

‘Childbirth and infant mortality’ tragedies facing women in earlier times (the example of Gran Joscelyn’s mother Hannah Goodall Murray Cocker) - excerpt from Cameron Richards’ “Ancestral memories and ‘lost family histories’ (2026)

As was reinforced to me when writing my related book *Prosperous: The Kennedy Murrays and the origins of historic Evandale in early Colonial Australia* (2025), a key focus of many past family histories has often inevitably been on the achievements or struggles (and related records that can be found about this) concerning the men in a family generally. This was linked in part to how family fortunes were so often closely linked to the work efforts and occupations of husbands and fathers, and also to how such efforts were generally and typically reflected in available home, business, and other related records.¹

By contrast, women in early modern Australia (as throughout much of human history) mainly feature in family memories or oral histories as well as the surviving records of births, marriages, and, of course, also ‘deaths’. Thus, there are typically big gaps or omissions in the official records that were often only compensated for in those ‘oral history memories’ of how the very survival of families was often largely owing to the resilience of these women. This was especially so if their husbands (i.e. the fathers of their children) met tragic early deaths or simply ‘ran off’ (which was also not so uncommon in early colonial Australia). In my book *Prosperous* this was clearly demonstrated in the epic and generally resilient struggles (and often related tragedies) of my ‘great grandmothers’ Ann White, Hannah Goodall, and Clarissa Littler (and others in the family like KM Sr’s second wife Ann Parker and KM Jr’s first wife Sarah McQueen).²

In the introduction to this present book, I mentioned in passing a ‘special bond’ with my paternal grandmother Joscelyn Cocker Richards (along with that also with my maternal grandmother Irene Tardent Murray) – and how this was further reinforced by a later awareness of her similar ultimate resilience in the face of some very challenging family tragedies in her life. As I have aged, I have increasingly realized the extent to which these tragedies have

¹ This situation has of course changed in recent times. But there have long been exceptions. In the *Prosperous* book I discussed how upon his second marriage to governess Hannah Goodall (upon the death of his first wife Sarah), Kennedy Murray Jr changed the title records of his farm to include Hannah as ‘half-owner’ of this.

² In the *Prosperous* book also, I was able to show that regular later claims that Kennedy Murray Sr ‘ran off’ from his first wife Ann White (and he was a ‘colonial cad’) were demonstrably false. On the other hand, there were many examples within the Murray family history of husbands meeting early tragic deaths and ‘the Murray women’ proving to be amazingly resilient with surviving young families. An exemplary instance was KM Jr’s daughter Annie Murray Martin (the Evandale teacher and librarian whose husband – (police clerk and Evandale community organiser John Saffery Martin) died early whilst she was pregnant with their seventh child – who died in or just after birth like Annie’s three earlier babies. My ‘gran Joscelyn’s mother Hannah Goodall Murray Cocker had three other Murray aunts (three other sisters of Annie) whose husbands all died tragically young leaving them with immense challenges in difficult circumstances to raise their families alone (except for some additional family support). I also stumbled on evidence indicating that before she was incarcerated in 1820 for the rest of her life in NSW lunatic asylums (for 46 years – believed to be the longest such asylum incarceration in all Australian colonial history), that Kennedy Murray Sr’s second wife Anne Parker had either lost in miscarriage or other ‘infant mortality’ a fifth child. Already with four young boys at this point on a remote small farm, it is feasible that her mental illness (possibly brought on by this death of a child) may have been some variation of extreme ‘post-natal depression’.

impacted others 'within the family' over generations and, so, remain significant 'ancestral memories' that perhaps need to be remembered also.

It is now known that up until the early 20th Century a significant percentage of babies died either during the process of childbirth or soon afterwards as 'infant mortality' (it's estimated that until then around 10% did not survive their first year). There were various reasons for the deaths of a child or even the mother in the process of childbirth (linked to prolonged or obstructed labor issues) as well as soon afterwards (e.g. septicemia infections and 'postpartum haemorrhage') related to often inadequate medical knowledge or appropriate hygiene and other practices. In particular, a relatively large number of women dying giving birth suffered 'internal hemorrhaging' conditions that were often inevitably fatal [*Author's note: after suffering such a condition myself recently as a medical emergency where was lucky to survive this, am now only too aware of how it was such a big risk for women in childbirth in earlier times – and still today*]. In Hannah's case the question remained {at an early stage of my investigation at least) whether the death of the baby was possibly due to a 'lethal intervention' (e.g. the dangerous use of forceps possibly causing fatal head trauma or internal hemorrhage) from a mistake made by the doctor in attendance.

I grew up realizing that my father carried 'a few demons within'. I knew that this was linked to how when he was just ten years old his own father had died prematurely and the large family business that he had been earmarked to inherit was effectively lost. And so, I only later began to understand just how this event along with some other earlier tragedies had taken a much greater and terrible toll on my grandmother than I had previously realized – and how these also had further impacted my father (as well as his siblings) growing up along with his life options and choices. Gran Joscelyn had evidently suffered greatly and struggled valiantly before achieving the sort of equanimity (on top of her empathetic kindness to others all her life) that I know from my experience of her that she did achieve later in life. In particular there was another family tragedy especially effecting Joscelyn (and especially the two families of the two Cocker brothers marrying two Murray sisters particularly close to their immediate brother 'Harry Murray VC' – see Chapter 4) when she was only 16 years old. After some understandable grief-stricken 'blame' for the drowning of a younger cousin on a family outing was unfairly shone in her direction,³ she had to leave the Launceston home of relatives and also effectively give up her 'education' and some related future prospects to return home to the remote Lower Barrington family farm.

But some years earlier when she was just four years old, there had been yet another terrible family tragedy that greatly impacted her life. My 'gran Joscelyn' was born on the 10th March 1909 the first child to her mother Hannah Goodall Murray Cocker (and father Joshua Reynolds Cocker) – who married in 1907 (see attached pic of a beautiful and beaming Hannah at that time). In June 1910 Hannah (also known in the family as 'Micky') had had a second child – Benjamin Murray Cocker – who died within a few months. She then immediately got pregnant and gave birth to another child also then named Benjamin Murray Cocker. And although this next child did survive, Hannah immediately got pregnant again months after the

3 This cousin had disappeared under the water and Joscelyn had apparently done her best by diving in to find the boy and then unsuccessfully attempted to resuscitate him. David Cocker was not just the second child for mother Annie Summers Murray Cocker – but also the second child named David after both his father and grandfather. The first son named David Cocker had died in childbirth so the terrible anguish and grief of Annie (youngest sister of Harry Murray VC) can at least start to be understood if impossible for another to ever fully grasp.

birth. But the next child also died within six months of birth. She must have become increasingly worried and concerned about her 'role' to bear children as she then immediately got pregnant once more after this. And then came the tragedy where it apparently all became too much, and the related grief and sadness experienced simply too unbearable.



Hannah Goodall Murray with her new husband Joshua Cocker on their wedding day 1907

The few vague facts commonly known in the family were as follows. On 14 March 1914 Hannah (from the nearby Lower Barrington Cocker family farm) was in the Sheffield private hospital to give birth once more. Hannah then somehow 'lost her baby' in the process of childbirth in the hands of the local doctor (and surgeon) - a 'Dr. Ratten'. And also, somehow as a result, Hannah suffered a severe traumatic breakdown before having to be sent away to spend the next four years or so recovering at a 'sanitarium' in Melbourne. There has been a persistent rumor in the family over generations that the death may have been the result of an error by the doctor. But how much credence might be given to this?

A 'maiden aunt' sister (Jenny Murray - known in the family as 'Nin') had then come into the family home after Hannah's return from Melbourne to assist husband Joshua Reynolds Cocker with looking after the children. When Hannah returned home just over four years later, the family consensus was that she was 'never again the same' as before. Nin thus generally and regularly remained as the effective caretaker of her sister until Hannah entered a nursing home in her late years with early dementia (see photo below taken of Hannah and Nin not long before this in c1958) – as well as helping to care for and raise the children including Joscelyn. But as much as Joscelyn also loved Nin, her mother going away when she was just four years old and then only returning significantly changed when she was nearly nine years

old (arguably the most sensitive period in anyone's life) evidently impacted her life and psychology significantly.



C1958 'Cocker women' pic. L to R Clockwise – Hannah Goodall Murray Cocker, Joscelyn 'Billie' Richards, 'Gran Joscelyn' Cocker Richards, Cousins Kathleen and Marjorie Cocker, Hannah's older sister Jennie 'Nin' Murray

As noted in passing above, it has only been in recent years that I discovered that there was a further 'hidden secret or lost memory' within the family that some thought Hannah's dead child (and her resulting traumatic breakdown) might have been somehow related to a possible 'qualifications fraud' linked to the doctor known to have been involved in the delivery. Indeed, one older cousin (no longer around) had apparently claimed that there were known to be gravestones in the cemetery at Sheffield (where Hannah had gone to have her baby) proclaiming *'another patient killed by 'Dr. Ratten'*. Recently made aware by yet another cousin that this 'doctor' was a notoriously controversial case in Tasmanian medical and general history, I decided to further investigate to see for myself if he might indeed have some responsibility for not just the traumatic breakdown of Hannah (as well as the possible death of her child), but the related impact on the wider family that has apparently resonated down the generations.

The inter-linked story of the doctor and surgeon (Ratten) who treated Hannah

'Dr' Victor Ratten had come to Sheffield, Tasmania, from Queensland (and NSW before that) in mid 1907 to take over a local private medical practice he had just acquired. This was immediately after presenting his recently acquired credentials (from the USA after a brief 'holiday' there) as a certified doctor and registering with the Tasmanian medical board in Hobart. He had made a 'larger than life' impression on this quiet country town from the start. He was wealthy, handsome, and clean-shaven (rare at the time apparently) with a beautiful new young wife who was a talented singer (after having just married a few months earlier). Soon after his arrival he bought a local house and then proceeded to build up a lucrative private practice. This included the building of a new private hospital and surgery next door to his elaborate home. Later retrospective reports suggest that he then proceeded to become a reasonably proficient self-taught surgeon by practicing on the local rabbits (local gossip only half in jest had it that '*there wasn't a rabbit in Sheffield left with an appendix*'). And soon there was a mysterious local human appendicitis epidemic that provided the pretext for Ratten to further practice on humans.

But it was perhaps as a sportsman that he most impressed. He had become an opening batsman for the town's cricket club soon after arriving, and the club's patron the following year. In 1909 he had become president of the district football association and donated the competition's annual trophy. He also chaired the local tennis club and was vice-president of the local fishing club. He had also become soon after his arrival a noted racehorse owner in northern Tasmania, was known to enjoy pigeon-shooting and billiards, and regularly imported expensive fast cars from Europe at a time when few others owned a car. And on top of all that he became attached part-time to a Tasmanian Light Horse Regiment as its 'medical officer'. He likewise had been similarly appointed as the 'health officer' for the local district council and had additionally become a local 'justice of the peace'.

But in 1911 his medical credentials (and his general character as a supposed trusted figure in the community) were first being scrutinized as suspicious. This was when he applied to join the newly-formed Tasmanian branch of the British Medical Association (BMA) – but they had rejected his application because of serious doubts about his American qualifications. He had been trained as a dentist in Sydney in 1899 after being educated in a private school run there by his father (later a Church rector in Tasmania) – before moving to a dental practice in Brisbane in 1903. Over the next decade or so, scrutiny became increasingly focused on how early in 1907 (just months before presenting this in Hobart) he had obtained a medical certificate from a short-lived medical college in the USA with a suspicious reputation after an apparently brief holiday there at this time.

But locals in Sheffield and other parts of northern Tasmania who had dealings with him were perhaps not really aware of all this or, if so, many discounted such claims as false gossip. It was also in 1911 that they also generally ignored his suspicious central involvement in a well-publicized horse race-fixing event where crucial but convincing evidence suspiciously 'disappeared'. But remaining evidence (and related suspicions that he had dishonestly orchestrated the whole affair (as an unscrupulous racehorse owner) had been sufficient to see him '*banned from Tasmanian racecourses for life*' – even if this was quietly

set aside a few years later when he became a major player in the Hobart racing scene after moving there.⁴

In 1914 just months after his involvement in Hannah's childbirth tragedy, Ratten had suspended his local medical practice to go off to war with the Light Horse Regiment he had been attached to part-time for several years. He served for a few months at an Australian war hospital in Egypt (supporting the Gallipoli wounded) before returning on a hospital ship some months later. He was supposed to then return to his regiment back in the Middle East, but suspiciously never did – although he was evidently happy to promote his image at home with photos as a dashing army officer (see pic attached). It appears that more people were realizing that he was proficient in certain selective kinds of surgery – especially appendicectomies – but that his further medical knowledge and practice was apparently questionable in certain other respects when this should not have been the case.

Within a couple of years of his return to Sheffield from the War, Ratten had sold off his local house and private practice as well as adjacent hospital at Sheffield. This was after he had been appointed in 1917 by the Tasmanian government to take over the vacant position of surgeon-superintendent for the Royal Hobart Hospital. It was at this point that there were growing accusations of possible medical qualifications fraud made against Ratten by the same BMA association that had rejected his application in 1911. Eventually this resulted in the government announcing a Royal Inquiry into this claim. After this Inquiry was long-delayed and then prematurely shut down (ignoring demands that the inquiry directly investigate the short-lived Chicago college that had awarded him his questionable certificate obtained on such a hasty and suspicious basis), the government declared that Ratten had been officially 'exonerated'. And when the medical board announced plans to appeal this decision to the High Court of Australia, the Tasmanian government amended the State Medical Act of 1918 to invoke a 'statute of limitations' specifically aimed it seems to allow it to confirm its 'exoneration' of Ratten as well as to 'legitimize' medical qualifications fraud in retrospect.⁵

In other words, the Tasmanian government at the time were effectively conceding that Ratten's qualifications may well have been 'fraudulent', but that they thought he was such a good surgeon in some respects that it did matter as far as they were concerned. Naturally these were actions taken to effectively cover up their own questionable decisions and appointments – as well as to protect Ratten.. This surely could not happen today – and would be seen as possibly criminal negligence as well as disgraceful corruption? But Ratten's political and social connections (later consolidated with his similar conflicts of interest after being 'banned for life' to become the most powerful figure in Tasmanian racing)⁶ as well as his unchallengeable powerful position at the Royal Hobart Hospital meant he was generally 'untouchable'. This was despite open knowledge circulating Hobart about his wild, flamboyant, and 'philandering' lifestyle (after separating from his long-suffering wife), which included his regular cigar-

4 See writer Pauline Connolly's fascinating 2017 account of 'the Ally Sloper failed race-fix' involving Ratten (<https://paulineconnolly.com/2017/ally-sloper-and-the-failed-race-fix/>). On her website there are some other writings about related controversies involving Ratten (Connolly indicated there that she was planning on writing and publishing soon a biographical book about Ratten).

5 See Pauline Connolly's related article with research confirming that Ratten went to America in late 1906 with the plan to obtain a fake and fraudulent medical degree from sources that specialized at that time in 'fake diploma mill' colleges' (<https://paulineconnolly.com/2017/dr-ratten-made-in-chicago/>)

6 As well as being committee member of the Tasmanian Racing Club from 1947-1961, Ratten also was for some years the Chairman of the Hobart Turf Club.

smoking ubiquity in racing and high society circles and wealthy acquisition and regular use of not only his Rolls-Royce car but also his own impressive speed boat to travel regularly to his own Derwent Island retreat. Perhaps the most fascinating aspect of the Ratten saga is how he likewise seemed to remain immune from the immense amount of gossip about his quite openly inappropriate private life.⁷

So, whilst Ratten did evidently attain and practice exceptional surgical skills that impressed many people – (at the very least) he also had gaps in his relevant knowledge and his ‘on-the-job training’. And this was further accentuated by a demonstratable basic dishonesty and arrogance in other respects (and in his general character generally).⁸ And while he was similarly no doubt a ‘colourful character’ who obtained uncritical public popularity to some degree as well as political support to maintain his position in the face of exposure about his much later confirmed fraudulent medical qualifications, there seems little doubt that he almost certainly practiced regular ‘medical negligence’ in the sure knowledge that he had also successfully achieved effective immunity from accountability for this. And even if some other surgeons of the day were also guilty of ‘deficient training’ in some respects, few of them were so ambitious as Ratten to both ‘illegally’ and ‘blatantly’ strive to achieve his main goal of fast wealth and wilfully manufactured social respectability in aid of this?

At this point I had become more suspicious that there might be some substance to my cousin’s rumour that Ratten may have had some inexcusable pivotal responsibility for what happened to Hannah – that is, the ‘childbirth death’ of Hannah’s baby in his own hospital on 19 March 1914 (and her subsequent severely traumatic breakdown that so affected my grandmother and others). At this stage I was also prepared to give him some benefit of the doubt. This was even though Ratten’s now demonstrable ‘medical fraud’ (and his evident related ‘overconfident arrogance’ and regular related episodes of dishonesty and deceit concealed by a charming façade and his facility for encouraging ‘complicity’) had raised some valid questions about the death of Hannah’s child and her related psychotic breakdown that had so profoundly affected her children and grandchildren (as well as the rest of the family).

And so, I emailed Hannah’s two surviving grandchildren to see if they could add any light to the situation. One responded to say they believed that Hannah had been operated on for ‘*a miscarriage that had turned septic*’ after Hannah had been hit in the stomach by a gate

7 Apparently Ratten was a well-practiced ‘philanderer’ long before he separated from his wife after moving to Hobart and then lived openly as such there with his flamboyant and wealthy life of escapades with his latest conquest in his Rolls Royce or to his island retreat in his own speedboat. Nurse Nora Buck, the matron of his private hospital in Sheffield decades earlier, had become pregnant there before later marrying someone who was evidently not the father of her child. Buck had returned as a nurse to Sheffield years later (now ‘Mrs. Reilly’) and local gossip (along with by later Buck/Reilly family descendants) seems to have reliably identified Ratten as the father of her daughter Florence.

8 There is a fairly detailed entry about Ratten in the online Australian Dictionary of Biography by the Australian National University (<https://adb.anu.edu.au/biography/ratten-victor-richard-8160>). But it is really a sanitised ‘official’ depiction that generally leaves out the secret if openly ‘flamboyant’ life of Ratten that often included brazen fraud, deception, and philandering, etc. And (while we wait for Pauline Connolly to complete and publish her biography on Ratten) there is a more detailed account of Ratten’s life in one of the articles written by Allen Dyer in a series related to the history of the Kentish District which included the town of Sheffield – go to <https://alandyerbooks.com/104-victor-ratten-sheffields-controversial-and-flamboyant-medic/>

some days earlier to the March 14 surgery. However, the other (my aunt Joscelyn 'Billie' Cocker Richards) replied to provide details not generally shared with the rest of the family of an account of what really happened to cause the psychotic breakdown. This had been shared with only her and a close first cousin of hers (Penny Cocker Bloot'hoofd) by Hannah's sister Nin in c1958 when they were both in the process of becoming young women who might understand.⁹



Victor Ratten. L. as a short-term army officer in WW1. R. as a later 'horse-racing identity'

⁹ In a further exchange with my Aunt (a very experienced psychologist), she indicated her belief that Hannah's traumatic breakdown was perhaps some variation of 'postpartum psychosis' triggered not just by the initial miscarriage but further 'postpartum ligation surgery'. This category of psychosis is still today a little understood form of severe depression and/or psychological 'breakdown' known to affect 1% of 'mothers after childbirth' (assumedly including cases of miscarriage and other childbirth deaths). The symptoms of this condition (which women are at risk from for several months after a childbirth event) can range from mild to very severe - which was evidently the case with Hannah. My Aunt told me how her cousin Penny had suffered mild versions of postpartum psychosis in two of her own three childbirths, so that they both wondered if it might be some tendency within the family. But in this case, we now think that what might have been some variation of postpartum psychosis was it seems partially caused and further greatly amplified by Ratten's apparent unethical persuasion and disingenuous secrecy to use Hannah's case for his own experimental purposes whilst she was in an extremely vulnerable, fragile, and 'unwell' state. He evidently did so with little thought to the potential further impact on Hannah of the resulting 'irreversible sterilization' (including possible further regrets).

Nin's account centred around how Ratten had apparently convinced Hannah to allow him to perform an experimental and apparently unlawful '*postpartum ligation surgery*' (i.e. rendering her fallopian tubes unable to have more children) when he operated on her. So, this seems to be consistent with the other account that a possible miscarriage had been caused by a gate accident on the farm. [We will accept for present purposes that Ratten's diagnostic justification for any surgery was perhaps initially valid – although even this might be questioned]. But it was evidently something else to attempt an experimental ligation surgery without the family (or apparently anyone else except perhaps nurses) knowing anything about this and clearly Hannah in a terribly depressed and grief-stricken state of mind about another lost baby – as well as apparently very ill with the effects of septicaemia from the miscarriage (Ratten's justification for 'urgent surgery'). In other words, Hannah was obviously in no fit state to make such a decision to allow Ratten to experiment on her without real thought to further consequences – and certainly not without informing the family and getting their consent in the circumstances. But these are related matters.

Did Victor Ratten illegally, unethically, and unprofessionally perform on Hannah in 1914 the first experimental postpartum ligation surgery undertaken in Australia?

Postpartum ligation surgery did not become a generally safe and routine procedure anywhere in the world until the 1960s (and not until the 1980s a method of birth control). The Pomeroy method of post-delivery postpartum ligation was actually not developed until the 1930s. All of this started in 1880 when an American doctor Samuel Lungren performed the world's first modern closure as part of a 'caesarean section' operation – so that his method of doing this in following decades was only used in emergencies. Another option to crush and ligate the tubes was not developed until during the first world war by a German doctor (Madlener and his technique). And this was not done anywhere else before the end of that war. In 1895 a Dr Alfred Durrsen performed the first vaginal postpartum ligation as a method of sterilisation. But the British Medical Association (who wanted to ban Ratten in 1918 Tasmania for being 'unqualified' after becoming generally aware of this many years earlier) advised doctors also in Australia that this was 'unlawful' as well as unethical as a method of birth control – and could only be performed in emergency life-threatening situations.

From what we have learnt in our own investigation, Ratten did not perform his 'postpartum ligation surgery' on Hannah as an emergency operation. And it was almost certainly not done as a caesarean operation. From what else we have been able to piece together (including about Ratten himself) this may well have been the unlawful first experimental attempt at practicing the Durrsen method in Australia. As an unqualified doctor (one evidently untrained in 'women's issues' especially) who only learnt to perform appendix and other surgical procedures on the local rabbits just a few years earlier, Ratten clearly did not give a damn about the law nor about the British Medical Association's requirements – let alone about proper 'professional and related ethical standards'.

But it gets worse. We know from Nin's surviving account of certain things that definitely happened with Hannah's treatment by Ratten at the time of giving birth. We now think that Ratten did perform a postpartum ligation on Hannah, and that this was almost certainly a version of the Durrsen method. We also have sister Nin's testimony that Hannah agreed to this surgery secretly without telling any of her family. Nin believed that this happened after Hannah

told Ratten about her previous infant mortality experiences and related fears about the latest apparent ‘infant – and that he then perhaps suggested he could ‘help’ her with this.

It appears that Ratten also then persuaded her to allow him to perform this procedure and to do so secretly – both in relation to the family and the existing legal as well as ethical conventions operating in Tasmania at that time. So, as on a number of other occasions, he clearly had no compunction about acting illegally and unethically – either then or as general rule regularly throughout his ‘career’. But what is most unforgiveable (am not just saying this as a descendant of Hannah) is that he clearly had little or no conscience about the effects on his patients of surgeries that were not so successful.

So, what happened after Ratten’s unlawful and evidently ‘experimental’ surgery on Hannah that made sure Hannah could never have another baby? We also know for sure that soon after this Hannah suffered a psychotic breakdown and was regularly catatonic (according to Nin) for much of the next four years after having to be put into some kind of asylum away from my four-year old grandmother Joscelyn at the time (and her brother Ben). When she came home four years later she was clearly much changed in personality and somewhat of a shell of the woman she had been before. Although generally ‘functional’ back on the farm (and soon affectionate again with her family and often capable of ‘normal conversations’ for some periods) her ongoing further psychological condition was evidently significantly more than just ‘regular short-term memory issues’ - as some in the family have perhaps not accurately remembered as her condition morphed into early dementia.

Nin also told her great-nieces that all of this impacted terribly on not just son Ben (who never forgot how his mother initially treated him like a stranger when she returned) but especially her only other child – her daughter (and my grandmother) Joscelyn. Nin lived with Joscelyn and Hannah for another decade or so after Hannah’s husband Joshua died in 1950. A few years after Hannah had to go into a nursing home with full-on dementia c1960, Joscelyn was able to find some later-life happiness (before her passing in 1975) through marriage to and travel with Noel Bishop. And Hannah herself had recovered sufficiently to at least be a loving wife to Joshua until his passing in 1950 – as well as likewise a loving mother to her surviving children.

So, as the one sister who remained particularly close to Hannah (and also her immediate family) for the rest of her life, Nin was certainly the one person who might have known and remembered the truth of what happened. It seems that she thought that the breakdown was likely to have been mainly contributed to by Hannah’s terrible regrets for allowing herself in a temporary trauma-affected state of mind to be persuaded by Ratten to let him perform his experimental procedure on her to make her sterile. And on top of the death of the child in miscarriage (terrible as that already was) she then had to deal alone with the related burden of knowing that could never have another baby because of decisions secretly made under extreme duress.

Ratten’s demonstrable ‘medical fraud’ (and his evident related ‘overconfident arrogance’ concealed by a charming façade and his facility for encouraging ‘complicity’) – were an extension of the apparent ‘con-artist’ and otherwise dishonest and/or questionable tendencies he regularly displayed on other occasions throughout his life. As indicted, this all raises further valid questions concerning his involvement in Hannah’s evident miscarriage surgery. He had become an instantly ‘trusted’ as well as credentialled ‘practicing doctor and surgeon’ on the basis of a wilfully dishonest use of fraudulent qualifications. And in addition

to this there was his thoughtless duplicity in apparently scheming to use this as a pretext to perform unlawful experimental postpartum ligation surgery.

In sum, then, it can reasonably be said that by his generally confirmed and further apparent involvement in Hannah's case, Ratten has forever attained a certain degree of 'ultimate accountability' also for others within the family over subsequent generations. Adding salt to the wound (more than a hundred years later in retrospect) is how it is equally clear and evident that Ratten never really 'lost any sleep' about the possible adverse effects that either his particular mistakes or his 'fraudulent' career may have had on others. At the very least then, he (or rather his 'memory') should therefore remain forever somewhat responsible for what happened to Hannah and related effects on daughter Joscelyn (my grandmother) and others in the related family history. This present account 'for posterity' might at least try to help to ensure that is the case.



Annie Cocker's 'Wattle and Wrens', Devonport Regional Gallery