

THE END OF TRANQUILLITY?

An exploration of some organisational and societal factors that generated discord upon the introduction of trained nurses into New Zealand hospitals, 1885-1914

by

Anne Smillie

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Abstract

This historical research study examines some of the factors that caused problems for early New Zealand trained nurses upon their introduction into New Zealand hospitals, between 1885 and 1914. Eight incidents in the professional lives of nurses of the period are used as illustrations of the strains and discord that were apparent in this time of change. Analysis of these incidents attempts to answer the question as to whether the introduction of trained nurses into the New Zealand hospital system did add new considerations to problems encountered by nurses in their professional life. The conclusion is that there was a new dimension of difference added to the system with the introduction of the trained nurse. This developed from the evidence that these nurses, particularly if they were also matrons, had to fit into the existing power structures, which were not really ready to accept them, either through choice or lack of foresight. Enmeshed within these considerations is the influence of Florence Nightingale; her effect on nursing itself, and the consequent public and official perception, or misperception, of who nurses should be.

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Introduction

The impetus for this paper arose from an awareness of and a fascination with an episode in the career of an early trained hospital nurse in New Zealand, an interest in finding other such incidents, and in contemplation of what these incidents might tell of the way trained nurses established their role in early New Zealand hospitals. Some preliminary enquiry into the feasibility of this idea turned up various incidents in different parts of the country. These did not all fit neatly into the idea of establishing a domain within the early hospitals, but did illuminate areas of strain that occurred with the introduction of trained nurses in the various parts of New Zealand.

The focus of this paper was therefore adjusted a little to examine these eight incidents in the light of what they might reveal of the areas of discord encountered when trained nurses were introduced to the New Zealand hospital scene. This enquiry also discovered the title of this paper: "This was the end of the 19th Century and so ended 20 years of peaceful tranquillity at the hospital...."¹ Dr Otley was speaking, with hindsight, of events at Ashburton Hospital consequent on the appointment of the first trained matron there.

The incidents actually used were chosen for their variety, the aspect they illuminated, and some geographical spread across the country. Looking for 'incidents' had a pragmatic reason; those things which exemplify 'bad' happenings are recorded and discussed, there is rarely outcry and discussion about 'good' events. These incidents do throw some light on the tensions within hospital nursing of the time. Thus the premise behind this paper suggests that there was an end to a period of

¹Maurice Otley, *The History of Medicine in Ashburton County, New Zealand. Vol 5*, Ashburton Museum, undated, p 50. This several-volume set is an unreferenced, initially unpaginated collection of photos, reports of meetings, newspaper extracts, Dr Otley's own observations, letters and similar. It does not keep to any order as far as dates and episodes go, has fortunately been paginated in pencil at some unknown date and is utterly fascinating.

tranquillity once trained nurses were introduced to New Zealand hospitals. Examination of the incidents and reflection of their implications may establish that this is not an absolute truth.

How were such incidents found? Initially the Reports of the Inspectors of Hospitals in the *Appendices to the Journals of the House of Representatives* (AJHR) were examined, on the premise that any major events would be commented on by the Inspectors. This yielded some suggestions of where to look further at local histories and primary sources. Other incidents were found during this latter process. Local archives within museums, libraries and newspapers were visited where possible in the search for this primary evidence.

This paper looks at the years between 1885 and 1914. This spans the range of incidents examined, but also provides valid start and end points for the study. The beginning year was that in which the government passed the Hospitals and Charitable Institutions Act (1885), which, for the first time since the abolition of the provinces in 1876, bought some sort of order and certainty to government funding for hospitals.² Thus the Boards running them could afford to employ trained nurses, and, because they were female, employ more of them than they had done with male wardsmen.³ The end year is the beginning of the Great War, which certainly brought an end to tranquillity in many aspects of life, including nursing. This date range also indicates that the change to trained nurses in New Zealand was gradual, and was very uneven over the country.

This is an historical research project, based on both primary and secondary sources of information. The time constraints of a one year paper do not allow for full use of primary sources, but every effort has been made to use these where possible. Some of this enquiry into primary sources was able to be done outside the present

²M. Burgess, *Nursing in New Zealand Society*. Longman Paul, Auckland, 1984, p. 6.

³ P. Sargison, Gender, Class and Power: ideologies and conflict during the transition to trained female nursing at two New Zealand Hospitals, 1889-95, *Woman's History Review*, 6.2, 1997, pp.183-200.

academic year. In general, these primary sources consist of the local Board records, newspapers in the areas of the incidents, and official government records such as the *Appendices to the Journals of the House of Representatives*, and the *New Zealand Parliamentary Debates*. Secondary sources have been used to flesh out the primary sources. These fall into two categories; local histories of hospitals and their boards, and studies of nursing and the hospital system in early New Zealand. The local histories are most useful for chronicling developments in their areas and for discussing the various incidents that occurred. Some of the early histories were slightly frustrating in that they did not reference their information, although it was obviously from primary sources.⁴

Sargison has written extensively on the period of the introduction of trained nurses into New Zealand,⁵ Rodgers has examined the development of nursing education in the country,⁶ and a general history of nursing in New Zealand has been written by Burgess.⁷ Tennant⁸ has looked at the system of providing hospital and charitable aid during the time under study. Other sources will become apparent later in this paper. Most of the sources are of New Zealand origin, but investigations into development of nursing in the 19th and early 20th century in other countries, especially the United Kingdom, United States and Australia, are also relevant and useful.

This is essentially a pakeha history because of the sources used. While a Maori nursing scheme was implemented in 1899,⁹ the first Maori woman accepted for full training was in 1905, and the first registered in 1908. It is recorded that the main reason for this delay was the reluctance to accept Maori women into the training

⁴ For example, A. B. Scanlon, *Hospital on the Hill: A Centennial History of the New Plymouth Hospital Board 1867-1967*. Taranaki Hospital Board. New Plymouth, 1967, pp. 24-25.

⁵ P. Sargison, "Essentially a woman's work": *A History of General Nursing in New Zealand, 1830-1930*. PhD Thesis, University of Otago, Dunedin, 2001, and Sargison, *Gender*.

⁶ J. Rogers, *Nursing Education in New Zealand 1883-1930. The Persistence of the Nightingale Ethos, Thesis*, Massey University, Palmerston North, 1985.

⁷ M. Burgess, *Nursing in New Zealand Society*. Longman Paul, Auckland, 1984.

⁸ M. Tennant, *Paupers and Providers; Charitable Aid in New Zealand*. Allen & Unwin, Wellington, 1989.

⁹ A summary of this scheme is found in *Appendices to the Journals of the House of Representatives, (AJHR)*, 1906, E2, pp.15-16.

schools.¹⁰ In none of the local primary sources did I find reference to things Maori; the prevailing view of health and hospitals did not apparently consider it relevant to make specific reference to Maori.

The body of this paper is in five sections. The first section deals briefly with early hospitals and the staff within them, including the nurses, prior to the move to trained nurses. Section Two looks at why trained nurses were introduced into New Zealand and who supported this move, their duties and some of the implications of their introduction. The Section Three chronicles eight incidents in the careers of some nurses, both individually and collectively, within the hospital system of the time, and then there follows a discussion of aspects of note in each case. The order in which these incidents are discussed has been influenced, not by date, but by content and implications. The first one was the impetus for this paper, and the last so positioned because it is an apposite summary of the changes that occurred. The other incidents are ordered into those involving social and moral perceptions, and conflict with others within the health system. The fourth section discusses the question implicit in the title of the paper and examines what these incidents reveal of nursing in the era under discussion, and the final section draws conclusions from this information.

There is another question to be asked; how should we view this particular piece of nursing history? The lenses through which this era is examined could be myriad: the concepts of power and control, gender, developmental processes, history of events, the role of the common worker/nurse, the view from a patient or nurse of the time, are but a few.

The concept of a woman's 'natural' attributes and role is an obvious lens. Florence Nightingale has a lot to answer for to modern eyes,¹¹ and her role in shaping public and official perceptions of what a nurse should be has influenced what nursing is today. The, female, trained nurses' struggles with the male dominated institutions is another aspect of the gender view. It also shades into issues of power, politics and

¹⁰ *AJHR*, 1910, H22, p.10.

¹¹ For instance see Wendy Wheeler, Florence: Death of an Icon? *Nursing Times*, 95, 19, 1999, p.24.

control. The rise of the trained nurse also fits neatly into those histories that look at the nurses as a workforce and examine their training, duties and struggles for suitable employment conditions.¹²

To view these aspects in light of present-day institutions and attitudes, though, may not give a proper appreciation of events and actions. Some knowledge of the public attitudes and social culture of the time is essential. "The historian must somehow reach back and try and understand events, behaviour, and beliefs in their own time and context"¹³ It is not possible, or desirable, to apply today's standards, ethics or notions of correctness, to events of the past that were lived under other social and intellectual contexts entirely.

¹² For example, see S. J. Hanna, They gave their services: The working conditions of New Zealand nurses in public hospitals, 1883 - 1940. *Whitireia Nursing Journal*, (2), 1995, pp. 25 - 37.

¹³ J. Lynagh & S, Reverby, Thoughts on the nature of history, *Nursing Research*, 36 (1), Jan/Feb 1986, 4, 69, p.69.

Section One

Early Nursing in New Zealand Hospitals

As New Zealand's main towns and provincial areas grew there was an increasing need for hospitals. In the smaller areas these often developed from the cottage hospitals that had been established as nursing homes, in the main by women practising as midwives. Typical was "Granny Hughes' Cottage Hospital" established by Mrs Sarah Hughes in Hawera in 1881. This was apparently somewhat lacking in water supply, disinfectants were never used, but it had "surprisingly few deaths".¹⁴ In 1886 the Hospital and Charitable Aid Board (HCAB) for New Plymouth decided, in light of some deaths of patients who had to travel from Hawera to New Plymouth, that if the Hawera community could afford to maintain a hospital then they would make arrangements with Mrs Hughes to accept patients into her hospital. The Board upgraded the hospital and ordered new equipment, and, as well as employing Mrs Hughes, arranged for the appointment of Dr W. C Alexander to look after the patients. This remained the Hawera Cottage Hospital until 1894.¹⁵

Such cottage hospitals were basic, and the nursing, generally provided by untrained women, little removed from simple domestic care. The description of the nursing at one such, unnamed, hospital is revealing;

There were no certified nurses at that time in that particular district; and a kindly old lady, whose largeness of heart was the greatest qualification for the position she held, was in charge. She lived in an adjoining cottage and came on duty early in the morning, and finally left for the night about 9 o'clock. The patients did their best for one-another through the long weary hours of the night.¹⁶

¹⁴*Taranaki Herald & Daily News Supplement*: Hawera, 100 Years of Local Government. October 1981, p.34.

¹⁵C. Clement, *Hawera Hospital 100 Years 1894-1994*, Hawera Hospital Centennial Committee, Hawera. 1994.

¹⁶W.K. Howitt, *A Pioneer Looks Back*. Oswald-Sealey NZ Ltd, Auckland, 1945, p. 225.

The use of patients, or others, as nurses was not unusual. The bylaws of Christchurch Hospital stipulated that any able patient could be called on to help the nurses.¹⁷ In New Plymouth there is an account of a young girl with severe burns being nursed in the hospital by her grandmother.¹⁸ In Wanganui, in 1886, the hospital depended on having patients who were up and about helping the scant nursing staff, especially after the night nurse was dismissed for reasons of economy.¹⁹ Night staff were not necessarily employed, even in some larger hospitals.²⁰ And it appears that, even after modern nursing was introduced to hospitals, putting the patient to work may have been regarded as some sort of treatment.

The girl was not very ill, but she was a nervous kind of girl. I set her to work about the ward and tried to impress her with the idea that there was nothing very much wrong with her.²¹

Hospitals were usually staffed by a Steward, or Warder, and his wife, with perhaps a wardsman to assist, plus a range of domestic workers such as a cook and housemaid. The numbers varied greatly depending on the size of the hospital. In the smallest hospitals all the domestic work, and nursing of female patients was undertaken by the wife.²² The nursing of male patients was carried out by the Steward, who was also the dispenser, gardener and accountant for the hospital.²³ In 1887 the Inspector of Hospitals noted of Patea Hospital that all the domestic and

¹⁷F.O. Bennett, *Hospital on the Avon. The History of Christchurch Hospital 1862-1962*. North Canterbury Hospital Board, Christchurch, 1962, p.94.

¹⁸*AJHR*, 1886, H 9, p.5.

¹⁹R. E. Wright-St Clair, *Caring for People: A History of the Wanganui Hospital Board*. Wanganui Hospital Board Centenary Committee, Wanganui, 1987, p. 21.

²⁰For instance, see Mary Isabella Lee, *The Not So Poor: An Autobiography*, Auckland University Press, Auckland, 1992. p. 67, for an account of what patients did in evenings and nights.

²¹Dr F.C. Batchelor's evidence in Report of Dunedin Hospital Inquiry Commission, *AJHR*, 1891, H1 p.51.

²²Males far outweighed females as patients in New Zealand Hospitals of the time. generally in a ratio of 80:20 in the 1860 - 80s. See D. Dow, Springs of charity?: the development of the New Zealand hospital system, 1876-1910, in L. Bryder, (Ed) *A Healthy Country. Essays in the Social History of Medicine in New Zealand*. Bridget Williams Books, Wellington, 1991, pp. 44 - 64. p. 49.

²³Sargison, *Essentially*, p. 49.

nursing work was done by the daughter of the Warder. In fact, that the whole hospital appeared to be run by this young girl, the Warder being somewhat lazy.²⁴

This view of Steward/Warder was not uncommon, and they appeared to create problems in their areas. In New Plymouth in 1879, the Steward, a Mr Hill, was accused of indecent assault, and although acquitted in a somewhat inconclusive court case, he and his wife left, taking all the pots and pans with them. His replacement was discharged in 1881 for drunkenness and causing a disturbance.²⁵ This man subsequently was arrested, in Wellington, for wife desertion.²⁶

In Ashburton, in May 1884, the local Hospital Committee decided to give the Master and Matron one month's notice to leave. They then redesigned the duties associated with these positions and re-advertised them. Mr and Mrs Mackay were then appointed Master and Matron. Mrs Mackay, although not trained, was described as a "professional nurse" on her appointment.²⁷ For the next sixteen years she held this post while her husband was several times dismissed for 'misconduct' but eventually reinstated until the next dismissal.²⁸ Their duties were apparently to be the male and female nurse at the hospital, and other duties associated with the management of the hospital and grounds. Their whole time was to be devoted to these duties and they had to apply to the Surgeon or Committee for any leave of absence. They were to keep records for the Committee and the Master was to collect the fees from the patients and account for them monthly. For this he would receive 5% of the fees as commission plus the salary of £120 for both of them.²⁹ The combined salary of the previous pair had been £150. In 1891 a nurse was appointed to help Mrs Mackay.³⁰

The main centre hospitals had a similar definitions of roles and duties for staff, just in greater numbers. For instance, in 1881 Dunedin Hospital, which had a daily occupancy

²⁴ *AJHR* 1887, H19, p.19.

²⁵ Scanlon, pp. 24-25.

²⁶ *Taranaki Herald*, 16 March, 1886, p. 2.

²⁷ Otley, p. 12.

²⁸ Otley, pp. 13-14.

²⁹ Otley, pp. 13-14.

³⁰ Otley, p. 21.

rate at that time of 120 patients, was staffed by six male warders, one night warder and one assistant night warder, two nurses, one night nurse and one midwife.³¹

There were nurses in hospitals during this period, nursing patients. An early trained Matron commented "the nursing was done by elderly women but neither in appearance nor in their methods were they very like nurses."³² Many began as housemaids or other domestics³³ and moved into helping patients. Some were called probationers, but there were no formal training programmes or supervision by a trained nurse.³⁴

Studies of nursing history in Britain³⁵ identify another class of nurse; those who were attracted to nursing for religious or humanitarian reasons. In Britain examples of this were those nurses who worked with Elizabeth Fry. In New Zealand this class of nurse was personified by Sister Suzanne Aubert who worked in a variety of fields of nursing in Napier, the Wanganui district, and Wellington during the 1880s. This class of the nurse, allied with the nurse who evolved from a domestic servant, to point the way to the new concept of nursing developed by Florence Nightingale.³⁶

Florence Nightingale's influence extended to New Zealand. Her methods provided a non-religious basis for nursing, but she still insisted that nursing should be performed by "well educated and virtuous ladies to improve the moral standing of the patient."³⁷ What she was initially attempting to do was to legitimise nursing as suitable paid employment for the middle class woman. "Nightingale solved this initial problem by utilising images of the nurse, not as paid worker, but as a quasi-religious

³¹ *AJHR* 1882, H 23, p. 4.

³² Scanlon, p. 29.

³³ Bennett, *Hospital on the Avon*. p. 93.

³⁴ Sargison, *Gender*, p. 191.

³⁵ See, for instance, K. Williams, *From Sarah Gamp to Florence Nightingale: A critical study of Hospital Nursing Systems from 1840 -1877*, in C. Davies, (ed) *Rewriting Nursing History*. Croom Helm, London, 1980, pp. 41-75. or S. Mantzoukas, *Nursing images of the 19th century in the U.K.: the analysis and the lessons learned for the present and the future of nursing*. *ICUs and Nursing Web Journal* (10) April-June,2002.

³⁶ Mantzoukas, p. 4.

³⁷ P. French, *A Study of the Regulation of Nursing in New Zealand. 1901-1997*. Thesis. Victoria University of Wellington. 1999. p. 32.

ladylike philanthropist.”³⁸ This concept of nursing was allied to the traditional ideals of women’s work.

The Nightingale ethos with its allegiance to the traditional belief in women’s responsibility for nurturing, cleanliness and order, along with the truly ‘feminine’ traits of forbearance, endurance and obedience parallel the idealised vision of woman as mother and helpmeet.³⁹

In a colony like New Zealand nursing did seem an extension of a woman’s work. Nurses trained by Nightingale, or at least in hospitals influenced by her system, began arriving in New Zealand in the early 1880s. Some, like Anne Evans (née Clive) of South Taranaki, who had been in the Crimea with Miss Nightingale, worked in the rural areas⁴⁰, but many more gained positions in the early hospitals. It was these nurses, and their training that heralded the move to the formally trained nurse in New Zealand.

³⁸J. Godden, ‘For the benefit of mankind’. Nightingale’s legacy and hours of work in Australian Nursing 1868-1939, in Rafferty, A.,Robinson, J. & Elkan, J., *Nursing History and the Politics of Welfare*. Routledge, London, 1997. pp.170-179.

³⁹ Rodgers, p.1.

⁴⁰*Taranaki Museum Archives, Anne Evans, Papers.*

Section Two

The Introduction of the Trained Nurse

Why did New Zealand move to the idea of trained nurses? The role of tradition and of following the lead of Britain certainly was one factor. Florence Nightingale had established the first training school in London in 1860. Amongst the immigrants from that country were those who classified themselves as nurses, although they were often not formally trained.⁴¹ However, life in the colony did differ from that of Britain. There was no pool of surplus women, and there were few women of the leisured class who could devote themselves to good works and charity.⁴² The drive to reform nursing in New Zealand came from outside the ranks of nurses. It came from the doctors of the colony, the officials associated with the hospital and charitable aid system, and it was made more feasible by the passing of the Hospitals and Charitable Institutions Act of 1885.

Medicine was becoming increasingly specialised and the innovations in surgery and other treatments required a more capable nursing force to be effective. In Dunedin in the 1880s the Honorary Medical Staff increased their demands for a trained nursing staff.⁴³ The refusal of the Dunedin Hospital Trustees to implement this change, and other events, led eventually to a Dunedin Hospital Commission of Enquiry in 1890. The Commission came down on the side of reform and the Trustees agreed to appoint a qualified matron and employ female nurses in most of the wards.⁴⁴ It has been suggested that this advocacy of the trained nurse by the medical profession demonstrated that their "principal concern was to create a disciplined and subservient workforce which would not impose any threat to their own domination of the health

⁴¹ S. Orchard, More 'Women of good character': nurses who came to New Zealand as immigrant settlers during the period 1860-1883, in N. Chick, & J. Rodgers, (Eds) *Looking Back, Moving Forward. Essays in the History of New Zealand Nursing and Midwifery*. Massey University. 1997. pp. 5-16.

⁴² Sargison, Gender, p. 184.

⁴³ J. Angus, *The History of the Otago Hospital Board and its Predecessors*, Otago Hospital Board, 1984.

⁴⁴ Report of Dunedin Hospital Inquiry Commission, *AJHR*, 1891, H 1.

system",⁴⁵ and has been credited with having a major influence over the development of nursing in the subsequent years.⁴⁶ The Dunedin medical staff, however, felt they were campaigning for a better trained and educated workforce to ensure the latest advances in hospital care were used in New Zealand hospitals.

Also supportive of the introduction of the trained nurse to New Zealand were Inspectors of Hospitals. The Commissioners in the Auckland Hospital Commission Report of 1877 pointed out that "the preponderance of evidence established fully the fact that trained female nurses are the most efficient."⁴⁷ Dr W. Grabham, the Inspector in 1884 commended the new nursing system at Auckland and Wellington and suggested that "the example so well set might with advantage be followed by others of the larger hospitals, whose present nursing arrangements are not in accordance, by any means, with modern ideas."⁴⁸ His successor, Dr Duncan MacGregor, was also favourably impressed by the nurses at Wellington Hospital in 1887. He pointed out "the nursing staff struck me as particularly satisfactory. They are well trained, intelligent and ladylike, being evidently drawn from a class very much superior to the old-fashioned hospital nurse of former times."⁴⁹ He repeated this view when discussing Christchurch Hospital in the 1891 report. He felt that the nursing there, while controlled by trained nurses, did not reach the standards of that at Wellington and Auckland Hospitals, and recommended that "the House Surgeon ought to insist on all vacancies being filled by well-educated young women, capable of profiting by special training as every modern hospital of this size ought to impart to its nurses."⁵⁰

In 1885 the government passed the Hospital and Charitable Institutions Act. Its aim was "to provide for the management of Public Hospitals and Charitable Institutions and for the Distribution of Charitable Aid."⁵¹ The main thrust of this Act

⁴⁵Sargison, *Gender*, p. 194.

⁴⁶This is one of the conclusions of Sargison's study, *Gender*.

⁴⁷*AJHR* 1877, H 15, p. 2.

⁴⁸*AJHR*, 1884, 7A, p. 1.

⁴⁹*AJHR*. 1887, H19, p. 23.

⁵⁰*AJHR*, 1891, H7, p. 5.

⁵¹*Hospitals and Charitable Institutions Act (1885)*.

was to establish specially constituted local boards which would take control of local hospitals and other charitable institutions and ensure they had sufficient funds. The source of these funds was fourfold: from rents and profits of land and endowments, from voluntary contributions, donations and bequests, from grants from local bodies who could set a rate for the purpose, and from Consolidated Fund subsidies on the rates and donations. The Boards had overview of all hospital and charitable aid bodies within their regions, and generally appointed sub-committees to oversee the management of their hospitals. This was the first time that the bodies that controlled hospitals had some certainty as regards funding,⁵² although it has been suggested, that the Government expected this Act to reduce the requests for funding because of the requirement of equal contribution from local ratepayers and donors.⁵³ Robert Stout confirmed this view in 1887; "The meaning of the Hospital and Charitable Aid Act is this: - First, it gives you local management; second it gives you, I believe, a cheaper management."⁵⁴ This view was questioned at the time the Bill went through Parliament as some Members felt it would have the effect of reducing local donations and subscriptions as the central government would be paying a greater amount of the costs.⁵⁵ These predictions proved to be correct; this was the seed of central government funding for hospitals that became necessary as local voluntary giving dried up over the next decades.

Another of the consequences of this Act was that Board members felt they could now afford to employ trained nurses. For instance in 1886 the New Plymouth Board decided it was 'expedient' to replace the Steward with a trained Matron.⁵⁶ Other Boards followed suit. In Hawera the commencement of the building of a new hospital in 1892 seemed a good time to suggest that it would need a trained nurse as Matron.

⁵²Tennant, *Paupers & Providers*, p. 29.

⁵³Wright-St Clair, p. 19.

⁵⁴ Robert Stout, *Political Address by the Hon Sir Robert Stout. Premier, NZ. Delivered at Marton on 11 March 1887.* p 12, cited in Tennant, *Paupers and Providers*, p. 59.

⁵⁵For instance see *New Zealand Parliamentary Debates*, Vol 52, p. 29, Mr T.Fergus, MP for Wakitipu.

⁵⁶*Taranaki Herald*. 8 February 1886, p.2.

This evoked a letter to the paper from Mrs Sarah Hughes, who stated she had forty years of nursing and that

during that period, come into contact with every disease to which man, woman or child is subject. Each one of the numerous patients who have been under my care all the time I have had the hospital has been perfectly satisfied with the management of the institution and the treatment of their cases.⁵⁷

The spread of trained nurses was not an even process. In New Plymouth a trained Matron was appointed in 1886, while this did not happen in Ashburton until 1900. The Inspector of Hospitals noted in his 1902 Report that Cromwell Hospital had gone back to the old style management under a man and his wife.⁵⁸ A survey of the 1891 *AJHR* shows that seven hospitals were run by a Steward and his wife, while ten had a trained nurse to manage the nursing and housekeeping. There was no information on the other hospitals. Both the new and the old systems could be combined. The Inspector noted in 1897 that Patea Hospital was now run by a Steward, Mr King, and his wife, and that Mrs King was a competent nurse with a certificate from Guys Hospital in London.⁵⁹

The duties of these nurses were much the same as those of their untrained predecessors. In Patea the first duty of the Matron was that "she shall live in the house and shall devote the whole of her time to the Hospital."⁶⁰ As well as that she was responsible for the inventory of the household goods and furniture, the nursing and laundry work, taking charge of money and valuables for patients, recording the usage of all wines, spirits and ales, and ensuring the cook had sufficient food for the patients. In addition to those duties she could suspend domestics or nurses, provided she reported immediately to the Board chairman, call the religious minister if needed, and tour the wards at uncertain times to ensure that rules were observed and duties done. The other nurses at the hospital had to obey the Matron's rules, wear uniforms

⁵⁷ *Hawera Star*, October 1892, cited in Clement, p. 3.

⁵⁸ *AJHR* 1902, H22, p. 8.

⁵⁹ *AJHR*, 1897, H22, p.20.

⁶⁰ *Bylaws of Patea Hospital Board, Respecting the Patea Hospital*. Appendix 3, Patea Hospital Archives, Patea Museum, 1902. p. 1.

and be of certified good health. There is a hint that they were expected to have a greater knowledge base than that of their predecessors in the definition of their duties that

they shall behave with kindness to the patients under their care, and pay attention to their state and symptoms, especially if these be of an uncommon character, that they may be able to report, if required, to the surgeon.⁶¹

The duties of the Matrons were similar in other hospitals, whatever their size.⁶²

Training courses for nurses were gradually introduced, beginning in 1883 in Wellington and spreading to the other main hospitals, such as Auckland in 1889 and Christchurch in 1891.⁶³ New Zealand was creating its own trained nurses. There is some suggestion that the Inspectors, and the British trained doctors, expected to see the English 'lady-probationer' system introduced into New Zealand.⁶⁴ This was tried briefly in Christchurch and Dunedin but there was not a pool of suitable ladies in the colony. Hence most of the trainee nurses came from lower down the social scale. The view that nursing was but an extension of 'natural' feminine qualities led to some reluctance on the part of hospitals to set up training schools. However they did eventuate slowly throughout the colony.

In 1892 the Matron at Dunedin was instructed to teach the probationers, but, in general, the instruction came from the doctors. The doctors established the syllabus, gave many of the lectures, wrote the textbooks and marked the exams at the end of each period of training. The training was a mixture of emphasis on traditional feminine attributes; "You are required to be sober, honest, truthful, trustworthy, punctual, quiet and orderly, clean and neat, patient, cheerful and kindly"⁶⁵ and practical instruction in anatomy and physiology, nursing practice, ventilation, hygiene, and intensive nursing care. In Dunedin the trainee nurses had to be between 21 and

⁶¹Ibid, p. 1.

⁶²For instance, see Burgess, p. 7, for description of Wellington Hospital Matron duties in 1878.

⁶³See Burgess, p.8 for Wellington, Sargison, Gender, p.184 for Auckland, and Bennett, p. 96 for Christchurch.

⁶⁴Sargison, Gender, p.190.

⁶⁵*Regulations as to training of Probationers in the Practice of Hospital Nursing.* Wellington Hospital, 1883, cited in Rogers, Appendix A, p.103.

30 years old, and were taught in two terms of four months with an exam after each term.⁶⁶ The Christchurch training took two years, with an exam at the end of each year. The Matron lectured once a month on the art of nursing, although this was increased to fortnightly as the demand rose.⁶⁷ There was always debate over what subjects, and how much of them, should be taught to the nurses. In the Parliamentary debate during the second reading of the State Registration for Nurses Bill (1901), one member voiced his opinion that nurses should have some technical knowledge, but not too much, or else this would "spoil them as nurses."⁶⁸ Others reflected this view.⁶⁹

The introduction of trained nurses into New Zealand was not without its problems. In the first instance they were female and, according to Florence Nightingale's and the Inspectors of Hospitals' definitions, of a better class and upbringing than the nurses of the past. This implied certain considerations to be in accord with society's expectations and mores. It meant Nurses' Homes to keep them under supervision and protection. It meant a reappraisal of the view that certain things a nurse might be called on to do could be regarded as indelicate, and it meant that marriage might prove to be a problem, for it was commonly accepted that a nurse should be single.⁷⁰ Dr Duncan McGregor, when considering the growth of nursing in light of the proposed State Registration of Nurses Bill, predicted that one of the greatest difficulties in securing a properly efficient staff of women nurses was rooted in the marriage question.⁷¹ The nursing workforce was thus "hindered by marital relationships."⁷²

⁶⁶ Angus, p. 88.

⁶⁷ Bennett, p. 96.

⁶⁸ *New Zealand Parliamentary Debates*, 1901, Vol 116, p. 180, Mr T Kelly.

⁶⁹ See Sargison, *Essentially*, pp. 101 -103 for a fuller discussion of this view.

⁷⁰ For instance Miss Annie Blackley, Matron at New Plymouth Hospital, resigned on her marriage. She did eventually return to nursing, as Mrs Annie Bayley, running an old people's home. This view of nurse/marriage relationships persisted up until the late 1960s. When I began training several of my class mates left because they married. See also Sargison, *Essentially*, p.144.

⁷¹ *AJHR*, 1901, H 22, p.3.

⁷² D. Dunsford, Too hard a life for a girl. Becoming a nurse at Auckland Hospital 1913-1947. *Woman's Studies Journal*, 12 (1) Autumn 1996, pp. 27-42, p. 37.

The fact that these trained nurses were female was a positive thing according to some; they were cheaper than wardsmen. In Christchurch a correspondent to the *Press* in 1878 pointed out that the current wardsmen at the Hospital cost £610 per annum. They could be replaced with better nurses, and a Lady Superintendent, for £350.⁷³ In Dunedin, the cost of one wardsmen equalled that of two nurses and one probationer.⁷⁴ However, this advantage was negated by the fact that these hospitals would need to build and maintain Nurses Homes. This was a very good reason for some Boards to be slow to introduce trained nurses. The slow provision of a Nurses Home was one of the things investigated in the Dunedin Inquiry.

The nurses also needed uniforms, another cost. In Christchurch, for instance, in 1886 the Board provided an overall sum of £50 for uniforms for all the nurses. In 1896 the Matron asked that washable material be supplied and after a debate lasting into the next year the Board decided that they would change the system and supply each nurse with a uniform, but of the same cloth. The nurses then sent a deputation to the Board, emphasising that five cheaper, washable cotton uniforms could be bought for the price of one of the present ones. This looked like being a successful reason to change until the Board realised that the uniforms would require washing, and this would increase the cost back to the present level.⁷⁵

Other advances increased the cost of nursing too. By the end of the century the eight hour day had been introduced in a proportion of hospitals. Dr MacGregor, supportive of the new nurses in many other ways, saw this as a major problem. It increased the need, and thus the expense, of nursing staff by up to one third, it increased the need for Nurses Homes, and it was wasteful in that, at times, there was not enough work to keep all the nurses occupied.⁷⁶ These views were shared by Hester Mclean, who replaced Grace Neill as Assistant Inspector of Hospitals in 1906. She did not agree at all with the concept of the eight-hour day, and thus working shifts.

⁷³Sargison, *Gender*, p.188.

⁷⁴*Ibid.*

⁷⁵Bennett, p. 98.

⁷⁶As examples see *AHJRs* 1892, H22 p. 9, Auckland. 1898, H22, p 7, p. 24, New Plymouth,

Work first and play afterwards has always been my motto, and I feel sure that it is the natural thing to start the main duty of the day, before any amusement, otherwise the main duty of nursing the sick becomes not so much the main object of a nurse's life as it should be.⁷⁷

Perhaps the greatest cause of problems for the early trained nurse was the fact that this was a change in the system. The employment of nurses in a role that went beyond simple domestic duties, and included a measure of training and education, increased the status of the nurse and necessitated redefinition of the nurses' relationship with other people within the system.

These changes and stresses can be explored by examining incidents that arose in various parts of the country and the following section does that by considering eight specific instances that illustrate how these stresses were manifest.

⁷⁷H. Mclean, *Nursing in New Zealand*, Tolan Printing Coy, Wellington, 1932. p. 47.

Section Three - Eight Incidents

3.1: To Reprove and Instruct

The New Plymouth Hospitals and Charitable Aid Board ("the Board") at its meeting on 5 November 1885 had various items of general business to consider, but one is of special note. It was a petition from 102 local ladies asking "for a committee of women to co-operate with the Board in the management of the district hospital."⁷⁸ There was a general discussion about this, with some disquiet being expressed about the definition of 'management' in this case. The Chairman placated members with the view "that the word 'management' was evidently not intended to have its full significance"⁷⁹ and the Board resolved to thank the ladies for their petition and to communicate, after further consideration, what form of co-operation would be acceptable to the Board.

The Board further discussed the petition at their January meeting. Such discussion was a trifle delicate as the leading petitioner was the wife of the Chairman of the Board. It was finally resolved, at the meeting of 2 February 1886, to accept the petition and the areas of responsibility of the Ladies Committee were defined. They were to visit the hospital, as often as necessary, and they were to monitor the quality of provisions and stores, the cleanliness and condition of the wards, bedding and appliances, and the cooking arrangements. The Steward and his wife, 'the Matron', were instructed to allow the Ladies free access to the hospital.⁸⁰

Also at the February meeting, the Board resolved "that the Board are of the opinion that instead of filling the vacancy caused by the resignation of the late hospital Steward, it is expedient that the New Plymouth Hospital should be placed under the charge of a qualified matron."⁸¹ They discussed what was meant by 'qualified' and decided that the Matron should have a certificate of her fitness from the Lady

⁷⁸ *Taranaki Herald*, 5 November 1885, p.2.

⁷⁹ *Ibid.*

⁸⁰ Scanlon, p. 28.

⁸¹ *Taranaki Herald*, 8 February 1886, p.2.

Superintendent of Auckland Hospital, and the Resident Surgeon.⁸² Appointed to the position was Miss Annie Blackley who had trained at Manchester Infirmary. She came to an old hospital with poor services and a staff of elderly women as nurses, although there were vague plans to have a new hospital built.

On October 13 1886 a letter from Miss Blackley to the Board was reproduced in the *Taranaki Herald*. In it she expressed regret at having to write to the Board and defined the problem as one of divided control;

I was under the impression when accepting the position of Lady Superintendent to this institution that I was to undertake the responsibility of management, particularly so with regard to those employed by the Board in subordinate positions and that they would be entirely under my control.⁸³

She went on to explain that the problem was with the Ladies Committee, some of whom were taking it upon themselves "the duties of reproving and instructing nurses and servants"⁸⁴ and consequently the nurses and servants were upset and threatening to resign unless it was made clear whose orders they should follow.

The Board considered this problem at their next meeting, in committee and with the Chairman's wife present, and diplomatically moved "that the ladies committee be requested in future to be kind enough to communicate direct with the Board whenever they may have anything to report upon in connection with the hospital."⁸⁵ In other words, any complaints from the ladies would not be direct and timely, but be delayed and perhaps submerged in other board business. However, before the next Board meeting, the Chairman had resigned, and the Board then voted to rescind the right of access of the Ladies Committee to the hospital.⁸⁶

Having a Ladies Committee was not unique to New Plymouth Hospital. Such committees were a useful way of channelling any desire by local women to be represented on Boards. They could thus express what was considered their 'natural'

⁸²Ibid.

⁸³*Taranaki Herald*, 13/10/1886, p.2.

⁸⁴Ibid.

⁸⁵*Taranaki Herald*, 10/11/86, p. 2.

⁸⁶Scanlon, p 29.

feminine concerns, without interfering with the running of the Boards. So, the ladies could handle tasks considered too trivial for any male member of the Board to do.⁸⁷ The scope of action of the New Plymouth Ladies Committee was fairly typical of these tasks. What is interesting to contemplate is the Board's decision to set up this Ladies Committee at the very same meeting as they were deciding to employ a trained nurse as Matron. Either they did not look far enough ahead to foresee any consequences, or they thought that the various ladies would see things in the same light.

Miss Blackley can be considered to have 'won' this contest with the Board and the ladies. Her authority was confirmed, the chain of command made clear and the Ladies Committee's scope of action severely curtailed. Perhaps one of the reasons for this success was that she went through the correct channels, rather than through publicity in the press. The New Plymouth Hospital Board was generally regarded, by the Inspector of Hospitals, as being a progressive one. Dr MacGregor categorises a later Chairman as having 'modern' ideas; he was criticising the Chairman at the time.⁸⁸ The Board had the added problem of the Ladies Committee being led by their Chairman's wife, and consisting of the wives of various local community leaders. They appear to have decided, rather bravely in the circumstances, to back their original call for a trained nurse to run the hospital, even if it eventually meant the resignation of the Chairman.

⁸⁷Tennant, M. *Paupers and Providers*; p. 65.

⁸⁸*AJHR*, 1898, H22, p. 24.

3.2: An Uneasy Feeling

In his 1905 Report the Inspector of Hospitals had an uneasy feeling about Ashburton Hospital.

It had been apparent to myself and Mrs Neill for a considerable time that there was little or no discipline in the hospital owing to the extreme kindness, not to say softness, of the matron. The nurses did as they liked, and irregularities of a grave nature had occurred. The Matron was, and is, extremely popular, and the Board shrank from interfering.⁸⁹

The Board was surprised by this opinion. At their meeting of October 4, 1904 they had discussed the visit of the Deputy Inspector of Hospitals, Mrs Grace Neill, and her intimation that there were problems with the hospital and the nursing. However she had "declined to commit to writing any of her complaints."⁹⁰ Following this 1905 Report the Board held a special meeting, with medical staff present, on 17 January 1906 to consider this suggestion of a lack of discipline. At the meeting there was a report from Dr Trevor who spoke well of the Matron, Miss Macandrew. Dr Boyd also said he had no particular complaints, and Dr Hunter agreed that the work of the Hospital seemed to be carried out faithfully. A further member noted that Ashburton Hospital had been said to be the best in New Zealand under the control of the former (untrained) Matron, Mrs Mackay. The consensus seemed to be it still was, and there was no obvious problem.

The old adage about no smoke without a fire then seemed to be applied here. By October 1906 there were complaints about the Matron surfacing. She was apparently making too stringent an economy in running the hospital. She was invited to a meeting to explain to the Board why stocks of blankets were running so low. Later she was chastised for running supplies short. Things came to a head when it was represented to the board that the mattresses and blankets were not fit to sleep on, and that a statement, testified before a Justice of the Peace, had been made alleging that "unless a patient was in favour with the Matron, he was denied the necessities of

⁸⁹ *AJHR*, 1905, H22, p. 4.

⁹⁰ Otley, p. 64.

life.”⁹¹ In the face of this Miss Macandrew resigned in October 1906, and the Board grudgingly recorded “It was decided to give Miss MacAndrew some certificate of character.”⁹²

Some recounting of Miss Macandrew’s history at the Ashburton Hospital will provide background to these events. In 1900 she had succeeded Mrs Mackay, who had been the “matron” of the hospital for sixteen years. Mrs Mackay was very popular with everyone, and apparently kept the hospital in immaculate condition. When she left the Board reimbursed her for all the pot plants she had about the hospital.⁹³ Her husband, the Steward, had been more of a problem, being dismissed in November 1886, re-appointed in October 1889, dismissed again in June 1891 for ‘misconduct’, and at some stage thereafter reinstated as Steward. In 1898 Mrs Mackay was given leave of absence to visit her sick sister in Adelaide. This was her first long absence for fourteen years.

In 1900 the Board began discussing the fact that hospitals now tended to have ‘certified’ nurses in charge, and this should perhaps be incorporated in the new hospital bylaws they were contemplating. They realised Mrs Mackay was not certified, and this could become important when it was found necessary to employ certified nurses, who would then have to work under an uncertified matron.⁹⁴ The new bylaws were finalised in a meeting in February 1900, but not before walkouts from certain committee members and sharp disagreements amongst those who remained. The position of Master (ie: Steward) was abolished, the matron would be assisted by certified nurses and a probationer would be employed. The next month saw the definition of Matron established, including the fact she should be a certified nurse. In April of 1900, Miss Macandrew, who had previously been at Greymouth Hospital, was appointed as matron. Until the apparently poor report of 1904 there was no obvious problem with her work, except a reference to an internal inquiry from the Board into restlessness amongst the nurses, after which the Board resolved “that the Matron

⁹¹Otley, p. 67.

⁹²*Minutes of Ashburton Hospital Board.*(Board Minutes) 29 October 1906, National Archive, CH527/1, Christchurch.

⁹³Otley p. 35.

⁹⁴Otley, p. 30.

should assert her position in conformity of the rules."⁹⁵ In the 1901 Inspector's Report on Ashburton Hospital she had been commended; "Miss Macandrew has made some much needed sanitary improvements here, but much remains to be done."⁹⁶ Even in May of 1906 the Board was receiving the six monthly report of the Hospital Committee that stated

all is going smoothly and the patients seem contented and well-cared for thanks to the skill of the attending medical officer and to the undivided attention of the Matron and staff.⁹⁷

The Board apparently shared views with the Inspector of Hospitals on what constituted a good matron. Throughout the period the Inspector, generally Dr Duncan MacGregor, made clear the need for 'firmness' in this role. In 1887 he noted the presence of cobwebs in the corners of Christchurch Hospital and "the want of proper discipline among the nurses and want of authority on the part of the matron."⁹⁸ In 1889 it was the turn of Wellington; there was slackness in the Matron's department and the large staff of nurses needed firmer government.⁹⁹ Auckland Hospital was singled out several times. In 1896 he noted that there was evidence of a want of discipline amongst the nurses and a spirit of insubordination had been present. He also noted that there had been malingering and that leave of absence had been granted for trivial reasons.¹⁰⁰ He repeated this the following year; 'laxity' was defined as giving time off and holidays for slight ailments.¹⁰¹ His views were generally shared by Mrs Grace Neill, his deputy.¹⁰²

So, if the Ashburton Board had seen fit to question Miss Macandrew's style as Matron in 1901¹⁰³, there may have been something for Grace Neill to criticise in

⁹⁵Otley, p.26.

⁹⁶*AJHR*, 1901, H22, p.5.

⁹⁷*Board Minutes*, 9 May 1906.

⁹⁸*AJHR* 1887, H19, p.5.

⁹⁹*AJHR*, 1889, H3, p.29.

¹⁰⁰*AJHR*, 1896, H22, p.2.

¹⁰¹*AJHR*, `1897, H22, p.4.

¹⁰² See M. Tennant, Mrs Grace Neill in the Department of Asylums, Hospitals and Charitable Institutions, in *New Zealand Journal of History*, 12 (1), 1978, pp.3-16, for discussion of Grace Neill's views, pp.10-11, 15-16.

¹⁰³*Minutes of Ashburton Hospital Committee*, (Committee Minutes) 2 December 1901. National Archive, CH527/34 & CH527/35, Christchurch.

1904, by her standards anyway. Generally Boards were happy to have economies made in the running of their hospitals, so Miss Macandrew must have been remarkably stringent, or else this was an excuse to put pressure on her for other reasons.

An examination of the Minutes of the Hospital Board and Hospital Committee Meetings do not reveal the full story, but do give some hints. The Hospital Committee called Miss Macandrew to a special meeting in August 1906 to explain the shortage of blankets and linen, and upon inspecting what there was of these in the hospital, resolved to order some more, immediately. At the same meeting the Committee set up a complaints book that was to be available to all patients.¹⁰⁴ Thereafter the Hospital Board minutes record the Board's instruction "that the Management Committee if they deem it necessary be authorised to take action with regard to re-organising the whole staff and report to the Board", this was to be done "at once."¹⁰⁵

On 7 September the Committee met to consider a complaint made by a patient; the discussion of this complaint was not recorded in the minutes as it was "in committee" but it was resolved to have another meeting very shortly. Presumably this complaint was that mentioned earlier about the Matron and the necessaries of life. On 5 October 1906 the Committee met again to receive the resignation of a Nurse Clarkson, who was asked to state the circumstances leading to her resignation.¹⁰⁶ A special meeting was called the next day and the order of business for that was revealing - a letter from Nurse Clarkson, a letter from the complaining patient, and a letter of resignation from Miss Macandrew. This latter was accepted, regretting the circumstances. A copy of Nurse Clarkson's statement was supplied to the Matron and Doctor, for explanation, and Nurse Clarkson's resignation was also accepted.¹⁰⁷ On 29 October the Board received "a petition from certain patients asking the Board to reinstate Nurse Clarkson as Matron." This report was tabled, thereafter ignored, and a Nurse Griffin appointed Matron.¹⁰⁸ What really happened, what the background to the complaint was, and what the involvement of Nurse Clarkson was never made clear.

¹⁰⁴ *Committee Minutes*, 10 August 1906.

¹⁰⁵ *Board Minutes*, 21 August 1906.

¹⁰⁶ *Committee Minutes*, 5 October 1906.

¹⁰⁷ *Committee Minutes*, 6 October 1906.

¹⁰⁸ *Board Minutes*, 29 October 1906.

Was it an unacceptable style of management, a specific incident, or some personal failing of Miss Macandrew? Whatever it was, the Committee apparently wanted rid of all connected with the event.

3.3: **Impure or Indelicate**

The Inquiry into the Management of Christchurch Hospital of 1895¹⁰⁹

¹⁰⁹Report of Inquiry into the Management of the Christchurch Hospital. *AJHR*, 1895, H 18, pp.1 - 14.

investigated a whole range of concerns that had been initially sparked by an anonymous letter to the *Star* newspaper in Christchurch¹¹⁰ accusing the hospital authorities of mismanagement and other incompetencies. The Hospital Board had asked that an enquiry be held into this letter and various problems within Christchurch Hospital, and requested that Dr MacGregor run it.¹¹¹ He enlisted the help of Mrs Grace Neill, who actually carried out most of the inquiry. The report of this inquiry sparked a public outcry and eventually an official commission of inquiry was established under the leadership of Dr J. Giles.

It was established at this official Inquiry, that this anonymous letter had been written by Dr Francis McBean Stewart, a recently retired member of the honorary surgical staff at the hospital, although he was still practising there at the time of writing the letter. One of the first allegations made in the letter was in the form of a question:

Is it true that the House Surgeon compels young girls to be present and assist in holding the limbs of men during delicate operations at which none but male attendants should be present?¹¹²

The short answer to this was that it was not true. There were apparently no operations that should be the preserve of male attendants anyway. The control of which nurses attended what operation was the prerogative of the Matron not the House Surgeon, and she had, on a few occasions, excused nurses who had so requested. Dr J Giles, the Commissioner of the Inquiry, then went on to defend the new and modern form of nursing education.

But undoubtedly it is part of the modern system of scientific nursing that those who are training for that calling should accustom themselves to attend operations of all sorts, without for a moment permitting themselves to imagine that there can be anything impure or indelicate in any method by which scientific knowledge and skill are employed in the relief of suffering.¹¹³

¹¹⁰ *Star*, 22/1/1895, p. 3f, cited in Bennett, p. 107.

¹¹¹ The Report of this Inquiry lists about 18 specific questions that needed to be answered.

¹¹² *AJHR*, 1895, H18, p.1.

¹¹³ *AJHR*, 1895, H 18, p. 2.

In fact, he went on to suggest the only 'indelicate and improper' suggestions were those being made by Wardsman Brown, a longstanding employee of the hospital, who "bought up in an older school, and unaccustomed to the scientific spirit of more modern methods, may have felt honestly, though unreasonably, shocked by a system that contravened his prejudices."¹¹⁴ Apparently Brown had been making remarks to probationers during operations about how they might make nurses, but would never be 'ladies'. Dr Giles backed the matron, and her genuine care of the 'moral delicacy' of her nurses, over the concerns of the letter writer.

The change to female nursing, while happening over a period of time in New Zealand as a whole, in Christchurch was generally compressed into the 1890s. Public opinion was slower to catch up with this development. Older patients, particularly those from outside the urban area, were suspicious of the younger nurses. After a complaint from a patient, the Board resolved

In future no sister or nurse shall be required to dress or deal in any way with bladder cases or in any case involving the exposure or handling of the male organ except in extreme emergencies, unless she shall have signified in writing to the house surgeon and matron her desire to become competent to dress such cases."¹¹⁵

The time would come when there were no male wardsmen or attendants to preserve the susceptibilities of patients and nurses but this was obviously a concern during times of transition.

3.4: **Morally and Personally**

The emphasis that Florence Nightingale placed on the moral character of the nurse was accepted by the public. This view was especially demonstrated in Rotorua

¹¹⁴Ibid.

¹¹⁵Bennett, p. 100. This is obviously a quote from an official source but is not referenced by Bennett.

where the story of Nurse Eleanor Maud Pascoe illustrated the public dislike of immorality. Nurse Pascoe's story is lengthy and complicated¹¹⁶ but in brief, she had taken advantage of the Private Hospitals Act (1906) to open her own hospital in Rotorua, in 1911. She had trained at Auckland hospital, graduating in 1901. She ran her hospital as a business, taking in medical, surgical and obstetric patients. She incurred the enmity of a local Doctor, Dr Herbert Bertram, who began a series of attacks on her and her hospital, including publicly stating he would not send anyone to her hospital because she neglected her patients. Eventually he removed a seriously ill patient from Nurse Pascoe's hospital to the local Sanatorium stating

I removed him to the Sanatorium for better treatment. I do not trust Nurse Pascoe. She neglects her patients. She is not fit to be a nurse. She is the type of woman I loathe. I abhor and detest her. Two or three of the wealthiest people in Rotorua would like to get her out of town.¹¹⁷

In 1914 Nurse Pascoe took an action for slander against Dr Bertram and, with a counter-action from him, a very public court case ensued. This case ended abruptly on the eighth day with a published apology from Dr Bertram, who now acknowledged her skills and capacity as a nurse.

Nurse Pascoe had 'won' her point but she resigned shortly afterwards. She may have saved her professional credibility, but during the case it had been revealed, in evidence, that she had been having a relationship with a local public servant.¹¹⁸ This damaged her personal credibility, and with all the other attendant stresses, drove her out of Rotorua. It is a point of interest that her hospital was then taken over by a Miss Grace Castle, who had been supported in her desire to have a hospital, for the previous two years by none other than Dr Bertram.

¹¹⁶For a summary see Kathryn Wilson, A nurse challenges patriarchy, in *Kai Tiaki Nursing New Zealand*, September 1995, pp. 28-29, or Kathryn Wilson, *Angels in the Devils Pit: Nursing in Rotorua, 1840 - 1940*, Karo Press.1998, for the full story.

¹¹⁷ *New Zealand Herald* 24/3/1914, cited in Wilson, K. A nurse challenges. p. 29.

¹¹⁸Wilson, *Angels*. p.158.

As well as demonstrating divergence from the expected in her personal relationships, Nurse Pascoe also showed a certain independence in running a hospital as a business, and in questioning the right of the medical profession to influence her in this role. The expectations about personal morality were a result of Florence Nightingale's views on what a nurse should be. Her insistence on good character flowed on into nursing in many places : "It should never be forgotten that the woman herself - what she is morally and personally - counts as the largest factor in the question of success in nursing."¹¹⁹

The balance of personal morality, social sensibility, and public perception was a hard thing to achieve for the early nurses. While the public was receptive to the view that nurses always should be highly moral, obedient and ladylike, and trained to follow modern medical directives, it seemed that this was to be dissociated from any moves that demonstrated independence and questioning of the medical profession.

3.5: Prompt and Cheerful Obedience

In 1897 the Wanganui Hospital Board appointed a resident medical officer (or House Surgeon) for the first time. This was disapproved of by the Inspector of

¹¹⁹ L. Darche, Trained nursing - Employment for women - No 2. in *The Delineator*, 43 (June 1894) pp. 667-78, as cited in S.Reverby, *Ordered to Care. The Dilemma of American Nursing, 1850-1945*. Cambridge University Press, Cambridge, 1987. p. 49. Darche was a New York nursing superintendent.

Hospitals, particularly in his 1899 Report, as being unnecessary for the size of Wanganui Hospital.¹²⁰ In that report he goes on to say

One result of this change was that a good deal of friction arose between the new resident and the nursing staff, for which I do not think the former was to blame. In fact, our system of female nursing, if it is to be kept within anything like bounds, either as regards its cost or the pretensions of individual matrons and nurses, will require a much stronger and less sentimental handling than most of our Boards seem able to apply it. It is apt to be forgotten that, after all, hospitals exist not for the nurses, but for the patients. The grievances of nurses, which in New Zealand are really very hard to discover, figure far too much in the newspapers.¹²¹

It is unclear if this report was written by Dr MacGregor or by Mrs Grace Neill. She certainly wrote and signed the introduction to that year's Report. What was behind this, rather stern, view of whatever was going on in Wanganui?

The Wanganui Hospital Board, in its meeting in early September 1898, had received a letter of resignation from the Matron, Miss Warmington. This was a surprise to the Board, who wanted to know what was behind it. They had instructed Mrs Stewart, one of their board members, to ascertain from Miss Warmington, the reasons behind her action. Another Board member, Mr A. Higgin, stated that he had it

on good authority that it had been brought about by the very arbitrary action of the house surgeon, and he believed the difficulty would not have occurred had there been properly defined positions for the officials of the institution.¹²²

Apparently the House Surgeon had ignored Miss Warmington on several occasions and had issued orders through the nurses and probationers. There was strong feeling throughout the hospital with the patients, staff and nurses siding with the Matron, and complaining of the House Surgeon's inexperience in hospital matters. The local medical men backed the House Surgeon.

Mrs Stewart reported that Miss Warmington was determined to resign, as the hospital was in a state of muddle and insubordination. She had told Mrs Stewart

¹²⁰ *AJHR*, 1899, H 22, p.30.

¹²¹ *Ibid.*

¹²² *Yeoman*, September 10 1898. p. 9.

that "on the appointment of a resident doctor I found there was no position defined for the matron here. I find this arrangement quite unworkable, hence my resignation."¹²³ The muddle and insubordination had reached a stage where the whole staff threatened to resign. In fact a Nurse Clarke did so. Her resignation and that of Miss Warmington were accepted by the Board. (The cook was dispensed with too, for insubordination).¹²⁴

This may have ended there but then came the newspaper involvement to which the Inspector referred. An editorial in the *Yeoman* discussed the events further.¹²⁵ The editor suggested that if the Matron had real grounds for complaint she should have made it an official complaint. She had not, therefore perhaps she had no real cause. He opined that "there can only be one head of any establishment, and it is the medical man in charge of the hospital who is responsible for the proper conduct of affairs in the institution."¹²⁶ He went on to say that the nurses should obey the resident medical officer's orders "promptly and cheerfully", and then continued his metaphor of authority. "There can be only one captain of the ship, and all on board must obey his orders; otherwise the vessel and those on board would be in continual danger of disaster."¹²⁷ Perhaps he forgot that, along with a captain, a ship should also have a well defined chain of authority.

Miss Warmington 'lost' her argument with the resident medical man, but this was hardly surprising. The development of the health professions in New Zealand in this era is essentially that of the rise of the medical profession. And, like most areas of public New Zealand society of the time, this was the domain of the male. Early nurses had been relatively invisible, working as they did in either their own or the patient's home. With the coming of trained nurses to hospitals the profession became more visible and had more opportunity to come into conflict with male-dominated

¹²³ *Yeoman*, September 10 1898, p. 9.

¹²⁴ *Ibid.*

¹²⁵ *Yeoman*, September 10 1898, p 11.

¹²⁶ *Ibid.*

¹²⁷ *Ibid.*

institutions. Wanganui was relatively forward thinking, as Mrs Stewart was the first woman in New Zealand to be on a Hospital and Charitable Aid Board, although shortly afterwards two women were appointed to the North Canterbury Board. These three women were all off their boards by the early 1900s after expressing frustration and isolation, being outspoken against the male Board members, and for being associated with women's groups.¹²⁸

The medical profession naturally held male views on power and authority. And it is generally agreed that nursing training was under the influence of the doctors; "new definitions of nursing stressed responsibility not to the patient as an employer or neighbour, but to the patient's doctor."¹²⁹ In other words, "trained in hospitals to participate in doctor-directed treatments, nurses were coming under direct medical control."¹³⁰ Agreement with this view was not all on the side of the medical profession. Nurse Sibylla Maude, at one stage Matron of Christchurch Hospital, agreed that a nurse should follow doctors orders; "her duty is to obey without expression of opinion, as after all, the patient is in the doctor's charge, the nurse being required simply to carry out his instructions faithfully."¹³¹ The medical profession generally was not happy to have its professional conduct criticised, especially if this criticism was made public.¹³²

One male model of authority was that of the armed forces, so the comments of the *Yeoman* editor about captains and ships, were in keeping with this. This model also avoided the connotations of master and servant that could have been more troublesome than the alternative.¹³³ Miss Warmington had criticised the ability of the House Surgeon, this had been made public, and so her position was made intolerable. Was this too a legacy of Florence Nightingale? "Models of hierarchy, duty and

¹²⁸Tennant, *Paupers and Providers*, pp. 65-66.

¹²⁹M. Belgrave, *Medicine and the role of the health profession in New Zealand 1860-1939*. in L. Bryder, (ed) *A Healthy Country: Essays in the Social History of Medicine in New Zealand*, Bridget Williams Books, Wellington, 1991. pp. 7 - 24, p. 20.

¹³⁰*Ibid.*

¹³¹S.G. Maude, *Hospital Etiquette*, in *Kai Tiaki*, 1, 1908, p.36, as cited in Belgrave, p.22.

¹³²See discussion in Belgrave, pp.21 – 22.

¹³³Belgrave, p.22.

discipline taken from the military and from the Victorian family...shaped Nightingale's vision."¹³⁴ Nightingale too, was influenced by the prevailing male view of the world.

It was not surprising that the Inspector of Hospitals agreed with the other males in the case, given his views on authority and firmness. His report of 1893 had hinted at previous problems in Wanganui:

This hospital has exemplified during the year the very serious drawbacks which attach to the system of female nursing. I hope the experience thus gained will be laid to heart all over the colony, and impress on those concerned the necessity of avoiding the very appearance of evil.¹³⁵

What prompted this grave comment is so far a mystery, but it does suggest that nursing at the Wanganui hospital was demonstrating strain of some sort.

3.6: **With Flying Colours**

Dr Duncan MacGregor, the Inspector of Hospitals, had visited Hawera Hospital on 3 February 1900. He noted in his report that "shortly before my visit Wardsman Duffy had made trouble, but the Matron was exonerated from all blame

¹³⁴Reverby, p. 52.

¹³⁵*AJHR*, 1893, H25, p. 23.

and her position rightly defined and strengthened."¹³⁶ Apparently Wardsman Duffy had made accusations against the staff of the hospital, in particular Miss Rose Tyres, the 'Nurse in Charge', involving the care of a patient, Mr H. Johnson. These accusations appear to have been that this patient had not received the correct treatment. All sorts of rumours swept the local district¹³⁷ and an Inquiry by a Special Committee of the New Plymouth Hospital and Charitable Aid Board, which had jurisdiction over Hawera Hospital, was set up to investigate the happenings.

The authors of this Inquiry were very definite about what they found. They interviewed the doctors, nursing staff, Wardsman Duffy and several ex-patients and concluded that there was no blame attached to the staff and that the patient did receive the prescribed treatment; "charges made by Wardsman Duffy have utterly failed."¹³⁸ As a result of these findings the Committee recommended the instant dismissal of Wardsman Duffy, and that the role of wardsman be terminated and be replaced by a 'porter' who would do the general work in the hospital grounds. The Committee also decided that in future female nurses would attend all the patients, with certain exemptions,¹³⁹ and that Miss Tyres should henceforth be titled Matron instead of Nurse in Charge. They made many other recommendations, for instance about staff payment,¹⁴⁰ and recording of any cases of insubordination on the part of patients or staff.

Miss Tyres was the trained nurse who had been appointed to the new hospital on its opening in 1894. After presenting its Report into the Inquiry, the Committee considered the motion that she be reimbursed £3/3/- towards the fees for the lawyer she had retained at the hearings. Views on this differed. One member acknowledged that "matron had come out of the affair with flying colours"¹⁴¹ and

¹³⁶ *AJHR*, 1900, H22, p.10.

¹³⁷ Editorial, *The Hawera and Normanby Star*, 22 November, 1899, p. 2.

¹³⁸ *The Hawera and Normanby Star*, 21 November, 1899, p.2.

¹³⁹ *Ibid.* The exemptions were apparently specified in the Report, but not published in the paper - presumably for reasons of indelicacy.

¹⁴⁰ *Ibid.* The Matron would receive £70 per annum, the Porter £50, and the first and second nurses £35.

¹⁴¹ *Ibid.*

should indeed be reimbursed. Another member felt that it was unnecessary that lawyers had been engaged, whereupon

Mr Lepper alleged that if one of the members of the Board had not appeared at the inquiry with an important looking black bag and a busy air, no lawyers would have been engaged.

The debate continued, with the final vote eight to two against the motion. Miss Tyres had to bear the expense herself. She "died at her post" suddenly early in 1900.¹⁴² The inquiry however, was seen as providing a satisfactory end to the rumours and inspiring public confidence in the hospital and staff. "The positions and duties of the various members of staff have been better defined, so there should be more complete rule in the future."¹⁴³

This incident involves one of the occupations that was 'lost' following the introduction of trained female nurses; the male nurse or wardsman. From the beginning of hospitals in the colony male nurses had dominated the nursing field.¹⁴⁴ This was entirely expected in New Zealand, which was both a frontier land with a predominance of males, and a country that had need of troops during the 1860s land wars. Both these cultures provided their own nursing needs; either by rough and ready first aid out in the bush settlements, or by 'medics' in the military settlements.¹⁴⁵ Once hospitals were established in the more settled areas, males provided much of the nursing. In the larger hospitals they were employed as 'dressers', responsible largely for 'first aid'.¹⁴⁶ Disparaging comments were made about the standard of nursing provided by these wardsmen. In Wellington there was a suggestion they were chosen for strength rather than intelligence¹⁴⁷ and in Dunedin there was a plea for 'more

¹⁴² *AJHR*, 1900, H22, p.10.

¹⁴³ Editorial, *The Hawera and Normanby Star*, 22 November, 1899, p. 2.

¹⁴⁴ Alison Bashford, *Purity and Pollution; Gender, Embodiment and Victorian Medicine*, MacMillan Press, London, 1998, p. 33.

¹⁴⁵ Thomas Harding, Male Nurses - The Struggle for Acceptance, *Kai Tiaki Nursing New Zealand*, May 2003, pp. 17 -19. This provides a brief historical overview of male nursing in New Zealand.

¹⁴⁶ Bennett, p.100.

¹⁴⁷ Laurie Bamber & Roy Towers, *Wellington Hospital 1847-1976*, Wellington Hospital Board, Wellington, 1976, p.24.

intelligent' wardsmen after several were dismissed for drunkenness.¹⁴⁸ However their efforts were appreciated by their patients. The first wardsmen at Hawera hospital was Andrew Farrar, "a diligent, suitable attendant"¹⁴⁹ who was transferred to New Plymouth in 1895, and replaced by an alcoholic wardsmen who had to be removed by the Police during a drunken frenzy.¹⁵⁰ In New Plymouth a letter of recommendation was sent to a Steward thanking him for his 'attention and kindness.'¹⁵¹ Once that Steward was discharged, for drunkenness and causing a disturbance, the work of his successors was equally appreciated in a letter to the paper commending "the constant attention of the Stewards, the assiduity of the Head Steward and the gentleness of the man under him."¹⁵² The move to trained female nurses pushed these male nurses out of regular hospital work. Male nurses were retained to work with patients with venereal diseases and delirium tremens, as no respectable woman was expected to work with these cases.¹⁵³ Interestingly, it was intimated during the Christchurch Inquiry that the Inspector of Hospitals had suggested that the older nurses be moved to staff the about-to-be-built venereal ward.¹⁵⁴ Evidently they were the exceptions to this view on respectability.

The emphasis on cleanliness and order that came with the trained nurse may have worked against the wardsmen. It is suggested that they were seen as part of the insanitary conditions prevailing in colonial hospitals; only females could be truly clean.¹⁵⁵ Certainly Grace Neill was of this view, she regarded the wardsmen as "a relic of barbarism."¹⁵⁶ By 1901 the Inspector of Hospitals, in his report of that year, was acknowledging that

Formerly our hospitals were for the most part served by a mixed staff of male and female nurses. Gradually this has been altered, so that now in almost all our hospitals large as well as small, the nursing staff consists of female nurses only,

¹⁴⁸Angus, p. 82.

¹⁴⁹Clement, p.16.

¹⁵⁰Ibid.

¹⁵¹Scanlon, pp. 24-25.

¹⁵²*Taranaki Herald*, 5 August 1882, p. 2.

¹⁵³Sargison, Gender, p.191.

¹⁵⁴Bennett, p.109.

¹⁵⁵Bashford, p.33.

¹⁵⁶Evidence to the Christchurch Hospital commission of inquiry, *Press*, 27 June 1895, p. 3, cited in Sargison, Gender, p.188.

male nurses being still retained to help in the care of such cases as are unsuitable for females.¹⁵⁷

Even in times of war in this era, it has been suggested that female nurses managed to exclude male nurses. In the Great War, male orderlies did much of the nursing, but under the supervision of nursing sisters.¹⁵⁸ The male nurse went into eclipse until well into the 20th century: "like the old-time nurses they were doomed to go and for fifty years remained in an obscurity from which they are now timidly emerging."¹⁵⁹

3.7: Refer to the Committee

Miss Edith Mawe, an English trained nurse, was appointed Matron of Dunedin Hospital in 1891, the first trained Matron at that hospital. She arrived in 1892, and immediately began to be told what to do by the Hospital Committee. They agreed to confirm the appointment of a housemaid but instructed her that all future

¹⁵⁷ *AJHR*, 1901, H22, p.2.

¹⁵⁸ Sargison, *Essentially*, p. 7.

¹⁵⁹ Bennett, p.100.

appointments must be referred to the Committee for approval. She was also not permitted to order stationery, organise repairs to the Nurses Home or establish rules for the laundry at the hospital, without the Committee's consent. In August the Committee informed her that they were appointing a house keeper and that in future Matron Mawe was to confine herself to the duties of nursing and managing the Nurses Home.¹⁶⁰ Her access to the Committee was further limited by the instruction she was to go to the Hospital Secretary, Mr Burns, with any concerns, and regard him as the Committee's representative.¹⁶¹

The instruction to confine herself to nursing duties soon became an area of dispute. She had initially been empowered to engage local women as probationers, but was then instructed to forward all details to the Chairman of the Committee for approval. Her recommendations of suitable women were increasingly disregarded, and consideration of her rules for behaviour in the Nurses Home postponed. The conditions she imposed on her nurses came into question. She apparently expected the nurses to work beyond their rostered hours and the Committee directed her to observe their proper hours,¹⁶² and instructed what the nurses might do in the way of work on Sundays. Miss Mawe refused to sign certificates of training for nurses she had not personally supervised, and when the Committee decided it would do so under the signature of the Chairman, Miss Mawe tendered her resignation.

Miss Mawe's experiences could be seen as similar to those of Miss Blackely in New Plymouth, and Miss Warmington in Wanganui, but it was not so much a lack of definition of role, but the determination of a Hospital Committee to retain power and control over as wide a field as possible. The Committee's control over the appointment of probationers was not unique. The Inspector of Hospitals, in his 1901 Report, criticised the Boards ; "Another evil, which seems inseparable from our system of local government is the unjustifiable interference of the hospital trustees in the

¹⁶⁰Sargison, *Essentially*, p. 72.

¹⁶¹Angus, p. 94.

¹⁶²Ibid.

selection of probationers and the promotion of nursing."¹⁶³ He went on to explain that the trustees promoted and recommended their own friends and thus nurses were not all of a suitable type. Promotion came to those who were not really qualified and thus they were not suitable to train other nurses.

Many of the clashes between matrons and the Hospital Committees or Boards were over probationers. For instance, in New Plymouth, the Matron had reported a probationer to the Board for incompetence, but the Board declined to accept her recommendation and instituted an inquiry into the case. The Matron and senior nurses, and all the honorary medical staff, submitted their resignations, and the Board was forced to suspend the inquiry, resign, and the new Board begged everyone to come back.¹⁶⁴ Hester Mclean recounts a similar incident involving Wellington Hospital.¹⁶⁵

The Committees also tried to dictate the scope of duties for the Matrons. While in Dunedin Miss Mawe's role was being directed away from housekeeping, in Wanganui it was taking another direction. When Miss Cecelia McKenny, the Matron at Wanganui, asked the Board to be relieved of clerical duties so she could concentrate on nursing duties, she was not permitted to drop that aspect of her work and, in fact, was asked "to exercise more care in the making of her returns."¹⁶⁶ In Auckland the role and duties of Matron were in a stage of crisis for most of the years before the First World War. There, the power struggles between the hospital administrators, the honorary medical staff, and the resident doctors were ongoing and involved the Matron as one side or the other sought her help or blamed her for the hospital's problems.¹⁶⁷

It was not just the Boards who concerned themselves with the matrons and their ways of working. Some matrons were seen as unsatisfactory by the Inspectors,

¹⁶³ *AJHR*, 1901, H 22, p. 3.

¹⁶⁴ Scanlon, pp. 58-59.

¹⁶⁵ McLean, p. 75.

¹⁶⁶ Wright-St Clair, p. 29.

¹⁶⁷ See Sargison, *Essentially*, pp. 87-91, for a full account of the problems 1890 - 1912.

and Hester Maclean proposed herself as the best person to judge whether a nurse was satisfactory for that role.¹⁶⁸ Eventually legislation gave the Health Department the power to veto the appointment of a matron, or medical superintendent.

The matrons did eventually acquire control over nursing in the hospitals. Perhaps Miss Mawe may have tried to make change and define her role a little too swiftly for the Committee to tolerate. She lasted less than a year and was replaced by Miss Isabella Fraser, who was still Matron twenty years later, and who achieved many of the things that Miss Mawe had tried to implement.

3.8: An Old System and a New

As far as nursing was concerned the Christchurch Hospital Inquiry illustrated exactly the problem of introducing a new system. The background to the inquiry has been briefly chronicled in Section 3.3, but a little further examination of the role of public and official opinion is needed. The tale of Nurse Christina Cameron is woven into the events of the Inquiry. The report of the initial enquiry by Dr MacGregor and Mrs Neill had been presented to the Board. It contained the observation that there

¹⁶⁸Mclean, pp. 74-75.

was less harmony within the staff of the hospital than there might have been, and that this was the fault of the older nurses on the staff. Dr MacGregor, in accordance with his often-expressed views, saw the building of a Nurses' Home as the opportunity to shed some of the older, untrained staff and recruit nurses of a better sort. The Board, as a means of showing their agreement with these views, dismissed Nurse Cameron, who had been accused of roughness and cruelty to the patients during Mrs Neill's inquiries. On the background of general disenchantment with the Board¹⁶⁹ this caused a public outcry.

Unlike the other nurses, incidents in whose lives have already been examined, Nurse Cameron was not in any way a trained nurse. She had been night nurse in the accident ward of the Christchurch hospital for eight years, and her dismissal came, by letter, while she was on holiday. Public opinion had it that she had no opportunity to defend herself against these charges, and there was much outrage in her cause. Dr MacGregor's report had not recommended any specific dismissals, but his report was linked with Nurse Cameron's plight, and public upset and condemnation of the report grew. It was this that sparked the request for an official commission into the events at the hospital and the initial anonymous letter of allegations.

Amongst all the allegations contained in the letter from Dr Stewart were some that pertained specifically to the older nurses in the hospital. Dr Giles lists as allegation number 13, the statement that "several old nurses who had been in the institution for many years, and had proved themselves good and faithful servants, were a short time ago dismissed without cause, and were only taken on again after public indignation had been expressed on the subject."¹⁷⁰ Allegation number 14 was specifically about Nurse Cameron, and suggested she had been dismissed for immorality and cruelty, without having the chance to defend herself.

Dr Giles chose, initially, to deal with the question of Nurse Cameron. He found firstly, she had not been charged with immorality, but with 'undue familiarity'

¹⁶⁹ See discussion in Bennett, pp. 106-108.

¹⁷⁰ *AJHR* 1895, H 18, p.8.

with a patient, thus breaching the by-laws of the hospital. Evidence at the Inquiry had revealed that she had become pregnant to this patient, and had eventually married him.¹⁷¹ Dr Giles suggested that if this had been known at the time of the public outcry, she may not have had so many supporters.¹⁷² Secondly, Mrs Neill's inquiry had found no intentional cruelty, but that Nurse Cameron's manner to patients had been rough and ungentle. The suggestion that she had no chance to defend herself was refuted. Nurse Cameron apparently knew what the charges were against her and had been interviewed by Mrs Neill. She did not keep a second appointment to see Mrs Neill, and made no attempt to contact the Commissioner of the official enquiry. Dr Giles concluded

the fact that this supposed grievance in the case of Nurse Cameron has so completely failed to be substantiated surely affords some general presumption that, with regard to other nurses also, the Hospital authorities would be likely to judge more accurately of their conduct, their capacity and their fitness for different kinds of duties than irresponsible persons outside.¹⁷³

Nurse Cameron's main problem was that she represented the old type of nurse; the type of nurse that Dr MacGregor felt should be replaced by a more modern, and trained nurse. Tied up in the public support for Nurse Cameron's perceived grievance was a public mistrust of this view. It appeared to originate in class feeling.¹⁷⁴ A different class of nurses was looking at nursing as a career rather than an occupation, and these nurses had greater prestige, and training than those of the early era.

It was felt by many that a privileged class of nurse was being created for the benefit of those who could afford to educate their daughters and that a method of living was being denied girls of a humbler class.¹⁷⁵

Hence, at the public meetings following Nurse Cameron's dismissal, this sentiment was emphasised and those present backed the splendid records of the older nurses.¹⁷⁶ The

¹⁷¹ *Press*, 27 June 1895, p. 3, cited in Sargison, Gender, p.190.

¹⁷² *AJHR*, 1896, H 18, p.11.

¹⁷³ *Ibid.*

¹⁷⁴ Bennett, p. 97.

¹⁷⁵ Bennett, p. 98.

older nurses had not welcomed the new breed of nurse at all. They had referred to them as broken down ladies¹⁷⁷ and were reluctant to teach them anything.

Dr Giles summarised the problem admirably:

The simple fact is that a new and greatly improved system of nursing has sprung up of late years, and it is fast superseding the old system, which had grown up in times when it was not generally understood that nursing is a scientific art, and in a time when popular education had not been generally diffused, and the people had not learned to demand everything of the best quality in their public institutions. That in such a state of things there should be friction between the declining and rising systems is, of course, inevitable, and that the former should manifest its inferiority when exhibited alongside its newer rival is only in the nature of things.¹⁷⁸

He backed the need for reform, tempered this view with a suggestion that this should not be carried out in a harsh or hasty manner, and suggested that the best people to do this were the "professional and responsible heads of the nursing staff".¹⁷⁹ He realised that tensions, 'between an old system and a new' might take form, as they did in Christchurch, in "a cabal which paralysed the authority of the Resident Surgeon and the matron, and the result was to cause such internal friction as to make the position intolerable,"¹⁸⁰ but recognised that this was a natural reaction to times of change. He rather dismissed the notion of a 'cabal' in the true sense of the word.

He was also dismissive of the notion that modern nursing, with its education and refinement, was for fine ladies. In fact, he was certain

that the modern system of nursing is not a *dilettante* business, or by any means suited to the young lady whose listless life craves for a new sensation. Such as she are soon weeded out by the sternness and exactness of modern training, and none are likely to be left except those who intend real and earnest work.¹⁸¹

¹⁷⁶ See an account of a meeting in Bennett, pp.109 -110.

¹⁷⁷ Evidence from probationers to Commission in *Press*, various dates, cited in Sargison, Gender, p.191.

¹⁷⁸ *AJHR*, 1896, H18, p. 9.

¹⁷⁹ *Ibid.*

¹⁸⁰ *Ibid.* Dr Giles quotes directly from Dr MacGregor's report.

¹⁸¹ *AJHR*, 1895, H18, p. 11.

In Christchurch it took this public inquiry to establish the inevitability of change in nursing in New Zealand. In the rest of the country there were similar problems; just not as publicly aired.¹⁸²

Section Four.

An End to Tranquillity?

The question implicit in the title of this paper requires some further consideration. Do these incidents indicate discord within the hospitals? Was Dr Otley correct? Was the coming of the trained nurse an end to the quiet life in New Zealand hospitals? The answer to this rests on the answers to other questions. Were incidents like those chronicled here unique to trained nurses? Of course they were not. Dr Otley himself goes on to record that the tranquillity at Ashburton Hospital was “disturbed only by the meanderings of Master McKay and the unpaid accounts of the less financial

¹⁸² For instance see *AJHR*, 1899, H22, p. 31 re Wellington Hospital and the “inevitable difficulty” encountered by a new Matron.

patients.”¹⁸³ Master McKay’s ‘misconduct’ was probably the result of his alcohol intake, and mention has also been made of the Steward at New Plymouth and his trial for indecent assault.

Such things were not confined just to Stewards. In Wellington, in January 1879, Miss Selina Sutherland was appointed Matron of Wellington Hospital. She was apparently an outspoken, extroverted and unconventional Scotswoman¹⁸⁴ who had studied medicine privately, but had no nursing training. She initially emigrated to the Masterton area where she did much of the nursing needed in the rural community, and pushed for a hospital to be established at Masterton itself. In 1880 she was publicly accused by members of the Wellington Hospital staff of drinking alcohol and behaving in a disorderly manner when she was working. She was cleared of these charges but later in the year was in dispute with the Board again, again over alcohol. She declined to follow Board procedures about alcohol in hospitals, believing that sudden cessation of alcohol was harmful to habitual drinkers, and she allowed patients small amounts while they were in the hospital.¹⁸⁵ The whole thing became a power struggle between Miss Sutherland and the Board and she resigned and went to work in Australia. It is of interest that, once again, a few years later in Sydney, she was accused of insobriety and cruelty, and, also once again, these allegations were judged groundless.¹⁸⁶ However, the fact that two allegations surfaced in two different countries over time suggests that there might have been some truth about her personal relationship with alcohol.

These examples of incidents, before the general introduction of trained nurses, all focus on the personal lives and behaviours of those involved. Did this change with the coming of the trained nurse? Obviously not, as evidenced by the examples of Nurse Pascoe in Rotorua, and the events of the Christchurch Inquiry. In

¹⁸³Otley, p. 50.

¹⁸⁴ See M. McGregor, Selina Sutherland, in *Petticoat Pioneers. North Island Women of the Colonial Era*. AH & AW Reed, Wellington, 1973, pp. 187-191, for a full account of her career.

¹⁸⁵ *Dictionary of New Zealand Biography*, Vol 2. Dept of Internal Affairs, Bridget Williams Books, 1993, p. 492.

¹⁸⁶*Ibid.*

fact the focus on private behaviours may have intensified, and for this we can perhaps point to Florence Nightingale. Mention has already been made of her general influence on perceptions of what a nurse should be, and a little more discussion may be illuminating.

It is hard to separate the vision of 'the lady with the lamp' from the actual advice she gave and the comments she made about nursing; the myth and the reality. From the mythic view the results from the training schools produced a model of the 'ideal woman',

The finished product, the Nightingale nurse, was simply the ideal lady, transplanted from the home to the hospital, and absolved of reproductive responsibilities. To the doctor, she bought the wifely virtue of absolute obedience. To the patient, she bought the selfless devotion of a mother. To the lower level hospital employees, she bought the firm but kindly discipline of a household manager accustomed to dealing with servants.¹⁸⁷

This is the view that was generally espoused by the Inspectors of Hospitals and the public, for it fitted with a host of ideals within the society of that time. Nursing, under Nightingale's influence, "was built on an uneasy alliance among concepts drawn from the sexual divisions of labour in the family, the authority structure of the military and religious sisterhoods, and the link between her moral beliefs and medical theories."¹⁸⁸

Florence's own published views reveal a variable view of society's expectations and attitudes. On the one hand she is enjoining nurses to do what they must, regardless of whether society regards it as men's or women's work,¹⁸⁹ and refuting the popular idea "that it requires nothing but a disappointment in love, the want of an object, a general disgust, or incapacity for other things, to turn a woman into a good nurse."¹⁹⁰ On the other hand she is agreeing with the view that nurses should not be doing any 'physicking' and emphasising the nurses' obedience to the doctor.¹⁹¹

¹⁸⁷B. Ehrenreich, & D. English, *Witches, Midwives and Nurses. A History of Women Healers*. Feminist Press, New York. 1973, pp. 36-37.

¹⁸⁸Reverby, p. 42.

¹⁸⁹Nightingale, F. *Notes on Nursing; What it is and What it is not*. Duckworth, 1859, 1970 edition, p. 76.

¹⁹⁰Nightingale, *Notes*, p. 75.

¹⁹¹Nightingale, *Notes*, pp. 73-74.

Her association with the Crimean War and nursing soldiers was another point picked up both by the public and the nurses themselves. Even as early as the Boer War, New Zealand nurses were offering to go to South Africa to nurse the wounded. The public saw this as entirely consistent; “nurses since Florence Nightingale have shown a desire to alleviate the suffering of the wounded soldier.”¹⁹² The New Zealand government however, was apparently reluctant to support this, suggesting that any desire to do so should be funded by private or public subscription.¹⁹³ Government figures suggested it would cost £125 to outfit and send a nurse to South Africa, but this was seen as extravagant as a trooper cost only £100, and the nurse would not need a horse, and would supply her own, inexpensive, uniforms. Opinion had it that “the patriotic and self-sacrificing spirit of New Zealand nurses is entitled to some recognition, even if it has, perforce, to be limited.”¹⁹⁴

There were various social forces within New Zealand during this period, notably the beginning of the movement towards women's rights and the vote. In the local context this was often manifest in the development of the temperance movement. It has been suggested that the reason for this close association in New Zealand was the social suffering of women as the result of colonial drinking habits.¹⁹⁵ Florence Nightingale's view of the nurse as a lady of good standing and morality was espoused by the public and thus any hint of less-than-perfect behaviour from a nurse was the subject of talk and disapproval.

There were also other implications of this view of the nurse. As nursing became more of a profession towards the end of this period, consideration was raised about nurses' conditions of employment and training.

As 'woman's work' nursing was linked to both unpaid domestic labour and charitable welfare work. Low pay, long hours and inadequate holidays, like substandard accommodation and lack of healthcare, were accepted as 'normal' for

¹⁹² Editorial comment, *Egmont Star*, February 24, 1900, p.2.

¹⁹³ Letter to Editor by M.M. *Egmont Star*, February 24, 1900, p. 2.

¹⁹⁴ Editorial comment, *Egmont Star*, February 24 1900, p.2.

¹⁹⁵ S. Coney, *Standing in the Sunshine. A History of the New Zealand Woman Since They Won the Vote*. Penguin, Auckland, 1993. Incorporates this view in a wider history.

work which was regarded as a woman's duty, rather than a means of earning a living.¹⁹⁶

The hospitals also espoused this view of nursing as it justified the use of cheap trainee nurses. In the discussion over how long a nurse's training should be the number of years was enthusiastically stretched to four in some cases as the lure of a cheaper workforce was appreciated. This also helped in a time when most trained nurses left hospital nursing immediately on finishing their training.¹⁹⁷

The next question to be asked is what other areas of discord do the incidents reveal? And it is here that there is a change after the introduction of the trained nurse. This change could be summarised in suggesting that the trained nurses became involved in the power struggles within the New Zealand hospital system. Several of the incidents chronicle conflicts with quasi-official bodies such as the matron and the ladies committee in New Plymouth, with the opinions of the Inspectors of Hospitals, and the Hospital Committees (Ashburton and Dunedin), and with the doctors and the administration of the Boards (Wanganui). The New Plymouth and Wanganui incidents were essentially about unclear chains of authority, resulting from a lack of foresight from each of the boards.

Much of the power struggle within the system was centred on the Boards, and their dislike of sharing any authority.¹⁹⁸ Dr Giles, in his Report on the Christchurch Inquiry, notes one way in which a Board undermined the powers of both the Matron and the House Surgeon. He was very stern about it;

... the Board should give a loyal and unflinching support to the House Surgeon and the matron in enforcing discipline and subordination, and every servant of the hospital should understand that tale-bearing outside the walls would be visited with summary dismissal. It should also be made clear that for a nurse to carry any grievance direct to the Board, instead of through the matron, would be considered an act of distinct insubordination. It would hardly be credited in some hospitals

¹⁹⁶Sargison, *Essentially*, p.166.

¹⁹⁷Sargison, *Essentially*, p.171.

¹⁹⁸Sargison, *Gender*, pp.192-3 gives examples from Dunedin and Christchurch.

that the Board permitted a nurse, without rebuke, to bring before it a complaint that she had been removed from one ward until another.¹⁹⁹

The Boards apparently liked to hold on to all the power and influence. Even in Patea, where the Matron had the power to dismiss nurses and servants she had to 'immediately' report the event to the chairman of the Board.²⁰⁰

This attitude to who wielded the power within the hospital system would not have suited Florence Nightingale. It has been suggested that she saw her training schools as training 'matrons' rather than just nurses.²⁰¹ She was very clear about who should have control over the nurses and nursing.

The whole reform in nursing, both at home and abroad has consisted in this; to take all power over the Nursing out of the hands of men, and put it into the hands of one female trained head and make her responsible for everything (regarding internal management and discipline) being carried out.²⁰²

Conflict with the medical profession as a whole was not marked, for in New Zealand it was with the backing of the medical profession that trained nurses were introduced. Nurses with some knowledge and reliability were needed to ensure the patients received the best and latest in care. Of course, as the events in Rotorua and Wanganui illustrate, there could be conflict with specific doctors, who did not like the principle of trained nurses, or the individual personalities.²⁰³

The system of administration of hospitals was localised by the Hospital and Charitable Institutions Act of 1885, and its aims were supposedly that of a central and local partnership that would ensure even-handed funding, checks on waste and extravagance, and encouragement of local voluntary donations to keep the hospitals running.²⁰⁴ This last was encouraged by the amendment to the Act which increased the

¹⁹⁹Giles, p.10.

²⁰⁰*Bylaws of Patea Hospital*. p.1.

²⁰¹Brian Abel-Smith, *A History of the Nursing Profession*. Heineman, London, 1960, p. 25.

²⁰²Florence Nightingale. *Letter to Mary Jones*, cited in Abel-Smith, p. 25.

²⁰³Sargison, Gender, p. 193, gives examples of such doctors in both Dunedin and Christchurch.

²⁰⁴Angus, p.125.

subsidy on such donations.²⁰⁵ In fact this partnership did not eventuate and the voluntary contributions all but dried up.²⁰⁶ Funding thus came from local rates and the central government, and the former stirred up questions of power and control and of town versus country.

One other factor that was stirred into this mix was the advances in medicine, and this was the one that involved the trained nurses. The bigger hospitals had started to specialise, such advances needed more money and more educated nurses, and public expectations grew. By 1914 the 1885 Act had been abolished and replaced by a new Hospitals and Charitable Institutions Act that came into force in 1910.²⁰⁷ This began the process of centralising funding and control of the New Zealand hospital system.

Section Five

Conclusion

Any change within a system will cause upset of some sort, but the introduction of trained nurses did find and magnify areas of stress consequent on this change. The incidents examined illustrate this process over time and the country. The introduction of the trained nurse to New Zealand was embedded into an organisational and societal matrix that was influenced by many things. Society's view of the role of women was influenced by traditional attitudes to the family and the roles within it, the

²⁰⁵ *Hospitals and Charitable Institutions Act 1885 Amendment*, 1886, paragraph 11.

²⁰⁶ See *AJHR*, 1892, H 3, p. 2. for a comparison of contributions 1884 and 1892.

²⁰⁷ *Hospitals and Charitable Institutions Act*, 1909.

new political consciousness that led in 1893 to votes for women, and by the prevailing attitudes to morality and public behaviour.

There always were, and would be, incidents involving nurses and the factors that shaped their relationships within the system and with the public perceptions of their occupation. Dr Otley's premise that trained nurses were the catalyst for increasing discord in the hospital system may have been accurate as far as Ashburton Hospital went, for it would have seemed to those concerned that employing a trained matron there brought nothing but stress, workforce upset, and headaches for the Committee and Board.

As far as the personal qualities of the trained nurse, and the public perceptions of these, were concerned, the trained nurse was little different than her predecessor. There was no disturbance of any 'tranquillity' there, for the accepted mores and attitudes of society were generally consistent throughout the period under consideration. However, the coming of the trained nurse did make waves within the administrative institutions of the time. Because the trained nurses were educated to a greater level than their predecessors, were from a 'better' class of woman, and were being appointed to defined positions within the hospitals, they had to fit into the local health structures. These structures seemed not to have thought ahead enough to remove areas of friction; definitions of roles and areas of responsibility, reporting networks and chains of command.

All the above could, and did, engender discord in individual regions. Whether the conditions existing before the arrival of the trained nurse could be called 'tranquil' depended very much on the local conditions. Certainly there were more factors to consider than previously when looking at the fabric of health care in New Zealand hospitals after the introduction of the trained nurse.

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