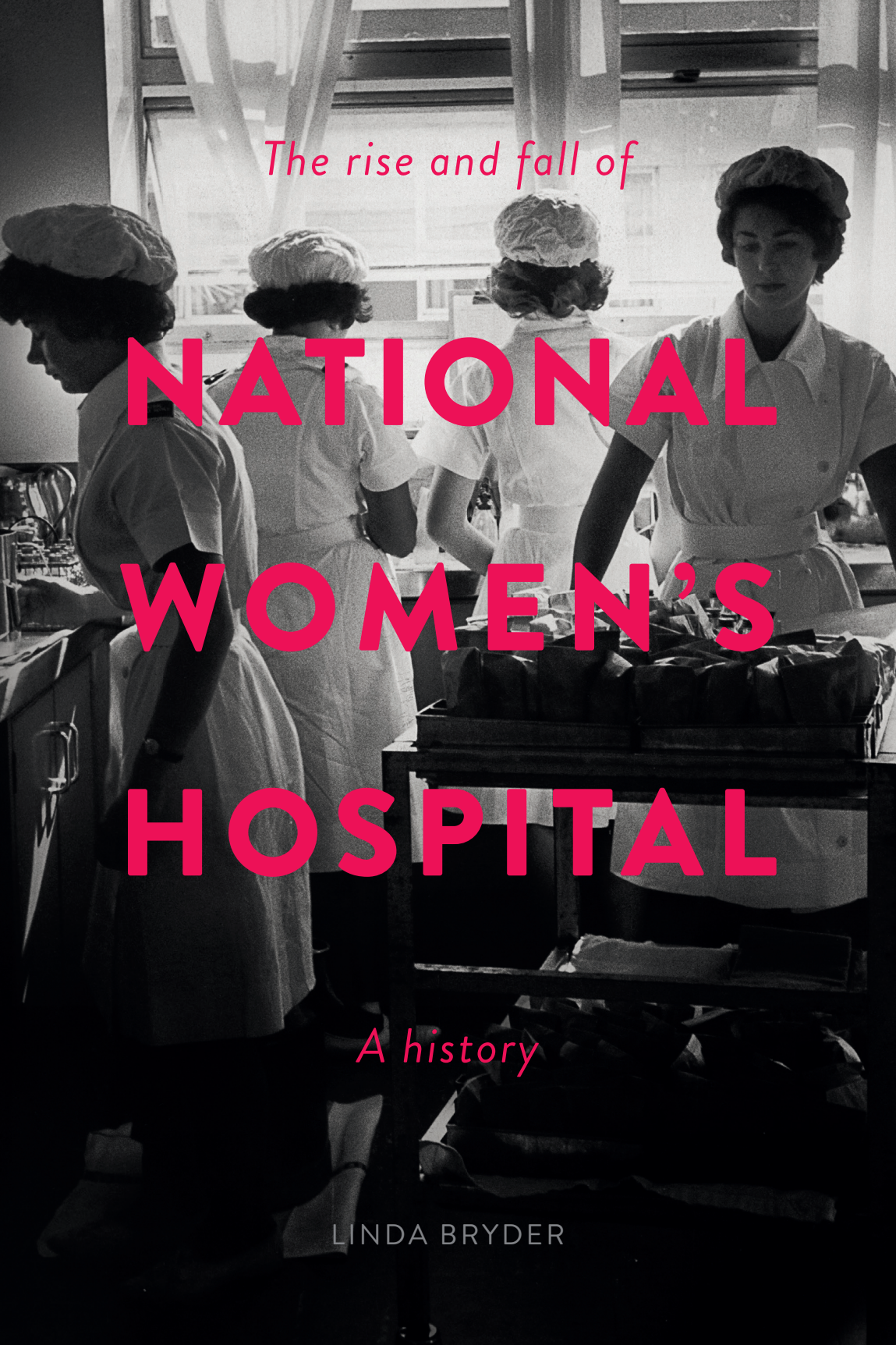
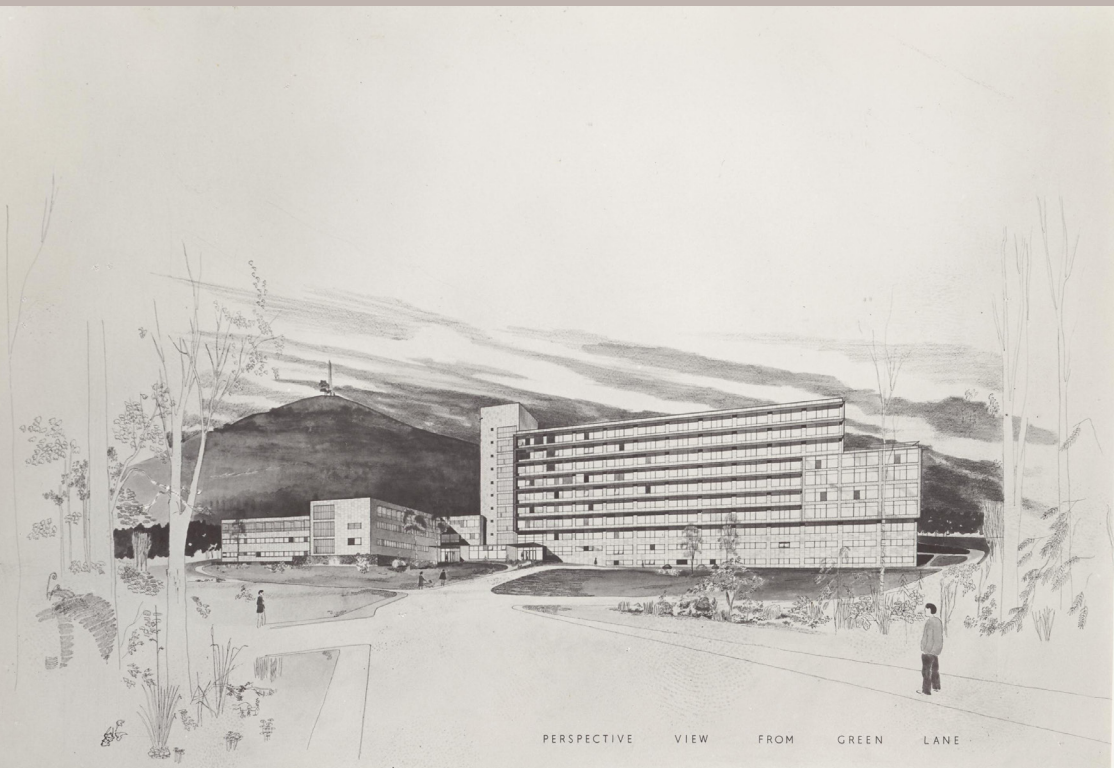

The rise and fall of
NATIONAL WOMEN'S HOSPITAL
A history
LINDA BRYDER



PERSPECTIVE VIEW FROM GREEN LANE

Natural childbirth and rooming-in; artificial insemination and *in vitro* fertilisation; sterilisation and abortion: women's health and reproduction went through a revolution in the twentieth century as scientific advances confronted ethical and political dilemmas. In New Zealand, the major site for this revolution was National Women's Hospital.

Established in Auckland in 1946, with a purpose-built building that opened in 1964, National Women's was the home of medical breakthroughs by Sir William (Bill) Liley and Sir Graham (Mont) Liggins; of the Lawson quintuplets and the 'glamorous gynaecologists'; and of scandals surrounding the so-called 'unfortunate experiment' and the neonatal chest physiotherapy inquiry.

In this major history, Linda Bryder traces the evolution of National Women's in order to tell a wider story of reproductive health. She uses the varying perspectives of doctors, nurses, midwives, consumer groups and patients to show how together their dialogue shaped the nature of motherhood and women's health in twentieth-century New Zealand.

CONTENTS

CHAPTER 1

CHILDBIRTH SERVICES IN NEW ZEALAND, 1900–1939

National women's hospital was opened in 1946, at a time when most New Zealand babies were born in hospital. This had not always been the case. The twentieth century opened with New Zealand's Liberal government firmly committed to developing childbirth services managed by midwives and not necessarily located in hospital. Yet just over three decades later, a Labour government passed legislation giving all women the right to give birth in hospital free of charge and with a doctor in attendance. The views expressed in a government inquiry into maternity services, set up by the Labour government in 1937 under Labour MP and general practitioner Dr David McMillan, were crucial to this development.[1] This chapter investigates those views, and in particular the role of doctors and consumers in persuading the government to go down the path of hospitalised childbirth, and to found a new maternity hospital in Auckland, which became National Women's Hospital.

A State Midwifery Service and the New Zealand Obstetrical Society

Under the Liberals who governed New Zealand from 1891 to 1912, New Zealand gained an international reputation as a 'social laboratory', as a consequence of its extensive social legislation.[2] Reforms that New Zealand proudly

boasted as world firsts included granting women the vote in 1893, setting up a Department of Public Health in 1900 and passing a Nurses Registration Act in 1901. In 1904 the government passed the Midwives Registration Act with the aim of improving maternity services in New Zealand. The Act provided for the registration of midwives and for setting up maternity hospitals where they would be trained and where the wives of working men would be catered for. Seven public maternity hospitals, called St Helens after the birthplace in Lancashire of New Zealand's Premier (Prime Minister), Richard Seddon, were established by 1921.

The Liberal government's interest in maternity services arose directly from its preoccupation with the future strength of the nation, an anxiety that New Zealand shared with other Western nations and as part of the British Empire.[3] A popular slogan of the early twentieth century, which New Zealand borrowed from Australia, was 'Babies are our best immigrants'. Introducing the midwives' Bill into the Legislative Council, Attorney-General Albert Pitt explained that the aim of registering and training midwives was to reduce infant deaths.[4] The government considered a growing population a national asset. Discussing the Infant Life Protection Bill a few years later, one member of New Zealand's Legislative Council declared, 'The real reason for our solicitude . . . is that population, which is decreasing, is indispensable to national safety and national progress. We must have soldiers and workers, or our prosperity will be imperilled and our industry will decay.'[5]

In the early twentieth century the government assumed that midwives would play an important role in future maternity services in New Zealand, which is why it wished to upgrade their training. Conjuring the image of Charles Dickens' fictional character Sarah Gamp, Seddon declared that some midwives 'indulge[d] a little too freely, and . . . the sooner we have legislation which will ensure competent midwives – sober and especially clean midwives – the sooner you will prevent loss of life'.[6] Dr Duncan MacGregor, Inspector-General of Hospitals and Charitable Institutions, predicted that, 'With the passing of the Midwives Registration Act the day of the dirty, ignorant, careless woman, who has brought death or ill health to many mothers and infants, will soon end.'[7] While this was not a true reflection of the competency of many midwives, 761 of whom were registered under the Act as midwives 'of good character', it was part of the professionalising trend of midwifery. The future midwife was to be a young, single, professional woman, just like the new nurse mandated by the 1901 Nurses Registration Act.[8]

The St Helens hospitals, set up following the 1904 Act and under the jurisdiction of the Department of Public Health, accommodated married women whose husbands earned less than £4 a week and who would contribute towards the cost of confinement to avoid the stigma of receiving charity.[9] The hospitals also provided a district maternity service for women who chose to have their babies at home. Midwives ran these hospitals, and there were no resident doctors; the latter were called only to deal with complications. Medical superintendents were appointed to the hospitals but they did not live on site and were summoned at the matron's discretion.[10]

The Health Department continued to view the St Helens hospitals and a midwifery service as central to maternity care in New Zealand well into the 1930s. The 1937 Committee of Inquiry into Maternity Services noted that in a number of countries, 'the trend is towards a service in which the bulk of the normal midwifery is conducted by highly trained midwives' and that 'in such a scheme the general practitioner is excluded from all normal midwifery practice'. This was specifically the case in Holland and Scandinavia 'where the maternity services are recognized to be of a very high order'. The report referred to a British committee representing the Ministry of Health, the British Medical Association (BMA), and the British College of Obstetricians and Gynaecologists, which recommended a national midwifery service for England and Wales, 'based on the principle of midwife attendance in normal labour' and which had been introduced there in 1936.[11] The report cited the evidence of Dr Henry Jellett, formerly master of the Rotunda Hospital, Dublin, who had immigrated to New Zealand in 1920 and was consultant obstetrician to the Department of Health from 1924 to 1931. In Jellett's view, for normal births, 'it is a mistake to bring in the complication of the medical man who has to attend all kinds of disease, statistics and history having proved over a period of years in other countries, and also at Home, that these cases can be attended more satisfactorily by midwives'.[12]

Generally, however, the 1937 committee did not favour the British model of a midwifery-based service. While two of its six members, Dr Sylvia Chapman, medical superintendent of Wellington's St Helens Hospital, and Dr Tom Paget, the Health Department's inspector of hospitals, advocated a midwifery service, the report endorsed doctor attendance for all births in hospital.[13]

Doctors had lobbied against a midwifery system for a decade prior to this inquiry. In 1927 a group of doctors formed the New Zealand Obstetrical Society (NZOS) to represent the interests of doctors who practised obstetrics.

At its 1929 meeting, members resolved to draft a maternity services plan since 'Dr Jellett had recently published his proposals for the future midwifery service of this Dominion, which proposals eliminate the doctors from attending cases of normal confinement.'[14]

In the midst of the economic depression in 1933, the Obstetrical Society noted that Paget had recently ordered the various hospital boards which ran New Zealand's public hospitals to make provision for indigent maternity cases within their areas, based on a scheme that was 'an exact parallel of the English midwife service'. The society was concerned that this policy, perhaps introduced as an emergency measure, might become the 'thin edge of a permanent wedge'. It resolved to reaffirm the principle that 'the ideal obstetrical service for every confinement in this Dominion is a doctor and a midwife or a doctor and a maternity nurse attending'.[15] The following year the society repeated this resolution in the light of a perceived trend for more women to be confined by midwives alone, declaring their belief that 'for reasons of safety to mother and infant, reasonable pain relief, and elimination of future pelvic weaknesses', a doctor and a trained nurse should be present at every delivery.[16]

Dr Bernard Dawson, professor of obstetrics and gynaecology at the Otago Medical School, warned his colleagues that 'a small cloud can herald a thunderstorm'. With an eye to Britain, where he said the percentage of midwife deliveries had increased from 58 to 75 over the previous decade, he averred, 'It is usual for methods adopted by England to be advocated sooner or later in her Dominions', adding that the midwife system of maternity service already had advocates in New Zealand. He advised the medical profession to devise a scheme that included midwives 'rather than be left inarticulate and bereft when some Bill for Maternity Services detrimental to our interests becomes an enactment'.[17] Dawson clearly saw midwives as competitors.

CHAPTER 8

CONTRACEPTION, STERILISATION AND ABORTION

Fertility control is important to women's health and wellbeing, and part of the scope of any modern women's hospital is to deal with the issues surrounding fertility. As providers of services, doctors at National Women's by necessity had to confront this socially sensitive issue and, as a consequence, their own value systems. The feminists of the 1970s regarded reproductive rights as integral to women's liberation. To them fertility control signalled much more than health concerns and was allied to women's control over their own bodies and self-determination. In doing so they sometimes regarded the predominantly male medical establishment as 'the enemy'. However, issues relating to reproductive health did not create a binary division between doctors and women. This chapter will show how the views of doctors working at National Women's Hospital were as varied as those of the women they served.

Sex Education and 'Family Planning'

In 1964, speaking at a Federation of New Zealand Parents' Centres conference, Professor Dennis Bonham lamented that many parents were not providing adequate sex instruction for their children.[1] In the 1960s there was widespread resistance to sex education in schools. Many people believed this

to be a private family affair, and in any case that too much knowledge amongst young people would lead to sexual experimentation or promiscuity.[2] Bonham, more liberal than many others, supported the widespread availability of sex education and contraception, and saw sex education as a way of reducing unwanted pregnancies. He added his weight to public debate by advocating sex education in intermediate and secondary schools.[3]

In 1966, two years after taking up his professorial post, Bonham proposed to the HMC, seconded by Herb Green, that the hospital set up a clinic to provide contraceptives and to train medical students in their use. Bonham was possibly inspired by his former mentor, William Nixon, who had established such a clinic at University College Hospital, London, in 1949.[4] The HMC rejected Bonham's proposal, although it agreed to incorporate 'Family Planning' into the existing postnatal and gynaecological clinics.[5]

Five years later, in 1971, signalling a changing social climate, Richard Seddon, who had been appointed senior lecturer in obstetrics and gynaecology the previous year, persuaded the HMC of the need for such a clinic. He explained that both the students' tutor and the students themselves had considered their knowledge of family planning inadequate. He also noted a growing public demand for contraception, stating that 25 per cent of women referred to the 'A team' gynaecological clinic during the previous three months had come with problems relating to contraception. He added, 'The all-too-common situation of the woman who has had quite inadequate contraception being referred at a stage when nothing short of sterilisation or (as is more pertinent to today's scene) abortion will suffice, represents in our society a failure of patient-education and professional assistance with contraception.'[6] The hospital's Family Planning Clinic was opened in February 1972, directed by Dr John Taylor.

The New Zealand Family Planning Association was originally set up as the Sex Hygiene and Birth Regulation Society in 1937 but changed its name in 1939 to affiliate with its British counterpart. It opened its first clinic in 1953, although it was not until 1961 that the NZBMA allowed its members to work in the clinics. In the 1950s the NZFPA had enjoyed the support of Bonham's predecessor at National Women's, Harvey Carey.[7] Before coming to New Zealand, Bonham had been president of a local family planning branch in Britain, and once in New Zealand was also supportive of the NZFPA. Historian Helen Smyth described him as 'a consistent friend and champion of FPA'.[8] He helped the association to acquire films for health education.[9] He

included NZFPA professionals in postgraduate obstetrics and gynaecology courses, and was responsible for organising the first state-sponsored family planning forum, held at National Women's Hospital in 1971. The following year the NZFPA set up a medical advisory council chaired by Bonham.[10]

While the NZFPA agreed to extend contraceptives to unmarried as well as married people in 1970, NZBMA policy opposed the supply of contraceptives to the unmarried.[11] In 1971 the Board of Health's Maternity Services Committee, of which Bonham was a member, tackled this stand and recommended that 'the most suitable method of birth control including surgical methods should be readily available free to all who need it'. The committee appealed to the NZBMA to re-examine its ethical rules in relation to doctors prescribing contraceptives for the unmarried.[12]

While Bonham was on the side of making contraceptives readily available, other members of his staff approached family planning differently. In 1968, when the abortion debates were beginning to rage internationally (see below), Pope Paul VI issued the encyclical *Humanae Vitae*, prohibiting Roman Catholics from using contraceptives. The only form of contraception he sanctioned was the so-called rhythm method. In 1970 *Zealandia*, a local Catholic newspaper, announced that the Catholic bishops of New Zealand were providing $12,000 for a three-year research programme at National Women's Hospital, led by Dr John France, to improve rhythm methods of birth control. The aim of the project was to find a way to predict ovulation at least six days in advance, in order to develop more reliable methods of family planning whilst working within the Catholic Church's teaching. Cardinal Delargey, Bishop of Auckland, declared, 'One is proud too, that the work will be carried out at the world-renowned National Women's Hospital . . . . It's a heart-warming collaboration of the Church with the best of modern medical science. I know that Catholics will pray for a successful outcome to the research, because it could be of great benefit to couples throughout the world.'[13] This project was written up in the NZFPA magazine, *Choice*, in 1971.[14] Following his research, in 1972 France announced that cervical mucus test kits to predict ovulation were to be made available through 'Catholic family life clinics and family planning clinics'.[1]

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