Doris Gordon: foundation of a legacy

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Doris Gordon Memorial Oration*

*Doris Gordon Memorial Oration delivered to RANZCOG Annual Meeting, Wellington, 2 October, 2015.

A journalist described ‘Doctor Doris’ (as she was always called) as “a severely handsome woman with a somewhat formidable manner which concealed—or sometimes cracked to reveal—a tender compassion which made her intensely and vulnerably feminine”. The writer then went on to say that Doris used “her determination and intelligence...like a flail, a barb, a pitchfork, even a pistol, to force people to attend, and to agree, and to work, and to give, and to get things done”.

During a brief time as Director of Maternal and Infant Welfare, she was described as “highly unconventional and controversial...sweeping red tape out of pigeon-holes, humbug out of negotiation, cotton wool out of unwilling ears—like a young hurricane on rampage”. An obituarist said of her, “those who were privileged to see her at work described her as a spider in the middle of a web pulling strings to make everybody do what she wanted them to do” and “her achievements are fitting memorials to her restless spirit”.

Professor (later Sir) Bernard Dawson noted, “It is safe to say that no-one has contributed more to British obstetrics and the welfare of the women of New Zealand”. Her name and monumental contributions have almost been forgotten, although she was the catalyst in transforming largely primitive Victorian childbirth to mid-to-late twentieth century practice. She established the New Zealand Obstetrical Society in 1927, was its long-serving honorary secretary, and used the Society as the vehicle to create her visionary changes to maternal welfare. It is difficult for us today to comprehend how the vision, energy and commitment of a general practitioner from the backblocks of our country led to such enormous benefits for doctors, their women patients and families; we are standing on the foundations Doris Gordon established three-quarters of a century ago.

Doris was born in Australia in 1890 of a pioneering and missionary background. Following the financial crash in 1893, her family moved to a ‘new start’ in New Zealand where her father, a part-time lay preacher, continued his banking career, becoming a manager in Tapanui, Southland. She rebelled against attending the local high school and decided she should become an accomplished musician and make housework her livelihood. Doris’s ‘missionary’ zeal is exemplified in her writings on the fly leaf of her Bible where, from a very young age, she professed her Christian principles and goals in life. “When I was utterly certain in my heart that I was doing right, I believed that God was my senior partner.” Doris had a fragmented education until she decided to be a medical missionary and she was enrolled at Tapanui District High School from where she matriculated.

At university she wrestled with her creationist upbringing and the new Darwinian view of evolution. She was described as a “brilliant medical student”, topping the class in medicine and surgery in her final year. Later she claimed to be “probably the most poorly qualified entrant ever to cross the threshold” of the Otago Medical School. She graduated in 1915 and, during house surgeon years in Dunedin, married a fellow medical graduate, Dr William Gordon, days before he left on overseas war service in 1917. She also became a university lecturer in microbiology under the tutelage of Professor Sydney Champtaloup, who was described as the “driving force” in the new medical laboratory, and who encouraged Doris to do a Diploma in Public Health. Her brief
placement in the head office of the Health Department led her to the realisation that bureaucrats “were frightened of newspaper publicity”, an “awareness she later used to good effect in her campaign for maternity reform”. “She zipped around Wellington in the sidecar of the health inspector’s motor cycle” and “repacked samples of tinned foodstuffs obtained during factory visits to send to her new husband on the western front”. This experience provided Doris with a broader appreciation of ‘community’ health. It was during this time Doris was diagnosed with a ‘spot on the lung’ which resulted in her rejection for missionary work in India.

Following the war, she and her husband bought a country general practice in Stratford, Taranaki. She observed: “My Quaker-Puritan genes found an informal life in provincial Taranaki, great fun, I was well content to be the ‘lady-doc’ to the farmers as well as a mother or sister to their women folk”.

For the next 8 years her life was consumed with domestic responsibilities and the role of a busy general practitioner/obstetrician. An early enthusiast for pain relief in labour, Doris reported that cumulatively, she and her husband had 74 years of chloroform use without a single mishap, “in dentists’ chairs, isolated farmhouses, in operating theatres warmed by roaring log fires, and in a hotel double bed where mine host wished his wife’s affairs be kept quiet”. An early devotee of ‘twilight sleep’ led to her MD thesis titled Scopolamine—Morphine Narcosis in Childbirth in 1924. Her thesis was accepted by the London examiners ‘with commendation’. Her busy life precluded the time and effort to complete the written part of the examination. A series of obstetric disasters caused her to consider the shortcomings in her own training in obstetrics and she “knew I should have a Fellowship of the Royal College of Surgeons of Edinburgh (FRCS Ed) so that if I was faced with another disaster, I would have the surgical standing to overrule the conservative ‘wait and see’.” Together with her husband, Bill, she sailed to Britain where they both sat and passed the FRCS (Ed) in general surgery, obstetrics and gynaecology. Doris, who was second in the examination with another New Zealander, Dr Leslie Averill of Christchurch, was the first Australasian woman to gain the FRCS (Ed) qualification. After the examination, she made the acquaintance of a number of leading British obstetricians and gynaecologists, including Victor Bonney; Doris already understood the importance of networking. Following the establishment of the Royal College of Obstetricians and Gynaecologists (FRCOG) she became a founding member.

While Gordon is generally credited with the establishment of the chair in obstetrics and gynaecology in Dunedin, it was Henry Jellett from Christchurch (formerly Master of the Rotunda Hospital in Dublin), who first favoured the abandonment of 200 private New Zealand maternity ‘homes’ and their replacement with large teaching hospitals, and a chair in Dunedin. Professor Wayne Gillett has noted: “In 1921, James Parr, the Minister of Health, learned that more New Zealand women died in childbirth than in any developed country other than the United States of America.” In 1920, it was 6.48 per 1,000 cases. He thought these figures would jeopardise New Zealand’s public health reputation and appointed Truby King to identify the ‘causes and cure’ for maternal mortality.

There was a public outcry especially when they learned that the department had known about this for many years.

Truby King was a well-known eugenist, an authority in mental diseases and an internationally acclaimed infant health crusader. King met this challenge of the maternity mortality scare by intensifying the Plunket criticism against meddlesome midwifery. He travelled the country lecturing on the hazards of birth and babies damaged by forceps deliveries. “Fortunately a special committee on maternal mortality superseded King’s propaganda and the direction of maternity care in New Zealand was ultimately changed by two individuals, Jellett and Gordon.”

In 1926, Gordon proposed a remit to the Napier Division of the British Medical Association (BMA) recommending the formation of a New Zealand Obstetrical Society, later New Zealand Obstetrical and Gynaecological Society (NZO&G Society), this was founded in Dunedin in 1927. The draft aim of the Society was “to correlate
the efforts of individual workers and to promote the scientific study of obstetrical matters in New Zealand...and to give the art of obstetrical practice the status it so rightly deserved, but at that time lacked", and "obstetrics seems to be very much the Cinderella among medical sciences". Doris recognised that if this new Society was to achieve her long-term goals, she needed to have firm control over its destiny and, as she would later write, “the assemblage took for granted that my husband (Bill) would be the honorary treasurer and I would be the pen-driving honorary secretary”. She declined an honorarium.

The early minutes of the new Obstetrical Society provide a fascinating insight into the important issues of the day: the inadequate teaching of obstetrics in Dunedin; a remit to Otago University regarding the establishment of a chair of obstetrics; the possibility of a postgraduate school of obstetrics in New Zealand (“the time was not yet right”);9 the establishment of a resident obstetric training post for New Zealanders in Melbourne, and a supporting scholarship fund; the possible involvement of the National Council of Women (NCW) in fundraising; the possibility of a Māori obstetric hospital; and research into stillbirths, neonatal deaths and puerperal sepsis. The great Victor Bonney, whom Doris had recently visited in London, accepted her invitation to be present and speak to the New Zealand branch of the BMA following the foundation meeting of the Society.

Together with Dr Henry Jellett, Doris pursued her vision for the future of obstetrical education in New Zealand. The Dean of the Otago Medical School, Lindo Ferguson, wrote to Doris: “…some are insisting that midwifery and gynaecology...should have as much time as medicine and surgery...I shall have to keep out of the clutches of the obstetricians who are anxious to reform us so violently”.10

The University of Otago accepted the O&G Society offer of a £25,000 endowment for the establishment of a chair in O&G together with an undertaking that the Otago Hospital Board would build a large, new maternity hospital suitable for training medical students. Doris relished the challenge of raising the necessary funds, and organised provincial committees. She enlisted the assistance of NCW; women in power—for instance, Lady Bledisloe, the wife of the Governor General, organised a supportive letter from Queen Mary, the Queen Mother; rich and poor women alike. Men’s groups, in particular Rotary, were supportive; every member of the Auckland Savings Bank board was personally interviewed—resulting in a gift of £2,000. She proudly described the “press agitation” she achieved with the editors of all major newspapers, and the broadcasting service. While her husband ran both his own and his wife’s practices, Doris criss-crossed the length and breadth of New Zealand—“midnight journeys”—addressing thousands of women—“prospecting”. The six-month campaign raised £31,741 ($3,013,386 in 2016), of which £25,000 was presented to the University of Otago for a chair in O&G, and the remaining £6,000 was directed for two postgraduate travelling scholarships.6

Dr Bernard Dawson took up the Otago chair in 1932, impressing Doris with his “quick brain, military precision and eloquence”.6 He quickly established a harmonious relationship with her, aimed at improving obstetric practice in New Zealand. Later their relationship cooled when Doris promoted the development of a postgraduate department of obstetrics in Auckland, diminishing his sphere of influence.11,12

Doris Gordon’s sterling work on behalf of the women of New Zealand led to the award of an MBE in 1935, and an Honorary Fellowship of the Royal College of Obstetricians and Gynaecologists in 1954. At the time she was the only woman outside royalty to be so honoured, and the only recipient in the southern hemisphere.

Barbara Brookes has noted that while “New Zealand had received acclaim for its ready acceptance of women’s rights, in the central areas of private morality, birth control and abortion, New Zealand women have not been granted such ready recognition of their autonomy”.13 Doctors in the 1930s had little knowledge or training in contraceptive instruction and were reluctant to discuss birth control with their patients. At that time, New Zealand needed more, not fewer, births. The Obstetric and Gynaecological Society was prepared to give instruction in birth control where reasons of the health of the mother demanded
it, but only through hospital clinics. The Society was, however, concerned there was no restriction on the sale of contraceptives, including to minors, and felt it was “contrary to the public interest” for contraceptive knowledge to reach single men and women. During this time, illegal abortion was a major source of concern for the Society and women’s groups, leading to the establishment of a commission of inquiry in 1936. During the previous year, 42 maternal deaths had been attributed to criminal abortion—the average number of children born to each of these women was eight. In 1937, together with Dr FO Bennett from Christchurch (the first person outside Britain to be awarded a Hunterian Medal), Doris wrote a controversial polemic, Gentlemen of the Jury, in which they described their conservative views on contraception and the problem of illegal abortion. While this book created controversy, it expressed the views held by most of the medical profession of the time. The book aroused parliamentary debate, one MP observing: “Tomorrow the Springboks play the All Blacks in Auckland. I wonder how many of the 55,000 people who will be present will realise that during the actual period of play, one child—perhaps a potential All Black—will have been wilfully destroyed in the womb of its mother.”

While Gordon was opposed to the state control of medicine, she did applaud the Labour government’s introduction in 1939 of free general practitioner and specialist obstetrician maternity services, and 14 days’ rest following childbirth. If obstetric care was to progress in New Zealand, young, trained specialists were needed, and to this end the vision of Doris and the Society in providing scholarships for young doctors to gain postgraduate examinations and experience in obstetrics and gynaecology was far-sighted. The first scholarship was awarded in 1928, and from that time they were awarded annually. It soon became apparent that the young, newly-trained specialists were not returning to New Zealand, but remaining in Britain where better job opportunities existed—Dr Ken Pacey from Wellington was the only scholar among the first nine awardees to return to New Zealand. Doris noted: “…the only way to get the scholars [back] is to have a good obstetrics and gynaecology centre anywhere in the country...our hospital boards were badly advised by medical interests that did not want to see gynaecology exulted as a specialty.” Doris must have sensed she would not have received the necessary support for her nascent plans in New Zealand, and decided to enlist assistance from the powers-that-be in Britain; to this end she attended the RCOG meeting in Edinburgh in 1939. The College President, William Fletcher Shaw, was sympathetic to her plight and, together with previous scholars permanently resident in Britain—including Stallworthy and Hawksworth and anaesthetist, MacIntosh—they organised meetings in Manchester, Oxford and London. A decision was made to build a postgraduate obstetric and gynaecological hospital which would attract young specialists back to their country of birth. With British support, the O&G Society in New Zealand resolved: “The time has arisen for the establishment of a postgraduate centre for obstetrics and gynaecology”. It is noteworthy that Stallworthy, Doris Gordon, and others, made a strong case to recruit Hawksworth back to the foundation chair. Hawksworth’s case for limited private practice (the funds to go to the departmental research fund) was the public basis for his rejection, but the real reason was personal jealousy by some senior members of the profession for his “right to private practice”. Hawksworth delivered the First Doris Gordon Memorial Oration in New Plymouth in 1963. He recalled Doris was an examiner at his final oral medical examination, and he thought she was “a bit of a dragon”. Doris Gordon’s life extended beyond medicine: with husband Bill she raised four children of their own, sponsored 30 European refugees, ran a dairy farm and cared for her beloved garden and animals. Around this time, a remarkable Auckland thoracic surgeon, Douglas Robb, wrote to Doris asking if he could become a member of the O&G Society. Doris described Robb as “an academic visionary who was always in hot water with the more myopic of his professional brethren.” Doris and Robb formed a powerful partnership, and teamed up with Stallworthy and Fletcher Shaw, to make a case for the establishment of a postgraduate
school of O&G in Auckland. Speaking at a Society meeting March 1941, Robb quoted the Rockefeller Foundation’s lament: “In the shadows that are deepening over Europe, the Lights of Learning are being extinguished one by one...more and more institutes of learning are being blotted out.’ New Zealand has hitherto been content to send its doctors to Europe for higher training in obstetrics and gynaecology. Now that Europe is plunged into a scientific and cultural blackout it behoves New Zealand to ‘light its own light of Science’ and preserve (in the South) the learning we borrowed in happier years from the old world.”18 Once again, Doris's organisational skills came to the fore and with the assistance of businessmen, women's groups and the public at large, £104,594 ($7,618,760 in 2016) was raised to endow a postgraduate chair in obstetrics and gynaecology in a new women's hospital promised by the government.

Towards the end of the war, Doris invited one of New Zealand’s most eminent sons, Charles Read, an obstetrician and gynaecologist soon to be knighted following his elevation to the presidency of the RCOG in London, to advise on matters related to the new postgraduate hospital in Auckland. Dawson, jealous of the projected new academic department, wrote to the college president in London expressing the opinion that “someone—not a New Zealander—should be sent in order to give a more detached view”.11,12 Fletcher Shaw came instead.

Doris Gordon died in her own hospital, Marire, Stratford, in 1956, and did not see the opening of the new National Women’s Hospital in 1964. Following her death, the New Zealand O&G Society and the National Council of Women raised £4,793 to establish the Doris Gordon Trust, to “promote, sponsor, cooperate in, and otherwise further the study and/or practices of gynaecology and obstetrics”. Her autobiography Back-Blocks Baby Doctor has been reprinted nine times, once as an e-book.6

Declining interest in general practitioner obstetrics in the 1980–90s, the increasing participation of midwives following the passage of the 1990 Section 88 legislation, and deaths of the Doris Gordon trustees, led to the demise of the O&G Society and the Trust. The lengthy failure of the Trust to submit IRD returns led to my accountant's request for assistance.

Following years of enquiries and considerable goodwill, a new Trust has been established between the NCW (an original trustee) and the New Zealand branch of the RANZCOG (vis-à-vis the O&G Society) with $130,000 from the original Trust and $160,000 from the defunct O&G Society establishing a financial base for education in women's health including an annual Doris Gordon Memorial Lecture.

In a memorial broadcast in 1957, Sir Douglas Robb remembered Doris: “No one who knew Doris Gordon, or at least no one who was being used by her for her high purposes, would remain long in doubt about her tenacities and inflexibilities in pursuit of her ends. A mere male, the ordinary peace-loving type, might even be a little afraid of her energy and the services she required. Fear was even, on occasions, known to develop into alarm as the pressure was put on and the chariot wheels revolved faster and faster. To be of any use to Dr Doris, you had to be ready to write letters, ring people up, try to put pressure on them, and generally leave your bed at any hour of the day or night. Nice work if you were pleasing her, but not so nice if you were dragging your feet, or getting her to change her mind. Some mere males have even been so peevish as to characterise her communications as unparliamentarily or even unscrupulous, but these persons take no account of Doris Gordon as a creative woman. Any person, male or female, who can cause to be endowed two medical chairs in the University of New Zealand, in addition to leading a full professional, business and family life, as Doris did, deserves our admiration and grateful thanks.”19
REFERENCES:

1. New Zealand Herald 15 February 1954.
2. Unsourced and undated press cutting: ‘Susan talks of ... The many fine memorials of Doris Gordon’.
7. Gillett W. The 3 P’s of Queen Mary – a celebration of 75 years. Inaugural Professorial Lecture, University of Otago, 8 October, 2013. (unpublished)
9. Ibid. 14 September, 1927. p14
10. Erlam HD. A Notable Result: An historical essay on the beginnings and first 15 years of the Auckland School of Medicine. Chapter on the Postgraduate School of Obstetrics and Gynaecology: G H Green. School of Medicine, 1983.
11. Read C. Correspondence with D. Gordon, 29 July 1945.
12. Gordon D. Correspondence with secretary RCOG, 16 September 1945.
19. Robb D. ‘Woman with a Sword’. A documentary produced by Joan Isabel Faulkner (Blake) for New Zealand and British Broadcasting Services in 1957, and named NZ Documentary of the Year. RNZ Sound Archives.
Adult idiopathic hypertrophic pyloric stenosis

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Case report

A 71-year-old female was referred by her general practitioner for an upper gastrointestinal endoscopy, with 3 months of progressively worsening dysphagia, epigastric pain, nausea and vomiting. She had concurrent weight loss. A trial of pantoprazole had made no improvement. Her symptoms were typically worse post-prandially. Her past medical history was significant for ischaemic heart disease, mild emphysema, rheumatoid arthritis, hypothyroidism and hypertension.

Upper gastrointestinal endoscopy showed a large amount of food residue in the stomach. The pylorus was scarred, stenosed and unable to be traversed (Figure 1). Biopsies showed no evidence of malignancy. As she was taking clopidogrel, dilatation was not attempted.

Her proton pump inhibitor dose was increased to 40 mg per day, and she had a repeat endoscopy at 6 weeks. Endoscopic findings were unchanged and biopsies again showed no malignancy. Dilatation was attempted but was unsuccessful. She proceeded to a CT scan of her abdomen, which showed circumferential pyloric wall thickening and small 9 mm gastrohepatic and mesenteric nodes, suspicious for a pyloric neoplasm (Figure 2).

She proceeded to surgery for a Billroth II subtotal gastrectomy. Operative findings were of a thickened isolated mass at the pylorus. There was no evidence of infiltrative changes nor of surrounding lymphadenopathy. A subtotal gastrectomy was performed. Her recovery was uncomplicated and post operatively, her symptoms were much improved.

The macroscopic pathological findings were of a 2 cm ill-defined submucosal mass at the level of the pylorus. The serosal and mucosal surfaces were unremarkable. Microscopic sections showed hyperplasia of the muscularis propria in the pyloric region (Figure 2). The presumptive diagnosis was of idiopathic hypertrophic pyloric stenosis.