.

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- <sup>46</sup> *LT*, 9 June 1894, p.2; 12 June 1894, p.3.  
<sup>47</sup> *LT*, 18 June 1894, p.3.  
<sup>48</sup> *LT*, 23 August 1894, p.2.  
<sup>49</sup> *LT*, 27 September 1894, p.3.  
<sup>50</sup> *Star*, 29 September 1894, p.4.  
<sup>51</sup> *LT*, 25 October 1894, p.6.  
<sup>52</sup> *LT*, 29 November 1894, p.3.  
<sup>53</sup> *Press*, 6 October 1894, p.6; 8 October 1894, p.5.  
<sup>54</sup> *Press*, 30 October 1894, p.6; 19 January 1895, p.1; 5 June 1895, p.3; 6 June 1894, p.4; 16 July 1894, p.4.  
<sup>55</sup> *LT*, 29 November 1894, p.3.  
<sup>56</sup> *Press*, 3 November 1894, p.9.  
<sup>57</sup> *LT*, 8 November 1894, p.5.  
<sup>58</sup> *Press*, 5 December 1894, p.4.  
<sup>59</sup> *Star*, 1 September 1894, p.4.  
<sup>60</sup> *Star*, 3 & 11 September 1894, both p.2; 15 September 1894, p.4.  
<sup>61</sup> *LT*, 2 October 1894, p.3.  
<sup>62</sup> *LT*, 26 October 1894, p.6.  
<sup>63</sup> *LT*, 6 December 1894, p.3.  
<sup>64</sup> *LT*, 28 January 1895, p.4.  
<sup>65</sup> *Press*, 20 December 1894, p.5.  
<sup>66</sup> *Star*, 22 January 1895, p.3. Bennett, *Hospital on the Avon*, p.107, mistakenly dates this letter to 1894.  
<sup>67</sup> *LT*, 24 January 1895, p.2.  
<sup>68</sup> Margaret Tennant, 'MacGregor, Duncan', *Dictionary of New Zealand Biography*, Vol. II (1993), pp.285-6.  
<sup>69</sup> *LT*, 28 February 1895, p.5.  
<sup>70</sup> *Press*, 21 February 1895, p.4.  
<sup>71</sup> *LT*, 6 March 1895, p.3; 7 March 1895, p.2.  
<sup>72</sup> *LT*, 28 March 1895, p.4.  
<sup>73</sup> *Ibid.*  
<sup>74</sup> *LT*, 29 March 1895, p.3.  
<sup>75</sup> *LT*, 30 March 1895, p.3.  
<sup>76</sup> *LT*, 8 April 1895, p.6; *Press*, 9 April 1895, p.6.  
<sup>77</sup> *Press*, 25 April 1895, p.2.  
<sup>78</sup> *Press*, 30 March 1895, p.10; *Star*, 4 June 1895, p.3.  
<sup>79</sup> *Press*, 18 April 1895, p.4.  
<sup>80</sup> *LT*, 6 June 1895, p.5.  
<sup>81</sup> *Press*, 8 June 1895, p.5.  
<sup>82</sup> For the first few days, see *Star*, 10 June 1895, p.2; 11 June 1895, p.2; *LT*, 13 June 1895, p.3; 14 June 1895, p.3.  
<sup>83</sup> *LT*, 15 June 1895, p.3.  
<sup>84</sup> *LT*, 18 June 1895, p.3.  
<sup>85</sup> *LT*, 22 June 1895, p.3.  
<sup>86</sup> *LT*, 14 June 1895, p.3.  
<sup>87</sup> *LT*, 20 June 1895, p.3.  
<sup>88</sup> *LT*, 22 June 1895, p.3.  
<sup>89</sup> *LT*, 18 June 1895, p.3.  
<sup>90</sup> *LT*, 20 June 1895, p.3.  
<sup>91</sup> *LT*, 22 June 1895, p.3.  
<sup>92</sup> *LT*, 21 June 1895, p.3.  
<sup>93</sup> *Star*, 11 June 1895, p.2.  
<sup>94</sup> *LT*, 28 June 1895, p.3.  
<sup>95</sup> *LT*, 29 June 1895, p.3.  
<sup>96</sup> *LT*, 26 & 27 June 1895, both p.3.  
<sup>97</sup> *LT*, 27 June 1895, p.3.  
<sup>98</sup> *LT*, 2 & 3 July 1895, both p.3.  
<sup>99</sup> *LT*, 3 August 1895, p.5.  
<sup>100</sup> *LT*, 3 August 1895, p.4.

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- <sup>101</sup> *Press*, 3 August 1895, p.6.
- <sup>102</sup> *Press*, 9 August 1895, p.4.
- <sup>103</sup> *LT*, 13 August 1895, p.5.
- <sup>104</sup> *LT*, 29 August 1895, p.2.
- <sup>105</sup> *Press*, 5 September 1895, p.3.
- <sup>106</sup> *LT*, 24 October 1895, p.3.
- <sup>107</sup> *New Zealand Medical Journal*, VIII (1895), p.263.
- <sup>108</sup> *Press*, 19 December 1895, p.5.
- <sup>109</sup> *LT*, 13 January 1896, p.3.
- <sup>110</sup> *Press*, 24 January 1896, p.5.
- <sup>111</sup> *LT*, 18 & 19 February 1896, both p.3.
- <sup>112</sup> Bennet, *Hospital on the Avon*, pp.113-4.
- <sup>113</sup> *LT*, 23 January 1896, p.6.
- <sup>114</sup> *Press*, 27 February 1896, p.5.
- <sup>115</sup> *LT*, 6 March 1896, p.6.
- <sup>116</sup> *Press*, 13 March 1896, p.3.
- <sup>117</sup> *LT*, 9 April 1896, p.2; *Press*, 9 April 1896, p.3.
- <sup>118</sup> *LT*, 13 April 1896, p.5; *Press*, 15 April 1896, p.5.
- <sup>119</sup> *Press*, 23 April 1896, p.3.
- <sup>120</sup> *LT*, 9 April 1896, p.4.
- <sup>121</sup> *LT*, 23 April 1896, p.6.
- <sup>122</sup> *LT*, 25 April 1896, p.3.
- <sup>123</sup> *LT*, 25 April 1896, p.6.
- <sup>124</sup> *LT*, 27 April 1896, p.6.
- <sup>125</sup> *LT*, 28 April 1896, p.3.
- <sup>126</sup> *LT*, 11 May 1896, p.4.
- <sup>127</sup> *LT*, 13 May 1896, p.5.
- <sup>128</sup> *LT*, 22 May 1896, p.5.
- <sup>129</sup> *LT*, 25 May 1896, p.5.
- <sup>130</sup> *LT*, 28 May 1896, p.4.
- <sup>131</sup> Bennett, *Hospital on the Avon*, p.116.
- <sup>132</sup> E. M. Somers Cocks, *A Friend in Need: Nurse Maude, her life and work* (1950), pp.39-40; Vivienne Allan, *Nurse Maude: the first 100 years* (1996), adds only mistakes to this account.
- <sup>133</sup> *LT*, 7 May 1896, p.3; 30 June 1896, p.8.
- <sup>134</sup> *Press*, 7 August 1896, p.6.
- <sup>135</sup> *New Zealand Medical Journal*, IX (1896), pp. 178-80.
- <sup>136</sup> *Press*, 3 October 1896, p.10.
- <sup>137</sup> *LT*, 29 October 1896, p.6.
- <sup>138</sup> *Wairarapa Daily Times* (hereafter *WDT*), 21 December 1896, p.3.
- <sup>139</sup> *WDT*, 6 February 1897, p.2.
- <sup>140</sup> *WDT*, 30 August 1897, p.3.
- <sup>141</sup> *WDT*, 6 September 1897, p.3.
- <sup>142</sup> *Pahiatua Herald*, 22 September 1897, p.2.
- <sup>143</sup> *Woodville Examiner*, 18 October 1897, p.2; *WDT*, 19 October 1897, p.2; 16 November 1897, p.2; 11 January 1898, p.2.
- <sup>144</sup> *WDT*, 29 March 1898, p.3.
- <sup>145</sup> *WDT*, 8 October 1898, p.3.
- <sup>146</sup> *WDT*, 8 March 1899, p.3.
- <sup>147</sup> *Pahiatua Herald*, 13 February 1899, p.4; *WDT*, 9 April 1899, p.3; 26 April 1899, p.2.
- <sup>148</sup> *WDT*, 3 May 1899, p.2.
- <sup>149</sup> *WDT*, 19 January 1903, p.2.
- <sup>150</sup> *New Zealand Times*, 1 April 1903, p.5; *WDT*, 2 April 1903, p.2; *LT*, 4 April 1903, p.8.
- <sup>151</sup> *WDT*, 4 May 1903, p.2.
- <sup>152</sup> *WDT*, 28 August 1903, p.2.
- <sup>153</sup> *Evening Star*, 31 December 1903, p.2.
- <sup>154</sup> *Sun*, 22 September 1917, p.4.
- <sup>155</sup> *Press*, 22 September 1917, p.6.

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<sup>156</sup> *Star*, 6 December 1917, p.4.

<sup>157</sup> Clare Groves & Claire Hilton, 'The background and motivation of a 'remarkable man' who spearheaded lunacy reform', *Journal of Medical Biography*, 22 April 2021, doi:10.1177/09677720211005268; see also [montagulomax.org](http://montagulomax.org).

<sup>158</sup> T. W. Harding, '“Not worth powder and shot”: a reappraisal of Montagu Lomax's contribution to mental health reform', *British Journal of Psychiatry*, 156 (1990), pp.180-7; T. W. Harding, 'The Lomax Affair', *British Journal of Psychiatry*, 157(1990), p.935 a-a.