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## Introduction

### An Inquiry into Cervical Cancer

New Zealand's National Women's Hospital, situated in Auckland, was set up in 1946, a time when confidence in modern medical science soared throughout the Western world. Medical advances during the Second World War included the development of antibiotic drugs to combat serious infections, as well as blood transfusion and other improvements in surgical techniques which made major operations safer. It was confidently expected that further developments would follow. This was the golden age of medicine. Hospitals, with their modern equipment and laboratories, were associated in the public mind with heroic medical science, and medical practitioners and researchers enjoyed a higher social status than ever before.<sup>1</sup> National Women's Hospital, destined to become the largest women's hospital in Australasia, was established as a result of massive fund-raising by women's groups who sought to extend the benefits of modern biomedical science to women. Just over 40 years later this same hospital was the site of a huge public scandal and a government inquiry.<sup>2</sup>

In June 1987 Auckland's *Metro* magazine published what has become a watershed in New Zealand's medical history. The *Journal of General Practice* described it as a 'bombshell'<sup>3</sup> and the *New Zealand Woman's Weekly* announced it had 'opened what must be the most controversial and widely publicised can of worms in New Zealand medical history'.<sup>4</sup> Another magazine, *North and South*, commented that the article was 'one of the most influential pieces of investigative journalism ever published in this country'.<sup>5</sup> Twenty-one years later the *New Zealand Herald* stated it had exposed 'the biggest medical scandal of the century'.<sup>6</sup>

'An Unfortunate Experiment at National Women's' was written by Sandra Coney, a journalist and feminist activist, and Phillida Bunkle, a senior lecturer in Women's Studies at Victoria University of Wellington. They made a convincing case against Dr Herbert Green, associate professor of obstetrics and gynaecology at the University of Auckland Medical School, who they believed had caused a number of women to develop cervical cancer from carcinoma in situ (CIS) by withholding conventional treatment in order to study the natural history of the disease.<sup>7</sup> The *Metro* article set the scene by citing a patient who compared National Women's Hospital to Auschwitz in its medical experimentation.<sup>8</sup>

Coney explained in her prize-winning book published the following year:

A disastrous research programme had been carried out at National Women's Hospital in Auckland and covered up for years. Women with pre-malignant abnormalities in the cells in the neck of the womb had not received conventional treatment for the condition. The statistician had calculated that these women had developed the maiming and potentially fatal invasive cervical cancer at an appalling twenty-five times the rate of women treated conventionally. They had had normal treatment withheld because one doctor, Associate Professor Herbert Green, believed that the abnormal cells were harmless. He argued that the pre-malignant disease, called carcinoma in situ or CIS, did not progress to invasive cervical cancer.<sup>9</sup>

The response to the magazine article was 'instant and spectacular'.<sup>10</sup> Within two weeks of its publication, the Minister of Health had set up an Inquiry headed by Silvia Cartwright (later Dame Silvia), a family and district court judge. The committee sat for six months, and submitted its report to the Minister in July 1988. Cartwright concluded that the medical profession had 'failed in its basic duty to patients'.<sup>11</sup>

Upon the report's publication, a local Labour MP, Richard Northey, referred to the 1947 Nuremberg Code on patient consent, which had arisen out of Nazi experiments on Jews and the mentally disabled, and declared that it was 'absolutely atrocious that such ill-treatment should have occurred' at National Women's.<sup>12</sup> Dr Alan Gray of the Cancer Society of New Zealand spoke of Green's 'total disregard for the long-term welfare of his patients',<sup>13</sup> and a leading article in the *Australian Medical Journal* stated, 'If a similar treatment were proposed which involved animals, it no longer would be sanctioned by any hospital ethics committee in the world.'<sup>14</sup> Another article in the *New Zealand Nursing Journal* by Jocelyn Keith, nurse tutor at the Victoria University of Wellington School of Nursing, entitled, 'Bad Blood: Another Unfortunate Experiment', compared Green's research to the Tuskegee Syphilis Experiment in Alabama, USA, a study conducted between 1932 and 1972 on the effects of untreated syphilis, involving 600 black Americans. Keith wrote that long after this experiment had stopped, Cartwright 'completed her inquiry into the allegations concerning the treatment of cervical cancer at National Women's Hospital in Auckland'. It was, she said, 'a damning indictment . . . made even more damning when you realise that the unfortunate experiment at National Women's was quietly proceeding while the Tuskegee Study and the Kennedy hearings were all over the world press.'<sup>15</sup> The *Nursing Journal* described Green's research as 'a secret and life-threatening experiment on women'.<sup>16</sup>

A comment by Fertility Action, a feminist group headed by Sandra Coney which had given evidence to the Inquiry, was widely repeated in the press: 'While the medical profession at National Women's and elsewhere maintained closed

ranks and an unbroken silence, the women continued to come to the hospital like lambs to the slaughter.’<sup>17</sup> Not surprisingly then, a letter to the editor of a local paper following the report’s release declared, ‘New Zealanders owe an enormous debt to Sandra Coney, Phillida Bunkle, Sylvia [*sic*] Cartwright and those who helped create a climate to openly investigate medical wrong-doing. Never before have we been permitted to see such naked arrogance and contempt for women . . . . If indifference to the rights of people they profess to serve is not checked by lay people then doctors’ cavalier attitudes will continue to flourish.’<sup>18</sup>

I was in the United Kingdom when the 1987 *Metro* article appeared, working as a research fellow in the history of science at the Queen’s College in Oxford where I was resident from 1981 to 1988. A friend had given me a year’s subscription to *Metro* so I saw the article when it came out, and like everyone else was horrified by what had taken place in my home town. In mid-1988 I took up a lectureship in New Zealand history at the University of Auckland. My first major research project following my return to New Zealand was the history of the Royal New Zealand Plunket Society, a voluntary infant welfare organisation set up in 1907.<sup>19</sup> As an extension of that and with a growing interest in the history of reproductive health, I then decided to research the history of National Women’s Hospital, a significant institution in New Zealand’s history and in the history of medicine. It was after all the site of important medical developments internationally through the work of Sir William Liley and Sir Graham Liggins. Liley had performed the first intrauterine blood transfusion in the world, a groundbreaking treatment for Rhesus haemolytic disease. Liggins had pioneered the administration of corticosteroids to women about to have premature babies; this prevented the babies’ lungs from collapsing upon birth, a treatment that was subsequently adopted internationally. National Women’s Hospital also lent itself to a study of the politics of childbirth. While my primary interest lay in the history of reproductive health, I knew that as part of the research into the hospital I would have to deal with the so-called ‘unfortunate experiment’ and the Cartwright Inquiry which emerged from it. My initial chapter outline envisaged that this would feature midway through the text as literally an unfortunate episode in the hospital’s history. Sandra Coney’s book, an amplification of the *Metro* article, would be the principal source, providing, as the cover promised, the ‘full story behind the Inquiry into Cervical Cancer Treatment’. In her report Cartwright commended the authors of the *Metro* article for their ‘extraordinary determination to find the truth’. She said that, ‘The factual basis for the article and its emphasis have proved to be correct.’<sup>20</sup>

While working on this project, I spent some months on sabbatical leave in Oxford. There I took advantage of the extensive run of medical journals and other publications at the Radcliffe Science Library to inform myself of the background into the medical condition that was the subject of the Inquiry – carcinoma in situ of the cervix. The literature I accessed there came as a surprise and forced

me to revise my own view of the 'unfortunate experiment' and the Cartwright Inquiry. On returning to New Zealand, I followed this up with a careful reading of the Inquiry transcripts and the considerable media coverage. While 72 interviews conducted by Cartwright with patients remain closed files, what happened to these women can be gleaned from lawyer Rodney Harrison's use of their case notes during his cross-examination of Green at the Inquiry, from Judge Cartwright's report and from Sandra Coney's book on the Inquiry. The transcripts of the eleven women who came forward to give evidence publicly, submissions to the Inquiry, and the many letters written to Cartwright, Health Minister Michael Bassett and medical superintendent Gabrielle Collison provide further evidence of patient experience. I quickly decided that the story which emerged merited a book in its own right, as it would threaten to overwhelm a general history of the hospital and its work in reproductive and neonatal health and medicine. In the early stages of researching the general hospital history, I had contracted Dr Jenny Carlyon to conduct interviews with many of those involved with the hospital. The mass of written material concerning the Cartwright Inquiry made it unnecessary to conduct further or more focused interviews. For this study I draw primarily on written records, both published and unpublished, which are extensive as well as extremely varied. Before embarking on the history, I knew very little about the *dramatis personae* in this story. The narrative which unfolded, written from the perspective of a social historian of medicine, is more complex than had hitherto been apparent and sheds new light on what is undoubtedly an important episode in New Zealand's social and medical history.

In her report Silvia Cartwright made several claims about the approaches of Green and his colleagues at National Women's Hospital to patients with carcinoma *in situ* of the cervix. She argued that from the 1960s they ignored the 'world view' that carcinoma *in situ* was a precancerous condition, that 'normal' or 'conventional' treatment was withheld from some patients with carcinoma *in situ*, that patients were not told they were part of a trial, that Green misinterpreted his data or manipulated his statistics to prove his hypothesis, and that he and his colleagues ignored world opinion when they questioned the value of population-based cervical screening.

Taking these allegations as a starting point, the first part of this study reviews the medical literature relating to carcinoma *in situ* in the Western world from the 1950s to the 1980s, and the ways in which Green and his colleagues responded and contributed to that literature. It questions some of the assumptions of the Cartwright Report and the popular understanding of medical practice in relation to CIS at National Women's Hospital. These chapters pose the following questions. Did Green's research and treatment fly in the face of scientific facts, as postulated by Coney?<sup>21</sup> Was Green simply trying to 'prove a personal belief', as suggested by Cartwright?<sup>22</sup> Were the doctors at National Women's Hospital alone in the world in questioning the value of population-based cervical screening, as

also suggested by Cartwright?<sup>23</sup> Chapters 1 to 6 of this book examine the medical controversies that underlay the Cartwright Inquiry and the charges of abuse of patient trust, placing this account in the context of the history of post-Second World War medicine generally and the rise of bioethics, and address whether Green was the maverick he was made out to be.

Chapter 7 discusses the history of the women's health movement in New Zealand from the 1970s, and explains how this new social movement clashed with National Women's Hospital, which had a predominantly male medical staff, and with its ongoing research programmes as a postgraduate school of obstetrics and gynaecology. Chapter 8 shows how this translated into the Cartwright Inquiry. The women's health movement aimed to change the balance of power between doctors and their female patients generally. Coney herself was adamant that the Inquiry was not just about Green, who had retired in 1982, but about all doctors. As she later wrote, 'we hoped to broaden the inquiry beyond the specific events at NWH [National Women's Hospital] into a general critique of the practice of medicine, the observance of patients' rights and of the treatment of women within the health care system'.<sup>24</sup> They succeeded: despite the divisions and disputes within the medical profession, the whole of the profession was put on trial. Motivated by feminist principles, Coney explained how she and Bunkle regarded health as the 'cutting edge of sexual politics, the place where women were often at their most powerless'.<sup>25</sup> The Inquiry was for them an opportunity to promote the major goal of the women's health movement, which was to reclaim for women control over their own bodies from the predominantly male medical profession.

Chapters 9 and 10 explore the immediate impact of the Inquiry primarily as expressed through the media, and chapter 11 shows how the representations of what occurred at National Women's became increasingly distorted over time. Following the Inquiry, the medical profession hoped to restore public confidence by endorsing the Cartwright Report wholeheartedly; by charging those involved in the 'unfortunate experiment' with professional misconduct; and by ensuring the selection of a woman to take up the chair of obstetrics and gynaecology at the University of Auckland. Those who critiqued the Cartwright Inquiry were dismissed as chauvinistic, defensive, reactionary and insensitive. The Inquiry was used by nurses and midwives as an opportunity to enhance their professional status at the expense of doctors who had lost the confidence of the public. Above all, however, the Inquiry was about consumer power. The Inquiry had apparently shown that doctors could not be trusted to protect the interests of patients, something the women's health movement had believed all along. The government and health authorities alike accepted that it was necessary to bring in a third party to protect patients' interests and welfare. Hospitals had become dangerous places, especially for women.

The changes that occurred in New Zealand in medicine from the 1970s to the 1990s were not isolated events but part of an international trend. Consumer

power, along with women's and patients' rights, was altering relations in medicine.<sup>26</sup> The changes in New Zealand were dramatically highlighted through the Cartwright Inquiry. Coney, Bunkle and Cartwright had picked up on a long-standing medical dispute about the appropriate way to treat CIS and run with one side, ironically not the side usually favoured by feminists of questioning the 'medical model' but rather that which upheld the efficacy of interventionist medicine. One American feminist historian later wrote that an imperative of feminist politics of health was to be critical of medical knowledge and practice, to question interventionist technological solutions to medical problems and to seek alternatives.<sup>27</sup> I would argue, however, that Fertility Action overlooked this perspective as they sought a greater goal of bringing to heel a patriarchal medical institution, the National Women's Hospital and its Postgraduate School of Obstetrics and Gynaecology. *A History of the 'Unfortunate Experiment' at National Women's Hospital* addresses the complexities of how this happened and why it succeeded. The examination of the Cartwright Inquiry provides a lens through which to explore the relationship between women's bodies, technology and medicine in the late twentieth century.