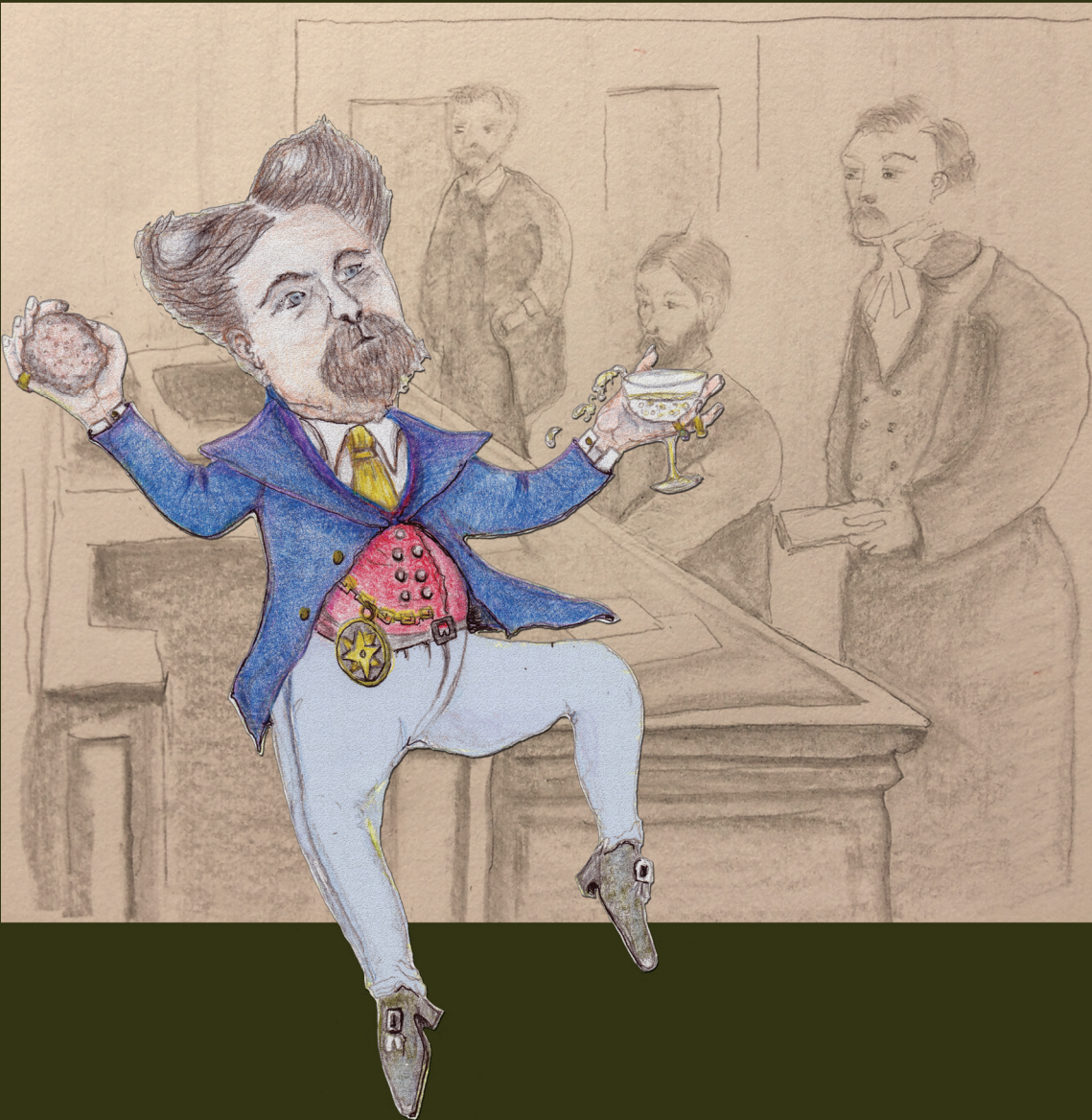


# Diamonds and Stones in an Era of Gold



Brian Collopy

***Diamonds and Stones in an Era of Gold***

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He has conducted numerous studies addressing the quality of care at the hospital, inter-hospital and national levels, has authored or co-authored over 150 papers published in peer-reviewed journals, and has spoken extensively on the subject.

Amongst a variety of roles in relation to the quality of health care he was President of the Australian Council on Healthcare Standards (ACHS), which conducts a national hospital accreditation program. With ACHS he developed clinical performance measures, which are now used in a number of other countries, and provide the ACHS with a unique national clinical database. Other offices include being Chairman of the Advisory Council of the International Society of Quality Assurance (ISQua) and the Advisory Committee on Elective Surgery (ACES) in Victoria.

He was made a Member of the Order of Australia in 1993 and received a Fellowship of the Australian Medical Association in 1996.

Currently he is the Director of CQM Consultants, formed to assist health care organisations to assess the quality of their care. In this capacity he has guided tertiary referral hospitals on performance measurement and assisted organisations such as the Department of Health in South Australia, the Royal Flying Doctor Service, Correctional Health Services, and New South Wales Mental Health. He has also assisted the Hong Kong Hospital Authority to develop clinical performance measures.

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A number of his activities, such as the clinical indicator development for hospital accreditation, a follow-up protocol after bowel cancer surgery, and the categorisation of urgency for elective surgery waiting list patients, were world-first achievements.



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# Contents

Introduction	5
1. Re-election	13
2. Settling back into the hospital	27
3. 1875 Melbourne: more and less marvellous	36
4. Indulgences: pleasure, politics and a little medicine	50
5. Two problem cases and the consequences	63
6. The inquest	92
7. The inquest continues	132
8. Webb weaving	162
9. The plot won't succeed	178
10. The verdict and public reaction	217
Epilogue	227
Bibliography	241

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## **Foreword**

The title of this book reflects both life at the time in Melbourne and the main figure of the book, namely James Beaney. Brian Collopy, the author, has been a close colleague and friend of mine for many years. More importantly he has been a distinguished Melbourne surgeon, very involved in the measurement of surgical outcomes and the assessment of patient safety. Who then could be better qualified to evaluate the life of James Beaney, over 100 years after his time?

James Beaney was a flamboyant character both in surgery and in Melbourne's social life. He was known as "Diamond Jim" or "Champagne Jimmy" as he wore many diamond rings (not removed when operating). Champagne, which he dispensed liberally, was the favourite tittle for him at any time but also for his team after surgery.

He was born in Kent in 1828 of working class parents. He was educated in Canterbury and after apprenticeship to a chemist, and then a surgeon, he enrolled for medical studies at Edinburgh. However, he developed tuberculosis, which was not responding to rest, so he set off to Melbourne in 1852 to further his progress to health. In Melbourne, he worked for a chemist in Collins Street and then returned to England to pursue his medical studies at Edinburgh. He became MRCS and later, in 1860, was awarded an FRCS of the Edinburgh College of Surgery. He then returned to Melbourne where he was a locum in the very lucrative practice of Dr. John Maund, which subsequently he inherited.



He was elected to the Melbourne Hospital as an Honorary Consultant Surgeon for the first time around 1860 and for a second time in 1875. The election to the consultant staff at the Melbourne was dictated by the number of votes given by patients and supporters of the hospital and it is said that he spent considerable money in advertising, and no doubt dispensed much champagne on achieving his consultant status.

The portrayal of Melbourne in the second part of the 19<sup>th</sup> century is fascinating. It had been described by a visiting journalist from the UK as 'Marvellous Melbourne', and was probably one of the most affluent cities in the world at that time, as a result of the Bendigo and Ballarat gold rushes.

As a surgeon, Beaney was a bold advocate of his discipline, particularly in paediatric surgery and sexually transmitted disease. But he was very much a self-promoter and so many of the medical profession in Melbourne were adamantly opposed to Beaney. He had a very large private practice and was probably the wealthiest surgeon in the colonies. The home that he built on the corner of Collins and Russell Streets (pictured in the book) was a four-storey mansion, which included his consulting rooms, his residence, an operating room and a roof garden!

He was involved in several major legal trials; the first one described by Collopy was of a young barmaid who died of a ruptured uterus, which was allegedly due to an abortion. He was acquitted after a re-trial, the jury having been split at the first one. A subsequent major trial, which Collopy records in detail, concerns the death of a patient following removal of a very large bladder stone with a charge of negligence on Beaney's part. His defence was conducted by a young barrister, James Purves. The efforts of Purves were quite remarkable and this makes

entertaining reading for, perhaps amazingly, Purves had Beaney acquitted of manslaughter.

Beaney was also was a great philanthropist. One major legacy was to Canterbury in that he left money to establish the “Beaney Institute for the Education of the Working Man”, reflecting perhaps his own origins. This today is a flourishing library and museum of the history of Canterbury and is known in Canterbury as The Beaney. He also left several bequests to the University of Melbourne and the Medical School, and the Beaney Prize in Surgery continues to this day. It must be said that neither the author nor the person writing this Foreword won the Beaney Prize!

Overall, this is one of the most interesting and enjoyable books I have read for some time and it will appeal to all. Beaney was a colourful character in a booming time in Melbourne and this has been brought splendidly to life by Brian Collopy in *Diamonds and Stones in an Era of Gold*.

– Professor Sir Peter Morris, AC, FRS, FRCS  
Nuffield Professor of Surgery Emeritus, University of Oxford  
Fellow Emeritus of Balliol College, University of Oxford  
Past President of the Royal College of Surgeons of England

## **Introduction**

In the Melbourne General Cemetery in Carlton a monument to the surgeon Dr James Beaney, who died on 30 June 1891, towers over those surrounding it. There is also a set of memorial tablets to him in England in the Canterbury Cathedral and an historical museum in the city of Canterbury known locally as the 'Beaney'. For the former he had left a sum of £1000 for the restoration of the cathedral, and the museum was originally developed from £10,000 he provided in his will for the establishment of 'The Beaney Institute for the Education of the Working Man'. At Melbourne University there was a Beaney Prize in Surgery, which for many years was awarded annually to the final year medical student who was outstanding in the surgical examination. It is now awarded as a scholarship to a graduate engaged in surgical research at one of the three clinical schools attached to Melbourne University. There is a similar scholarship in pathology. He was the first benefactor to the University of Melbourne Medical School, which had been founded in 1862.

Few people who have viewed the monument would have known what a colourful and controversial surgeon Dr. James Beaney was in his dress and adornments, in his surgical beliefs and writing and in the considerable litigious events in which he was the central player. Certainly none of my surgical colleagues or teachers could match him for those characteristics, nor it appears could any of his contemporaries in Melbourne in the second half of the 19<sup>th</sup> century.



Figure 1: Monument to Dr. James Beaney, Melbourne General Cemetery, Carlton.

In addition to many years spent in surgical practice in a University teaching hospital and in a major private hospital I have been involved, at a local, national and international level, in the assessment of the standards of patient care and in the development of formal measures to enable such assessments. Many of my activities in this area have been published in peer-reviewed health care journals, but this is the first time I have written about an individual medical practitioner.

It was while researching the history of hospital infection rates (for comparison with current data) that I came across a newspaper article from 1886 strongly criticising the report of a Victorian Parliamentary committee, which had found no fault with the infection rates or with patient management practices at the Melbourne Hospital. The chairman of the committee was James Beaney, and the accusatory article made it quite clear that he was protecting his own interests. That encouraged me to learn more about him.

Seeing Beaney's name reminded me also that some

years beforehand a colleague had given me a small book he had found in his late father's possessions. It was a monograph, published in Melbourne in 1876 by an F. F. Bailliere, and had a long title: *Lithotomy: Its successes and dangers. Being a verbatim report, from shorthand notes, of an inquest, held before the City Coroner with a preface and commentary by an MRCSE*. Its author, listed as MRCSE, is believed to be this extraordinary surgeon James George Beaney himself. It was said to have cost £700 to produce, a significant sum at that time. The book was never sold but copies were distributed throughout Melbourne. The monograph, as its title implies, is a report of an inquest, held late in 1875, into the death of a patient upon whom James Beaney had operated. It provided an account of the conduct of the inquest and the brilliant defence of Beaney by a young barrister named James Purves. An assessment of James Purves in Sir Arthur Dean's book *A Multitude of Counsellors - A History of the Victorian Bar* (1968), in which he described Purves as 'Undoubtedly the greatest advocate the Victorian Bar has produced', increased my interest to learn more about the particular episode, the players involved and the circumstances, both social and professional, of that period in Melbourne.

The accuracy of the account of this particular inquest is verified by reports in the newspapers of that time, particularly those in the *Argus* and *The Age*, in which the details of the inquest corresponded closely with those in the monograph, and also by a review of the limited 'proceedings' available from the Public Records Office.

I have considerably expanded on the court dialogue in the 1875 inquest and provided information on the various players in a drama, which was lacking in the monograph. I have provided reasons why the inquest was held, a principal one being an indiscreet shop window display

of a surgical specimen, organised by Beaney. Without this display an incensed and unknown surgeon, who claimed further knowledge of the operating circumstances in the particular case that was the concern of the inquest, might not have been provoked to make a public response.

I have also described the equally extraordinary place that Melbourne was then. While lacking the modern forms of communication, information sharing and transport, the pace of change in Melbourne was frenetic, as this 'faraway' city grew into one of the grandest in the English-speaking world of that time. The growth was due, of course, to the immense amount of gold extracted from the mid-Victorian fields at Ballarat and Bendigo, not far to the north of Melbourne. This should help the reader understand how the idiosyncratic James Beaney could be accepted (or tolerated by some) in the city at that time, obtain a senior surgical position in the Melbourne Hospital and develop such a large private surgical practice.

An aggressive attitude existed between many medical practitioners of that period in Melbourne. This had something to do with the fact that, prior to 1867, all doctors in the Colonies had qualified overseas (usually England, Scotland or Ireland). Many were adventurers who came out to seek their fortune at the gold diggings or elsewhere. Not finding their pots of gold, they reverted to medical practice.

Back then, they often found they were competing against charlatans, with bogus degrees, who used bizarre, and frequently dangerous, treatments on patients who had little medical knowledge. The *Medical Act of 1865* in England had had a minimal effect in reducing false claims of cure and the advertising of non-existent medical skills. Criticism of the 'healing profession' was rife, and it was common, even for legitimate practitioners, to have their

credentials questioned. They had to be alert and wary and, as a result, were often defensive and frequently aggressive.

A further stress factor was the enormous amount of litigation surrounding surgery in that period of limited knowledge and an absence of modern diagnostic and support services. An example was the case in 1871 of a woman who suffered injuries to her knee and hip. A Dr. Van Hemert, a well-known and respected Melbourne practitioner, missed a fracture of the neck of her femur (thigh bone) and was sued. In the resulting court case James Beaney gave evidence for the plaintiff, who won her case. At a subsequent special meeting of the Medical Society of Victoria, a motion was passed declaring the decision unfair and wrong. Dr. Beaney arrived at that meeting late and was not permitted to explain the reasons for his damning evidence. He had apparently resigned from the Society the year before. The Medical Society's motion could not, of course, reverse the court decision. Dr. Van Hemert was reported to be 'broken in spirit' and left the country. He would have avoided the mishap if x-rays had been available, but Professor Wilhelm Roentgen of Bavaria did not make his remarkable radiological discovery until 1895.

The advent of anaesthetic agents in the 1840s had led to a rapid increase in the number and complexity of surgical procedures by that time, as with the patient 'asleep' and not screaming, the need for surgical speed was reduced. An example of the speed required in the absence of general anaesthesia was evident in a report of an amputation of a leg, above the knee, performed in the Hobart Hospital in the 1840s. The time from the first incision to removal of the limb was just three minutes.

With anaesthesia, various operations upon body cavities and organs could then be performed. However,

these new procedures, as well as the more traditional operations, were associated with high complication rates and consequently also high mortality rates. The anti-bacterial drug era was still many decades away and as post-operative infection was an enormous problem reference to sepsis is included in this narrative.

The relatively small number of surgeons in Melbourne then were frequently called upon to give evidence for or against their colleagues and the proceedings were generally made public by an unsympathetic press, which took delight in disclosing the shortcomings of those who “wielded the knife”. The pen and the tongue were powerful weapons. A loose comment from one’s colleague, when picked up by a journalist, could cut short a promising medical practice, providing another reason for resentment and mistrust to abound in the colony’s healing profession.

The first word, lithotomy, in the monograph’s title, refers to the operation for removal of a bladder stone or stones by cutting into the bladder. Hippocrates, over 2000 years ago, had recognised the risks to life associated with lithotomy, and part of his oath included: ‘I will not cut for stone, even for the patients in whom the disease is manifest; I will leave this operation to be performed by practitioners.’ This was probably the first mention of specialist surgeons, the appropriate specialist branch of surgery today being known as urology.

Mention of operations for bladder stone can be found in Arabian, Greek and Roman history. Early descriptions also indicate that there could be a ‘low’ and a ‘high’ approach to the stone, the former being lithotomy via the perineum (as was the approach in the case relevant to the monograph) and the latter being suprapubic



(lower abdominal). The low or perineal lithotomy, as will unfold for the reader, could be performed by a median approach, i.e. a surgical incision made in the midline, or by a lateral approach. It was doubtful whether there was any clear advantage to avoiding the midline. The significant understanding quickly reached by the barrister defending Dr. Beaney about the intricacies of lithotomy and its consequences will be evident to the readers.



*A. Fac simile of a stone removed from the bladder 12 months ago by M Beaney and considered at the time to be a very large one — Weight 1105 40grs.  
B. Fac simile of the stone removed by M Beaney from Robert Barth. — Weight 650gr.*

Figure 2: Facsimile of the Bladder Stone removed by Dr. Beaney.

## 1. Re-election

*Character is like a tree and a reputation like its shadow.  
The shadow is what we think of it, the tree is the real thing.  
– Abraham Lincoln*

The surgeon James Beaney's re-election to the Melbourne Hospital in 1875, a decade after he had been dropped from the list of attending surgeons, was met with disapproval by several of his colleagues and by others involved in the hospital's affairs. There were a number of reasons for this. Many were annoyed that he should claim that he was now the "senior" surgeon because he had topped the surgical voting, for there was no such position, and there was disappointment that he had displaced a good staff member. There was also concern that, because of past events surrounding Beaney, the reputation of the hospital might be jeopardised, but more about that shortly.

The principal reason for resentment, bordering on hostility, related to Beaney's pre-election behaviour. Beaney had campaigned hard for re-election to the hospital staff. His textbook publisher, F. F. Baillière, had distributed coloured leaflets to the Melbourne Hospital's subscribers three weeks before they were due to vote on the staff elections. The leaflets had outlined Beaney's publications, including what he claimed to be the first surgical textbook in Australia. Its title was *Original Contributions to the Practice of Conservative Surgery*. Baillière, with his knowledge of Beaney's reputation, had intentionally included "conservative" in the title as it suggested a careful and caring surgeon. Baillière and

Beaney worked well together although, in later years, they were to have a falling out, shortly before the former's tragic death in a Jolimont railway accident.

Whilst this unacceptable advertising might not upset more secure surgical colleagues such as Thomas Fitzgerald, it served to irritate Edward Barker, who had replaced Beaney on the honorary surgical staff in 1865. Ten years later, Beaney felt that he was in a much stronger position for the election and so he should have been, having spent thousands of pounds on the campaign.

This system of election on the votes of subscribers was a carry-over from English hospitals. It was not unreasonable that "consumers" should have a say in who might be appointed to treat them, the main problem was that they had the only say. This was unfortunate for at that time they could hardly be regarded as "informed" consumers. There were no publications of hospital results and there was certainly no information available to reflect the performance of individual staff members. Systems for measuring or auditing clinical performance did not become accepted practice until the latter half of the 20<sup>th</sup> century. The nearest thing to a staff performance review then was the regular publication in the newspapers, often with lurid detail, of the findings of the many inquests into hospital deaths. In general, however, the deaths were more often considered due, and probably rightly so, to the illnesses themselves, or to causes unknown at that time, and not to inadequacies on the part of the providers of the limited care, which was then available.

This widespread election system, which lasted until 1910, resulted in canvassing. It was said, by one disgruntled staff member, that 'it was the largest purse that won the day and not a man's qualifications.' In 1891 there was a lengthy leading article in that respected English medical

journal, *The Lancet*, concerning the practice of advertising by medical practitioners in Australia. It was written by the journal's Australian correspondent (unnamed), who referred, sarcastically, to the 'democratic' system of election to hospital positions in the colonies, whereby the subscribers determined the appointees. The editorial ended with an extremely severe judgement on doctors in Australia:

Medical etiquette, as understood in Great Britain and Ireland, is unknown here. The one and only aim is to become rich, and in the pursuit of wealth most of the kindly and honourable feelings which have characterised the profession and made it noble, are trodden underfoot.

An earlier comment in the same editorial was

The Melbourne medical men are perhaps the greatest adepts at blowing their own trumpets.

The extraordinary "honorary" staff system, that is, appointments without remuneration, was also a carry over from England and was to last for another hundred years. The "best" medical specialists were expected to earn their income from their private patients and to treat the "indigent" in the hospital for free. The teaching of medical students in the clinical or hospital part of the medical course (i.e. around the bedside), that began at the Melbourne Hospital with just three students in 1864, was likewise generally performed without remuneration, and the students' welcome to the hospital was "lukewarm". Only the teachers in the pre-clinical years and those clinicians, who were formally appointed as lecturers, were paid. Despite this apparent "ad hoc" system of teaching, the resulting graduates were considered to be capable doctors.



Figure 3: Caricature of  
'Champagne' Jimmy

a field day with 'Diamond Jim' Beaney. Not surprisingly they had never come across such an ostentatious surgeon and he was frequently caricatured. Apparently Beaney did not react unfavourably to such portrayals, presumably on the basis that he would be all the better known in the community. Thus, like some current day politicians and prominent sportsmen, as well as having a large number of detractors, he had his supporters and even some admirers.

Confusion remains about so many aspects of this man, no less than about his true birth date. The most reliable source suggests that he was born in Canterbury, Kent, on 15 January 1828, but in an obituary in *The Australian*

*Medical Gazette* in July 1891 his year of birth is given as 1831 and the date of his death on his Melbourne Cemetery monument is 30 June 1891, with his age as 59 years, which would suggest that he was born in 1832. The records in Kent prior to 1837 are scant and the confusion is further added to by the possibility that his father's surname was Beney and the 'a' was added later by James Beaney himself. Nevertheless it is clear that he was born into a fairly poor family in the Northgate area of Canterbury. His father died within a year or two of his birth, leaving his then pregnant mother to bring up James and his older brother George, and to keep the family out of the workhouse by engaging as a shoe-binder, stitching leather. It is likely that these early experiences influenced Beaney to make a better life for himself.

By 1875 he had done so having become a very busy surgeon. His income was reported to be the highest of any doctor in the colony, at between £12000 and £14,000 per annum. This was when the yearly wage of a labourer in Melbourne was just £100 and that of a skilled worker £400.

It was claimed that Beaney often requested payment in advance, and that his advice to patients on their "parlous state", which needed to be remedied by surgery "without delay" was frequently exaggerated. However he would not have been alone in this practice and from my years in surgery I am certainly aware of the occasional surgeon who has told a patient that he/she had come "just in time". There was probably also quite a degree of envy by Beaney's medical colleagues because he flaunted his financial success. He wore diamond and ruby rings on his fingers and a bejewelled gold fob watch and chain in his always colourful vest. The jewellery he wore was estimated to be worth in excess of £10,000. The implication



Figure 4: Cromwell House.

was “he must be a good doctor because he has so much money” just as an address in Collins Street in later years carried the same reassuring implication “Ah! He’s a Collins Street Specialist”.

Not long after his hospital reappointment Beaney contracted with an architect, William Salway, to design a new house. Salway was by then well known in Melbourne as he had

designed the ornate twin towered Australian Church, which stood in Flinders Street until the 1980s, impressive grandstands at the Melbourne Cricket Ground and the Caulfield racecourse, and mansions such as Raheen in Studley Park Road, Kew, which was later to become the home of Archbishop Daniel Mannix for many years, until following his death it was sold to a businessman, the late Richard Pratt. A massive four-story mansion was planned for Dr. Beaney. It was to be sited on the southeast corner of Collins and Russell streets, in the “Paris end” of Collins Street, as it was becoming known in Melbourne, and the house was to be built in a “conservative” Renaissance style.

That eastern end of Collins Street should really have been called the Roman end as most of the new buildings had an ornate Italian design. Beaney’s mansion, later named Cromwell House, when completed would serve first and foremost as a residence, with ample domiciliary

and entertaining areas, including a roof garden with wrought iron surrounds. It would also contain his consulting room, a separate examination area and, later, a small operating theatre and rooms for patient accommodation. The ornate building remains today with the large Hyatt on Collins Hotel towering behind it.

James Beaney had weathered two ghastly trials held nine years beforehand. They had concerned the death of a young woman, Mary Lewis, described as a pretty twenty-one-year-old barmaid, who had worked and resided at the Terminus Hotel in St. Kilda. The Terminus Hotel was situated in Fitzroy Street opposite the St Kilda railway terminus. It was a well-respected place to stay long and short term for the many visitors to the beachside suburb, and it was well located for those who came to St Kilda by rail. Although the distance from the centre of the city was less than four miles (seven kilometres) there was still some trepidation, when the Terminus Hotel was built in 1857, about travelling by road in case of a misadventure, as pictured famously by the artist William Strutt in his *Bushrangers on St Kilda Road*. The actual railway station building remains and as such is the oldest railway building in the State, but the Terminus Hotel was replaced by the more elegant looking George Hotel in the 1880s.

Mary Lewis had died following a rupture of the uterus and Beaney was charged with carrying out an abortion and causing her death. As Dr. James Rudall, the Melbourne Hospital's pathologist at the time, in a gross oversight, had thrown out the deceased's ovaries after the postmortem, the Crown Prosecutor could not prove, in the absence of evidence of changes consistent with pregnancy in one of the ovaries, that Mary Lewis had been pregnant. He could not therefore establish a reason for Beaney to have performed a curettage when he visited



her at the hotel or when she consulted him at his surgery, a few days before her death.

The first trial, in the Supreme Court, lasted eleven harrowing days, at the end of which the jury had disagreed. They may have been somewhat confused by the judge, Sir Redmond Barry, who went through the whole history of the case in tedious detail, including all of the various conflicting theories presented. However he subsequently directed them to let their verdict be based upon the proven facts and not be influenced by those theories. This proved difficult for the all-male jury. The policeman assigned to the Lewis case, Inspector John Sadleir, claimed afterwards that Beaney had escaped from that first trial by only one vote. Sadleir would later be at the scene of the bushranger Ned Kelly's capture. Like Kelly he was an excellent horseman with a good knowledge of the bush and, because of these skills, he had some years earlier offered to accompany his friend Robert O'Hara Burke on his disastrous 1860 expedition to the north, with Wills. Fortunately for Sadleir, Burke declined the offer, citing Sadleir's own family commitments, for he had twelve children. At the siege of Glenrowan, Sadleir was the Superintendent in charge of the police contingent and it was he, with a constable Hugh Bracken, who prevented a police sergeant from shooting the wounded Ned Kelly dead at the end of the siege. Sadleir was one of nine recipients who shared the £8,000 reward for the capture of the Kelly Gang, his portion being just over £240.

Beaney had to then face a retrial some months later and it was seriously rumoured that if he was found guilty this time he would hang! Indeed it might have been so but for the brilliance of Butler Cole Aspinall, his defending barrister, who destroyed the credibility of Rudall and other witnesses. Some six years beforehand Aspinall, an

Englishman, had made his name defending (free of charge) the gold-mining rebels from the Eureka Stockade. Thirteen diggers were brought to trial. In the first case Aspinall appeared before Chief Justice William à Beckett and to the delight of the people of Melbourne and Ballarat he managed to have the first “digger”, an African-American called John Joseph, acquitted. John Joseph was apparently carried around the streets of Melbourne triumphantly in a chair until late into the night. Subsequently all of the remaining twelve accused men were acquitted before Justice Redmond Barry.

Aspinall’s performance in Beaney’s re-trial certainly impressed Justice Edward E. Williams. As he had done in the first trial, the pathologist, Dr. Rudall, gave evidence. Rudall had been well trained in medicine at St. Thomas’s Hospital in London and had obtained his FRCS in 1857. However, he had been in the colony only a short time and had just begun performing autopsies for the Coroner to supplement his income whilst trying to build up his practice.

He would later obtain an appointment as a general and eye surgeon at the Alfred Hospital, where his fastidious habits extended to wearing an apron, with pockets, over his usual operating coat. He kept his own instruments in these pockets, into which, incredible as it sounds now, they were swiftly returned after each one was used and only “cleaned” at the end of the day’s operating. He was a small man with bristling sandy hair and a beard and, because of his irritability, some in the hospital likened him to a nervous terrier.

At the retrial Rudall didn’t have the confidence of the tall and handsome Aspinall, whose command of English and sharp wit proved to be a powerful combination. The judge commended Aspinall for not calling any defence

witnesses, presumably for shortening the duration of the trial, and his summing up was clearly in favour of Beaney. Critics of Justice Williams said that he was 'less able and industrious' than his colleagues and it was recognised that he seldom occupied the Court's time with long dissertations. However general opinion was that such criticism was unfair and that he was committed to his work but was simply not as colourful as contemporaries such as Barry. The jury acquitted Dr. Beaney after only ten minutes deliberation. The verdict was said to have occasioned uproarious applause in the court. It would not be the last time the skills of a barrister were required to save Beaney's "bacon".



Figure 5: Melbourne Hospital, circa 1880.

Aspinall later entered politics and was at one time the 'most sought-after dinner guest in Melbourne'. Unfortunately he was considered to have led a life of gay dissipation, which prevented him achieving the influence his talents deserved. In 1871 he had a breakdown, which ended his career. On recovery he returned to England and died in April 1875. Thus he was not there to represent Dr. Beaney at the inquest held later that same year. In an odd coincidence Aspinall's wife died just one week later

than her husband, in Melbourne, and virtually penniless. However one of their six children, Butler (Cole) Aspinall, with support from relatives, was subsequently educated in England and became a prominent King's Counsel.

Another person to whom Beaney was grateful in this particular trial was his friend and colleague Dr. G. Figg, who had given evidence supportive of him. Figg was a Scottish immigrant and had a practice in Williamstown in the 1860s. He was a complex and rather hotheaded individual, who was frequently involved in legal controversy, but never actually charged with malpractice. Figg stated at the trial that his own experience extended to seven thousand midwifery cases and he believed that 'he had manipulated the uterus more than any man in Europe.'. He testified that in the case of Mary Lewis the rupture of the uterus had occurred after death and that both Dr. Rudall and a Dr. William Pugh, who assisted at the post-mortem, had conducted a careless examination. Beaney later rewarded Dr. Figg with a huge silver cup at a celebratory dinner. Dr. Figg's claims of immense clinical skills and vast experience were highly unlikely to be true as a decade later Dr. Figg was asked by the Board of Health to resign on the grounds of incompetence and inefficiency. His qualifications had apparently been questioned previously, whereas the qualifications of Rudall and Pugh, also a surgeon, whom Figg had so strongly criticised, were beyond doubt.

It had certainly been a long, gruelling and very public experience for James Beaney, during one stage of which demonstrators, who had gathered outside his house, threw stones at him. On another occasion when a demonstrator actually entered his home, red faced and in a high rage, Beaney coolly suggested to the intruder that he calm down and have a drink or his blood pressure would

kill him. The unsavoury publicity surrounding the trials was most likely the reason Beaney had lost his hospital appointment, but it did not reduce his flamboyance.

The Melbourne Hospital, at that time, was on the corner of Swanston and Lonsdale Streets. Patients could access it by a horse-drawn tram running along Swanston Street. This 'Broadway stage', as it had come to be called, was introduced into Melbourne from America by Francis Clapp in 1869. Behind the large iron gates of the hospital a gravel path led up around a circular lawn, to the hospital buildings, which were set well back from the street. It was later to be known as the Queen Victoria Hospital. When the 'Queen Vic' moved east in 1987 to become the Monash Medical Centre at Clayton only the central tower of the old hospital was retained. The tower did not exist in Beaney's time, however, as it dates only from 1910.

There was little to lift the spirits of the unfortunate patients who entered the Melbourne Hospital, or any other one, in Victorian times. Whilst some of today's older health carers might sigh nostalgically for the long and open "Nightingale" wards, the actual ones were sombre and austere, and the suffering of any one patient was shared by all. Around one in five patients would not survive, death being very often due to infection, possibly acquired in the hospital. Despite community concern that the hospital was a house of sepsis, Beaney knew that regaining an appointment at the Melbourne Hospital would further consolidate his surgical reputation.

The announcement of hospital appointments in 1875 was, as customary, a very public occasion. The committee room was rearranged for the announcement of the election results and members of the press were invited. Edward Cohen, the honorary treasurer and effectively

the chairman of the hospital for the previous twenty odd years, presented a brief report on the year's progress. Cohen had been the Mayor of Melbourne in 1862 and was currently a Member of Parliament as well as a Director and Chairman of the Colonial Bank having been, after his arrival from England, an auctioneer and then a tea merchant. His assets included a large sheep station on the Murray River, as well as property in Melbourne. Cohen was only 54 when he died in 1877, being survived by his wife and eight children, to whom he left an estate of £29,000.

On that morning in 1875 he told the meeting that at that stage of the year the hospital looked like equalling or exceeding the previous year's record of treating over three and a half thousand in-patients and over twenty thousand outpatients. On the financial side, although the annual government grant remained low at not much over £15,000, the hospital had done well that year from the "Hospital Sunday" collection, receiving over £3,300.

Cohen then moved to the main interest of the morning, the election of the medical staff. There were no surprises with the physicians, who were announced first, except that Patrick Moloney, a young Melbourne graduate, topped the physician's poll. Then came the announcement of the surgical appointments. It would have been to his immense pleasure that Beaney heard his name read out first, with over fourteen hundred votes, followed by Fitzgerald, James and Howett. Drs. Barker and Rudall were "retired". Many of the hospital staff then present regarded these retirements as disappointing and as an embarrassment to the hospital, given their previous conscientious service.

James Beaney and his wife Mary entertained a small group of friends well that evening in the Crystal Bar at

the Theatre Royal in Bourke Street, before the program commenced and during the interval. The group included his publisher Baillière, David McArthur his banker, known affectionately by those who had been recipients of his generous loans, as 'The Squire from the Heidelberg Hills', McArthur's wife Elizabeth and Dr. John Webb and his young wife. Webb had also been elected to the hospital that morning as Assistant Surgeon and, although somewhat in awe of Beaney, would have been delighted to receive the invitation to celebrate with his senior colleague. Madame Fanny Janauschek from America, who was performing that night at the Royal in *Chesney Wold*, a drama adapted from the novel *Bleak House* by Charles Dickens, accepted Beaney's invitation to join them for supper after the show.



Figure 6: Dr. Beaney  
in his academic gown.

Fanny Janauschek was born in Prague in 1829 and went to America at the age of 38, speaking only German. However within three years she had mastered sufficient English to appear on the stage and become famous as a Shakespearean actress. Like many other world-acclaimed actors and actresses (then a politically correct term) at that time she was attracted to the theatres of the great southern city of Melbourne.

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