

and Carroll as Māori ministers of the Crown.

There are other traces of the book's origin in the Waitangi hearings. There were times when I yearned to hear more about events, beliefs and practices in Te Urewera that had nothing to do with New Zealand governments and their agendas. But that is not the purpose of *Encircled Lands*. This is a brilliant, compelling tale about the loss of autonomy, land, lives and wealth in Te Rohe Pōtae at the hands of the Crown, and in the face of all of that, the stubborn, proud survival of Tūhoe as a people. It is impeccably researched, beautifully illustrated and designed, and recounted with overwhelming authority.

Underlying this book is Judith Binney's understanding, gained over many years, of the *hau* of the gift. When a gift is given, the *hau* (breath of life) of the donor and that of the recipient are entangled. It is this bond that impels the return of the gift. Over years of working with Tūhoe, documenting the lives of their prophetic leaders, Judith Binney has won their trust; and *Encircled Lands* is a magnificent return *koha* (offering) — an eloquent denunciation of the injustices that they have suffered over a century, and a plea that at last, they should be justly treated. In their turn, Tūhoe gave her a Māori name, Tomoirangi o te Aroha (a little cloud of rain from heaven), and took her under their mantle. In its way, the story behind this book is as intriguing as any of those recounted in its pages. As Eruera Stirling, a Māori elder, once remarked:

Knowledge is a blessing on your mind, it makes everything clear and guides you to do things in the right way... and not a word will be thrown at you by the people. It is the man [or woman] who goes with his spirit and his mind and his heart believing in all these things who will climb to the high summits of leadership.¹

Judith Binney's book illustrates the accuracy of these observations, and the illuminating power of knowledge.

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NOTE

¹ Eruera Stirling as told to Anne Salmond, *Eruera: The Teachings of a Maori Elder*, Auckland, 1985, p.247.

The Cartwright Papers: Essays on the Cervical Cancer Inquiry of 1987–88. Edited by Joanna Manning. Bridget Williams Books, Wellington, 2009. 224pp. NZ price: \$39.99. ISBN 978–1–877242–45–8.

IN 1987 AND 1988 JUDGE SILVIA CARTWRIGHT conducted an inquiry into what has become known as the 'Unfortunate Experiment at National Women's Hospital'. In her report, justly famous, she found that Associate Professor Herbert Green had conducted research on women with *carcinoma in situ* (CIS) and that the research was unethical, in that it involved withholding conventional treatment in order to study the natural history of the disease. Judge Cartwright recommended some radical changes in the health system to ensure that such conduct could not happen again. The recommendations were swiftly implemented: a system of patient advocates; the appointment of a Health and Disability Commissioner; a code of patient rights; improvements in the constitution and performance of ethics committees; better teaching of ethics in the medical schools; and a national cervical screening programme. Some of those improvements would probably have happened anyway, but not as quickly or effectively. The inquiry resulted in a sea change in doctor–

patient relations.

Some of the essays in this book originated as papers delivered at a conference held in 2008 at the University of Auckland to mark the 20th anniversary of the Cartwright Report. But others are responses to a book published earlier in 2009 by Professor Linda Bryder, *A History of the 'Unfortunate Experiment' at National Women's Hospital*, in which she argued that Green had been misunderstood. Rather than experimenting on the women, she said, he had adopted a conservative wait-and-watch approach to treatment, believing that most instances of CIS would not develop into invasive cancer, and that early radical treatment could be worse than the disease itself. This, Bryder claimed, was in line with much international practice.

The book under review commences with three introductory pieces: a foreword by Sir David Skegg, an introduction by Associate Professor Joanna Manning, in which she summarizes the essays which follow and comments on them, and a summary, also by Associate Professor Manning, of the Report and its aftermath.

Part One of the book contains four essays. Three of them might be described as personal stories. Clare Matheson was a patient of Professor Green who developed invasive cancer, and she gives an account of her ordeal. It is a sad story, and no reader could fail to be moved by it.

Professor Ron Jones, an obstetrician and gynaecologist, describes his early scepticism about Green's approach, and his contribution to a ground-breaking article ('the 1984 article') which put forward a very different view of CIS. In its way his story is poignant too — it shows the difficulty in breaking through the medical establishment, and his frustration at the reaction to the article.

Sandra Coney then describes the genesis of the famous *Metro* article she wrote with Phillida Bunkle, which led to the setting up of the inquiry. She details the research they undertook in the preparation of that article. Ms Coney reaches the troubling conclusion that it would be much more difficult to have such an article published today. For one thing, the 1980s were a decade where social action on many fronts — feminism, the Vietnam War, the Springbok rugby tour — was an accepted phenomenon. And the media were different then. Today, newspapers, competing with the various forms of 'new media', have become more concerned with resources and the bottom line: journalism has become shallower and more risk-averse. These conclusions are of concern, but I fear Ms Coney is right. Risk-taking still happens — there is no better example than the *Dominion Post's* breaking of the Louise Nicholas story; I even think the law of defamation may not be quite the restraint it once was. But commercialism has certainly changed the nature of our media, and with occasional welcome exceptions the depth and quality of their news and commentary is not what it once was. Let us exalt the exceptions when they happen. The media must remain one of our constitutional safeguards. Freedom of expression is undervalued if it is not well exercised.

The fourth essay in Part One is by Professor Charlotte Paul, a medical specialist. She was one of three medical advisers to the Cartwright inquiry. She outlines the relevant science, and describes three follow-up studies conducted on some of Professor Green's patients. For me (a non-scientist) an interesting aspect of her essay is her comment that publicity about wrongdoing must take the greatest care to confine itself to the wrongdoers, and not tarnish a profession as a whole. How right she is. We members of the reading public are simple beings. We tend to construct our prototypes of the typical professional: the typical doctor, lawyer and journalist. Bad publicity about individuals in a profession can, unless it is carefully confined, all too easily affect that prototype. Unfortunately most publicity is bad — good behaviour does not attract much media attention — so the risks of misperception are high. Professor Paul points out that this attribution of the faults of a few to the whole profession in the Green affair caused resentment, and made change more difficult than it might otherwise have been.

Part Two of the book takes up the cudgels with Professor Bryder. Some of the essays

elsewhere, like those by Sir David Skegg and Associate Professor Manning, introduce notes of disagreement, but Part Two constitutes the main rebuttal.

Sandra Coney takes issue with Professor Bryder's methodology, saying she did not interview those involved in the inquiry, and did not pay enough attention to the history of the patients themselves. Professor Barbara Brookes, a medical historian, and Professor Paul undertake a close textual analysis of the Bryder book, and set out, sometimes in small detail, what they see as mistakes, misunderstandings, internal inconsistencies and *non-sequiturs*. Their conclusion is, quite simply, that Professor Bryder got it wrong.

I wonder why these contributors attack Professor Bryder's work with such vehemence. (Vehemence is not too strong a word.) One might have thought that, 20 years after the event, a revisionist view should not matter quite so much. What the inquiry brought in its wake is unquestionably good, and there is not the slightest chance that it will be taken away from us as a result of Professor Bryder's views. The reason for the reaction is to be found in a sentence from Joanna Manning's introduction: 'The story of the "unfortunate experiment at National Women's Hospital" must be told and retold to successive generations, and the lessons learned reiterated and reinforced.'

The events which led to the Cartwright Report, in other words, have become an iconic example of medical misconduct. It is a teaching tool in the medical schools. It stands as our illustration of the sort of thing that must not be allowed to happen again. If the behaviour in question is now said not to have been unethical at all, where does that leave us? Is the importance of ethics diminished in some way?

In case it be thought improper for anyone to challenge the findings of an eminent judge, that is not the case. Inquiries usually have to confront a daunting amount of evidence; this one certainly did. They hear witnesses, some compelling, some not. They may hear conflicting opinions from experts. The judgements they have to make can be extremely difficult. Sometimes two minds can legitimately be persuaded by different pieces of evidence and draw different conclusions. The history of inquiries shows that sometimes even governments do not accept their conclusions; there is no clearer example than Justice Peter Mahon's report on the Erebus disaster. So while I agree with every complimentary comment about Judge Cartwright's judicial acumen and her exemplary conduct of the inquiry, we live in a free country, and we are perfectly entitled to question her conclusions.

But there is a qualification: to do so we must have compelling evidence and arguments. This is just what the contributors to this book say Professor Bryder does not have. I have read Professor Bryder's book, and it gives every appearance of thorough research and command of the facts. As she explains in her introduction, in some cases she preferred to rely on the written record rather than re-interview people, but the book contains a remarkable amount of detail. International knowledge and practice are discussed at length.

The authors of the essays in Part Two set about rebutting Professor Bryder's case. They have deep knowledge of the facts and the subject-matter. In making their case they are faced with three difficulties.

First, much of the medical evidence is pretty much a closed book to members of the general public. The difference between a wedge biopsy, a cone biopsy and a punch biopsy; between CIN₁, CIN₂ and CIN₃; between cytology and histology: this is for the *cognoscenti*. Apparently it can matter, because Professor Paul alleges that Professor Bryder muddles the last two. There are also different ways of interpreting what was known internationally at the time. Such specialist argument makes it very difficult for the rest of us to judge who is right and who is wrong.

Secondly, New Zealand is a small country. Its professions are small by international standards, and specialities within those professions are even smaller. There are only two universities offering medical degrees. Everyone knows everyone else. This can cause difficulty; we have a powerful recent example of that in the legal community. It means not only that taking sides can be a painful business, but also that it can be difficult to obtain

comment and opinion that looks truly objective. Some of the main contributors to this book — Professor Paul, Sir David Skegg, Ms Coney and Professor Jones in particular — were closely involved in the inquiry and the lead-up to it 20 years ago. Sir David was an expert witness at the inquiry, and Professor Paul was a medical adviser to Judge Cartwright. The writings of Ms Coney and Professor Jones were instrumental in sparking the inquiry. So there will be those who say they are defending their own citadel, and that they are consequently less than truly objective. ‘What else would you expect them to say?’ That kind of comment is no doubt completely unfair, but there are those who will make it.

The third hurdle is of the contributors’ own making. Their criticism of Professor Bryder is at times very strong, and even personal. I was surprised by the tone of outrage in some of the essays. ‘It is not for me to speculate on her motives’; she ‘makes unnecessary mischief’; her account is ‘selective and negligent’; she has been captured by a small group of doctors at Auckland. I am afraid that, for me anyway, the strength of the language of the criticism diminishes its persuasive effect.

Time, it is said, is a great healer. Not always. There are certain big controversies where time heals nothing, and where even greater wounds open when the matter is revisited. Usually these matters are ones which involve personal and human issues as well as intellectual ones. They engage the heart as well as the mind. The Christchurch Crèche case involving (or not involving?) Peter Ellis is one such. The Herbert Green affair is obviously another.

So, who is right, Linda Bryder or her detractors? I am sorry to say that, having read both books, I simply do not know. I am not ‘copping out’. To make a confident judgement I would need to study the Report, the literature and as much evidence as was available to me; I would need expert advice. I simply do not have the months, or even years, it would take to do it properly. I can only leave it to every reader of the two books to form their own judgement. And they need to read *both* books.

However, whoever is right and whoever is wrong, we are a better society if people are allowed to challenge the views of others. If, after careful study, someone believes an injustice has been suffered, they should be able to say so. That is as true of Linda Bryder in 2009 as it was of Sandra Coney and Phillida Bunkle in 1987.

Part Three of the book enters calmer waters. It is about the ethical aftermath of Cartwright. Former Health and Disability Commissioner Ron Paterson, and Joanna Manning, write about the Code of Patient Rights. They extol its virtues — not without justification. It is clear and simple. It is not detailed, but consists of a series of brief principles. It is easy for patients to understand, and is flexible enough to serve in the future as well as the present. A disadvantage of drafting like that is that it leaves room for the judgement of the commissioner when interpreting the code, and different commissioners may have different ideas. But provided a system of precedent is developed, and guidelines are issued based on the precedents, one probably gets the best of all worlds. By all accounts that is what is happening.

The Code reflects the rebalancing of the doctor–patient relationship which the Cartwright Report required. No longer do we tolerate the doctor-god who told his patients nothing. Yet, as a first-time reader of the Code (am I unusual in that?) I was surprised to see how far the pendulum has swung. Perhaps I read it incorrectly, but I wonder if its words, taken at face value, quite capture the essence of the relationship. It seems to say that that relationship is centred entirely on the patient, who is firmly in the driver’s seat. The patient has the choices, and makes the decisions. The doctor’s role is one of explanation: to provide information about the treatment options, and the risks involved in each. Missing, at least in the words of the Code, is the very thing I want from my doctor, namely clear *advice* on what is the *best* option for me. But I imagine that good sense prevails, and that in practice it usually works out fine. Yet the shift of focus, as I say, is quite marked. Good communication is the essence of it.

The final two essays are about the new processes for ensuring ethical conduct, in particular ethics committees. They ask the question ‘Could it happen again?’ Associate Professor Jan Crosthwaite examines the New Zealand system, and concludes that while it could happen again, that will be a rare occurrence. I hope she is right. One can never entirely eliminate unethical behaviour. Simply ‘having systems in place’ is not alone enough; those systems have to be observed and applied. Heavy workloads resulting from lack of resources, coupled with tight deadlines, can sometimes lead to corners being cut. More seriously, the flush of enthusiasm generated by ground-breaking research with exciting but unknown potential can sometimes blind the researcher to the ethical implications. But the current processes are thorough, and more importantly, have engendered a culture and awareness that means things will usually be done properly. So, overall, I share the author’s optimism.

It may be different in the international sphere, though, as the final essay by Alistair Campbell, Voo Teuk Chuan and Jacqueline Chin demonstrates. When research is sponsored by large corporates in developing countries, the host country may lack the facilities or expertise, in both medicine and process, to do a good job. Proper vigilance becomes a responsibility of the partners in the enterprise. Ethical behaviour must not stop at our back door.

So, in summary, this is an interesting and stimulating book. It reaches a wide audience or, rather, different bits of it reach different audiences. Some of the content is for everyone; some is for historians; some is for medical specialists; some is of real interest to lawyers like me. However, in the end, it is the debate about the Bryder book which overshadows the rest. It is that which makes this collection part of a controversy.

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Reading on the Farm: Victorian Fiction and the Colonial World. By Lydia Wevers. Victoria University Press, Wellington, 2010. 344pp. NZ price: \$40.00. ISBN 978-0-864736-35-2.

BRANCEPETH (THE ORIGIN, SPELLING AND PRONUNCIATION of this strange and beautiful word are never fully explained) was established as a sheep run in the 1850s by the Beetham family, near the town of Masterton. It expanded and prospered through the second half of the nineteenth century, but was broken up into smaller farms in the early part of the twentieth century. Like some other rural properties, Brancepeth had a ‘station library’ provided for the use of the workforce, which was quite separate from the Beethams’ family library. *Reading on the Farm* is a book-length study of the Brancepeth station library. As such, it is a daring move by both author and publisher in a field — the history of reading — where scanty and ambiguous evidence has made methodological improvisation and innovation almost a necessity.

Lydia Wevers begins her exploration by evoking the ‘romance of the archive’ in a poetically heightened description of her visit to Brancepeth Station itself, still a working farm, in order to inhabit the physical space in which the library used to operate. The books themselves were gifted to the Victoria University Library in Wellington in the 1960s where (thankfully) they have been preserved as an intact collection, awaiting a scholar of Wevers’s intelligence, imagination and perseverance to do it justice. She justifies the large scale and limited focus of the study partly in terms of the library’s several unusual features: it is a large collection of 2000 volumes; it is a private library, but not a personal or family library; it has not been reduced by frequent culling, as would have been the case in a public library; and it seems to have been a recreational library (containing some 88% of fiction,