

**'A PARADOX OF POWER AND  
MARGINALITY':**

**NEW ZEALAND NURSES'  
PROFESSIONAL CAMPAIGN  
DURING WAR,  
1900-1920**

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## ABSTRACT

In this thesis the paradoxes faced by New Zealand nurses as they set out to prove their abilities as nurses to the soldiers in World War I are examined in the context of the wider issue of establishing a profession. The discussion reflects on why nurses wanted to go to war, how they achieved this goal, and analyses the difficulties they encountered in order to achieve professional standing in this setting. It presents a view which challenges the traditional image of New Zealand military nurses as passive players willingly carrying out the traditional work of nursing, clean to the point of sterility, always serene, attending calmly and efficiently to the sick and injured soldiers.

It is argued that from 1883, moves to promote a new system of New Zealand nursing included a deliberate campaign by nurses to limit the place of the untrained in the nursing work force. By fostering the feminine ideal of women's 'nature', their domesticity and duty to care, and assuming special skills to nurse the sick, the stratum of society from which nurses were drawn was more narrowly defined and men were largely excluded. This self imposed image of womanly propriety and feminine skills assisted the emergence of the reformed system of nursing in the civilian sphere, but in military structures it inevitably limited the place of nurses.

Nurses contributed substantially to the nursing of soldiers and readily gained public recognition for this work, yet they struggled to gain credibility for professional nursing within military structures. In war the Victorian notions of women's 'natural' capabilities to nurse reinforced the perception that military nursing was just an extension of womanly qualities and hence was suitable for amateurs. The Victorian notions of gender adopted by the profession whereby its members were required to be womanly, dedicated and morally respectable served to endorse nurses as eminently suitable women to nurse soldiers separated from their own womenfolk. It did not assist nurses as they battled to reinforce their professional status within military hierarchies. Relative to the early hopes and aspirations the gains were small. In the final analysis the traditional belief that nursing was women's work limited the professional contribution that nurses were able to make in war.

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## LIST OF ABBREVIATIONS

AD	Army Department Archives, National Archives of New Zealand.
AJHR	Appendices to the Journal of the House of Representatives.
ANS	The British Army Nursing Service.
ANS(R)	The British Army Nursing Service (Reserve).
ARRC	Associate of the Royal Red Cross.
AWM	Australian War Museum, Canberra, Australia.
H	Health Department Files, National Archives of New Zealand.
NA	The National Archives of New Zealand.
NZS	New Zealand Statutes.
NZANS	New Zealand Army Nursing Service.
NZEF	New Zealand Expeditionary Force.
NZG	The New Zealand Gazette.
NZNJ	New Zealand Nursing Journal. This journal was called Kai Tiaki, The Journal of the Nurses of New Zealand, but has more commonly been referred to in recent years as the New Zealand Nursing Journal.
PD	New Zealand Parliamentary Debates.
QAIMNS	Queen Alexandra's Imperial Military Nursing Service.
QAIMNS(R)	Queen Alexandra's Imperial Military Nursing Service (Reserve).
RRC	Royal Red Cross.
VADs	Members of the British Voluntary Aid Detachments Scheme, a British organisation for amateurs to assist with the nursing of soldiers.
WA	War Archives, National Archives of New Zealand.
WTU	Alexander Turnbull Library, Wellington.

## INTRODUCTION

### Women, Nurses, War and History

Historians of women have long been conscious of the need to articulate their relationship to History. They have challenged the notion that women were non-actors by making visible those "hidden from history", and they have exposed the biases of a political history that omitted significant contributions by women. They have illuminated the historical importance of the areas of human experience beyond the narrow political arena, such as workplace, household, and family, and have shown how women figured in them. They have suggested as well that the watersheds of any age - war, revolution, economic crisis, religious reform - had different impacts on women and men.<sup>1</sup>

This study examines the war work of one women's group, New Zealand trained nurses, who participated in the South African War and World War I as military nurses. It reflects on why nurses wanted to go to war and it examines the difficulties they faced in providing a professional service within military structures. During the South African War about thirty New Zealand nurses served overseas as members of the British Army Nursing Service, working at military and civilian hospitals or on hospital ships.<sup>2</sup> Out of a pool of some 1,621 trained nurses, nearly 600 (37%) of the total number of New Zealand nurses joined military nursing services during World War I.<sup>3</sup> Of this number, more than 540 nurses (33%)

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<sup>1</sup> J. W. Scott, 'Rewriting History,' in M.R. Higonnet, J. Jenson, S. Michel and M.C. Weitz (Eds.), *Behind the Lines: Gender and the Two World Wars* (New Haven, 1987), p. 22.

<sup>2</sup> It is not possible to give a percentage of the trained nurse population that went to the South African War as a central record of the numbers of trained nurses commenced in 1903. S. Gray, *The South African War 1899-1902: Service Records of British and Colonial Women: A Record of the Service in South Africa of Military and Civilian Nurses, Laywomen and Civilians* (Auckland 1993), gives the service records of the military nurses during the South African War and Gray estimates that 32 New Zealand nurses served either with the British Army Nursing Service or in a private capacity.

<sup>3</sup> In 1915, the Register of Nurses, *New Zealand Gazette* (NZG) listed 1,621 names of trained nurses, pp. 399-448. By 1919, 2,297 names were listed as trained nurses (NZG, 21 February 1919, pp 471-546). In comparison, during World War II, approximately 693 nurses joined the New Zealand Army Nursing Service out of a pool of just over 12,000 trained nurses.

travelled overseas as members of the New Zealand Army Nursing Service attached to the New Zealand Expeditionary Force.<sup>4</sup> Another forty or more joined the Queen Alexandra's Imperial Military Nursing Service Reserve, the British Territorial Nursing Service, the Red Cross Society, the French Flag Nursing Service, or worked for the Scottish Women's Hospital.<sup>5</sup> They worked alongside British, Australian, American and Canadian nurses in British military hospitals in Egypt, England, Malta or India, at New Zealand and British stationary hospitals and casualty clearing stations in France and Belgium, on hospital ships between Gallipoli and Alexandria, France and England, and transporting the wounded on hospital trains and barges. Some nurses spent more than five years as members of the New Zealand Expeditionary Force, moving from hospital to hospital to provide a nursing service for the sick and wounded.

The dominant interpretation of New Zealand women's part in World War I has been that of on-lookers, their role trivialised in war histories by the fact that they seemed not to exist. During the war and immediately after, accounts of women's work supported the belief that women were marginal players. While men found it their duty to fight to protect their wives, mothers and children, the popular view of New Zealand women's place during war was, according to popular opinion, to stay

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<sup>4</sup> S. Kendall and D. Corbett, *New Zealand Military Nursing: A History of the R.N.Z.N.C. Boer War to Present Day* (Auckland, 1990) give the number as 560 and suggest that 620 nurses participated in military nursing. Hester Maclean, the Matron-in-Chief of the NZANS records 579 members of whom 31 were masseuses. I have identified 549 members of the NZANS. Headquarters, New Zealand Defence Force files on nurses who joined the New Zealand Army Nursing service on overseas duty are incomplete with the files for 485 nurses and 16 masseuses having been found. Another 4 masseuses worked overseas and the names of 50 masseuses have been identified. These women possibly worked in New Zealand military establishments. Refer to Appendix B for the names of masseuses and Appendices C and D for names of the New Zealand military nurses who have been traced.

<sup>5</sup> During the collection of data 49 New Zealand trained nurses were identified as having been in England or travelling to England in order to join military nursing organisations. New Zealand does not hold the files of those nurses who joined overseas nursing organisations and requests from the major British military museums and archives did not produce any data. British trained nurses working in New Zealand who went back to England to join the British nursing services have not been included in the numbers. Refer to Appendix D for names of these nurses.

at home and help with the packaging of Red Cross parcels. While women received praise and admiration for their womanly work, their image remained that of passive participants in a world of fighting men.<sup>6</sup> Jane Tolerton has suggested that Lady Liverpool, wife of the Governor General, set out the prescription for New Zealand women's war-time work. On the cover of *Her Excellency's Knitting Book* women were advised of their role in war:

For Empire and for Freedom  
We all must do our bit  
The men go forth to battle  
The women wait - and knit.<sup>7</sup>

This thesis challenges the interpretation that all New Zealand women were passive players in war. New Zealand trained nurses were eager to join the war effort, to prove their professional capabilities and to show their patriotism. World War I provided trained nurses with the opportunity to attempt to change the existing structures of military nursing and they enthusiastically joined with nurses of other nations in providing an indispensable service for the sick and wounded. Throughout their military nursing experiences nurses confronted complex social situations that reinforced the traditional beliefs about women's work which, in turn, shaped nurses' contribution to the war effort. In order to emphasise their professional status within gender-based professional and military hierarchies nurses adopted various strategies to prove their womanly qualities and to ward off the untrained women who practised nursing. These strategies, however, were undermined within military structures by the profession's own emphasis on women's duty to care, even though the particular nursing skills gained through training were identified as a useful service to the army.

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<sup>6</sup> 'Women in Print', *Evening Post (EP)*, January 1915 to February 1918.

<sup>7</sup> J. Tolerton, *Ettie: A Life of Ettie Rout* (Auckland, 1992), pp. 102-103.

While this thesis focuses on the New Zealand military nurse, it begins with the wider issues of professional development of New Zealand nursing.<sup>8</sup> It shows the development of nursing as a gendered profession which elevated womanly concerns and values. Strong professional leadership and an adherence to the belief in women's claim to be morally virtuous women were required in order for nurses to replace the untrained women employed as nurses. It is argued that, from 1883, the moves to promote a new system of New Zealand nursing included a deliberate campaign to limit the place of the untrained in the nursing work force. This campaign continued to direct the strategies nurses used during World War I to ward off the amateur war-time workers brought in to help with nursing duties.

Three histories on the development of the nursing profession have influenced this research. Susan Reverby's book, *Ordered to Care: The Dilemma Of American Nursing, 1850-1945*, analyses the complex development of American nursing within hospital settings between 1850 and 1945.<sup>9</sup> Reverby examines the ways in which a woman's profession was exploited because of the belief in women's duty to care. She argues that the process of caring, the central tenet of nursing believed to be 'rooted in the cultural soil of womanly duty', was constrained by patriarchal control within hospitals and the larger society. Reverby investigates the strategies that American nurses developed to construct their profession, gain control over their practice and contest the authority of those who challenged nurses' right to care. In the section on World War I she discusses the 'crisis' World War I brought to nursing when the 'desire of thousands of patriotic women to "nurse" ', threatened the standards and professional development of American nursing.<sup>10</sup> Her conclusion that

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<sup>8</sup> The term 'profession' is used as this was the term used by nurses, doctors and government officials when referring to the occupation of nursing during the years 1900 to 1920.

<sup>9</sup> S.M. Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945* (New York, 1987), p. 200.

<sup>10</sup> *Ibid.*, p. 160.

nurses continue to face a dilemma in claiming their 'right' to provide care is relevant to this study. This thesis incorporates elements of Reverby's argument that the professional development of nursing was weakened through maintaining its links with the belief that women had unique abilities to care.

Martha Vicinus in *Independent Women: Work and Community for Single Women 1850-1920*, gives an account of the single women's quest for a public life.<sup>11</sup> Vicinus describes single women's organisations in British society between 1850 and 1920 as a 'paradox of power and marginality, of enormous strength within narrow limits, of unity and support linked with division and doubt'.<sup>12</sup> In her chapter on 'Reformed Hospital Nursing: Discipline and Cleanliness', Vicinus focuses on the British nurses and their fight for professional status. She examines the strategies that the leaders of nursing used to carve out a profession based on women's 'natural' ability to nurse. Vicinus examines the difficulties faced by nurses who based their professional claim on the premise that educated women with impeccable moral standards and skills could transform the hospital environment. She analyses the methods that nursing leaders used to retain their leadership positions as nursing moved from a vocational to a professional basis. According to Vicinus, fighting for state registration and setting controls on those who entered the ranks of nursing augmented the leaders' positions, while 'the mass of hard working nurses were left by the wayside'.<sup>13</sup> A similar pattern occurred in New Zealand. The 1901 New Zealand Nurses Registration Act gave power within confined limits to the nursing

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<sup>11</sup> M. Vicinus, *Independent Women: Work and Community for Single Women, 1850-1920* (Chicago, 1985). The title for this thesis is taken from Vicinus, p. 9.

<sup>12</sup> *Ibid.* p. 9.

<sup>13</sup> *Ibid.*, p. 120.

leaders while the majority of nurses continued to be constrained by long hours, hard work and lack of recognition.<sup>14</sup>

Wai-Fong Chua and Stewart Clegg's *Professional Closure: The Case of British Nursing*, provides the closest equivalent in framework to this thesis. In their study of nursing between the 1860s and the 1960s, they analyse the efforts of British nurses to effect 'closure', the process used by a profession to close its ranks to those who fail to fit the prescription of membership.<sup>15</sup> Although the neo-Weberian theories of closure used by Chua and Clegg are not central to the overall framework of this thesis, the ways in which a professional group develops rules and behaviours that control entry to the profession and limit the admittance of non-professionals are relevant. Chua and Clegg show how cultural beliefs about 'gender, class, vocationalism, morality, discipline and state-legitimized credentials' were used to develop rules to protect nursing as a profession for women with a training.<sup>16</sup> This thesis draws on Chua and Clegg's approach. It examines the strategies of a particular group with a shared ideology that aimed to develop its status within the constraints of womanly concerns.

The archival material obtained for this study has provided a rich source for a discussion of nurses' war-time activities. War, and the experience of military nursing, are presented from the documented viewpoints of individual nurses. Much of this material has not been brought together before and it has provided data from which to describe and interpret the experiences of a largely unrecognised group of

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<sup>14</sup> The Nurses Registration Act, 1901 [1 EDW. VII, 1901, No. 12], *New Zealand Statutes (NZS)*, pp. 22-24. In the short title of the statutes an apostrophe is not used. This convention is used throughout this thesis.

<sup>15</sup> W-F. Chua and S. Clegg, 'Professional Closure: The Case of British Nursing', *Theory and Society*, 1990, 19:2, pp. 135-172. For a theoretical discussion on 'closure' see R. Murphy, 'The Struggle for Scholarly Recognition: The Development of the Closure Problematic in Sociology', *Theory and Society*, 1983, 12:5, pp. 631-658.

<sup>16</sup> *Ibid.*, p. 135.

New Zealand women. In her introduction to *A Woman of Good Character: Single Women as Immigrant Settlers in Nineteenth-century New Zealand*, Charlotte Macdonald states that naming individuals is 'a way of combating the anonymity in which women have languished in many studies of the past'.<sup>17</sup> Following on Macdonald's example, this thesis identifies a number of individual nurses and records their personal experiences as members of the New Zealand Army Nursing Service. It has been possible to build a picture of the life of some of the nurses. For example, Annie Buckley left a diary which recorded her experiences during the war. Her relatives have provided information on her life prior to and following the war. Buckley's diary, however, is the exception rather than the rule. Only one diary of a New Zealand nurse who worked as a member of the British Army Nursing Service during the South African War has been identified. Ten diaries, letters or reminiscences of World War I military nurses have been traced, and eight oral histories recorded by the Nursing Education and Research Foundation as part of their Oral History project in recent years, have added to the personal records of these nurses. For the majority of nurses, however, information is sparse, as they left little evidence of their experience and much of what has been obtained is through brief entries in nursing records. In reconstructing the experiences of military nurses for this research, the names of 549 members of the New Zealand Army Nursing Service during World War I have been identified. Through the use of a wide range of records, it has been possible to construct a collective biography of the World War I military nurses similar to, although not as complete as that constructed by Macdonald in her investigation of a group of single women immigrating to New Zealand in the nineteenth century.<sup>18</sup>

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<sup>17</sup> C. Macdonald, *A Woman of Good Character: Single Women as Immigrant Settlers in Nineteenth-century New Zealand* (Wellington, 1990), p. 10.

<sup>18</sup> *Ibid.*

Until recently, the place of women and nurses in war has been largely ignored by historians. A number of writers imply that women were seen as largely invisible players in the all-male preserve of war. In his study on how German and British men confronted modern war, George Mosse states that 'Women will hardly enter our story since their public image among men at war was largely passive, in spite of their presence at the front as nurses, vital to the success of the fighting'.<sup>19</sup> According to Mosse, war was seen as an all-male preserve, an invitation for the truly brave soldiers to see death as an honour for one's country. Summers, in her work on British women and war, states that traditional histories of British women's war-time work provided women with the images of the 'quintessential civilians', the furthest removed from the machinery of warfare, involved in war but nonetheless removed from it.<sup>20</sup> Jean Bethke Elshtain, in a philosophical discussion on women and war, identifies women as being seen as '*exterior* to war, men *interior*, men have long been the great war-story tellers, legitimated in that role because they have "been there" or because they have greater entrée into what it "must be like".<sup>21</sup>

Since the 1970s, American and English historians have moved to reconstruct women's war-time work.<sup>22</sup> These new histories break away from the old mould of romantic nostalgia to concentrate on the war experience of individual women and the work undertaken by women during wars. The writers of the eighteen articles in *Behind the Lines: Gender and the Two World Wars*, an anthology on women's

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<sup>19</sup> G.L. Mosse, *Fallen Soldiers: Reshaping the Memory of the World Wars* (New York, 1990), p. 61.

<sup>20</sup> A. Summers, *Angels and Citizens: British Women as Military Nurses, 1854-1914* (London, 1988), p. 1.

<sup>21</sup> J. B. Elshtain, *Women and War* (New York, 1987), p. 212.

<sup>22</sup> J. Wheelwright, ' "Amazons and Military Maids": An Examination of Female Military Heroines in British Literature and the Changing Construction of Gender', *Women's Studies International Forum*, 1987, 10:5, pp. 489-502. S. Macdonald, P. Holden and S. Ardener, *Images of Women in Peace and War: Cross-cultural & Historical Perspectives* (London, 1987). G. Braybon and P. Summerfield, *Out of the Cage: Women's Experiences in Two World Wars* (London, 1987).

contributions in both world wars, question the lasting nature of the influence wars have had on the changes in women's work.<sup>23</sup> In section three, each writer explores the effect of war on traditional gender roles. A number of these writers emphasise the new fields of work which women undertook during war time, but also describe the limitations that were placed on women's work. For example, in her article on 'Women's Military Services in First World War Britain', Jenny Gould illustrates how British women who wanted to be involved in World War I as members of an organised women's service were discriminated against on a number of grounds.<sup>24</sup> The 'physical force' argument assumed that the winning of the war rested on physical force which was the domain of men. The fact that men also had the vote was used as an argument to explain why men had the right to make decisions about war.<sup>25</sup> Even those organisations which carried out what could be described as 'womanly' war activities, the Women's Army Auxiliary Corps of the British Army, and the Voluntary Aid Detachments, were never totally integrated into the domain of the military organisation because of their female membership. Last and in no way least, women who wished to take on duties other than those considered 'feminine' were accused of adopting masculine behaviour, with the imputation that this would be to the detriment of society.

Following a review of prewar economic trends and wartime changes in women's work patterns in United States, Maurine Greenwald in *Women, War and Work: The Impact of World War I on Women Workers in the United States*, examines the conflicts and cooperation women encountered as employees in

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23 M.R. Higonet, J. Jenson, S. Michel and M.C. Weitz (Eds.), *Behind the Lines: Gender and the Two World Wars* (New Haven, 1987). These eighteen articles have been collated from a conference on women and war, Harvard University, 1984.

24 J. Gould, 'Women's Military Services in First World War Britain', in M.R. Higonet, J. Jenson, S. Michel and M.C. Weitz (Eds.), pp. 114-125.

25 *Ibid.*, p. 117.

traditional and non-traditional settings during World War I.<sup>26</sup> She brings to the fore the tensions which occurred between women workers, male employees and managers as each group came to terms with the fact that war demanded increased production. While Greenwald shows that in a number of instances women workers received support in order for them to work, they could also face hostile reactions from men who felt threatened by a female workforce. Greenwald's belief that World War I accelerated the long-term trends in the gender-segregated organization of work is supported by my research.<sup>27</sup> While in some areas changes in the patterns of New Zealand women's work occurred, the work women undertook in World War I, in the main, reinforced the fixed relationships between men's and women's work and emphasised normative beliefs about gender.

In her analysis of the origins of the British military nurses, *Angels and Citizens: British Women as Military Nurses, 1854-1914*, Anne Summers supports the argument that women, regardless of their involvement in war, were never truly seen as part of the war effort.<sup>28</sup> Summers shows how the beliefs about women's role in society also influenced women's own perception of their war duties and directed their eventual war time efforts. In her examination of women's preparations for World War I, Summers suggests that women, in preparing themselves as military nurses, were looking toward occupational emancipation. War was seen as an opportunity to speed up this process. According to Summers:

the pre-war organisation of military nursing not only did not prepare the ground for the political incorporation of women in British society, but it may have actually defused the movement of women towards sexual equality.<sup>29</sup>

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<sup>26</sup> M.W. Greenwald, *Women, War and Work: The Impact of World War I on Women Workers in the United States* (Westport, Connecticut, 1980).

<sup>27</sup> *Ibid.*, p. xxiv.

<sup>28</sup> A. Summers, p. 286.

<sup>29</sup> *Ibid.*, p. 288.

Summers asks the question 'What profit did the war bring most women?'.<sup>30</sup> Her history of women and war questions the traditional interpretation that World War I brought nurses and other women political or social emancipation.

In her article, 'To be One of the Boys: Aftershocks of the World War I Nursing Experience', Linda Beeber questions the popular belief that war has benefited the nursing profession.<sup>31</sup> She analyses the military authorities' expectations that nurses would on the one hand share in the work of war, yet on the other, that they warranted lesser status because they were women. War brought nurses into male-dominated military structures, geared to particular concepts of heroic masculinity.<sup>32</sup> This showed, in sharp relief, the gender assumptions on which professional nursing was based.

The emphasis that Gould, Summers and Beeber give to the difficulties that women's military organisations faced and their lack of integration into military structures, is reinforced by data for this study. Summers' work focuses on British women up to the start of World War I in 1914 and her study is supported by my own interpretation of New Zealand nursing in World War I. War interrupted the movement towards nurses' professional emancipation. Both Summers and Beeber show how gender-based beliefs about women and war shaped the manner in which nurses requested a place within military structures, and the way their unique

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30 Ibid., p. 287.

31 L.S. Beeber, 'To be One of the Boys: Aftershocks of the World War I Nursing Experience', *Advances in Nursing Science*, 1990, 12:4, pp. 32-43.

32 J. Phillips, *A Man's Country? The Image of the Pakeha Male: A History* (Auckland, 1987), has written on the development of a culture of heroic masculinity in New Zealand. For writings on war that challenge the image of the heroic soldier see B. Hüppauf, 'War and Death: The Experience of the First World War', in M. Crouch and B. Hüppauf (Eds.), *Essays on Mortality* (Sydney, 1985), pp. 65-87. M. Stone, 'Shellshock and the Psychologists', in W.F. Bynum, R. Porter and M. Shepherd (Eds.), *The Anatomy of Madness: Essays in the History of Psychiatry* (London, 1985), Vol. II, pp. 242-267. T. Wilson, *The Myriad Faces of War: Britain and the Great War, 1914-1918* (Cambridge and Oxford, 1986).

contribution to the war effort was influenced by prevailing beliefs about women's war-time role. While New Zealand nurses took up military nursing to express their patriotism in a professional and feminine manner and made substantial contribution to war as members of the Expeditionary Force, they never achieved full recognition as members of the military establishment. Even with nurses' greater involvement in areas of danger during the latter years of World War I, socially constructed patterns of male and female behaviour continued to deny them military status equal to that of the soldiers.

In *Guns and Brooches: Australian Army Nursing from the Boer War to the Gulf War*, the Australian historian Jan Bassett adopts a different argument from that set out by Summers. She traces the changes which have occurred in Australian military nursing from the Boer War to the Gulf War.<sup>33</sup> Bassett weaves the story of nurses' military experiences around the gender distinctions made between nurses and soldiers within military structures. She creates the image of the Australian World War I nurses frustrated by military structures. While Bassett concludes that military nurses were not fully integrated into military structures, she argues that nurses were 'reluctant to embrace military ways and traditions', in the hope they could continue to control their own practice.<sup>34</sup> This desire to ward off military integration, which may have been a particular attitude of the Australian nurses, is not a feature of Summers' investigations or of my study of New Zealand nurses. New Zealand nurses showed a determination to belong to the ranks of the army and fought for their right to the salute. They hoped for full military recognition.

Macdonald, Holden and Ardener, in a collection of anthropological and historical studies on women and war, examine a dominant belief about women and

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<sup>33</sup> J. Bassett, *Guns and Brooches: Australian Army Nursing from the Boer War to the Gulf War* (Melbourne, 1992).

<sup>34</sup> *Ibid.*, p. 4.

war which presupposes fundamental female antipathy to war.<sup>35</sup> Far from seeing women as having an antagonism to war, these studies show that women were as patriotic as men and wished to serve their country during war. Other writers endorse this view. According to John Osborne, the way in which women served their country often represented an extension of their traditional functions.<sup>36</sup> Nonetheless, women saw their duties as part of the war effort. R.R. Pierson quotes one leader of the British suffragettes who showed a willingness to share the burden of war by stating that if women '[are] needed in the fighting line we shall be there'.<sup>37</sup> J.E. Schultz in an examination of American women's contribution in the Civil War concludes that women in their role of nurses saw themselves as patriotic workers for the war cause.<sup>38</sup> New Zealand women, and nurses in particular, were only too willing to provide support for the soldiers. The data for my thesis yielded little evidence to support the belief that women were by nature averse to war, or that nurses were aware of the inherent contradictions between their caring role and their involvement in the war effort.

The professionalisation of nursing was part of the general trend towards professionalism here in New Zealand as it was in other countries. Over the later nineteenth and earlier twentieth centuries, many occupations and other sectional groups throughout Britain and America sought to secure recognition for their expertise and standing, to stipulate conditions of entry, and to achieve a situation

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35 S. Macdonald, P. Holden and S. Ardener (Eds.).

36 J.M. Osborne, 'Defining Their Own Patriotism: British Volunteer Training Corps in the First World War', *Journal of Contemporary History*, 1988, 23:1, pp. 59-75.

37 R.R. Pierson, "Did Your Mother Wear Army Boots?": Feminist Theory and Women's Relation to War, Peace, and Revolution', in S. Macdonald, P. Holden & S. Ardener (Eds.), pp. 205-227.

38 J.E. Schultz, 'The Inhospitable Hospital: Gender and Professionalism in Civil War Medicine', *Signs*, 1992, 17:2, pp. 363-392.

which would exclude or disadvantage outsiders.<sup>39</sup> During the years 1870 to 1930 progressive demotion of amateurs and explicit promotion of professionals occurred here in New Zealand. For example, dentistry published its first registered list in the *New Zealand Gazette* in 1883 and formed its first association in 1905.<sup>40</sup> The Pharmacy Act of 1880 commenced the promotion of qualified chemists.<sup>41</sup> Medicine, sought to promote the status of its members as early as 1874 with the development of a Medical School in Dunedin.<sup>42</sup> Other organisation, for example, education and policing also implementing standards which limited the place of amateurs.<sup>43</sup> Within some of these professions women were often a minority, and sometimes a beleaguered group, who responded by banding together to form their own sub-associations within these professional groupings. For example, the Women Teachers' Association was formed in 1901 to 'focus attention on [women teachers'] views' and to provide a sense of community for a minority group.<sup>44</sup> The New Zealand Medical Women's Association was formed in 1923. What made the move towards the professionalisation of nursing exceptional was that it was a unique female organisation with a particular female culture which extended beyond the work environment. Work and living arrangements during training contributed to female solidarity. This was later reinforced as trained nurses shared in the management of private hospitals, or combined forces to travel overseas for further studies. Membership of the Trained Nurses' Organisation also reinforced female

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39 H. Herbst, *And Sadly Teach: Teacher Education and Professionalization in American Culture* (Wisconsin, 1989).

40 T.W.H. Brooking, *A History of Dentistry in New Zealand* (Dunedin, 1980).

41 Editorial, 'The Pharmaceutical Society of New Zealand', *Pharmaceutical Journal of New Zealand*, 1931, 3:10, pp. 1-5.

42 T.W.H. Brooking, p. 33.

43 C.M. Johnston and H. Morton, *Dunedin Teachers' College: The First Hundred Years* (Dunedin, 1976). S. Walker, *A Critical History of Police Reform* (Toronto, 1977). P. Davis, *Health and Health Care in New Zealand* (Auckland, 1981).

44 M. Roth, 'Archives: Associations of Women Teachers in 1901', *Women's Studies Journal*, 1:2, 1985, pp. 93-108.

unity. The one New Zealand nursing journal edited by the nursing leader, Hester Maclean, promoted 'womanly' expectations as Maclean recorded details of a personal nature such as travel experiences of trained nurses, marriages and births of children to those married nurses who had left the profession, as well as articles on professional practice.

Nursing also benefited from its association with medicine. The heightened level of medical treatment and the development of hospitals which occurred from the 1880s provided nurses with the opportunity of linking in to the body of medical knowledge. With the focus of nursing care being directly concerned with sickness, nurses soon learned to make observations of patients' progress (or otherwise), record patient's bodily functions, attend to increasingly complex wound dressings requiring irrigation and packing, and carry out the care of patients using 'new' technology, thermometers, instruments to record the blood pressure, and an increasing array of operating approaches which required aseptic and antiseptic techniques.

Examinations of the professional growth of nursing are not new. Since the 1890s American and English histories have recorded the movement of the profession. In the main, most of these have been general histories that tended to celebrate the achievements of the leaders and note the 'progress' made by the profession over the years.<sup>45</sup> However, more recent histories have challenged the notion of 'progress'. From the 1970s historians have focused their examination of nursing history on the political strategies nurses used to construct a woman's

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<sup>45</sup> M.A. Nutting and L.L. Dock, *A History of Nursing: The Evolution of Nursing Systems from the Earliest Times to the Foundation of the First English and American Training Schools for Nurses* (New York, 1907). L.L. Dock and I. Stewart, *A Short History of Nursing* (New York, 1929). B. Able-Smith, *A History of the Nursing Profession* (London, 1960), S.A. Tooley, *The History of Nursing in the British Empire* (London, 1906). W. Hector, *The Work of Mrs. Bedford Fenwick and the Rise of Professional Nursing* (London, 1973).

profession and to combat those who threatened its professional practice.<sup>46</sup> Each writer gives a different emphasis and assessment but all challenge the largely congratulatory history of the pre-1970 period.

Women's history in New Zealand has been growing in the last ten years. Women historians are leading the way in expanding what has been an underdeveloped area.<sup>47</sup> However, few histories exist on New Zealand women's war-time work.<sup>48</sup> In 'War and Women: Work and Motherhood' Deborah Montgomerie develops the argument that the importance of women's domestic responsibilities influenced the types of jobs given to women, and the numbers of women employed in war work.<sup>49</sup> She shows that while the social changes which occurred during Second World War had the potential to challenge the accepted definition of femininity, this was defused by the persistence of the belief that women's domestic duties took precedence over paid war work, a belief supported by religious and public figures and by the major women's organisations.

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- 46 J.A. Ashley, *Hospitals, Paternalism, and the Role of the Nurse* (New York, 1976). J.B. Litoff, *American Midwives, 1860 to the Present* (London, 1978). M.L. Fitzpatrick, 'Nursing', *Signs*, 1976/77, 2:4, pp. 818-834. E. Gamarnikow, 'Sexual Division of Labour: The Case of Nursing', in A. Kuhn and A. Wolpe (Eds.), *Feminism and Materialism: Women and Modes of Production* (London, 1978). B. Melosh, "The Physician's Hand": *Work Culture and Conflict in American Nursing* (Philadelphia, 1982). B. Keddy and E. Lukan, 'The Nursing Apprentice: An Historical Perspective', *Nursing Papers*, 1985, 17:1, pp. 35-46. E.C. Lagemann (Ed.), *Nursing History: New Perspectives, New Possibilities* (New York, 1983). E. Gamarnikow, 'Nurse or Woman: Gender and Professionalism in Reformed Nursing 1860-1923', in P. Holden and J. Littlewood (Eds.), *Anthropology and Nursing* (London, 1991).
- 47 B. Brookes, C. Macdonald and M. Tennant (Eds.), *Women in History: Essays on European Women in New Zealand* (Wellington, 1986). B. Brookes, C. Macdonald and M. Tennant (Eds.), *Women in History 2* (Wellington, 1992).
- 48 L. Edmond with C. Milward (Eds.), *Women in Wartime: New Zealand Women Tell Their Story* (Wellington, 1986).
- 49 D. Montgomerie, 'War and Women: Work and Motherhood', *Women's Studies Journal*, 1988, 3:2, pp. 3-16. See also D. Montgomerie, 'A Personal Affair Between Me and Hitler?: Public Attitudes to Women's Paid Work in New Zealand During World War Two', MA Thesis in History, Auckland University, 1986 and D. Montgomerie, 'Man-powering Women: Industrial Conscriptation During the Second World War', in B. Brookes, C. Macdonald and M. Tennant (Eds.), *Women in History 2*.

The one recent and widely publicised book showing the First World War activities of an unusual New Zealand woman whose activities impinged upon those of trained nurses is Jane Tolerton's *Ettie: A Life of Ettie Rout*.<sup>50</sup> Tolerton has challenged the view that New Zealand women were passive participants in war as she describes the effort of the unconventional Ettie Rout and her work to reduce venereal disease among New Zealand soldiers in World War I. Tolerton shows how the New Zealand Government discouraged Rout's unorthodox route to war-work and her promotion of 'safe sex' among New Zealand soldiers. In her examination of Rout's war service, Tolerton examines the way that Rout flouted the conventions concerning women's prescribed war-work. In her desire to make a direct contribution to war, she initially attempted, as is discussed in Chapter 6 of this thesis, to take on the nursing of World War I soldiers and found an alternative pathway to express her patriotism when thwarted. Not only did some members of parliament find Rout's manoeuvres to be included in war non-feminine, but women also, especially nurses, were opposed to her campaign, and this made her passage into military work doubly difficult. Tolerton raises some significant issues on women's war work, particularly in her claim that individual women such as Rout played an important part during World War I. What is strongly evident in Tolerton's book is that Rout was no pacifist. She aimed to actively participate in war and she used any means at her disposal to achieve this end. Tolerton presents Rout as having a very different experience to that of packaging Red Cross parcels. This thesis supports Tolerton's work in showing that nurses had different war experiences from those which are commonly recorded in New Zealand histories. Nurses, also, were not averse to war and a number of the nurses expressed their willingness to join with the nation against the enemy.

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50 J. Tolerton, *Ettie...*

There has been little scholarly research on New Zealand nursing history. The comment made by Australian writers Judith Godden, Graeme Curry and Sheryl Delacour, that nursing history like medical history tends to be 'episodic and anecdotal, emphasising the atypical...quaint and quack' applies equally to New Zealand.<sup>51</sup> Writers of New Zealand nursing history have only recently adopted a perspective that identifies the complexities of the New Zealand culture and the influences of dominant ideologies on the professional development of nursing.<sup>52</sup>

A number of popular works on nurses and war have been published in both Australia and New Zealand in recent years. They are useful for their detailed chronological account of the formation of New Zealand and Australian military nursing and the work of the nurses. These writers have acknowledged that women had a place in war and have added to Australasian war history by presenting accounts of women's activities. There is, however, a tendency to celebrate individual women's achievements without searching for explanations of the influences of war on women's lives. In their book, *New Zealand Military Nursing: A History of the R.N.Z.N.C. Boer War to Present Day*, Sherayl Kendall and David Corbett imply that the involvement of nurses in both the South African War and World War I was a revolutionary, progressive step for nurses, but they fail to

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<sup>51</sup> J. Godden, G. Curry and S. Delacour, 'The Decline of Myths and Myopia?: The Use and Abuse of Nursing History', *Australian Journal of Advanced Nursing*, 1993, 10:2, pp. 27-34.

<sup>52</sup> B. Hughes, 'Women and the Professions in New Zealand', in P. Bunkle and B. Hughes (Eds.), *Women in New Zealand Society* (Auckland, 1980). B. Hughes, 'Nursing Education: The Collapse of the Diploma of Nursing at Otago University, 1925-1926', *New Zealand Journal of History*, 1978, 12:1, pp. 17-33. M. Gibson Smith and Y. Shadbolt (Eds.), *Objects and Outcomes: New Zealand Nurses' Association, 1909-1983: Commemorative Essays* (Wellington, 1984). J.A. Rodgers, '...A Good Nurse...A Good Woman', in R. Openshaw and D. McKenzie (Eds.), *Reinterpreting the Educational Past: Essays in the History of New Zealand Education* (Wellington, 1987). S. Wallace, 'The Professionalisation of Nursing, 1900-1930', BA(Hon) Thesis, University of Otago, 1987. M. Brown, 'The Auckland Hospital School of Nursing, 1883-1990', MA Thesis in Education, University of Auckland, 1991. A. McKegg, ' "Ministering Angels": Government Backblock Nursing Services and Maori Health Nurses, 1909-1939', MA Thesis in History, University of Auckland, 1991. M. Holdaway, 'Where are the Maori Nurses who were to Become Those "Efficient Preachers of the Gospel of Health"?', *Nursing Praxis in New Zealand*, 1993, 8:1, pp. 25-34. B. Paterson, 'Tuberculosis Amongst New Zealand Nurses, 1940-1950', *History of Nursing Journal*, 1992, 3:2, pp. 46-59.

provide a critical interpretation of military nursing in the wider context of the war.<sup>53</sup> The strength of their book, however, is its record of the names of military nurses from 1900 to 1990 together with information on the situations where nurses have worked.<sup>54</sup> In spite of its limitations, this book brings together a unique collection of facts about the work undertaken by nurses in war. Rupert Goodman, who published *Our War Nurses: The History of the Royal Australian Army Nursing Corps 1902-1988* provides an almost identical work on the Australian army nursing service to that of Kendall and Corbett.<sup>55</sup> Goodman's main goal is to present an account of the Australian nurses' achievements. In working towards this goal he touches on a variety of incidents which move beyond the traditional belief that nurses were dedicated workers. He brings to the surface the tensions found among nurses during their war time activities but he fails to provide an interpretation of the social, economic or political elements which shaped the practices of nursing in war. John Smith, in his book *Cloud over Marquette: The Epic Story of those who Sailed in the Ill-fated Troopship, Marquette*, presents what he calls 'a great story of heroism from World War I', the death by drowning of ten nurses of the New Zealand Army Nursing Service.<sup>56</sup> While this event has been mentioned by a number of contemporary writers, Smith provides data upon which to debate whether the *Marquette*, a transporter, should have been used to transfer a stationary hospital. Smith, like Kendall and Corbett, provides little historical interpretation of women's role in war, but undoubtedly informs the reader that nurses did have a contribution to make to the New Zealand war effort.

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53 S. Kendall and D. Corbett, *New Zealand Military Nursing: A History of the R.N.Z.N.C.: Boer War to Present Day* (Auckland, 1990).

54 Ibid.

55 R. Goodman, *Our War Nurses: The History of the Royal Australian Army Nursing Corps, 1902-1988* (Brisbane, 1988).

56 J.M. Smith, *Cloud over Marquette: The Epic Story of those who Sailed in the Ill-fated Troopship, Marquette* (Christchurch, 1990).

New Zealand nursing history has been heavily focused on the profession's foundation years up to 1901. This thesis takes nursing history beyond this period, examining the complex situations that nurses negotiated as they moved from civilian into military nursing. It shows the struggle to develop and maintain professional status as nurses attempted to construct an exclusive occupation for trained women in both contexts. As well as looking at nursing professionalism, this thesis tries to put a personal face on nurses' endeavours. It highlights individual nurses' experiences as members of the New Zealand Army Nursing Service and allied organisations, making visible a group largely excluded from the official war record. Some recent oral history accounts of the First World War have brought to the fore the experiences of front line soldiers. Although not an oral history, this research is an attempt to give a voice and an identity to some, at least, of the nurses working in war situations.

Although the training and supervision given to nurses was very effective in inculcating a particular world view, there were some differences in nurses' perspectives on the military and on war work. Nurses joined the war effort for a variety of reasons, some of which are elaborated in this thesis. The New Zealand nursing leader of the period, Hester Maclean, certainly saw war as an opportunity to reinforce the accomplishments of nurses. She believed that an organised group of nurses within military structures would prove to be an advantage to the profession. Other nursing leaders supported Maclean's desire to advance the profession but were equally swayed by patriotism. For a number of the file war was seen as an opportunity to gain overseas military nursing experience. It would seem that they gave equal weighting to the chance to visit 'Home' and relatives in Britain and elsewhere, to share in the excitement of war, to gain experience, as well as to the professional advantages caring for soldiers would provide. For some patriotism was foremost in their desire to join the military nursing service. However, all to some extent, held a self interest in promoting their nursing status.

This thesis also adds to the record of New Zealand women's role in war and expands the boundaries of New Zealand women's history to demonstrate that between 1900 and 1918, nurses had a different experience of war from that traditionally presented in the literature.<sup>57</sup> It examines the experience of one particular sector of the female workforce during the First World War and links this to the prewar development of a women's profession. It confirms the more general conclusions reached by many of the writers in *Behind the Lines* and also supports Deborah Montgomerie's argument with regard to women's paid work in New Zealand during the Second World War, that war was by no means a watershed for women, and that existing gender roles, although challenged, remained substantially intact.

The thesis, in the main, follows a chronological sequence. Chapter 1, 'Origins of New Zealand Nursing: The Professional Campaign, 1883-1900', examines the development of New Zealand nursing from 1883 to 1900 when the power and appeal of the nineteenth-century ideology about women's 'nature' and women's 'duty' to care for the sick became the model for New Zealand nursing. By fostering the feminine ideal of women's 'nature' and their duty to care, trained nurses defended their work on traditional grounds, arguing that women had unique abilities of domesticity, hygiene and special skills to care for the sick. Training was designed to further refine these 'natural' tendencies. From the time, prior to the 1880s, when untrained men and women were employed in state hospitals to keep order, trained nurses developed an occupation based on the Victorian archetype of womanly duties to provide care for the sick. This not only helped develop a stronghold for female nurses within public hospitals and limited the place of the amateur, but also assisted

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<sup>57</sup> A.D. Carbery, *The New Zealand Medical Service in the Great War, 1914-1918* (Auckland, 1924) pp. 13, 31, 121, 226, 368, 488, 497. J. Elliot, *Scalpel & Sword* (Christchurch, 1936), p. 165. A.A. Martin, *A Surgeon in Khaki* (London, 1915). F. Bowerbank, *A Doctor's Story* (Wellington, 1958).

nurses to gain their first experience of military nursing as members of the British Army Nursing Service Reserve.

Chapter 2, 'Origins of New Zealand Military Nursing: The South African Campaign', examines the role of New Zealand military nurses in the South African War and the influence this had on the emerging profession of nursing. In this chapter it is argued that the moves to promote a new system of New Zealand nursing based on womanly propriety helped nurses in their bid for recognition as military nurses. Being recognised as having specific skills to care for the wounded and sick assisted nurses to gain public support to help with nursing in the South African War. However, within military structures perceptions about womanly work restricted nurses' military roles. While nurses gained public recognition for their supportive work caring for the soldiers, they struggled to gain military recognition as the carers of the sick and wounded. The events faced by nurses during the Boer War foreshadowed the pattern of their involvement in World War I when nurses, once again, shared with those they considered to be less proficient the responsibilities of nursing the soldiers.

Chapter 3, 'Reinforcing the Professional Nature of Nursing: 1900-1914', addresses the period when New Zealand nurses strengthened their professional hold over civilian nursing. It examines the political manoeuvres implemented by leaders of nursing to affirm nursing as a profession for women. In 1901, state registration reinforced the place of the new system of nursing by delineating those entitled to be called a nurse; members of the profession further cultivated the ethos of nursing as work for morally suitable women; training schemes instructed probationers in the behaviour expected of a registered nurse, and nurse leaders gave guidance in womanly propriety. By 1914, trained nurses had gained control over nursing in New Zealand state hospitals and were challenging the place of those amateurs still practising in the community.

The same beliefs that had won nurses a place in civilian nursing in the pre-war years also won New Zealand nurses a place within military structures. Chapter 4, 'Making Another Bid for Military Nursing: 1914-1915', focuses on the processes nurses used to gain a place in military nursing in World War I. Presenting themselves as morally scrupulous and disciplined women capable of carrying out the duties required of a military nurse, New Zealand nurses gained a place in military structures and were ready to work for the army within their specific feminine occupation. At an individual level, it was also a chance to enjoy the experience of overseas travel, the companionship of other nurses, and to be numbered among those who had done their duty. War gave nurses the opportunity to experience a new dimension of nursing, to be adventurous, view the world, and gain merit for doing their duty. It also gave them the opportunity to promote the profession of nursing.

Chapter 5, 'Professional Tactics? Manoeuvring for a Place in Military Hospitals', focuses on the ways in which nurses attempted to gain control over military nursing through the development of processes which made them indispensable within military medical structures. Nurses emphasised their professional status in an attempt to gain greater independence over their practice and to change the dominant arrangement of military nursing from one reliant on male orderlies to one that was controlled and directed by female nurses.

While nurses gained a place in military structures by being perceived as morally respectable women, this belief also had disadvantages. Chapter 6, 'The Home Front: Challenging the Untrained Women, 1915', examines a particular situation in which New Zealand women without nursing registration challenged the place of the military nurses on the home front. These amateurs based their case on the popular belief that the work of nurses was actually the natural, commonsense function of all women. This left professional nurses in something of a bind since, as

already noted, they had not been loath to emphasise women's natural propensity for nursing. When untrained women attempted to enter the realms of nursing at a national level, a battle for supremacy developed between qualified nurses and their amateur rivals. Professional nurses fought to defend their military nursing advantage and rallied against women who failed to fit their prescription for a nurse. Trained nurses protected their professional contribution to war-work, both nationally and internationally, vigorously resisting the challenges made by those who were considered unqualified and warding off the attempts by amateurs to control any part of military nursing.

Chapter 7, 'The Limits of Military Recognition', addresses particular incidents when nurses moved from the fringe and were permitted to carry out new and expanding nursing duties on hospital ships. Even with the acknowledgment that nurses' work could be closer to the area of combat, caring for wounded as well as sick soldiers, attitudes towards nurses continued to be affected by cultural interpretations about women's roles in war.

Chapter 8, 'Heroines for New Zealand', examines the way in which work in areas of danger at casualty clearing stations and stationary hospitals, blurred the traditional beliefs about where and what nurses could undertake in the way of nursing duties. While the overall military injunction that women should be barred from the front-line remained, the needs of the wounded and sick outweighed the beliefs about women's place in war. However, while New Zealand military nurses had gained respect, sufficient to be included in work closer to the action, this did not prove strong enough to compete against traditional notions that war was men's business.

Chapter 9, 'Who is the Enemy? Fighting the Challenge from VADs', addresses the situation faced by nurses when amateur women, the VADs, provided an

extended nursing service to release orderlies for duty at the front. As had happened when untrained women attempted to enter the realms of nursing at a national level, the employment of VADs again brought about a battle for superiority between qualified nurses and their amateur rivals. The introduction of VADs to military nursing reinforced the association of nursing with the supposedly natural, biological, commonsense function of all women. These beliefs about women's 'natural' abilities required nurses to negotiate their place within military structures by accepting new duties and controlling the work of VADs in an effort to constrain the place of amateurs.

Chapter 10, 'Demobilisation: The Post-War Military Nurse, 1918-1922', presents information on the immediate postwar period when the military nurses moved back into civilian practice taking on new positions and adapting to civilian life. As the experience of war faded, nursing returned to its pre-war role and military nurses moved back into the pre-war situations where they demonstrated their capabilities in private and state civilian hospitals and in the developing area of public health.

The 'Conclusion', questions the gains nurses' war-work had made for the profession of nursing. The difficulties New Zealand nurses faced as they developed their profession and made attempts to claim a place as military nurses, point to competing interpretations inherent in an ideology. By fostering the Victorian ideal of women's 'nature' and their duty to care, trained nurses developed their professional practice within the civilian sector and defended their work on traditional grounds, arguing that nurses as women had unique abilities to care for the sick. On the other hand, this allegiance to womanly work limited nurses' military involvement in both the South African War and World War I. During the South African War, British-trained orderlies carried out many of the nursing duties. During World War I nurses received unequal treatment because they were women in a world dominated

by men. The employment of untrained women to make up the numbers required to provide a nursing service for the ever-increasing numbers of sick and wounded soldiers also undermined the position of trained nurses in military work. This thesis concludes that while nurses were willing to take on military nursing in the hope of strengthening their professional status, and worked in areas denied to the majority of women, cultural perceptions of war as men's affair diffused the hoped-for gain in status for the profession.

## CHAPTER 1

### Origins of New Zealand Nursing: The Professional Campaign, 1883-1900

The making of the [New Zealand] trained nurse, following the lines of British use, has taken shape without the laying down of any definite plan; primarily the nurse was the servant of the patients in the hospital, or, rather, of the hospital authorities, who in past days slowly replaced the "handy woman" and her unhandy methods by women of higher intelligence and standing.<sup>1</sup>

During the 1880s, New Zealand adopted a pattern of nursing similar to that developed in Britain from the 1860s and invariably attributed to Florence Nightingale. For Nightingale, nursing leaders were 'ladies', a term which distinguished those with rights and privileges over other women.<sup>2</sup> She initiated a system of training which aimed to remove from nursing those women exemplified by Dickens's Sarah Gamp and developed a privileged place for nurse leaders through fostering Victorian ideas about women's 'natural' ability to nurse and their 'duty and obligations' to care for others.<sup>3</sup> The assumed 'nature' of women, which shaped British nursing, was also the basis for the new system of nursing in New Zealand. British nursing pioneers who led the New Zealand nursing reforms adopted the Nightingale ethos of nursing as work suitable for women.<sup>4</sup>

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<sup>1</sup> C.J. Woods, 'The Wants of the Nursing Profession', *New Zealand Nursing Journal (NZNJ)*, October 1918, 11:4, p. 205.

<sup>2</sup> J. Godden, ' "We are Professional Women": Nursing as Philanthropic Work Within the Women's Sphere, Australia 1880-1930', Paper presented at the Nursing, Women's History and the Politics of Welfare Conference, University of Nottingham, England, 21-24 July 1993, p. 2.

<sup>3</sup> S.M. Reverby, *Ordered to Care*, p. 42.

<sup>4</sup> E. Gamarnikow, 'Nurse or Woman...', pp. 110-219

Nursing reforms in New Zealand between 1880 and 1900 owe their beginnings to the changes implemented in England and attributed to Florence Nightingale. While English hospitals had, from the 1830s, employed women as carers of the sick, the reforms implemented by Nightingale transformed nursing into a profession for women of propriety.<sup>5</sup> Prior to 1860 when Nightingale opened her training school for nurses at St Thomas's Hospital, hospitals in England employed matrons to be responsible for the housekeeping, not nursing. The responsibility for nursing at ward level came under the control of the sisters in charge who ran their wards under the direction of medical staff.<sup>6</sup> From 1860, the Nightingale training scheme prepared nursing leaders who were responsible for supervising the housekeeping, organising the nursing care and training the probationers, and, as Baly has pointed out, moulding the moral behaviour of the learners.<sup>7</sup> The transformation of nursing moved women from purely domestic duties towards a profession for women.<sup>8</sup> The matron or lady superintendent, usually a product of the 'lady pupil' training scheme, became the leader of the corps of nurses, so shifting the organisation of nursing away from the ward level.<sup>9</sup> Accepting the Victorian ideas of women's 'natural' ability to nurse, Nightingale turned hospital domestic duty and care of the sick, the specific domain of women, into a profession for nurses. The reforms attributed to Nightingale augmented the socially accepted belief in separate spheres of work for women and men, while it also brought new standards of cleanliness and order to hospitals,

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5 M. Baly, *Florence Nightingale and the Nursing Legacy* (London, 1986), pp. 41-64. St Bartholomew's Hospital had employed women from the 1600s. As D.A. Dow explains in 'Springs of Charity?: The Development of the New Zealand Hospital System, 1876-1910', in L. Bryder (Ed.), *A Healthy Country: Essays on the Social History of Medicine in New Zealand* (Wellington, 1991), the New Zealand state hospital system developed along different lines from England. However, the system of nursing followed very similar lines to the English system with its focus on women of propriety.

6 E. Gamarnikow, 'Nurse or Woman...', p. 111.

7 M. Baly, *Florence Nightingale...*, p. 37.

8 E. Gamarnikow, 'Nurse or Woman...', p. 112.

9 *Ibid.*, p. 112. Lady pupils received a two or three year training and paid for the privilege. Other women received either a two or three year training as probationers. See H. Burdett, *Burdett's Official Nursing Directory* (London, 1903).

thereby assisting the changes occurring in medicine.<sup>10</sup> By developing a programme of training, the Nightingale model of nursing prepared nurses to become not 'better wives and mothers, better companions for men',<sup>11</sup> but better nurses and nurse leaders, and better assistants to doctors.

To gain control over nursing, Nightingale developed a training scheme that adopted a belief in hygienic practices of cleanliness and order.<sup>12</sup> Training gave nurses superior knowledge and elevated their standing. Adopting a hierarchical structure for her nurse organisation suited Nightingale's intention that superior women should control nursing services in a structure which paralleled the organisational structure of the army, public institutions and religious orders. In a military approach, matrons with rank could establish their right to control the rank and file of nurses and, according to Nightingale, 'Nursing [was] warfare, and the nurses [were] soldiers'.<sup>13</sup> Seemly womanly behaviour and discipline kept control of the troops. Domesticity and cleanliness, the precepts upon which reformed nursing based its practices, became weapons against illness and disease. Nurses who protected the nation from illness and disease, were identified with soldiering for the nation.

Nightingale-trained nurses spread throughout the British colonies, implementing formal nurse training schemes and organising nursing practices patterned on the model initiated in British hospitals.<sup>14</sup> By 1867, a team of Nightingale nurses had

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<sup>10</sup> M. Vicinus, p. 87.

<sup>11</sup> C. Dyhouse, **Girls Growing up in Late Victorian and Edwardian England** (London, 1981), p. 140.

<sup>12</sup> M. Vicinus, p. 92. M. Baly, **Florence Nightingale....**, p. 23.

<sup>13</sup> Cited in M. Vicinus, p. 92.

<sup>14</sup> C. Maggs, **The Origins of General Nursing** (London, 1983), p. 1. M. Baly, p. 220.

instituted a training school in Sydney.<sup>15</sup> In 1873, three American hospitals patterned their nursing training on Nightingale principles and Bellevue Hospital in New York appointed a lady superintendent from England to supervise the nursing service.<sup>16</sup> In Canada, in 1874, the Montreal Hospital appointed an English nurse to supervise hospital nursing services.<sup>17</sup> From the 1880s, nurses trained in English hospitals emigrated to New Zealand and found employment in public hospitals.<sup>18</sup> These nurses introduced new standards of nursing, heralding the replacement of the untrained as guardians of the hospitalised sick and adopted the precedent set in British hospitals of a profession led by trained women considered to have superior womanly and leadership qualities.<sup>19</sup>

In New Zealand, English nurses appointed as lady superintendents at Wellington and Auckland Hospitals in the 1880s brought beliefs about the new order of British nursing to state hospitals. They led the crusade to transform the menial tasks of everyday domestic work into an noble occupation for women. As had occurred in England, these women, aligning themselves with the Victorian ideas about women's 'nature' and women's 'duty', brought new standards of cleanliness and order to New Zealand hospital wards, along with a moral standing symbolic of the respectability of Victorian women. The enthusiastic pursuit by New Zealand society in the 1880s of a stable economic state and a 'respectable society' influenced

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15 J. Godden, ' "We are Professional Women" ...', pp. 3-4.

16 E.D. Baer, 'Nursing's Divided House - An Historical View', *Nursing Research*, 1985, 34:1, p. 34.

17 M. Baly, *Florence Nightingale...*, p. 143.

18 It seems likely that Dr G.W. Grabham who came from St Thomas's Hospital and was appointed Inspector of Hospital and Charitable Institutions in November 1882 and worked in this capacity until 1886, requested the employment of English-trained nurses as matrons at the major New Zealand hospitals.

19 J.A. Rodgers, 'Nursing Education in New Zealand, 1883 to 1930: The Persistence of the Nightingale Ethos', MA Thesis in Education, Massey University, 1985, p. 11. M. Brown, p. 48.

the development of New Zealand nursing.<sup>20</sup> From a time when every woman assisted in caring for the sick neighbour, when voluntary work among the 'poor' or the sick tended to be implemented by women, there developed a specialised professional nursing corps which took over the official function of caring for the sick and generated new nursing and moral standards within public hospital care.

The importance to the emerging system of New Zealand nursing of the adoption of the image of British womanly behaviour cannot be underestimated. Unless their work could be associated with proper moral behaviour nurses would have had little chance to prove their professional abilities to the public, to doctors and to male administrators. The early history of New Zealand nursing is bound up with convincing hospital authorities of the 'unhandy' skills of the untrained, winning of public support and gaining recognition for a particular women's profession. Nightingale had set the standards for lady-like women to be employed as nurse leaders to guide the probationers in serving the sick and poor, and this image influenced New Zealand nursing as much as it had influenced Britain. From 1883, the new system of New Zealand nursing developed to replace the 'handy woman' and her 'unhandy methods' with nurses who were considered to be both morally superior and skilled in nursing.<sup>21</sup>

The first reports on nursing reforms in New Zealand hospitals followed the appointment in 1883 of Annie Crisp as lady superintendent of Auckland Hospital and Mrs Bernard Moore as matron at Wellington Hospital. The 1885 annual report on hospitals reported favourably on the skills of these British trained nurses who, through attention to cleanliness, began turning the 'repugnant, primitive' hospital

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20 J. Phillips, *A Man's Country?*, p. 40.

21 Comparisons made by nurses, doctors and politicians on the differences between the untrained and trained nurses were also made between the untrained and trained midwives.

wards into 'salubrious' settings for patients.<sup>22</sup> At Wellington Hospital, Moore drew into the ranks of nursing a 'higher-order' of untrained woman to attend to the sick. In the next two years the reports on Auckland Hospital showed an increasing enthusiasm for the standard of nursing provided by 'well-trained, intelligent and ladylike [women] being evidently drawn from a class very much superior to the old fashioned hospital nurse'. 'Well educated ladies' now served 'their apprenticeship with other probationers'.<sup>23</sup> Presumably the 'other probationers' were not considered well educated ladies. Within two years of her appointment at Auckland, Crisp had implemented a training scheme for nursing recruits. Probationers, mostly unmarried women, entered a one year training course, receiving their practical instruction from the matron.<sup>24</sup> No allowance was paid until the second year when a salary of £20 was paid.<sup>25</sup> By 1887, sixteen nurses had received certificates of proficiency from Auckland Hospital.<sup>26</sup> By 1891, the Dunedin Hospital trustees had decided to 'get into line with modern ideas of nursing' developing in the larger hospitals of the nation, and replaced the men who had acted as 'male nurses' with an all female nursing staff of 'ladies who were desirous' of receiving a training.<sup>27</sup> Following their training, these nurses became the vanguard of the new nursing order. As they moved on to other hospitals, they implemented similar training schemes, setting standards for

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22 Special Reports on Hospitals in New Zealand, *Appendices to the Journal of the House of Representatives (AJHR)*, 1885, H-18a, Vol. III, pp. 2, 18. Passenger (Assisted) list, *Westmeath*, 16 May 1883 (IM 15/435), Miss A. Crisp, National Archives (NA). Miss Annie Alice Crisp trained at the Royal Victoria Hospital, Netley and possessed 'in eminent degree the qualities which are desirable'. Her work as an army nurse during the Zulu War earned her the decoration of the Royal Red Cross. Mrs Bernard Moore, sometimes referred to as Miss Moore, was given her appointment at Wellington Hospital in 1882. For detailed information on Crisp see M. Brown.

23 Report on Hospitals in New Zealand, *AJHR*, 1887, H-19, Vol. II, p. 23.

24 Most nurses appeared to have been unmarried during training. The data available from 1903 to 1920 shows only three probationers who were married and one who was either widowed or separated. Only one has been identified as being unmarried and having a child.

25 M. Brown, p. 49.

26 *Ibid.*, p. 42.

27 Dunedin Hospital Reports for 1886-1905, Otago Hospital Board Archives, Hocken Library.

nursing, controlling the behaviour of probationers, and directing the future development of New Zealand nursing.<sup>28</sup>

The tasks of nursing required efficient workers who appreciated the part that cleanliness played in the fight against disease. Probationers, the women in training, quickly became immersed into the routine of domestic duties. The eleven hour working day began at 7a.m. with ward cleaning. Scrubbing, washing soiled linen, disinfecting, making beds, attending to the cleanliness of furniture, baths and toilets were the major tasks of the day. Such tasks encouraged discipline and also inculcated the importance of cleanliness. Under the supervision of the Lady Superintendent, nurses carried out hygienic procedures for both male and female patients and, on doctors' instructions, applied dressings, gave medication and recorded patients' temperatures and pulses. Wardsmen were employed to assist surgeons and to attend to those treatments for male patients seen as too intimate for female nurses.<sup>29</sup> One particular wardman had been employed at Christchurch Hospital for 23 years and had acquired a considerable amount of experience through observation and practice. His duties, gained through experience, included attending to the organisation of the operating theatres and dressing wounds.<sup>30</sup> As late as 1916 wardsmen, now more commonly referred to as porters, attended on old men who had lost control of bodily functions. Wardsmen's tasks included male catheterisation, preparing men for surgery and fitting 'a truss for inguinal hernia'.<sup>31</sup> These men moved daily throughout the hospital, receiving their instructions from doctors, while nurses worked under the direction of the nurse in charge of their ward. Probationers were moved randomly

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28 M. Brown states 44 nurses received a one year hospital certificate from Auckland between the years 1884 and June 1891, p. 47. Waikato Hospital appointed an Auckland trained nurse in 1887. In 1893 Palmerston North Hospital appointed a Wellington trained nurse as matron.

29 In the reports of the period wardsmen is spelt as a complete word.

30 Report of Inquiry into the Management of the Christchurch Hospital, *AJHR*, 1895, H-18, Vol. III, p. 10

31 'Duties of Nurses in Public Hospitals', *NZNJ*, April 1916, 9:2, p. 94.

between wards, their hours of duty being extended beyond the eleven hour day when ward work became heavy. Trained nurses remained in specified wards for an extended period of time and developed a sphere of control over ward routines. Experienced nurses gained medical knowledge from observation and practical experience, and could be called upon in an emergency to administer anaesthetics, or to assist doctors with special medical treatment.<sup>32</sup> However, the delegation of these medical duties to nurses could just as easily be withdrawn if another doctor became available to assist. While doctors diagnosed and prescribed, nurses observed and reported the progress of treatment, their role being seen as complementary to that of the doctors. Nurses' duties positioned them as assistants to doctors, supplementing the doctors' knowledge of their patients through observation and reporting. As one doctor explained:

Now, in a hospital you [the nurse] will see an analogy between a general leading an army against a foe, whose position is unknown, and a medical man attacking an obscure illness....He has to stand by and wait patiently for developments, while his nursing staff carry out the instructions of sentries, scouts, and patrols. They watch, observe, take notes and pursue enquires, report alterations in the dispositions of the enemy [disease],...and send in information to headquarters.<sup>33</sup>

The wording clearly indicated that this doctor held a specific perspective on nurses' work. Like other doctors he saw nurses as disciplined members of *his* professional army, and rules governing nurses' attitudes towards doctors reinforced the belief that nurses came under the control of doctors. Nurses stood to attention and deferentially stood aside to allow doctors to enter the patient's room, the office, or the ward.

Nursing was also warfare against disease and dirt. Preparatory training drilled the raw recruits in 'discipline' to internalise the belief that their duties filled a social need. While men fought battles to protect the nation, nurses fought battles against illness and disease. Nurses-in-training were the front-line soldiers combating the

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<sup>32</sup> AJHR, 1895, H-18, p. 7. The delegation of medical tasks developed into a consistent pattern of practice well into the 1930s.

<sup>33</sup> H. Clifford Barclay, 'Discipline and Etiquette', NZNJ, April 1912, 5:2, pp. 13-14.

enemy, with the trained nurse as organiser and supervisor of the rank and file. As viewed by doctors, such practices located the nurse as subordinate to the doctor, reinforcing the perception of the nurse as a member of his army.

While discipline helped nurses to claim a place in hospitals it also helped to structure the profession of nursing. Divisions between leader and follower, the trained and untrained, became characteristics of nursing work. The matron or lady superintendent kept control of the corps of workers and supervised the new recruits. The probationer received systematic training in domesticity and nursing duties guided by nurses of senior rank. Division between first, second and third year nurses, between the trained nurse and the probationer, between the old and new system nurse, reinforced the hierarchy of nursing. For each year of experience, the probationer took on more complex duties accepting more responsibility and adopting titles appropriate to her seniority. Following the probation year, the title 'assistant nurse' conferred a superior position in the order of nursing and by the third year the rank of 'senior nurse' strengthened the position of senior over junior. This hierarchy paralleled the structures of the army. Incumbents of senior positions held power to supervise and reprimand those of lower rank, direct the training of probationers and insist on behaviour considered suitable for both those in training and for trained nurses. Division between doctors' practices and nurses' duties also fortified the military-like structures. The trained nurse, as auxiliary to the officer, the doctor, reported on medical treatment, supervised the work of probationers and organised the day-to-day management of the ward. The lady superintendent assumed responsibility for organising housekeeping throughout the hospital and established her right to control the nurses and servants.<sup>34</sup> Exercising her authority to maintain 'the order and disposition of the nursing staff', the lady superintendent, as captain of the nursing

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<sup>34</sup> By-Laws, Wanganui Hospital, (Wellington, 1898). L.H. Barber and R.J. Towers, *Wellington Hospital, 1847-1976* (Wellington, 1976), p. 24. In her chapter 'Reformed Hospital Nursing', Vicinus shows how in British hospitals, socially superior women with 'indomitable' characters organised the hospital arrangements in order to hold authority over nurses.

army, not only produced a disciplined corps of nurses capable of carrying out domestic duties and nursing tasks, but also a corps of respectable women trained to appreciate propriety and decorum.<sup>35</sup>

Isabella Fraser, Matron of Dunedin Hospital between 1893 and 1911, embodied many of the characteristics of Nightingale's nursing leaders.<sup>36</sup> Trained at the Royal Infirmary Hospital, Edinburgh, she came independently to New Zealand, working as night superintendent at Dunedin Hospital until her appointment as matron. A common denominator among British-trained nursing leaders of this period was their ability to successfully construct a leadership role within New Zealand hospital nursing. According to a member of the Dunedin Hospital staff, Fraser 'inspired [nurses] with highest ideals' as she carried out the responsibilities of 'matron, home sister, housekeeper, sister tutor, house surgeon and mother to them all'.<sup>37</sup> As 'matron' she organised and supervised the nursing service. As 'sister tutor' she instructed probationers in the skills of nursing. As 'housekeeper' she acquired a powerful position within the hospital structures, presiding over the ordering of supplies and controlling expenditure. As 'home sister' she extended her authority over nurses' off-duty lives insisting on conformity to womanly propriety among the nurses in training. As 'house surgeon' she assisted the doctors, supporting their work and gaining their personal admiration. As 'mother to them all' she created a home-like but disciplined environment for the workers.

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35 AJHR, 1895, H-18, pp. 2-10.

36 Isabella Fraser, entry in H. Burdett, *Burdett's Official Nursing Directory*, (London, 1903). Data on Fraser held by the New Zealand Nurses' Organisation, Otago Branch, private collection, give the information that she was born at Ayershire, Scotland in 1857, and entered a two year training programme, 1887 to 1889. Fraser worked as a sister at the Glasgow Western Infirmary until June 1890 and as night sister at a Melbourne hospital until she moved to New Zealand. She spent 19 years as matron of Dunedin Hospital retiring in 1911. She died at Napier in November 1932.

37 'Obituary, Miss Isabella Fraser - A Notable Record', NZNJ, January 1933, 25:6, pp. 314, 315.

While Fraser held a powerful position in the hospital she, like other matrons, supported a deferential position for nurses. For her, low pay, character training and development of women's instincts helped shape the behaviours of nurses in training. For Fraser nursing was the very essence of women's work:

Among the numerous occupations followed by women there is perhaps none that appeals more to a woman's instincts than nursing. It is essentially a woman's work. Although nursing knowledge can be acquired by much study and experience, it must ever be remembered that the highest form of nursing is more a question of character than of acquirement...<sup>38</sup>

Nursing reforms were also influenced by the belief about women's abilities to civilise men's character, a dominant theme in New Zealand from the 1880s. From a period when the colony had a predominance of single, itinerant men, and a male culture that encouraged the belief that, unimpeded by wife or children, a man could drift from job to job, blowing his wages on drink and friendships, New Zealand turned towards a 'compulsory respectability'.<sup>39</sup> As increasing numbers of men brought land and settled in the country, a new vision of a civilised society for New Zealand gradually emerged.

Women played a part in this reform, as wives and mothers. With their 'natural' morally superior behaviour, women, as wives and mothers, could tame the wandering male and make him a useful member of society. According to one speaker at a Women's Christian Temperance Union meeting in the 1890s, 'wifeness and motherhood between them make up women's true crown of glory', and throughout New Zealand the belief held sway that within a marriage the women could influence for the better the behaviour of men.<sup>40</sup> If one could be neither wife nor mother, the

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<sup>38</sup> Letter from I. Fraser to the Dunedin Hospital Committee, c1911, private collection, New Zealand Nurses' Organisation, Otago Branch, p. 1.

<sup>39</sup> J. Phillips, *A Man's Country?*, pp. 47-55.

<sup>40</sup> Cited in J. Devaliant, *Kate Sheppard: A Biography: The Fight for Women's Votes in New Zealand - The Life of the Woman Who Led the Struggle* (Auckland, 1992), p. 20.

next best appeared to be a nurse with her 'natural' ability to care for the sick. Nurses of the new system drew heavily on the both the 'nature' of women as nurses and as moral reformers. The claim that nursing was based on women's instincts assisted nurses to gain a place in hospitals as an authority over the sphere of nursing. To be considered moral reformers added strength to the argument that nurses could influence the standard of hospital nursing by dutifully and unselfishly devoting their lives to care for the sick.<sup>41</sup>

Nurses of the new system emphasised the difference between themselves and pre-reform nurses, those women exemplified by Dickens's Sarah Gamp, by promoting an image of devotion to duty, unselfishly bringing cleanliness, order and new standards of morality to the care of the sick. Low pay could be countenanced because it supported the belief in nurses as devoted women. By taking little pay in return for the diligent application of domestic duties, the new order nurse established a realm of practice based on devoted self-sacrifice. Fraser herself was described as devoted to her work and 'the possessor of much tact...with the officers above her' and it took especially dedicated and conscientious women to defend their place during the developing period of nursing reforms.<sup>42</sup>

Although trained nurses defended their right to nurse the sick because of their womanly 'nature' and seemly behaviour, these attributes needed to be honed through strict attention to character training. According to the leaders of nursing, character training assisted the nurse to become devoted to duty and nurses were encouraged, in fact trained, to be devoted to duty, sober, trustworthy, punctual, quiet, clean, orderly

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41 M. Vicinus, p. 95. M. Diamond, 'The Nightingale Nurse: A Case Study in Victorian Values', Paper presented at the Victorian History Conference, Massey University, 1980, p. 4.

42 Reference for Isabella Fraser from the lady superintendent of Melbourne Hospital, 21 January 1893, private collection, New Zealand Nurses' Organisation, Otago Branch.

and neat, and to show propriety at all times.<sup>43</sup> Accusations of undue familiarity, and 'too much intimacy' with the man she intended to marry, led to one nurse being required to 'give in her notice'.<sup>44</sup> Overriding the authority of senior members was a serious breach of etiquette. Such an incident occurred when nurses at Christchurch Hospital used the hospital board-room without asking permission of the house surgeon. The inquiry into the situation by hospital trustees saw this as a 'breach of discipline', but in this instance 'one that could be passed over lightly'.<sup>45</sup> The house surgeon and matron were advised, however, to 'enforce discipline and subordination'.<sup>46</sup> As a 1918 report on nurses declared, 'primarily the nurse was the servant of the patients in the hospital, or, rather, of the hospital authorities...'.<sup>47</sup>

Character training also extended to probationers' off-duty lives. Accommodation for nurses at Auckland Hospital in the 1880s was a small accident ward with dining facilities attached.<sup>48</sup> As larger numbers of women entered nursing, nurses' homes for probationers and trained nurses were built on the hospital grounds. The matron supervised the organisation of these homes and controlled the off-duty hours of the nurses.

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43 Matrons, in what seems to have been a nation wide feature of nursing, drew up a character sheet for each probationer. Attributes of personal and moral character were graded from excellent to moderate. The values seen as appropriate for British nurses were also the values upon which New Zealand nurses were assessed.

44 *AJHR*, 1895, H-18, pp. 2-10.

45 *Ibid.*, p. 4.

46 Emily Sybilla Maude was the matron under discussion. In 1896 Maude left Christchurch Hospital and developed the Nurse Maude District Nursing Service. Maude features in *New Zealand* as a woman of renown for her contribution to district nursing, rather than her contribution to hospital nursing. The spelling of Sybilla is most commonly used, although the *NZG*, Register of Nurses, 1906 and 1917 shows her as Sibyl Maude.

47 C.J. Woods, 'The Wants of the Nursing Profession' *NZNJ*, October 1918, 11:4, pp. 205-207.

48 M. Brown, p. 39.

Night nurses must be in bed and asleep - the latter is imperative, by 10.30 a.m. - and must be up fully dressed in uniform and sitting down to dinner at 6 p.m.<sup>49</sup>

Nurses' homes also served a practical function. Some recruits came from outlying districts and nurses' homes offered them a place to stay, but many of the rules of the home also served to reinforce character training by fostering the values of womanly virtue. Rules controlled hours of duty, meals, (and sleep as the above quotation indicates), social outings, and also restricted nurses' interaction to those of similar nursing rank. For a number of nurses, their most vivid memories remained those concerned with life in the nurses' home. One nurse who trained in 1910 remembered with nostalgia the parties she and her colleagues had. Others remember the times they were upbraided for breaking rules, not returning at the prescribed time, or arriving late for a meal and being refused food. While nursing leaders set the standards for character training, nurses collectively supported their implementation. As each nurse arrived at a position of seniority she, in turn, reinforced character development among those of lower rank through adherence to rules and regulations.

The new system of nursing benefited from the concentrated efforts given to character training. Throughout the period from 1883 to 1900, when nursing reforms were being introduced to hospitals, 'old' nurses, those who had achieved their position through experience rather than training, still worked in a number of wards.<sup>50</sup> Many of the nurses who held on to the 'old' tradition, those considered to reinforce the 'Gamp' practices, had been employed for many years and had become skilled in ward routines.<sup>51</sup> These women, dependent on their acceptance by the 'new' nurses, lived an existence halfway between servant and nurse, a point clearly illustrated by events at Christchurch Hospital in 1895. An inquiry into the state of affairs at

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49 Cited in M. Brown, p. 51. (Source: *Chronicles of Grey House, Auckland, 1899*).

50 *AJHR*, 1895, H-18, *passim*. The terms 'old' nurse and 'new' nurse feature throughout the report.

51 *Ibid.*, p. 8. Nurse Cameron, an untrained 'old' nurse, had worked as night-nurse at Christchurch Hospital for six years, 1889-1895.

Christchurch Hospital unearthed embittered opposition to the progress of female nursing, led by a long time male attendant who, under the old system, had held considerable power over the organisation of the operating theatre.<sup>52</sup> He apparently wished to exclude the new system of nursing from the hospital and, with some degree of skill, had encouraged old system nurses to have their friends and relatives write letters to the newspapers complaining about the immorality of the probationers who attended surgical procedures where men might be unclothed. An indisputable conclusion of the inquiry, however, was that the nurses of the 'old system', 'inefficient when tested by the standard of modern requirements', lacked the education and refinement considered necessary for the 'modern system' of nursing.<sup>53</sup> When compared with the appealing features of virtuous dedication to duty and ability to act with propriety which characterised the 'new system' nurses, the abilities of nurses of the 'old system' were described as so 'rough and ungentle as to merit the name of cruelty to sick and helpless persons'.<sup>54</sup> The training of character became the pivot of the distinctions made between the old and new systems of nursing. Reprimanding a discontented 'old system' nurse for not only daring to disapprove of dismissal procedures but also to question the authority of the matron, the Commissioner of the Christchurch Inquiry declared:

A lady, contemplating the dismissal of a housemaid, would hardly feel called upon to furnish the latter's solicitor with a written copy of evidence against her; and I entirely fail to see why any different procedure is to be adopted in the case of a hospital nurse, notwithstanding the greater dignity and importance of her office...<sup>55</sup>

Untrained nurses who merited association with the menial position of a housemaid, and those wardsmen who adopted the position of 'virtually the office of

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52 E.A. Somers Cocks, *A Friend in Need: Nurse Maude: Her Life and Work* (Christchurch, 1950), p. 35. This same wardsmen was said to have bargained with a patient who survived surgery to remove a bullet which passed through his head, that he would supply the man with tobacco for the rest of his life, in return for his skull on his death.

53 *AJHR*, 1895, H-18, p. 9.

54 *Ibid.*, p. 8.

55 *Ibid.*, p. 8.

assistant-surgeon', were no longer seen as justified, especially when larger numbers of 'modern' nurses with special training now became available to provide the nursing for female patients and, with their morally superior nature having been shaped sufficiently through their training schedule, to also provide care for male patients. The 'old' nurse failed to meet the standards of the dedicated new nurse and lacked the ability to accommodate the 'rapid strides made by medical science, [which] demand[ed of] the allied profession of nursing, greater skill'.<sup>56</sup> The outcome of the inquiry certainly supported the new system. The criticism levelled at the untrained reinforced the view that the 'modern system' of nursing needed 'to be steadily pursued, and extended'.<sup>57</sup> Those nurses of the pre-reform period, 'the handy women' who were capable of learning and accommodating themselves to the new system without the vices of roughness or cruelty, could continue to consider their positions secure.

Auckland Hospital probationers also met hostility during the move to the new system of nursing. Lack of discipline, tale bearing, altercations and insubordination among old system staff created turmoil. Dr Duncan MacGregor, Inspector of Hospitals and Charitable Institutions, stepped in and appointed a matron who would implement discipline and reorder the nursing system. Ada Squire, trained at Edinburgh Infirmary, efficiently subdued the uprising bringing to the job the elements of stern discipline.<sup>58</sup>

By 1900, the new system of nursing, based on the ethos of domesticity and womanly propriety, had developed into a profession in New Zealand public hospitals, the 'new' nurses being shaped into a corps of dedicated nurses indispensable to

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<sup>56</sup> Letter from I. Fraser to Dunedin Hospital Committee, Private Collection, New Zealand Nurses' Organisation, Otago Branch, p. 2.

<sup>57</sup> *AJHR*, 1895, H-18, p. 13.

<sup>58</sup> Report on Hospital and Charitable Institutions of the Colony, *AJHR*, 1896, H-22, Vol. III, p. 5.

doctors and hospital trustees. Nurses assisted at surgery, prepared surgical instruments, dressed surgical wounds and administered the drugs. One year training schemes had been replaced in a number of hospitals by a three year training with doctors providing a large proportion of the lectures. The nursing syllabus was now based on medical knowledge with the nurses required to understand a range of diseases and medical treatments.<sup>59</sup> Control of nurses' knowledge became vested in doctors and shifted the focus of nursing from its central concern for caring through cleanliness and order towards the carrying out of medical tasks.<sup>60</sup> While the doctors instructed nurses in the signs and symptoms of disease, matrons or ward sisters taught nurses the skills which were considered best suited to nursing patients with particular diseases, translating medical knowledge into practice. Nurses became the skilled assistants to doctors, complementing and enhancing medical practices. The matron or lady superintendent attended to the development of character. The public hospitals had become the centre for these reforms and now at the turn of the century 'in almost all [public] hospitals, large as well as small, the nursing staff consist[ed] of female nurses only, male nurses (*sic*) being still retained to help in the care of such cases as are unsuitable for females'.<sup>61</sup> The development of the new system of nursing based on propriety and domesticity had created an indispensable place for women in public hospitals, a way to professional development.

While public hospitals now employed a predominance of nurses trained, or receiving training in the new system, a new feature developed. The South African War acted as a challenge to nurses keen to show their professional worth and Imperial patriotism alongside their British counterparts. New Zealand nurses now sought to

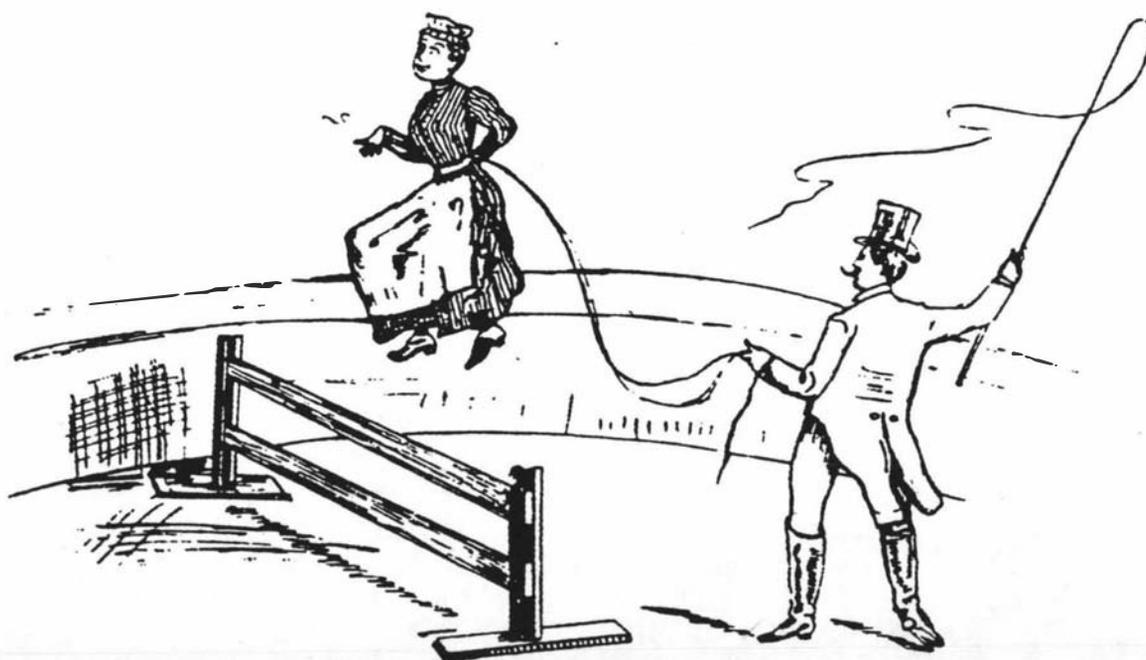
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59 M. Brown, Syllabus for Probationer, Auckland Hospital, 1901, Appendix I.

60 J. Rodgers, 'Nursing Education in New Zealand...', p. 32.

61 Report on Hospitals and Charitable Institutions of the Colony, *AJHR*, 1901, H-22, Vol. IV, p. 2. 'Occupations of the People', Table IX, Result of a Census of the Colony of New Zealand Taken for the Night of 31 March 1901, *Result of a Census of the Colony of New Zealand (Census)*, 1901, Vol. I, p. 325, lists 5 men and 450 females as 'sick' nurses. Psychiatric hospitals employed 292 male and 215 female assistants.

extend their sphere of work to include military nursing in war situations. Systematic training and the arrangement of nursing based on identifiable similarities to military structures were to provide nurses with the opportunity to join the British nurses at the Boer War. New Zealand nurses' discipline and training would give them a greater claim than other women to participation in war-work. But while the structures of military-like discipline and organisation assisted nurses to move into military nursing, the emphasis on distinctively womanly propriety brought some uneasiness among military ranks. On the one hand nurses could be useful in assisting with the care of the sick because they were organised and used to discipline. On the other hand, it was considered by some military men that 'ladies' had no place in war. War was considered an all-male endeavour and nurses were to find their role limited by their insistence on womanly virtues.



**“A TRAINED NURSE.”**

A Trained Nurse, c1895  
From M. Patricia Donahue,  
**Nursing, the Finest Art: An Illustrated History**  
(C.V. Mosby, 1985), p. 310.

## CHAPTER 2

### Origins of New Zealand Military Nursing: The South African Campaign

Patients were put into field hospitals where in some instances there were no beds. They lay in their khaki uniforms, they died in them, and were buried in them with their knapsacks for pillows.<sup>1</sup>

The development of nursing as a profession for women of propriety created an indispensable place for nurses in public hospitals, a way to professional development and a rationale for nurses to become military nurses in the South African War. In 1900, New Zealand trained nurses, as members of the British Army Nursing Reserve, were, for the first time, formally involved in military nursing. Military nursing in the South African War brought new challenges. New Zealand nurses had gained a place in civilian hospitals because of diligent care of the sick. Their place in military circles followed from their calculated campaign to limit the place of the untrained in the nursing work force. Throughout this war, however, they held uncertain status in military nursing, meeting resistance from doctors and military authorities who believed women had no place in military affairs. Nurses also met with new situations, as military hospitals varied markedly from civilian hospitals, with medical officers organising ward work and orderlies providing the nursing care. They found their duties circumscribed by orderlies who were acknowledged as the first-line attendants of sick and wounded soldiers.

Although nurses had gained a place in civilian nursing by 1900, military nursing in New Zealand remained the stronghold of men.<sup>2</sup> New Zealand had a

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<sup>1</sup> J. Rattray, *Great Days in New Zealand Nursing* (Wellington, 1961), p. 128. Auckland Institute and Museum holds the draft of this book.

<sup>2</sup> Ann Evans, MS Papers 1832-1980 (no MS number), Taranaki Regional Museum. Women had nursed soldiers during the New Zealand Land Wars with one particular woman 'Ann the doctor' being recognised as a heroine by not only Pakeha but also Maori.

small army in the New Zealand Militia, a volunteer organisation that waxed and waned in strength depending on the likelihood of active service. With the outbreak of the South African War, a rush of recruitment saw an initial contingent readied for war. By 1902, 6,505 officers and men had been sent to fight as part of the Imperial Force.<sup>3</sup>

The New Zealand contingent in South Africa relied on British medical services for its sick and wounded soldiers. British hospitals had a history of using trained orderlies to care for the sick, enlisted men who worked alongside doctors in the field and in military hospitals, assisting in a variety of positions, as stretcher bearers, tent raisers and medical assistants. Even in Britain, forty-five years after Nightingale had taken her nurses to war, only a few female nurses were employed in military hospitals.<sup>4</sup> The reasons given for the dearth of nurses were many. It was easier to use male orderlies who required less consideration than women regarding housing and food; it was thought to be unsuitable that women should be sent to a 'savage' land; and it was considered to be unthinkable to have women attending to men with venereal disease; most importantly, war had always been a men's affair and military structures were slow to change.<sup>5</sup> While nurses in civilian hospitals now nursed men, army nursing was still the realm of orderlies. British doctors with army rank held the power in military hospitals with orderlies acting as their assistants. It was also stated that the versatility of the orderlies to act as 'cooks, gardeners, clerks, window-cleaners, floor-scrubbers, store-keepers, servants to the medical officers, mess-waiters, anything and everything, in short, and finally, occasionally as nurses, gave the orderlies an appeal over female nurses.<sup>6</sup>

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<sup>3</sup> A.D. Carbery, pp. 3-5.

<sup>4</sup> A. Summers, pp. 191-197.

<sup>5</sup> B. Farwell, *The Great Anglo-Boer War* (New York, 1976), p. 243.

<sup>6</sup> Cited in A. Summers, p. 104. (Source: *Nursing Record*, 25 June 1898, p. 518)

At the outbreak of the South African War, fifty British doctors along with 1,000 orderlies and twelve trained British army nurses were employed for the South African military hospitals.<sup>7</sup> By the end of the war, some 6,000 orderlies and nearly 1,700 British, Australian and New Zealand nurses had joined the staff of these hospitals caring for the sick and wounded.<sup>8</sup> Although early reports on the war presented a glowing picture of the soldiers' bravery and good health, by January 1900, thousands of sick soldiers had been admitted to military and civilian hospitals.<sup>9</sup> At Ladysmith 13,500 soldiers required hospital care mainly for enteric fever.<sup>10</sup> One makeshift hospital attended to another 5,000 all of whom had enteric.<sup>11</sup> Number 2 General Hospital, Capetown, equipped for 500 patients, had nearly 1,700 'all enteric, and nearly all very bad'.<sup>12</sup> Severe enteric fever caused the greatest numbers of casualties. Hospitals were described as being filled with an 'all pervading faecal odour' with poor sanitary conditions and overcrowding assisting to spread disease through the troops.<sup>13</sup> Camps with no latrines, no supervision of soldiers' health, men 'dying like flies for want of adequate attention' were elements of 'criminal neglect of the most simple laws of sanitation'.<sup>14</sup> Rudyard Kipling, working in South Africa as a reporter for *The Friend*, an army newspaper, is said to

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7 A. Summers, p. 196.

8 S. Gray, p. 1. Summers gives the figure of 1,200 nurses which may have included colonial nurses, p. 196.

9 *Otago Daily Times (ODT)*, 8 March 1900, p. 9.

10 A. Summers, p. 206. Enteric fever was the term used to describe the many forms of dysentery, such as typhoid, typhus or other infectious diarrhoea.

11 D.O.W. Hall, *The New Zealanders in South Africa, 1899-1902* (Wellington, 1949), p. 84.

12 Transcript of the Diary of Nurse Dora L. Harris of the New Zealand Nursing Contingent, Nursing Sister in the South African War, No. 2 General Hospital Cape Town and No. 8 General Hospital near Bloemfontain, April 1900-May 1901, Micro MS Coll 20-1906, Reel 2, Alexander Turnbull Library (WTU).

13 L.M. Field, *The Forgotten War: The Australian Involvement in the South African Conflict of 1899-1902* (Melbourne, 1979), p. 108.

14 P. Knightley, *The First Casualty: From the Crimea to Vietnam: The War Correspondent as Hero, Propagandist and Myth Maker* (London, 1989 edition), p. 74.

have been so shocked with the state of military hospitals that he loaded a hand-cart with bandages and delivered them to a hospital in Capetown.<sup>15</sup> While Kipling's gesture highlighted the lack of hospital supplies, his words effectively presented the suffering of soldiers.

Dysentery that milks the heart out of a man and shames him before his kind; rheumatism, which is the seven devils of a toothache, in the marrow of your bones; typhoid of the loaded breath and the silly eye, incontinent and consuming; pneumonia that stabs in the back and drives the poor soul, suffocating and bewildered, through all the hells of delirium.<sup>16</sup>

Almost from the first sign of war, New Zealand nurses were optimistic that this war would provide them with an opportunity to nurse the soldiers. The prospect of military nursing added a new dimension to the professional achievements of New Zealand trained nurses. The corps of respectable women nurses saw their chance to become involved in the new endeavour of military nursing and extend their professional status. Those nurses who had independently gone to South Africa at the outbreak of war had been employed in military hospitals and reported unfavourably on the lack of 'proper' nursing. 'Colonial Nurse' wrote of her work in a military hospital caring for soldiers who suffered 'ragged and jagged' injuries from exploding shells and pieces of shrapnel.<sup>17</sup> Another nurse reported that sick soldiers received attention from untrained women who provided them 'with all sorts of dainties and stimulants'.<sup>18</sup> The press reports on nurses already in South Africa developed an image of the nurse as another Nightingale tenderly ministering to the suffering soldiers.

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<sup>15</sup> Ibid., p. 74. (Source: The Report of the Royal Commission Appointed to Consider and Report Upon the Care and Treatment of the Sick and Wounded During the South African Campaign PP 1901, XXIX). William Burdett-Coutts, British member of Parliament, hearing of the atrocious hospital services went out to South Africa to see for himself and gave evidence to the Royal Commission. The report recorded that a lack of bedpans and chamber-pots existed. A.G. Hales, an Australian war correspondent, wrote a highly critical article on medical services for the *British Times*.

<sup>16</sup> Cited in A. Summers, p. 217. (Source: *Nursing Record*, 28 April 1900, p. 337).

<sup>17</sup> *ODT*, 8 March 1900, p. 9.

<sup>18</sup> Ibid., p. 2.

The day draws to a close, the last drink given, the last dressing applied and the orderlies come on duty for the night. I stumble down the winding path, whose landmarks are white washed stone, instead of lamps, to the quarters, and being a woman I feel I want to cry....<sup>19</sup>

Such images reinforced the image of nurses' kindness and concern for others, a labour of love. Grace Webster, a nurse at Christchurch Hospital, saw nurses as 'a morale booster' for sick soldiers.<sup>20</sup> Whether Webster's term 'morale booster' referred to the need for trained nurses to nurse the sick, or that soldiers would benefit by women's presence, is uncertain. Others more precisely stated the reasons why trained nurses should provide military nursing. Contrary to any romantic notion nurses might have had about being another 'Nightingale', Isabella Fraser called for nurses who could 'make splints, prepare their own dressings, bandages, arrest haemorrhage and assist at operations' and who would be 'very valuable assistants to the doctors'.<sup>21</sup> She did state, however, that women would see it as 'natural' that nurses would wish to attend to 'the welfare of our soldiers'.<sup>22</sup>

While Fraser drew on the idea that woman's 'nature' would gain the nurse a place in military nursing, she also implied that soldiers should be cared for by women who held a nursing qualification. Women, while 'naturally' capable of nursing, also required this training to provide particular nursing skills, a training that elevated their character and knowledge and equipped them to become the guardians of the sick. Fraser's argument established the usefulness to the doctor of the professional nurse's training. Orderlies, although they could turn their hand to many duties, lacked the specific skills of the trained nurse and the 'natural' ability of

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<sup>19</sup> Ibid., 7 March 1900, p. 3.

<sup>20</sup> Cited in S. Kendall and D. Corbett, p. 6. (Source: *ODT*, 1900, no date is given). Grace Webster trained at Christchurch Hospital. She married the Reverend Dr. Morley in 1903 and her name is not recorded in the 1903 Register of Nurses, NZG.

<sup>21</sup> Address by I. Fraser, Matron of Dunedin Hospital, to the Otago Branch of the South African War Nurses' Committee, private collection, New Zealand Nurses' Organisation, Otago Branch.

<sup>22</sup> Press report of the address given by I. Fraser, Matron of Dunedin Hospital, *ODT*, 9 February 1900, p 5.

women to care for the sick. With their training, nurses could be relied upon to observe for and arrest haemorrhage, to have more advanced knowledge of disease, and to also assist at surgery.<sup>23</sup> The confidence expressed by Fraser as to nurses' suitability for military nursing would soon be put to the test.

The New Zealand government's offer of nurses to assist in South African military hospitals was accepted by the British War Office in 1900.<sup>24</sup> While only one contingent of New Zealand soldiers had gone to South Africa by January 1900, a second was being prepared and it seemed likely that an increasing number of officers and soldiers would join the fighting. Letters to the press supported the government's offer of the service of nurses.<sup>25</sup> Reports of the illness rate among the troops suggested that military hospitals had insufficient nursing staff and public concern focused on the New Zealand soldiers being sent to assist the Imperial Forces.<sup>26</sup> Two hundred women who attended a meeting in Dunedin on the needs of the sick soldiers gave their wholehearted support to the proposal that trained nurses be sent to South Africa. According to these women 'nothing could be more consonant to the nature and attributes of women than [military] nursing'.<sup>27</sup> Isabella Fraser, also at the meeting, became a member of the committee formed to raise funds to send nurses to South Africa. Political influence had much to do with sending nurses to war as did public outcry. Dunedin parliamentarians, Alfred Barclay and James Arnold, received requests from individual nurses and, in turn,

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<sup>23</sup> Ibid., p 5.

<sup>24</sup> 'Nurses for South Africa', *ODT*, 22 January 1900, p. 5. At the outbreak of the war the New Zealand Government had requested approval for New Zealand trained nurses to work alongside British nurses. The request was refused owing to the belief that sufficient numbers of British nurses were already available.

<sup>25</sup> *The Press* (Christchurch), 26 December 1899, p. 4. *ODT*, 22 January 1900, p. 5. *ODT*, 9 February 1900, p. 6.

<sup>26</sup> *ODT*, 6 March 1900, p. 9.

<sup>27</sup> Ibid., 9 February 1900, p. 5.

asked the premier to send trained nurses with the New Zealand troops.<sup>28</sup> Elizabeth Hay, a nurse at Dunedin Hospital, who worked actively with the Otago Committee collecting money to send nurses to South Africa, was a family friend of Alfred Barclay and of the Honourable Joseph Ward who was said to often visit their house at weekends.<sup>29</sup> Nora Stevens, daughter of John Stevens, senior whip for the Liberal Government, used her connections to request a place for nurses.<sup>30</sup> By March, four Christchurch nurses, supported by public fund-raising, had taken up nursing duties in South Africa.<sup>31</sup> Seven nurses representing Otago and Southland, selected by the Otago committee and also supported by public appeal, arrived in April.<sup>32</sup> Other nurses made their way independently to the war, finding employment in both civilian and military hospitals.<sup>33</sup>

Military nursing presented very different circumstances from those found in New Zealand civilian hospitals. Upon their arrival, a number of New Zealand nurses were placed with the British Army Nursing Service Reserve (ANS(R)) under the supervision of British matrons who were 'regulars' of the ANS.<sup>34</sup> According to Dora Harris, military hospitals were 'very rough and neglected' and the work was 'a

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28 New Zealand Contingent for South Africa, *AJHR*, 1900, A-3, Vol. I, p. 2.

29 Communications with Sheila Gray, May 1993, the author of *The South African War 1899-1902: Service Records of British and Colonial Women: A Record of the Service in South Africa of Military and Civilian Nurses, Laywomen and Civilians*.

30 Communications with Sheila Grey, May 1993.

31 S. Kendall and D. Corbett, p. 7. The Christchurch nurses were Emily Peters, Annie Hiatt, Gertrude Littlecott and Grace Webster.

32 *ODT*, 9 April 1900, p. 3. The nurses were Misses Janet Williamson, E.M. Monson, I. Campbell, Nora Harris and S.J. Ross from Otago, and A.D. Peiper and E.R. Hay from Southland.

33 For example Mabel Brook-Smith and Geraldine Jeffery.

34 The work of A. Summers on the ANS during the South African War and the subsequent formation of the QAIMNS and its reserve has provided considerable information for this section of the thesis.

little trying'.<sup>35</sup> Not only were the staff overworked, but hospitals had little equipment and even that was often outdated. Some hospitals had no bandages, cots, pillows, or measuring glasses.<sup>36</sup> One New Zealand nurse reported that sick soldiers 'lay in their uniforms, they died in them, and were buried in them with their knapsacks for pillows'.<sup>37</sup> Another New Zealander gave a graphic account of her impressions of military hospitals:

On arrival I found the place a hotbed of fever - enteric raged everywhere. It was no wonder. There were no sanitary arrangements, and dead animals lay everywhere....With five thousand cases of enteric fever, supplies ran very short.<sup>38</sup>

Military hospitals, overcrowded and lacking the order of civilian hospitals, presented a challenge to nurses. From most accounts, nurses quickly moved into the strenuous work, finding many of the soldiers required skilled nursing. Harris's record of her experiences shows that nurses were at times hard-pressed to keep up with the continual work of taking temperatures, washing patients, giving medicine and stimulants and attending to men with severe diarrhoea.<sup>39</sup> An Australian nurse recorded having to pay special attention to cleaning the mouths of the 'worst typhoids', moistening the lips and palate in order for the soldiers to be able to speak. Another commented on the numbers of funerals passing the hospital each day.<sup>40</sup>

Military hospital organisation, designed on different lines from civilian hospitals, emphasised division of labour by military rank. Harris received a warning from a British nurse that military hospitals had their own set of rules.<sup>41</sup> Military

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<sup>35</sup> D. Harris, p. 6.

<sup>36</sup> P. Knightley, p. 74.

<sup>37</sup> J. Rattray, p. 128.

<sup>38</sup> *Ibid.*, p. 128.

<sup>39</sup> D. Harris, p. 2.

<sup>40</sup> J. Bassett, p. 19.

<sup>41</sup> D. Harris, p. 2.

officers arranged and organised the transfers of nurses and, on arriving at a new appointment, nurses reported to the medical and military officers. Doctors, appointed to control the ward organisation, gave instructions to both orderlies and nurses. The emphasis on control and division of labour among nurses in civilian hospitals had little place in military hospitals. British matrons, who were regular members of the British Army Nursing Service, although confident of their position as 'regulars' as distinct from the 'reserves', found their authority frustrated by army control. One major difficulty was the need to supervise nurses scattered among the many hospitals, some of which could be miles apart.<sup>42</sup> The regulations for the British Army Nursing Service set standards for the employment of military nurses but their duties and hours of work remained loosely structured.<sup>43</sup> A nurse could use her discretion as to the hours she worked and take the afternoon off to go riding, attend social outings, or stay off work because the weather was poor.<sup>44</sup> In fact, for some nurses military nursing held more appeal than civilian nursing.<sup>45</sup> Opportunity for travel, the excitement of mixing with officers involved in war action, scavenging for and collecting military souvenirs, and the social activities available to nurses provided an alternative to the organised routine of civilian nursing. Working in tents was a challenge, and living in tents became a novelty.

Throughout the war, British and New Zealand nurses held uncertain status in army structures. The 1900 British Royal Commission set up to consider complaints made on the care of the sick and wounded stated that 'In the army estimates we do

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42 Ibid., pp. 8, 9.

43 New Zealand nurses required three years of training and a certificate from their training hospital. They were to be between 25 and 35 years and were paid £1.5s. per week by the British Army. The private soldier received 4s. a day (£2.2s. per week).

44 D. Harris, p. 10.

45 A. Summers, p. 199.

not even provide theoretically for a single lady nurse'.<sup>46</sup> Division of labour existed in military structures, but no clear lines separated female nurses' sphere of activities from those of orderlies. In civilian hospitals matrons organised the housekeeping and nursing services while ward sisters allocated duties to probationers and established their position as organisers of ward routine. Traditionally, in military hospitals, doctors organised the ward work and orderlies provided the nursing care carrying out both housekeeping and cleaning duties.<sup>47</sup> While both nurses and orderlies cared for the sick, the orderlies also earned their place in military structures by carrying out a variety of duties.<sup>48</sup> The orderlies not only attended the sick soldiers and cleaned the wards, but also transported the wounded, gave first aid at the battle front and raised tents as and when needed. Nurses supplemented the orderlies' work, releasing them for other military duties. Orderlies worked seven days a week having only an occasional day off, and they worked extended hours as required. Nurses, according to Harris, worked mainly on day shifts having only an occasional night duty, although other nurses stated they were required often to do night shift. Morning duty for nurses commenced at 8.30 a.m. finishing at 2 p.m. with a further work period, if required, between 5 p.m. and 8 p.m. Nurses could also be expected to carry out orderlies' duties replacing the orderly when he was called to perform other duties.<sup>49</sup>

The power held by orderlies over the daily ward routine challenged the division of labour which underpinned nursing in civilian hospitals. Although it was believed that, as men, orderlies lacked the 'natural instincts' of women and had less

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<sup>46</sup> Cited in A. Summers, p. 98. (Source: Report of the Royal Commission Appointed to Consider and Report Upon the Care and Treatment of the Sick and Wounded During the South African Campaign, PP 1901, XXIX, p. 376).

<sup>47</sup> A. Summers describes the training of British orderlies in military hospitals, pp. 103-105. See also J. Bassett, p. 18.

<sup>48</sup> A. Summers, p. 98.

<sup>49</sup> D. Harris, p. 3.

training than nurses, the orderlies, nonetheless, carried out military nursing duties. It took three years to train as a nurse, yet orderlies carried out similar duties after six months training in stretcher bearing and application of field dressings, with a little first aid thrown in. From what one Australian nurse had seen of the orderlies' abilities she thought

[T]he orderly system is not by any means to be commended. The men who take this work up are not as a rule of sufficient training or education to appreciate, as a trained nurse can, the gravity of the work.<sup>50</sup>

From the moment New Zealand nurses arrived in South Africa, orderlies became the butt of their criticism. Harris found one orderly 'too stupid for words' and others she described as 'unhelpful men' who 'don't know how to work'.<sup>51</sup> She scathingly commented on the quality of care given by orderlies who 'were a stupid lot of men'.<sup>52</sup> British nurses made equally caustic comments about orderlies' abilities. One stated that she believed that orderlies had expected to act as stretcher bearers and disliked finding themselves attached to a hospital changing sheets of 'the unconscious patients with diarrhoea and haemorrhage'.<sup>53</sup> In her view the orderlies were 'about as useful as an average ward maid at home, and the sisters have to act as sister, staff-nurse, and probationer too...'.<sup>54</sup> She had no hesitation in stating that because of the presence of trained nurses 'the Tommies [have never] been so well looked after before'.<sup>55</sup> Bessie Teape seemed to be the only New Zealander who thought the orderlies were grossly overworked. She commented that sometimes the orderlies might not go to bed for two or three nights of the week and they had to

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<sup>50</sup> Quoted in J. Bassett, p. 18.

<sup>51</sup> D. Harris, pp. 8, 16.

<sup>52</sup> *Ibid.*, p. 8.

<sup>53</sup> E.C. Laurence, *A Nurse's Life in War and Peace* (London, 1912), p. 161. Laurence worked at The Princess Christian Hospital, a private hospital, during 1900 and moved to the 18th General Hospital in 1901.

<sup>54</sup> *Ibid.*, p. 166.

<sup>55</sup> *Ibid.*, p. 193.

bury the dead in addition to carrying out their ward duties.<sup>56</sup> While nurses could be resentful of the position attained by orderlies there was little they could do to undermine it as they held little, if any, authority over orderlies.<sup>57</sup> The only recourse open to nurses in defending their place was to complain to senior military officers that orderlies were insubordinate or lazy, those features which could be considered as thwarting military discipline. Disparaging orderlies' work, however, generally fell short of actually stating they were no use at all, as orderlies were more than helpful, according to Harris, when the work was heavy or when a nurse wished to take time off for social outings.

Nurses' work in military hospitals was not only affected by the orderlies' place in military structures, it was also influenced by restrictions imposed upon nurses' behaviour. Nurses of the new system drew heavily on the belief in lady-like behaviour to support their professional cause. By 1900, morally virtuous behaviour had become so closely linked with commitment and devotion to nursing service that any behaviour that could be construed as unwomanly reflected badly on all nurses. Sir Frederick Treves, medical officer in charge of No 4 Field Hospital, Ladysmith, expressed sentiments similar to those of Isabella Fraser when he referred to the nurses as unselfish, self-sacrificing, with 'indefatigable devotion to duty', the essence of 'lady like' women.<sup>58</sup> Nurses, according to Treves, had a quality 'which men are little able to evolve or are uncouth in bestowing, and which belongs especially to the tender undefined and undefinable ministrations of women'.<sup>59</sup> But not all nurses presented such a commendable picture. Nurses who failed to exhibit womanly qualities were considered as less than 'proper'. Dr Robert Bakewell, a

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<sup>56</sup> Communications with Sheila Gray on the diary of Bessie Teape, 25 June 1993.

<sup>57</sup> J. Bassett, p. 17.

<sup>58</sup> Cited in R. Goodman, p. 10. (Source: F. Treves, *The Tale of a Field Hospital following the Ladysmith Relief Column in the South African War*, London, 1900).

<sup>59</sup> *Ibid.*, p. 10.

British medical officer, and his visitor, the major, critically assessed nurses for their failings as women:

The Major came in last night about 9 and talked till past 10....Talked a good deal about the nurses. Says Sister Carter...was the only really loyal one among them and was universally liked "but would flirt with a pair of breeches if she could get nothing else!". It appears three of his nurses got themselves into trouble. He speaks of them as 'hard' and 'unsympathetic'. How can any woman with what we consider womanly feelings and character go through the studies they are expected to go through? Is there any necessity for such studies and exams? The present nurses, so far as I have seen them with one exception, are not 'gentlewomen'. I dare say they are as good as can be got, but give me the men - properly trained and disciplined....Our sister is just a lump of affectation trying to hide a marked provincial accent and pronunciation, by a slow mincing sort of speech. Why on earth can they not do their duty without flirting?<sup>60</sup>

This comment may not have been general, but Bakewell obviously thought that the strict training sometimes produced 'hard', 'unsympathetic', 'flirtatious' nurses exhibiting explicitly sexual inclinations, and Sister Carter offended his and the major's established notions of nurses. Such allegations illustrated common beliefs and stereotypes held about nurses of the reformed system. On the one hand, nurses of the new system were expected to behave as morally decent gentlewomen, unselfishly tending to the soldiers with no thought or inclination other than a professional nursing regard towards their patients. However, they could also be considered to have the womanly characteristics ground out of them through the training. In civilian hospitals, nurses had won their place because of propriety. Challenges to, and views about, women's place and nurses' behaviour created paradoxes. No matter how well the nurse might care for the sick, it was difficult to overcome the various assumptions and ambiguities imposed by the prevailing perceptions of women's 'nature'. Being womanly could appear to mean different things to different groups, and nurses could, and did, experience difficulties if their behaviour was considered to pose a problem. A doctor might overlook the nurse in

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<sup>60</sup> Diary of Doctor Robert Hall Bakewell, 1892-1908, MS 0125, WTU. Nurse K.M. Carter was a member of the British Army Nursing Service Reserve from 4 March 1900 to 11 October 1901. See S. Gray for names of nurses employed in military and civilian hospitals during the South African War.

preference to the orderly who was 'properly trained and disciplined' according to Bakewell, on the grounds that the nurse was acting less than appropriately. Nurses were also hard pressed to compete against orderlies, however inexperienced, because orderlies were seen as holding military status and could carry out the work well enough to satisfy the military and medical masters.

For the newly emerging New Zealand nursing profession, this first experience of military nursing could not be considered an outright success. It fell short of the hoped for extension of professional status as nurses struggled against the restrictions imposed upon their work and behaviour because they were women. The ambivalent attitudes of doctors and military authorities towards trained nurses were gradually overcome through sheer necessity - nurses were needed to add to the numbers required to provide a nursing service, not because they were given priority as carers of the sick. Although nurses had constructed their occupation in civilian hospitals by linking it with the Victorian traditions of womanly work, cleanliness and order, together with the womanly virtues of propriety, dedication and disciplined duty, military nursing was considered by some to be no place for women. With its reliance on orderlies, military hospitals helped sustain the belief that war was an all-male affair. In military hospitals the separate sphere of nurses' work was the sphere of work for the orderly. While the use of female nurses in civilian hospitals reinforced the belief that women with their 'nature' were the providers of nursing, within military structures the employment of orderlies reinforced the belief that war was no place for women. Nurses found their duties circumscribed by the place of orderlies who were acknowledged as the first-line attendants of sick and wounded soldiers; orderlies with little training could adequately carry out the duties required by doctors who held the control over hospital wards, usually the realm of trained nurses in New Zealand civilian hospitals.

The events faced by nurses during the Boer War foreshadowed the pattern of nurses' involvement in World War I when nurses, once again, shared the responsibilities of nursing the soldiers with those they considered less skilled. However, the experience gained during the South African Campaign of having military nurses attached to military hospitals influenced the future of military nursing in New Zealand. British nurses benefited from the reports made on the state of military hospitals by British parliamentarians, some war correspondents and a few senior army medical officers.<sup>61</sup> By 1902, a new British military nursing organisation, the Queen Alexandra's Imperial Military Nursing Service (QAIMNS) developed to strengthen nurses' place in military hospitals and by 1914 this specific British nursing service supplied nurses for World War I.<sup>62</sup> British military nursing outcomes dictated the military nursing endeavours of New Zealand. In 1915, trained New Zealand nurses would again work alongside the British military nursing organisation, finding a place within the constraints of military structures, supervised by what was considered the superior nursing organisation, the QAIMNS. They would face difficulties concerning gender similar to those met with during the South African War. However, the public support given to New Zealand military nurses assisted the developing organisation and, during the early years of the twentieth century, nursing turned its attention towards strengthening its professional status in civilian hospitals.

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<sup>61</sup> P. Knightley, p. 74.

<sup>62</sup> A. Summers, p. 224.



A Nurse of the Boer War, 1900 wearing a chatelaine which held  
forceps, scissors and probe.  
Queen Elizabeth II Army Museum, Waiouru.

## CHAPTER 3

### Reinforcing the Professional Nature of Nursing: 1900 to 1914

Nursing is, comparatively speaking, a new profession or calling. In England, by many, nursing is not yet considered a profession and nurses there are having a hard fight for proper recognition; still it is beginning to be realised in most countries that the trained nurse of all women, if possessing the right characteristics, can be capable of doing almost limitless work for the private and public good of humanity.<sup>1</sup>

The encounter with military nursing during the South African War helped nurses to gain civilian support for their professional work, but did little to change the structures of military nursing. It required stronger professional leadership and an adherence to dedication, skill and moral virtue in order for nurses to be recognised as suitable carers of the sick and wounded soldiers in World War I. Following the professional gains made during the late nineteenth century, the period between 1901 and 1914 saw crucial developments in the professional development of New Zealand nursing. Through the leadership of Grace Neill and Hester Maclean, who held status and rank in the public sphere, the profession moved to consolidate its place in civilian hospitals. The 1901 Nurses Registration Act gave legal sanction to the profession of nursing.<sup>2</sup> A trained nurses' organisation, established in 1909, and a nursing journal first published in 1908, provided forums for voicing nursing interests. In order to enhance its professional status, the profession further cultivated the ethos of nursing as work for morally suitable women. Training schemes carefully instructed probationers in the behaviours expected of a registered nurse, and nurse leaders gave guidance in womanly propriety to a corps of disciplined trained nurses eager to prove their worth in the field of nursing. Nursing skills, which complemented and

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<sup>1</sup> 'The Nurse's Larger Sphere', *NZNJ*, January 1912, 5:1, p. 21.

<sup>2</sup> The Nurses Registration Act, 1901. Refer to footnote 14 of the Introduction.

enhanced medical practices, helped to marginalise the untrained and strengthen the profession's hold over nursing.

Benefiting not only from the South African War, but also from nearly two decades of change in nursing, the profession began to attract new recruits in unprecedented numbers. Between 1903 and 1909, the number of trained nurses increased from 292 to 749.<sup>3</sup> By 1913, the number had reached 1,278. Some public hospitals still retained the service of untrained women, but they were mainly employed in the smaller hospitals.<sup>4</sup> The 1901 annual report on public hospitals proudly stated that the 'business of nursing has become a distinct profession' and that the untrained were being gradually removed from service in public hospitals.<sup>5</sup>

Duncan MacGregor, Inspector of Hospitals and Charitable Institutions, confirmed the place of trained nurses in hospitals.<sup>6</sup> In what might be described as a florid report, he laid before the Government the strengths and weaknesses of the new system of nursing. According to MacGregor, the 'ignorant, untrained, and self-

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3 'Occupations of the People', Table IX, Results of a Census of the Colony of New Zealand Taken for the Night of 31 March 1901, *Census, 1901*, Vol. I, p. 325. For 1901 there were 446 hospital or asylum nurses, 455 sick nurses and 1076 midwives and monthly nurses. As the title 'nurse' could be used by the untrained the *Census* is a less reliable document than the Register of Nurses, published in the *NZG*, for providing an estimate of the numbers of trained nurses. The *NZG*, 1903, No 5, pp. 152-198 lists 292 trained nurses as registering under the Nurses Act, 1901. For 1907, the *NZG* lists the names of 591 trained nurses. For 1909, the *NZG* lists 749 names. For 1906, the *Census* shows there were 545 hospital or asylum nurses, 298 midwives and 1732 sick nurses, p. 367. In 1911 the *Census* entry for nurses changed its sub-headings to 'nurses in hospitals' and 'nurses not in hospitals' which confuses the reliability of the census even more.

4 Report on Hospitals and Charitable Aid in the Dominion, 'Returns Relative to Separate Institutions', *AJHR*, 1909, H-22, Vol. IV, pp. 51-52. Tuapeka Hospital, Cromwell Hospital, Akaroa Hospital and Havelock Hospital each employed one untrained woman as matron to undertake nursing duties. Public hospitals is the common term for New Zealand hospitals supported by Government funding.

5 Report on Hospitals and Charitable Institutions of the Colony, *AJHR*, 1901, H-22, Vol. IV, p. 2.

6 *Ibid.*, pp. 2-4. See also N.S. Murray, 'The Life and Work of Dr. Duncan MacGregor', MA Thesis, Otago University, 1946. MacGregor was professor of moral and mental philosophy, Otago University 1871-1886, and the Inspector of Hospitals and Charitable Institutions, 1886-1906.

indulgent' women had been banished from the realms of nursing and, in their place, 'well-educated women, filled with the enthusiasm of humanity, devoted themselves to the noble career'.<sup>7</sup> However, MacGregor was mindful that there needed to be controls over the numbers of women practising nursing and he set out to implement legal constraints through the New Zealand Nurses Registration Act. His objective was to control the numbers of probationers being employed in public hospitals and he also aimed to limit the use of amateur women whom he accused of masquerading as trained nurses. These untrained women, said to lack any 'systematic training' and often supported by doctors were, he stated, 'quite unfit to exercise the most ordinary of a nurse's duties'.<sup>8</sup> His accusations over what he considered to be the 'capricious' extension of the numbers of probationers being employed was directed at those hospital boards who hired probationers considered to have the 'right' family connections. According to MacGregor, hospital board members, influenced by 'billet-hunting', bowed to the pressure of their constituents and extended their patronage to the daughters of family friends.<sup>9</sup> Some hospital board members also promoted trained nurses who MacGregor considered had neither the experience nor the right to be promoted over others. Often these promotions occurred without consultation with either the doctors or matrons of the hospitals.<sup>10</sup> Presenting the dilemmas confronting nursing development in his 1901 annual report, he moved to tighten state control over the occupation of nursing, calling for the support of new nursing legislation to provide 'a reliable list of nurses properly trained and tested by State examinations'.<sup>11</sup>

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7 Ibid., p. 2.

8 Ibid., pp. 3, 4.

9 Women over the age of twenty-one had received political emancipation in 1893. They voted for the first time in the 1893 general elections.

10 **AJHR**, 1901, H-22, p. 4.

11 Ibid., p. 4.

The 1901 Nurses Registration Act provided the structure for nursing in the early years of the twentieth century. The Act defined nursing as a female occupation, and restricted training to the public hospitals.<sup>12</sup> This preserved the ethos that nursing should be womanly work directed towards the service of the sick and poor. It also excluded the untrained from practising nursing in public hospitals. Owners of private hospitals, who had been seeking authority to train nurses for some years, found the Act prevented them developing their hoped-for training schemes which were often intended to employ low-paid probationers.<sup>13</sup> The syllabus of instruction prescribed twelve hours of instruction in theory, and an external state examination. The one year training scheme extended to three years and could only be undertaken in public hospitals under control of the Department of Hospitals and Charitable Institutions. The *New Zealand Gazette* listed the names of trained nurses who had met the standards for registration.<sup>14</sup> With the new legislation, nursing now had a national structure removing, up to a point, local board members' control over nursing. The Act formally invested in the Inspector of Hospitals the power to set the standards for nursing and to approve nurse training schools.

Although MacGregor initiated the Act, it received its structure from his assistant, Elizabeth Grace Neill.<sup>15</sup> As the numbers of nurses throughout the country increased, MacGregor had felt he needed the assistance of a woman to help supervise nursing

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<sup>12</sup> The Act refers to the nurse as 'she'.

<sup>13</sup> In 1907 the number of private hospitals peaked at 293. Over the next two years the numbers of private hospitals decreased.

<sup>14</sup> Between 1903 and 1932 the names of trained nurses were listed annually in the Register of Nurses, NZG. One name of a man is listed in 1905 as a Canadian nurse. Neither the Canadian Nurses' Association nor the New Zealand Nursing Council have been able to find information on this male nurse in their files for this year. This could possibly be a typing error in the NZG.

<sup>15</sup> See M. Tennant, *Paupers and Providers: Charitable Aid in New Zealand* (Wellington, 1989) for an analysis of Neill's contribution to New Zealand hospitals and charitable institutions. Neill is most commonly referred to as Grace Neill. See also S. Wallace, pp. 7-14. Neill was born in Edinburgh in 1846. She trained at King's College Hospital and as a midwife at St. John's House, England. She had experience as sister in charge of Pendlebury Hospital for Children. At the age of 32 she married Dr Channing Neill and they had one son.

changes. The 1895 Christchurch Hospital Commission had given an indication of the conflict occurring between the nurses of the new system and those of the 'old', and Neill's position was to ease the 'new' nursing organisation into the public hospital system. At MacGregor's request, Neill was appointed as his assistant to attend to women applicants for charitable aid and also to oversee hospital nursing.<sup>16</sup> Neill received her education at a private academy in Rugby, England, and her nurse training in 1873 as a paying probationer at King's College Hospital - one of the British hospitals recognised as a training ground for Nightingale nurse leaders.<sup>17</sup> Following her training she married and had a son and the family emigrated to Australia. Her short marriage ended when her husband, a doctor, died and she found herself and her son left without financial support. To support herself and her son, she worked as a journalist in Queensland contributing articles to the local papers.<sup>18</sup> Eventually she found her free-lance articles accepted by the *Daily Telegraph* and the *Brisbane Courier*, and supplemented her income working as a typist recording the proceedings of some of the arbitration cases heard by the Queensland Court.<sup>19</sup> Her connections with the Queensland governor, made during her time as typist for the arbitration court, opened the way for her membership of a commission on working conditions in Queensland. For nearly 18 months she was employed by the Queensland Government to investigate the conditions of the poor and distribute relief funds as a member of the Royal Commission of Inquiry examining the conditions affecting

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<sup>16</sup> Neill came to New Zealand in 1893 as a clerk with the Department of Labour, and by 1894 was appointed as inspector of factories.

<sup>17</sup> The King's College Hospital was involved in Nightingale's nursing reforms in the 1860s. See M. Baly, 'The Nightingale Nurses: The Myth and the Reality', in C. Maggs (Ed.), *Nursing History: The State of the Art* (London, 1987). F.B. Smith, *Florence Nightingale: Reputation and Power* (London, 1982), pp. 160-2, M. Baly, *Florence Nightingale...*, pp. 67-72, and K. Williams, 'From Sarah Gamp to Florence Nightingale: A Critical Study of Hospital Nursing Systems from 1840 to 1897', in C. Davies (Ed.), *Rewriting Nursing History* (London, 1980), pp. 41-75, for their opinions on this hospital.

<sup>18</sup> S. Wallace, p. 7.

<sup>19</sup> *Ibid.*, p. 7.

female labour in shops, factories and workshops.<sup>20</sup> This experience led to her being employed in 1895, as Assistant Inspector of Hospitals and Charitable Institutions, working alongside Duncan MacGregor.

Neill's appointment to the Department of Hospitals and Charitable Institutions proved to be a key element in nursing's emergence as a nationally coordinated female occupation. While MacGregor had ostensibly implemented the Nurses Act, it was Neill who gave shape to the legislation. Neill followed MacGregor in the conviction that state legislation would modify the abuses imposed on probationers and nurses at the hands of hospital board members and supported what MacGregor termed 'those noble qualities and services...of our really qualified nurses'.<sup>21</sup> Neill worked closely with MacGregor, assisting him with his investigations of standards of services in public hospitals. During the Christchurch Inquiry in 1895, Neill had featured prominently, interviewing the nurses and matron and reporting to the inquiry her views of the unsuitable qualities of the nurses of the 'old' system. She, along with others members of the inquiry, emphasised the 'imperfect propriety' of nurses who inherited the pre-reform nursing traditions, highlighted the knowledge and skills of the new system nurses, and recommended that wardsmen, men employed to attend to male patients, be limited in their duties.

A feature of Neill's appointment was the freedom she was given to supervise the introduction of nursing reforms. As the Inspector of Hospitals, MacGregor controlled the entry of nurses' names to the register. In reality, Neill held the control over nursing practice and it remained under her control until her retirement in 1906. Neill assessed nurses' capabilities, reported on the suitability of nursing services in hospitals throughout the country, and designed the legislation for both the 1901

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<sup>20</sup> Minutes of Proceedings into Shops, Factories and Workshops (Royal Commission of Inquiry), Brisbane, Australia, 1891, p. 937.

<sup>21</sup> AJHR, 1901, H-22, p. 4.

Nurses Act and the 1904 Midwives Act.<sup>22</sup> Although MacGregor was responsible for the annual report on Hospitals and Charitable Institutions, Neill's views dominated in the section on nurses, and they agree very closely with traditional beliefs about women's work. Her training at King's College Hospital had prepared her for a leadership position with rights and privileges over other women. However, in one main area she differed from early British nurse leaders. Unlike Nightingale, who appears to have thwarted British nursing legislation in the early years of the twentieth century because of her views that nursing should remain a vocation not a formal occupation, Neill maintained that state registration would give coherence to training schemes and assist nurses to gain a recognised place in caring for the sick.<sup>23</sup> Neill significantly influenced the regulations for state registration by drafting the legislation and, in the process gained control over nursing registration.<sup>24</sup> The cooperation of MacGregor seemed to be assured. Neill supported MacGregor's proposal for state registration and he, in turn, supported her work, leaving her to act on his behalf in the area of nursing. She not only became the administrator of the Act but also the main designer of standards for nurse training.

Nurses were united in their support for the Act which significantly secured the place of nurses in public hospitals by endorsing the care of the sick as uniquely for women with a training, or undergoing the prescribed training process. More important, it divided the trained from the amateur. State registration was intended to deter the employment of untrained nurses. Although amateur women continued to

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22 The Midwives Act, 1904 [4 EDW. VII, No. 31] NZS, 1904, pp. 189-192. See P. Mein Smith, *Maternity in Dispute: New Zealand, 1920-1939* (Wellington, 1986) for a view on the effects of midwifery legislation. Neill also assisted with inspection of psychiatric institutions and the distribution of charitable aid. She commenced on a salary of £230 while MacGregor received £1200.

23 Nightingale, who died in 1910, held out against registration while other British nursing leaders worked hard to gain British nurses recognition through legislation. In 1914 the moves towards registration for British nurses were thwarted by the start of war.

24 J.O.C. Neill, *Grace Neill: The Story of a Noble Woman* (Christchurch, 1961), p. 43. The Act gave registration to those who already held a certificate for three consecutive years of training and those who, from 1901, received three years of training and successfully passed the State Examination in 'theoretical and practical nursing'.

practise nursing in private homes and hospitals well into the 1930s, trained nurses became more firmly associated with registration from 1901. Neill retrospectively claimed in 1915 that the 1901 Nurses Registration Act was passed

during the Boer war to ensure that for future public service in an emergency there should be a body of qualified women nurses ready to be called on by the Government.<sup>25</sup>

A major theme in a number of women's histories is that war brought women greater political strength and nurses greater power within health care. Only to some extent is this true. Nightingale received support following the Crimean War which allowed for the introduction of a nurse training scheme. According to historians, American nursing, along with many other human services, emerged from the ashes of Civil War.<sup>26</sup> It is probable that the war record of New Zealand nurses encouraged politicians to vote in favour of the Bill. New Zealand nurses who had worked in the South African War had won praise for their dedicated, dutiful service and this helped the cause of nursing legislation. However, MacGregor had initiated discussions on state registration in early 1899. New Zealand nurses volunteered for war just prior to the Bill's introduction to parliament. While debate on the Bill drew the comment that 'trained nurses who served for years in some of the chief hospitals of the colony [had gone] in their official capacity to South Africa' the events leading up to registration had commenced before the outbreak of war.<sup>27</sup>

It is more likely that the Nurses Act received support from politicians not because nurses had participated in the South African War, but because New Zealand women had received the vote in 1893. Women of New Zealand had campaigned for the vote on the grounds that women would 'vote for men of good character'

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25 'Another Strong Appeal', *NZMJ*, January 1915, 8:1, p. 30.

26 E.D. Baer, 'Nurses', in R.D. Apple (Ed.), *Women, Health and Medicine in America. A Historical Handbook* (New York, 1990) p. 460.

27 Hospital Nurses Registration Bill, *New Zealand Parliamentary Debates (PD)*, 1901, 26 July to 29 July, Vol. 116, pp. 179-181; 30 July to 28 August, Vol. 117, p. 387-396, 490, 613-617.

irrespective of party politics, an irresistible lure for some politicians.<sup>28</sup> The positive reception of the Nurses Bill may have reflected politicians' pragmatic concern with women's issues in order to win the women's vote and thus secure their parliamentary seats.<sup>29</sup> But over and above that, the debate on the Nurses Bill came at a time when there were strong popular beliefs about women's moral influence on men. The belief that women held a special skill to select parliamentarians of 'good character' supported the belief that women had morally superior natures, and this in turn reinforced the benefits of the 'new' nurses. Nurses' commitment to womanly propriety helped them win politicians' support for state registration. While there were some dissenting voices, many politicians subscribed to the belief that nurses were morally decent women, and as such the profession of nursing was worthy of registration. No politician made a strong plea that nursing registration should be nurses' right because they had gone to war. The debate on the Bill, in the main, focussed on nurses' ability to be womanly, dedicated and morally respectable. Few politicians acknowledged that nurses required competence in nursing skills, but many reinforced the womanly qualities which nurses were supposed to exhibit when attending to the sick.<sup>30</sup>

New Zealand nursing histories imply that state registration set in place the conditions for a march of progress, and they argue that the Nurses Act promoted the growth of professional nursing.<sup>31</sup> In some ways the Act did give nurses greater occupational security. It also placed some restraint on the high-handed actions of hospital board trustees as the members of the Department of Hospitals and Charitable

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<sup>28</sup> J. Devaliant, p. 104.

<sup>29</sup> For a discussion on New Zealand women's campaign for the vote see P. Grimshaw, *Women's Suffrage in New Zealand* (Auckland, 1987).

<sup>30</sup> Hospital Nurses Registration Bill, PD, 1901, 26 July to 29 July, Vol. 116, pp. 179-181; 30 July to 28 August, Vol. 117, p. 387-396.

<sup>31</sup> H. Campbell, *Mary Lambie: A Biography* (Wellington, 1976). M. Lambie, 'A Wealth of Information', *NZNJ*, 1940, 53:7, p. 8-17. E.B. Salmon, 'The International Idea', in M. Gibson Smith and Y. Shadbolt (Eds.) *Objects and Outcomes: New Zealand Nurses' Association, 1909-1983: Commemorative Essays* (Wellington, 1984), p. 120.

Institutions gained greater control of nurse training and nursing standards. MacGregor and Neill assessed nursing standards and kept statistics on the numbers of nurses and probationers in public hospitals. They had only to allude, in the annual report, to the disparities found among hospital nursing standards and the relevant trustees would attend to the situation rather than be accused of not being in line with other hospitals. Perhaps the most successful aspect of the Act was that it gave nursing greater professional status through its recognition of nursing as work for trained women.

The Act, however, made little apparent difference to the daily work of nurses, and they continued to struggle to define the parameters of their work.<sup>32</sup> Even though the wording of the Act supported a training and the syllabus set out the prescribed training of twelve hours of instruction in theory over three years, there was little immediate improvement made to nurses' working conditions. For example, at Christchurch Hospital in 1912, probationers were required to serve a three month trial period without pay as a test of their suitability.<sup>33</sup> Long hours and strenuous work also continued. Three years of training prescribed by the Act meant a long apprenticeship, confining nurses to a culture of diligent duty and deference. Moreover, the pay rate for nurses continued to be based on conventional thinking about work for women. No comparison appears to have been made between salaries of resident doctors and that of the matrons. Nor could any equation be made with a similar male occupation as the exclusiveness of nursing for women prevented any comparison for pay with a similar male occupation. Unlike female teachers who could, although they didn't, claim financial rewards proportional to those of male

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<sup>32</sup> M. Baly, *Nursing and Social Change* (London, 1980) makes similar claims for the 1919 British nurses registering process.

<sup>33</sup> North Canterbury Hospital Board Records, February 1912-November 1912, p. 302, Canterbury Museum.

teachers, nurses' pay rates were not equated with doctors or army orderlies.<sup>34</sup> Any comparison of nurses' pay rates was against other women's groups, or tested in relation to other levels of nursing staff. In 1909 the annual report on hospitals commented that a staff nurse's pay of £65 was disproportionately high in relation to the matron's annual earnings of £115.<sup>35</sup> Pay rates between hospitals also varied. In 1908 a ward sister at Wellington Hospital earned around £60 per year while Auckland Hospital was offering £65.<sup>36</sup>

The hospital institutions were also becoming larger organisations with greater complexity and this influenced the range of control held by matrons. For example, in 1909 Christchurch Hospital, a 122 bed institution, employed a matron, fifteen registered nurses and 35 probationers while two cooks, ten kitchen and house maids, two permanent and four casual laundresses, five porters, a gardener, four engineers and stokers, one gatekeeper and a mattress-maker were employed to see to the over maintenance of the hospital.<sup>37</sup> Wardsmen, the few still employed, now ranked among the domestic staff. The ward maids, a new breed of hospital domestic workers, came under the jurisdiction of the matron. Violet Petersen, a night sister at Palmerston North Hospital in 1915, records that one of her duties was to make sure the ward maids were up and on duty at the prescribed time.<sup>38</sup> While the ward maids carried out cleaning duties, the probationers continued to wash soiled linen, disinfect, clean and

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34 B. Hughes, 'Women and the Professions in New Zealand', p. 124. This is a point Vicinus also makes in her chapter 'The Revolt against Redundancy', pp. 26-30.

35 *AJHR*, 1909, H-22, Vol. IV, p. 3. The pay-rate for a house surgeon for the early part of the 20th century has not been identified. In 1921 a house surgeon could earn £100 to £200 per year. In 1914 a sister at Wellington Hospital earned £60. For the year 1920 a staff-nurse earned £75, a first year sister could earn £110, a night sister £150-£175 and the lady superintendent's salary ranged between £250-£350.

36 Pay rates for nurses differed throughout the country. A probationer at Wanganui Hospital in 1901 could earn 4s. 2d. per week, half the pay of a trained nurse. At Masterton Hospital probationers earned 5s. per week, again half the pay of a first year trained nurse.

37 *AJHR*, 1909, H-22, p. 20.

38 Violet Petersen, letter to her mother, 21 September, 1915, RV 3796M, Queen Elizabeth II Army Museum, Waiouru, p. 1.

scrub. The new order of hospital management gave the matron control over nurses, the linen and the women employed to cook and clean, while the Hospital Board members, all of whom were men, appointed staff and attended to the hospital finances. In the period between 1883 and 1900, matrons appeared to have more control within hospital administration. At Auckland Hospital in 1883, Crisp had been praised for her administrative abilities which included the control of the alcohol used as medicine. Isabella Fraser who was matron of Dunedin Hospital from 1893 presided over the ordering of supplies and controlled the expenditure. Hospital secretaries, who were almost always men, now attended to hospital finances, accepted tenders and ordered the supplies, while the matrons' attention was more strictly directed to the womanly duties of housekeeping and disciplining the ever increasing numbers of probationers.

Although the Act supported trained nurses by stating who could be called a nurse and laid down regulations concerning the length and content of training, nurses continued to be seen as subordinates within hospital structures. Probationers made up the greatest numbers of nurse employees in the public hospitals. For 1909, 132 trained nurses and 51 matrons were employed in public hospitals out of a pool of a possible 749 trained nurses.<sup>39</sup> These trained nurses supervised 440 probationers. After completing their training, a number of trained nurses found employment in private hospitals or private nursing, often competing for a place with the unqualified.<sup>40</sup> For the doctor, the nurse still remained his assistant, observing and reporting on patient changes. For hospital administrators, nurses provided a necessary domestic service in an environment which increasingly demanded public hospitals to fulfil a service for the sick. Edna Pengelly who trained at Wellington

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<sup>39</sup> AJHR, 1909, H-22, pp. 51-52. Wellington Hospital employed 15 trained nurses and 61 probationers. Auckland Hospital employed 16 trained nurses and 60 probationers. At Dunedin Hospital there were 11 trained nurses and 52 probationers.

<sup>40</sup> The work pattern of trained nurses for 1903 to 1931 can be traced through the Register of Nurses, NZG.

Hospital 1904 to 1907 recalls that 'the cleaning was done by the trainees, some help being given by a ward maid'.<sup>41</sup> As long as nurses continued to show their customary deference towards senior officers, diligently carried out their prescribed work and did not press for higher wages, their place in hospitals could be assured.

During the years 1901 to 1914, the emphasis on knowledge and skills of nursing, systematic attention to work, womanly propriety and adherence to devotion to duty, the symbols of the nursing profession, became more strongly emphasised as nurses sought to consolidate their status. The profession, led by Neill and later Hester Maclean, made a conscientious effort to reinforce the principles of womanly propriety, discipline and skills in order to distinguish the trained from the untrained amateur who still practiced.<sup>42</sup> The *Nursing Journal* in 1912 certainly identified nursing as dedication and devotion by claiming that 'The true nursing spirit not only inspires a woman's devotion to the sick, but includes in its catholic sympathies all humanity...'.<sup>43</sup> The Nightingale Pledge also reinforced this ethos with its claim 'that [nurses'] feet shall not falter, loiter or linger, when journeying to alleviate the suffering of the sick'.<sup>44</sup> As a profession nurses gained their status from nursing those who were the sick and suffering, and dedication and service to the sick became symbolic of the profession.<sup>45</sup> Additional knowledge of diseases and more complex nursing tasks were added to the nursing syllabus. In 1910 nurses were receiving lectures on the composition of human milk, the physical properties of urine, the functions of the liver and its secretions and were required to 'Enumerate the coverings

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41 E. Pengelly, *Nursing in Peace and War* (Wellington, 1956), p. 16.

42 Hester Maclean (1868-1932) succeeded Neill as Assistant Inspector of Hospitals and Charitable Institutions in 1906.

43 'The Nursing Spirit', *NZMJ*, April 1912, 5:2, p. 17.

44 'The Origin of the Five Pointed Star', *NZMJ*, January 1916, 9:1, p. 42. This pledge was written by an American nurse, Lystra Greter, in 1893, see A. Pillitteri, 'Documenting Lystra Greter's Student Experiences in Nursing: A 100-Year Comparison with Today', *Nursing Outlook*, 1991, 39:6, pp. 273-279.

45 'Employment of Nurses in Hospital Work', *NZMJ*, July 1912, 5:3, pp. 64-68.

and main divisions of the brain, [and to] name the arteries which carry blood to the brain, and the veins by which it returns to the heart'.<sup>46</sup> Daily nursing reports recorded nurses' concern with wound dressings, control of haemorrhage, the giving of pain relief, observations of vital signs and recognition of the special dietary needs of patients.<sup>47</sup> In September 1912, Daphne Commons recorded the care she gave to three women patients, a 30 year old who had inoperable stomach cancer following a 'gastro-jejunosotomy', another who had a 'Huge ovarian (R side) cyst & ascitic fluid', and the third following a hysterectomy. After two and one half hours surgery the woman having the hysterectomy was 'practically pulseless' and for the next twelve days the patient remained in bed receiving subcutaneous fluids, pain relief and a 'farinaceous' (high carbohydrate) diet.<sup>48</sup> The woman with the ovarian tumour suffered a deep vein thrombosis following two weeks of bedrest and Commons records the treatment and the observations she made of the woman's physical condition. The woman with the stomach cancer required considerable attention to her extensive wound.

While the goal of nursing was to serve the sick, the means of achieving devotion to duty, which could be onerous, encouraged the belief that nursing was a calling. Under the guidance of trained nurses, probationers learned the virtues of dedication through the rigid discipline of ward routine. Ward arrangements reinforced a professional hierarchy. Edna Pengelly recalled that when the doctor went on his rounds 'he was followed by first the sister, then the nurse, and then the pro[bationer], with ink-pot and pen....The ward was quiet for the doctor's visit, and etiquette rigid'.<sup>49</sup> Some ward sisters became notorious for demanding perfection from the

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<sup>46</sup> Daphne R. Commons notes on nursing lectures, Auckland Hospital 1910, Commons Family Papers, MS Papers 1582, Folder 21.

<sup>47</sup> Ibid., Folder 25.

<sup>48</sup> Ibid., Folder 25.

<sup>49</sup> E. Pengelly, p. 15.

probationers. If a probationer had not completed her work on time, the ward sister judged her as lazy or unable to cope with the work. As a women's profession nursing also required 'ladylike' behaviour from its members. In fact, nursing demanded from its probationers and trained nurses high ideals of moral guardianship, with the nurse as the sentinel of moral standards. The probationer learned to listen with respect, work hard and fast, and to be deferential to her seniors. At Wellington Hospital in 1915 for example, Irena Muggeridge began her training with eighteen other probationers:

[W]e did the sterilising, we made all the beds and we had to have everything done by a certain time, and we had to certainly work....Our pay was 7/6 a week. We had to obey orders and you couldn't be out later than a certain time.<sup>50</sup>

In Muggeridge's first three weeks of training, six probationers left because 'they didn't like the sister and went off in tears and resigned'. Other trained nurses appeared more sympathetic towards the probationers, encouraging them with their studies and assisting in the ward teaching. Violet Bonnington who commenced her training in 1919 considered some ward sisters and theatre sisters to be 'dedicated women' who would help the probationers to learn the names of the operating instruments and give bed-side training.<sup>51</sup> Emily Hodges recalled her training at Christchurch Hospital between 1907 and 1911 included domestic duties. '[W]e had to wash all the soiled linen by hand...'.<sup>52</sup>

Patterns of discipline similar to those of the pre-1900s period controlled nurses' professional and personal lives. The confidential records commenced by hospital matrons in the 1880s remained, recording the probationers' ability to pass exams and to attend diligently to the work. At one hospital the dominant focus of the reports

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50 Reminiscences of Irena Muggeridge, MSC 137, Nursing Education and Research Foundation, Oral History Project, WTU.

51 Reminiscences of Violet Bonnington, MSC 148, Nursing Education and Research Foundation, Oral History Project, WTU.

52 Emily Hodges, MSC 8, Nursing Education and Research Foundation Oral History Project, WTU. Hodges joined the New Zealand Army Nursing Service in 1915.

appraised the character and ability of each probationer. Those probationers considered 'very suitable', 'trustworthy' or 'reliable' continued their training and moved on to become trained nurses. Others considered 'untrustworthy and unreliable', or to have 'conduct morally unsatisfactory' were dismissed.<sup>53</sup>

From 1901 to 1914 the annual reports written by the Inspector of Hospitals and Charitable Institutions commented on nurses' work, overtly or covertly, referring to the belief that nurses should be lady-like.<sup>54</sup> While these reports made mention of most groups of public hospital workers, the section on nurses praised or criticised nurses' dress apparel, the standard of nursing, or the lack of uniformity of nurses' pay-rates among hospitals. In 1906, the annual report presented 'a few words on the subject of nurses' uniforms'. As many as five 'brooches' had been observed being worn at the same time by a matron in the North Island, and nurses' caps had 'shrunk into a small piece of starched linen crowning an edifice of pads and loose hair'.<sup>55</sup> The standard of dress of both matrons and nurses was something to be noted and remarked upon if it did not come up to expectations. Of all the hospital workers, nursing had been modelled on the perceived notion of 'lady-like' behaviour and 'appropriate' dress helped reinforce this image. No other group of hospital workers featured so persistently or were discussed so personally. Although doctors received criticism on their medical skills from both the public and members of special inquiries, no comment was made on their apparel or pay-rates.<sup>56</sup>

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53 Nursing Staff Book No. 93337, list of nurses in training between 1915 and 1974, held by Taranaki Base (New Plymouth) Hospital.

54 Report on Hospitals and Charitable Institutions of the Colony, *AJHR*, 1903, H-22, Vol. IV and Report on Hospitals and Charitable Institutions, *AJHR*, 1906, H-22, Vol. III.

55 *AJHR*, 1906, H-22, p. 3.

56 Report of the Auckland Hospital Commission together with the Minutes of Evidence, *AJHR*, 1905, H-22a, Vol. IV, pp. 1-6.

The age at which probationers set out on their journey towards registration reflected the belief about the 'best' age to commence moulding the future trained nurse. While the Act stated that a nurse could not register before the age of 23 and the most common age for starting out on the training programme was 21, a number of hospitals recruited younger women. For instance, at New Plymouth Hospital between the years 1914 and 1923, 116 probationers were recruited, of whom 23 were aged 19, 26 were 20, and 20 had reached the age of 21. The remaining 47 probationers ranged between the ages of 22 and 30.<sup>57</sup> A nurse who began her training at Wanganui Hospital in 1918 stated she understood the starting age of probationers should be 21, but that she had commenced at age 20 as did a number of her contemporaries.<sup>58</sup>

The enforcement of the eight hour day from 1912 created considerable argument among trained nurses many of whom feared that

Under such a system slacknesses (*sic*) and inaccuracies must creep in, and the nurse develop that habit of mind we see and deplore in her after work, of thinking the only thing that matters is the being finished to time....It seems to us that the whole question of the eight hour system has arisen from that ridiculous fashion of pitying nurses, and treating them as a charity rather than a profession....<sup>59</sup>

Such conservative thinking was common among trained nurses who had worked under the old scheme of an eleven hour work day. They felt that 'weak, ineffectual beings, women without a backbone' would develop from such luxury as an eight-

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57 'Nursing Staff' Book No. 93337. One hundred and sixty-three nurses commenced their training at New Plymouth between the years 1914 and 1926. Ninety-nine successfully completed. Thirty-five were considered unsuitable for training because of poor conduct. Twenty-nine nurses left because of poor health or inability to pass examinations. For the first fifty nurses who left for overseas as members of the New Zealand Army Nursing Service in 1915, the average age at registration was 27. Refer to Appendix C for the ages of nurses on registration.

58 Personal communications with Mrs. Y. in May, 1988. The interviewee wishes to remain anonymous. I am sincerely appreciative that Mrs Y allowed me the privilege of listening to her account of her training between the years 1918 and 1920.

59 'The Eight Hour System', NZNJ, January 1912, 5:1, p. 32. An eight-hour day was introduced in some hospitals from the 1890s, but was introduced throughout the country during the early years of the 20th century. Nurses often worked an eleven hour day, seven day week.

hour day.<sup>60</sup> Only through three, and sometimes four, years of long working days could a probationer expect to pass the final State Examinations and receive her reward, admission to the sorority of trained nurses with the right to call herself a trained nurse. Conservative attitudes towards improving the conditions of employment seemed unduly harsh on probationers, yet it was seen as appropriate for a profession that prided itself on duty to other. Only by reinforcing the devotion of nurses to their duty, could nurses continue to have the support of the public.

While hard work and attention to duty became reinforced by symbolic acts, race, age and class also reinforced the distinct culture of nursing. A trained nurse, more often than not, was a spinster of European descent, aged at least 23, trained in a public hospital, instructed in medical and surgical nursing, registered under the 1901 Nurses Act, and wearing a medal which distinguished her from the 'handy woman'.<sup>61</sup> A number of nurses appeared to come from urban areas. For example, of the 72 home addresses of New Zealand Army Nursing Service members published in the Nominal Roll of the New Zealand Expeditionary Force 1915, 57 could be considered to be city dwellings.<sup>62</sup> A one year scheme for the training of Maori nurses was introduced in 1901, with a further two years of training for those who were considered 'capable'.<sup>63</sup> Few Maori women had the opportunity to be included in mainstream nursing education as the separatist arrangements for the training of 'natives' came under the Department of Education, and Maori women undertook a shorter training directed at preparing them to work among their own people under the supervision of European trained nurses. While untrained women still found a place in smaller public hospitals, for instance in 1913 Cromwell Hospital employed untrained women as nurses as well

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<sup>60</sup> Ibid., p. 32.

<sup>61</sup> Only three Maori nurses have been identified as listed in the Gazette. See A McKegg's thesis and M. Holdaway's article for a discussion on Maori nurses and Native Nursing.

<sup>62</sup> File on Nurses - Disposal of on return from NZEF, Army Division Files, Series 1 (AD1), 49/668, NA.

<sup>63</sup> 'Training Maori Nurses', *Manawatu Evening Standard*, 23 February 1908, p. 3.

as trained nurses and those in training, in public hospitals the probationers dominated the nursing work-force.

Other signs and symbols gave meaning to the profession of nursing. Trained nurses received a medal which confirmed their change in status, represented their bond with nursing, gave them power to direct and discipline the probationers and other female domestic staff, and signalled to the public the difference between the trained and the untrained. Grace Neill described the medal as representing the stars of the Southern Cross as they appeared on the New Zealand flag, a national symbol for New Zealand nurses. By 1915, the medal had assumed the identity of a cross and become a symbol of self-abnegation.<sup>64</sup> Dedication to duty and propriety already had their symbols; the apron of service; the high-necked uniform which denied any connotation of sexual impropriety; the uniform in the colours mainly purple for the probationer in the first year of training, and pink or white for subsequent years, distinguished the various levels of probationers. On marriage nurses were expected to leave the community of single women, taking on a different life with a husband and, eventually, children. Married women had a first duty to husband and home, which was seen as interfering with the cause of nursing - caring for the sick.<sup>65</sup>

Throughout the training period, loyalty to the training hospital and to nursing was constantly reinforced by word and action. By 1912, most hospitals had nurses' homes attached to them where both trained nurses and probationers lived.<sup>66</sup> Living and working arrangements led to a community of women who found companionship and friendship among those of their training group. The shared values and

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64 'The Origin of the Five Pointed Star', NZNJ, January 1916, 9:1, p. 42.

65 J. Phillips, *A Man's Country?*, pp. 36-37, discusses the world of men created by excluding women from men's domain. Men were excluded from nursing in much the same way, and married women were also excluded from their ranks to justify the nursing profession's belief in the primacy of its devotion to caring for the sick.

66 E. Lewis, *Joy in the Caring* (Christchurch, 1963), p. 66.

experiences of nursing and the similarity between age, race and class, reflected common interests and drew the group together into a feminine camaraderie. The language of nursing also strengthened the identification of the group. Other than nurses, few would understand the shorthand language of 'pro', 'pt', 'T.P.', and that sputum could be referred to in the colourful language of prune-juice, currant jelly and anchovy sauce.<sup>67</sup> But while cohesion between the overall group of nurses existed there were also identifiable factions between nurses of small and large hospitals. Individuals from large hospitals confidently assured others that their training school produced superior nurses, while those from small hospitals reinforced the advantages of working within small communities. Christchurch Hospital nurses certainly developed a belief in their supremacy founded on the fact that this hospital gained more first class passes among its nurses in the final state examination. Their ability to gain high marks was an established fact, a suitable weapon to establish their superiority over nurses from other hospitals.<sup>68</sup>

The training period promoted and endorsed a professional community by creating friendships which endured over many years. The aspirations held by many nurses to travel, or to work in private practice, or to open private hospitals, suited the formation of partnerships. It was somewhat easier for two nurses to own a private hospital as their professional qualifications could substantially reduce the need for employing other workers and the mortgage was more easily dealt with between 'best friends'. Edith Tebbutt and Phoebe Reynolds, who both trained at Auckland Hospital, opened a private hospital in Hawera in 1914, the partnership dissolving when Reynolds joined the New Zealand Army Nursing Service. Beatrice Hamilton, a British trained nurse, and Johanna Lodge became joint owners of an Auckland private hospital. Their partnership also finished when Lodge joined the army nursing service.

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<sup>67</sup> D.R. Commons notes on nursing lectures.

<sup>68</sup> Throughout the NZNJ, 1910 to 1914, the results of nurses' achievements in the state examination shows Christchurch nurses as having the advantage.

Professional friendships also served another useful purpose, as travelling companions. Laura Lind and Margaret Hitchcock joined forces to travel to Ireland in 1913 to undertake midwifery training. They both trained at Wellington Hospital and following successful completion of their midwifery training, they joined the French Flag Nursing Corps working together as military nurses, selecting nursing appointments which maintained their relationship. In general, friendships advanced during training continued to flourish as friends moved on to midwifery training together, or joined forces for overseas travel.<sup>69</sup> For others, attendance at Trained Nurses' Association meetings seemed to be sufficient for maintaining friendly contact and furthering professional development.

The matron's control over the corps of nurses became more exacting as nursing numbers increased. Not only did her duties include the overall organisation and control of nurses and domestic female workers, but she also held the authority to influence the day to day practices within wards. One example of the control a matron could exert over nurses was the area of breakages, especially of thermometers. Violet Bonnington recalls that on one occasion she broke a thermometer and duly had 1s. deducted from her 32s. 2d. monthly earnings by the matron.<sup>70</sup> Matrons also held control over night duty activities. In Nelson Hospital the matron was advised of all night admissions once the patient had been admitted to the ward. It was the matron who received notification of the condition of the patient and she gave instructions to call in the doctor if the condition of the patient, in her opinion, warranted it. The matron's duties were obviously offset by privileges. Petersen records that her night duty ended when, at 6.30 a.m., she took tea and toast to the matron.<sup>71</sup>

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69 Jean Dodds and Elizabeth White worked together at Dunedin Hospital and moved on to undertake midwifery training. Myra Smith and Theodora D'Emden trained together at Napier Hospital and travelled together to Australia for private nursing experience.

70 V. Bonnington.

71 V. Petersen, 21 December 1915.

While the matron or lady superintendent held power over nurses, at times her authority within the hospital clashed with the expectations of hospital administrators or board trustees. Potential conflicts over duties between hospital board members and the matron forced some matrons to assume a deferential attitude towards board members in the same way probationers showed deference towards doctors, hospital administrators and senior nurses. Criticism levelled at Ellen Gosling, the matron of Nelson Hospital, by hospital board members that her administration was 'disorganised', and she lacked 'discipline', reminded the matron of her responsibilities not only to nurses but also to hospital administrators.<sup>72</sup> While most matrons weathered the storms within hospital administration, individual matrons chose to leave rather than to bow to the demands of hospital trustees. Gosling resigned when members of the hospital board accused her of extravagant administration and refused to raise her salary to the level paid by other hospitals.

Matrons held control, in most instances, over the nurses employed at their hospitals. However, the overall control was in the hands of the nurses who held positions in the Department of Hospitals and Charitable Institutions as assistant inspectors of hospitals. An advantage of the 1901 Act was the power it gave to Neill and to her successor, Hester Maclean.<sup>73</sup> The thrust towards professional unity that was begun by Neill in the early period of the twentieth century was continued by Maclean who, throughout her long career in nursing between the years 1906 and 1923, strengthened the hold nurses had over nursing.

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72 The Nelson Hospital. The Resignation of the Matron - Board asks for Reconsideration', NZNJ, July 1913, 6:3, p. 106. Ellen Gosling trained at Wellington Hospital and worked there between the years 1896-1902. She moved to Reefton Hospital and then to Nelson Hospital where she worked from 1909 to 1913. Following her resignation from Nelson Hospital she took up private nursing.

73 For an analysis of Hester Maclean's contribution as Assistant Inspector of Hospital and Charitable Institutions see M. Tennant, *Paupers and Providers*, p. 51.

Australian by birth, Maclean received her private schooling and nurse training in Sydney. Following twelve years of experience in midwifery, mental health and community nursing, she succeeded Neill in 1906, joining Thomas Valintine, MacGregor's successor as Inspector of Hospitals and Charitable Institutions.<sup>74</sup> Maclean's position as Assistant Inspector of Hospitals and Charitable Institutions gave her privileged access to Valintine, the Inspector of Hospitals and Charitable Institutions. For Maclean, the aim was not to alter the social order of nursing as work for women, but to order and control a sphere of women's work, and she developed a place of power for herself within the sphere of nursing. In addition, she also published the *New Zealand Nursing Journal* from 1908 and continued as its editor and owner until 1923. Maclean also founded the Trained Nurses' Association and, as the first president from 1909 to 1912, tirelessly attended meetings, clarifying nursing matters for interested members. The Trained Nurses' Association was initially small, but by 1914 it had 616 members out of a possible 1600 nurses eligible for membership.<sup>75</sup> In the main centres of Christchurch, Dunedin, Wellington and Auckland, as well as trained nurses from both public and private practice some doctors were included among the membership of the Trained Nurses' Association because of their support for nursing reforms.<sup>76</sup> In the early years of the Association a number of doctors were elected as presidents of local branches. While the membership of doctors reinforced the dependence of women on male supporters, this also assisted nurses to implement new nursing schemes.

Maclean won the support of those doctors who held membership when she implemented the Native Nursing Scheme in 1910 at the request of Valintine, the

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74 Thomas Valintine succeeded MacGregor as Inspector of Hospitals and Charitable Institutions in 1906.

75 'Correspondence', *NZNJ*, October 1914, 7:4, p. 185.

76 Members included Dr Agnes Bennett, Dr Young, Wellington Branch, Dr Acland and Dr Manning, Canterbury Branch, Dr Beattie, Auckland Branch, Dr Will and Dr Close, Otago Branch.

Inspector of Hospitals. Assisted by Maori nurses who had received a one year training which was controlled by the Department of Education, European nurses worked among the Maori in outlying districts promoting European health beliefs and caring for those with typhoid and other infectious diseases. Again, in 1914 the medical members of the association supported the request of nurses to be involved in overseas military nursing. Acting as spokespersons for deputations asking that nurses be involved in military nursing, leading New Zealand doctors gave authority to nurses' demands for inclusion in military structures.

In the first eight years of Maclean's leadership a change in the concerns of the leadership occurred. Throughout her time as Valintine's assistant Maclean, like Neill, wielded considerable power over nursing. Maclean's period of leadership however, was a combination of 'power and marginality...within narrow limits'.<sup>77</sup> Unlike Neill, who grappled with social concerns outside the realm of nursing, Maclean's contribution focussed almost exclusively on nursing matters as she steered the corps of hard-working women towards the notion of professional status.<sup>78</sup> Valintine left most of the decisions on nursing to Maclean, asking for her advice and accepting her recommendations.<sup>79</sup> Through the *Nursing Journal* she developed a network which kept trained nurses in touch with national and international nursing issues. By stressing the professional nature of nursing in her editorials and articles she reinforced assumptions that nurses should be loyal to the profession and to the community of women who made up the profession. Her presidential address to the Trained Nurses' Association in 1913, rang with professional pride and foreshadowed future conflict as she warned nurses to guard against amateur women who posed as nurses.<sup>80</sup> Through

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77 M. Vicinus, p. 9.

78 M. Tennant, *Paupers and Providers*, p. 51.

79 *Miscellaneous Correspondence on Nurses and Midwives, Health Files, NA*. As at October 1993 this collection had no accession number. A number of memoranda and letters were referred back and forth between Valintine and Maclean for each to make comments.

80 'New Zealand Trained Nurses' Association', *NZNJ*, January 1913, 6:1, pp. 4-9.

her official position she controlled the registration of nurses and midwives and set standards for nursing practices. With the help of Maclean, nurses gained occupational unity and consolidated their place in civilian hospitals and community nursing; her agitations on behalf of nurses also opened the way for future developments in the arena of military nursing.

Maclean's admonitions to nurses throughout her years as editor promoted the belief in womanly propriety. According to Maclean a probationer's 'bearing, manner, and general address would largely indicate whether or not she is likely to be a successful nurse'.<sup>81</sup> Her domination of nursing shaped and directed the course of the profession. As she increased her sphere of power, earning the confidence of Valintine and nurses throughout the country, setting practices, monitoring nursing standards and reinforcing the attributes of diligence and discipline, she continued to adhere to the belief that nurses, first and foremost, were women of propriety.

By 1914 few would have identified a New Zealand nurse as other than a virtuous woman trained in the skills of nursing the sick in public hospitals throughout the country. Through its appropriation of the British nursing concerns of domesticity, nursing skills and womanly propriety the organisation of New Zealand nursing emphasised the exclusiveness of the profession for European women. The leadership given by Grace Neill and Hester Maclean, who led the profession during the years leading up to World War I, assisted the profession to mark off its territory and defined who was entitled to be called a nurse. The introduction of nursing legislation in 1901 emphasised that nursing belonged to women and reinforced the belief that trained nurses had the right to nurse the sick. By creating an image of a profession that was measured in terms of nurses' ability to be womanly, dedicated and morally respectable, nursing developed into a solid occupational group with legal and social structures that gave power to the profession.

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<sup>81</sup> 'Employment of Nurses in Hospital Work', NZNJ, July 1912, 5:3, p. 65.

While nurses received recognition for their nursing skills, which complemented and enhanced medical practices, it was through their adherence to the widespread belief in women's claim to be morally virtuous that they drew their professional status. As a united group, morally scrupulous and disciplined, nurses gained increasing control over civilian nursing in New Zealand public hospitals and were successfully challenging the place of those amateurs still practising. These popular principles secured, nurses were well-placed to expand their professional roles and reinforce their professional status as military nurses through the opportunity presented by the First World War. Nevertheless, the achievements of nursing, accomplished through the rhetoric that nursing belonged exclusively to women of propriety, established precedents that would rebound on nursing during the war.

## CHAPTER 4

### Making Another Bid for Military Nursing, 1914-1915

Every woman wants to nurse the wounded, and qualified and unqualified all are clamouring to be given a chance. We are pleased to see in the nursing journals from Home that the Red Cross Society has announced that trained nurses only shall be sent for the purpose of nursing, other women can do much in the work of a field hospital to help and spare the nurses for the more technical work for which they have qualified by years of study and practice.<sup>1</sup>

The popular image of the nurse, developed between 1900 and 1914, was that of a disciplined, dedicated woman of propriety who efficiently carried out nursing duties. The 1901 Nurses Act had given nurses a stronger professional base from which to assert their place and had helped to reverse the belief that untrained women could care for the sick. This prevailing perception of nursing as women's work, however, initially restricted the place of nurses within military structures. The policies of the military establishment dictated their contribution to the war effort. In accordance with the policies of the British War Office, the New Zealand Army concentrated its medical efforts on care of the wounded. Prewar policies did not anticipate that nurses would be included in military nursing. Male members of the New Zealand Medical Corps were trained to care for the wounded while the work of nurses remained within the civilian arena, in the main, caring for the sick. With the outbreak of World War I, widespread concern for sick soldiers and the demands made by nurses to serve their country, provided the opportunity for nurses to join the ranks of the military forces. Through a concerted effort, nurses were able to have their professional skills recognised within military structures and by April 1915, the

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<sup>1</sup> 'Editorial', NZNJ, October 1914, 7:4, pp. 147-8.

first fifty members of the New Zealand Army Nursing Service (NZANS) had left for military nursing duties in Egypt.

During the period 1901 to 1908, nurses showed little interest in military nursing. In the years immediately following the South African War, the New Zealand military medical service consisted of a small, unorganised, volunteer service with men of the New Zealand Medical Corps employed to attend to the wounded soldiers. Any military medical matters received attention from army doctors scattered throughout the country. Although nurses had received public acclaim for their service to the soldiers during the South African Campaign, they themselves showed little interest in military nursing or in establishing for themselves a paramount place in the military structures. The military arrangements certainly did not encourage a female nursing service and there were no regulations that would allow a female to act as a military nurse. Unlike Britain, with its long established military hospitals, the New Zealand Medical Corps had no hospitals and employed volunteer medical officers along with private soldiers, men whose civilian positions 'fitted them to the work' of carrying out nursing duties when and if required.<sup>2</sup> During the first part of the twentieth century nurses placed a higher priority on gaining strength within civilian nursing. Following the revamping of the New Zealand military organisation from 1908, however, the interest of nurses in military nursing became more evident. The new design of military defence brought the New Zealand military structures into line with British changes and opened a niche for the military nurse.<sup>3</sup>

The military restructuring of 1908 included the creation of a New Zealand Medical Corps Nursing Reserve. Princess Christian of Schleswig-Holstein is given

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<sup>2</sup> A. D. Carbery, p. 11. Students from Otago Medical School and men employed in hospitals made up a proportion of the privates employed in the Medical Corps. In August 1914, the NZ Medical Corps had an establishment of 1,061 of all ranks.

<sup>3</sup> I. McGibbon, *The Path to Gallipoli: Defending New Zealand, 1840-1915* (Wellington, 1991), pp. 194-196.

the credit for recommending to Lord Plunket, Governor of New Zealand, that an affiliated branch of the British Army Nursing Service should be established in New Zealand. From 1908, her suggestion became a reality with the New Zealand military nursing structure being organised along the British territorial military nursing lines.<sup>4</sup> Two British military nursing organisations, the Queen Alexandra's Imperial Military Nursing Service Reserve (QAIMNS(R)) and the Territorial Force Nursing Service (TFNS), had developed as adjuncts to the Queen Alexandra's Imperial Military Nursing Service (QAIMNS), which had replaced the British Army Nursing Service from 1902.<sup>5</sup> As part of the system of defence for Britain, the Territorial Force Nursing Service prepared to attend to the civilian population in the event of war while the QAIMNS(R) would support the regulars of the QAIMNS for overseas work in military hospitals.<sup>6</sup> Only trained nurses could join the British military nursing service. Voluntary women's organisations such as the British Voluntary Aid Detachments Scheme captured the interests of the untrained. The New Zealand Medical Corps Nursing Service, like the TFNS, developed a corps of trained nurses to give service only to civilians in the event of war and this would remain within the precincts of New Zealand public hospitals.<sup>7</sup> No other military nursing structure existed, neither did military hospitals, nor for that matter, did a strong medical organisation. While lay women did attend voluntary sessions on nursing initiated by

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<sup>4</sup> Memorandum to His Excellency the Governor of New Zealand from the Prime Minister, *AJHR*, 1914, A-1, Vol. I, pp. 35-36. According to Summers the QAIMNS and its reserve, QAIMNS(R), originated in 1902 and replaced the British Army Nursing Service (ANS) and its reserve from 1910. Princess Christian gave royal patronage to the Army Nursing Service. Queen Alexandra assumed the presidency of the QAIMNS and the TFNS.

<sup>5</sup> A. Summers, pp. 221, 239. See also J. Wheelwright, pp. 489-502 for an account of women's participation in war prior to Nightingale's involvement in the Crimean conflict.

<sup>6</sup> A. Summers, pp. 205-252.

<sup>7</sup> New Zealand Defence Forces, General Orders by the Council of Defence 1908/209, Section 25, 16 May 1908, p. 8, Defence Library, Headquarters, New Zealand Defence Force. The particular title 'New Zealand Medical Corps Nursing Service' seems to have been used only in this specific document. The General Orders stated nurses would care for the 'wounded and sick men of the military forces of the Dominion when engaged in hostilities' and 'undertake the nursing of the sick in time of war in [public] hospitals under the control of medical officers of the New Zealand Medical Corps'.

the St John's Association, any voluntary women's organisation fell outside the concern of the military, an incidental activity not linked to military structures.

The New Zealand military nursing service was founded in 1908 when Mrs Janet Gillies became the sole officially appointed military nurse with the title of matron-in-chief.<sup>8</sup> Her experience as a military nurse in the South African War and subsequent training in the British Army Nursing Service no doubt influenced her appointment. However, Gillies' enthusiasm for nurses to be involved in military nursing was overshadowed by the lack of interest shown by nurses generally. Only eleven trained nurses scattered from Invercargill to Auckland appear to have applied to join the service.<sup>9</sup> For the period of 1908 to 1910 reports on military services made no mention of the nursing service and no evidence has been found that nurses, other than Gillies, were ever formally enrolled.<sup>10</sup>

The apparent lack of interest shown by nurses in military nursing service related possibly to the fact that there was little of the romance or danger associated with military nursing while the country remained at peace. The medical officers and male volunteers appointed to the Medical Corps attended training camps and parades, receiving pay for their services, along with instruction on their likely wartime

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8 Janet Gillies (nee Speed) trained and worked at Wellington Hospital 1887-94. She served with the ANS(R) during the South African War. Gillies had independently joined the ANS(R) in South Africa and moved on to England for further military training. She married D.W Gillies in 1904 and died in Auckland, 24 July 1947.

9 Isabelle Campbell, Christchurch Hospital; Dora Peiper, Auckland; Janet Williamson, Dunedin; and Eva Godfray, Dannevirke Hospital matron, were Boer War veterans. The other members were Alice Rochfort, Cambridge Sanatorium, Waikato; Olive Drewitt, Greymouth Hospital who had trained in England; Grace Sisley, Evelyn Brooke, Wellington Hospital; Sarah Warnock; Eunice Andrews, Auckland, private nursing and Elizabeth Barclay, Dunedin. Fourteen nurses with military nursing experience are listed in the Register of Nurses, NZG for 1909.

10 Defence Reports for the years 1909 to 1911, AJHR, H-19 and appendices.

duties.<sup>11</sup> The general orders for the army nursing service limited nurses' work to public hospitals, subordinate to and dependent on 'medical officers of the New Zealand Medical Corps', a position little different from their civilian work. But Gillies, herself, also created obstacles that impeded the implementation of the nursing service. Firstly, she had an affinity for the British Army Nursing Service, her own military training organisation, and she persisted in presenting this organisation as the appropriate model for the New Zealand military organisation. Although the Army General Orders for 1908 declared that New Zealand nurses would have affiliation with the Queen Alexandra's Imperial Military Nursing Service, the British Army Nursing Service having been superseded by this organisation since 1902, Gillies harboured the hope that here in New Zealand she could preserve a little out-post of the former organisation. Gillies also lacked the ability to organise the service. None of the instructions of the General Orders of 1908 had, by June 1909, been implemented. Certainly Gillies had made no effort to approach the British based Queen Alexandra's Imperial Nursing Service to request affiliation. There is also no evidence of a military nursing badge or uniform or the enrolment of nurses in a military organisation.

The case of military nursing came to a head in 1910. While Gillies held military rank, Hester Maclean held power over civilian nursing and had achieved considerable change within the professional structures since 1906. The Defence Act of 1909 stirred New Zealand towards a stronger military organisation with a more convincing medical structure which included nurses. This gave Maclean the opportunity to recommend herself for the position of matron-in-chief of the military nursing service under the supervision of Valintine, the Inspector General of Hospitals.<sup>12</sup> According to Maclean, Gillies was an enthusiast, but in her time as matron-in-chief she had

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<sup>11</sup> No data have been identified that nurses ever received payment for attending parades. One photograph shows two nurses at camp with medical officers. The date of the photograph is c1911.

<sup>12</sup> S. Kendall and D. Corbett, p. 15.

created nothing more than a large amount of paper work. Little had been achieved and, according to Maclean, Gillies as a married women and retired from nursing, lacked contact with 'officials'.<sup>13</sup> By July 1910 Gillies had resigned and Maclean had become appointed as matron-in-chief of the nursing service.<sup>14</sup>

Maclean's appointment as matron-in-chief was consistent with her official position as the national leader of nursing but Maclean had also shrewdly exploited her civilian nursing post to gain control of military nursing. Now that the military structures showed a firming of support for a better established nursing service, Maclean no longer wanted to be saddled with a matron-in-chief of military nursing who effectively prevented any progress within military structures. As assistant to Valintine, Maclean took the initiative and held responsibility for most aspects of nursing. According to Maclean, Valintine was 'keenly interested' in the military nursing service and made the offer to 'give any help necessary'.<sup>15</sup> As the next few years proved, Maclean was anxious to promote military nursing and determined to have nurses involved in military work. She used her access to Valintine and politicians to successfully develop a military nursing service. Her closeness to officialdom proved its worth when, in late 1914, she demanded a place for nurses within military structures.

The only apparent opposition to Maclean's appointment came in June, 1913 when, in the wake of her resignation and an increasing interest by the government in military affairs, Gillies wrote to James Allen, Minister of Defence, offering to 'have a fully efficient Army Nursing Service ready for duty...if required by our

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13 H. Maclean, *Nursing in New Zealand: History and Reminiscences* (Wellington, 1932), p. 84.

14 Maclean's appointment was entered in the NZG, 18 September 1913, p. 7888. The Army List, Forces of the Overseas Dominions and Colonies, October 1919, Part 3, p. 1872b gives Maclean's appointment to the position of Matron-in-Chief as 7 August 1913.

15 H. Maclean, p. 84.

Motherland'.<sup>16</sup> No reply to Gillies' offer has been found, but it is difficult to escape the conclusion that Gillies, embittered by her forced retirement from the army, intended to undermine Maclean by drawing attention to the lack of progress with establishing a nursing service. Between 1910 and 1913 Maclean's reign as matron-in-chief had brought about little change, she remained the only member of the nursing service, no other staff had been appointed, no uniform and no badge had been designed or prepared.

Maclean's efforts to form an active nursing service appear to have been blocked by Colonel J.R. Purdy, the Army's Director of Medical Services. Purdy had a history of obstructing nurses' progress. As early as 1905, when Neill had organised the St Helens hospitals for midwifery training, she recorded Purdy as one of the 'mean' doctors impeding the setting up of the Dunedin establishment.<sup>17</sup> From 1908 to 1913, Purdy held the onerous position of director of military medical services. In carrying out his duties, Purdy was frustrated by his inability to organise the loosely structured part-time territorial medical service within a tight budget. He was also unable to interest civilian doctors in military matters. Territorial medical officers received £50 each year to defray the cost of *locum tenens*, but this amount, according to doctors, did not cover the cost of their absence from private practice and a number sidestepped their military duties when they could.<sup>18</sup> James Allen, the Defence Minister, noted in 1915 that 'No steps had been taken to provide a permanent army medical staff or to organise the medical department, owing to public outcry against excessive expenditure'.<sup>19</sup> Whether Purdy was an incompetent administrator, or hampered by lack of support from doctors, or restricted by military expenditure, is

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<sup>16</sup> S. Kendall and D. Corbett, p. 16.

<sup>17</sup> Confidential letter from Grace Neill to Right Honourable Richard John Seddon, 29 July 1905, proofs of J.O.C. Neill's Book, New Zealand Nurses' Association Files, Box 18, File 1, ATL.

<sup>18</sup> A.D. Carbery, p. 11.

<sup>19</sup> *Ibid.*, p. 12.

uncertain.<sup>20</sup> What can be concluded from later accounts of Purdy's time as director, is that few initiatives were taken during his directorship. He was unable to marshal the necessary numbers of doctors for military service, and was ineffective as an advocate for the nursing service. Purdy's time as Director expired in July 1913 and his position was assigned to Dr. W. Will. This change, and the outbreak of war a year later, opened the way to nurses' involvement in military nursing.

While Maclean was fortunate with the emphasis now being directed towards military preparation (from 1912, under the new Reform Government, there was a move to improve national defence), she was also fortunate with the replacement for Purdy.<sup>21</sup> The appointment of the new Director of Medical Services for the Defence Department influenced the future progress of military nursing services. Will, a longstanding medical member of the Trained Nurses' Association, had supported the development and extension of civilian nursing, and now Maclean hoped this would extend to military nursing.<sup>22</sup> Change occurred quickly. In contrast to the slow progress made under Purdy, within months Maclean was formally listed in the *New Zealand Gazette* as matron-in-chief and was rapidly moving towards developing a substantial military nursing organisation within a month of Will's appointment.<sup>23</sup>

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- 20 Criticism of the lack of laboratory and hygiene services during an outbreak of cerebro-spinal meningitis among soldiers at Trentham Military Camp also tarnished Purdy's military career in 1915. In 1915, Purdy, appointed to a new position as director of the national military medical service, complained that his duties had become unduly restricted by lack of assistance given by doctors, when he received censure for lack of 'energetic and effective methods' to control infection at Trentham Military Camp. Refer to Chapter 6 for more detail on this.
- 21 Between 1911 and 1913, New Zealand military services achieved a new shape and efficiency with Major-General Godley at the helm.
- 22 'N.Z. Army Nursing Service Reserve', NZNJ, July 1914, 7:3, p. 146.
- 23 Her appointment was published in the NZG on the 18 September 1913, refer to footnote 14 of this chapter. Maclean's appointment as Matron-in-Chief of the New Zealand Army Nursing Service was not officially approved by Cabinet until 15 February 1915.

In 1913, the New Zealand Government, possibly at the request of Maclean, had asked the Nursing Board of the Queen Alexandra's Imperial Military Nursing Service to consider accepting the New Zealand nursing service as a branch of the British organisation. Being told that it was considered 'inadvisable to accept any amalgamation of a Colonial Reserve over which they [QAIMNS] could administer no control', Maclean set about developing criteria for a specifically New Zealand military nursing service.<sup>24</sup> As in Britain, only trained nurses would be considered for military service. One reason given for the exclusion of probationers rested on the training schedule. Military hospitals and military nursing experience ranked outside the normal experience of probationers in training.<sup>25</sup> The second reason related to the belief that the combatant soldier, fighting for his country, deserved the very best nursing. According to Maclean, only fully trained nurses could provide this standard of care. Civilian nursing could be taken care of by limited numbers of trained nurses guiding and supervising the probationers, while military nursing became classified as work for trained nurses. It seems likely the real reason for denying probationers a place in the military ranks lay in the fact that the probationary system prepared women for the elite position within the ranks of the trained, inculcating in them the qualities of propriety and decorum. Training in systematic attention to work and adherence to duty required careful supervision, and military nursing among mainly a male population could be considered detrimental to such values. Since probationers were already ensconced in public hospitals providing the civilian nursing service, the way was open to staff the military service with trained nurses from the public and private hospital sectors.

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24 Minutes of the Nursing Board, Queen Alexandra's Imperial Military Nursing Service, Proceedings and Reports, Vol. 12, Meeting of the 5 November 1913, Queen Alexandra's Royal Army Nursing Corps Museum (QARANCM), Aldershot, England.

25 'Editorial', NZNJ, July 1915, 8:3, pp. 113-115.

By October 1913 Maclean, imitating the hierarchy of military arrangements, appointed each of the matrons of the four major public hospitals to lead a unit of nurses with instructions 'to form a detachment of sixteen' trained nurses under the age of forty years from hospitals and private practice.<sup>26</sup> Having the support of these matrons offered greater guarantee for the success of the military nursing service. The four matrons, all members of the Trained Nurses' Association, became responsible for the local organisation of military nursing and assisted with the selection of nurses for military service. Each matron, a leader in her own nursing community, showed a willingness to fight for a place for nurses within the military establishment. Frances Payne, Matron of Wellington Hospital, had represented New Zealand nurses at the 1907 International Nurses' Congress in Paris. Jessie Orr and Margaret Myles, both British trained nurses, held the positions of matron Auckland and Dunedin Hospitals respectively. Mabel Thurston, the matron of Christchurch Hospital, was later to be the matron-in-chief for those members of the NZANS stationed overseas.<sup>27</sup> When a group of one hundred nurses was required for overseas service between May and July 1915, each matron made nominations and guided the selection panel. With the initial structures in place, Maclean sought volunteers to add to the reserve, suggesting that it was unlikely that nurses would 'be called upon to perform any very arduous duties or do anything, in fact, which would in ordinary times interfere with their regular work'.<sup>28</sup> By October 1914, three months after war had been declared, 400 nurses had volunteered as members.<sup>29</sup>

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26 H. Maclean, p. 125.

27 The term 'principal matron' seemed to be used for the first time in 1915 especially for military matrons. Born in 1872, Cambridgeshire, England, Mabel Thurston came to New Zealand in 1901 and entered Wellington Hospital to train as a nurse. For a short period Thurston became the Principal Matron stationed in England, and then Matron-in-Chief of the overseas nursing contingent, while Maclean remained the overall Matron-in-Chief of the New Zealand Army Nursing Service. Refer to Chapters 9, 10 and Vignette 1 for more detail on Thurston.

28 'The New Zealand Branch Queen Alexandra's Military Nursing Reserve', NZNJ, October 1913, 6:4, p. 159.

29 'The New Zealand Army Nursing Service', NZNJ, October 1914, 7:4, p. 177.

With the outbreak of war in August 1914 the trained nurses, like the men who enthusiastically volunteered for war duties in the early months of the war, became caught up in the general swell of patriotism and willingly offered to take their share in working for their country. The idea of military nursing in war-time appealed to nurses not only as an opportunity to demonstrate their patriotism but also for the excitement and experience. The Nightingale legend of military nursing had re-kindled strong interest in wartime nursing. No nurse appeared to condemn war, or openly criticise the cause of the military nursing service. Grace Neill, a strong believer in nurses' involvement in war, made a impassioned plea that nurses should fight for their place within military structures. 'Why', she asked, 'in 1914, do men make tall talk about Florence Nightingale, and then practically ignore the lesson she taught the British Army and their red-tape Medical Service?'<sup>30</sup> Nurses appeared to require little encouragement to become involved in war nursing. From August 1914 a number of nurses began making their way independently to England to work with the British nursing services.<sup>31</sup> The 400 members who had joined the NZANS by December 1914 did so on the understanding that they would work for the military for the duration in the event they were called for. It appeared to be believed by many nurses that they belonged alongside the soldier, courageously supporting the national cause.

Intensely enthusiastic for nurses to be involved in overseas military service, Maclean rallied her troops through her editorials in the *New Zealand Nursing Journal*. For example, the October 1914 editorial which reported the declaration of war, urged support for the 'British nation that has taken up the sword in defence of right, and in

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30 'Another Strong Appeal', *NZNJ*, January 1915, 8:1, p. 30.

31 'New Zealand Nurses who are now at the Front', *NZNJ*, January 1915, 8:1, p. 29. Caroline James and Mary Wilson who paid their own fares to England, joined the QAIMNS(R) in August 1914. Nora Stevens, a South African veteran, worked with the French Flag Army Nursing Service and later joined the QAIMNS(R). Theresa Butler and Jessie McLeod who were in England when war was declared, joined a private contingent of nurses to work in Belgium. Later they joined the NZANS.

aid of her allies'.<sup>32</sup> Maclean, like many other New Zealanders, absorbed the reports on the 'atrocities' of the German soldier and gave prominence to detailed descriptions of the German brutality to women and children. The New Zealand soldier was portrayed as a responsible citizen performing his duty in contrast with the brutal German torturing women and abusing wounded soldiers. For Maclean, trained nurses had a place alongside the New Zealand soldiers in the fight against 'the terrible stories we read [which]...strike terror into the hearts of the innocent country people, and [who] show that no considerations of humanity can check them'.<sup>33</sup> In tune with the patriotic mood of the people of New Zealand, and somewhat like a crusader, Maclean appealed to nurses to be part of the fight against the foe.

But Maclean's appeal to trained nurses, like the appeal that Isabella Fraser had made in 1900 concerning the South African War, was also an organised appeal. She was concerned that untrained women might be given priority over trained nurses, a situation still being met with in private hospitals and homes. Alongside her appeal to patriotism Maclean balanced the professional abilities of the trained nurse. Linking nurses' abilities to their femininity she called on nurses as potential child-bearing women, as sisters and as daughters, to join the soldiers overseas. At the same time she emphasised the valuable assistance that nurses would be to the nation.<sup>34</sup> Stressing the importance of nurses' professional abilities to attend to the needs of the wounded, she urged them to offer their services to assist their sisters, the nurses of Britain and Australia.<sup>35</sup> Maclean brought to military nursing the same commitment she showed in extending civilian nursing. She was more than willing to battle the

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32 'The War', NZNJ, October 1914, 7:4, pp. 147-148.

33 'Violation of the Red Cross and Other Atrocities', NZNJ, October 1914, 7:4, p. 168.

34 Supplement to the NZNJ, July 1914, 7:3, no page number.

35 'Preparations in the Dominion', NZNJ, October 1914, 7:4, p. 177.

military authorities for a place for nurses and to take on the task of developing and mobilising a military nursing service.<sup>36</sup>

Although it appeared that nurses required little urging to serve their country, the limitations placed on New Zealand's war commitment hampered their involvement. The British War Office and the New Zealand Government agreed that wounded New Zealand soldiers should be moved to England rather than risk transport through the Red Sea.<sup>37</sup> These arrangements made no mention of the services for the 'sick' soldier. As had occurred in the South African War, decisions on medical services came from the Imperial Forces medical staff and, in their assessment of medical needs, the numbers of soldiers initially requested from New Zealand did not warrant more than a front-line medical service, a service for the wounded.<sup>38</sup> British medical services planned to attend to New Zealand soldiers and there appeared to be no place for New Zealand nurses other than in national civilian hospitals. Doctors, orderlies and stretcher bearers made up the medical contingent for front-line duties.

When six nurses out of the now available 400 were suddenly selected to travel with the Advanced Expeditionary Force to German Samoa in August 1914, their duties reflected the traditional organisation for female nurses.<sup>39</sup> These nurses would

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36 H. Maclean, p. 125.

37 Memorandum from Wortley, Director of Movements, British High Commission to High Commissioner, New Zealand, 22 March 1915, AD1, 49/112, NA.

38 I. McGibbon, p. 240. Australia was to supply 10,000 men while New Zealand's contribution would be 6,053 men. Australia would also supply hospital equipment and staff if more colonial forces were required.

39 On August 15 1914, the first contingent of the New Zealand Expeditionary Force, the Advanced Expeditionary Force, left New Zealand for German occupied Samoa with six nurses also on-board the transporters. Ida Willis joined the six nurses at Fiji. She had been on holiday and was unable to return to New Zealand. She worked in Samoa and later joined the NZANS. Headquarters, New Zealand Defence Force's Base Records for Vida Mary Katie Maclean show that she was initially given the regimental number 3/70 as a member of No. 4 Field Ambulance on the 10 August 1914. The prefix 3 denotes the New Zealand Medical Corps. On the 11 August 1914, Maclean was attested as a member of the New Zealand Expeditionary Force and given the regimental number of 22/50, the prefix 22 denoting a

nurse the civilian population at the Samoan Hospital. The initiative to send six nurses on the troopships with the Advanced Force, 'details ordered by Sir Alexander Godley in excess of war establishment', was a pragmatic solution for staffing.<sup>40</sup> Previously staffed by German doctors and nurses, the hospital at Apia treated the civilian population. Once Samoa had been occupied, the New Zealand nurses replaced the German nursing staff.<sup>41</sup> The news that nurses had been called upon came as a surprise to Maclean and though she selected the nurses, their prescribed nursing duties remained under the control of politicians, military advisers and doctors.<sup>42</sup> These six nurses wore a uniform similar to the QAIMNS and in the ship's records are stated as belonging to this British service even though no official recognition from Britain had been obtained. It seems to have been an arbitrary decision by the military authorities to call these nurses members of the QAIMNS.

Traditional beliefs about women's work and war also influenced the position of nurses in military structures. While the links between nursing and beliefs about womanly propriety had assisted the achievements of nurses in civilian hospitals, it restricted the place of nurses in military structures. Military service stressed the masculine qualities of strength and courage. Newspaper articles told of men keenly waiting to go to war, with women urging them to go. Shirkers, presented in cartoons as avoiding war work, became the target of women's antagonism, receiving white

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member of the New Zealand Army Nursing Service. The other five nurses were Louise McNie, Bertha Nurse, Evelyn (Eva) Brooke, Frances (Fanny) Wilson and Louise Brandon.

- 40 P.M.O.[Principal Medical Officer], Samoa, 27 August 1914 to 23 September 1914, War Diary, War Archives (WA), Series 213, 213/1, NA.
- 41 'New Zealanders at Samoa', NZNJ, October 1914, 7:4, p. 171. Australian nurses initially provided services for the civilians at the hospital at Namanula, Rabaul, see Australian Medical Corps, Administration in Egypt, 1915, Memorandum from the DGMS [Director General of Medical Services], 12 January 1916, Tait File, No. 32, Australian War Museum (AWM), Canberra.
- 42 Selected within three days the nurses were equipped and ready for transport with the Advanced Expeditionary Force.

feathers to denote their cowardice and lack of patriotism.<sup>43</sup> The soldier, depicted as the essence of upright manliness, became contrasted with the weak ineffectual male who failed to enlist. The ultimate hero, the volunteer soldier, filled the pages of newspapers and journals. In the initial intense patriotism expressed by most New Zealanders, little account appeared to be given to the fact that soldiers would suffer wounds and also sickness, that women would become widowed and children fatherless.

Military medical services received little formal coverage in newspapers; it is not clear whether this was in an effort to play down the trauma a war would bring, or an indication that the military authorities failed to appreciate the likely length of the war and the amount of sickness and injury which would occur. The major focus of New Zealand medical services at the start of war concentrated its efforts on the care of the wounded.<sup>44</sup> Arrangements had been made for collecting and evacuating the wounded from the war zone, but little thought appeared to have been given to the likelihood of sickness occurring among soldiers.

The impression that the war would be short-lived also directed the initial preparation of medical services. Allocation of medical resources focused on providing services for gathering in the wounded from open battle areas. Yet the latter was the pattern of earlier warfare prior to the First World War, not the vast array of trenches which would become the feature of this war.<sup>45</sup> Although nurses had a place in military structures their place remained securely attached to civilian hospitals caring for the sick soldier or wounded civilian who might turn up on the hospital steps in the

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43 P. Baker, *King and Country Call: New Zealanders: Conscription and the Great War* (Auckland, 1988), p. 19.

44 J.R. Purdy, Colonel, 'Organisation for Evacuation of Sick and Wounded', *New Zealand Medical Journal*, 1914, 13:53, pp. 252-261.

45 G.L. Mosse, p. 4.

event of a national attack. The major contribution of nurses during the early stage of war was to maintain their current duties, nursing the sick civilian population. The training of soldier volunteers appointed to the New Zealand Medical Corps concentrated on the immediate care of the wounded soldier in the field. Purdy had suggested that the number of soldiers who might suffer disease would be around ten percent; the majority of soldiers, he believed, would be requiring treatment for wounds. Colin Gordon, a law student, who served as a private with the New Zealand Medical Corps, recalls his training as a medical orderly which illustrated the emphasis put on the wounded and the limited attention given to learning about the care of the sick.

We had a month in Trentham [Camp]... We had stretcher drill - perfectly useless; I could teach a man to handle a stretcher in ten minutes! But then some of us were selected to go into the Wellington Hospital to get training - roughly three hours. We were taken to a ward and detailed to a nurse who taught us how to make a bed the hospital fashion and how to wash a patient, and we then had to do it under her eye - and that's about all. We had lectures from some of our doctors on different aspects of wounds and how to give 'em medicine. In our month's training, practical nursing experience, I would think, was eight or ten hours and perfectly useless. When it came to the real thing we had to find out for ourselves what was to be done and how to do it.<sup>46</sup>

Both the Advanced Expeditionary Force to Samoa and the Main Body, which embarked for Egypt in September 1914, apart from doctors, carried personnel who had received approximately eight weeks of training in first aid, stretcher bearer duties and bed making.<sup>47</sup> As in the case of the old system of nursing of the 1880s, privates of the medical corps gained most of their knowledge from observation and practice. Many of the untrained did learn from practical experience. One soldier employed with the field-ambulance recorded his attempts to give an intravenous injection of saline at a field ambulance post while the surgeon was performing an amputation. He also

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<sup>46</sup> N. Boyack and J. Tolerton (Eds.), *In the Shadow of War: New Zealand Soldiers Talk about World War I and Their Lives* (Auckland, 1990), p. 96. See also Bruce Thomson, *New Zealand Field Ambulance 1915*, MS Papers 1510, WTU.

<sup>47</sup> Lesley B. Quartermain, 9 March 1916, Awapuni Camp, MS Papers 1807, Folder 3, WTU. The medical service for the Main Body consisted of a field ambulance and a mounted field ambulance with a contingent of 48 medical officers and 328 other ranks.

showed remarkable skill 'when a patient came in with a venus (*sic*) haemorrhage'.<sup>48</sup> Others, later in the war, worked in field hospitals and casualty clearing stations preparing patients for surgery and attending to the wounded. The traditional belief that nursing required little knowledge seemed to hold for the orderly as much as it did for the untrained woman and, in the war years ahead, this belief also applied to the many amateur women employed to help an overburdened medical service. The privates of the Medical Corps, like the orderlies of the South African War, justified their place by their front-line duties, turning their hand to a wide variety of medical skills and facing the dangers of bringing in the wounded from the field. As war progressed, the syllabus for medical corps privates included training on sanitation, care of motors and horse management; some men moved on to specialised fields of radiography and laboratory work.<sup>49</sup> The varied duties undertaken by the medical orderly and the stretcher-bearer gave stiff competition to nurses who would have found the variety of roles outside their realm of nursing difficult to accommodate on the grounds of physical strength.

Nurses, however, readied themselves to fight for an active place in military nursing. A carefully selected deputation from the Trained Nurses' Association met with Allen, the Minister of Defence, on 31 December 1914 to request his support for nurses to be considered a practical part of the war effort.<sup>50</sup> With Maclean in attendance, Dr Marshall Macdonald of Dunedin, the selected leader of the deputation, informed Allen that Australia had already sent nurses with Australian hospital ships and it was now timely to consider the responsibilities of New Zealand towards its wounded soldiers. Like a benevolent father, Macdonald spoke on behalf of nurses,

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48 B. Thomson.

49 Personal communications with Vic Nicholson, a member of the Wellington Infantry Battalion, at Palmerston North, August 1989. See also 'Vic Nicholson', in N. Boyack and J. Tolerton, pp. 79-92.

50 'Active Service' NZNJ, January 1915, 8:1, p. 13.

'When New Zealand's sons were serving the Empire in the field it was only right that her daughters, who were able and willing, should be allowed to do so'.<sup>51</sup> The lessons learned during the South African War were explained by Nellie Monson, a South African War nursing veteran. 'Though the orderlies there did good work' she stated, 'they were not competent to attend to critical cases'.<sup>52</sup> The situation of the South African War, when men died from pneumonia and dysentery, made an impressive argument and reinforced the concern nurses had for care of the sick. A comment by Alice Holford, a member of the deputation, that Arabs would provide nursing only until sundown, may have intensified Allen's appreciation of nursing difficulties in foreign countries and raised particular concern for the New Zealand Main Body stationed in Egypt awaiting combat orders.

A strong sense of womanly concern for the welfare of the soldier, the support of a doctor to give weight to the argument, and an organised appeal from a disciplined, well organised nursing profession appeared to have the desired effect. Moreover, British and Australian nurses had already joined the war effort and were now proving their worth in military hospitals, on hospital ships, trains and barges. New Zealand nurses could also report on news from Britain that told of untrained women led by British women of standing, availing themselves of the opportunity to care for the soldiers.<sup>53</sup> This fact had already come to the notice of officials who thought it possible that amateur New Zealand women would also take the initiative and move in mass to nurse the soldiers. Already, numbers of women had made inquiries about the possibility of overseas nursing assignments. Professional nurses

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51 Ibid., p. 13. Dr Marshall Macdonald was president of the Dunedin Branch of the Trained Nurses' Association in 1914. His wife, Sadie, was an Australian trained nurse and also a member of the association.

52 'Active Service' NZNJ, January 1915, 8:1, p. 13. Nellie Monson trained at Dunedin Hospital 1889-92 and was secretary of the Otago Branch of the Trained Nurses' Association.

53 'Organisation for Sick and Wounded in England and Abroad', NZNJ, October 1914, 7:4, p. 175.

offered the promise of an organised group of disciplined women, rather than the likely disorder which could result if amateur women, unfettered by organisational structures and bent on gaining a place in military nursing, took matters into their own hands. On 6 January 1915, Allen cabled the British War Office, offering the service of fifty New Zealand nurses.<sup>54</sup> He also contacted the Defence Minister of the Australian Commonwealth, F. Andrew Fisher, suggesting New Zealand nurses be included in any subsequent detachments of Australian nurses.<sup>55</sup>

There was further reason for Allen to meet the requests of the deputation. Aware since November that reinforcements would be required for the next four or five months, Allen anticipated New Zealand's military contribution increasing rapidly beyond initial projections.<sup>56</sup> Medical services had already created some concern. The rate of sickness among soldiers at camp had increased with the death of two soldiers from cerebro-spinal meningitis. It also seemed likely that the Main Body, now training in Egypt, would soon be involved in battle.<sup>57</sup> Along with this, a steady increase in the numbers of sick soldiers being admitted to British general hospitals in Egypt and reported outbreaks of venereal disease and cerebro-spinal meningitis,

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54 Telegram from J. Allen to Colonel A.W. Robin, 31 December 1914, Nurses - Samoa, Correspondence re, 1914/19, AD1, 49/65/1, NA. New Zealand nurses were to provide service wherever required and not only for duty with New Zealand troops. The regulations set the maximum age limit at forty-five years. Each nurse was to have received a three years training in a public hospital and a 'responsible matron' was to supervise the nurses.

55 Telegram from J. Allen to Right Honourable A. Fisher., 31 December 1914, AD1, 49/65/1, NA.

56 Letter from Minister of Defence, J. Allen to General Sir Alexander J. Godley, 22 January 1915, WA Series 252, 252/1, NA. In correspondence with Robin, Allen questioned if the Arab custom of not providing nursing services after sunset would require trained New Zealand nurses to be employed.

57 The Main Body was the title of the Expeditionary Force which left New Zealand 16 October 1914. This title distinguished it from the Advanced Party which had gone to Samoa in August 1914.

required some further commitment to soldiers' welfare and nurses, with their knowledge of nursing the sick, could be a good investment.<sup>58</sup>

Public concern about the care of the soldiers was also evident. Maclean maintained that 'Every woman wants to nurse the wounded, and qualified and unqualified all are clamouring to be given the chance'.<sup>59</sup> Her assessment of the situation appeared to be correct. Women with experience ranging from 'good health and a good sailor', a St. John's Ambulance nursing certificate, a personal 'desire to nurse the soldiers', and those with three year certificates of nurse training offered to serve as nurses overseas.<sup>60</sup> A group of Dunedin Hospital nurses, in a manner reminiscent of the South African Campaign, had offered to accompany the troops at their own expense.<sup>61</sup> Allen, fearing that the war was far from over and estimating the heavy demands about to be made on the medical service, not only from wounds but also from sickness, could see a way to placate those who were pressing for more government commitment to the welfare of soldiers. Nurses who were begging for a place in military work and anxious to be represented in war could add to the numbers of medical personnel now likely to be required for an expanding military services.

By 26 January 1915, the War Office had accepted the New Zealand Government's offer of fifty New Zealand nurses, no doubt spurred into action by the now obvious necessity for military nurses.<sup>62</sup> By the end of 1914 England had begun to use VADs, members of the British Voluntary Aid Detachments Scheme, to care for

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58 Letters from J. Allen to Godley, 18 January 1915 pp. 9-10, and 23 March 1915, p. 2, WA, Series 252, 252/1, NA.

59 'The War', NZNJ, October 1914, 7:4, pp. 147-8.

60 Letters from Mary Duff, Nurse Barlow, Te Kuini Ellison, and the Mayor of Auckland, to J Allen, August 1914 to December 1914, AD1, 49/65/1, NA.

61 Telegram from Major Falconer to Colonel Neill, 24 August 1914, AD1, 49/65/1, NA.

62 Translation of coded telegram from the Secretary of State for the Colonies to the Governor of New Zealand, 26 January 1915, AD1, 49/65/1, NA.

recuperating soldiers.<sup>63</sup> In fact, one group of VAD members had been working in France for two months, setting up rest stations and first aid centres in Boulogne for wounded soldiers who moved between the front and the military hospitals.<sup>64</sup> There was, however, more than a hint of control in the British acceptance of New Zealand nurses which left little room for the New Zealanders to work as a specifically New Zealand unit. Unlike the Australian Army Nursing Service which, because of soldier numbers, could be attached to its own military medical organisation, the conditions set by the War Office required that members of the NZANS work wherever requested under the directions of the QAIMNS. Their pay, however, remained the responsibility of the New Zealand Government.<sup>65</sup> While New Zealand nurses could help staff the burgeoning military hospitals, and almost each week new wards or new hospitals opened in Egypt to cope with the numbers of sick and wounded soldiers, nonetheless they would work with and be supervised by what was considered the superior organisation.<sup>66</sup> By March, the Australian Government had also accepted twelve New Zealand nurses.<sup>67</sup>

These developments received approval from the nurses, especially now as the service would be called the New Zealand Army Nursing Service (NZANS). In the initial stages of war, Maclean had thought it likely that a New Zealand nursing service

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63 VAD is the common term used for members of the Voluntary Aid Detachments Schemes and is used throughout this thesis. Further discussion on VADs is taken up in Chapter 9.

64 A. Carberry, 'The Voluntary Aid Detachments in the First World War', *Bulletin of History of Nursing*, 1987, 2:2, pp. 29-34.

65 Cabinet authorised £10.10s. for each nurse's outfit and the pay-rate was fixed at matron-in-chief, allowance only; matrons in charge, £150 and 9s. daily allowance; sisters, £120 and 8s. daily allowance; nurses, £100 with 7s. daily allowance. A doctor received 10s. a day. A sergeant received 7s. a day. A corporal received 6s. The outfit grant to all commissioned officers was £20. All married men's wives received 1s. a day separation allowance.

66 A. Summers, pp. 220-239.

67 The twelve nurses chosen to join the Australian nurses were Ethel Dement, Elizabeth White, Alice Fraser, Grace Guthrie, Helen Brown, Cora Turnbull, Jessie Verry, Hilda Steele, Elsie Cooke, Nora Fitzgibbon, Dorothy Rose and Winifred Scott. In a reciprocal arrangement, twelve Australian nurses were later to join the New Zealand Army Nursing Service and worked with this unit throughout the war.

would become formally attached to the QAIMNS(R). Linking the New Zealand nursing organisation to the British system could have its advantages. Colonial nurses would be seen as equal in status to their British counterparts. In the South African War colonial nurses had been required to belong to the British ANS and there seemed to be more gains than losses, at that time, in such an arrangement. Since the declaration of Dominion status for New Zealand in 1907, war arrangements between Britain and New Zealand showed some subtle changes. For World War I, the NZANS became a distinct section under the supervision of a 'responsible [New Zealand] matron', even though the overall supervision was in the hands of the British matron-in-chief of the QAIMNS.<sup>68</sup> While this meant taking orders from and working with the Imperial nursing services, at least this could be seen as a start towards achieving the objective that military nursing would become work for New Zealand trained nurses. Whatever the outcome might be, Maclean and her nurses seemed to have a sense of relief that at last they were going to war.

The first group of fifty nurses, many of whom remained in the military nursing service for the full duration of war, were all European, unmarried and had at least six years of nursing experience. Their average age was 27.<sup>69</sup> Maclean, in consultation with the Trained Nurses' Organisation and the matrons of the four major hospitals, had hurriedly selected the women who would represent New Zealand nursing, and she also organised their uniform and arranged their military 'kit' equipment of kettle, deck-chair, scissors, forceps, aprons and uniform. She designed badge for the NZANS and made arrangements for the nurses to be enrolled as formal members of the Expeditionary Force.<sup>70</sup> The many arrangements to prepare the fifty nurses for

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68 'Nurses for Active Service', NZNJ, April 1915, 8:2, p. 62.

69 No Maori nurse has been identified from the records of members of the NZANS files held by Headquarters, New Zealand Defence Force.

70 'Nurses' Uniforms', PD, 8 July and 14 July 1915, pp. 173, 327. The uniform was decidedly New Zealand, made of Petone cloth decorated with military brass buttons. The badge featured a fern leaf as the emblem of the service.

their overseas assignment included questions on how to militarise the uniform of female nurses, apparently a necessary element even for non-combatant women, the need to choose a badge which would align this women's group with New Zealand rather than any other nursing organisation, and the means to have the uniforms made in time for the tentative sailing date.<sup>71</sup>

The trained nurses who volunteered seemed undeterred by the prospect of war work.<sup>72</sup> They also seemed unconcerned that their status in the army was, at this point, unclear.<sup>73</sup> Selection ahead of the many untrained women offering their skills was an achievement and they were on their way to prove not only their nursing skills, but also their national identity as a professional group. Although nurses were enrolled as members of the New Zealand Expeditionary Force, legal opinion on nurses' position in the army in 1917 emphasised that only men were formal members of the New Zealand Naval or Expeditionary Forces. An amendment to the Defence Act proposed in 1915 'to legalise the Army Nursing Service', failed to eventuate and the official position of nurses remained unclear for the duration of war.<sup>74</sup> Maclean

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<sup>71</sup> Some of the first fifty nurses were still sewing their aprons on-board during their trip to England.

<sup>72</sup> Diary of Annie Buckley, 1915-1917, private collection, B. Buckley, Wellington. This diary has no page numbers. Buckley served with the NZANS from April 1915 to 1919, working in British and New Zealand hospitals in Egypt, in Britain and on hospital ships. She was recognised for her military service by receiving the Association of the Royal Red Cross (ARRC) in 1918 and MBE in 1949. Buckley was eager to provide nursing for soldiers and she diligently carried out her duties, working in military hospital wards, operating theatres and on hospital ships. Vida Maclean was another supporter of war work. She went to Samoa with the Advanced Party in August 1914. Following her return from Samoa, she travelled with the April 1915 nursing contingent and continued to work for the NZANS until 1922 when she transferred to the territorial nursing force.

<sup>73</sup> Memorandum from the Solicitor-General to the Under-Secretary of Lands, Discharged Soldiers Settlement Act 1915, 6 October 1917, Land and Survey Series, 13/25, NA. Although the conditions for the NZANS were published in the NZNJ, April 1915 and stated Cabinet approval had been given, original data has not been traced. The attestation form (Form No. 2A, Government Printers No. 400/11/16 - 18341) and the form for Appointment or Promotion of Nurses to the New Zealand Medical Corps, New Zealand Military Forces (Form B, No. 67A, Government Printers No. D 44/49/3. 500/12/15) indicate formal enlistment with the NZEF.

<sup>74</sup> Defence Force of New Zealand, AJHR, 1916, H-19, Vol. II, p. 8.

had made a plea to Allen as early as June 1914 that, in the event of war work, nurses should have military status within military structures. Allen replied that pay arrangements had been made but that no statutory authority existed for the formation of a nursing service.<sup>75</sup> Yet the records of nurses show that, as early as August 1914, the six nurses sent to Samoa had completed New Zealand Expeditionary Force attestation forms.<sup>76</sup> Perhaps confident that Allen would initiate changes to the Defence Act to include the nursing service, or perhaps unconcerned with the finer legal details now that the nursing service had got under way, Maclean pushed ahead with arrangements, completing details for New Zealand nurses' military representation.<sup>77</sup> Requesting absence from the Health Department to act as matron for the contingent she prepared for overseas action.<sup>78</sup> The contingent of twelve nurses who would work alongside the Australian Army Nursing Service throughout the war left on 1 April 1915.<sup>79</sup> By 15 April 1915, the first contingent of fifty nurses, under the supervision of Maclean, left for England on the *Rotorua*. A further fifty nurses went through the routine of enrolling with the Expeditionary Force confidently expecting that they, too, would have the opportunity for overseas service. In the same month as the onslaught at Gallipoli began, the members of the NZANS commenced their overseas military nursing experience.

Although constraints placed on nurses as women dictated the involvement of nurses in military structures, the emergence of the new system of nursing between

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75 Copy of Memorandum from the Minister of Defence, J.A Allen to Cabinet, 11 January 1915, AD1, 31/599, NA.

76 Headquarters, New Zealand Defence Force, Base Records of Vida Maclean, Attestation Form signed on the 10 August 1914 as a member of the QAIMNS(R).

77 'New Zealand Army Nursing Service', NZNJ, April 1915, 8:2, pp. 72-73.

78 Telegram from J. Allen to Rhodes, 1 February 1915 AD1, 49/65/1, NA.

79 'N.Z. Nurses for the Australian Army Nursing Service', NZNJ, April 1915, 8:2, p. 69. The New Zealand contingent of twelve who worked with the Australians wore Australian Army Nursing Service uniforms and for the duration of the war were counted as belonging to the Australian nursing ranks although they held the NZNAS regimental number of 22.

1883 and 1915 prepared the way for New Zealand nurses to achieve a place as military nurses in World War I. The pre-war organisation of nursing had consolidated the image of the trained nurse as an efficient, hard-working professional, single woman who acted with propriety and was used to working in hierarchical structures. With professional pride and patriotic fervour trained nurses volunteered to join the NZANS. Having gained a place in military structures they now set out to prove their abilities as nurses to the soldiers in World War I and to affirm their superior skills.



Catherine Clark in the 1915 Style NZANS Outdoor Uniform.  
Queen Elizabeth II Army Museum,  
Waiouru, Box 1345.



The First Fifty Members of the NZANS On-board  
the *Rotorua*, April 1915.  
From the Commons Collection,  
Alexander Turnbull Library.



Hester Maclean, RRC,  
Matron-in-Chief  
New Zealand Army Nursing Service, 1910-1923.  
S.P. Andrew Collection.  
Alexander Turnbull Library.

## CHAPTER 5

### Professional Tactics? Manoeuvring for a Place in Military Hospitals

[This is a] war in which the services of nurses, trained and untrained, have been made use of as never before. A war in which women have shown that they are able as men to carry out undertakings for which both from physical strength, endurance and courage, as well as mental capacity they were thought unsuited. No longer have they been kept, even in the stress of battle, entirely in the background...<sup>1</sup>

The immediate aim of the overseas contingent of the NZANS was to prove their ability to supply hospital nursing for the wounded and sick soldiers. To participate in and gain credibility for professional nursing within military structures had become a crucial element in the fight towards professional status and nurses were prepared to protect their military contribution at all costs. From their initial, tentative, acceptance within military structures, the nurses moved in to negotiate their place in British military hospitals in Egypt, employed alongside British, Australian and Canadian nurses. Within the first few months they demonstrated their ability to care for the sick and wounded soldiers, endure the rigours of military nursing and promoted their professional standing by their attempts to change the military nursing structure from one reliant on orderlies to one that was controlled and directed by nurses. They also gained a greater sense of identity as New Zealand nurses by asserting their superior skills and adaptability most especially in relation to British nurses.

In the early stages of the war, between August and November 1914, medical service focussed on wounded soldiers. From December 1914, increasing numbers of sick soldiers also entered hospital. Up to 400 soldiers suffering from enteric

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<sup>1</sup> 'Editorial', NZNJ, January 1917, 10:1, p. 1.

disorders might be admitted to a British hospital in Egypt in a week. As the casualties mounted, British authorities met the crisis by adding to the number and the size of hospitals. Up to 3,000 patients could be cared for at one time in some hospitals by spreading mattresses on the floor of corridors and pitching tents or marquees in the hospital grounds. Schools, large homes and administrative buildings were converted into hospitals.

The level of staffing varied among hospitals. By May 1915, the Luna Park Auxiliary Australian Hospital in Egypt accommodated 1,620 patients with a staff of only fifteen nurses supported by orderlies until reinforcements of more Australian nurses arrived.<sup>2</sup> In one British hospital, sixteen nurses supervised the orderlies' care for over 1,600 patients. While some British hospitals employed members of the Red Cross to attend to the soldiers, others sought assistance from the local European women and paid 'natives' (a term used to describe all races other than European) to clean and cook. At another hospital orderlies, supervised by 'regular nurses' of the QAIMNS, provided most of the care.<sup>3</sup> The one small New Zealand hospital at Abasseyh, established for the Main Expeditionary Force in December 1914, catered for 200 patients.<sup>4</sup> New Zealand Field Ambulance personnel, together with Australian nurses stationed in Egypt, provided the service for patients until the arrival of New Zealand nurses.

By mid-1915, the rapid increase in the number of casualties forced the British War Office to seek help from the colonies to support its medical services. The New Zealand Government, which had previously shown reticence over sending nurses to

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<sup>2</sup> R. Goodman, p. 40. Reinforcements of Australian nurses arrived on the 27 May 1915. Approximately 2,500 Australian nurses joined the Australian Army Nursing Service during World War I.

<sup>3</sup> 'English and Australian Hospitals in which New Zealand Sick and Wounded are Treated', NZNJ, October 1915, 8:4, pp. 176-178.

<sup>4</sup> This hospital was especially for wounded and sick soldiers of the Main Body of the New Zealand Expeditionary Force.

war now showed a shift in attitude.<sup>5</sup> During 1915, three contingents of nurses joined British, Canadian and Australian nurses working in Egypt.<sup>6</sup> The New Zealanders found the warm welcome from the British nurses surprising as they had been informed, prior to January, that military hospitals had sufficient staff. In the months leading up to April 1915, New Zealand nurses had been told by the Government that Britain had sufficient nurses to supply all the hospitals in Egypt. Arriving in London in May, the first contingent had gone sight-seeing while waiting for the Imperial authorities to decide where to place them. On finally arriving in Egypt in June, the New Zealanders were 'welcomed with opened arms' and quickly set to work in British hospitals.<sup>7</sup> Seventeen of the New Zealand contingent replaced Australian nurses working at the New Zealand Hospital.<sup>8</sup>

By the time the New Zealanders reached Egypt, 'the hospitals were crowded with wounded'.<sup>9</sup> While the New Zealand General Hospital initially had only two-hundred patients, this quickly changed. Beds were soon spread out not only in wards but also along verandahs and balconies as patient numbers increased to more than a thousand.<sup>10</sup> Soldiers from the Gallipoli Peninsula, suffering from gastrointestinal disorders caught from the flies and rat-infested trenches, filled the hospital

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<sup>5</sup> 'Third Contingent of Nurses from New Zealand', NZNJ, October 1915, 8:4, p. 166.

<sup>6</sup> Memorandum from Director Division of Medical Services, NZEF, to Commandant, NZEF, 11 April, 1916, 'Promotion of New Zealand Nurse', WA, Series 1, 1/3, XFE 1372, NA. Fifty nurses left New Zealand in April 1915, with a further 100 in May and another 100 in July. By April 1916, 335 nurses were formally enrolled in the NZEF. Of these, 57 were employed at the New Zealand General Hospital, sixteen on the New Zealand hospital ship *HS Maheno* and eighteen on *HS Marama*.

<sup>7</sup> Frances (Fanny) Speedy, 2 October 1915, Micro MS Papers 595, WTU. Speedy (22/10) trained at Wellington Hospital in 1905 and travelled with the first contingent of New Zealand nurses in April 1915.

<sup>8</sup> From 17 July 1915, the New Zealand Hospital at Cairo was staffed by New Zealand nurses. Bertha Nurse (22/1) acted as matron of the 300 bed hospital working with an all New Zealand nursing staff with orderlies providing assistance.

<sup>9</sup> E. Pengelly, p. 27.

<sup>10</sup> 'At a Base Hospital', NZNJ, October 1915, 8:4, pp. 173-174.

beds during July and August 1915. Mary Paterson recalled that soldiers from Gallipoli

were all very, very sick men. They were too weak to feed themselves, they had dysentery....They had been lying on the beach at Gallipoli - there was no hospital there, and they kept coming in all day and all night.<sup>11</sup>

Kate Barnitt nursed soldiers suffering from dysentery who

were very emaciated, they had agonizing abdominal pain - distressing tenesmus [painful spasm of the bowel] - painful and continuous hiccough, frequent vomiting, and the very bad cases haemorrhage; that is more than the ordinary dysentery haemorrhage.<sup>12</sup>

Seriously ill patients with either wounds or enteric fever, or a combinations of both, demanded every ounce of nursing skill, with unconscious, delirious and dying patients requiring constant attention. Dressing the wounds, a major part of nursing duties, could continue unabated throughout the day.

The organisation of military hospitals in Egypt presented different circumstances to civilian hospitals. Most often there were few New Zealand nurses in relation to the overall nursing numbers. Twenty New Zealand nurses worked at No 15 British General Hospital, a converted school, along with seventy British and Canadian nurses.<sup>13</sup> Edith Lewis, employed at the Citadel Military Hospital in Cairo, was one of four New Zealanders among a staff of 200 QAIMNS members.<sup>14</sup> Elsie Owen-Johnston never had the opportunity to work in a New Zealand military

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11 Mary Paterson, MSC 82, Nursing Education and Research Foundation Oral History Project, WTU. Paterson (22/156) trained at Gisborne Hospital and joined the NZANS. In July 1915, she left New Zealand on the New Zealand Hospital ship *Maheno* to work at No 31 British General Hospital, Egypt. She also worked on both the *Maheno* and *Marama*, retiring from the NZANS in 1921.

12 'Letters from our Nurses Abroad', NZNJ, April 1917, 10:2, p. 74. Kate Barnitt (22/13), trained at New Plymouth Hospital, registering in 1904. At age 32 she joined the NZANS and left for overseas service in April 1915.

13 'English and Australian Hospitals in which New Zealand Sick and Wounded are Treated', NZNJ, October 1915, 8:4, pp. 176-178. The first 50 New Zealand nurses were spread among British military hospitals. Eighteen were appointed to the Egyptian Army Hospital, Cairo. Eight went to the Citadel Hospital, Cairo. Twenty went to No 15 British General Military Hospital, Alexandria and 4 worked at the Deaconess Military Hospital, Alexandria.

14 E. Lewis, p. 54. Edith Lewis (22/247) joined the NZANS in December, 1915 and was discharged from the service in 1919.

hospital. Throughout her time in Egypt she nursed in British hospitals making up the staff numbers when British nurses were on the sick list.<sup>15</sup> Owen-Johnston appeared somewhat surprised that Gurkha soldiers preferred to cook their own food and other nurses working alongside doctors from other countries commented on the 'weird' ways of non-European doctors.<sup>16</sup>

The British military hospitals were also criticised for the different ways in which they were administered. Moved about from hospital to hospital and spread thinly throughout the British hospitals, New Zealand nurses quickly learned the military system. Edna Pengelly, at No 15 General Military Hospital, Alexandria, thought she would have proved her mastery of the military system when she could cope with the diet sheet as '[B]eing a military hospital, everything hangs and hinges on the diet sheet'.<sup>17</sup> According to Fanny Speedy, appointed to the Deaconess Hospital, Alexandria, the 'military experience [was] the very outside edge of the limit, and show[ed] no vestige of humanity'.<sup>18</sup> Sick soldiers came under the discipline dealt out by military authorities which sergeants rigidly enforced.<sup>19</sup> Sick and convalescing soldiers were forbidden alcohol. A blue uniform, or a blue band on the arm of the uniform, designated soldiers' convalescent status and signalled the fact they should be refused alcohol at the local hotels. As soon as soldiers showed any improvement in their condition they were commandeered to help with cleaning duties.

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15 'Reflections of a World War I Nurse', copy of an article from the *Southland Times*, 12 August 1978, no page number, private collection, New Zealand Nurses' Organisation, Otago Branch. Elsie Owen-Johnston (22/ 82) trained at Dunedin Hospital , registering in 1913.

16 Ibid.

17 E. Pengelly, p. 30.

18 F. Speedy, 2 October 1915.

19 New Zealand Expeditionary Force, Instructions for New Zealand Officers and Soldiers arriving in England either Sick or Wounded, AD1, 39/54, NA.

The traditional work of nurses in civilian hospitals became modified in military hospitals. New Zealand nurses were accustomed to organising their own wards and supervising the probationers. They were unaccustomed to working alongside orderlies. British army officers supervised the hospital routine, organised the clerical work and guarded the equipment in what appeared to be an elaborate plot to keep necessary everyday items out of nurses' reach. The arrangement of duties most commonly adhered to was that the orderlies cleaned and tidied the hospital wards, assisted by convalescent patients, while nurses attended to wound dressings. An example of the variety of duties carried out by orderlies is described in records of the Second Australian Casualty Clearing Stations. Privates of the medical section carried out general cleaning and laundry duties in hospitals, acted as cooks and stretcher-bearers, erected hospital marquees when required, acted as batmen to officers, provided assistance to the nurses and, during a period when no trained nurses had been appointed to casualty clearing stations, assisted the medical officers with medical services.<sup>20</sup> Annie Buckley working at the Deaconess Hospital, Alexandria, commented on the duties that the commanding officer demanded of the orderlies. One particular officer had a penchant for 'chasing dirt'. His desire to run a clean military hospital, a tight ship, included ordering orderlies to examine floors, walls and equipment for tell-tale signs of dirt. Buckley, somewhat amused at the antics of the orderlies, thought it 'supremely ridiculous to see men running after dirt spots on the floor'.<sup>21</sup>

Military red tape also complicated the work and management of the ward. Keeping military records required nurses to record every detail of patients' care. An intricate formula of forms seemed to be required for each admission with the military authorities demanding written reports on patients' condition, treatment and progress. According to Speedy, crossing a dead soldier's name off the diet sheet

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<sup>20</sup> Report on the Second Australian Casualty Clearing Station, MS 264, AWM, Canberra.

<sup>21</sup> A. Buckley, 11 October 1915.

took precedence over patient care and emphasised the impersonal organisation of military hospitals.<sup>22</sup> Food and supplies came infrequently and, at times, preparing special diets for seriously ill soldiers became almost impossible. While the local Red Cross kitchen could supply diets on request, the nurses cooked small, easily digested food on their own primus stoves or bought 'dainties' for sick soldiers from the local shops. Diet featured as a major concern for nurses who described the military food as 'rough and crude' and unappetising for the sick, reflecting the lack of concern that the army had for its soldiers.<sup>23</sup> Insufficient soap and disinfectant frustrated the nurses, as did the lack of surgical cleanliness. Military authorities controlled equipment, locking many items away to the annoyance of nurses who 'looked in vain' for soap with which to wash patients. Often linen was unavailable and nurses lambasted the inefficiencies of military organisation. Improvisation became a necessity. In one instance a nurse tore up her petticoat to make washcloths for patients.<sup>24</sup> Military authorities also controlled the discharge of patients and most soldiers requiring surgical treatment remained only a short time in hospitals spending most of their convalescence at military camps. For example Lily Eddy, working at the 21st British Hospital, Ras-el-tin, stated the hospital had admitted 1,500 patients at the beginning of a week in August 1915 and within a week the surgical cases were quickly transferred to England or Australia.<sup>25</sup> The quick turn-over of patients created work preparing beds for new arrivals.

Reports from nurses on their duties in military hospitals became dominated by the difficulties they encountered. It seemed as if complaining about the particularly

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22 F. Speedy, 3 October 1915.

23 E. Lewis, p. 40.

24 Australian nurses were perhaps the greatest improvisers. No 3 Australian General Hospital stationed at Mudros, the port on Lemnos Island, in August 1915 had 150 patients with no beds, mattresses, or tents. See J. Bassett, p. 46.

25 'Extracts from Nurses' Letters, NZNJ, October 1915, 8:4, p. 170. Lily Eddy (22/72) trained at Thames Hospital, registering in 1911. She left for active service on May 21 1915.

arduous situations represented a form of resistance against military control. According to the nurses, most aspects of military hospitals failed to measure up to the orderly environment of civilian hospitals where nurses held greater power. While keen to care for the soldiers, nurses were critical about anything and everything to do with army hospitals. Converted schools, old barracks buildings or royal palaces became large and inconvenient hospitals. The marble floors, while decorative, caused nurses to tire easily as they walked all day up and down wards. One hospital taken over from the Germans, the Deaconess Hospital, also known as No 19 British General Hospital, retained the original German equipment and a New Zealand nurse commented on her difficulties adapting to thermometers in Centigrade, medicine glasses marked in grammes and instructions on medicine labels given in German.<sup>26</sup> To boil water took 24 hours according to Pengelly and she was less than impressed with the 'meths. lamp which never has any spirits in it; or if it has, then it has no wick'.<sup>27</sup> Sand, which got into everything, increased the difficulties.

Other features of hospital life in Egypt, however, caused greater concern. 'Night duty was not a period we looked forward to', recalled Edith Lewis. '[T]he patients found it hard to rest [from]...the nightly visitation of bed bugs'.<sup>28</sup> When a bed was vacated a blow lamp applied to the wire-wove killed the bugs prior to the routine disinfecting process. These invasions of bugs also attacked nurses. Saucers of kerosene around the legs of chairs and hair wound in turbans kept the bugs at bay while nurses wrote their night reports. A locust swarm caused a stir among the New Zealanders as nurses rushed around to close doors and windows. The heat took its toll also and night duty did have one advantage; it was cooler. Nurses complained about working in the heat and this influenced the arrangements of duties. While a

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<sup>26</sup> F. Speedy, 3 October 1915.

<sup>27</sup> E. Pengelly, p. 30.

<sup>28</sup> E. Lewis, p. 55.

nurse's day ran from 7a.m. to 8p.m., with night duty from 7p.m to 7a.m., it became common practice to work a half day on alternate days to have a break from the daytime heat. On days when there were large numbers of admissions, a shift might be extended to fifteen or seventeen hours regardless of the heat. On night duty nurses took charge of a military hospital, making judgements to call out the doctor for emergencies. According to Speedy, night superintendent at the Deaconess Hospital which could have 300 to 1000 patients at any one time,

The responsibility is great to my way of thinking, for except in cases of urgent emergency like haemorrhage the Night Superintendent must decide if the Orderly Medical Officer must be called or not.<sup>29</sup>

To combat military control, nurses attempted to ignore the restrictions of the army. Tents erected on the hospital grounds to make extra beds available for convalescing patients made it easier for convalescents to abscond, unaccounted for, to the prohibited bars for a little alcoholic sustenance.<sup>30</sup> This practice created a dilemma for some of the nurses while others saw it as a necessary feature of soldiers' lives. A conspiracy between nurses and soldiers developed. A nurse could use her discretion as to whether she closed her eyes to the comings and goings of the convalescents and 'fail' to notify the duty sergeant. The men arrived back from a few hours at the hotel with 'broad smiles' and sometimes a bunch of flowers for the nurses. This camaraderie worked to the advantage of the nurses, a subtle means to combat their impotence within military institutions. Patients, in turn, spoke favourably about nurses who contravened the rules, with soldier patients also seeing the conspiracy as an act of defiance against military discipline.

Although nurses might attempt to frustrate the military organisation they had compassion for the soldier patients. While working at No 19 British General Hospital, Alexandria, Susannah McGann wrote to a friend describing her feelings:

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<sup>29</sup> F. Speedy, 5 October 1915.

<sup>30</sup> E. Lewis, p. 55

One is doing a big dressing (I am in the surgical wards) and you look up at the boy's face, perhaps about 18 years, and you know he has little chance of going out with both legs. Its (*sic*) truly awful the number of maimed men that will be set adrift after the war.<sup>31</sup>

Even those soldiers described as 'shirkers' and who 'primed each other up in the latest method of how to swing the lead' were regarded tolerantly. The soldiers had a capacity to play the system, which was, in many instances, admired by the nurses. The devastation of war, the loss of lives, and the ghastliness of wounds, realities held in common by soldiers and nurses, drew patients and nurses together against the authorities.

Although army discipline could be thwarted in subtle ways, discipline remained a powerful feature within nursing. Discipline which had formed the basis of nurse training in the civilian nursing structures, also acted to promote the image of the capable military nurse who could successfully work in a variety of situations without loss of control or overt emotional outbreaks. Even by military standards nursing discipline could be exacting. The desire to be seen as competent developed into patterns of work which guarded against insinuations of indolence. The expectation that nurses would work hard and avoid idleness became a dominant theme. A busy nurse meant a needed nurse. Nurses repeatedly emphasised how busy they were attending to dressing wounds and giving out medication and, even in a lull when patient numbers fell, they found work diligently rolling bandages, tidying linen, sterilising the equipment and preparing for the next convoy of patients. Caustic comments made about those nurses considered lazy or lacking in organisation reinforced the belief in a work ethic.

While nurses could express sympathy for the heroic soldier, comments on their own personal misfortunes were more restrained. In some ways, the nurses took on the masculine characteristics of bravery expected of the soldiers in a desire to be

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<sup>31</sup> 'Extracts from Nurses' Letters', *NZNJ*, October 1915, 8:4, p. 170.

associated fully in military structures. To be strong meant not to cry and not to express sorrow for the loss of relatives. Those who lost brothers or fiancées seemed unwilling to express any sadness and kept their feelings to themselves, gaining praise from other nurses for their ability to 'make the best of it the same as everyone else these days'.<sup>32</sup> Self pity, or sympathy for the soldiers, was expected to be channelled into nursing duties. The soldiers required every ounce of nursing ability and any duty was welcomed as an expression of patriotism, of being at one with 'the boys'. Showing emotions, for example crying, appeared to occur only in private. One nurse used the linen cupboard to cry over the frustration she felt when nursing sick soldiers. Another was said to have 'howled' in her room when notified of her transfer to a new hospital.<sup>33</sup> Being able to continue to nurse the sick while 'bullets were flying about our heads and striking the wood work...and the iron sides of the ship' became a source of pride.<sup>34</sup> Those nurses who had duties close to the front line, on hospital ships at Anzac Cove, on barge, or train duty, were envied for their good fortune to be chosen for 'real' military nursing. When nurses had the opportunity to work at No 1 New Zealand Stationary Hospital in France from mid-1916, competition to be selected became intense as everyone wanted to go. The more unsafe the nursing situation the greater the excitement and the importance of nurses' work.

Nurses recorded in their letters, notes and diaries their good health, weight gain and avoidance of even the slightest cold. Personal illness was resented as it represented the possibility of being returned to New Zealand and losing any further

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<sup>32</sup> Violet Petersen, letter to her mother, 13 August 1916. Petersen (22/290) trained at Palmerston North Hospital registering in 1914. She joined the NZANS in January 1916. On her marriage in 1917 to Doctor Barclay, a member of the Medical Corps, *HS Maheno*, she retired from the Army.

<sup>33</sup> F. Speedy, 4 December 1915.

<sup>34</sup> M. Crooks MS (this file has no accession number), handwritten notes post war c1960s, Queen Elizabeth II Army Museum, Waiouru, p. 5. Crooks (22/22) trained at Palmerston North Hospital and registered 1911. She worked on the British *HS Nevassa*, September 1915 to June 1916.

opportunity to experience the excitement of military nursing. A number of nurses suffered from enteric fever, rheumatic fever or 'disordered heart action' and others received treatment for appendicitis or tuberculosis.<sup>35</sup> While they faced up to the fact that they were ill, there appeared to be a general feeling that illness was a sign of weakness. They commented on the numbers of nurses still able to work while doctors, VADs and orderlies suffered a variety of illnesses. Even sea-sickness became a cause for concern and a number of nurses continued to work while suffering severe sea-sickness. One nurse stubbornly persisted with her hospital ship duties while her nurse friends 'sought out hotels [at each port of call] and brought her brandy as that was the only thing she could keep down'.<sup>36</sup> Another nurse who suffered a neurosis became the target of nurses' comments for having 'no control of herself'.<sup>37</sup> She, like the soldiers who suffered battle fatigue, was seen as cowardly.

One major difficulty experienced by New Zealand nurses related to promotion, which remained at the discretion of the army authorities. Most often promotions resulted from length of time in military service, but in some instances individual doctors manipulated a promotion for nurses with whom they had a close working relationship. This drew criticism from nurses overlooked in the promotion round. Length of service also became a source of contention, as record keeping had been neglected in the early part of war. The names of some nurses who left with the second contingent in May 1915, were not recorded in either the army records or the *New Zealand Gazette*. Nor were promotions recorded accurately which meant that a

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<sup>35</sup> Disordered heart action (DHA and sometimes DAH), also known as soldier's heart, became a common diagnosis for tachycardia of unknown cause. It was often stated to be caused by stress but valvular involvement could also be present. Two New Zealand nurses were treated for this condition.

<sup>36</sup> B.E. Taylor, MS 1291, WTU, p. 4. Bertha Taylor (22/383) was referring to Ada Taylor (22/382) who was continually sea-sick and finally accepted the fact she was a bad sailor, returning to New Zealand immediately on reaching Southampton. Her period of military nursing lasted five months. Bertha Taylor trained at Auckland Hospital registering in 1910. She joined the NZANS in October 1916 and worked in England and France.

<sup>37</sup> V. Petersen, no date given.

number of promotions went unrecognised.<sup>38</sup> For a time, hospital ship duty was not considered as part of nurses' military service, even during the period when the first of the two New Zealand hospital ships, the *Maheno*, was transporting soldiers from the Gallipoli Peninsular. Nurses who worked on hospital ships were recognised as members of the NZANS but not formal members of the Expeditionary Force, even though they received pay from the army. Promotion meant more pay and the military authorities, loath to part with army funds, limited promotions for nurses wherever possible.<sup>39</sup>

What annoyed New Zealand nurses most about the system of promotions was what they considered to be discrimination against colonial nurses. New Zealand nurses who worked in British hospitals under the control of a British matron found that their British counterparts with a comparatively shorter period of military service, were favoured for promotion over the 'colonials'. A more complex situation existed, however. Those members of the NZANS working in British hospitals were attached to the Imperial military authorities.<sup>40</sup> They were counted as members of the Imperial force, yet they were still members of the New Zealand Expeditionary Force. While they received their pay from New Zealand, the New Zealand military authorities believed that the British Army should be responsible for them and make decisions on promotions. If a New Zealander was fortunate enough to receive a

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38 New Zealand Army List, NZ Army Nursing Service, 31 August 1917, AD1, 49/34/1, NA.

39 Memorandum from Colonel W.H. Parkes to Matron-in-Chief, 29 September 1915, WA, Series 1, 1/3, XFE 1372, NA. Memorandum on Employment and Promotion of Nurses from Major J. Studholme to Headquarters, 22 April 1916, WA, Series 1, 1/3, XFE 1372, NA. New Zealand nurses who initially joined overseas services lost their recognition of length of military service on joining the NZANS. Staff nurses received £100 per annum, charge nurses £120 and matrons £150 as at January 1916. QAIMNS members earned more than New Zealand nurses through their allowances. The annual pay of a QAIMNS staff nurse was £112 plus allowances.

40 Memorandum from Colonel W.H. Parkes to Matron-in-Chief, re Promotion of New Zealand Nurses Employed in the QAIMNS, 25 June 1916, WA, Series 1, 1/3, XFE 1372, NA

promotion her pay, in some instances, did not alter owing to the fact that the British authorities had not alerted the New Zealand authorities to the change in status.<sup>41</sup>

Maclean had also unwittingly created some of the promotion difficulties. Her lack of understanding of military regulations created a number of problems. Nurses' names were not recorded with the military authorities, their whereabouts could be incorrectly stated and their regimental numbers were inaccurate.<sup>42</sup> Working in New Zealand away from the action created many difficulties for Maclean which, in turn, affected members of the New Zealand nursing service. Maclean had little say in the day-to-day management of nurses and little knowledge of the dispersal of her troops around British hospitals. She relied on information received in letters from New Zealand nurses, and at times these arrived well after the British had moved nurses or promoted British nurses over the colonials.<sup>43</sup> If that was not enough, another problem existed. Correspondence between military personnel about the nurses disembarking from the Hospital Ship *Maheno* for service with the British hospitals made reference to 'civilian' nurses.<sup>44</sup> While they had been formally attested as members of the Expeditionary Force, for some New Zealand military officials nurses remained in the civil category. 'Civilian' probably was an appropriate title for nurses who received neither the salute from soldiers of lower rank, nor the pay equivalent of soldiers and certainly little recognition in the organisation and

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41 'Promotion of Army Nurses in Home and Expeditionary Force', NZNJ, April 1917, 10:1, p. 91.

42 New Zealand Army Nursing Service Corps, 15 March 1916, AD1, 49/34/1, NA.

43 NZNJ, 1915-1918, passim. Between April and September 1915, Maclean had travelled extensively around military hospitals in Britain and Egypt, as the leader of the first NZANS contingent. From July 1916 she was supported by Mabel Thurston who became, initially, Principal Matron for New Zealand Hospitals in Britain and then received the title of Matron-in-Chief.

44 Memorandum from the Assistant Financial Secretary to General Officer Commanding the Force in Egypt, no date given (however these nurses left New Zealand 10 July 1915), WA, Series 1, 1/3, XFE 1372, NA. Headquarters, New Zealand Defence Force, Base Records files show that the nurses who left New Zealand for overseas work on the New Zealand hospital ships had been attested and entered in the files as members of the Expeditionary Force.

management of military hospitals.<sup>45</sup> These features reinforced the uncertain status of nurses within military structures. While nurses showed little annoyance at the discrimination of pay rates between soldier and nurse, they did argue their individual cases for promotion over both British and other New Zealand nurses who had spent only a short time in military nursing. The rumblings of discontent over promotion continued well into 1918. Various attempts to settle the question and appease the nurses worked for a time, but the promotion argument would again raise its head as nurses expressed their dissatisfaction with the way the British and New Zealand military authorities handled the situation.<sup>46</sup>

The day-to-day use of orderlies in military hospitals also created dissatisfaction among those New Zealanders assigned to British hospitals. The British military system of employing orderlies to assist the trained nurses quickly became the norm in all military hospitals. While orderlies' duties included the cleaning and the laundry, they also could stand in for nurses when staff numbers were down. A number of nurses held the view that the employment of orderlies indicated that the military authorities lacked any appreciation of the needs of the sick. According to the nurses, soldiers undergoing new surgical techniques and those suffering from serious and debilitating illness required the attention of expert nurses. As there were few trained orderlies the employment of untrained orderlies, dependent on instructions from a trained nurse and unused to attending to the sick and wounded, gave testimony to the lack of military concern. As the *New Zealand Nursing Journal* informed its readers:

In [New Zealand] civil hospitals the sister or staff nurse of a ward is able to take upon herself the chief care of any very ill patient....In a [British] Military Hospital the sister is supposed merely to supervise the work of the orderlies....In fact they [the orderlies] are the probationers in training and were they of the same class and standard of education, as the

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<sup>45</sup> 'Conditions of Service,' *EP*, 17 February 1915.

<sup>46</sup> Memorandum from H. Maclean to Director-General of Medical Services, 25 September 1916, AD1, 49/34/1, NA. Extract of Memorandum from the DDMS, NZEF, England, to the Director General of Medical Services, 28 June 1917, AD1, 49/34/1, NA.

probationer accepted for training in the best civil training schools, they would be equally useful and...as efficient as our women nurses.<sup>47</sup>

In day-to-day work nurses denigrated orderlies, emphasising their unsuitability for nursing duties. As nurses made attempts to gain greater control over military nursing and status within military ranks, the presence of orderlies undermined nurses' authority especially in those hospitals where the military authorities employed orderlies in larger numbers than they did nurses. The New Zealand General Hospital in Egypt employed twelve medical officers, thirty nurses and 120 orderlies as well as a number of 'native helpers' for the 1,000 patients. In Egypt, and later in England, nurses were forced to rely on orderlies to assist with the nursing of soldiers. Orderlies supervised the convalescent patients, transported the sick, and assisted the nurses with the care of the seriously ill; they also assisted doctors with surgery and acted as doctors' assistants at field ambulance and casualty clearing stations. In the general military hospitals, nurses and orderlies worked closely together, with the tension between the two groups apparent in most hospitals. Frances Bennett who worked at a British Casualty Clearing Station in France during 1916, considered 'the usual orderly rather stereotyped in his methods' and she needed to keep reminding him to wrap soldiers warmly for their transfer to general military hospitals.<sup>48</sup> Wherever possible nurses took care to reinforce the position of orderlies as subordinate to nurses by setting up a strict hierarchy for ward duties. Nurses controlled the dispensing of medication although the few members of the British Voluntary Aid Detachments, the VADs employed to help with the nursing, or the orderlies could be delegated the duties of handing out the pills and potions

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<sup>47</sup> 'Nursing in Military Hospitals', NZNJ, October 1915, 8:3, p. 160.

<sup>48</sup> Letter from Frances Bennett to her family, 6 December 1916, held in the file of Agnes Elizabeth Lloyd Bennett, MS Papers 1346:411, WTU. Frances Bennett, sister of Dr Agnes Bennett, possibly worked for the QAIMNS(R) during the war. This letter indicates that she worked at No 7 Casualty Clearing Station, British Expeditionary Force, France, during 1916. She does not feature in either the New Zealand or Australian lists of military nurses.

when nurses were busy with wound dressings.<sup>49</sup> Nurses also supervised the dressings carried out by the VADs or orderlies but attended to large and extensive wound dressings themselves. One soldier's account of his experience in hospital provides a description of work arrangements.

Woken at about 5a.m. with the night orderly bringing the water for me to wash myself. At about 9.30 sister and one of the patients made my bed. Sister gave me some oil and [I] had a bath before going to bed.<sup>50</sup>

Individual orderlies gained notoriety for their ability to sleep while on duty or to make enough noise 'to wake the dead'.<sup>51</sup> Edna Pengelly stated 'the only water "laid on" is what the orderly spills on the floor'.<sup>52</sup> She considered those orderlies trained in British military hospitals to be a distinct 'genus' but on the whole 'very trying'.<sup>53</sup> Some nurses permitted orderlies a little praise as a few appeared to be 'very good'.<sup>54</sup> Charlotte Le Gallais was more generous. 'The orderlies are all most keen on their work and very anxious to learn. They are very quick and clever'.<sup>55</sup> With the escalation of casualties from April 1915, trained orderlies were quickly sent on to the front while the untrained, usually convalescent soldiers commandeered for orderly duties, remained as the assistants. They were considered by nurses to show even less ability and willingness and added to nurses' dislike of orderlies. In general, nurses showed their dissatisfaction by making frequent complaints about the orderlies' behaviour, treating them with contempt and emphasising their inadequacy to comprehend or use medical language.

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49 The work of VADs is addressed in Chapter 9.

50 Private Clifford Arthur Perry, Micro MS Papers 0584, WTU.

51 B.E. Taylor, pp. 12, 20.

52 E. Pengelly, p. 30.

53 'A Nurse's Impression of Work in Egypt', NZNJ, January 1916, 9:1, p. 21.

54 F. Speedy, 5 October 1915.

55 Charlotte Le Gallais, 17 July 1915, a reading of hand written letters held by her daughter, MSC 157, 158, Nursing Education and Research Foundation Oral History Project, WTU. Le Gallais commenced active service 6 July 1915, and was discharged from the service in 1916 on her marriage.

Although hospital orderlies were criticised, nurses did find their assistance helpful. They were seen as useful in a limited way for carrying stretchers, handing out meals and assisting with easy tasks or heavy duties.<sup>56</sup> The men who acted as stretcher bearers or assistants to the doctors at first-aid posts close to the front were seen in a more favourable light. Stretcher-bearers, some from Otago University studying theology or medicine, gained praise, as their background as university students gave them superior status over the majority of orderlies. Carrying the wounded from the front-line and assisting with the initial wound treatment made these men heroes, a characteristic considered lacking among most hospital orderlies.

How to deal with clashes between New Zealand and British nurses, a feature of life between 1915 and 1918, was a more complex issue. From the commencement of formal nursing in New Zealand in 1883, there had been strong links between New Zealand and British nursing. Prior to this war British nurses had received praise from New Zealand nurses and were admired for their skill. Nightingale was as much an ideological leader in New Zealand as in Britain. For the early years of the twentieth century British trained nurses had held most of the senior appointments in New Zealand hospitals, guiding and structuring the training and organisation of the profession.<sup>57</sup> New Zealand nurses had often travelled 'home' prior to the war to gain extra certificates in midwifery or experience of what was considered 'superior' nursing.<sup>58</sup> With the outbreak of war at least twenty nurses left

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<sup>56</sup> Louise Higginson, MS 2477, Folder 2, WTU, p. 105. Higginson found that at the Egyptian Government Hospital in Alexandria in 1916, orderlies were few in number and employed mainly to lift and carry, or to work in operating theatres.

<sup>57</sup> Between 1904 and 1906 the following nurses who held senior positions in New Zealand had trained in Britain: Isabella Fraser, Matron of Dunedin Hospital; Eva Godfray, Matron of Dannevirke Hospital; Sybilla Maude, Matron of Christchurch Hospital and then District Nursing, Christchurch; Grace Neill, Assistant Inspector of Hospitals; H. Petremant, Matron of Masterton Hospital; Margaret Connor, Matron of Napier Hospital; Edith Trott, Sub-matron of St Helens Hospital, Dunedin; Edyth Davis, Matron of Nelson Hospital.

<sup>58</sup> NZNJ, 1909 to 1914, provided a section on 'Notes from the Hospitals and Personal Items' which gave information on marriages, transfers and overseas travel. On an average two or three nurses were recorded as travelling to England in each issue of the Journal.

New Zealand to join British nursing organisations and others followed throughout the war.<sup>59</sup> However, with the development of the NZANS in 1915, the British links had started to dissolve. The British nurses' attitudes towards colonials irritated the New Zealanders. Both New Zealand and Australian nurses working in British military hospitals objected to being accused of adopting the red cape of the regulars.<sup>60</sup> This accusation, as far as the New Zealanders were concerned, was unjustified because a red cape was part of their own military uniform. The characteristically New Zealand military nursing uniform along with the registration medal represented the New Zealand nurse and contributed towards a growing pride in New Zealand nursing.

At both an official and unofficial level, New Zealand nurses began to create a division between themselves and other nurses based on their own perception that they were more adaptive and more efficient. A distinctly New Zealand military nurse began to emerge - one who was patriotic towards New Zealand rather than Britain and who had an obligation to promote the New Zealand nation. This assertion of a specifically New Zealand nurse identity paralleled popular views in New Zealand that the soldiers were also more adaptable than the British.<sup>61</sup> Given the opportunity, nurses instructed British patients on the New Zealand nurses' contribution to the war and became annoyed when confused with other nursing organisations. Wherever possible, nurses reported favourable comments on their peculiarly New Zealand skills and Maclean published these in the *New Zealand*

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<sup>59</sup> See Appendix D. For example, Isobel M. Whyte who trained at Auckland Hospital, 1907-1909, worked with the QAIMNS(R). She received the RRC and the Belgium Medaille de la Reine Elizabeth for her work in Belgium. Communications with Kathy Wilson who is undertaking a study on the history of nursing at Rotorua indicates that Whyte worked at Rotorua, Pukeora and Coromandel Hospitals in the post-war years.

<sup>60</sup> QAIMNS regulars wore red capes while the QAIMNS(R) members wore grey capes edged with red. Both the Australian and the New Zealand nursing organisations adopted red capes. This was the first time that veils were adopted by New Zealand nurses.

<sup>61</sup> J. Phillips, N. Boyack and E.P. Malone (Eds.), *The Great Adventure: New Zealand Soldiers Describe the First World War* (Wellington, 1988), p. 2.

*Nursing Journal*. For example, a comment by a doctor on New Zealand nurses' ability to prepare the patients for surgery featured prominently, as did references made by British matrons on their 'colonial' adaptability together with a letter from 'merely an orderly' commenting, in glowing words, on the hard-working New Zealand nurse.<sup>62</sup>

Over the war years, a strengthened allegiance developed among the members of the NZANS as differences between British and New Zealand nursing practices became accentuated.<sup>63</sup> New Zealand nurses took pride in the fact that they gave the nursing care to soldiers rather than merely supervising and leaving most of the nursing to the orderlies - a similar feature it might be noted, to the arrangements in civilian hospitals where probationers carried out the nursing guided and supervised by trained nurses. It also became widely viewed among the New Zealanders that their military nursing was a superior form of nursing.

We compared very well with the English nurse, the Australian and New Zealand nurses. The colonial nurses were very, very adaptable, they were able to do anything compared with the English nurses, a lot of the English nurses didn't even know how to put a poultice on, there were so many doctors there that did all that business.<sup>64</sup>

Registration took on an added significance. New Zealand had introduced national nursing registration prior to the outbreak of war and those New Zealand nurses scattered throughout Imperial hospitals referred to their registration which distinguished them from the British nurses.<sup>65</sup> Australian and New Zealand nurses, often made to feel interlopers by British nurses, supported one another and a bond

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<sup>62</sup> 'Extracts from Nurses' Letters', *NZNJ*, January 1916, 9:1, pp. 23-24.

<sup>63</sup> I. Willis, transcript of her recollections of military nursing, no MS number, Headquarters, New Zealand Defence Force Library, p. 6.

<sup>64</sup> Letters from Florence Le Lieve recorded by M. Grant, MSC 184, Nursing Education and Research Foundation Oral History Project, WTU.

<sup>65</sup> The Orange River Colony and the Transvaal Colony, had nursing registration by 1900. This registration was included within medical legislation, but New Zealand claimed to have the first national nursing registration. See C. Searle, *The History of the Development of Nursing in South Africa, 1652-1960* (Pretoria, 1965).

developed between the 'ANZAC' nurses not unlike that which developed between Australian and New Zealand soldiers. Members of the NZANS who had joined the Australian Army Nursing Service in March 1915, reported favourably on the attitude the Australian nurses had towards them. Most New Zealand nurses also enjoyed nursing Australian soldiers. Bertha Taylor, working at a New Zealand hospital in Britain in 1918 stated:

Aussies are a great favourite with N.Z. sisters, very cheeky, but always decent to us, invite us to their concerts and send along good escorts.<sup>66</sup>

The Canadian nurses fared better with the British nurses than did the Australians or New Zealanders, their uniforms being considered especially smart, and their abilities judged more favourably. That they received formal recognition as military members from their Government and a uniform insignia recognising their official military status seemed to provide the Canadians with a special place among the various nursing groups. Neither the Australian nor the New Zealand nursing services had achieved this recognition. The antagonism which existed between the British and New Zealand nurses was never truly resolved, but it posed less of a threat when nurses worked together in demanding situations. New Zealand nurses who worked with the British nurses at stationary hospitals in France developed a working relationship which allowed each group to assist the other when required.

Although it might seem that hospital work became overshadowed by the difficulties encountered among the various nursing sectors, military nursing itself was bearable because of the soldiers. The soldiers, the chief reason for the nurses' involvement in war, became the focus of the nurses' attention. Any other work assumed a lesser importance. One nurse felt annoyed that she was always selected to attend midwifery cases.

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<sup>66</sup> B.E. Taylor, p. 13.

After coming all this way to nurse soldiers and then having midwifery cases dumped onto one is more than my threadbare patience can stand. This is the second beastly case and they are not even soldiers' wives.<sup>67</sup>

Another nurse complained that she appeared to be the one always chosen for 'specialling' typhoid cases when she wanted to nurse the wounded. In their letters home, nurses painstakingly described the extent of wounded soldiers' injuries and the satisfaction gained from nursing the soldiers, especially those who had received decorations for bravery.<sup>68</sup> To be close to the heroic wounded soldier, working long hours, doing extensive dressings, taking on new duties, meant one was working for the national cause. Nurses supported the soldier hero, especially if he was a New Zealander.

As one nurse stated 'patriotism is jingoism'.<sup>69</sup> And jingoism was expressed in a number of ways. For example, Germans were depicted as weak or ugly, while German prisoners of war were considered 'such a miserable, dejected looking lot' who took food needed by the British, Australian or New Zealand soldiers.<sup>70</sup> One nurse retold the tales she had heard of German soldiers who 'empaled' a dead baby and 'cut off' the hands of children, and for her 'no retaliation [was] too much' for the enemy.<sup>71</sup> Jessie McLeod, working at No 13 General Hospital at Boulogne, expressed the fear that she might be left to the 'mercy of such brutes' if the Germans

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<sup>67</sup> A. Buckley, 12 October 1915.

<sup>68</sup> L. Higginson, Folder 1, p. 23. Louise Higginson and her friend Mary Collins joined the Red Cross Nursing Corps in England and then the QAIMNS(R). They worked in England, Egypt and in Malta. B. Tilly, (Lilly), 10 July 1916, MS Papers 1451 (Lilly), Folder 1, p. 2, WTU. This MS is labelled Lilly but is the record of Barbara Tilly (22/265) who trained at Auckland Hospital, 1909 to 1912. A. Buckley, 11 October 1915, 16 December 1915, 11 February 1916. V. Petersen, 13 August 1916.

<sup>69</sup> L. Higginson., Folder 2, p. 175.

<sup>70</sup> B. Tilly (Lilly), 16 July 1916, p. 1.

<sup>71</sup> 'Extract from Nurses' Letters,' NZNJ, January 1916, 9:1, p. 20.

broke through the Allies lines.<sup>72</sup> One nurse appeared to take pride in the fact that during the Somme offensive, when the British had gained the dominant fighting hand, a number of wounded Germans were captured and she was able 'to "practice" (sic) anaesthetics on them'.<sup>73</sup> Nurses implemented their own form of punishment for German prisoners who also were patients by feeding them after all the other patients had received their meals. Germans, however, were not the only patients considered unfavourably. British soldiers appeared a 'weakly looking, unkempt, dirty toothed lot' compared with the New Zealand and Australian soldiers.<sup>74</sup> Another nurse expressed her disgust that an 18 year old 'weed of an English boy' who looked as though he had only been well fed since joining the army was discharged.<sup>75</sup> The 'Tommies' were deserving of sympathy, however, as they fought the war alongside the colonials. From the nurses' perspective, the physical trauma suffered by the sick and wounded made the soldiers the heroes of war, with the very sick or severely wounded being singled out for special consideration.

Most often the antagonism felt towards other groups became secondary to the needs of soldiers as all workers became drawn into the business of attending to the casualties. Convoys of up to 400 sick and wounded could arrive at one time. Often the first intimation of a convoy of patients came when an ambulance arrived at the hospital door. Malnutrition and enteric fever took its toll on soldiers, especially those suffering wounds as well. Sand and flies, the always present features of hospital life in Egypt, meant that wounds had to be protected. Wound dressings not only helped to prevent infection, they also protected extensive surgical wounds from

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<sup>72</sup> 'Nursing in France', *NZNJ*, April 1916, 9:2, pp. 90-91. Jessie Mcleod trained at Southland Hospital, registering in 1913. She travelled to Britain and joined the QAIMNS(R) working in Belgium, France and Italy.

<sup>73</sup> 'Experiences in France', *NZNJ*, October 1919, 12:4, p. 187.

<sup>74</sup> B. Tilly (Lilly), 29 January 1916, p. 1.

<sup>75</sup> E. Pengelly, p. 73.

blow-flies.<sup>76</sup> Some wounds, putrid and festering, needed to be debrided and dressed regularly throughout the day. Quinine injections were used to treat typhoid fever and could cause abscesses which took some while to heal. The Thomas Splint, a new technique for fixing fractured femurs, required nurses to attend to more complex apparatus. New solutions such as acriflavine, bismuth, iodoform and paraffin paste (commonly called BIPP), and continuous hypochlorite irrigation, the Carrel-Dakin method, changed the technique of dressing wounds.<sup>77</sup> Anaesthetics given at the bedside to insert 'transfixation pins' for fractured femurs created new duties associated with supervising minor operations in a general ward.<sup>78</sup> Seriously ill patients with extensive wounds or severe infection needed intensive nursing and those soldiers with severe typhoid, the malignant form, would be attended to by one nurse throughout each duty.

The increasing use of surgical operations extended the duties of nurses. Supervising doctors and orderlies in the application of aseptic technique became a major concern for nurses and both doctors and orderlies received reprimands for 'dipping' instruments in a weak solution of hard-to-come-by lysol in preference to boiling equipment.<sup>79</sup> Buckley, as operating theatre nurse, found a number of cases distressing. 'Head injury and he was trephined but I am afraid he will not get better for his injuries are very extensive. He is unconscious'.<sup>80</sup> One particularly

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76 Acriflavine, an antiseptic solution, made its debut during 1915 and further new wound dressing techniques developed throughout the war.

77 'News from our Nurses in Egypt', *NZNJ*, April 1916, 9:2, pp. 85-6. BIPP, a mixture of bismuth, iodoform and paraffin made in a paste, was packed on gauze into the wound. The Carrel-Dakin technique required the insertion of small rubber tubes into an extensive wound. The hypochlorite solution irrigated the wound and was left to lie in contact with the tissue. 'The Carrel-Dakin Treatment', *NZNJ*, October 1917, 10:4, pp. 216-218.

78 'Special Treatment of Gunshot Fractures', *NZNJ*, July 1916, 9:3, pp. 152-153.

79 'Extract from Letter to Matron', *NZNJ*, January 1916, 9:1, pp. 24-25.

80 A. Buckley, 1 June 1916. A trephine opened the skull for access to the brain. The term 'trephined' indicates the surgical procedure.

complicated wound which exposed the whole head of the humerus was treated with a new technique of hydrogen peroxide injections around the oedematous edges.<sup>81</sup>

Not only physical trauma but also mental trauma resulted from war. Many soldiers, according to one nurse, became 'quite nervous wrecks from the things they have seen and all they have gone through'.<sup>82</sup> At the New Zealand General Hospital 'a number of [soldiers] suffer[ed] from neuroses of various kinds, due in many instances to shell concussion and the strain of having been weeks under constant fire'.<sup>83</sup> The term 'shell-shock' became a common term to describe soldiers suffering from what is now called 'battle fatigue'. Some nurses, however, continued to use the term 'neurosis' for soldiers exhibiting depression and expressed concern for the plight of the mentally ill. For others, mental illness became portrayed as the inability to be brave, a sign of cowardliness. The care of the mentally ill, the cowards, became relegated to orderlies in 'special' wards at the outskirts of the hospital boundaries.<sup>84</sup> On the other hand, the nurses showed sympathy for the soldiers who suffered physical ailments. Wounded soldiers impressed nurses with their 'pluck', making 'light of their wounds' and 'bear pain wonderfully well; they

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81 'A Visit to the Royal Herbert Hospital, Woolwich', *NZNJ*, July 1915, 8:3, pp. 142, 144.

82 F. Speedy, 7 September 1915. See R. Clarke, 'Not Mad but Very Ill: The Treatment of New Zealand's Shell Shocked Soldiers 1914-1939', MA Thesis in History, University of Auckland, 1991, for a full discussion on the debate over treatment for 'shellshock' and the various labels used to cover the forms of neuroses and psychoses suffered by soldiers during the First World War.

83 'Extracts from Nurses' Letters', *NZNJ*, January 1916, 9:1, p. 26. 'Shellshock' the encompassing term for psychological illness affected increasing numbers of soldiers from mid-1915. See M. Stone, 'Shellshock and the Psychologists', for a discussion of World War I and the social construction of shellshock.

84 *Ibid.*, p. 26. References made by nurses to mental illness were infrequent. 'Nervous', 'nervous wrecks' and 'upset' were terms more commonly used by nurses for psychological illnesses. References to soldiers with 'delusions' and 'becoming quite insane' are recorded in entries on sicknesses aboard hospital ships, but nurses do not commonly indicate they nursed soldiers with psychological illnesses. The number of men said to have been affected by neurosis is given as 10% between May 1916 and December 1918. This is a questionable figure as little appreciation of the extent of the neuroses or other psychological illnesses was given in the early part of the war.

never complain, never grumble - it is marvellous'.<sup>85</sup> The cult of bravery idealised in the soldier became idealised in the wounded and sick and reinforced the belief among nurses that the focus of their care should be for the casualties of physical illness.<sup>86</sup> While most nurses praised the soldiers for their ability to accept suffering, Edna Pengelly, one of the few nurses who continued to express patriotic feeling throughout the war, was critical of the soldiers. She expressed her annoyance that the 'spoilt, grumbling lot of men, making themselves disagreeable' complained about wanting to go back to New Zealand.<sup>87</sup> Her time as a military nurse had not lessened her patriotism. While a number of nurses agreed with many of the soldiers who felt the war had become a farce, Pengelly showed an intolerance towards those soldiers who expressed any disgust at the war.

Nurses also felt the stress of war. The numbers of amputations for gas gangrene and the extent of the wounds shocked Mabel Crooks who found some of the wounds she attended 'were so dreadful it effected (*sic*) me severely'.<sup>88</sup> She recalls that during the months of November and December 1915, a period of extreme cold on the Gallipoli Peninsular, the soldiers suffered from frost-bite with their toes falling off with the dressings:

On taking...the dressings off their feet they were black with gangrene and tips of fingers, ears and even nose were effected (*sic*) and when you know most of these men had Enteritis as well you realize how pitiful it was. One scottish (*sic*) lad said as I dressed his feet, now I'll soon be home to...mother. I nearly cried. I knew he would loose (*sic*) both feet by their condition...<sup>89</sup>

On another occasion Crook felt she would never forget the awful conditions of soldiers who were transported from Mesopotamia:

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85 Letter from Hospital Ship "Maheno" (First Commission) NZNJ, January 1916, 9:1, p. 19.

86 V. Petersen, *passim*.

87 E. Pengelly, p. 55.

88 M. Crooks, p. 1.

89 *Ibid.*, p. 1.

Nothing had been done to set the broken bones or wounds, and their limbs were (*sic*) at any angle, but in these cases the horrible Blow fly had been merciful in blowing the wounds, the maggots made holes and let out the pus and poison and so prevented blood poisoning.<sup>90</sup>

Barbara Tilly wrote home while on hospital ship duty describing the state of many soldiers. 'Some are eyeless, some legless and others have more ghastly wounds'.<sup>91</sup> At No 21 General Hospital Christmas 1915 saw no easing of the work load. Clara Cherry had a 'tragic' Christmas. Seven patients suffered secondary haemorrhages from their fractured femurs between Christmas and New Year. One soldier required an amputation and died a few days later.<sup>92</sup> Another nurse at No 17 British General Hospital wrote:

I do not know which could be considered worst, the surgical or the medical. Some of the wounds were ghastly, while the typhoid and dysentery cases, which were so numerous, were of the worst type and all very ill patients.<sup>93</sup>

Sentiments such as these represented the feelings of the majority of nurses. The actual nursing seemed to be a release from the pettiness of military hospital organisation and gave nurses the opportunity to show their worth. One nurse recorded, 'one feels only to (*sic*) thankful to be doing even a little to help'.<sup>94</sup>

From the foothold gained in military hospitals during 1915, nurses negotiated their right to extend their duties by proving their worth and, by mid-1915, numbers of NZANS members began looking towards greater nursing involvement as war intensified. Although orderlies (and untrained women, see Chapters 6 and 9) still remained a force to be reckoned with, the skills of the trained nurses were becoming

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90 Ibid., pp. 5-6.

91 B. Tilly (Lilly), 29 January 1916.

92 'Letters from Nurses at the Front', NZNJ, April 1916, 8:2, p. 84. Clara Cherry (22/67) trained at Auckland Hospital, registering in June 1913. She left with the second group of nurses in May 1915. Techniques using Hagrom's splints with Styment's pins were used through the lower end of femurs for extension.

93 'Extract from Letter to Matron', NZNJ, January 1916, 9:1, p. 24.

94 'Extracts from Nurses' Letters, NZNJ, October 1915, 8:3, p. 171.

recognised. With increasing sickness rates among the soldiers, the expert care given by nurses provided a partial solution to the chaos and suffering. The initial focus of military medical services which had been directed towards care of a small number of wounded changed. Complicated wound dressings, new techniques and extensive surgery, together with the needs of the sick, provided the opportunity for nurses to show their superior abilities over the orderlies, and to develop an identity in military hospitals. The need to send trained orderlies to the front also helped nurses to challenge the place of orderlies in military hospitals and set in place nurses' right to nurse the soldiers. On the home front, however, some rapid footwork was needed to stall the enthusiasm of untrained women who also wished to patriotically serve their country as nurses.



Annie Buckley, RRC,  
Private Collection.

## CHAPTER 6

### The Home Front: Challenging the Untrained Women, 1915

A great deal is being said about the need of women for service in the hospitals in Egypt and Malta to work in the kitchens and as ward maids, and as assistants to trained nurses....Great damage to our profession will be caused if these untrained women are encouraged in a nursing capacity, unless, of course there is a shortage of trained nurses.<sup>1</sup>

The immediate concern of the overseas contingent of the NZANS was to prove their ability to supply hospital nursing for the wounded and sick soldiers. At home, a further dimension was added to army nursing when outbreaks of infection at the Trentham Military Camp demonstrated a need for professionally staffed hospitals within the national military structure. By mid-1915 military camp hospitals were staffed by trained nurses, but not before the role of army nurses and, indeed the nursing profession, had been challenged by amateur women who brought dedication and enthusiasm, together with their belief in womanly 'instincts', to the task of caring for sick soldiers.

For trained nurses, recognition as military nurses had become a crucial element in the fight towards professional status and this challenge from amateurs was resisted. In this instance they gained support from both the medical establishment and the government and, as a result, the professional status of nurses was reaffirmed, and those who lacked formal nursing training were placed in a subordinated role, as assistants to trained nurses.

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1 Editorial', NZNJ, July 1915, 8:3, p. 114.

While the opportunity for members of the NZANS to provide overseas military nursing became a reality from April 1915, there seemed little chance that the same opportunity would occur at home in New Zealand. While the overseas military hospitals had demanded a greater number of nurses because of the influx of sick and wounded soldiers, the same situation seemed unlikely at the national level. At first, government authorities did not see the same need for nurses as little concern was given to the medical need of soldiers undertaking training in military camps in New Zealand. Unlike Britain with its military hospitals, the New Zealand military organisation had only limited medical services. Trentham Military Camp, the main base for training soldiers, was a large tented camp, situated at Upper Hutt, some forty kilometres from Wellington. It had a six bed hospital annexe staffed by orderlies, where visiting doctors diagnosed and organised treatment at 'sick' parade, the few soldiers requiring more intensive medical treatment were sent to public hospitals. Men of the military forces were expected to be generally healthy and medical services were geared to the examination of men to determine their fitness for duty.

As early as January 1915, Maclean had made attempts to have nurses appointed to military camps. She had approached Allen, the Minister of Defence, and Purdy, the Director of Medical Services, who had been on the reserve list since 1913 but had been recalled to oversee the national military medical organisation.<sup>2</sup> Maclean informed them that in the event of a military hospital being built, trained nurses should be appointed to the staff. Not only would a military hospital provide a suitable place for army nurses to gain experience but, she claimed, nurses could assist in instructing orderlies in their duties.<sup>3</sup> This initiative was published and received support from a writer to the Wellington morning paper, the *Dominion*, who mentioned that orderlies, trained only in first aid, could hardly be considered suitable

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<sup>2</sup> Purdy, DMS, had been replaced by Doctor Will in 1913. When Will had embarked with the Main Body in October 1914, Purdy had been appointed DMS from the reserve list.

<sup>3</sup> 'Hospital at Trentham Camp', NZNJ, January 1915, 8:1, p. 30.

to give nursing care to sick soldiers. In fact, claimed the writer, the appointment of orderlies would be 'prejudicial' to the welfare of sick soldiers.<sup>4</sup> No official action was taken, however, and the care of soldiers at military camps remained in the hands of male doctors and orderlies drawn from the ranks of stretcher-bearers and private soldiers of the ambulance service. In anticipation of overseas service, the orderlies were instructed by doctors in their limited nursing duties, and in first aid and sanitation. At the same time, NZANS members worked in civilian hospitals. In mid-1915, thirteen of the twenty-three orderlies working at the Trentham hospital annexe provided care for the sick soldiers, and of these only two had nursing experience. The remaining orderlies carried out 'fatigue-work', digging ditches and keeping toilets and eating areas clean.<sup>5</sup>

Although evidence of increasing illness among soldiers in training could be identified from May 1915, it was not until infection swept through the camp a few weeks later that nurses had their opportunity to prove their worth on the national front. Between November 1914 and July 1915, over 13,000 men had passed through Trentham Camp with 7,000 of these being between May to the end of June.<sup>6</sup> With this number of men in training, the inadequacy of the medical services soon became apparent. A measles epidemic spread throughout the camp in June, followed within weeks by cerebro-spinal meningitis and a virulent form of influenza.<sup>7</sup> Not only the camp facilities but also the local public hospital services soon became overcrowded. Early in May, Wellington Hospital had re-opened an old plague hospital at Berhampore in an attempt to accommodate the increasing numbers of sick

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4 Letters to the Editor, 'Trentham Base Hospital', *The Dominion*, 19 January 1915.

5 Report of Trentham Camp Commission together with Minutes of Evidence, *AJHR*, 1915, H-19B, Vol. III, p. xii.

6 *Ibid.*, H-19B, p. xiii. From November 1914 to July 1915, 13,607 men had passed through Trentham Camp.

7 Files on Outbreak of Measles, Influenza etc. NZEF Camps, AD1, 49/130, 49/130/1, NA. A.D. Carbery, p. 68.

soldiers, while Trentham Camp extended into the near-by Trentham Race Course buildings.

The inability of Wellington Hospital to cope with the large numbers of sick soldiers, and the shortage of trained orderlies provided the opening for nurses to work at Trentham.<sup>8</sup> Valintine, who took over control of the organisation of medical services at Trentham Camp from Purdy as the epidemic grew, initiated nursing services at the Camp from 27 June 1915. Against a background of public concern over medical services at the Camp, Valintine appointed nurses to cope with the epidemic at Trentham Camp which could no longer stand up to scrutiny. Most orderlies appeared to know little about nursing and at least one orderly had been offering sick soldiers non-prescribed drugs.<sup>9</sup> No steps had been taken to prevent the spread of infection. For example, brushes for the application of throat paint were used on a number of soldiers without being sterilised. No records of patients' temperatures had been kept and infectious patients were mixed in with those suffering from other diseases. Soldiers who were healthy became pressed into orderly duties, cleaning the wards and attending their sick comrades.

When trained nurses arrived at Berhampore Hospital, the additional facility created to cope with the overflow of soldiers being admitted to Wellington Hospital, they found seriously ill men suffering with high temperatures from an unrecognised disease. The nurses delegated the care of patients with milder illnesses, like measles, to orderlies while they assumed the care of the very ill. At first, the causes of the severe illnesses remained undiagnosed, some doctors suspecting typhoid, others meningitis. Nurses collected specimens, attended to the dying patients and made

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<sup>8</sup> **AJHR**, 1915, H-19B, p. xxii. Two trained nurses from Wellington Hospital arrived on 27 June 1915. One week later a further 7 nurses commenced duties and within ten days there were 29 trained nurses supervising the orderlies. Berhampore Hospital, a section of Wellington Hospital, had employed trained nurses from 2 May 1915.

<sup>9</sup> 'Military Medicos', *EP*, 17 July 1917, p. 3.

decisions when to call a doctor or to arrange for relatives to be called. Supervising the isolation procedures became a nightmare as convalescent patients and those with more virulent forms of disease were crowded together to make room for more beds and stretchers.

The wet weather of June 1915, turned the clay ground upon which Trentham Camp was sited into a muddy bog. The mud spread over the floors of the temporary wards as soldiers walked through to use outside toilets. There was also a steady stream of sick soldiers requiring admission. On 30 June, for example, over a hundred soldiers were admitted and many had to sleep without sheets on mattresses placed on the floor. Between 2 and 8 July, 587 patients were admitted to the temporary racecourse accommodation, some seriously ill, others suffering mild forms of influenza or measles. By 18 July, this temporary hospital had seventeen patients severely ill with what was now being recognised as cerebro-spinal meningitis.

In this crisis situation, the nursing and organisational skills of nurses proved their worth. With apparent ease nurses assumed the control of ward duties and delegated the housekeeping to the orderlies. Magnus Badger, a sergeant orderly and veteran of the South African War, took 'charge of the orderlies and fatigue-men'.<sup>10</sup> According to Badger, he saw his duties as central to the efficient running of the hospital. He held responsibility for maintaining discipline among the sick soldiers, supervising the lines of soldiers waiting to be seen by doctors and admitting those patients needing urgent hospitalization. He held many of the orderlies in low regard and considered most knew little about caring for soldiers or organising sick services.

On the arrival of the nurses the orderlies found their duties changed to fumigating the wards, handing out bedpans, washing those soldiers too sick to attend

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<sup>10</sup> **AJHR**, 1915, H-19B, p. 124. Sergeant Magnus Badger had experience of orderly duties during the South African Campaign and was the most senior member of the orderlies working at Trentham Camp.

to their own needs, organising convalescent patients and disinfecting the bedding of discharged patients - similar duties, in other words, to those provided by probationers in public hospitals. No hot water system had been connected at Berhampore and a copper had to be kept stoked all day, another duty for the orderlies. Orderlies supervised the sick patients during the night with instructions to call the nurse sleeping on the premises if needed. Under the watchful eye of Badger, men of the 'fatigue' cleaned toilets, dug drains to discharge the effluent and washed the floors and walls as sick patients lost control of their bodily functions.

By July, the death-rate from complications of measles reached nineteen, with deaths from cerebro-spinal meningitis reaching the alarming figure of forty.<sup>11</sup> Wellington's *Evening Post* alerted the public to the numbers of soldiers suffering from infection, and questioned the medical and nursing arrangements for sick soldiers:

During the past few weeks there has been some uneasiness among the public in regard to the measles epidemic at the Trentham Camp. People are asking whether the provision for coping with the trouble among the soldiers is up to the point desired, and whether the authorities are taking adequate precautions...<sup>12</sup>.

From the end of June, just when the nurses had been appointed to Trentham, there was widespread criticism of government for its lack of concern for the sick soldiers. Rumours that up to a thousand soldiers suffered from some rare and as yet unknown ailment circulated among the public. Dr Henry Thacker, a Member of Parliament, reported seeing 200 sick men at Trentham Camp providing 'work enough for three more doctors at least...besides ten or a dozen good working nurses'.<sup>13</sup> Another report claimed that 'a dozen men [had] died' since November. A soldier at Trentham Camp informed the people of Auckland 'God help the unfortunates who get ill! The

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11 'Spread of Measles', *EP*, 9 July 1915, p. 8.

12 *Ibid.*, 'Soldiers' Illness', 29 June 1915, p. 5.

13 *Ibid.*, p. 5. The numbers of sick soldiers reached 872 in July 1915.

camp authorities certainly will not'.<sup>14</sup> Other writers to the *Evening Post* reported the complaints of sick men who 'had been kept waiting in the rain...dropping from exhaustion' and bedded in horse boxes because of the lack of hospital beds. It was claimed that sick men had been bedded down on wet straw and 'no means for drying wet clothes' existed.<sup>15</sup> The Trentham racecourse kiosk, commandeered to increase the numbers of hospital beds, was condemned as unsuitable for such sick men. A particularly scathing letter from 'Trooper' explained that many soldiers would have written to the paper about the conditions at Trentham had it not been for 'the special lectures we have not to write to the papers or members for our district'.<sup>16</sup>

The blame for the situation shifted from person to person, but most complaints were directed at Allen, the Minister of Defence, who was accused of failing to provide adequate medical services.<sup>17</sup> Letters of complaints from parents of sick soldiers reached parliamentarians' desks informing them that the government had responsibility for the nursing of soldiers.<sup>18</sup> A deputation of 'soldiers' mothers', disillusioned with the care provided for their soldier sons, confronted Allen, stating that the recent deaths at Trentham had 'shaken mothers very much and made them unwilling to allow their sons to go into camp'. Allen appealed to women as 'soldiers' mothers' to be 'resolute' and 'self-sacrificing' for the good of the nation.<sup>19</sup>

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14 *New Zealand Herald*, 29 June 1915, p. 3.

15 'What the Figures Show', *EP*, 29 June 1915, p. 5.

16 *Ibid.*, 'Correspondents' Complaints', 5 July 1915, p. 8. One soldier's parents wrote to their member of parliament who visited the sick son. The MP reported that the soldier was 'scared' to tell him much as he was afraid of military retaliation.

17 *Ibid.*, 'Health of the Camp', see sub-headings 'Army Medical Service', 'Patriotic Society Deputation', 3 July 1915, p. 6. Letters to J. Allen from the Southland Branch of the Medical Association, 15 June 1915; the Canterbury Printers, Machinists and Bookbinders Union, 20 July 1915; 'Mother of a Son', 13 July 1915, AD1, 49/130/1, NA.

18 *AJHR*, 1915, H-19B, p. 158.

19 'Soldiers' Mothers', *EP*, 7 August 1915, p. 5.

Allen's lofty words did little to diminish the controversy over Trentham's medical services. Allegations that sick soldiers fended for themselves demanded something more than assurances that improvements had already occurred in the medical and nursing services. Members of Parliament continued to demand an explanation of the cause of the situation, and the press highlighted the fact that the inadequacies of medical services for training camps had been identified several months earlier. In January, the New Zealand Branch of the British Medical Association had raised £1,680 from donations for a twenty bed hospital to replace the six bed accommodation at Trentham.<sup>20</sup> Purdy, Director of Military Services, also supported the idea of a hospital at Trentham and had informed the Minister of Defence in February that savings on nurses' salaries could be made if a hospital for the camp was built. His reason for such a hospital seemed less concerned with soldiers' welfare than with saving the government expense. Purdy argued that with a hospital at Trentham Camp orderlies could be supervised by a limited number of nurses and the Department could be saved expense 'both as regards extra nurses and also for the upkeep of patients...'.<sup>21</sup> No action was taken, however, and it took the epidemic and Valentine's intervention to have nurses employed at military camps.

Charges of hesitancy and lack of judgement were levelled at Allen once it became known that the plans for a hospital at Trentham, marked 'urgent', lay awaiting action since January.<sup>22</sup> Perhaps through lack of incentive by Purdy, or inaction by Allen, or just simply preoccupation with other war-time business, the plans had been delayed, arrangements ignored and communications between Purdy

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20 Base Hospital at Trentham and the British Medical Association, 20 July 1915, New Zealand PD, pp. 387-393.

21 Memorandum from Purdy to Allen, 18 February 1915, AD1, 49/86, NA.

22 Correspondence to Allen, 27 January 1915, AD1, 49/86/1, NA. Memorandum from Purdy to Q.M.G. (Quarter Master General), 18 February 1915, AD1, 49/86, NA. Memorandum from Colonel Robbin to Allen, April 1915, AD1, 49/86.

and Allen had broken down. The hospital did not eventuate and nurses had been excluded from Trentham until Valentine appointed them to the camp in June.

The public clamour over the Trentham debacle finally stirred the government into action. By the end of July 1915, a public commission established by Allen began its investigations into the conditions at Trentham Camp.<sup>23</sup> The Commission criticised both the staffing arrangements and the hygiene at Trentham Camp. When soldiers reported at sick parade they stood waiting attention from doctors or orderlies. The orderlies, according to a report from one of the nurses attending the commission, provided little in the way of nursing and her comments indicated that orderlies would only carry out nursing when 'ordered' to do so by a nurse.<sup>24</sup> The training of orderlies also came under fire. It appeared that while some orderlies had received a training in first aid, others had no training at all. Badger explained that he had received most of his nursing knowledge during the South African War. He also added that he had lived 'among medical affairs' as a boy. 'I could not see a frog getting electrified and that sort of thing without being able to absorb a great deal of medical knowledge', he told the inquiry.<sup>25</sup>

The inquiry also focussed on the disorganised medical and military arrangements that had prejudiced the early recognition of signs of a potential epidemic. In the early part of the year, the increasing numbers of soldiers becoming ill might have alerted the medical staff to the likelihood of an epidemic, but frequent staff changes between February and July, and the absence of a permanent medical officer at the Camp, meant that there was little urgency in army attempts to control the

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<sup>23</sup> AJHR, 1915, H-19B, p. xxv.

<sup>24</sup> Ibid., pp. 171-176, witness Vera Keith, trained nurse. Alice Vera Keith (22/193) trained in Australia and became officially enrolled in the NZANS in October 1915.

<sup>25</sup> Ibid., p. 106, witness Magnus Badger of the Field Ambulance, Trentham. Badger was a Scot and although he did not state it, he may have received orderly training at a British military hospital.

spread of infection. Purdy was criticised for being less than effective in attending to the infectious outbreak. Relieved of the responsibility for hospital services from June, Purdy continued as Director of Medical Services with Valentine appointed to the new position of Director of Hospital Services with control over the hospitals. While Purdy's powers were curtailed, it was acknowledged that he had divided responsibilities and could not be expected to sacrifice his private practice to make a greater contribution to military services.<sup>26</sup> Obviously some of the apparent lack of concern for the welfare of soldiers stemmed from a lack of recognition of the need for medical care. But Purdy also became a useful scapegoat, possibly saving the Minister from taking all the blame. Valentine, who intervened in June and took over the organisation of hospital care for soldiers, was praised for his energetic actions to find sufficient beds for the soldiers and his quick action in arranging for trained nurses to attend to the soldiers.

Despite the appointment of a limited number of nurses at Trentham there was continuing concern over the epidemic. Women, in particular, agitated for a more active role in caring for soldiers. What was becoming the almost exclusive domain of trained nurses in peace-time, became an especially attractive occupation to many untrained women during the war. From a month in advance of the beginning of the war, the Red Cross Society and St John's Ambulance Association had established strong lobbies for their women members to contribute to overseas nursing service if required.<sup>27</sup> Individual women holding St John's nursing certificate waited in the wings hoping for the call.<sup>28</sup> Publicity given to the plight of wounded soldiers overseas had brought nursing into the limelight, and now the Trentham affair re-

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<sup>26</sup> A.D. Carbery, p. 67.

<sup>27</sup> Memorandum from Colonel Neill to Director of Medical Services, 18 July 1914, AD1, 49/27, NA.

<sup>28</sup> Letters from Mary Duff, Nurse Barlow, Te Kuini Ellison, the Mayor of Auckland, to J. Allen, August 1914 to December 1914, AD1, 49/65/1, NA. Memorandum from Maclean to the Adjutant-General, Wellington, 27 August 1914, AD1, 49/27, NA. About 400 women wrote to Allen during the first six months of the war offering their services as nurses.

emphasised the possibility that women could become useful to the nation through using their 'natural' ability to care for the soldiers.<sup>29</sup>

One woman in particular, Ettie Rout, organised a voluntary scheme for untrained women to nurse the soldiers at Trentham. Calling her organisation the Volunteer Sisterhood, Rout launched her service at the end of June when the epidemic was at its height. Rout was an unusual woman. In retrospect, she has alternatively been praised or blamed for her war work and variously called a socialist feminist, an exceptional woman and an eccentric.<sup>30</sup> Assertive and independent, Rout flouted convention, taking on activities which appeared 'unwomanly' to some women. Before she began her war work she had earned her living as a reporter and advocate for workers' unions.<sup>31</sup> Her newspaper articles had, however, drawn indignation from some women's groups for what they considered to be the 'aspersions cast on New Zealand women'.<sup>32</sup> Rout's views on what the vote had achieved for New Zealand women had not impressed a number of women. She is recalled by one acquaintance as bicycling around Christchurch, her home town, in knickerbockers, and wearing unusual clothes.<sup>33</sup> Her attire obviously was worth comment as one writer referred to her style of hat which balanced precariously on the back of her head and remarked that it would be easier to imagine Rout 'flying than flirting'.<sup>34</sup>

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29 'Nurse-Recruiting', *EP*, 17 July 1915, p. 7. Waipawa District Hospital adopted a scheme for volunteer women recruits to receive a short course of tuition in nursing in hopeful readiness for military duties.

30 W.B. Sutch, *Women with a Cause* (Wellington, 1973), pp. 99-106. S. Eldred-Grigg, *Pleasures of the Flesh: Sex and Drugs in Colonial New Zealand, 1840-1915*, (Wellington, 1984), p. 146. J. Tolerton in her book, *Ettie...*, gives the information that Rout, a twin, was born in Australia in 1877 and came to New Zealand in 1881. She married F. Hornibrook, a long-time acquaintance, in 1920 and died in 1936 of quinine poisoning, the drug she was taking for malaria.

31 W.B. Sutch, p. 99.

32 *Maoriland Worker*, 29 June, 1913, p. 2.

33 Communications with Eileen O'Donnell, Christchurch, 1980, a contemporary of Ettie Rout.

34 F.H. Charity, 'Ettie Rout, M.A.', *Quick March*, 25 May 1918, p. 3. Rout did not hold an MA.

Through the Sisterhood Rout saw an opportunity to secure a place for the untrained in the nursing of soldiers.<sup>35</sup> Nursing held the key to women's involvement in war and in a report written especially for the *Maoriland Worker*, Rout claimed that women's work should be to 'render aid' to the fallen soldier. She envisaged 'a band of sensible serviceable women...to nurse and tend the sick and wounded' as their patriotic duty.<sup>36</sup> Rout's knowledge of formal nursing appeared to be a brief encounter with midwifery during her time as a reporter for the *Maoriland Worker*, when she investigated a report from Australia on the correlation between midwifery training and a decline in the birthrate.<sup>37</sup>

Rout timed the initiative well. The public outcry over the Trentham epidemic was at its height in late June 1915. Rout claimed in a press report that she had received a request to find women to work at Trentham and suggested she had the support of both the Government and Health Department. In fact, she had contacted Valintine offering to supply her volunteer workers for Trentham. Valintine, in some desperation for nursing support, and possibly influenced by such womanly patriotism and keen to lessen the criticism of the public, referred Rout's offer to Louise Brandon who had assumed control of the nursing at Trentham Camp from 27 June.<sup>38</sup> One day later, 21 untrained women, members of Rout's newly formed 'Volunteer Sisterhood', had been allowed to move in to Trentham Camp.

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35 J. Tolerton, 'Ettie Rout and the Volunteer Sisterhood: Fighting to get into the Great War', *Women's Studies Journal*, 1990, 6:1/2, pp. 153-167.

36 'Volunteer Sisterhood', *EP*, 17 July 1915, p. 2. Ettie Rout was a reporter for the *Maoriland Worker* and a freelance writer for the *Lyttelton Times*.

37 Letter from Ettie Rout to Valintine, 17 January 1914, Midwives Registration, Miscellaneous Correspondence on Nurses and Midwives, 1905, Files 289, 1026, 1234, NA.

38 Louise Brandon (22/106) trained at Wellington Hospital registering in 1910. She had been one of the six nurses who went to Samoa in August 1914 and from July 1915 she commenced overseas duties on the Hospital Ship *Maheno*.

Rout's desire to have her Sisterhood move into Trentham openly challenged the nursing profession and brought to a head the prejudice that trained nurses held towards amateurs. Although Rout originally planned for her volunteers to act as nurses, Valintine and Brandon determined from the start that this would in no way occur. Rout's offer was accepted only on condition that the volunteers assumed 'the work instructed to military orderlies, but in no sense to act as nurses'.<sup>39</sup> With the Sisterhood members fixed in a subordinate role by virtue of their duties, the nurses could emphasise their own professional status.

From July to September 1915, a total of 32 members of the Volunteer Sisterhood assisted with the care of sick soldiers 'by sorting sheets, washing floors, mending, cleaning, cooking, tending the sick and doing everything asked of them willingly and cheerfully'.<sup>40</sup> The recruits, selected by the self-styled 'honorary-secretary', recruiting officer and treasurer of the organisation, Rout, were preferably married women over the age of thirty-five. Each member donned a blue uniform, white apron and cap, a style of uniform in keeping with the image of a nurse. Maclean was out of the country at the time, and was not consulted, but the *Nursing Journal* did warn that 'Great damage to our profession will be caused if these untrained women are encouraged in a nursing capacity, unless, of course, there [was] a shortage of trained nurses'.<sup>41</sup>

With her women ensconced at Trentham, the rationale behind Rout's Sisterhood became clearer. In mid-July, as the numbers of volunteers at Trentham grew, Rout suggested that members of the Sisterhood could see their work extending to overseas care for the soldiers. New Zealand had no organised voluntary nursing service along

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39 Memorandum from Valintine to Allen, Minister of Defence, 21 September 1915, AD1, 49/200, NA.

40 'Volunteer Sisterhood', *EP*, 17 July 1915, p. 2.

41 'Editorial', *NZMJ*, July 1915, 8:3, p. 115.

the lines of Britain's Voluntary Aid Detachments Schemes, and it appears that Rout hoped to replicate this British system. To date, the members of the NZANS remained the sole, formally recognised, New Zealand woman's group involved in overseas military work. Individual women had moved overseas to join voluntary organisations and in September 1915, the Government had supported three women from Wanganui to assist with housekeeping duties at the Aotea Convalescent Home at Zeitoun, in Egypt.<sup>42</sup> For Rout, the only way to move overseas was to accept the contract devised by Brandon and Valintine as a temporary expedient in the hope that it might open the way to an overseas consignment.<sup>43</sup>

Affronted at the bid by untrained women to nurse combatants, nurses complained that a 'body of untrained women should style themselves nurses, and request patients to address them as sisters or nurses when on duty'.<sup>44</sup> While Rout had originally called her women 'nurses' and dressed them in nurses' uniforms, she now dismissed these complaints as irrelevant. Members of the Sisterhood merely assisted the trained nurses being regarded as equivalent to the probationers in public hospitals, 'not as nurses or as nursing sisters' stated Rout.<sup>45</sup> Undaunted by the attacks, Rout issued a circular in August claiming that nurses were needed in Egypt and offered to organise a contingent. She campaigned up and down the country and claimed that she had over a thousand women willing to serve.<sup>46</sup>

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42 'Aotea Convalescent Hospital at Zeitoun, Egypt', *NZMJ*, January 1916, 9:1, p. 36. The Misses Macdonald from Wanganui joined Mary Early (22/185) to work at the convalescent home throughout the war. Wanganui citizens provided the finance for the convalescent home which was staffed by volunteers from the Wanganui area. Early registered in 1908 from Wellington Hospital and acted as matron of the Aotea Convalescent Home with the assistance of volunteer helpers.

43 'Volunteer Sisterhood', *EP*, 17 July 1915, p. 2.

44 *Ibid.*, 'Women in Print', 5 August 1915, p. 9.

45 *Ibid.*, p. 9.

46 *Ibid.*, p. 9. Ninety-three women applied from Auckland and, according to Rout, 1,000 women applied from Christchurch.

The prospect of Rout extending her volunteers, untrained women, into the realm of overseas military work was quickly challenged. The *Evening Post* published a letter from 'Registered Nurse' asking:

Has this scheme, which involves the sending of untrained women on active service abroad to assist in the nursing of the sick and wounded, the full approval of the Minister of Hospitals and of the registered nurses?...Is it fair to ask the public, who have responded so generously to the numerous demands made upon them, to support a scheme which is, to say the least, of doubtful practicability?...In the lists of nurses published as having joined the sisterhood some are described as trained and registered nurses. If that is so, how is it that not one of these names appears on the register of general trained nurses - the latest copy of which is before me?<sup>47</sup>

'Hater of Sham' added her voice to the argument giving support to the questions raised by 'Registered Nurse'.<sup>48</sup> Not a 'mite' would be forthcoming from 'Hater of Sham' for those married women who abandoned the duty of the home when many single women, well-trained nurses, had no home-ties to prevent them working in a 'capable' and 'sensible' manner for the needs of soldiers. Both writers implied that untrained women were unscrupulous even to consider that they might act as nurses. Rout's volunteers jeopardized nurses' work. They had the potential to destroy the hard won gains made by nurses in civilian nursing. It was only fifteen years since nurses, through registration, had freed themselves from their association with untrained women and, although untrained women still remained employed in private nursing and midwifery, their numbers had decreased. However, despite the objections from 'Registered Nurse', some writers applauded the independent action of the Sisterhood and supported the 'naturalness' of nursing as women's work. 'No Sham' scathingly attacked the 'bitter and small-minded' pettiness of trained nurses who opposed the 'truly self-sacrificing' women of the Sisterhood who were fulfilling a womanly duty in a time of need.<sup>49</sup>

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47 'Volunteer Sisters', *EP*, 27 July 1915, p. 4. The names of members of the Volunteer Sisterhood do not appear in the list of registered nurses in the *New Zealand Gazette* until 1916 when the name of Edith Roach appears. Roach was a member of the Volunteer Sisterhood. She trained in England in 1902 and came to New Zealand in 1914.

48 *Ibid.*, 'Volunteer Sisters', 31 July 1915, p. 9.

49 *Ibid.*, Letter to the Editor, 'Volunteer Sisters', 10 August 1915, p. 2.

While Rout posed the greatest challenge to the nursing profession, other women's organisations also campaigned to provide nursing services for soldiers at home and abroad. A meeting of the Dunedin branch of the St John's Ambulance Association argued that Rout's Sisterhood had no prior claim to nurse soldiers overseas, and fifty-one women gave their names as being ready to nurse soldiers should the need arise.<sup>50</sup> The 'girls' of the Auckland Women's Navy Relief Fund, women between the age of 20 and 35, offered to pay their own way to Egypt for the opportunity to apply their skills in 'first aid' for the benefit of the soldiers.<sup>51</sup> Other Auckland women joined the local St John's Ambulance Association, receiving instructions on care of patients with diseases, and the Nursing Division of the Red Cross began meeting weekly to teach practical nursing.<sup>52</sup>

The pressure from voluntary women's organisations to give nursing aid to the sick and wounded became so strong through the months of July and August 1915, that G.W. Russell, the Minister of Public Health, called a conference to address this thorny issue. Undoubtedly Rout's bid to send women to Egypt was a central factor in the calling of this meeting. As increasing numbers of soldiers returned to New Zealand to complete their recuperation, a new set of nursing needs was recognised. Women extended their welfare work to convalescent homes and hospitals, moving in to arrange concerts, supply gifts of home made food, provide letter-writing and meal services.<sup>53</sup> Concern was also being expressed that the number of trained nurses would become depleted; the total number of nurses on overseas consignment had reached 162 by July 1915.

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<sup>50</sup> Ibid., 'Sick and Wounded', 18 August 1915, p. 2.

<sup>51</sup> Letter from A.G. Watkins, secretary of the Auckland Women's Navy Relief Fund to Allen, 21 July 1915, AD1, 49/200, NA. Watkins refers to the women who were willing to nurse as 'girls'.

<sup>52</sup> 'Women in Print', *EP*, 19 August 1915, p. 9.

<sup>53</sup> Undated request for VADs headed 'Women's Work in Military Hospitals: Opportunities for New Zealanders', AD1, 49/34/2, NA. The *Willochar* returned 270 incapacitated soldiers to New Zealand, 15 July 1915.

Russell's conference had two agendas; the first to coordinate women's nursing efforts, and the second to control those who might attempt to move overseas to nurse the soldiers. It became clear early in the meeting that the government was not prepared to send unqualified nurses abroad. Russell 'forcefully' informed those present that sufficient trained nurses existed and no untrained women would be nominated by government to nurse the combatant soldiers.<sup>54</sup> No further discussion on this point took place. This was not surprising, as prior to the meeting the Trained Nurses' Association had 'approached the government protesting that until the supply of trained nurses failed, untrained women should not be used to take their place'.<sup>55</sup> Trained nurses from throughout the country, including Grace Neill and Sybilla Maude from Christchurch representing Maclean who was still overseas with the first contingent of military nurses, also attended the conference ready to defend their military role. Valentine had also consulted with the Trained Nurses' Association on the supply of trained nurses. He received assurance that adequate numbers of trained nurses remained available for military nursing and that, if needed, probationers could act as assistants to trained nurses. With this background, and with Valentine's firm support for trained nurses, Russell confidently endorsed the place of nurses for overseas service, and considered who might coordinate women's voluntary efforts.<sup>56</sup> The Trained Nurses' Association attacked Rout directly, declaring its unqualified approval for either the Red Cross or St John's Ambulance Association. Rout, representing the Volunteer Sisterhood, received no support. In fact, she faced a conspiracy against her involvement in any nursing venture.<sup>57</sup> Russell supported the

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54 'Report of Conference on the Supply of Nursing Aid for the Sick and Wounded', NZNJ, October 1915, 8:4, pp. 163-165.

55 'New Zealand Trained Nurses' Association: Otago Branch', NZNJ, October 1915, 8:4, pp. 161-162.

56 Three of the NZANS matrons were present and also Grace Neill, Sybilla Maude and members of the Trained Nurses' Association members from Auckland, Dunedin, Wellington and Christchurch.

57 'Report of Conference on the Supply of Nursing Aid for the Sick and Wounded', NZNJ, October 1915, 8:4, pp. 163-165. The President of the Trained Nurses' Association, J. Foote,

Trained Nurses' Association, and insisted that the St John's Ambulance Association act as coordinator of women's voluntary work, advising Rout to 'merge' with them.<sup>58</sup>

The effect of the conference was to reaffirm the professional status of nurses and to place all untrained amateurs in a subordinate role. Now, with ministerial backing, only trained nurses would have the opportunity to work abroad and, in the event of a need for greater numbers of nurses the St John's Ambulance Association, with an established interest in nursing and first aid, would coordinate women's voluntary efforts. Rout's voluntary organisation created a problem for the government, not least because it had moved beyond the parameters of voluntary women's work which was seen as knitting, sewing and packaging parcels. With the voluntary women's services organised and the improvements of medical services at Trentham, the Sisterhood's days at Trentham were numbered. By September, with the worst of the epidemic over, Valintine informed Rout that her last twenty members were no longer required.<sup>59</sup> He pointed out that, with the crisis over, these women were preventing orderlies from gaining the experience needed for their service overseas. Despite the failings of orderlies, as shown by the Trentham inquiry, their work remained secure within the military domain, their services still required for front-line battle work.

While Rout and her volunteers had given service and support during the crisis, they received little other than thanks from Allen for their patriotic spirit, their due

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in a letter to the Conference specifically stated that the 'St John (*sic*) Ambulance and the Red Cross workers have been doing their utmost to fit themselves for any emergency that may arise...their services should be accepted before the recently-formed body of women named the 'Volunteer Sisterhood' '.

<sup>58</sup> Trained nurses were involved with the St John's Ambulance Associations throughout the country providing nursing instructions to members. District nurses also received financial assistance from this association for their community work. The Red Cross Society took over the administration of the British-based New Zealand VAD organisation. Refer to Chapter 9 for information on this.

<sup>59</sup> Memorandum from Valintine to Allen headed 'Miss Rout's Ambulance Orderlies', 21 September 1915, AD1, 49/200, NA.

payment of 10s per week and criticism from other women's organisations. Undeterred, Rout sought other ways of achieving her goal of having members of the Sisterhood serve overseas. Despite Allen's denial, she claimed that Allen had given permission for the volunteers to proceed overseas and finally succeeded in posting members of her organisation to overseas duty. Funding the venture with a heavy mortgage on her life insurance policy and the support of her friends Rout had, by November, achieved her personal goal of reaching Egypt. Following a period of work in Red Cross canteens, Rout moved into independent practice, quite apart from nursing, advocating prophylactic treatment for venereal disease.<sup>60</sup> In the following years she proved her ability as an organiser attending to social and sexual welfare of New Zealand soldiers - including supervising a brothel run on 'safe sex' lines.<sup>61</sup>

By September 1915, trained nurses had won permanent positions at military camps in New Zealand.<sup>62</sup> On the completion of the building of the twenty bed Trentham Camp hospital, with a further twenty-bed extension in November, members of the NZANS became a regular part of the staff establishment.<sup>63</sup> Public donations to the camp hospital not only provided the beds, linen and clothes, and supplied the furnishings for the nurses' quarters, but also had contributed cushions and curtains made by women's voluntary work.<sup>64</sup> The appointment of nurses to Trentham soon extended to other camps. From late 1915, the emphasis placed on medical and

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60 J. Tolerton, *Ettie...*, p. 119.

61 *Ibid*, p. 12.

62 In the second epidemic at Trentham during the winter of 1916 the improved nursing resources for soldiers welfare limited the public outcry.

63 In 1916 the staff establishment for Trentham Hospital, which by then had 200 beds, was 7 officers, 1 dentist, 1 quartermaster, 68 non-commissioned officers and other ranks, and 5 NZANS sisters. Nurses who enrolled in the NZANS for New Zealand military service for placement in New Zealand only, were Maud Dawson, Muriel Bartlett, Agnes Burgess and Edith Edwards. They were employed at Featherston Military Camp and in military wards in public hospitals.

64 'Another Hospital Ship', *EP*, 21 September 1915, p. 6.

nursing services for soldiers in New Zealand was expanded and included special hospitals for convalescent soldiers.<sup>65</sup> At the beginning of 1916, King George V Hospital, Rotorua, opened as a hospital and convalescent facility to provide special care for soldiers with orthopaedic problems. Civilian hospitals set aside wards for military patients, although a number of beds within the general wards were also used for soldiers.<sup>66</sup> Returning members of the NZANS received appointments to military hospitals and soldiers' wards within civilian hospitals gaining control of the nursing in military establishments. Women of the nursing division of the St John's Ambulance Association and the Red Cross Society at first unpaid, became paid employees from late 1916. They carried out housekeeping duties, washing linen, cleaning, preparing meals, generally assisting registered nurses, but always under their control.

On the home front by late-1915, trained nurses had secured a place in military camps and had warded off the claims made by the untrained. The situation at Trentham had been the scene of a battle for superiority and nurses fought to maintain their nursing advantage and turned on women who failed to fit the prescription of a nurse. Rout's attempts to have her Volunteer Sisterhood included under the umbrella of military service threatened the status of professional nurses and Rout felt the full force of nurses' antagonism towards the untrained. Trained nurses were prepared to protect their professional standing in peace and war and resisted the challenges made by those who lacked professional nursing qualifications. But while the battle had been won in New Zealand other challengers to nurses' place in military structures would emerge as nurses moved into areas of nursing closer to the front.

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<sup>65</sup> Queen Mary Hospital at Hanmer opened as a centre for the care of soldiers with neurological illnesses.

<sup>66</sup> File on Hospitals (General) in New Zealand, AD1, 49/245, NA.

## CHAPTER 7

### The Limits of Military Recognition

Without the work that women are doing in the furtherance of the war...the British would have been defeated in France and possibly the Germans might have reached England. The most indispensable of all women's work at this time especially is perhaps that of the trained nurses. Their devotion to duty, self-sacrifice, and heroism have been quite equal to that of the fighting men.<sup>1</sup>

By mid-1915 nurses had made considerable inroads working at military hospitals both in New Zealand and in Egypt. As the war front spread, the New Zealand military authorities broke with the convention that all nurses should remain in general hospitals and reclassified hospital ships and hospital trains as fields of nurses' duties. While the overall military injunction that women should be barred from the front-line remained, from July 1915 nurses were needed to work in dangerous situations closer to the war front. New Zealand nurses now worked on the New Zealand hospital ships, *Maheno* and *Marama*, caring for the soldiers straight from the firing-line and transporting them to military hospitals. Despite the change in belief that nurses' work could be used closer to the front line, it did not put nurses on an equal footing with soldiers. Nurses continued to meet situations that reinforced their subordinate position as women in a men's world of war.

The situation at Gallipoli during 1915 brought to a head the inefficiencies of pre-existing medical services.<sup>2</sup> Virtually all soldiers on Gallipoli suffered from dysentery and this, along with wounds, demanded a medical organisation that could

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<sup>1</sup> 'British Nurses and Their Fight for Professional Freedom', NZNJ, July 1918, 9:3, p. 152.

<sup>2</sup> T.J. Mitchell and G.M. Smith, *Official History of the War* (London, 1932), pp. 11-21.

transport soldiers to hospitals in Alexandria or on Lemnos Island close to the entrance to the Dardenelles.<sup>3</sup> Moving casualties from the beach to military hospitals at Mudros Bay on Lemnos Island, or on to Egypt, required large numbers of personnel on transporters and hospital ships. During the months of May and June 1915, transporters which carried the soldiers and mules to Gallipoli were the only ships available to transport sick soldiers off the peninsular, and the staff, doctors and orderlies attending to soldiers, found they were unable to cope. While stretcher-bearers struggled through the line of snipers on Gallipoli carrying the wounded to first-aid posts, and doctors attended as best they could, the lack of transport to evacuate the men from the beaches to hospitals at Alexandria or Mudros, exposed the inefficiencies of medical services.<sup>4</sup> Sick and wounded men might have to wait up to three days for transport and when this did arrive there could be as many as 500 soldiers spread over the decks, packed in wherever possible. More staff was needed at the point of embarkation.<sup>5</sup> With only one doctor on board the transport ship *Lutzow*, and no orderlies to assist, care for the wounded and sick was woefully inadequate.<sup>6</sup> Wounded soldiers could travel for two or three days with only the initial field dressing protecting their wounds from infection. Soldiers arriving at military hospitals were often caked in mud, swarming with body vermin, and wearing boots they might not have removed in six weeks or more. Larger numbers of nurses were now required to staff the hospital ships which transported men with severe wounds who often suffered the added complications of malnutrition and infections.

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<sup>3</sup> N. Boyack, *Behind the Lines: The Lives of New Zealand Soldiers in the First World War* (Wellington, 1989), p. 53. Lemnos Island with the harbour of Mudros, situated at the entrance to the Dardenelles, was one of the bases for sick and wounded from Gallipoli.

<sup>4</sup> *Diary of Lieutenant-Colonel P.C. Fenwick*, MS 1497, p. 55, Auckland Institute and Museum. See also John Macbeth Russell, *MS Papers 1693*, WTU.

<sup>5</sup> A.D. Carbery, p. 101. The figures Carbery gives for the casualties evacuated from Gallipoli between 25 April and 20 May 1915 are; total killed, wounded or missing, 14,089; wounded evacuated, 8,219. For the period 10 August and 5 September 1915, 30,000 wounded and 20,000 sick.

<sup>6</sup> *Ibid.*, p. 52.

British hospital ships and hospital trains had included British nurses as staff members from the start of war and from mid-1915, New Zealand nurses attached to the QAIMNS(R) service might also be asked to serve in these areas. A nurse could spend six to eight hours a day travelling on a train cramped between cots, attempting to change dressings and feed patients, assisted by orderlies who washed and cleaned the soldiers. Clara Cherry explained the difficulties:

With your two feet planted firmly on the floor, knees jammed tight against the bed board, elbow, if possible, against the outer wall, you commence to work. The lotions swim over the edge of the bowl, and the purpose of every other swab is lost. The difficulty is increased for the patients in the top bunk.<sup>7</sup>

By September and October 1915, the ever spreading war front which included the evacuation of the sick from the Gallipoli peninsula dictated the need for hospital ships. Regular hospital ship services between Gallipoli and Alexandria, or across the English Channel conveying patients to hospitals in England, demanded help from Britain's allies. The first of the two New Zealand hospital ships, the *Maheno*, arrived at Anzac Cove in August 1915 staffed with not only New Zealand Army medical personnel, officers and orderlies, but also with eleven nurses.<sup>8</sup> By December, more nurses had entered the war as staff on the *Marama*, the second New Zealand hospital ship.

Hospital ship duty brought into sharp relief assumptions about women's place in war. Although nurses moved closer to the front, their new duties continued to reflect cultural beliefs about women's sphere of work, reinforcing what were considered immutable relationships. The prevailing military attitude on board ship emphasised the womanly 'nature' of nurses and they were given some preferential

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<sup>7</sup> 'Hospital Train Duty by Sister Cherry, N.Z.A.N.S.' NZNJ, January 1917, 10:1 p. 12. Clara Cherry (22/67) trained at Auckland Hospital, registering in 1913. She commenced military nursing in May 1915 and worked initially at the 21st British General Hospital, Alexandria.

<sup>8</sup> John Dudar, MS Papers 1160, pp. 1-3, Auckland Institute and Museum. Dudar, Second Officer of the *HS Maheno* gives the date the *Maheno* arrived at ANZAC Cove as the 26 August 1915, at 12.30 p.m. The two New Zealand hospital ships, the *Maheno* and the *Marama*, were paid for by public contribution.

treatment. During the initial trip of the *Maheno* from Alexandria to Anzac Cove, a ship's officer placed deck chairs for the comfort of nurses, an unheard of comfort for soldiers. He highlighted what he called the 'special nature' of women in his report on nurses' general appearance when they succumbed to sea-sickness and failed to turn up at meals.<sup>9</sup> Every man on the ship had his prescribed work during the journey to Anzac Cove, scrubbing the decks, exercising or attending to the ship's organisation. The 69 nurses aboard who were transhipping to British hospitals, had more spare time than the men and, according to the second officer, John Dudar, 'are taking it easy, Knitting (*sic*) and sewing being [their] chief pastime'.<sup>10</sup> Sewing on their trip to war became a necessity for some nurses. While the soldiers received their uniform on arriving at the military camp, the army had initially no ready supply of nurses' uniforms. Emily Hodges stated that the first contingent of nurses in April 1915 had no uniforms and 'were given material and supposed to make them. I was seasick all the way and couldn't make mine'.<sup>11</sup> The eleven nurses employed on hospital ship duty prepared the wards, packed linen and instructed orderlies on bed-making. Charlotte Le Gallais gave a description of the daily work on the way to Gallipoli:

July 17 1915. We have commenced work and have scarcely anytime whatever to ourselves...Breakfast 8.30a.m. After that half hour, then down to the wards to get things in order and what a lot to be done. Orderlies all to be taught. There are 60, we [the eleven nurses employed for ship duty] each have six. We so far have been doing linen all the time. Yesterday doing pyjamas and in the pockets you should see the presents put in them by the girls who made them. Notes pinned on. Lunch one thirty p.m. Then we have to lecture [to orderlies] for 2 hours - 1 hour then other demonstration. In the middle of it the doctors rush six injured men on us and we have to see the orderlies get them to bed correctly. The Colonel superintends all the time. I used to think I knew a lot now I know nothing....It appears we get the wounded first from the trenches. But some of them will have had temporary aid. Then they are received here to the receiving room where possible they will be

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<sup>9</sup> Ibid., 13 July 1915, pp. 1-3.

<sup>10</sup> Ibid., 14 July 1915, p. 4. Only eleven nurses were employed as hospital ship staff members on board the *Maheno*. The 69 nurses were being transported to Egypt for military hospital duty.

<sup>11</sup> E. Hodges. Hodges (22/76) trained at Christchurch Hospital registering in 1911. She left with the Second Contingent of NZANS in May 1915, and remained in the army until 1918 working at No 27 British Hospital, Cairo, and in New Zealand.

undressed and washed and taken to theatre or ward. All depending on patient. There is no doubt the doctors know how to organise all the work and working hard...there are more beds here than in Auckland Hospital...the wounded will only be on board for two and half to three days. During that time we hope to have given them every attention so they will be fit for base hospitals.<sup>12</sup>

Learning shipboard duties took some time. The orders for the sister in charge of the passenger nurses were clear. She was to 'draw up orders for each day for the nurses in [her] charge' and to be sure to arrange the necessary numbers of orderlies to clean the sleeping quarters.<sup>13</sup> A ward master held control over the orderlies. The division of command between the ward sister and the ward master, a non-commissioned officer, was 'a little difficult to appreciate at first' and required some tactful foot-work to secure a smooth running ward.<sup>14</sup> One nurse reminded her peers that the ward sister, regardless of the presence of the ward master, was 'wholly responsible for her ward, and, as you know, ranks as a commissioned officer'.<sup>15</sup> This emphasis on the status and military 'rank' of nurses showed that nurses, while they might officially hold indeterminate status, intended to maintain their control over nursing. They, at least, emphasised the importance of their place within military structures.

The reality of hospital ship work for New Zealand nurses and ship's staff came in September 1915. On reaching Anzac Cove, the eleven nurses who were members of the *Maheno* staff soon put into practice their expert care nursing soldiers with

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<sup>12</sup> Charlotte Le Gallais, 17 July 1915.

<sup>13</sup> Ida Grace Willis, MS 2023, WTU. Evelyn (Eva) Brooke (22/103) was the sister in charge on board the *Maheno*, July 1915. She had been one of the six nurses to go to Samoa in August 1914.

<sup>14</sup> 'First Impressions of Hospital Ship Work', NZNJ, July 1917, 10:3, p. 173.

<sup>15</sup> *Ibid.*, p. 173. In October 1915 Valintine, Director of Military Hospitals and Maclean were informed by General R. Henderson, that the case had not been made for nurses to be recognised as having equal status to that of officers, see Memorandum from Maclean to Valintine, 18 October 1915, AD1, 49/34, NA.

extensive wounds.<sup>16</sup> In a four week period the *Maheno* transported 2,200 sick and wounded soldiers from Anzac Beach to Lemnos Island or on to Alexandria.<sup>17</sup> Transporting sick soldiers between Gallipoli and Lemnos, a three hour journey, or on to Alexandria, had nightmare qualities. As Le Gallais reported to her family:

New Zealand Hospital Ship *Maheno* 25/9/15....We had awful wounds, it was dreadful and with fleas and crawlers my skin, at present is nearly raw. But we all scratch, scratch, except the men patients, poor devils, they're used to them....This time our whole deck and all round covered with mattresses - men, fleas and all. But the boys say the live stock are honourable and clad in khaki....

and

*Maheno* 13/10/15. We arrived here [Alexandria] after nearly 4 weeks hard and terrible work....So far we have been between Gallipoli and Lemnos....We anchor about half a mile from the firing line, guns going off and shaking the ship and startling the life out of me each time they begin. It's a dreadful place, Gallipoli, dreadful and awful....The work is terrible but we are needed badly....Our first trip we were all up all night - we got wounded on, commenced about 4 p.m. We loaded all night, up all day, next night got 2 hours rest, all following day, next day was Sunday, we unloaded at Lemnos. Then had to clean up for the next lot. Got to bed at half past 12. When we returned to Gallipoli two other hospital ships were there loading.<sup>18</sup>

The wounded and the sick poured on to the ship in waves, particularly in the late evening when the danger from snipers lessened. From the small boats transporting them from the landing zone to the waiting hospital ships, those who were capable clambered aboard while the stretcher cases came aboard on ropes. Work became a continual round of applying pressure dressings to bleeding wounds, changing the dressings of the infected wounds and washing men with the limited amounts of sea water. Added to nursing men with gangrene and infected wounds Mabel Crook, on board the British Hospital Ship *Nevassa* at ANZAC Cove, saw three men 'blown into the air in pieces' during an evacuation of the sick from Gallipoli.<sup>19</sup> According to Le Gallais hospital ship work was real war nursing:

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<sup>16</sup> J. Dudar, 26 August 1915, pp. 23, 24.

<sup>17</sup> Cable from Colonel Collins, Captain of the *Maheno*, Hospital Ship No. I, to His Excellency, Lord Liverpool, 9 September 1915, WA, Series 207, 207/2, NA.

<sup>18</sup> C. Le Gallais, 25 September 1915.

<sup>19</sup> M. Crook, p. 1.

I suppose the nurses in the hospitals have to work hard, but they get the men from the ships after we have washed and cleaned them. You probably don't know what 'clean them' means - no one could, what with flies and other creepers, the poor men.<sup>20</sup>

Although nurses on hospital ship duty carried out substantially the same duties as nurses in hospitals, dressing wounds, attending to the physical comfort of patients and keeping the environment clean, the amount and type of work became more demanding. The distressed condition of the soldiers became clearly evident as they came on board straight from the trenches. Exhausted from weeks of rationed food and bouts of dysentery, many soldiers were half the weight they started with, lousy, often too weak to attend to any of their personal needs, many in 'a dreadful state'.<sup>21</sup> Second Lieutenant George Bollinger captured the trauma on board hospital ships:

The horrors of war are seen on a hospital ship even more than on the battlefield; a certain percentage of the wounded pass away every day and two men have already died in the bed next to me...<sup>22</sup>

While the nurses might work for twenty-four to thirty-six hours at a time, the work itself appeared to be inspiring. Most nurses reported on the difficult situations they encountered but the tone of their letters and records, far from being critical, took a new note of enthusiasm. Hospital ship work, on the whole, was more popular than work in military hospitals, its chief attraction being that it gave nurses the opportunity to care for the men straight from the front. Nurses felt the excitement of working close to the front attending to the heroes of war. They also appreciated being seen as useful members of the army and, unlike the majority of women, having their professional abilities identified as a valuable resource.<sup>23</sup> Contrary to

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<sup>20</sup> C. Le Gallais, 13 October 1915.

<sup>21</sup> *Ibid.*, 13 October 1915.

<sup>22</sup> Diary of Second L George Wallace Bollinger, Friday, 2 July 1915, Gallipoli, RV 3730, Queen Elizabeth II Army Museum, Waiouru.

<sup>23</sup> See H. Donner, ' "The Women are Splendid" - The Value of Women's Work in the Great War,' Paper presented at the Department of History, Atkinson College, York University, England, 1992, who makes the point that women who worked close to the front found their work rewarding, some even commenting in retrospect, that war was the best time of their lives.

the complaints made on the inability of the authorities to organise military hospitals in Egypt, nurses now, almost unanimously, reported favourably on the organising abilities of the staff of the *Maheno*. Ship duty moved nurses away from the traditional structures of military hospitals with their ward routine to new ventures, helping to achieve what they had hoped for, more immediate nursing of the wounded although, undoubtedly, they also cared for many more who suffered with medical illnesses of dysentery, pneumonia and skin disorders.

The nurses' campaign to further their role in war appeared to be finally making progress. At last, nurses were working as close to the firing line as the doctors and orderlies employed on hospital ships and were applying their nursing skills for the benefit of the sick and wounded soldiers. Their new duties required them to work alongside medical teams, carrying out emergency treatment and guiding the orderlies. This appealed to those eager to show their bravery and anxious to prove their professional and patriotic worth. The condition of the soldiers played a larger part in the nurses' letters and diaries. Entries tell of instances when soldiers, suffering from wounds and also prostrate from the effects of dysentery, so sick as to be unable to light a cigarette, tried their best to help their comrades.<sup>24</sup> The situation demanded nurses' professional skills and hospital ship duty emphasised the importance of their work.

The duties ascribed to orderlies, ship's staff and nurses altered as the hospital ship became inundated with seriously ill and dying soldiers. While specific functions belonged to officers and ship's hands, and nurses had their assigned tasks, everyone worked together when faced with the arrival of the casualties. Orderlies, as well as carrying out their main duties of cleaning, scrubbing and fumigating, also attended to the sick, stripping the soldiers of their clothes, and dressing the wounds

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<sup>24</sup> A. Buckley, *passim*. C. Le Gallais, *passim*. 'Extracts from Nurses' Letters', NZNJ, January 1916, 9:1, pp. 20-30.

during the busy times. With six doctors, eleven nurses and forty-three orderlies, the urgency of the situation required everyone to give a hand. Firemen, sailors, officers and orderlies all helped with lifting patients and attending the helpless. Both nurses and the ship's crew worked in the operating theatre when and where required. John Dudar, Second Officer of the *Maheno*, observed the removal of a bullet from one soldier's brain:

[T]he bullet had entered a man's head. They had to take the scalp off and cut a piece of the bone away. I could see the bullet quite plain and fancy it just stopped about 1/8" from the brain.<sup>25</sup>

Dudar expressed his horror at the grim reality:

[T]he wounds are really shocking, two poor fellows aged 21 & 26 passed away half an hour after they came on board, one was shot by shrapnel in the neck and the piece travelled down his body and lodged in his groin, the other poor fellow had his leg blown of (*sic*) at the knee and I never wish to see a sadder sight....It absolutely broke us all up....<sup>26</sup>

and

I do not know what we shall all be like if we have to see such awful sights and the hours that we are working are telling on everybody, we are all helping in every possible way, ourselves, sailors & firemen working at carrying wounded, feeding them, and I have been in the theatre we are needed everywhere as long as we can lift & assist nurses.<sup>27</sup>

In these circumstances nurses felt less powerless. They gave orders, made decisions on the care of the soldiers and worked efficiently alongside other crew members. The effects of war took on a new dimension when as many as thirty men could die on a three hour trip. New Zealand nurses working on British hospital ships met with similar situations.<sup>28</sup> One British hospital ship had six medical officers, eight nurses and 38 orderlies for as many as 800 wounded. The routine which worked the best on these ships required the nurses to record the name, rank and wounds of the soldier, take his temperature and instruct the orderlies in the

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<sup>25</sup> J. Dudar, 28 August 1915, p. 32.

<sup>26</sup> *Ibid.*, 26 August 1915, p. 24. This occurred while the ship was anchored off Anzac Bay.

<sup>27</sup> *Ibid.*, 26 August 1915, p. 24.

<sup>28</sup> New Zealand nurses worked on a number of British ships. For example the *Assaye*, *Braemar Castle* and *Grantully Castle*. See S. Kendall and D. Corbett for further names of hospital ships on which New Zealand nurses worked, p. 63.

prescribed care. On one voyage Grace Calder on the *Galeka*, nursed 74 acutely ill patients with the assistance of five orderlies.<sup>29</sup> On board another British ship, the *Dongola*, one of the orderlies remarked on the odour of infected wounds and blood-drenched dressings.<sup>30</sup> Others recorded that life aboard ships could be harsh. Some of the casualties had not been able to wash for weeks. The fleas and lice they carried quickly transferred to nurses and one recalled making frequent trips to the linen cupboard to delouse herself.<sup>31</sup> With the pressure of such large numbers of patients, a form of triage was adopted.<sup>32</sup> Red tickets attached to patients alerted medical staff to the serious cases and indicated those who would be moved quickly to hospitals.<sup>33</sup> In the field, a dying man might be 'rolled off [an] oil skin sheet as he was nearly gone' and replaced by another ill soldier in the hope he might have a chance to receive medical assistance.<sup>34</sup> Ship work required decisive action and effective team work to cope with the pitiful needs of the men.

Burying the dead remained the preserve of men, their strength being needed when as many as sixteen might be buried at sea at one time. Dudar, who had responsibility for attending the dead, recorded that the ship stopped 'to bury 9 bodies and not one man that did not have a limb off'.<sup>35</sup> At times some of the bodies were

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29 'Letter to the Editor, Hospital Ship *Galeka*, from Grace Calder', NZNJ, January 1916, 9:1, pp. 22-23.

30 N. Boyack, *Behind the Lines*, p. 54.

31 'Letters from Hospital Ship "Maheno" (First Commission)', NZNJ, January 1916, 9:1, pp. 18-19.

32 Triage, which became an established feature during the Korean War, appears to have been also in vogue in World War I, although the term was not used. Triage is classifying the wounded into three categories, those who need immediate attention, those too ill to be able to benefit from medical assistance and those who can be transported up the line to base hospitals for treatment.

33 P. Fenwick, p. 58. Fenwick was the New Zealand Deputy Assistant Director of Medical Services and served as a medical officer at Gallipoli. His diary provides a detailed account of the armistice between the Turks and the British on 24 May 1915, to bury the dead.

34 Private Earnest Charles Clifton, MS 0548-0552, WTU.

35 J. Dudar, 28 August 1915, p. 29.

too lightly weighted and would not sink requiring extra physical effort to recover and re-weight them.<sup>36</sup> One such instance drew a comment from Dudar that he 'had to go away in our gig with four more men and tie more weight onto the canvas'. He wrote of this incident '[W]hat I had to do it is too awful, I came back & was ill at the thought of it'.<sup>37</sup> He hoped he would get used to the duties which fell to him - 'things which nurses cannot bear fall to our lot...'.<sup>38</sup>

Nurses prepared the dead for burial and often requested shrouds, sometimes in large numbers, to save the pyjamas for the living.<sup>39</sup> In civilian hospitals, nurses traditionally cared for the dying and women in the home attended to the immediate care of the dead. Men carried out the public duty of carrying the coffin and making the arrangements for burial. The continuation of the traditional segregation of this particular duty in war reflected the Christian custom that the last rites officially belonged to ministers of religion, all of whom were men, and in their absence another male took over. Burying the soldier also took on a particular meaning. The last rite became a ritual, a way of softening the trauma of the reality of death, the result of war.<sup>40</sup> Burying the hero helped men face the trauma of death on foreign soil and acted as an expression of respect for the fighter.

While nurses remained divorced from the final ritual of burial at sea, many other situations that they faced could be considered to be equally, if not more, traumatic. One soldier was able to walk from the deck to his bed but died later of wounds caused by a bullet that had injured his brain, broken both his jaws and

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36 Ibid., p. 29.

37 Ibid., p. 29.

38 Ibid., p 29.

39 J. Bassett, p. 60.

40 G. L. Mosse, p. 102.

lodged in his neck. Others died quickly from 'awful wounds'.<sup>41</sup> 'Living skeletons' suffering from malaria, typhoid and cholera made one nurse wonder how any of the soldiers survived the trauma.<sup>42</sup> Ship's staff dealt not only with the physical ailments but also the emotional crises of men who had seen their comrades slaughtered by the enemy.

[S]ome of the things we have heard are really too awful, after a big attack men on both sides are killed & if they are out of the trenches their bodies are left unburied & when our men gain a trench from the turks (*sic*), the trenches are choked with men some dead for days and our men have to fight and live among them. All the men that we have on board now are, apart from wounds, just wasted away and broken down for the want of food and rest....<sup>43</sup>

Staff of the hospital ships lived with the knowledge that dead soldiers on Gallipoli often lay unattended and they also found that, with the vast amount of work to be done, the wounded, even when brought safely to the ship, could receive only limited treatment. Working long hours among the stench from infected wounds, seeing the men wasted from dysentery and malnutrition, the staff of the *Maheno* soon lost their faith in British military authorities. Dudar considered the British leaders to be 'a lot of damn fools who are at the head of affairs' using the New Zealand soldiers as fodder for the Turkish snipers.<sup>44</sup> From mid-1915 onwards nurses and officers openly expressed resentment at the bungling of military arrangements. The war for many had become 'ghastly', 'gruesome', 'bloody' and bitter, and both the inept military organisation and the brutalisation of soldiers began to surface in letters home.<sup>45</sup> One New Zealand soldier wrote about his experiences during May 1915. 'Oh what a gruesome (*sic*) sight to see your best pals (*sic*) brains

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41 J. Dudar, 7 September 1915, p. 35.

42 'Letters from Nurses Abroad', NZNJ, January 1917, 10:1, p. 6.

43 J. Dudar, 27-28 August 1915, p. 26. Dudar also stated that 'no less than a dozen women [Turks] have been caught sniping, it seems they are wives of the soldiers'.

44 *Ibid.*, 18 September 1915, p. 48.

45 B. Tilly, 10 July 1916, WTU. Barbara Tilly joined the NZANS in December 1915 and worked on hospital ships and in France and England. J. Dudar, 18 September 1915, p. 48.

get blown out right alongside you for nearly everyone that morning got shot through the head....this was Hell on Earth....'<sup>46</sup> Such experiences influenced the way hospital staff viewed the wounded. Even those soldiers who 'appeared glad to receive a wound to get a spell' received consideration, as every soldier had performed his duty for the nation, especially those from Gallipoli.<sup>47</sup>

As had occurred in military hospitals, nurses adapted to meet the circumstances of ship duties. Moving between countries required considerable improvisation. One week it could be Gallipoli with snow, cold winds and winter uniform. Three weeks later Malta or Britain could be the port of call with temperatures requiring a change to summer uniform. In the heat, the stench from the lower decks became so overpowering that the ship would circle to ventilate the wards. The sudden cold, the arduous hours of work, the discomfort of eating sea-drenched meals and walking along decks which tilted precariously, required the staff to continually adapt. Rough seas and the occasional air-raid when in port added to the variety.<sup>48</sup> Swinging cots made attending to the soldiers difficult especially when the staff might be also be suffering from sea-sickness. On one trip a nurse became so sea-sick that she ended up sitting on the floor with another sea-sick friend, with the two of them sharing the one basin. The amount of time waiting around for the ship to sail, while it gave nurses an opportunity to see the town, irritated them as much as it irritated the soldiers. Boats and trains left hours after the stated time which left nurses and soldiers waiting around wondering when the next meal might be available.<sup>49</sup> Most had little money to spend on the wide range of new items they came across and, even if they had the money to buy a gift, storing it

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46 Letter to 'Gill' written by F. C. Trenne, 12 January 1916, MS 1570, Auckland Institute and Museum.

47 J. Dudar, 28 August 1915, p. 27.

48 A. Buckley, 10 February to 24 February, 1916.

49 Report of Surgeon General Featherston on the development of Australian Casualty Clearing Stations, Tait Files, AWM 32, p. 75, AWM.

became a problem. The allowance of one bag for clothing and a hand-held bag for extras left little room for parcels.

Nurses had also, like the soldiers, to cope with the changing pattern of work. As in hospitals, the work among the sick and wounded soldiers became draining emotionally and physically. On some trips the ship might be carrying up to 1,300 patients, many of whom were very ill, a number requiring amputations.<sup>50</sup> On the next trip the ship could be transporting hospital staff to a new setting and the time on-board was spent carrying out the boring duties of organising the linen and padding splints. Changes to ship's staff also required considerable adaptation. For some weeks the complement of staff would remain stable then, with new appointments, everyone had to learn to work along side new team members.

While it was usual that the organisation on hospital ships ran smoothly, especially when the work was heavy, there were exceptions when the nurse's position could become tenuous and threatened by the interferences of male officers. In keeping with tradition, the ship's captain organised ship duties, with a doctor authorising medical services. Nurses were few in number among the many navy and army men. This meant they lost the degree of power provided in a general military hospital with its stronger nursing presence and clearer demarcation between the work of nurses, doctors and other groups. The matron, an appointed senior nurse on each sailing, held control over nursing duties, but in reality doctors held more power. When the ship called in at a port the doctors could arrange trips inland, something the nurses had difficulty achieving. The nurse in charge was reliant on the doctors to support her request for the nurses to leave the ship. One doctor showed his irritation that on a trip to Kandy, the capital of Ceylon, 'the trip included

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<sup>50</sup> Extracts from Nurses' Letters', NZNJ, January 1916, 9:1, pp. 20-30.

every blooming nurse'.<sup>51</sup> Another doctor was able to ask for ice cream for the nurses, but the nurses themselves were not in a position to make such a request. More serious situations also required the support of men. Captain John Russell recorded an instance when he was travelling home on board the *Arawa*. Two New Zealand nurses who were caring for an Australian nurse requested his help, 'he being the only male to whom [they] could appeal for assistance' to have the Australian nurse transferred to an Australia ship as she wished to die in her own land.<sup>52</sup> On transport vessels male officers being moved to new locations received preferential treatment. They expected and received the best berths. On one particular trip, the *Maheno* carried wounded British officers who requisitioned every available service. Along with requests for champagne, burgundy, hot well-served meals and clean ablution blocks for their personal use, officers also expected obsequious behaviour from the orderlies attending them.<sup>53</sup> Nurses on the other hand had to fight for their rights. They found that most often they had been assigned second class accommodation, whether travelling as passengers to a new position or when working aboard transporters. While nurses requested first class berths, their right by virtue of their rank as officers, some ships' captains and medical officers treated this request with little regard. Edna Pengelly complained that at military hospitals the medical officers and the orderlies were able to commandeer an ambulance to transfer convalescents, but nurses lacked the authority to do so.<sup>54</sup> The implicit belief was that war was men's business and this disadvantaged nurses throughout the war years.

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51 Memoirs of William John Barclay (M.D., D.P.H., F.R.C.S.E., F.R.A.C.S.), 1874-1967, as told by Lilian Barclay, RV 3902, Queen Elizabeth II Army Museum, Waiouru.

52 Diary of John McBeth Russell, MS 1693, Folder 1, WTU.

53 Letter from Major F.G. Gibson, New Zealand Medical Corps, to the General Officer Commanding the NZEF, 23 March 1917, AD1, 24/189, NA.

54 E. Pengelly, p. 54.

In one instance a nurse termed the treatment she received from a ship's officer as tyranny. Aboard the *Tahiti*, a transporter carrying sick soldiers to New Zealand, Edith Smith and Jean Ingram came into conflict with the senior medical officer over their behaviour and ability to nurse.<sup>55</sup> Smith complained of being 'tyrannised' by a warning made by the medical officer at the outset of the trip which directed the nurses to 'behave' and be 'discreet' while on board. Just what constituted discretion never became explicit, but the nurses found that they had a restricted role with prohibitions placed on their professional duties. While specifically employed to attend to the sick, neither nurse had the opportunity to care for the soldiers suffering 'cerebro-spinal meningitis [nor] allowed to apply a bandage or do the simplest dressing and on every occasion [we] are rudely treated [by the doctor] in front of orderlies...'.<sup>56</sup> Smith firmly believed that this incident indicated that nurses were not considered capable of acting responsibly while nursing soldiers. The orderlies with their limited training, however, were thought by some doctors to be adequate, a similar situation to that met with during the South African War when nurses faced competition in their fight to usurp the orderlies. She duly reported the incident to Maclean who, in turn, communicated with Valentine.<sup>57</sup> Some months later, General Orders made it clear that the New Zealand nurses held the rank of officers and should be treated as such.<sup>58</sup> Such a statement, however, held little weight in day-to-day relationships. Similar incidents concerning doctors' attitudes towards nurses did

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55 Edith Smith, nee Harris, (22/30) trained at Christchurch Hospital, registering in 1909 and was aged 32 on her appointment to the NZANS in April 1915. She married in England in 1917 and continued to work on transport duty between New Zealand and England. Jean Ingram (22/33) aged 28, worked in a variety of situations throughout the war retiring from the service in 1919. She trained at Nelson Hospital, registering in 1911.

56 Letter from Maclean to Director-General of Medical Services, Wellington, reporting on comments made by Edith Smith together with an excerpt from Smith's letter, to the Director-General of Medical Services, 9 October 1916, AD1, 49/34/1, NA.

57 Ibid.

58 Memorandum from W.H. Parkes, Colonel, DDMS of the NZEF, 8 November 1916, AD1, 49/34/1, NA. Hester Maclean made reference to the status of nurses in a memorandum to the Director-General of Medical Services, in 1917. Staff-nurses were identified as second lieutenants, sisters as lieutenants, and matrons as captains. Untrained assistants equated with the status of orderly, see Memorandum from Maclean to Director-General of Medical Services, 14 March 1917, AD1, 49/60, NA.

occur throughout the war, but were never as blatant as the example aboard the *Tahiti*. While chevrons indicating the length of service became a feature of the nurses' uniform, these did not formally indicate military rank as did the markings on soldiers' uniforms. Nor were nurses entitled to wear the badges of military office as were their male counterparts, lieutenants, captains and majors.

Although New Zealand nurses had established their profession on their seemingly womanly behaviour, the occasional allegations about nurses' inappropriate behaviour and the messages about nurses' expected demeanour built in to the military rules and regulations, illustrated that, in contrast to the belief that nurses were women of propriety, they were considered by the military authorities as less than capable of acting in a professional manner. These prejudices presented a major barrier to the nurses' goal of achieving status within military structures. Speedy expressed her irritation about military regulations which indicated that 'We may not be seen talking to either a medical or ships officer', and she had no doubt that many of the rules concerning the New Zealand Army Nursing Service were 'made by a man who is not in favour of the nurses'.<sup>59</sup> For her, such rules were an 'insult to both nurses and soldiers', but she did refrain from being openly defiant.<sup>60</sup> For nurses who had received a training in seemingly womanly behaviour, such rules no doubt did seem to be an affront to the foundations of the profession. Rules on some hospital ships and transporters certainly suggested that nurses could not act with decorum. In some instances the rules required the nurses to remain secluded from the males on board ship, to eat separately as a group, and to move about only in prescribed areas, while officers could have the freedom of a much larger area including the main lounge. Discipline and commitment which had become increasingly promoted in the fight to have nurses formally included within military nursing, had won them sufficient support to join the army, but it continued to be difficult to convince some

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<sup>59</sup> F. Speedy, 4 December 1915.

<sup>60</sup> *Ibid.*, 4 December 1915.

men that nurses could work among the soldiers and continue to remain morally respectable.

Not all the war images of nurses were derogatory. In fact the nurse as 'mother' frequently became a dominant image. In many instances, the sick and wounded soldiers expressed their appreciation of nurses and the nursing care they received. Those straight from the trenches valued the clean sheets and the offer of a cigarette even before a bath. The nurse, often unnamed, became a feature in soldiers' diaries when recording their hospitalisation, many nurses being described as angels, and given a saintly hue as they dispensed the medicines, dressed the wounds and made the beds.<sup>61</sup> The relief that soldiers' expressed once aboard the safety of the ship, or finally reaching a general hospital, enjoying the companionship of women as well as the food, warmth and general comfort drew praise and admiration from soldiers about nurses' devotion to duty.<sup>62</sup> Poetry and prose about World War I military nurses often emphasised their caring work, with a number invoking images of a loving mother soothing the fevered brow.<sup>63</sup> War paintings, propaganda posters and postcards exalted the nurse as an omnipotent woman, symbolically representing her as bestowing safety and security as she clasped the wounded, bandaged soldier to her bosom.<sup>64</sup>

While the image of the nurses as motherly, safe and hygienic is one of the dominant representations of nurses during the war other images also feature. One common version of the nurse presented in ships' journals showed her as an older

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61 Private James Marwick, 7 November 1915, MS Papers qMS 1345, WTU.

62 Private Clifford Arthur Perry. Bollinger, 29 June-1 July 1915.

63 'Te Huia', *The Magazine of the 33rd Reinforcement*, February 1918, Vol. I, p. 25. *The Kia-Ora Coo-ee*, 15 March 1918, p. 3.

64 S. M. Gilbert, 'Soldier's Heart: Literary Men, Literary Women, and the Great War', in M.R. Higonnet, J. Jenson, S. Michel and M.C. Weitz (Eds.), pp. 212-213. See C. O'Neill, *More Pictures of Health: Hospitals and Nursing on Old Picture Postcards* (Oxford, 1991) for a selection of postcards on World War I nurses.

women who seemed to hold greater authority than the sergeant major. The reality of nurses' experience allowed little room for slacking and while nurses, on the whole, appeared kind, some nurses were severe. Charlotte Le Gallais commented on one matron who 'went off at us [New Zealand nurses] for asking for a later leave. She is a terror, a real nigger driver'.<sup>65</sup> The way in which nurses issued instructions, prepared the ward for the arrival of the visiting doctor, interrupted the leisure of convalescent patients to have their wounds redressed, worked to a rigid timetable of early morning washes, meals at a given hour and kept the wards scrupulously tidy, no doubt left many soldiers with the impression that in some matters nurses carried as much power as the commanding officer.

Nurses were also critical of their peers for not conforming to the image of womanliness. An Australian nurse complained that too many nurses 'these days drink and smoke. It is rotten'.<sup>66</sup> Some nurses did smoke, played a sharp game of cards and enjoyed the company of officers, usually in preference to lower ranks. Others breached the disciplinary code. One woman, Ada Royd-Garlick, employed as a masseuse with the NZANS in Egypt from January 1916, persistently resisted the discipline laid down for nurses. Giving her tendency to seasickness as an excuse for refusing to work on board the *Maheno*, she was viewed by the authorities as a malcontent. After considerable correspondence between the Director of Medical Services and Mabel Thurston, the matron in charge of New Zealand nurses in Britain, the military authorities finally forced Royd-Garlick to take her place as assistant masseuse on board the *Maheno*. On disembarking in New Zealand, she

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<sup>65</sup> C. Le Gallais, 8 October 1915.

<sup>66</sup> Maryanne Pocock, *Matron, AANS*, cited in Marianne Barker, *Nightingales in the Mud: The Digger Sisters of the Great War, 1914-1918* (Sydney, 1989), p. 36. Florence Le Lievre also remarked on the numbers of nurses who smoked. Louise Higginson, a New Zealand nurse working with Red Cross Organisation, found it hard to find a quiet place on a hospital ship to have a cigarette.

resigned from the service.<sup>67</sup> Another nurse frequently became 'engaged' to patients, usually officers, and became the target of ridicule as her fellow nurses informed each other of the current excuse she had given for breaking off her latest 'engagement'.<sup>68</sup>

Military regulations, up to 1917, prohibited the employment of married nurses.<sup>69</sup> Soldiers could be married and their pay increased to take account of the circumstances. Although prior to the war, marriage had been seen as interfering with the primary concern of the nurse, caring for the sick, the regulations restricting military nurses' marriages seemed to relate also to the belief that employing married nurses was a poor investment. A married nurse had a greater chance of becoming pregnant and unable to carry out the demanding work. It appeared taken for granted by army authorities that all married nurses would disturb the hospital routine by asking to be released from duty at an 'inconvenient' time. Those who published the fact they had married were expected to retire from the service.<sup>70</sup> Others quietly got married, covering up the fact by keeping their maiden names. By 1918, as the need grew for more nurses to supply the personnel for hospitals, the rules changed to accommodate those who had married. Even then the situation favoured the single nurses. For example Davina Hay, nee Gunn, resigned on marriage only to re-enrol some months later because of the staff shortages at one of the New Zealand general

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<sup>67</sup> Mrs Royd-Garlick File, WA, Series 1, 1/3, 10/71, NA. Ada Royd-Garlick (22/227), one of the twenty masseuses employed by the army for overseas military work under the auspices of the NZANS, was widowed in 1915 and joined the NZANS in 1916.

<sup>68</sup> V. Petersen, 6 September, 1917.

<sup>69</sup> Marriage of Nurses File, correspondence between 21 June 1916 and 31 July 1918, AD1, 49/347, NA. See also Extract from Medical Report, Colonel Parkes to General Officer Commanding the NZEF, 1 September 1918 on pay for married nurses, AD1, 49/34/2, NA. The Australian military regulations also prohibited the Australian nurses from marrying, but as did the New Zealand nurses, the Australians also circumvented the rules. See Bassett, pp. 40-41.

<sup>70</sup> As at August 1918, 14 nurses indicated they had married and still remained with the NZANS.

hospitals in Britain. Her shock at receiving the same pay as a VAD led her to file a complaint.

Salary is not the first consideration, I would prefer to work without any, rather than be idle again while my husband is in France....I can't understand why I am no longer a member of the N.Z.A.N.S even though compelled to resign the N.Z.E.F., nor I think is it fair that we married Sisters should do full duties as ordinary members of the Staff and not receive the same privileges.<sup>71</sup>

Sadie Macdonald, wife of Dr. Marshall Macdonald, the Dunedin doctor who had spoken in December 1914 on behalf of nurses' involvement in war, also found that she would be employed only as a VAD at the New Zealand Military Hospital at Walton-on-Thames, yet required to carry out the duties of a trained nurse.<sup>72</sup> Maclean drew the attention of Valintine, the Director-General of Military Medical Service, to Hay's situation and expressed her disgust that a number of a 'good nurses' had been employed as VADs. Maclean argued for an even-handedness in dealing with the 'marriage' situation. Married nurses with considerable military experience would, according to Maclean, be better kept on the pay-roll, their pay remaining at the ordinary pay of rank. In 1916, however, when a similar situation had arisen, Maclean had shown indecision on this very issue. In fact she had been more in favour of married nurses leaving the military and had initially selected only unmarried nurses for membership of the NZANS. In 1918, with over a quarter of the New Zealand trained nurses having been on overseas war service, it suited her purpose to keep experienced nurses on the pay-roll.<sup>73</sup> To employ new staff required recruiting from what was now a smaller group of trained nurses in civilian work. It also meant arranging outfits and transport to Britain. By mid-1918, Maclean

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<sup>71</sup> Memorandum from Maclean to Valintine together with an excerpt from a letter of Davina Hay, 31 July 1918, AD1, 49/347, NA.

<sup>72</sup> 'Mrs. Sadie Macdonald', NZNJ, October 1921, 14:4, p. 184. Macdonald, an Australian trained nurse, travelled with her husband to France in 1915 and worked at a French hospital at Areon-Barrois. On moving to England in 1917, she was barred from joining the NZANS because of her married status.

<sup>73</sup> Memorandum for the Director-General of Medical Service from Maclean, 21 June 1918, AD1, 49/347, NA.

appreciated the consequences of losing her experienced staff, and fourteen married nurses continued to be employed at general military hospitals receiving their due pay.<sup>74</sup>

The extension of nursing duties to include hospital ships gave nurses in part, what they had worked for - recognition of their professional abilities. Military authorities were more than willing to use nurses' practical skills when the need occurred. And even though their status in the Army continued to be vague, they worked alongside medical teams as active participants, gaining recognition within the military organisation as useful supporters of an overburdened medical service. Nurses, themselves, although they complained about gender divisions which restricted their nursing practices and appreciated the fact when some of these distinctions became watered down, expected to work within a gender defined area. The nursing reforms in New Zealand from the 1880s, had gained recognition because they complemented the belief that women by their 'nature' were especially suited to care for the sick. Military nurses continued to reinforce the belief in the separate spheres of work for men and women in war by reinforcing that nursing was women's work.

On the other hand while nurses took on new duties as members of a combined medical team on hospital ships, and proved their professional abilities, military rules and regulations failed to appreciate the full extent of nurses' training in womanly propriety and discipline - the key to the distinction between the trained and the untrained nurse. Even with the changing belief that nurses' work could be used closer to the front line, nurses remained on the fringe with uncertain status.

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<sup>74</sup> Marriages of Nurses File, correspondence between 21 June 1916 and 31 July 1918, AD1, 49/347, NA.



*New Zealand Sisters on H.S. Egypt'.*  
 Edith Austin Album, C 3836, Alexander Turnbull Library.  
 Sewing and knitting whiled away the time on the trip to Egypt.  
 Sisters Fricker, Martyn and Siddells on 'Sabbath Morn', 1916.<sup>75</sup>  
 Edith Austin Album, Alexander Turnbull Library.

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<sup>75</sup> Matilda Fricker (22/28) trained at Hamilton Hospital, registering in 1909. She was one of the youngest nurses to register at age 22 years. She mainly worked in Egypt during the years 1915 to 1919. Emma Martyn (22/146) trained at Auckland Hospital, registering in 1905. She retired from the NZANS in 1921. Florence Siddells (22/43) trained at Wanganui Hospital, registering in 1910. She left with the first NZANS contingent in April 1915 and retired from the service in 1921.

## CHAPTER 8

## Heroines for New Zealand

I am not going to call you ministering angels. You are not angels. You are women. And because you are women you are sometimes far higher than angels....You are women, nurses; women who have helped the men who have guarded the way to England with the bodies of England's best. Of you it may be said, as it has been said of a sister Service: "They tend the men; they mend the men; they help them to carry on...."<sup>1</sup>

By 1916, nurses were working as close to the front-line as many non-combatant soldiers - doctors and orderlies. What had begun as an all male preserve, the immediate care of the wounded, now included nurses to supply the numbers of personnel for an ever expanding medical service. Nurses showed they could face many of the dangers that soldiers meet. The loss of ten nurses' lives during the torpedoing of the transporter *Marquette* set the scene for public acclaim for the patriotism shown by New Zealand nurses. This particular situation drew the New Zealand public's attention to the dangers nurses experienced and enhanced the image of the nurses as patriotic women. Work at casualty clearing stations and stationary hospitals also gave recognition to how useful nurses could be closer to the front. This work blurred the traditional gender assumptions about nurses' place in war as the needs of the wounded and sick outweighed the beliefs about where and what nurses could undertake in the way of nursing duties. However, while New Zealand military nurses had gained sufficient respect to be included in work closer to the action, this was not strong enough to compete against traditional notions that war was men's business.

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<sup>1</sup> 'The Roll of Honour', NZNJ, July 1918, 11:3, p. 117. (An excerpt from the sermon by the Venerable E.E. Homes, Domestic Chaplain to Her Majesty, preached at a memorial service at St Paul's Cathedral, London, for nurses of the Empire and her Allies).

Seen in retrospect, the *Marquette* incident was the one incident above all others that consolidated the wartime image and status of New Zealand nurses.<sup>2</sup> Following a torpedo strike, the transporter *Marquette* sank in the Aegean Sea on the 23 October 1915, with the loss of life of ten New Zealand nurses, 128 soldiers, 18 of whom were New Zealand Medical Corps personnel, and 29 crew. The apparent deliberate sinking of a ship transferring a hospital reverberated in the New Zealand public's mind for some years. Seen as a violation of all codes of decency, this incident bestowed upon nurses the heroism attributed to men who sacrificed their lives for their country. It also added further propaganda to that already circulating about the brutal treatment of women by German soldiers. The nurses took centre stage in an episode that emphasised the dangers of war. Just as soldiers died at the hands of the enemy, now nurses had also become the target of enemy cruelty. While British, American and Canadian nurses had been and would be killed in this war and four other New Zealand nurses died of tuberculosis, cerebro-spinal meningitis or cholera, death of nurses by an act of the enemy, brought home the fact to New Zealanders that military nurses worked amidst danger.

The transfer of the Stationary Hospital by the Transport Ship *Marquette* came about in controversial circumstances. Usually, to reduce the likelihood of attack by the enemy, a hospital ship emblazoned with 'Red Cross' distinguishing marks would be used as transport for transferring stationary hospitals to new destinations. In this instance the *Marquette*, also carrying ammunition along with a British detachment of 500 men and their mules, implemented the transfer, thereby flouting the conventions of war. A variety of reports of the torpedo attack gave conflicting stories of the event. The *Vancouver World* headed its story 'Fighting Men First', and in vivid language reported on 'the little band of New Zealand nurses' who demanded that fighting soldiers should leave the boat first, reinforcing the ideology that soldiers

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<sup>2</sup> 'The Nurses on the *Marquette*,' NZNJ, October 1915, 8:4, p.197.

should be given priority because of their fighting power.<sup>3</sup> Other reports linked the bravery of the nurses with the name of Edith Cavell, the English nurse killed for harbouring British soldiers from the Germans.<sup>4</sup> New Zealand daily papers carried the news, directing their stories against an enemy who dared to slaughter innocent women dedicated to attending the wounded. Such stories mobilised the nation's hostility against the enemy and encouraged men and women to see the need for a strong military force to fight the enemy.<sup>5</sup> Playing on the patriotism of the nurses, the newspapers reported the memorial church service in terms which evoked a sense of awe for the 'noble hearted and self sacrificing' nurses.

This disaster reinforced the image of the brave nurse and Nightingale now took second place to the ten authentic New Zealand nursing heroines, for whom a number of memorial plaques, stones and photographs still recall the tragedy.<sup>6</sup> Those nurses whose bodies were recovered received a military funeral and others who, like Ella Cooke, died in accidents or from illness while on military service also received a full military burial service.<sup>7</sup> At Kumara during the memorial service for *Marquette* victims Eleanor Isdell and Mabel Jamieson, the speaker, Lieutenant Seddon, stated that the women had 'died like soldiers, in the cause of their country'.<sup>8</sup> Hester Maclean, in paying tribute to the 'pluck and endurance' of the nurses, reiterated the

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3 'Heroism', NZNJ, January 1916, 9:1, p. 2.

4 A.E. Clark-Kennedy, *Edith Cavell: Pioneer and Patriot* (London, 1965).

5 'The *Marquette* Disaster', with an excerpt from the editorial from *The Star*, Wednesday, 3 November 1915. 'Loss of the *Marquette*', *Auckland Weekly News*, 16 December 1915, 61:26, p. 22. A remembrance service for the nurses of the *Marquette* was held in the Christchurch Hospital Nurses' Memorial Chapel, 25 April 1990.

6 Memorials to the nurses who died are placed at Karori, Wellington; Christchurch Hospital Nurses' Chapel; Waitaki Girls' High School; Oamaru Cemetery and at Oamaru Hospital, and at the Palmerston North War Memorial.

7 'Sister Ella Cooke', NZNJ, January 1918, 11:1, p. 24. Cooke trained at Auckland Hospital leaving for England prior to the war. She joined the French Flag Nursing Corps and later the QAIMNS(R).

8 'Memorial to Nurses Isdel and Jamieson', NZNJ, April 1916, 9:2, p. 73.

contribution trained nurses made to the care of the sick and wounded. She spoke eloquently of the bravery, heroism and patriotism of those nurses who called for the 'fighting men' to be saved first as reported in the *Vancouver World*.<sup>9</sup> The record of the event featured prominently in military bulletins and the deeds of the nurses became recognised as heroic.<sup>10</sup> It was later to be denied by several of the nurses aboard the *Marquette* that nurses called for 'fighting men' to be saved first.<sup>11</sup> In fact, the nurses had been first into the lifeboats.

The accounts given by those rescued also proved less florid.<sup>12</sup> Emily Hodges recalled the event some fifty years later:

I was in the ship that was torpedoed...In the gulf of Salonika. One thousand troops on board...We shouldn't have been there so we were told...Thought it was the end of all things when I came up [to the surface]....A French destroyer [picked us up]. Because we were off our course, the wireless was off and they couldn't locate us...we were quite late in being picked up. We slept the night on the destroyer....I occupied the old captain's cabin and he couldn't speak English and I couldn't speak French. He just patted me on the shoulder. The whole of our hospital unit was lost, the equipment and everything....Supposed to be going to Serbia. We had to go back to Alexandria as we had no equipment, no uniform, no nothing, and then we were posted back to the hospitals we came from and there we stayed.<sup>13</sup>

Another stated:

I slid down a rope into a swamped lifeboat and then saw it crash on top of some Sisters in another boat and that was enough. I sprang into the water. I always thought I could not swim but somehow or other I got away from the ship....Anyway I came to the surface and grabbed a life belt floating about and after floating round for a bit caught hold of a raft and to this I hung for about five hours....Ten of our Sisters were lost. Some never left the ship. They seemed transfixed and poor old Rattray only had one sleeve of her dress on and had put her lifebelt on coming

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<sup>9</sup> 'The Nurses on the *Marquette*', NZNJ, October 1915, 8:4, pp. 197-198. 'The "Marquette" Disaster', NZNJ, April 1916, 9:2, pp. 70-72.

<sup>10</sup> 'The Brave Sisters'. *Quick March*, 11 August 1919, pp. 31-31.

<sup>11</sup> 'The "Marquette" Disaster', NZNJ, April 1916, 9:2, pp. 71-72.

<sup>12</sup> E. Hodges. Vic Nicholson, who served with the Wellington Infantry Battalion, gives his account of the *Marquette* in N. Boyack and J. Tolerton, *In the Shadows of War*, pp. 79-92. See also J.M. Smith, *Cloud over Marquette*, for a discussion on the inquiry into the disaster.

<sup>13</sup> E. Hodges.

up the stairs as I did, only the poor girl was very frightened and absolutely demented before she was five minutes in the water and many of the boys met the same fate....<sup>14</sup>

Charlotte Le Gallais working in Egypt felt the effect of the tragedy:

It is fearfully sad out here nowadays [Egypt]. The transport was struck about 9 a.m. and went down in 7 minutes. The losses I won't talk about but those poor girls I will, for what they went through was terrible. Ten were lost and four are at present here and very ill. Matron [Marie Cameron] has never spoken since....Yesterday she was still very bad and I believe some of them are to be invalided back to NZ. Poor Rogers and Hilyard who were the life of the Maheno coming over - it was Rogers who made up those verses on the Maheno - both went down. Rogers and another nurse, unidentified, washed ashore and both buried at Salonika. Isdell had her arm broken. Fox, they say, her back broken, another nurse both legs. Rattray had two nurses keeping her up for hours, they were holding on to spars and hands crossed. These girls kept Rattray up until she became mental and died of exhaustion....Hilyard sang "tipparary" and "are we downhearted" until she died.<sup>15</sup>

Several of the nurses on the *Marquette* received injuries which required them to take sick-leave. Marie Cameron, the matron in charge of the twenty eight nurses, suffered broncho-pneumonia, cerebral haemorrhage and hemiplegia and, after a period of time being cared for in Egypt, was transferred to her home in Australia unable to work again, retiring from the army in August 1916, at the age of 28.<sup>16</sup>

All of this masked the ambiguous place of nurses within the military organisation. Among military staff there continued to be a constant wavering between recognising nurses as official members 'taken on strength' of the Expeditionary Forces, or merely as women workers for the Expeditionary Forces belonging only to the NZANS. Immediately following the *Marquette* disaster, in line with the values of the time, military regulations banned nurses from hospital ships travelling in 'unsafe' waters. Soldiers, the real fighting force (included the non-

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<sup>14</sup> Letter from 'Fan' (possibly Mary F. Looney), 30 October 1915, private collection, S. Kendall, Auckland. Looney trained at Southland Hospital, registering in 1911. She was 27 on entering the NZANS.

<sup>15</sup> C. Le Gallais, 17 November 1915.

<sup>16</sup> Marie Cameron (22/66) was 27 years of age on entry to the NZANS. She trained at Ovens Hospital, Victoria, Australia, and came to New Zealand as matron of St Helens Hospital, Christchurch. She left with the second contingent in May 1915 to join the New Zealand No 1 Stationary Hospital.

combatants of the medical service), still travelled on boats within torpedo territory. With the commissioning of the *Marama*, the second of the two New Zealand hospital ships in December 1915, the safety of nurses took second place to the need for staff, and nurses again took their place alongside doctors and orderlies on hospital ships.

These vessels could stand little alteration to their staffing, there being too few orderlies now to supply a full complement of staff. By 1916 many of the orderlies had been redirected to field ambulances, regimental aid posts and casualty clearing stations in France.<sup>17</sup> Any further depletion of personnel would have jeopardized hospital ships' staffing levels to the detriment of what was now a workable arrangement. The need for staff overrode the need to protect females, and nurses became a valuable asset to supply 'man' power for the hospital ship service. While nurses felt they had moved towards greater integration within the army, working alongside medical teams on hospital ships close to the front, they still confronted situations which denied them full army rank or status, remaining indeterminate persons within the military organisation. The *Marquette* tragedy did help to make military nursing easier for nurses as they became more accepted within military structures and although death at the hands of the enemy did not give nurses full recognition as army members, it helped to develop an image of brave nurses working in danger zones. In 1917, when again nurses were ordered off the hospital ships because of submarine danger, Maclean was quick to point out that it was not the wishes of the nursing staff that they should be protected from danger, but the decision of the British Admiralty.<sup>18</sup> According to Maclean, nurses were only too willing to face the same dangers as the soldiers.

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17 A.D.Carbery, p. 275.

18 'The Hospital Ships', NZNJ, October 1917, 10:4, p. 201. While the British Admiralty banned nurses from ships, the officer commanding the Australian Hospital Ship *Kanowna*, refused to sail without nurses and the embargo was lifted in this particular instance.

Even with uncertain status, nurses found their duties further extended. From mid 1916, New Zealand nurses were directed by the New Zealand military authorities to work at stationary hospitals.<sup>19</sup> The establishment of a New Zealand stationary hospital in France gave nurses the opportunity to work alongside medical teams receiving patients from casualty clearing stations. Since mid-1915, members of the QAIMNS and the Australian Army Nursing Service had worked at stationary hospitals and this new endeavour opened to members of the NZANS from 1916.<sup>20</sup> Ida Willis arrived in France on 30 July 1916 with twenty-six other nurses to work at the First New Zealand Stationary Hospital established at Amiens, some fifteen miles from the front-line. She described the work when a 'push' was on:

A large ward of 80 beds took more than its number of stretcher cases, and here Doctors, Nurses, Orderlies and Padres worked hard in the sorting of them, removing mud and filthy garments from those poor fellows who had come straight from the mud filled trenches. We washed and fed them, while next door, in the huge operating theatre containing three tables, Surgeons, Assistants, Sisters and orderlies carried on for periods of up to 24 to 26 hours pausing only for meals and coffee. Sometimes because of the pressure of work, the theatre staff had no change of garments during 6 to 8 operations, stopping only to plunge their gloved hands under running water and disinfectant.<sup>21</sup>

Willis worked at the stationary hospital for ten months receiving patients straight from the casualty clearing stations and finding the experience rewarding even if hard work.<sup>22</sup>

Soldiers with extensive wounds, some of whom made miraculous recoveries, required intensive nursing. When Vimy Ridge fell for example, over one-thousand

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<sup>19</sup> Letter from a Member of Queen Alexandra's Nursing Service' NZNJ, January 1915, 8:1, pp. 33-35.

<sup>20</sup> Clare Jordan, an Auckland trained nurse, joined the QAIMNS(R) and during 1915 worked with British staff at No 3 Casualty Clearing Station in France.

<sup>21</sup> I. Willis, p. 2. Willis (22/173) joined the first group of six nurses with the Advance Expeditionary Force at Samoa after finding herself stranded in Fiji because of the start of the war. She later worked at Cairo, France and Featherston Military Camp, New Zealand. As Matron-in-Chief of the NZANS, 1933-1946, she again had military nursing experience in World War II.

<sup>22</sup> The Somme Offensive took place in September and October 1916. During the month of October 2,228 sick and 679 wounded were admitted to the NZ Stationary Hospital.

stretcher cases arrived at the hospital during the morning, many with wounds or respiratory distress from gas inhalation.<sup>23</sup> The serious nature of the some of the wounds required immediate attention, especially those soldiers with the added complication of gas gangrene or suffering a form of slow suffocation from inhalation of mustard gas.<sup>24</sup> In one night nearly 5,000 casualties of gas inhalation were admitted to stationary hospitals in the Ypres area.<sup>25</sup> From Amiens, the hospital moved to Haazebrock in preparation for the second battle of Messines, and finally to Wisques near St. Omer, where over a thousand patients could be accommodated. A number of nurses also moved between the hospital and casualty clearing stations to relieve the staffing shortages during periods of heavy fighting. Margaret Davies spent four months at a casualty clearing station in France in 1917.<sup>26</sup> Work at a casualty clearing station could be demanding. Teams of workers consisting of one nurse, one anaesthetist who might be a nurse or a doctor, one or two orderlies and one surgeon attended to the seriously wounded.<sup>27</sup> Davies recalls leaving one casualty clearing station at 11.30 p.m., and moving on to another some miles away to start work again first thing in the morning. One New Zealand nurse working with a mixed British and New Zealand team at No 41 British Casualty Clearing Station in Belgium during 1917, recorded her experience of blood transfusions:

There was always a list of names at a C.C.S. of men - usually stretcher-bearers - who were willing to give blood for transfusion, and it was quite a common sight to see a great strong man on one table, with his arm bared, ready to give the blood that would probably save the life of an

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<sup>23</sup> Major Abbot, 'Gas in War', *New Zealand Medical Journal*, 1918, 17:82, pp. 193-203.

<sup>24</sup> A.D. Carbery, p. 269. Carbery gives the casualty figures for the first six months in France, wounded or sick 7,750, killed 2,250. Trench Fever, a new disease, appeared in France in 1916 and spread among the troops. Its symptoms of fever, rapid pulse and pain in the leg muscles required soldiers to be evacuated for rest.

<sup>25</sup> *Ibid.*, p. 199. The severe cases were cyanosed, breathless and coughed continuously.

<sup>26</sup> 'Casualty Clearing Station', *NZMJ*, April 1918, 11:2, pp. 76-78. Margaret Davies (22/112) trained at Palmerston North Hospital, registering in 1908. At the age of 33 she joined the NZANS serving for almost five years. She received the ARRC.

<sup>27</sup> Four teams worked day shift and another four teams would work the night shift. Each team had two operating tables and moved from one to the other throughout the shift.

almost dead man beside him. The 'Donors' as they were called, used to get leave to Blighty after this operation.<sup>28</sup>

She also recalled her introduction to theatre work:

About the middle of July [1917] I was fortunate enough to be sent to join a team at a C.C.S. in Belgium....After lunch I started to unpack my kit...when an orderly came to say that the New Zealand sister was wanted in the theatre, the wounded were pouring in and the surgeons had already started work. It was an awful shock. I did not expect to walk into a strange theatre and start work...<sup>29</sup>

An Australian nurse told of her experience at No. 2 Australian Casualty Clearing Station in January 1917:

[H]opeless heartbreaking place, Roves [droves?] of dying men, mostly Australians and New Zealanders (*sic*), nearly all headcases and unconscious or else raving in delirium, and pulling their bandages off. None likely to live more than a few hours, and pronounced hopeless by the doctors.<sup>30</sup>

The time in France became a proving ground for nurses. Here, as with hospital ships, the complement of twenty-seven nurses with their matron, Frances Price, became a fragmented group divorced by place and work from other New Zealand nurses.<sup>31</sup> Often the hours were long and nurses resorted at times to having a few hours rest on the floor in the operating theatre, as they could work continuously for up to twenty-four hours. This took its toll of nurses, a number needing to be relieved of their duties because of illness. Nurses learned to act like soldiers during their time at the Stationary Hospital. Few home comforts adorned the nurses' quarters which contained furniture made from packing cases and they soon learned to do without table-cloths and serviettes, these being replaced by new American paper ones.<sup>32</sup> Mail from home arrived irregularly and a number of nurses expressed

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28 'Experiences in France', NZNJ, October 1919, 12:4, pp. 185. This C.C.S. was in Belgium during 1917 and moved to France in March 1918.

29 Ibid., p. 181.

30 Cited in J. Bassett, p. 63.

31 Frances Price (22/8) worked with the NZANS from April 1915 to August 1918. She trained at Wellington Hospital, registering in 1908.

32 B.E. Taylor, pp. 22-25.

discontent at the postal service, especially the slow arrival of home baked cakes. Collecting wood from the near-by forest to keep the stove in the nurses' quarters alight over the cold months could be a drudge. Aspects which nurses remarked on and enjoyed were the flowers, the fields of wheat in the summer months and the birds. Those nurses transferred from Egypt to France in 1916, found green grass and flowers delightful after the sand and heat. Flowers decked the nurses' quarters and adorned the dining table giving the appearance of a civilized existence in a situation of unpredictability. With their personal equipment carried in kit bags, a canvas washbasin, folding bed which was apt to fold at inconvenient times, utensils, kettle and iron and a small 'beatrice' stove, nurses found life in France like living in a mobile home. A British nurse recalled her experiences on the Western Front during 1915:

Want of drinking water when you're thirsty, the lack of room for a bath and the difficulty of getting hot water, broken nights [and] clothes on for up to forty hours'.<sup>33</sup>

In times of strenuous work British nurses from a neighbouring stationary hospital would lend a hand, a somewhat better arrangement than the 'raw', untrained soldiers drawn in to assist when nobody else was available. While the New Zealanders appreciated the assistance given by the British nurses, they continued to criticise the way these nurses mainly delegated the nursing to the orderlies. What the wounded needed, according to New Zealand nurses, was the expert care of trained nurses. New Zealand nurses felt few British nurses gave satisfactory care, relying instead on orderlies to do the work. Willis for example, thought British nurses showed ignorance of 'good basic nursing care' and they gave 'poor nursing of the serious abdominal cases'.<sup>34</sup> Although Willis claimed that New Zealand nurses gave more professional treatment, the reality of the situation with up to 1,000

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<sup>33</sup> Anon., *Diary of a Nursing Sister on the Western Front, 1914-1915* (London, 1915), p. 87.

<sup>34</sup> I. Willis, p. 3.

patients and only 27 nurses, dictated that orderlies helped to provide a nursing service. At the New Zealand Stationary Hospital there were 17 orderlies for nursing duties, 15 for general duties while others cooked, did the laundry and acted as batmen for officers.<sup>35</sup> However, the popular belief among New Zealand nurses that they provided superior nursing helped to bolster the rationale for their involvement in the war.

In France, the needs of the soldiers outweighed the strict adherence to where and what nurses or orderlies could undertake in the way of nursing duties. Unlike the situation in the general hospitals, there appeared to be little apparent discord between medical and nursing groups. Rules regarding nurses were more lenient. As had occurred on hospital ships, the pressures of coping with the numbers of wounded and sick soldiers blurred the roles of the hospital staff as decisions had to be made quickly. In September 1916, one nurse recorded:

We are losing a lot of our New Zealand boys, at present we have numbers in here. The convoys the last three days have been most terrible - gas gangrene cases are too awful for words, and the trouble is so advanced before we get them. I never want to see another amputation while I live.<sup>36</sup>

With large numbers of soldiers being admitted at any one time, there was little time to contemplate who should carry out a particular task. Even the fact that non-medical military personnel organised the wards seemed to be accepted by the nurses. As surgical regimes advanced and surgical intervention increased, those orderlies remaining at the stationary hospitals took on the preparation of operating theatres, organising the equipment, sharpening instruments and circulating around the theatre during a session.<sup>37</sup> This developed into a rearrangement of duties, with nurses

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<sup>35</sup> Establishment for Military Hospitals c1916, AD1, 39/241, NA.

<sup>36</sup> 'News from No. 1 New Zealand Stationary Hospital, B.E.F. France', NZNJ, January 1917, 10:1, p. 11.

<sup>37</sup> I. Willis, p. 3. See also 'News from No. 1 New Zealand Stationary Hospital, B.E.F., France', NZNJ, January 1917, 10:1, p. 11.

supervising orderlies' ward work and orderlies gaining control over operating theatre arrangements.

The new division of labour became viewed as the customary distinction. Orderlies remained unchallenged in their new role of preparing surgical equipment and sterilising instruments. When anaesthetists were needed at casualty clearing stations it seemed natural for seven nurses to be selected to learn from American nurses already well trained in the procedure of how to give gas and ether anaesthetics.<sup>38</sup> After a two month training period these nurses administered anaesthetics as members of a casualty clearing station's operating teams. According to one nurse the hours were long and often demanding:

One lived in a constant state of 'moving on', and at one casualty clearing station we stayed 3 1/2 days, our admissions during that time being 3,600 casualties. At another place in ten days the admissions were 23,000.<sup>39</sup>

This new duty appeared to be seen by nurses as integrating them into the medical team especially when the surgeon praised them for their abilities. The only objections to nurses giving anaesthetics came post-war when those who had been employed to give the gases during war found their new expertise no value in finding positions as anaesthetists in hospitals, this particular job having become a specialised field for medical practitioners.<sup>40</sup>

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<sup>38</sup> Anon., 'Nurses as Anaesthetists', *NZNJ*, July 1919, 12:3, pp. 117-118. B.E. Taylor, p. 27. Hilda Steele (22/60) was one of the twelve nurses who left in March 1915 to work with the Australian Army Nursing Service throughout the war. Steele worked at an Australian CCS in 1917 and trained as an anaesthetist. Maud Atkinson (22/176) Blanche Huddleston (22/95), Susan Nicholas, (22/320), Margaret Davies (22/112), Ellen Schaw(22/306) and Jean Porteous (22/159) also trained as anaesthetists.

<sup>39</sup> Anon., 'Nurses as Anaesthetists', *NZNJ*, July 1919, 12:3, p.118.

<sup>40</sup> Minute Sheet with an excerpt from the *Nursing Times* and handwritten comments by Hester Maclean, 1919, H1 21/10, NA. Maclean comments that Sister Huddleston who trained in anaesthetics had been offered a position as an anaesthetist to the elderly and children. However, Huddleston was hesitant to accept the post as she considered that this would 'incite the displeasure and consequential adverse criticism of medical men...' who by 1919 saw this field of expertise as a medical concern. R. Rawstron, 'Anaesthetics and Anaesthetic Services in the Palmerston North Hospital since 1893', Paper prepared for the Centenary of Palmerston North Hospital, November 1993.

The long hours of hard work could be interrupted with air raids. Jessie McLeod wrote to the editor of the *Nursing Journal* explaining the dangers of working at casualty clearing stations:

Such a lot of C.C.S.'s have been bombed and shelled recently, and such a lot of sisters killed and wounded. The first week I was at No. 4 we never had a minute's peace from Fritz. The C.C.S next door to us got bombed one night; it fell into the acute surgical hut and killed an orderly, several patients, and wounded a sister....<sup>41</sup>

On one such occasion the shelling became intense and the New Zealand hospital evacuated patients to British hospitals where the New Zealand nursing staff remained until their hospital could be re-established. Wearing tin hats became obligatory along with air-raid drill. The distinction between combatants and non-combatants was undermined as nurses together with their medical colleagues were employed close to the area of combat. The miserable winter of 1917 not only saw wet, hungry, wounded and sick soldiers arriving in large numbers, it also saw a number of nurses with 'trench feet', unable to put on shoes until their feet had been soaked in hot water and rubbed with whale oil.<sup>42</sup> Hot water bags which fell from the beds during the night became frozen; the thick frost on the mud looked picturesque, but it made it dangerous to walk on the duck-boards between tents. The Australian nurses had the luxury of gumboots and riding breeches when assisting at surgery in the mud floored operating theatres, a clothing issue denied the New Zealanders.

For a nurse to be chosen to go to France became a symbol of distinction. In France, the nurses felt like real soldiers dealing with the difficulties of a cold, muddy and foreign environment while attending to the wounded.<sup>43</sup> Discussion among nurses indicated that those selected for No. 1 Stationary Hospital in France were regarded as adaptable and able to accommodate to the demanding work. The

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<sup>41</sup> 'News of Our Nurses Abroad', NZNJ, April 1918, 11:2, pp. 66. Edith (Jessie) McLeod (22/80) trained at Masterton Hospital, registering as a nurse in 1911.

<sup>42</sup> 'Extract from Nurses' Letters: Letter from Clare Jordan, France, 27 February 1915' NZNJ, July 1915, 8:3, pp. 134-135.

<sup>43</sup> B. Taylor, p. 20.

competition among nurses for a placement in France brought about rivalry and some felt that, because of their elite status before the war, Christchurch-trained nurses had a better chance of being selected.<sup>44</sup> In fact the likelihood of Christchurch nurses being sent to France was greater as, initially, more Christchurch nurses had joined the military nursing service and therefore had longer service.<sup>45</sup> Bertha Taylor felt sure Auckland nurses were overlooked for military decorations in favour of those from Christchurch. She also complained that her numerous requests for an appointment to France had been ignored in favour of those who had longer military experience even though she had the greater experience in civilian nursing.<sup>46</sup>

Most nurses working in military hospitals in Britain or Egypt keenly awaited the posting of new appointments to see if they had been chosen to go to France. The leniency of rules and regulations at stationary hospitals was one draw-card and made work in France, in some ways, easier than at general hospitals. The work demanded long hours but rivalry among hospital groups seemed minor as the team members drew together to get through the work. The only competition came from nurses at New Zealand general hospitals in England vying with each other for a place with the elite, those selected for duties in France. Apparently the same laxity of regulations and rules stretched to other stationary hospitals as well. Vera Brittain, the most well-known British VAD, working at Etaples, recalled:

[T]he supervision in "quarters" was slight and infrequent; the privacy of the V.A.D.s was respected and they were credited with responsible behaviour off duty as well as on - a policy which made for good

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44 Oral recording of Florence Le Lievre (nee de Lisle) recorded by Jane Tolerton, National Archives World War I Oral History Project, MSC 2690, NA. de Lisle (22/542) entered the war in July 1918. As at December 1992 de Lisle was living in the Gisborne area.

45 A survey of the Register of Nurses, NZG, 1914 and 1915 shows a greater number of Christchurch nurses had been appointed to the NZANS. Some error in the numbers is likely as nurses moved frequently and the NZG does not always prove to be correct.

46 B.E. Taylor, p. 15. Taylor was appointed to No 1 New Zealand Stationary Hospital in France in May 1918.

discipline, though in English hospitals no one appeared to understand this elementary fact of psychology.<sup>47</sup>

The work, even though heavy at times, seemed to be rewarding and a routine developed. Having half a day off every ten days and all leave suspended when a convoy of sick and wounded arrived, the nurses still found time to hitch a truck ride, 'lorry hopping', into town for some sight-seeing. Living in Nissan huts close to the hospital from 1918 became a novelty as the huts could be decorated in a variety of ways with bits and pieces of military equipment. Once settled into a routine the nurses, orderlies and doctors worked harmoniously together. Orderlies became supporters of nurses, assisting with the dressings and, on night duty, relieving nurses for a break. Blind, blistered, burnt patients struggling for survival dominated the work routine. Infections from gas gangrene and tetanus required special sterilizing procedures and new means of treatment with salt pads replacing the Carrel-Dakin treatment. Preparing the quantities of sterilised gowns, towels, wound guards and dressings required for surgery on wounded soldiers straight from the mud of the trenches became a full-time job for orderlies just before an offensive.

VADs, those who had the opportunity for duties in France mainly at British hospitals, became useful in the dire circumstances. Brittain, working as a VAD in France, expressively recalled the 'emergency' of March 22 1918:

[G]azing, half hypnotised, at the dishevelled beds, the stretchers on the floor, the scattered boots and piles of muddy khaki, the brown blankets turned back from smashed limbs bound to splints by filthy blood-stained bandages. Beneath each stinking wad of sodden wool and gauze an obscene horror waited for me....<sup>48</sup>

Sharing the horror and the trauma, the fear of being invaded by the Germans, broke down the barriers between women and men, nurses and soldiers, amateurs and

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47 V. Brittain, *Testament of Youth: An Autobiographical Story of the Years 1900-1925* (London, 1960 edition), p. 385.

48 *Ibid.*, p. 410.

professionals. A diary entry of a British VAD shows the pride many took in their work even through tense times:

It is our privilege, pleasure and pride to dispel [the fear of hospitals] - a pride which actually grows to a conceit. It is very feminine to enjoy rising above expectations, and to hear stumbling expressions of gratitude after a dressing, to be assured that "it feels luvly" or "I was dreading that sister, and it didn't hurt a bit"....<sup>49</sup>

Soldier friends of nurses from regiments in the vicinity visited frequently with orderlies skilfully organising overnight accommodation for the visitors. Even the food became tolerable. Although no butter and little meat might be available, and the price to buy extras such as jam, or eggs, or milk made a large dent in the pay packet, there seemed to be sufficient food. Nurses and orderlies became adept at manipulating the system to obtain extra food rations to supplement their military rations and to 'borrow' equipment to help disguise the military accommodation and make the environment more home-like. Stationary hospital work could be 'wildly exciting at times' and fulfilled many of the hoped for professional and patriotic wishes of nurses.

Nursing the wounded in dangerous situations at casualty clearing stations and stationary hospitals was seen by nurses as the true test of their professional practice. The difficulties and dangers provided nurses with the opportunities to be involved in 'real' war nursing, acting as soldiers in difficult circumstances. As nurses moved closer to the war-front, they faced the dangers of war and shared with the soldiers the difficulties of military life. There is no doubt that in terms of providing a service, nurses in France made a major contribution to the care of the soldiers. They found opportunities to demonstrate their skills and capabilities as they worked alongside doctors and orderlies. However, even with public acclaim for their patriotism and hailed as heroines, their ambiguous position continued to be reinforced by a constant wavering between being recognised as official members of

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<sup>49</sup> H. Donner, p. 12.

the Expeditionary Forces, or merely as passive players in a male dominated world of war.



Nurses in France Working in Nissan Huts  
Queen Elizabeth II Army Museum,  
Waiouru.



An Operation in the Theatre of the New Zealand  
Stationary Hospital  
R.S.A. Collection, Alexander Turnbull Library.



Mabel Thurston, Matron-in-Chief, NZEF with the Five Principal Matrons of the New Zealand Army Nursing Service (left to right), Vida Maclean, Cora Anderson, Frances Price, Louisa McNie, Frances (Fanny) Wilson. Queen Elizabeth II, War Museum, Waiouru.

## CHAPTER 9

### Who is the Enemy? Fighting the Challenge from VADs

[T]he profession of nursing is one that needs a properly organised and complete training, and is not one to be adopted without such a course by all who during the war were by force of necessity brought into contact with the sick and wounded, and thus gained a smattering of knowledge and facility in dealing with medical and surgical treatment. There certainly appears to be a distinct danger of the so-called V.A.D. usurping the title and work of the professional nurse, and the authorities in charge of many charitable undertakings do not stop to consider the injustice of giving posts of responsibility for which trained nurses are most suitable, to those who impress them as fitted, but who have not been tried in the fire of a general hospital training school.<sup>1</sup>

New Zealand nurses, as an organised group of professionals, had shown abilities in caring for the sick, and military nursing duties had become more firmly identified as work for trained nurses. Work at casualty clearing stations and stationary hospitals also gave recognition to how useful nurses could be closer to the front. However, from mid-1916, with the development of New Zealand military hospitals based in England, increasing numbers of staff were required. With orderlies being transferred to the front and larger numbers of casualties being admitted, the British-based New Zealand military hospitals needed to employ untrained women. British and New Zealand VADs, brought in to fill the gaps in the numbers of staff required to meet the ever extending hospital service, presented a particular challenge to the status of New Zealand nurses. Although throughout the war, VADs were recognised as subordinate, assistants to the trained nurse, they were regarded by military authorities as suitable not only to replace the orderlies, but also to replace the nurses if required. New Zealand nurses, who saw VADs lacking in both the skills

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<sup>1</sup> 'British Nurses', NZNJ, January 1920, 13:1, p. 5.

and a testing 'in the fire of a general hospital training school', took steps to defend and secure their professional status by warding off challenges from amateurs even where it meant taking up an extreme position.

While the opportunity for members of the NZANS to provide overseas military nursing became a reality from April 1915, there were challenges to their practice from women in Britain. Throughout the war the VADs featured prominently in their role as nurses. From 1909 British women had implemented their own voluntary organisation, the Voluntary Aid Detachments Scheme, to assist with military nursing services in the event of war.<sup>2</sup> While this organisation focused on domestic as well as nursing duties, 'Nursing was the first thing - I might say the only thing - a woman thought of as war service' stated one British VAD.<sup>3</sup> When war broke out in 1914, British women wholeheartedly supported this organisation and by 1918 some 23,000 VADs worked in hospitals throughout Britain, Egypt and France.<sup>4</sup> As we have seen, New Zealand women had also identified their place in war as nursing soldiers and Ettie Rout had led a strong challenge on the home front, hoping to form a similar voluntary organisation. Now New Zealand nurses faced another threat in the guise of the British VAD.

The impact of the VADs on war nursing cannot be underestimated. Military nursing appealed not only to women but also to military and political authorities.

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<sup>2</sup> A. Summers, p. 247. The Scheme for the Organisation of Voluntary Aid in England and Wales, the VAD movement, commenced in August, 1909. It evolved from the British Territorial and Reserve Forces Act of 1907 designed to develop a defence force to protect the home front. A subsidiary to the Red Cross and St John's Associations, by 1914 it had developed its own leaders who extended their role to include control over the members in military hospitals both in Britain and in France. See Summers, pp. 239-269 for information on the VAD organisation. Summers sees the VAD scheme as being one to release men for soldiering and states nearly 23,000 VADs worked as 'nurses' throughout World War I. According to the British matron-in-chief, there were 1,767 VADs serving in France as at June 1918.

<sup>3</sup> S. Bingham, *Ministering Angels* (London, 1979), p. 129.

<sup>4</sup> A. Summers, p. 270. See also J. Gould, pp. 114-125.

American posters calling for women's support illustrated the usefulness of the VAD.<sup>5</sup> When British women were required to reinforce the workforce British authorities encouraged recruitment through publicising the VADs' war work.<sup>6</sup> Popular New Zealand magazines depicted VADs as the predominant military nurses who organised the ward routine and held the responsibility for making decisions on patient's treatment.<sup>7</sup> New Zealand patients with artistic talent and who had been nursed by VADs in British hospitals, portrayed the VADs as endearingly sweet, innocent young girls.<sup>8</sup> The tendency for soldiers to enjoy the company of these amateur nurses, who were usually represented as younger than the trained nurses, probably fostered this image, although in reality little age difference existed. The average age of the New Zealand nurses was 31 years.<sup>9</sup> The stated recruitment age of VADs was between 23 and 38 years of age.<sup>10</sup> From the soldiers' drawings, however, most of them appeared younger than the nurses. Numerous drawings and postcards showed VADs as cute young women with eyes only for the soldier, wearing a uniform which stylishly showed the contours of the female body.<sup>11</sup> Several comments indicated that the uniform of the NZANS was regarded as anything but stylish and certainly no competition for the VADs' uniform.<sup>12</sup> VADs also took an important place in the

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<sup>5</sup> M.P. Donahue, pp. 372, 405.

<sup>6</sup> C. O'Neill, *A Picture of Health: Hospital and Nursing on Old Picture Postcards* (Oxford, 1989), pp. 64, 68, 71, 74.

<sup>7</sup> *Auckland Weekly News*, 29 April 1915, 61:25, p. 51.

<sup>8</sup> I. Thompson, *Light Diet: 150 Caricatures and Sketches Perpetrated by a New Zealand Artist In and Out of Hospital, 1918* (Published by the Author, 1918). A copy is held at the Queen Elizabeth II Army Museum, Waiouru.

<sup>9</sup> The average age of members of the NZANS calculated from the age given on the files of the NZANS members is 31.7 years, Headquarters, New Zealand Defence Force. Refer to Appendix C.

<sup>10</sup> Letter to Margaret Headlam from Sydney Browne, Matron-in-Chief of the British Territorial Forces Nursing Service, 15 May 1916 (no file number), QARMNCM.

<sup>11</sup> For a discussion on the images of women's sexual status during war see S. Gilbert, in M.R. Higonet, J. Jenson, S. Michel and M.C. Weitz (Eds.), pp. 197-226.

<sup>12</sup> F. Bowerbank, *A Doctor's Story* (Wellington, 1958), p. 199.

magazines of hospital ships, often portrayed as overtly seductive with sufficient time on their hands to enjoy the company of men, while nurses mostly assumed an image of what could, at best, be described as stern spinsters.<sup>13</sup>



A 'cute' VAD  
Queen Elizabeth II Army Museum, RV 6209

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<sup>13</sup> *The Kia Ora Coo-ee*, 15 November 1918, p. 14. I. Thompson. *The Kia Ora Coo-ee*, June 1918, p. 16.



Another 'cute' VAD  
 From I. Thompson, **Light Diet: 150 Caricatures and Sketches  
 Perpetrated by a New Zealand Artist In and Out of Hospital, 1918**  
 (Published by the Author), c1918.



“What the Dickens is the matter with you?  
Any pains in your stomach?”

A soldier artist's view of the New Zealand nurse which depicts her as an older women, who appears overshadowed by the doctor.  
From I. Thompson, **Light Diet: 150 Caricatures and Sketches Perpetrated by a New Zealand Artist In and Out of Hospital, 1918** (Published by the Author), c1918.



The Angel of Pity,  
The Presentation Form to Military Nurses from Queen Alexandra.  
A VAD is attending to the Soldier  
I. Wills MS 2023, Alexander Turnbull Library.



W &amp; K London

OUR PRINCESS.

No. 116

A British Encouragement to Women's Recruitment.  
'Our Princess', Her Royal Highness Princess Mary as a Red Cross Worker, c1915.  
From C. O'Neill, *A Picture of Health: Hospital and Nursing on Old  
Picture Postcards* (Oxford, 1989), p. 69.

Members of the Voluntary Aid Detachments Scheme were disliked by New Zealand nurses, a view shared by both Australian and British nurses. A common assumption shared by nurses was that VADs were 'usually the wives and daughters of the upper and middle classes...'.<sup>14</sup> A number of the organisers of the VADs held titles and had access to military and political leaders, but the ordinary VADs came from across class lines.<sup>15</sup> Be that as it may, many nurses seemed to believe that light-headed, upper class women with little better to do, took on duties as VADs solely for adventure and excitement. 'Well', stated a British nurse to a VAD at the end of war, 'I suppose you're going to settle down at home now and buy clothes and do the flowers for mother?'<sup>16</sup> Sadie Wilsden, a VAD at the Royal Victoria Infirmary, Newcastle, recorded the initial reaction of the ward sister to her presence on the ward.

We were not welcomed. In fact, as I entered the ward after breakfast at 6 a.m., the ward sister looked me over and said could they [Wilsden's parents] not afford to keep me at home.<sup>17</sup>

A New Zealander, Fanny Speedy, worked with a number of VADs at the Deaconess Hospital during 1915. Her dismissal of their abilities was typical:

There was an influx of V.A.Ds...some experienced women but very many both young and inexperienced. A few had not done even 2 months work in a hospital. Naturally with the climate, the unusual work and so forth they fell ill immediately....The anxiety of having these women was certainly not balanced by their usefulness. I had 7 to dispose of in the wards at night, 3 after six weeks were not worth their salt, one was improving, 2 were worthwhile and 1 was excellent.<sup>18</sup>

Speedy's comments illustrate another reason for the antipathy nurses held towards VADs. These amateur women lacked the training in nursing yet they had been employed to nurse the soldiers. In their appeal to the New Zealand Government in December 1914 to request a place alongside the soldiers, New Zealand nurses had

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<sup>14</sup> A. Summers, pp. 277-278.

<sup>15</sup> H. Donner, p. 7.

<sup>16</sup> Cited in D. Mitchell, *Women on the Warpath: The Story of the Women of the First World War* (London, 1966), p. 202.

<sup>17</sup> Extract from a letter of Sadie Wilsden, no file number, QARMNCM.

<sup>18</sup> F. Speedy, 7 October 1915.

argued that the soldier required the very best nursing - that which could be given only by trained nurses. Now women without a training were employed alongside nurses to attend to the sick and wounded. Whatever the class, age, capabilities or willingness of VADs, New Zealand nurses would feel hostility to those who lacked the skills to provide suitable care for the war heroes.

There appeared to be a general belief among British, Australian and New Zealand nurses that VADs took considerable sick-leave, attended to the young patients rather than to their duties of cleaning and other housekeeping duties, imitated the uniform of nurses and showed little real aptitude for hospital work.<sup>19</sup> Although VADs were employed with the understanding that they worked under the supervision of a 'fully trained nurse'<sup>20</sup> another feature which might have caused irritation was that VADs, while initially unpaid, could by 1917 earn £20 a year and up to £30 if they signed an agreement to serve as long as required. A QAIMNS(R) staff nurse earned £40 in 1917 with an annual increment of £2 10s.<sup>21</sup> Another crucial factor behind the derogatory comments from nurses related to the threat that VADs presented to nurses' war work and their growing standing within military structures. The hard won professional status of nurses was threatened by surrogate nurses in any form.

While nurses considered these amateur women inadequate hospital workers, the volunteers found a number of nurses to be austere and hard task-mistresses. Only one New Zealander working as a VAD appears to have left a record of her experience. Gladys Luxford who worked at a British-based New Zealand hospital met situations which drew the comment that some of the sisters were 'overpowering and the VADs

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<sup>19</sup> A. Bishop (Ed.), *Chronicle of Youth: Vera Brittain's War Diary, 1913-1917* (New York, 1981), p. 231.

<sup>20</sup> M. Headlam, 15 May 1916. Headlam had received 450 hours of nursing instruction at Oakley Manor Auxiliary Hospital prior to her acceptance as a VAD.

<sup>21</sup> Memorandum from the Joint Women's V.A.D. Department, 24 September 1917, from Commander-in-Chief Dame Katherine Furse, G.B.E., R.R.C., AN 1029, Wellcome Institute of Medicine, London.

were not treated very well'.<sup>22</sup> Vera Brittain's experiences within English structures gives a VAD perspective of the trained nurse-amateur encounter. Commenting on English nurses, she found they habitually reprimanded the VADs, using discipline as a camouflage for their dislike of VADs. Brittain surmised that nurses visualised a post-war professional chaos 'in which hundreds of experienced V.A.D.s would undercut and supplant the fully qualified nurses'.<sup>23</sup> Brittain also thought, 'There is something so starved and dry about [British] hospital nurses - as if they had to force all the warmth out of themselves before they could be really good nurses'.<sup>24</sup> Another expressed similar sentiments. 'One should never aspire to know a Sister intimately. They are disappointing people, without candour, without imagination. Yet what a look of personality hangs about them!'<sup>25</sup> This, no doubt, was true in some instances. One VAD stated that it took courage to withstand a 'sisters glare' (sic), a comment which could equally have been said by a probationer in a civilian hospital.<sup>26</sup> The VADs, who appear to be mostly drawn into the ranks of this amateur service because of the excitement and novelty of war and a keenness to take their part as patriotic citizens, were considered by nurses to have few of the attributes needed for taking up nursing as a career during peacetime. In most cases the VADs seemed to have little inclination to take up nursing as full-time employment. Brittain had no desire to do this and believed nurses' fears were groundless for all but a very few VADs.

While nurses and VADs worked together throughout the war and faced many similar traumatic situations, conflict between the trained nurses and the untrained women who supposedly threatened nurses' military status continued unabated. The

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22 S. Kendall, 'A New Zealand V.A.D.: 1914-1918', *The Volunteers: The Journal of the New Zealand Military Historical Society*, 1983, 9:3, p. 95.

23 V. Brittain, p. 309.

24 V. Brittain, p. 211. See also L. Layton, 'Vera Brittain's Testament(s)', in M.R. Higgonnet, J. Jenson, S. Michel and M.C. Weitz (Eds.), pp. 70-83.

25 D. Mitchell, p. 200.

26 *Diary of Miss Haynes, VAD, First World War, 45/1985, QARMNCM.*

dislike nurses had of VADs was exacerbated, in some instances, by the apparent preference the military authorities gave to the volunteers. At first unpaid, VADs were soon identified as providing a cheap alternative to the employment of orderlies. The war effort needed all able-bodied soldiers to be at the front line and this influenced the decision to use VADs. From 1916, the numbers of VADs employed in British hospitals increased to release soldier orderlies for work at the front. Prior to this date, however, VADs had gradually been replacing not only orderlies but also trained nurses. In private hospitals throughout England VADs supplied the larger proportion of staff and found themselves, in some instances, lodged in the horse stables on camp beds.<sup>27</sup>

From mid-1916, a number of changes in New Zealand military medical arrangements occurred which focused the hostility between VADs and New Zealand nurses. The intense fighting in France during the Somme engagement and well into 1918 with the Messines offensive, made an impact on casualty numbers and challenged existing medical arrangements. After receiving attention in France, wounded and sick soldiers were transported across the English Channel and admitted to British hospitals. The colonial forces from Australia and New Zealand had many soldiers spread throughout British hospitals which limited the accommodation for the Imperial Force. Imperial authorities decided that hospitals should be arranged according to nationality and New Zealand organised its own hospital services from mid-1916. A report in October 1916 from Colonel W. H. Parkes, Director, Division of Medical Services for the Expeditionary Forces, gave the formal acknowledgment to the changes.<sup>28</sup> The New Zealand military service established British-based military hospitals for its own soldiers from June 1916.<sup>29</sup> No. 1 New Zealand General

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<sup>27</sup> J. Rose, 'Rani at the Castle: The Reminiscences of a V.A.D. in the First World War', *History of Nursing Journal*, 1992/93, 4:2, pp. 85-89.

<sup>28</sup> Report on the New Zealand Expeditionary Force Medical Service, 1 October 1916, WA, Series 2-10, 10/3/4, 9/1/2, NA.

<sup>29</sup> A.D. Carbery, p. 226.

Hospital, better known as Brockenhurst, was situated in a private home fourteen miles from Southampton. This establishment mostly accommodated soldiers requiring orthopaedic care. By 1917, No. 2 New Zealand General Hospital at Walton-on-Thames could accommodate over 1500 surgical and medical patients. No. 3 New Zealand General Hospital at Codford on the Salisbury Plains had an isolation section for 500 soldiers suffering from venereal disease with a barbed wire fences to separate these soldiers from those designated by one nurse as 'decent' - those with psychiatric illness and lung disorders from gas inhalation and tuberculosis.<sup>30</sup> A New Zealand Convalescent Hospital at Hornchurch provided rehabilitative services, preparing for return to civilian life and work those soldiers who had been blinded, crippled or physically disfigured by amputations. This new medical organisation influenced staffing arrangements as well as the work of the New Zealand nursing services. While 27 New Zealand nurses remained at No 1 Stationary Hospital in France, and others continued to work on hospital ships, newly appointed nurses and a number of old hands became the nursing force for the New Zealand hospitals in Britain. Drawn from Egypt, India, hospital ships and other British hospitals, nurses were redirected to the New Zealand hospitals in Britain. Additional nurses joined the ranks to supply these hospitals and relieve the sick and retiring nurses.

The Somme offensive of 1916 brought large numbers of wounded and sick into the British-based New Zealand hospitals. By 20 September 1916 the hospital at Brockenhurst was 'standing on its head - operations galore and [nurses] scarcely knowing what to do first'.<sup>31</sup> Convoys of sick and wounded came every day and at times the work became so heavy that Canadian and Australian nurses were called in to assist. During July to September 1916, Barbara Tilly, on duty aboard the *Marama* on the British Channel run transporting wounded and sick soldiers from France to England, recorded 'Dressings by the thousands, and some of them are simply

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30 F. Le Lievre.

31 E. Pengelly, p. 61.

appalling...'.<sup>32</sup> The *Maheno*, also on the Channel run, one of the numerous hospital ships of the 'White Fleet', transported from 700 to 1,000 patients on each trip. The wounded gave accounts of soldiers drowned in the muddy waters of the trenches before help could be obtained. Many soldiers had septic wounds and Florence de Lisle, a newcomer to the war in 1918, recalled the 'horrible, terrible' reek of gangrene throughout the wards.<sup>33</sup> She also remembered the shock she received when she went to attend to a soldier and found that he had no legs. An Australian nurse gave an example of having to do the dressings 'for about thirty one-armed men'.<sup>34</sup> Nurses commented on the large number of amputated limbs to be disposed of. Other nursing situations also appalled nurses. One ward at Walton-on-Thames in 1917, had five men with paraplegia at one time, 'which means one sister's work' and one nurse lived in constant apprehension of dressing the extensive and painful wounds.<sup>35</sup>

Although the work was demanding many nurses found the situation of returning to established hospitals disappointing after the excitement of hospital ship and stationary hospital work. There were frequent complaints about the inadequacies of the buildings which had been turned into hospitals. The lack of heating meant that off-duty nurses had to wrap up in eiderdowns because fires were used only in the very cold weather. The hot-water tanks leaked and the rules to close every door were irritating. Even when checking out the supply cupboard one had to close the door and this was like 'working in a Gypsy tomb', dark and damp.<sup>36</sup> What was most annoying in the initial stages of developing these New Zealand hospitals, was the lack of domestic workers. As the wards filled with sick and wounded soldiers, Edna Pengelly complained bitterly that work would be very strenuous if nurses had to

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32 B. Tilly, 10 July 1916.

33 F. Le Lievre.

34 J. Bassett, p. 54.

35 V. Petersen, 28 June 1917.

36 E. Pengelly, p. 55.

undertake the domestic duties as well as the nursing. She sincerely hoped 'some handmaidens', VADs, would be appointed to attend to the housekeeping.<sup>37</sup>

VADs were employed to supply the extra personnel to cater for the ever increasing hospital services, and quickly found they were directed to carry out housekeeping as well as nursing duties at the British-based New Zealand hospitals. As orderlies were redirected to duties closer to the front-line, VADs took over their jobs. The New Zealand military authorities' 'dilution' - a term used to describe the employment of less skilled workers in positions previously reserved for men with experience - was in line with a more general trend. Throughout Britain, women were to be recruited to work in munitions factories, as bus conductors, carpenters, police, general factory workers and in hospitals as replacements for orderlies.<sup>38</sup> The dilution process, based on the notion that women could move into positions previously held by men, suited many women not only because it occupied their time in the absence of their menfolk, but also because it provided an opportunity to contribute to the war effort.<sup>39</sup> They drove the ambulances between hospitals, took on the jobs vacated by men in hospital kitchens and as stores clerks and office workers. A number of women left Britain for France to carry out 'general duty' work in canteens and as clerks, carpenters, drivers, cooks and VADs at British Red Cross rest stations. The employment of VADs as nurses or as general duty women employed specifically as cooks and cleaners, the 'handmaidens' as Pengelly had called them, became the dominant feature of the process of dilution in the New Zealand hospitals, replacing orderlies who, though not always skilled, had attended to many of the hospital ward

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37 Ibid., p. 57.

38 See G. Braybon, *Women Workers in the First World War: The British Experience* (London, 1987), for her account of British women and war work, and also M.W. Greenwald for her description on women's work in United States during World War I.

39 D. Mitchell, pp. 212, 222-229. See C. Briar, 'Women Workers and the State: Historical Analysis of Employment Policies Affecting Women in Britain, 1905-1986', PhD Thesis in Sociological Studies, University of Sheffield, England, 1987, for a discussion on British women workers during the First World War.

jobs and provided assistance to nurses. By mid-1917 nearly 80 VADs worked at Hornchurch alone.<sup>40</sup> Accepting these positions at pay-rates somewhat less than nurses who in 1917 earned approximately £150 per year with an extra 3s. 6d. per day mess allowance, and substantially less than orderlies at approximately £170 per year and 8s. per day messing allowance, the employment of VADs on pay-rates of approximately £20 to £30 per year and 2s. 2d. per day mess allowance, could be considered patriotic.<sup>41</sup> It was certainly an economically sound investment for the military.

Some of the VADs appointed to the British-based New Zealand hospitals were New Zealanders. The New Zealand High Commissioner in London, Sir Thomas Mackenzie, took it upon himself to personally ask New Zealand women living in England to work as VADs in the New Zealand hospitals.<sup>42</sup> Other New Zealanders travelled to England hoping for the opportunity to work for the war effort. Gladys Luxford, a New Zealand military chaplain's daughter, worked as a waitress to the nursing staff at Walton-on-Thames, then moved on to become a VAD nurse.<sup>43</sup> Her father managed to find the position for Gladys while he and his family were stationed

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40 Buildings and Accommodation - Nurses - Hornchurch Hospital, General Comments, NZEF in UK, WA, Series 1, 1/3, 5/10, NA. Very few names of VADs have been identified throughout the period of this study. The names identified to date are Miss Watson, Miss Stuckey, Violet Bell, Agnes Herbert, Agnes Pearce, Miss A. Falconer and Miss M. Falconer. See also S. Kendall and D. Corbett, p. 61 for names of VADs.

41 File on Pay and Allowance, N.Z. Nursing Service, 1915-22, AD1, 31/599. File on V.A.D. and Female Domestic Staff, 1916-21, AD1, 49/160, NA. Pay-rates altered throughout the war so it is not possible to give a definitive pay-rate. The pay-rates were also, in some instances, given according to daily rates and sometimes in annual amounts, but in all instances where soldiers, nurses and VADs are compared the nurse and VAD received lower pay and daily allowances than soldiers. By 1922, those VADs still employed in military hospitals could earn £60 to £90 per year.

42 Memorandum from Sir Thomas Mackenzie to the New Zealand Prime Minister, 18 July, 1916, AD1, 49/34/1, NA. For example, Maud Bowerbank, the wife of a military doctor, saw it as her duty to offer her services and was employed at Point de Koubbeh Hospital, Egypt, see F. Bowerbank, p. 108. The names identified to date of New Zealanders who volunteered for work in the British-based New Zealand hospitals are Violet Bell, Agnes Herbert, Agnes Pearce, Miss A. Falconer and Miss M. Falconer. See also S. Kendall and D. Corbett, p. 61.

43 S. Kendall, pp. 92-96.

at Walton-on-Thames. On the whole, the VADs recruited for New Zealand hospitals were a mix of New Zealanders living in Britain and who were appointed by Brigadier-General George Richardson, Officer-in-Charge, Administration and Commandant of the New Zealand Base in the United Kingdom, and English women employed by the British Voluntary Aid Detachments Scheme. The kitchen workers were mainly local employees.<sup>44</sup>

From early 1917, the employment of VADs to replace the orderlies who assisted with the nursing became a fact of life in the wards of the New Zealand military hospitals. Other duties previously carried out by privates of the army also became the responsibilities of women. Women cleaned, cooked and provided laundry services. Dispensary duties at Walton-on-Thames, while supervised by a man as the chief dispenser, now used the services of local women dispensers.<sup>45</sup> In line with dilution practices occurring in Britain, Parkes bluntly stated that the 'liberal employment of V.A.D's as probationers and general service [workers] in Base hospitals has released a large number of trained orderlies for duty in the field'.<sup>46</sup> Orderlies increasingly moved to the front, leaving the way open for VADs to fill their positions. Although the process was not quite so blatant, nurses also became the target of a programme of replacement by VADs. Parkes alerted Valintine in August 1916, that as hospital orderlies would be required for field work, the replacement of nurses by VADs would be acceptable if trained nurses were not available.<sup>47</sup> Supporting information gave the

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44 Recorded history of Miss. B. Stileman who was dispenser at Walton-on-Thames, 1917-18, Peter Liddle's 1914-18 Archives (Domestic Front: War Hospitals), Sunderland, England.

45 B. Stileman.

46 Memorandum from the Director of Medical Services, New Zealand Expeditionary Force, England to the Director General Medical Services, 13 June 1917, AD1, 49/34/1, NA. Probationer, or 'pro', was a term used for a VAD nurse as distinct from a general duty VAD, and by 1918 probationers, nurses in training, were also employed in military hospitals in New Zealand.

47 Extract from Memorandum from Parkes to Valintine, 11 August 1916, AD1, 63/4, NA.

news that VADs no longer required a first aid and home nursing certificate.<sup>48</sup> In part, this down-grading of entry requirements for VADs came about because of a shortage of British VADs.<sup>49</sup> When the military authorities needed more women to fill the gaps left by the orderlies, initially, there were few applicants. The change to the entry requirements of VADs made it easier to acquire recruits to support an ever increasing nursing service.

Thwarted by the apparent zeal of the British Government for dilution, and the publicity given to the virtues of the 'resourcefulness and willingness' shown by VADs, nurses reached a compromise.<sup>50</sup> To disagree directly with the directives for dilution would make nurses appear to be less than patriotic, less than willing to assist the authorities move orderlies to the front. In fact, to have VADs as subordinate helpers made military hospitals more like civilian hospitals where probationers carried out the work supervised by trained nurses. In effect, it kept a group of women subordinate to the trained nurses within the confines of women's work rather than have them parody the work of men. That women ought, indeed should, work within the realms of duties especially for women was certainly favoured by Maclean who remarked 'It seems strange to have women doing farming and carpentering, and men doing the work [of nursing] that is so much more efficiently done by the women in civil life'.<sup>51</sup>

Nurses gave little by the way of concession to the work of the VADs. In 1917, an editorial by Maclean praised the women who acted as chauffeurs, orderlies, cooks and general workers but berated those who

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48 Memorandum from Thomas McKenzie to the Prime Minister, 27 July 1916, AD1, 49/34/1, NA.

49 'Shortage of Trained Nurses', NZNJ, July 1917, 10:3, p. 147.

50 'The Nursing of an Army', NZNJ, October 1916, 9:4, p. 227.

51 'N.Z. Military Hospitals in England and France', NZNJ, October 1917, 10:4, p. 203.

ignoring all else that it was possible for them to undertake and carry out with success, dreamt only of the work for which they were not qualified - that of tending the sick and wounded and dressing their grievous wounds, for which service the skill attained only by years of practice was most urgently required. It is woman's special and most sacred work no doubt to tend the sick and suffering, but her zeal needs to be tempered with skill and knowledge....<sup>52</sup>

The use of amateur women to support the New Zealand war effort, no matter how useful they might be on an individual basis, would be seen as competition, even more so than orderlies who lacked the 'womanly instincts' for nursing and were considered less likely to take up nursing in civilian life. According to Maclean, these untrained women had neither the qualifications nor the commonsense to know their place within the structure of nursing.

New Zealand nurses certainly supported Maclean and protested against the VADs playing at war nursing, questioning their usefulness, making petty comments about their abilities and showing their hostility by delegating to VADs the duties of cleaning as a means to keep them in their place. Edna Pengelly stated her views:

I am getting 'fed up', as the English say, with a lot of these lady VADs....It is hardly fair to the English sisters to send untrained people out here [Egypt], and then give them the same allowances.<sup>53</sup>

Even trivial elements of every day life became controversial when it applied to members of the Voluntary Aid Detachments.

We have 9 women in the ward for the daytime....We have that wretched woman D'Cateret for one pro [VAD]. She is truly loathsome. Miss Houston, Cpt Richie's fancy is another pro, but I must confess I like her very much even though she is so affected....Capt. Ritchie still pays her a lot of attention so you can be sure something will come of it....<sup>54</sup>

These comments, echoed by other New Zealand nurses, emphasised the point that the supervision of unqualified workers was a distraction from nursing soldiers.<sup>55</sup>

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<sup>52</sup> 'Editorial,' NZNJ, January 1917, 10:1, p. 2.

<sup>53</sup> E. Pengelly, p. 39.

<sup>54</sup> V. Petersen, 20 May 1917.

<sup>55</sup> J. Bassett, p. 67. L. Higginson, p. 45.

While nurses complained about the VADs, they also recognised their usefulness. They did carry out the duties of cleaning. It made good sense to have the VADs wash the linen and carry out other tasks considered to be less complicated.<sup>56</sup> One VAD recorded the strenuous routine of ward work which might consist of taking 24 temperatures, making 20 beds, dusting 24 lockers and carrying out the general cleaning duties.<sup>57</sup> But the hostility towards VADs continued and they received little praise or support for their work. Pengelly not only complained about the work of VADs, she also complained if she was unfortunate enough to have a busy day with 'five operations, no VAD, a new charwoman, and a quarantine ward'.<sup>58</sup>

Delegating those jobs usually undertaken by the probationers in civilian hospitals, the cleaning, washing, dusting and scrubbing - making the VAD 'maid-of-all-work', to use Brittain's term - helped, to some extent, to keep amateurs in their place.<sup>59</sup> Vera Brittain found to her chagrin that British nursing sisters

hated the necessity of using V.A.Ds....The longer a V.A.D. had performed the responsible work...the more resolutely her Ward-Sister appeared to relegate her to the most menial and elementary tasks.<sup>60</sup>

Nurses carefully used political tactics to shape the work of VADs and thus reinforced the belief in the superiority of nurses. While publicly nurses adopted the war-time rhetoric of the usefulness of VADs and used them to carry out the menial tasks, nurses held little admiration for them. In spite of the fact that VADs provided a supporting service in what was often a hectic hospital ward, assisting with the nursing and attending to the housekeeping duties, many nurses continued to disparage their

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<sup>56</sup> Miss Haynes, *passim*.

<sup>57</sup> H. Donner, p. 12.

<sup>58</sup> E. Pengelly, p. 60.

<sup>59</sup> V. Brittain, p. 170. According to A. Summers in the years prior to war the initial range of duties of VADs had emphasised house keeping duties, laundry and cooking along with nursing duties. During the war the duties of VADs developed as the need arose (see Summers, pp. 237-270).

<sup>60</sup> V. Brittain, pp. 450-451.

work. A joke that went the rounds about the matron as the 'top' and the VAD as the 'tail' seemed to clearly indicate the place of the VADs in the overall hierarchy of nursing.<sup>61</sup> Nurses' achievements and training gave them a degree of arrogance in dealing with those considered to have lower status. The often petty actions by nurses towards VADs on an individual basis meshed with a wider strategy, which elevated the nurse over the amateur. Comments made by nurses about VADs ranged from pointing out the deficiencies of amateurs' work, to delegating the VADs the duties of 'scrub[bing] floors and general cleaning'.<sup>62</sup> For example Pengelly's cynicism extended not only to encompass the work of VADs but also their temperament. She found one new VAD

a dark, dull, unresponsive young thing who, when told to do duty in one of the nurses' homes, said she really could not stay there as she had come to see "life". I don't quite know what she expects to see of it in our Red Cross kitchens, unless she means the two male creatures who do duty there!<sup>63</sup>

Pengelly echoed the thoughts of a number of nurses who not only supported the view that VADs should be kept in the background attending to the household duties, but also implied that many of them aimed to experience more than nursing.

Continually fearful that women other than nurses might receive recognition for their war work over and above nurses, Maclean reinforced the general disdain felt by nurses towards VADs. In public announcements on nursing, she gave qualified recognition to the work of VADs.<sup>64</sup> She counterbalanced her praise, however, with an exaggerated account of the dullness of VADs' work claiming it to be 'monotonous

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61 NZNJ, April 1919, 12:2, p. 82.

62 B.E. Taylor, p. 19.

63 E. Pengelly, p. 80.

64 'New Year Honours: Auckland Nurses Decorated', NZNJ, April 1918, 11:2, p. 70. A number of VADs did gain the Royal Red Cross or civil awards in recognition for their voluntary work. Seven New Zealand women who joined the VAD scheme or carried out general duties received the CBE and three received the Royal Red Cross, Second Class. Two New Zealanders, Miss Watson and Miss Stuckey, employed as general duty workers at Walton-on-Thames, received the OBE. Ettie Rout and her associate in the Volunteer Sisterhood, M. Higgins, were mentioned in dispatches.

and uninteresting'.<sup>65</sup> Undoubtedly some of the VADs' work could be seen in this light, for example delousing soldiers' uniforms prior to laundering. But so could some nursing duties and not all the work carried out by VADs fitted this description. Being on a torpedoed hospital ship, working at stationary hospitals during a bombing raid, or assisting in the work of nurses when large convoys of sick and wounded arrived, could be challenging and anything but monotonous. Others, according to Maclean showed a 'zeal' that needed to be 'tempered with skill and knowledge'.<sup>66</sup> In one instance Maclean reported that VADs had replaced orderlies as the staff of an Australian hospital. She pointed out that one of the VADs appointed to the *H.S. Kanowna* was said to have boasted that she had never taken a temperature in her life, while others were said to have won their place because they were relatives of the ship's medical staff.<sup>67</sup> These developments did not go unchallenged. Protests from the Australian Trained Nurses' Association quickly put a stop to this practice on Australian hospital ships.<sup>68</sup> However, the employment of VADs as nurse assistants and, increasingly, as general duty personnel to clean, cook and drive ambulances, continued throughout the war.<sup>69</sup>

One major concern to Maclean was the confusion which occurred among military authorities between nurses and VADs. A number of official memoranda indicated that the various women's groups, united under the umbrella of the nursing service, had taken on the appearance of a single grouping. For male members of the medical and military establishments, VADs could be described as 'V.A.D. nursing

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<sup>65</sup> 'Honours for New Zealand Nurses', *NZNJ*, January 1918, 11:1, p. 16.

<sup>66</sup> 'Editorial', *NZNJ*, January 1917, 10:1, p. 2.

<sup>67</sup> 'Australian Hospital Ship's Staff', *NZNJ*, April 1916, 9:2, p. 82.

<sup>68</sup> *Ibid.* See also J. Bassett, p. 67.

<sup>69</sup> A. Summers, p. 270.

sisters'.<sup>70</sup> A memorandum from Maclean, trying her best to keep nurses distinct from other women's groups, asked that nurses should not be confused with VADs, or that VADs be given the title of nurses.<sup>71</sup> But regardless of Maclean's objections, mistakes in titles continued to occur, reinforcing the belief that all women in military service were nurses.

While usually restrained in her public comments about VADs, Maclean became incensed when, in 1918, a New Zealand daily newspaper reported under the title 'Nurses' that New Zealand VADs had received the Royal Red Cross.<sup>72</sup> Not only was Maclean annoyed that VADs should be confused with nurses, she was firmly of the belief that 'society women' who rolled bandages, or worked in canteens on general duties should not be the beneficiaries of a decoration which in her opinion should be reserved for those who provided a nursing service.<sup>73</sup> Maclean's annoyance also showed when she learned of the inconsistencies in discipline applied to VADs and nurses by the military authorities. VADs, Maclean maintained, could 'go about as they like and with whom they like, while the rules [were] very strict for sisters'.<sup>74</sup> For nurses, the rules prohibited liaisons with soldiers, but some nurses managed to circumvent these, as those nurses who married during their military career proved. The reports Maclean received from nurses on the apparent lack of VADs for the

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70 Memorandum from L. Bennett, Pension Officer, to General G.B. Richardson, 11 December 1918, WA, Series 1, 1/3, 10/59, NA.

71 Memorandum from Maclean to the Director of Medical Services, 6 August 1918, AD1, 49/347, NA.

72 'New Year Honours' NZNJ, April 1918, 11:2, p. 70.

73 The Royal Red Cross, First Class, was a decoration established in 1883 by Queen Victoria for women, irrespective of rank, who had been engaged in nursing or hospital duties with the army or navy, and later with the air force. The Royal Red Cross, Second Class (ARRC), was instituted during World War I, recipients of this award being called 'Associates of the Royal Red Cross'. Eighty-three New Zealand nurses received the RRC or ARRC during World War I, see Appendix E. The CBE was awarded to Miss V. Bell, and Miss Pearce, New Zealanders who worked as VADs at Walton-on-Thames. Miss Watson and Miss Stuckey received the OBE.

74 'Rules for Nurses and V.A.D's', NZNJ, October 1916, 9:4, p. 211.

British hospitals in France during 1916, led her to suggest that the glamour of war nursing for the untrained had largely disappeared. In Maclean's jaundiced opinion, VADs were not patriotic. They joined the war effort for excitement alone and, with no understanding of the work they were undertaking, quickly found that little in the way of nursing appealed to them.<sup>75</sup> Politically and professionally in order to enhance the work of nurses it paid Maclean to denigrate the work of the VADs by insisting that they were less capable, less regulated and less disciplined, and to emphasise their tedious jobs.

Despite the fact that nurses, albeit reservedly, worked with the assistance of VADs, the control of those who worked in New Zealand hospitals became a disputed area early in 1918. Brigadier-General George Richardson was asked by Sir Thomas Mackenzie, the New Zealand High Commissioner, if Lady Ampthill, Commandant-in-Chief of the Joint Women's Voluntary Aid Detachments Committee, could also assume command of those New Zealand members of the Voluntary Aid Detachments who were employed in New Zealand military hospitals. Mackenzie indicated that British VADs might be withdrawn from the hospitals if this request was refused.<sup>76</sup> Richardson's reaction to such a request demonstrated a conviction that well-meaning 'ladies' had no place meddling with the New Zealand military organisation, and 'The General took exception' to such a proposal.<sup>77</sup> Richardson resisted further efforts by Lady Ampthill and other officers of the Voluntary Aid Committee to coerce the New Zealand authorities to bend to the demands of British authorities.<sup>78</sup> Obviously irked by the demands of the British women to have control over New Zealanders working

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75 Ibid, p. 211.

76 Memorandum from Thomas Mackenzie to Lady Ampthill, 12 April 1918, WA, Series 1, 1/3, 10/59.

77 Ibid.

78 Letter from Brigadier-General Richardson to J. Allen, Minister of Defence, 25 October 1918, Allen Papers, 1/1, NA.

as VADs in New Zealand-based British hospitals, Richardson wrote to Allen in October 1918 that Miss MacKenzie

[I]s still trying to fight me on the V.A.D. question. As you know we have now organised all our N.Z. ladies working in our hospitals under the New Zealand Red Cross, and have given them a distinctive uniform which they are very proud of. Miss MacKenzie has, I understand written and asked some of the ladies to join her organisation, and still remain employed in our hospitals.<sup>79</sup>

Richardson was a brave man in resisting this bid. By insisting that the New Zealand VADs who were employed at New Zealand hospitals be under New Zealand control, he either failed, or refused to understand, the strength of the VAD organisation. Since 1909 the women of Britain had been preparing for the time when they could play their part for their country at war. For nearly eight years women had been learning first aid and home nursing, the qualifications necessary for a VAD.<sup>80</sup> They even practised looking after the wounded in tents.<sup>81</sup> For little or no pay these women, led by their enthusiastic women leaders, were ready to fight for their place alongside the British soldiers, and now the time had come for British VAD organisers to exert their leadership.

This bid by Ampthill and MacKenzie to interfere with the employment arrangements of New Zealanders working as VADs within the New Zealand military structure was met with the full force of New Zealand military and governmental censure. Allen, along with Parkes, Mabel Thurston, the New Zealand matron-in-chief stationed in England from mid-1916, and Maclean, who remained the overall chief of the NZANS, agreed with Richardson that neither Ampthill, nor the British

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79 Ibid. Miss MacKenzie's name is spelt both as Mackenzie and MacKenzie in communications.

80 A. Summers, p. 254. Summers makes the point (p. 264) that although 'the VADs have passed into popular legend, and certainly the mainstream literary canon, as the epitome of enthusiasm, dedication and efficiency...this retrospect view severely distorts [a group which was] beset with confusion, incompetence and acrimony'.

81 Ibid., p. 258.

authorities for that matter, had any right to control the New Zealanders employed in New Zealand military hospitals. The right and proper person to control these women, they agreed, was the British-based New Zealand matron-in-chief, Thurston.<sup>82</sup> Undoubtedly Maclean would have supported this arrangement. It gave nurses power over an amateur women's organisation - a small victory in time of war, but one that reinforced the increasing recognition being given to nurses by military authorities.

Richardson's insistence on having the New Zealand VADs who were employed in New Zealand hospitals controlled by the New Zealand military organisation can also be seen as part of the plan to have New Zealand establish its own nationally based hospital organisation. From 1916, with greater freedom from Imperial directives on how to organise and arrange its medical services, New Zealand had the opportunity to dictate terms to the British and show that it was capable of controlling its own service. This was also a small victory in a period of world war, but one that could be won. Resentful of any interference over an area of New Zealand control, Richardson rejected Lady Ampthill's demands, and enthusiastically turned to creating a New Zealand Voluntary Aid Detachment Scheme well and truly under New Zealand's authority. He personally came up with a design for a logo to be 'superimposed on the front of the apron' marking off the VAD employees in New Zealand hospitals from the British organisation members.<sup>83</sup> His wife designed the uniform.<sup>84</sup>

However, the fact that VADs were employees of the army rather than enrolled members of the New Zealand Expeditionary Forces caused further difficulties over

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82 Memorandum from Thurston to Director of Medical Services, 11 July 1918, WA, Series 1, 1/3, 1/59, NA.

83 Memorandum from Brigadier-General Richardson to the New Zealand Red Cross Commissioner, NZEF, London, 17 July 1918, WA, Series 1, 1/3, 10/59, NA.

84 S. Kendall, p. 94.

conditions of employment.<sup>85</sup> The 1915 New Zealand War Pensions Act empowered the army to consider pension claims from nurses as members of the Expeditionary Forces.<sup>86</sup> New Zealand VADs who, through illness or accident, required a pension were placed in an anomalous position.<sup>87</sup> In the opinion of the military legal advisers, New Zealand VADs employed at New Zealand hospitals held positions as employees of the army, not army members, and this denied them eligibility for a pension. Richardson believed that VADs, as members of an amateur organisation should come under the New Zealand Red Cross Society, a New Zealand group already involved in organising amateur women's work on the home front.<sup>88</sup> Thurston agreed. A change to the contract between the military authorities and the VADs finally brought a settlement.<sup>89</sup> Although the New Zealand Red Cross Association assumed responsibility for New Zealand VADs working in New Zealand hospitals in England, Thurston and the military authorities kept control. A memorandum reminded the amateurs that '[I]n the event of misconduct or breach of conditions' the matron-in-chief together with the commanding military officer would investigate the case and dismiss the culprit if required.<sup>90</sup> To the military authorities it seemed appropriate that women should supervise other women under the overall control of male officers. From September 1918, the official title for the New Zealand organisation of VADs

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85 NZNJ, July 1919, 12:3, p. 110.

86 War Pensions Act 1915 [6 GEO. V. 1915, No. 16], Section 22 (1).

87 Report on the Legal Opinion Concerning the Members of the Voluntary Aid Detachments Employed by the New Zealand Force, 19 December 1918, WA Series 1, 1/3, 10/59, NA.

88 Memorandum from Thurston to Richardson, 11 July 1918, and Memorandum from Richardson to the New Zealand Red Cross Commissioner, NZEF, London, 17 July 1918, WA, Series 1, 1/3, 10/59, NA.

89 By 1919, discussions on transport arrangements for New Zealand VADs from England to New Zealand indicated that VADs were members of the Expeditionary Force and therefore entitled to free passage, see File WA, Series 1, 1/3, 10/59, Nurses, VAD General File, 1918-19.

90 Extract from the Medical Report by Colonel Parkes, 1 September 1918, AD1, 49/34/2, NA. Memorandum from Captain Wills to the General Officer Commanding the NZEF, United Kingdom, 25 June 1918, WA, Series 1, 1/3, 10/59, NA.

became the New Zealand Red Cross Workers which included women employed on general duties.<sup>91</sup>

For VADs, military work was an opportunity to prove their patriotism as much as it was a period of excitement, a time to meet and socialise with the soldiers. Their enthusiasm to join the ranks of voluntary organisations and play their part in the war effort suggests that many women were as motivated as many soldiers to thwart the enemy. A number also expressed their interest in and the satisfaction they gained from their war duties.<sup>92</sup> Yet some comments indicate that some nurses believed that many VADs joined the organisation to seduce the soldiers. Brittain recalled an episode where a VAD was found in a 'compromising' situation. This led to a witch-hunt for the culprit who had not been identified at the time.<sup>93</sup> The tales of immorality among the VADs were sometimes embellished by New Zealand nurses. Pengelly found 'two little [New Zealand] Madams...one drinking champagne with two very indifferent looking officers' and assumed that both had immoral intentions.<sup>94</sup> Not only VADs, but some nurses also fell short of the expected standards of propriety and enjoyed minor intrigues which spiced up their working life. 'Pierre', a nurse at Walton-on-Thames, wrote to Violet Petersen, informing her of the occurrences at Walton-on-Thames during 1917.<sup>95</sup> Petersen, a member of the 50 strong contingent that left New Zealand in January 1916, had met and later married Doctor William

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91 Extract from the Medical Report by Colonel Parkes, 1 September 1918, AD1, 49/34/2, NA.

92 H. Donner, p. 8.

93 V. Brittain, p. 327.

94 E. Pengelly, p. 39.

95 V. Petersen, letters from 'Pierre', 20 March 1917, 24 July 1917, 30 August 1917, 6 September 1917. Violet Petersen (22/290) trained at Palmerston North Hospital, registering in 1915. After a period on night duty she applied for membership of the NZANS, aged 28, and left New Zealand in January 1916. 'Pierre' is possibly Louise Scanlon (22/391) who also trained at Palmerston North registering in the same year as Petersen. Scanlon left in December 1916, aged 27, for work in Egypt and at the New Zealand General Hospitals in England.

Barclay, a doctor on board the *Maheno*. On her marriage in 1917, she retired from the army after a short time nursing at Walton-on-Thames. 'Pierre' appeared to appreciate having someone with military experience to whom she could write giving the 'inside' gossip of the hospital. Most letters nurses sent home described their trips to various locations, the overview of the war and the difficulties of caring for sick patients. 'Pierre's' letters gave a new dimension to the workings of the hospital as she discussed which of the 'Waltonite' nurses made amorous overtures to which officers, who showed the strain of war work and how this was expressed, interspersing with this she gave accounts of doctors', matrons' and ward sisters' abilities.<sup>96</sup> There seems little doubt that some nurses failed to live up to standard of morality expected by Maclean and reinforced by the army. Poppy, Edith Popplewell, received a name for her ability to train new doctors in the ways of the nurses. To coerce a doctor into the routine of the hospital one had, obviously, to use womanly duplicity.

Poppy is doing good work with her pansy eyes and he [a newly appointed doctor] is melting fast so I guess we will have no bother training him, and in time we will have him as docile as Major Unwin [Medical Officer at Walton-on-Thames].<sup>97</sup>

and

Mrs Hovey Milne has been right up to the front line I hear. She knows how to get on the soft side of the officers. She is as gay as ever. Has been sent down here on duty and is breaking her neck to go back to France again so I guess she has had a good time.<sup>98</sup>

The fact that for some VADs such as Vera Brittain, war work filled a need in a period of confusion was apparently not considered by some nurses. Numbed by the death of her fiancé, brother and male friends the demanding work, the personal

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<sup>96</sup> V. Petersen, 28 June 1917 to 6 September 1917.

<sup>97</sup> V. Petersen, 28 June 1917. Edith Popplewell (22/158), a New Zealander who trained at Ballarat Hospital, joined the NZANS in July 1915 and was a survivor of the *Marquette* disaster.

<sup>98</sup> *Ibid.*, 28 June 1917. Mary Milne (22/346) trained at Auckland Hospital in 1912. She enlisted in England and was employed as a masseuse and worked in Egypt and France. She married during the war and was known as Hovey-Milne.

hardship, 'the tutelage to horror and death' as Brittain called it, eased, to some degree, the pain of personal loss.<sup>99</sup> For others it provided an outlet for patriotic feelings as well as a means to earn money.<sup>100</sup> Nurses interpreted the VADs' employment only as a challenge to their professional role and, by implying that their morals left a lot to be desired, nurses could further distance themselves from those considered to lack the propriety needed to nurse the soldiers. According to nurses, not only did VADs lack the skills necessary to attend to the soldiers, they also lacked the training in womanly propriety instilled during the three years of training.

Despite the fact that nurses had moved into military structures as members of the New Zealand Expeditionary Force, and gained Government recognition as the carers of soldiers, VADs were identified as interfering with their status. Nurses' professional standing was undermined by the employment of untrained women and VADs were seen as bringing discredit on nurses' contribution. Quick to criticise the abilities of the VADs, trained nurses emphasised their own abilities to work hard and adapt to demanding nursing situations. They also made distinctions between VADs and trained nurses by circumscribing the work VADs could undertake and delegating the menial tasks to those considered to be inferior. Making the life of VADs difficult seemed to be a more subtle means to prevent them from wanting to continue to work in military hospitals than openly defying the wishes of the military authorities.

Although nurses had gained recognition for their work in danger zones and shown ability to care for the soldiers, the VADs also gained recognition for their service to the ill and wounded soldiers as useful supporters of an overburdened medical service. With little or no training and considered by nurses to lack the propriety imbued in nurses, the VADs not only found a place in war nursing, they also succeeded in being included in the adulation given to military nurses. Not only

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99 V. Brittain, p. 458.

100 A. Carberry, pp. 29-34.

did VADs become recognised as nurses and as patriotic employees, but the male military authorities who paid these women also saw them as useful in monetary terms. For the duration of war nurses resented the VADs, interpreting their work as competition. Even though recognised as subordinate assistants to the trained nurse, the appointments of VADs reinforced the belief that women by their 'nature' could undertake nursing and this downgraded the training of nurses. The belief in women's 'nature' continued to shape the work of VADs as well as nurses, as both groups fitted the notion that nursing was women's work.

## CHAPTER 10

### Demobilisation: The Post-War Military Nurse, 1918-1922

The value of the nurse to the community is better understood by people in general than ever before. Nurses' work in the war is perhaps partly accountable for this; but it is chiefly the progress of medical science that is responsible. New remedial treatments require more nurses and more nursing. The advent of preventive medicine, the child welfare movement, and other features of medical progress are dependent for their success on nursing power....<sup>1</sup>

By mid-1918 a lack of enthusiasm for military nursing could be felt throughout the New Zealand hospitals in Britain. The greater number of nurses now worked in the structured environment of New Zealand military hospitals assisting with rehabilitative services, caring for the seriously ill, preparing patients for transfer to New Zealand and controlling the work of VADs. The interest and excitement of nursing on hospital ships, at stationary hospitals and military hospitals in Egypt could not be maintained with the transfer of much of the military nursing to British based New Zealand hospitals. Those who had memories of the intense fighting, the feelings of horror when nursing the disfigured soldiers, the loss of so many lives through sickness and wounds and remembered the bodies of young men 'rotting in the mud in France and the pine forests of Italy', found it hard to return to a structured life of routine.<sup>2</sup> Bertha Taylor looked forward to her return to New Zealand and checked regularly for her name to be on the boarding list, and Sarah Clarke longed to see New Zealand again.<sup>3</sup> 'Pierre', in her letters to Violet Petersen,

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<sup>1</sup> 'Nursing Education', NZNJ, July 1921, 14:3, p. 135.

<sup>2</sup> V. Brittain, p. 458.

<sup>3</sup> 'News from our Nurses Abroad', NZNJ, April 1919, 12:2 p. 62. Sarah Clarke (22/19) trained at Auckland, registering in 1913. She joined the NZANS in April 1915 and worked as a military nurse until August 1920.

remarked that she looked forward to returning to New Zealand and found the work uninteresting now that the hospitals were no longer busy. She complained that 'a hospital is a horrid place when not busy, you know how catty people always get'.<sup>4</sup> Only the changes in the appointment of new personnel seemed to generate any excitement for the nurses.

With the armistice in November 1918, arrangements for evacuation of the sick and wounded to New Zealand began.<sup>5</sup> The *Maheno* and *Marama* carried the more serious cases and nurses found their way back to New Zealand as working members on the hospital ships and transport vessels. 'Mental patients' created the greatest concern during the evacuation.<sup>6</sup> While it was usual to transport only five soldiers suffering psychoses or neuroses on any one trip, the situation demanded that at times up to twenty might travel on the same ship. At least one soldier threw himself overboard and others, morose and depressed, attempted to commit suicide. Orderlies had supervision of these patients, nurses only attending to them if they also had some other physical complaint. Those suffering from tuberculosis and paraplegia required considerable nursing attention on the journey to New Zealand. The New Zealand hospitals in Britain wound down with both No. 1 Hospital at Brockenhurst and Hornchurch Convalescent Hospital closing in March 1919. By May 1919, No. 2 Hospital at Walton-on-Thames, closed its doors. Codford, with its venereal disease section, was finally evacuated during July 1919.

With the evacuation of the sick and wounded to New Zealand, military nursing gradually wound down. Many nurses resigned their military positions and moved back into civilian nursing. For a number of nurses, however, there was still work to

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<sup>4</sup> V. Petersen, 8 August 1917.

<sup>5</sup> 'Demobilisation', NZNJ, January 1919, 12:1, pp. 11-12.

<sup>6</sup> Memorandum from Colonel Parkes to Headquarters, NZEF, London, 26 August 1918, WA, Series 1, 1/3, 1/17, NA.

be done in the New Zealand based military hospitals and convalescent homes. Trentham Camp Hospital, which had been markedly improved since the 1915 inquiry, could accommodate up to 1,000 patients. A sanatorium at Hanmer Springs devoted most of its beds to soldiers with neurasthenia and war psychoses, with King George V Hospital at Rotorua providing both surgical and medical treatment in addition to orthopaedic care.<sup>7</sup>

From 1920 the government reduced the numbers of military hospitals. Civilian hospitals gradually took over the care of the soldiers while private rest homes, under the auspices of the Red Cross Society, attended to the needs of recuperating soldiers.<sup>8</sup> By 1921, Trentham Military Hospital employed 61 VADs, 41 sisters, and twelve staff-nurses.<sup>9</sup> Seventy privates acted as orderlies mainly employed on outside work and cleaning duties. A similar staffing pattern existed in the military hospitals throughout the country.<sup>10</sup> By 1922 the administration of all military hospitals had been transferred from the Defence Department to the Department of Health.<sup>11</sup>

Following the armistice, orderlies had been slowly removed from the continuing care of soldiers. The prevailing view on orderlies held by military officials had changed somewhat from that held in the early part of the war. Men offering for enlistment as medical orderlies were, by 1919, considered 'in many

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7 A.D. Carbery, pp. 502-517.

8 Montecelli Home, a private rest home in Dunedin, and Lowry Bay Rest Home in Wellington were administered by the Red Cross Society who also paid the salary of trained and untrained staff.

9 As stated in Chapter 9, although the official title for the New Zealand organisation of VADs became the New Zealand Red Cross Workers which included women employed on general duties, the term VAD was used in military documents.

10 Memorandum from Brigadier-General, DGMS, to the Director, Division of Hospitals, 1 February 1921, H1, 17/1, NA.

11 Data concerning proposed transfer of Military Hospitals from the Defence Department to the Health Department, 13 July 1921, H1, 17/1, NA.

cases of a poor type and [were] undisciplined and often drunken'.<sup>12</sup> While it might well have been true that orderlies failed to meet the standard of discipline set by the army, the change in personnel from orderlies to nurses and VADs came about more because of economic concerns. Valentine clearly indicated that the cost of employing orderlies was much too high when VADs could do the same work.<sup>13</sup> In 1920, the daily rate for an orderly was 8s. per day, or a yearly rate of £246 7s. 6d. VADs received 2s. 2d per day for the first year of employment with an increase of 1s. 5d. in year two, an annual income of £91 5s.<sup>14</sup> A sister received £215 19s. 2d. per year while a staff-nurse received £156 12s. 11d. Undoubtedly the monetary savings that could be made by employing nurses and VADs influenced the decision. When the transfer of military hospitals to civilian control had been completed in 1922, VADs also came to be seen as an outstanding cost to the Department of Health. A probationer, a nurse in training, could be employed for £20 to £75 per year.<sup>15</sup> An experienced VAD could earn between £130 and £150 from March 1922.<sup>16</sup> By 1923 probationers had taken over many of the positions previously held by VADs. In the same year the title VAD was replaced with the term 'hospital aids'. The duties of these amateur workers continued to be the menial ones, cooking and waiting on table, as well as carrying out the duties of probationers.

As the transfer of the care of soldiers came under civilian control, military nurses also found their pay decreased. Immediately following the war, matrons and

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12 Memorandum from Brigadier-General, D.G.M.S to General Richardson, circa February 1920, AD1, 49/160, NA.

13 Data concerning proposed transfer of Military Hospitals from the Defence Department to the Health Department, 13 July 1921, H 17/1, NA.

14 Memorandum from Brigadier-General Richardson, 6 February 1920, AD1, 49/160, NA.

15 'Salaries of Nurses', NZNJ, July 1919, 12:3, p. 119. Pay-rates for nurses differed between hospitals. The daily bed occupancy also created different pay schedules. For example, a matron of a 100 bed hospital could receive up to £100 more than a matron of a hospital with 50 beds. From 1918 through to 1921 pay-rates for civilian nurses changed but the pay for probationers stayed within the £20 to £75 bracket.

16 'Military Hospitals', NZNJ, April 1922, 15:2, pp. 65-66.

sisters working in those hospitals designated as military establishments continued to receive a daily allowance over and above their annual salary.<sup>17</sup> Three months after the transfer of military hospitals to the Department of Health this allowance was withdrawn. The rates of pay for nurses now under the Health Department were revised in 1922 with sisters receiving between £170 and £230.

While monetary considerations appear to have been the dominant issue in deciding who would provide the nursing for soldiers in the immediate post-war period, it also can be suggested that as the military hospitals moved under the control of the Health Department the orderlies became regarded as unsuitable carers for the soldiers in civilian hospitals, the place of the nurse in peace time. With all military hospitals transferred to civilian control by March 1922, the nursing of soldiers became a civilian concern. Hester Maclean, as matron-in-chief of the NZANS, remained the sole active military nurse from 1922, combining her duties with her civilian position of Director of Nursing.

Although Maclean tendered her resignation as matron-in-chief in 1920, Valentine encouraged her to stay because 'it would be necessary to appoint and pay a Matron-in-Chief' if she resigned.<sup>18</sup> Maclean's crusade to have military nursing as the preserve of trained nurses could not be considered financially rewarding for her. She did receive a bonus of £250 in recognition of her contribution to the war effort, but for over five years she had held two positions, as matron-in-chief of the NZANS and assistant inspector of hospitals, receiving a single salary for the two positions. On Maclean's retirement in 1923, Jessie Bicknell took over as matron-in-chief of the NZANS, combining the position with her civilian work in the Department of Health. With the restructuring of the Department of Health in 1920, the latter position changed to a directorate of nursing. It was not until 1931 that the matron-in-chief

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<sup>17</sup> 'Army Nurses', NZNJ, January 1919, 12:1, pp. 29-30.

<sup>18</sup> S. Kendall and D. Corbett, p. 90.

position of the NZANS Reserve, as the organization had become known, became an autonomous position.

While nurses had achieved their objective to be involved in military nursing, for individual nurses war had taken its toll. Of the approximately 549 nursing members of the NZANS fourteen had died on active service. Ten had drowned in the *Marquette* disaster. Mabel Wishaw died in 1919, while nursing at Featherston Military Hospital. She was one of the six members of the NZANS who remained in New Zealand throughout the war working at military hospitals. Owing to family commitments she refused overseas assignment. Ada Hawken contracted enteric fever while working in Egypt and died a few days after the *Marquette* disaster in 1915. Fanny Speedy who attended Hawken's military funeral found it the most trying episode of her nursing career.<sup>19</sup> She may have realised nurses' vulnerability not only to shell-fire and torpedoes but also to contagious diseases. Esther Tubman died of cerebro-spinal meningitis in England in September 1918. Margaret Hepple-Thompson contracted tuberculosis in 1921 and died while working at the Montecelli Home for chronically sick soldiers in Wellington. Mary Edge, née Ellis, who returned from war work in October 1918 died one year later.<sup>20</sup> Others contracted physical ailments which limited their work potential. In 1919, 32 nurses were receiving treatment for sickness.<sup>21</sup> Susannah McGann contracted tuberculosis while on active service and was on a pension from the New Zealand Army until her death in 1925.<sup>22</sup> Three others members of the NZANS suffered from tuberculosis and several others suffered heart conditions as a result of war. The accounts nurses gave

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<sup>19</sup> F. Speedy, 29 October 1915.

<sup>20</sup> 'Obituary', NZNJ, October 1919, 12:4, p. 179. Edge (22/512) trained at Auckland Hospital registering in 1913. She joined the NZANS and left New Zealand in May 1918 as a member of *HS Marama*.

<sup>21</sup> Boarding and Treatment of Nurses, AD 1/49/858, NA.

<sup>22</sup> 'Obituary', NZNJ, January 1926, 19:1, p. 27. McGann (22/145) trained in Queensland, Australia. War broke out while she was employed in New Zealand and she joined the NZANS in July 1915. She received the award of the ARRC.

of their attendance at medical boards, set up to assess the degree of disability of soldiers and to recommend treatment and pensions, seemed to suggest that doctors either disliked nurses, or felt embarrassed dealing with them, or failed to recognise the trauma they had experienced. One nurse complained to Maclean that her heart and chest were examined through her 'coat and dress'.<sup>23</sup> Another found the doctor to be off-hand in his knowledge of why she required a medical examination. These nurses requested time off from nursing duties to recover from what one nurse described as 'suffering from a little war strain'.<sup>24</sup> Annie Buckley's relatives described her as happy to live on her own in a caravan on the family property following her war experience.<sup>25</sup> She was one of six nurses who learned bee-keeping at Ruakura State Farm under the auspices of the Defence Department. Life in tents surrounded by fruit trees, doing one's own cooking and washing, gave these nurses an opportunity to unwind after a stressful military life.<sup>26</sup>

The benefits provided by the government for returned soldiers under the Discharged Soldiers' Settlement Act of 1915 initially gave no credit to nurses for their war involvement. The continual wrangling over nurses' place within the military establishment still had not been resolved. Military nurses did not come within the terms of the Act.<sup>27</sup> Land settlement was to go to soldiers who had fought for their country. In 1917, when two nurses applied to the Crown Lands Department for a loan under the Discharged Soldiers Settlement Act to purchase a property in Timaru, their request was turned down because nurses were 'not discharged soldiers

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23 Memorandum from Maclean to Valintine, 14 July 1919, AD1, 49/858, NA.

24 Letter from Edith Austin to Maclean, 20 April 1919, AD1, 49/858, NA. Edith Austin (22/99) trained at Auckland, registering in 1904. She joined the NZANS in July 1915 and worked overseas on *HS Salta* and at Brockenhurst, until February 1920.

25 Communications with the relatives of Annie Buckley, 1989.

26 'Ruakura State Farm', NZNJ, January 1920, 13:1, p. 46.

27 'Nurses not Eligible for Benefits', NZNJ, July 1919, 12:3, p. 127.

within the meaning of the Act'.<sup>28</sup> An amendment in 1919 to the Discharged Soldiers Settlement Act extended the privileges of settlement to nurses on the same terms as soldiers although loans to buy property were not included.<sup>29</sup> Only seven nurses appear to have requested consideration for land settlement.<sup>30</sup> The situation which appeared to bring to a head the different treatment given to soldiers and nurses concerning loans in the immediate post-war years came about when Grace Guthrie and her friend Alice Fraser made application in 1920 for a loan to set up in private practice in Dannevirke. Guthrie, daughter of the Member for Parliament for the Oroua District and Minister of Lands, had served with the Australian Army Nursing Service from March 1915. Her joint application with Fraser for £1000 for the purchase of business premises for a private hospital succeeded only after the intercessions of her father.<sup>31</sup>

Edith Mcleod, a survivor of the *Marquette* disaster, never returned to nursing following the war. In 1925 she applied for access to a soldier settlement of one-hundred and five acres at Hukutaia, near Opotiki, abandoned by the previous soldier owner. Her leased land had developed into a successful farm on her retirement in 1935, at age 52. She had repeatedly shown farming capabilities milking, on her own, 50 to 60 cows and continued to make her repayments to the Lands and Survey

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28 Memorandum from the Solicitor-General to the Undersecretary of Lands, 6 October 1917, Lands and Survey Archives, 13/25-9, NA.

29 Discharged Soldiers Settlement Amendment [10 GEO. V, 1919, No. 49], p. 171-173. A. Gould, *Proof of Gratitude? Soldier Land Settlement in New Zealand After World War I*, PhD Thesis in History, Massey University, 1992, p. 331. Permission to quote from this PhD thesis has been given as the thesis remains embargoed.

30 A. Gould traced seven nurses who received leases to Crown land, p. 333.

31 Communications with A. Gould, January 1991. Grace Guthrie (22/57) was one of the twelve New Zealanders who worked with the Australian Army Nursing Service. Alice Fraser (22/56) trained at Auckland Hospital, registering in 1914. She also was a member of the Australian Army Nursing Service from April 1915 to September 1921. *The NZNJ*, April 1921, 14:2, p. 107, reported that Guthrie and Fraser had opened their private hospital in Dannevirke

Department throughout the depression.<sup>32</sup> Amelia Bagley took a renewable lease on 534 acres at Retaruki, near Ratahi, in 1921.<sup>33</sup> By 1926 she had, presumably with help, cleared 194 acres, this on top of maintaining her nursing service as Deputy Inspector of Hospitals with major responsibility for the Auckland district nursing services.<sup>34</sup> At age 62, she retired from nursing, one year after selling her land. Two other nurses, Bertha Forrester and Edith O'Loughlan, joined forces to develop a dairy farm on leased land under the Discharged Soldiers' Settlement Act. In 1933, they sold their land and moved to Otaki setting up a horticulture business which successfully flourished for some years.<sup>35</sup> Ellen Tuke gave away nursing in favour of poultry farming. Others dropped out of nursing for a time and then returned to new nursing positions. Poor health was given as the reason for at least six nurses having leave of absence for extended holidays.

It seemed inevitable that a number of the nurses would change their positions following the war. A pattern existed prior to war that nurses moved between public and private hospitals, and between health maintenance and sickness services. This pattern continued. Christine Wilson, Louise Brandon and Maud Haste set up a private massage practice in Wellington.<sup>36</sup> Clara Jordon, Katherine Woodward and Elsie Grey moved to Honolulu. For other nurses, return to civilian life meant

<sup>32</sup> A. Gould, p. 334. Edith McLeod (22/80) trained at Masterton Hospital, registering in 1911. She joined the NZANS in May 1915 and retired from this service in October 1921.

<sup>33</sup> Communications with A. Gould, January 1991.

<sup>34</sup> A. Gould, p. 335. Amelia Bagley (22/408) trained at Dunedin Hospital, registering in 1902. She became Assistant-Inspector of Hospitals and Charitable Institutions in 1908, working closely with Maclean. In 1917 she worked on the *Maheno* and the *Marama*. She was 46 years of age when working as a military nurse, the oldest of the members, excluding Maclean, when she joined the NZANS in 1917.

<sup>35</sup> A. Gould, pp. 333-334. Bertha Forrester (22/232) trained at Nelson Hospital, registering in 1914. She spent five years, six months in the NZANS. Edith O'Loughlan (22/214) trained at Palmerston North Hospital, registering in 1913. She joined the NZANS in December 1915, and retired from the service in July 1921. Both nurses worked on the Hospital Ship *Nevassa* and possibly became friendly during this time.

<sup>36</sup> 'Notes from the Hospitals and Personal Items', NZNJ, April 1921, 14:2, p. 101. Louise Brandon trained as a masseuse before the war, and was appointed a member of the Public Health Committee to oversee the Masseurs Act, 1920.

readjusting to civilian nursing. Isabella Scott opened a nursing-home in Matura, where she remained until her retirement in 1947.<sup>37</sup> Kathleen Davies, one of the first fifty nurses to go on active service in April 1915, and who served throughout the war in overseas military hospitals, took over a private hospital in Napier.<sup>38</sup> Louise Higginson who had worked with the Red Cross throughout the war, came back to New Zealand in 1919 and bought a private hospital in Whangarei. In 1934 she became matron of Greytown Hospital. Margaret Hitchcock, after a period of duty at Hamner Military Hospital, undertook her Plunket nurse training and worked with the Plunket Society until the Second World War when she again served as a military nurse. In 1918 Louisa Bird took over the matronship of Evelyn Firth Home, a home for incurables in Auckland, and remained in this position until her retirement in 1937. Janet McGhie worked for ten years at the King George V Hospital, Rotorua and then moved to Palmerston North as the matron of the Palmerston North Hospital until her death in 1937.<sup>39</sup> Jessie Bicknell deputised for Maclean from 1915, and succeeded her in 1923, working for the Department of Health until her retirement in 1931.<sup>40</sup>

The New Zealand Returned Army Nursing Sisters' Association, initiated by Amelia Bagley in 1928, filled a need for some nurses in later years.<sup>41</sup> Many of the returned military nurses kept in touch by visiting with their married ex-military nursing friends to talk about shared experiences and attended the NZANS reunions.<sup>42</sup> Twenty-one New Zealand nurses continued to be members of the New

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<sup>37</sup> J. Rattray, p. 146.

<sup>38</sup> Kathleen Davies (22/24) trained at Christchurch Hospital registering in 1905.

<sup>39</sup> 'Obituary', NZNJ, September 1937, 30:5, p. 209.

<sup>40</sup> 'Obituary', NZNJ, December 1956, 49:6, p. 256.

<sup>41</sup> Regulations of the New Zealand Returned Army Nursing Sisters' Association (Auckland Branch), private collection, Miss J.R. McGregor, Papatoetoe.

<sup>42</sup> 'Notes from the Hospitals and Personal Items', NZNJ, 1920 to 1922, passim.

Zealand Army Nursing Service Reserve. By 1934 the numbers of members belonging to the Reserve began to increase as rumblings of World War II began and nurses readied themselves for military nursing once again.

Some of the nurses met with employment difficulties. According to Maclean, hospital boards had 'certainly not shown any preference in regard to appointments to those matrons and sisters who have served during the war'.<sup>43</sup> The classic example in connection with employment occurred at Christchurch Hospital. Mabel Thurston found, prior to her return to New Zealand, that her position as matron at Christchurch Hospital no longer existed. Thurston had received leave of absence from the Board for the duration of the war when she initially enrolled for service with the NZANS in 1915. In 1918 she received a letter from the Hospital Board indicating that the length of time she had been away from the hospital had adversely affected the hospital. The letter also implied that the acting-matron, Rose Muir, had turned down offers of other jobs in her desire to remain in the post vacated by Thurston.<sup>44</sup> The Christchurch Board saw this as a disadvantage to Muir. The quality of Thurston's work during her time at Christchurch Hospital did not appear to be under question. The main thrust of the Board members' argument concerned the fact that her absence meant lack of a coordinated nursing service. Thurston responded that she had understood leave had been granted for the duration of war and indicated her intention to return to New Zealand as soon as the war ended, but that 'as a soldier [she] must remain on duty until released'. The Board, unmoved, terminated her appointment and Muir became the matron.<sup>45</sup> In Christchurch a meeting of concerned citizens castigated the Hospital Board for its gross neglect in repatriation of war workers, commenting especially on the way it had treated

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43 'Out-of-Work Nurses', NZNJ, October 1919, 12:4, p. 174.

44 'Christchurch Hospital', NZNJ, July 1919, 12:3, pp. 115-116.

45 Ibid., p. 116.

Thurston.<sup>46</sup> The Board, however, showed no inclination to alter its stance and Thurston officially resigned and became matron of King George V Military Hospital at Rotorua. Those who were more fortunate returned to their pre-war positions and others found work as matrons when senior positions became vacant.<sup>47</sup> Numbers of the ex-military nurses, as in the pre-war years, moved into private work or underwent midwifery training.<sup>48</sup> Vida Maclean who had been matron of No 1 General hospital at Brockenhurst and Fanny Wilson, the matron of No 2 General Hospital, Walton-on-Thames, joined forces to open a sixteen bed private hospital in Wellington.<sup>49</sup> As many as 210 military nurses and masseuses are known to have married during and immediately following the war.<sup>50</sup>

While hospital boards might not have been especially conscientious about employing the returned military nurses, the Department of Health was. A change in the pattern of health care occurred after the war. A new approach to the delivery of New Zealand health services was establishing in 1920. Public health services were added to those of hospital services.<sup>51</sup> In the same year, New Zealand had a new Health Act which implemented far-reaching reforms for nursing. The Act created a new position of Director of Nursing that was held by Maclean. Maclean occupied this position from 1920 until her retirement in 1923. A major responsibility for the Director was the creation of a community nursing service. While a school nursing service had been in force since 1912, and Native Nursing was established in 1910, a

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46 'Miss Thurston, RRC', NZNJ, April 1920, 13:2, pp. 81-82.

47 Edith Lewis (22/247) left Trentham Military Hospital in 1921 for the position as matron at her training school, Wanganui Hospital. Alice Finlayson (22/281) became matron of Timaru Hospital in 1921. Janet Moore (22/39) took on the matronship at Waikato Hospital in 1921. Hilda Burton (22/105) was appointed matron, Greytown Hospital, in 1921.

48 Elizabeth Young (22/93) worked for the Presbyterian Social Services. Maud Montgomery (22/324) and May Chalmers (22/5) moved into private nursing.

49 F. Bowerbank, p. 162. The Malifa Hospital was situated in Upper Willis St., Wellington.

50 Kendall and Corbett, pp. 79-80.

51 'A Circular Letter Addressed to Hospital Boards', NZNJ, October 1919, 12:4, pp. 163-164.

stronger presence for both services was developed from 1920.<sup>52</sup> District nursing services and public health nursing also expanded. Former members of the military nursing service seemed to be given priority as employees in the new positions created in community health, supported no doubt by Maclean. Annie Buckley moved to Christchurch to organise the public health nursing service. Her note to Maclean stated her appreciation of a quiet position which gave her an opportunity to meet with her military nursing friends.<sup>53</sup> Jean McCormack and Ethel Taylor took on work as Native Health nurses. Catherine Clark received a Red Cross scholarship to undertake post-graduate studies in nursing at Bedford College, University of London.<sup>54</sup> Janet Moore moved into public health work and in 1924 she also won a scholarship to study hospital administration at Bedford College. In 1933 she became principal matron of the NZANS.<sup>55</sup> One hospital matron had no illusions that medical science was the force directing this change to community services. While others may have believed that military nurses' participation in war may have influenced the changes in health services, she believed that new remedial treatments and the advent of preventative medicine had created the change.<sup>56</sup>

While military nurses had met challenges to their work from amateurs during the war, the influenza epidemic of November 1918 in which over 8,000 died within weeks, opened the door to new bids from amateurs.<sup>57</sup> Amateur care had been a

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52 For a discussion on school medical services see M. Tennant, ' "Missionaries of Health": The School Medical Service During the Inter-war Period', in L. Bryder (Ed.), pp. 128-148.

53 Letter from Annie Buckley to Maclean, 14 April 1921, H1, 6/0002, NA.

54 'The Old Order Changeth', NZNJ, 15 April 1940, 31:4, pp. 104-105. In 1915 Clark left with the second contingent of the NZANS and was attached to the 27th British General Hospital, Cairo. In 1918, she worked at No 2 New Zealand General Hospital in England and returned to New Zealand in 1918. See Chapter 4 for a photograph of Clark.

55 M. Wilson and C. Marquand, *Official History of the Royal New Zealand Nursing Corps* (Wellington, 1978), p. 12.

56 'Nursing Education', NZNJ, July 1921, 14:3, p. 135.

57 G. Rice, *Black November: The 1918 Influenza Epidemic in New Zealand* (Wellington, 1988), p. 3.

feature of the epidemic. Because of the numbers of nurses overseas on military duties as well as the numbers of sick requiring care, untrained women were brought in to assist. Their work in assisting with the care of the sick, filled the nation with appreciation. It also endorsed the belief that women by their 'nature' could assume the duties of a nurse. Following the epidemic, some doctors proposed a continuation of a voluntary scheme not unlike that of the Voluntary Aid Detachments Scheme and suggested a home nursing course for women throughout the country. These women, it was suggested, could gain practical experience through a short period of practice in hospitals.<sup>58</sup>

While the argument for the continuation of the voluntary scheme owed a lot to the work achieved by amateurs during the epidemic, the precedent set during the war of using VADs, also influenced the doctors. Nurses bitterly opposed the scheme. Amelia Bagley, for example, gave the trained nurses' perspective. During the war, she contended, VADs had received an impoverished form of supervision. 'For the sake of the public in general we must endeavour to keep raising instead of lowering the standards of nursing qualifications', she concluded.<sup>59</sup> As a central figure in the influenza emergency, Maclean had been involved in assisting G.W. Russell, the Minister of Health, in coordinating the health services. At one stage all the medical officers of the Health Department had been stricken by the 'flu and Russell, with 'Miss Maclean [and] a cadet officer', had assumed command.<sup>60</sup> Even with this background, Maclean certainly saw no need for amateur women to learn nursing skills in a hospital setting. According to Maclean, the amateurs with their elementary nursing knowledge had sometimes hindered rather than helped the

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58 'Home Nursing', NZNJ, April 1919, 12:2, pp. 79-82.

59 Ibid., p. 80.

60 G. Rice, 'The Making of New Zealand's 1920 Health Act', *New Zealand Journal of History*, 1988, 22:1, p. 12.

situation. Maclean preferred the already instituted instruction given by the St John's Ambulance Association.

We consider that an extension of the St. John Ambulance system is all that is necessary....During the epidemic many of the St John Ambulance members rendered most valuable assistance. Being properly taught to take temperatures, and read the thermometer accurately, it was not they who called the overworked doctor to see a case at midnight with a temperature of 105 which turned out to be 100.5!<sup>61</sup>

The likely threat to trained nurses of such a scheme was not lost on Maclean as she gathered together a group of nurses to fight this new threat to the nursing profession. The basis for her argument consisted of informing both the public and the doctors of the ambiguities which existed surrounding VADs in Britain. While Maclean extolled the excellent work of many of the VADs during the war emergency, she also condemned the situations where soldiers had been deprived of the skills of the trained nurse by being cared for by amateurs with little knowledge.<sup>62</sup> In reply to the suggestion that amateurs should work in hospitals to gain experience Maclean succinctly summed up her views in her 1919 annual report on the Nurses Registration Act.

Some of the hospitals have offered to take in young women for short periods of training in the wards. The advantage of this to these women is questionable, and the disadvantage to the regular probationers is unquestionable.<sup>63</sup>

Maclean held strong views that by training women for home nursing the standards of nursing would be lowered and the organisation of nursing would become fragmented. Such views were consistent with her stance held throughout her period as matron-in-chief when she had fought to limit the duties of amateurs in military settings. She resented the fact that doctors saw amateurs as replacements for trained nurses. In one way she was successful. The campaign for having a volunteer

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61 'Training of Nursing Aids on Home Service', NZNJ, April 1919, 12:2, p. 73.

62 'Home Nursing', NZNJ, April 1919, 12:2, pp. 79-82.

63 Report on Public Health and Hospitals and Charitable Aid, AJHR, 1919, H-31, Vol. II, p. 10.

organisation lost its strength in the post-influenza period as the need for volunteers declined.

The diminishing profile of military nurses also brought about the decline of the knowledge about their experiences. Collectively, members of NZANS had experienced a unique situation, active service with the New Zealand Expeditionary Force in a war of different dimensions and different waring techniques from previous or future wars. What was left by 1922 was 32 members of a NZANS Reserve recognised within military structures and this number continued to decrease up to the 1930s. By mid-1922 there was little comment on nurses' war-time experiences in the *Nursing Journal*. New features were taking up nursing energies. Debate centred on advances in nursing education, the implementation of a system based on an eight-hour work day, and the employment of British nurses in New Zealand in an environment of increasing economic depression. As with the experiences of soldiers in the post-war years, the experiences of military nurses held little interest for the inexperienced and the situations met with by those in the First World War were kept alive only through incidental opportunities. One nurse who trained during the 1920s recalled the matron, Margaret Myles of Wanganui Hospital, playing the piano, teaching the probationers to dance and telling stories of her war experiences to which the probationers listened in awe.<sup>64</sup>

By 1926 General Orders published additional regulations for the NZANS. Changes had occurred because of military nurses' activities and a list of 68 nurses' names to be held on the reserve list was seen as a useful adjunct to military services. The peace time establishment between 1929-1934 comprised one matron-in-chief, one principal matron; four matrons and 62 sisters and staff nurses.<sup>65</sup> These women

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<sup>64</sup> Communications with Mrs. X who commenced her training at Wanganui Hospital in 1918. This interviewee wishes to remain anonymous.

<sup>65</sup> S. Kendall and D. Corbett, p. 90.

were required to attend regular camps and give instructions to orderlies of the New Zealand Medical Core.<sup>66</sup> They continued to nurse in civilian hospitals, regarding their military duties as secondary to their civilian appointments. Section 17 of General Orders stated specifically that nurses held rank after medical officers but nurses still had to fight for recognition. Dr Fred Bowerbank recalled a situation in 1937 when, as Assistant Director Medical Services of the Central District, he found it necessary to fight for first-class berths for members of the NZANS Reserve. Two nurses had been chosen to represent the Service at the coronation of King George VI.<sup>67</sup> Ida Willis, the Matron-in-Chief, found to her consternation that the nurses had been given second-class passage while the one medical officer had been given first-class passage. Bowerbank checked the New Zealand Military Regulations and finding nothing to inform him on the rank of nurses, he then turned to the King's Regulations. Under the regulations for the QAIMNS he found nurses were entitled to the rank of officers. During World War II, Joan Davison was posted to the Royal New Zealand Air Force at Whenuapai and commented:

The hospital was run by the NCOs of the Medical Section, who bowed to the authority of the Medical Officers but ignored the sister. They were not trained nurses, but many had First Aid and ambulance experience - trained male nurses were enlisted later.<sup>68</sup>

During the Second World War, 1939-1945, approximately 650 trained nurses took their place once again at military hospitals, on board transport vessels and at military camps in New Zealand and overseas. Similar rank and file arrangements to that of World War I structured the organization of the NZANS. Ida Willis, a World War I veteran, directed overall nursing proceedings as matron-in-chief, with Emily Nutsy, also a veteran of the First World War, as matron-in-chief of the overseas

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<sup>66</sup> File on World War II New Zealand Army Nursing, H1, 21/82/10, NA.

<sup>67</sup> F. Bowerbank, p. 199.

<sup>68</sup> S. Kendall and D. Corbett, p. 141.

contingents of nurses.<sup>69</sup> Edith Lewis, Margaret Hitchcock, Ethel Swayne and Emily Hodges, World War I veterans, also joined the NZANS during World War II.<sup>70</sup> As in the First World War the question of rank raised its head early in the proceedings. The rank of military nurses had never been completely resolved and in 1941 nurses formally gained commissioned officer rank although, as the incident quoted above indicates, not everyone recognised the military status of nurses. By 1941 nurses wore badges of rank equivalent to men holding the same rank. They nevertheless received less pay than their male counterparts.<sup>71</sup>

The work of New Zealand nurses during World War I opened the way for nurses to be included in World War II. But although World War II was a different war from World War I, some features remained the same. Members of the New Zealand Women's Army Auxiliary Corps gave nursing assistance alongside the trained nurses as women once again sought a place in military structures.<sup>72</sup>

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<sup>69</sup> Emily Nutsy (22/40) trained at Auckland Hospital, registering in 1912. She joined the NZANS in April 1915 and worked at the NZGH Cairo and on transport duty. She continued to belong to the NZANS(R) between wars and at the outbreak of World War II she held the position of matron-in-chief of the overseas nursing contingents.

<sup>70</sup> Edith Lewis worked in Egypt during 1942 and was matron of the hospital ship *Maunganui* in 1942-46.

<sup>71</sup> S. Kendall and D. Corbett, p. 105.

<sup>72</sup> Health Department File H1 21/82/10, World War II New Zealand Army Nursing Services has proofs of a script written in 1944 giving information on the changes in nursing needed to staff the military service during World War II. The figure given for the Voluntary Aid Service in World War II is 286 women employed full-time assisting with nursing as members of the New Zealand Army Nursing Service. A total of 500 worked for varying periods in the Civilian Nursing Reserve.

## CONCLUSION

### Did Military Nursing Provide Proof of Nursing's Professionalism?

Who won the war?

I said the Red Cross Nurse;  
 Mine was a mission of mercy and knew  
 no country. I mended the dying and  
 broken, I cheered the miserable and  
 hopeless wounded, even though my heart  
 bled. I took dying messages that choked  
 me with their sadness, I faced sights that  
 made my blood run cold, and made  
 strong men sick, and I am still carrying  
 on though the rest of the world has  
 forgotten, - I won the war.<sup>1</sup>

New Zealand nurses wanted to be active participants in an epic experience for New Zealand, World War I. They willingly took on military nursing as patriotic New Zealanders anticipating that their profession would receive status within military structures. War provided nurses with an opportunity to consolidate the achievements made during the years 1883 to 1914 and to show their abilities in an international arena. Once nurses had acquired almost total control over care of the sick in the civilian sector, military nursing could extend the gains already made through registration and the establishment of a recognised training programme.

The means nurses took to confirm their place within military structures were similar to those which had succeeded prior to the war. From 1883 moves to promote a new system of New Zealand nursing included a deliberate campaign to limit the place of the untrained in the nursing work force. By fostering the feminine ideal of women's 'nature' and their duty to care, trained nurses defended their work on traditional grounds, arguing that women had unique abilities to care of the sick. A self-imposed image of womanly propriety assisted the emergence of the new system

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<sup>1</sup> M.B. Bodington, *Quick March*, 1922, 4:9, p. 11.

of nursing in New Zealand in times of peace. In response to a society that valued work developed along gender lines, nurses adopted strategies which expressed womanly concerns and womanly values. For trained nurses, mostly unmarried women, the emphasis was on their ability to act with womanly propriety while nursing the sick. Unless nurses could adopt strategies which suited the normative beliefs about women, those associated with womanly concerns of caring and womanly propriety, they would have had little chance to demonstrate their professional abilities. The early history of New Zealand nursing is bound up with gaining public support and recognition for a women's profession through an insistence on seemingly womanly behaviour. This was gained through strict hierarchical structures and disciplined attention to work.

The brief encounter with military nursing during the South African War helped nurses to gain civilian support for their professional work, but did little to change the structures of military nursing. It required stronger professional leadership and an adherence to the belief in nurses' claim to be morally virtuous women in order for nurses to be recognised as suitable carers of the sick and wounded soldiers in World War I. The leadership given by the early nursing leaders between 1883 and 1914, supported the normative belief that nursing was particularly suited to women. Grace Neill and Hester Maclean adopted leadership styles which exemplified the Victorian image of 'ladies', women with rights and privileges over other women. The association of nurses with suitable womanly behaviour assisted the profession to define its parameters and define who was entitled to be called a nurse. The introduction of nursing legislation in 1901 emphasised that nursing belonged to women and reinforced the belief that trained nurses had the right to nurse the sick. It also set the prescription for knowledge and skills which contributed to the care of the hospitalised patient.

But nursing knowledge was not sufficient on its own to define the parameters of nursing. The work of nurses could also be seen as the work of amateurs as every woman, by virtue of her 'nature', could be considered capable of caring for the sick. By creating an image of a profession which was measured in terms of nurses' ability to be womanly, dedicated and morally respectable, nursing cultivated its professional status through its training schemes and developed into a solid occupational group with legal and social structures that gave power to the profession. As a united group, morally scrupulous and disciplined, capable of carrying out nursing duties, nurses gained increasing control over civilian nursing in New Zealand public hospitals.

In the years 1914 to 1918 a new dimension was added to the image of a nurse - professional patriotism. Patriotism for New Zealand nurses during the war years, was expressed through professional practice. The opportunity to reinforce dominance over a specific area of knowledge within an army at war and to attempt to change the existing structures of military nursing was a challenge not to be ignored. Nurses, who set out to prove their abilities as nurses to the soldiers, faced a battle to reinforce their professional status within gender-based professional and military hierarchies. Beliefs about women and war shaped the place of nurses within the male military structures and directed their contribution to the war effort.

While nurses took up military nursing to express their patriotism in a professional manner, the policies of the military establishment dictated their contribution to the war effort. Initially barred from what was considered to be the prestigious work of caring for the wounded soldiers close to the front, nurses remained working in military hospitals. By mid-1915 the sheer numbers of sick and wounded soldiers demanded a greater number of people to supply medical and nursing services. The changing war front and the increasing numbers of sick soldiers also helped nurses to extend their role in military nursing. The need for

mobile hospital transport and the extension of war zones forced New Zealand military authorities to break with the convention that all nurses should remain in general hospitals and to reclassify hospital ships and hospital trains as fields of nurses' duties. What had begun as an all male preserve, the immediate care of the wounded, now included nurses to supply the numbers of personnel for an ever expanding medical service.

Even with the acknowledgment that nurses could work closer to the war-front, various factors combined to undermine their professional status. As nurses strove to gain status in military structures beliefs about women and their place in war shaped their role within the army. The fact that nurses were women kept them in a class apart, facing battles against male prejudices and coming into conflict with other women's groups who believed that women by their 'nature' could nurse. The employment of untrained women to nurse the soldiers, which had been evident from the start of war, became more dominant as war progressed. The use of untrained women to augment the nursing service was based on traditional notions of women's 'natural' ability, and this threatened the very basis of the nursing profession. The use of amateurs for nursing tasks was considered by nurses to compromise their professional status. This not only devalued the knowledge of nurses, it also undercut the need to be trained in attitudes of propriety and decorum. How necessary was it to train probationers for three years in appropriate behaviours and practical skills when VADs were not required to undertake such rigorous training to perform similar tasks?

The employment of untrained women was seen by nurses as discrediting their contribution as they struggled to maintain their superior place in nursing and military hierarchies. Nurses used the only means at hand to combat amateurs' work, deprecating the morals and controlling the work of those considered to be untrained. Torn between keeping up appearances as seemly women and protecting their

professional standing, nurses conducted an orchestrated attack to undermine the untrained and keep them in an inferior position. By criticising the abilities of the VADs and orderlies in military hospitals and downgrading the qualifications of those women who, on the national front, attempted to work at military camps, trained nurses emphasised their own abilities to work hard and adapt to the demanding nursing situations. Limiting the scope of the work of VADs and orderlies became a way to keep the untrained in an inferior position and this approach was increasingly used as war dragged on. Nurses also focussed on the impropriety of VADs, commenting on their lack of moral behaviour and emphasising their own propriety and decorum. As they worked towards their goal of achieving a recognised place within military nursing individual trained nurses and the collective group worked towards controlling the contribution of the amateurs.

By the end of war trained nurses had won considerable terrain within military nursing but still lacked full recognition as either the carers of the soldiers, or as formal army members. Military nurses, along with VADs, gained recognition for their duty as nurses to the soldiers, symbols of a caring service in a time of carnage. The belief that nurses as women had a special and useful place in nursing the sick provided both the trained and untrained with an opportunity to move into and extend their military work.

On the other hand, nurses' work continued to be controlled by the belief that nursing was a subordinate service within military structures and that trained nurses could be replaced by untrained women who, from an administrative perspective, were cheaper than trained nurses. New Zealand nurses' military work remained peripheral, subordinate war work, dispensing kindness, dedication and devotion to the fighting men along with their skills of nursing. Almost always, the nurse was presented within the hospital arena, a haven of safety, carrying out the traditional work of women, clean to the point of sterility, always serene and kindly, attending

calmly and efficiently to wounded soldiers. The trauma encountered by nurses as they attended the sick and dying and 'faced sights that made [their] blood run cold', has failed to be recognised in the New Zealand history of women and war.<sup>2</sup>

If the criterion of success is based on the numbers of trained nurses employed as military nurses then New Zealand nurses gained a central place in military nursing. Thirty-six percent of the trained nurse population had the opportunity to play a part in military nursing, the one major women's service recognised by the New Zealand military authorities as attested members of the New Zealand Expeditionary Force. There is no doubt that in terms of providing a service within the confines of womanly work, nurses contributed to the care of the soldiers. They found opportunities to demonstrate their skills and capabilities and gained a degree of power over the amateurs. The claim that nurses achieved success as military nurses is more dubious if equality between the sexes is a key consideration. By insisting on fixed relationships between men's and women's places in war the military organisation emphasised normative beliefs about gender and expressed these through rules which controlled the place and type of work nurses could undertake. Little progress was made in challenging the belief that nurses warranted a lower rate of pay, were provided with second-class travel accommodation and in the main, and were placed mainly within the realms of what was considered to be safe military work, at military hospitals behind the lines. There is evidence that, throughout the war, nurses were not fully recognised as military members even though legislation from 1917 supported their military standing and they were formal members of the Expeditionary Force. Nor was nursing always acknowledged as 'real' war work. Doctors and orderlies received pay-rates which recognised their contribution alongside the combatants while nurses' pay continued to be equated with the civilian nursing work-force. The image of the male soldier, whether he was a colonel or a cook, became the centrepiece of war. War graves, monuments to the

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2 Ibid.

dead soldier and symbols commemorating soldiers' deaths emphasised the cult of the national hero, the combatant who died for his country. Few war monuments commemorate the nurses of World War I and fewer still commemorate the work of the women of New Zealand.

War is often presented as a watershed for women, a time when women break with the prescribed role as home makers, child bearers and child rearers.<sup>3</sup> It would seem a mistake to consider that World War I acted as a watershed for all women, or that all women wished to break with the traditional beliefs about women's work and women's position in society. Vicinus describes single women's organisations in British society between 1850 and 1920 as a 'paradox of power and marginality, of enormous strength within narrow limits, of unity and support linked with division and doubt', arguing that while women held power over concerns considered to be the realm of women they also remained peripheral within society.<sup>4</sup> World War I offered New Zealand nurses an opportunity to reinforce their professional right to care for the soldiers and they held sufficient power to claim a place within military structures. But nurses' traditional links with women's work and the belief that all women could nurse, undermined their professional contribution. War reinforced the belief that nursing was suitable work for all women and military structures underpinned the cultural views held about male and female participation in war. The need to increase the woman-power in hospitals was defined by the social construction of women's work in war. Nurses, recognising what was considered to be an inherent belief that untrained women could also be seen as having the ability to nurse, attempted to construct an identity as superior carers of the sick and promote their professional abilities, but this was undermined by the assumption that all women were by 'nature' able to nurse.

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<sup>3</sup> J. Scott, in M.R. Higonnet, J. Jenson, S. Michel and M.C. Weitz (Eds.), pp. 23-25.

<sup>4</sup> M. Vicinus, p. 9.

In the final analysis, while nurses had gained a place in the Expeditionary Forces, and experienced situations which were denied the majority of women, the cultural perceptions of war as men's affair dictated the place and the duties of military nurses. Nurses were positioned as second-class citizens within military structures, confused with other women who also provided care for soldiers. And while New Zealand military nurses had gained respectability, sufficient to be included in the public arena of war, this was not strong enough to compete against traditional notions of women's 'natural' ability to nurse.

This study has examined the paradoxes met by New Zealand nurses as they set out to prove their abilities as nurses to the soldiers in the South African War and World War I. It reflected on why nurses wanted to go to war, how they achieved this goal and analysed the difficulties they encountered in order to implement their professional objective. Nurses, far from being passive players in a world of war, aimed to serve their professional interests; their main objective was to have a central place in military nursing. The argument has been developed that from 1883 the moves to promote a new system of New Zealand nursing included a deliberate campaign to limit the place of the untrained in the nursing work force. By fostering the feminine ideal of women's 'nature' and their duty to care, trained nurses defended their work on traditional grounds, arguing that women had unique abilities of domesticity, hygiene and special skills to nurse the sick. The adoption of the image of womanly propriety assisted the emergence of the new system of nursing in New Zealand and the rise of the military nurse. However, it also created complex social situations to be negotiated in order for nurses to reinforce their professional status within military structures.

Nurses' participation in both the South African War and the First World War was not only an expression of patriotism but also a move to add to the status of this particular professional community of women. There is no doubt that nurses

contributed substantially to the nursing of soldiers. However, while nurses gained public recognition for their supportive work in caring for the soldiers, they also struggled to be recognised as the major carers of the sick and wounded. The allegiance to womanly work and propriety hindered as much as it helped nurses in their role as military nurses. War underpinned the cultural views held about male and female nature. The masculine domain of the military organisation perpetuated the Victorian notions of women's 'natural' capabilities to nurse and reinforced the belief that nursing was suitable work for untrained women. Nurses, who set out to prove their abilities as professionals to the soldiers, faced a battle to reinforce their professional status within gender-based professional and military hierarchies - one that they only partly won.

## APPENDIX A

MASSEUSES OF THE NEW ZEALAND  
ARMY NURSING SERVICE,  
1915-1918

Between the years 1915 and 1918 twenty New Zealand masseuses were appointed as members of the NZANS to work overseas with the Expeditionary Forces. Approximately another 62 were employed at military hospitals in New Zealand. Their special duties throughout the war were to provide massage required for soldiers suffering muscle, nerve and bone deformity, a treatment regime which increased from late-1917.<sup>1</sup> To meet the need for personnel to attend to the changing pattern of treatment, nurses initially took on the new duties of massage. Hornchurch Military Hospital in England opened a training centre and twelve nurses attended to learn the art of massage. Six of the nurses continued with their studies, paying their own way to learn the additional skills of electrical work necessary for orthopaedic treatment.<sup>2</sup>

With the increased demand for massage as a treatment, the Defence Department arranged to pay for the training of male and female massage students who would undertake work in military hospitals.<sup>3</sup> The Otago University and the Dunedin Hospital combined resources to supply the teachers and provide the experience while the students undertook the programme of study prior to commencing military work. This new service highlighted the inequalities between women and men within military structures. While masseurs received the rank of staff-sergeant and were supervised by doctors, masseuses, like the VADs, became incorporated under the umbrella of the nursing service holding indefinite status and

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1 'Physical Treatment of Wounded', *NZNJ*, January 1917, 10:1, pp. 27-35.

2 Memorandum from Maclean to Valintine, 4 December 1919, AD1, 49/177, NA.

3 'Massage Treatment of Returned Soldiers', *NZNJ*, July 1918, 11:3, p. 120.

rank. Maclean took control, chose the uniform and arranged placements.<sup>4</sup> Masseurs could, in some instances, receive a substantial amount more pay than masseuses. For example the masseurs, even those considered 'rubbers', a derogatory term to imply limited skills in massage, received additional professional fees for their qualifications over and above their annual pay and daily allowances.<sup>5</sup> Masseuses received an additional fee for their qualification but overall earned less than masseurs.

The employment of masseuses also identified inequalities between nurses' pay and masseuses pay. For her duties as matron-in-chief, Thurston received less pay than Louise Petersen, the woman who supervised the twenty masseuses on a daily basis.<sup>6</sup> Besides her daily allowance of 8s. 3d. Petersen also earned 10s. a day for her professional services. Thurston received 8s. 3d., daily allowance and no professional fee.<sup>7</sup> After requesting consideration of her pay in late-1916, Thurston did receive an increase to identify her somewhat wider span of control supervising over five hundred nurses, twenty masseuses and an unrecorded number of VADs. Thurston received a yearly salary of £330 with board and lodging thrown in for good measure. Petersen continued to receive free board, a yearly salary of £338, plus the daily professional fee of 10s. By 1919 Thurston earned £16 per day with a travelling allowance of £15.<sup>8</sup>

Maclean attempted to battle with the military authorities to have nurses' qualifications recognised in monetary terms, as were the masseuses, but failed to

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<sup>4</sup> Louise Petersen (22/273) trained as a masseuse and joined the NZANS in November 1916 retiring one year later. She worked in Egypt, England and on transport duty.

<sup>5</sup> Memorandum on Status of Masseurs from the Medical Officer, Rotorua, to the Director of Military Hospitals, 16 March 1917, AD1, 49/177, NA.

<sup>6</sup> Extract of Memorandum from Parkes to Richardson, 8 November 1916, AD1, 49/34/1, NA.

<sup>7</sup> New Zealand Expeditionary Force, Rates of Pay, 22 June 1916, AD1, 31/599, NA.

<sup>8</sup> 'Army Nurses', NZNJ, January 1919, 12:2, p. 30.

have this endorsed either during the war or in the post-war period. However, Maclean, as the compiler of the register of nurses which appeared each year in the *New Zealand Gazette*, persisted in including the new achievements of nurses in the areas of massage and anaesthetics in their overall accomplishments.<sup>9</sup> In 1920 the Masseurs Act was passed.<sup>10</sup> Throughout the Act 'he' is used in preference to 'her' and the title of the Act refers only to masseurs. Part 2 of the Act includes masseuses.

An indepth study to examine the military experiences of this particular group is required before conclusions can be drawn. However, the evidence suggests that masseuses faced gender specific biases within military structures, as did the trained nurses. The military authorities failed to recognise the masseuses on the same basis as masseurs.

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<sup>9</sup> Register of Nurses, NZG, 1920, pp. 579-662. See particularly Sarah Hetherington (22/432) who joined the massage branch of the NZANS also having registered as a nurse.

<sup>10</sup> Masseurs Act [11 GEO. V. 1920, No. 16].

## APPENDIX B

## NAMES OF MASSEUSES INVOLVED IN WAR WORK

NZANS REGIMENTAL NUMBER	NAME	PLACE OF WORK	AGE ON APPOINTMENT TO NZANS
22/273	Petersen, Louise	Egypt, England	42
22/276	Smith, Christine	England, NZ	35
22/277	Royd-Garlick, Ada	England, NZ	-
22/347	Whiteman, Alexandra	Not known	42
22/349	Marshall, Ruth	Not known	33
22/357	Shirley, Mary	HS Marama, England	41
22/358	Brown, Coila	Not known	-
22/365	Nurse, Frances	Egypt, England	40
22/389	Miller, Dorothy	HS Maheno, England	-
22/390	Miller, Ruby	HS Maheno	29
22/428	Gubbins, Beatrice	France, NZ	32
22/435	Howell, Alice	England and transport duty	39
22/439	Ray, Amy	Not known	46
22/446	Gray, Flora	England	27
22/447	Heath, Ann	Not known	-
22/460	Cameron, Mercy Muir	HS Marama	35
22/489	Howell, Winifred	England and transport duty	34
22/490	Saunders, Mary	England	30
22/491	Volckman, Elizabeth	England	25
22/493	Teape, Jane	England	36

## APPENDIX B

The following masseuses names have been collected during this study. They appear to have worked only in New Zealand military hospitals. There are no NZANS files.

NZANS REGIMENTAL NUMBER	NAME
22/492	Cameron, Dorothy
22/531	Anderson, Janet
22/558	Wilson, Dorothy
22/561	Mowbray, Grace
22/571	Taylor, Dora
22/574	Read, Elizabeth
22/595	Wilding, Cora
22/600	Murdoch, Mary
22/603	Harris, Vera
22/604	Piper, Katherine
22/606	Ayson, Beatrice
22/607	Russell, Nina
22/608	Dempsey, Hectorine
22/609	Flett, Helen
22/610	Page, Ilma
22/611	Miller, Kathleen
22/612	DeRenzie, Kathleen
22/615	Bourn, Edith
22/616	Coates, Muriel
22/617	MacKay, Barbara
22/618	Martin, Muriel
22/619	Murray, Freda
22/620	Robinson, Noeline
22/621	Rowe, Olive
22/622	Salter, Ida
22/623	Sutherland, Helen

NZANS REGIMENTAL NUMBER	NAME
22/624	Symons, Mildred
22/625	Tanner, Dorothy
22/626	Turner, Lena
22/627	Wade-Brown, Ethel
22/628	Wardell, Ethel
22/629	Warnford, Dorothy
22/630	Watson, Agnes
22/631	Westmacott, Elizabeth
22/632	Wilson, Gertrude
22/633	Bagnell, Frances (Mrs)
22/634	Ferguson, R.
22/635	Gillespie, Helen
22/636	Gillespie, Hetty
22/637	Hanning, M.G.
22/638	Jacobson, Ada
22/639	Ker, G.
22/640	Malling, Francisca
22/641	Sillifant, Florence
22/642	Stead, Marion
22/643	Sutherland, Christine
22/644	Trimmer, Phyllis
22/645	Smith, Ann
22/646	Fullerton, Evelyn
22/647	Ariel, Hannah

**The following masseuses worked in New Zealand military hospitals  
but have no identifiable regimental number.**

**The names are taken from Kendall and Corbett pp. 69-79**

Berry, Winifred

Brown, M.R.

MacLean, Mary

Mehaffey, Eileen

Nelson, Eileen

Purdy, D.

Read, Jane

Redwood, J (Mrs)

Scott, Annie

Sim, Elizabeth

Smith, Margaret

Webster, S

## APPENDIX C

### NAMES OF NZANS NURSE MEMBER'S SHOWING AGE ON REGISTRATION AND ON JOINING THE ARMY

NZANS REGIMENTAL NUMBER	NAME <i>Married name in brackets</i>	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	*AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/1	Nurse, Bertha	4.11.1881	Wellington - Dec.1904	23	33
22/2	Wilson, Fanny	25.5.1885	Wellington - Jan. 1910	24	29
22/3	Maclean, Vida Mary Kate	4.11.1881	Wanganui - Jan. 1910	28	32
22/4	Buckley, Annie	28.7.1878	Waimate - May 1904	25	36
22/5	Chalmer, May	5.5.1875	Christchurch - Aug. 1912	37	39
22/6	Nixon, Elizabeth (Plowman)	12.2.1878	Dunedin - Dec. 1906	28	37
22/7	Pengelly, Edna	5.7.1874	Wellington - Dec. 1907	33	40
22/8	Price, Frances (Fanny)	14.4.1873	Wellington - Dec. 1905	32	41
22/9	Scott, Isabella (Burch)	13.7.1873	Timaru - Dec. 1906	33	41
22/10	Speedy, Fanny Helena	15.11.1873	Wellington - Dec. 1905	32	41
22/11	Wright, Evelyn Kate	5.12.1875	Napier - May 1906	30	39
22/12	Anderson, Cora Beattie (Robertson)	4.3.1881	Thames - Jan. 1909	28	34
22/13	Barnitt, Kate Isobell	27.2.1883	New Plymouth - July 1909	26	32
22/14	Bennett, Ina Lesley	22.5.1884	Palmerston North - June 1911	27	30
22/15	Bird, Louisa	1877	Wanganui - June 1911	34	37
22/16	Burke, Lily	9.6.1887	Waikato - Aug. 1913	26	27
22/17	Butler, Theresa	8.10.1884	Christchurch - Jan. 1910	25	30
22/18	Calder, Grace Isabella	18.3.1877	Dunedin - Aug. 1910	33	38
22/19	Clark, Sarah Louise	9.7.1885	Auckland - Aug. 1913	28	29

*\*(This age is + or - 1 year where the month of registration or the month of birth is not recorded). Source: Files of Headquarters, NZ Defence Force Base Records for 495 nurses, and other sources, NZG 1903-1920. Information on the social location of nurses was sought. However the addresses gave little indication to class or status and many of the next of kin were the mothers. This information made the exercise meaningless in the context of this thesis.*

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/20	Commons, Daphne Rowina	Not given	Auckland - Aug. 1913	-	-
22/21	Cormack, Jean (Willis)	26.11.1880	Dunedin - Aug. 1909	28	34
22/22	Crook, Mabel	22.1.1887	Palmerston North - June 1911	23	28
22/23	Curtis, Emily (Wilson)	14.10.1879	Christchurch - 1905	26	35
22/24	Davies, Kathleen	Not given	Christchurch - 1905	-	-
22/25	Dodds, Jean Curle	23.5.1881	Dunedin - June 1911	30	33
22/26	Fanning, Rose	12.2.1881	Christchurch - June 1908	27	33
22/27	Footo, Ivy Winnifred	6.3.1877	Wellington - Jan. 1909	31	38
22/28	Fricker, Matilda	16.2.1887	Hamilton - July 1909	22	27
22/29	Gibbon, Christina (Fergus)	26.9.1887	Riverton - Aug. 1912	24	28
22/30	Harris, Edith Annie (Smith)	1.3.1883	Christchurch - Jan. 1910	26	32
22/31	Harris, Emma Jane	27.6.1879	New Plymouth - Jan. 1911	31	35
22/32	Ingles, Alicia Campbell	12.5.1881	Christchurch - Aug. 1913	32	33
22/33	Ingram, Jean	5.11.1886	Nelson - June. 1911	24	28
22/34	Livesey, Eva Mary	7.3.1882	Christchurch - Jan. 1913	30	33
22/35	Lowe, Mary Christina	15.8.1884	Dunedin - July 1911	26	30
22/36	McBeth, Mary	16.7.1878	Wellington - July 1910	32	36
22/37	Miller, Jane (Dysart)	17.12.1883	Southland - Jan. 1911	27	31
22/38	Mitchell, Maude	14.6.1885	Auckland - Jan. 1912	26	29

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/39	Moore, Janet Annie	5.2.1880	Dunedin - Dec. 1907	27	35
22/40	Nutsey, Emily, Mary	9.6.1887	Auckland - Jan. 1912	24	27
22/41	Samson, Margaret (Tonswell)	29.1.1882	Oamaru - Jan. 1911	29	33
22/42	Scarell, Alice Clara	18.1.1883	Timaru - July 1909	26	32
22/43	Siddells, Florence Emma	1.12.1884	Wanganui - Jan. 1910	25	30
22/44	Smailes, Elizabeth	21.1.1883	Wellington - July 1912	29	32
22/45	Stewart, Isla (Brice)	14.6.1885	Masterton - July 1909	24	29
22/46	Sutherland, Mary	12.2.1883	Auckland - Jan. 1910	26	32
22/47	Taylor, Ethel Watkins (Pritchard)	17.3.1882	Hawera - Jan. 1911	28	33
22/48	Wilkie, Marie Henrietta (Hargest)	8.1.1883	Dunedin - June 1911	27	31
22/49	Williams, Agnes (Woods)	Not given	Gisborne - Jan. 1910	-	-
22/50	Young, Carrie (Walters)	4.1.1880	Auckland - Jan. 1909	29	35
22/52	Brown, Helen Bennett	<i>NZANS members</i>	Dunedin - July 1911	-	-
22/53	Cooke, Elsie Mary Emily	<i>attached</i>	Auckland - Jan. 1912	-	-
22/54	Dement, Ethel	<i>to Australian</i>	Wellington - July 1910	-	-
22/55	Fitzgibbon, Nora	<i>Army Nursing</i>	Christchurch - March 1913	-	-
22/56	Frazer, Alice	<i>Service. Files</i>	Auckland - July 1910	-	-
22/57	Guthrie, Grace	<i>Not held</i>	Wellington - Jan. 1914	-	-
22/58	Rose, Dorothy Ann (Whyte)	<i>in New Zealand</i>	Christchurch - Jan. 1914	-	-

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/59	Scott, Winifred Merclina	<i>NZANS members</i>	Auckland - Jan. 1912	-	-
22/60	Steele, Hilda Mary	<i>attached to Australian</i>	Auckland - Jan. 1913	-	-
22/61	Turnbull, Cora Evelyn	<i>Army Nursing Service. Files</i>	Dunedin - Jan. 1912	-	-
22/62	Verry, Jessie Maud	<i>not held in</i>	Dunedin - Aug. 1912	-	-
22/63	White, Elizabeth Jane	<i>New Zealand</i>	Dunedin - June 1907	-	-
22/64	Blackie, Catherine	5.10.1887	Dunedin - Jan. 1910	23	37
22/65	Bringham, Constance Eliza	25.10.1885	Auckland - Jan. 1913	28	29
22/66	Cameron, Marie McNaughton	29.11.1887	Oven's Dist. Hosp. Australia May 1909	22	27
22/67	Cherry, Clara Edwards	3.11.1882	Auckland - Aug. 1913	30	32
22/68	Christmas, Mary Louise	21.3.1882	Christchurch - Jan. 1913	30	33
22/69	Gill, Florence	15.10.1876	Gisborne - Jan. 1911	34	34
22/70	Clark, Catherine Rose	12.12.1880	Wellington - Aug. 1914	33	34
22/71	Coster, Ina Nellie	26.9.1880	Dunedin - Dec. 1904	24	34
22/72	Eddy, Lily	4.11.1880	Thames - March 1911	30	34
22/73	Gorman, Mary Eleanor	10.5.1880	Wgtn. & Waimate - Sept. 1912	32	35
22/74	Gould, Mary Eleanor	10.5.1886	Christchurch - Jan. 1913	26	27
22/75	Grigor, Mary	21.11.1886	Christchurch - Jan. 1913	26	28
22/76	Hodges, Emily	15.9.1883	Christchurch - Jan. 1911	27	31

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/77	Hooker, Hilda Vercoe	19.10.1881	Napier - Aug. 1913	31	23
22/78	Lewis, Jessie Euphemia	30.12.1881	Waikato - Jan. 1914	32	33
22/79	Maclean, Annie Louisa	8.3.1883	Dunedin - Jan. 1911	27	31
22/80	McLeod, Edith	28.3.1883	Masterton - June 1911	28	32
22/81	McLeod, Louisa Campbell	11.3.1878	Christchurch - July 1910	32	37
22/82	Owen, Elsie Milstead (Johnstone)	Not given	Dunedin - Aug. 1913	-	-
22/83	Murray, Florence Winnifred	27.9.1882	Hokitika - July 1909	26	32
22/84	Newdick, Rose (Jenssen)	18.1.1883	Waihi - June 1908	25	32
22/85	Nicoll, Susan Lucy	23.6.1884	Christchurch - Feb. 1911	26	36
22/86	O'Connor, Mary	28.8.1890	Wairau - Aug. 1914	24	24
22/87	Reynolds, Phoebe Mary	17.8.1877	Auckland - April 1906	28	38
22/88	Sinclair, Jeannie (Peck)	6.3.1881	New Plymouth - Jan. 1912	30	34
22/89	Stokes, Ella Myrtle	21.2.1887	Christchurch - Aug. 1913	26	28
22/90	Valentine, Florence	12.9.1877	Dunedin - Jan. 1913	35	37
22/91	Wilkin, Edith Leaf	17.12.1880	Dunedin - June 1907	26	34
22/92	Wright, Mabel (Hemmings)	20.10.1888	Southland - Aug. 1914	25	28
22/93	Young, Eliza Buchanan	28.4.1882	New Plymouth - Jan. 1913	30	33
22/94	Humphries, Phyllis Rona	3.11.1889	Napier - Jan. 1914	24	26
22/95	Huddlestone, Blanch	Not given	Wellington - Dec. 1905	-	-

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	DATE ON REGISTRATION	AGE ON ENTERING ARMY
22/96	Abbot, Fanny	22.6.1886	Christchurch - Aug. 1912	26	29
22/97	Alleyne, Mabel	18.9.1876	Adelaide Hosp. - July 1906	29	38
22/98	Anstey, Winifred Ethel (Williams)	24.3.1888	Christchurch - Aug. 1914	26	27
22/99	Austen, Edith Jane	21.5.1878	Auckland - Dec. 1904	26	37
22/100	Bayley, Violet Ruvina Rebecca	14.10.1877	Auckland - Jan. 1914	36	37
22/101	Barnes, Ethel H. (Spear)	7.6.1884	Nelson - Aug. 1914	30	31
22/102	Beswick, Mary Beatrice (Brown)	10.8.1884	Christchurch - Feb. 1913	28	30
22/103	Brooke, Evelyn Gertrude	13.9.1879	Wellington - Dec. 1907	28	34
22/104	Brown, Marion Sinclair	6.10.1880	Riverton - Jan. 1908	27	34
22/105	Burton, Hilda Alice	28.4.1878	Dunedin - May 1905	27	37
22/106	Brandon, Louise Elizabeth	1879	Wellington - Jan. 1910	30	35
22/107	Carter, Kathleen	13.10.1879	Wellington - Jan. 1911	31	35
22/108	Clark, Isabel	28.4.1885	Oamaru - Aug. 1912	27	30
22/109	Condick, Caroline	Not given	Auckland - June 1907	-	-
22/110	Campbell, Anne Duncan (Brown)	27.6.1876	Christchurch - Dec. 1906	30	38
22/111	Cumming, Kathleen Susan	24.2.1878	Auckland - Jan. 1912	33	37
22/112	Davies, Margaret Georgina	27.12.1881	Palmerston North - Jan. 1909	27	33
22/113	Donoghue, Catherine Mary	5.5.1888	Wanganui - Aug. 1913	25	27
22/114	Edgerley, Haidee Gwen (Harris)	27.9.1887	Aug, Jan 1912	24	27

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/115	Edmonstone, Johanna Mitchell Doig	16.8.1882	Wellington - Jan. 1910	27	32
22/116	Ellis, Mildred (Salt)	25.8.1875	Wellington - Jan. 1909	33	39
22/117	Erwin, Jean Neill	24.1.1890	Christchurch - Aug. 1914	24	25
22/118	Fox, Catherine Anne	18.5.1877	Dunedin - June 1907	30	38
22/119	Garrard, Gertrude Kate	24.10.1887	Australia - Jan. 1914	36	27
22/120	Grant, Elizabeth Ellen Alfreda	18.5.1876	Dunedin - June 1908	32	39
22/121	Hannan, Eileen Grace	Not given	Auckland - Jan. 1909	-	-
22/122	Haste, Maude Wilinon (Webster)	25.5.1885	Christchurch - Aug. 1913	28	29
22/123	Hawken, Ada Gilbert	6.1.1886	Northhampton, UK - June 1909	23	29
22/124	Hawkins, Clara Elizabeth	24.3.1889	Thames - Jan. 1914	24	26
22/125	Hildyard, Nora Mildred	4.11.1888	Christchurch - Jan. 1914	25	26
22/126	Hobbs, Mary Eleanor (Dick)	9.10.1884	Wellington - Jan. 1911	26	30
22/127	Holmwood, Aileen (Michard)	26.2.1884	Wellington - Jan. 1911	26	31
22/128	Hooper, Ethel Elizabeth (Bell)	30.6.1886	Nelson - Jan. 1912	25	29
22/129	Horton, Decima Constance	2.8.1890	Wairau - Jan. 1914	23	24
22/130	Isdell, Helena Kathleen	30.11.1886	Kumara & Napier - July 1912	25	27
22/131	Jeffery, Minnie Johns	22.6.1884	Dunedin - Jan. 1910	25	31
22/132	James, Jessie	4.3.1882	Wellington - Jan. 1911	28	33
22/133	Jamieson, Mabel Elizabeth	File not found	Palmerston North - Jan. 1909	-	-

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/134	Keyte, Bessie	5.10.1878	Auckland - Dec. 1904	26	37
22/135	Kitching, Katherine Frances	6.11.1884	Wellington - Jan. 1911	26	30
22/136	Kittely, Mabel Eliza Jane (North)	File not found	Greymouth - July 1910	-	-
22/137	Le Gallais, Charlotte (Gardener)	24.10.1881	Auckland - Dec. 1911	30	33
22/138	Levien, Rachel Theodosia	26.2.1886	Wanganui - Jan. 1914	27	29
22/139	Longman, Annie Louisa	12.1.1875	Christchurch - May 1903	28	39
22/140	Looney, Mary (Watters)	6.8.1887	Southland - July 1911	23	27
22/141	McCosh-Smith, Violet (Little)	16.9.1880	Naseby - June 1907	26	35
22/142	McKay, Annie Johanna	23.6.1880	Southland - June 1908	28	35
22/143	McLean, Beatrice Cunningham	10.2.1887	Palmerston North - June 1911	24	28
22/144	McNic, Louie Alexa	File not found	Christchurch - June 1910	-	-
22/145	McGann, Susannah Josephine	2.2.1880	Queensland 1904	24	35
22/146	Martyn, Emma Maria	7.8.1876	Auckland - Dec. 1905	29	38
22/147	Metherell, Gladys, Marion	21.1.1887	Christchurch - Jan. 1913	26	28
22/148	Morris, Cecilia May	25.5.1874	Dunedin - May 1903	29	41
22/149	Muir, Jane (Young)	7.3.1887	Hokitika - Aug. 1912	25	28
22/150	Muir, Mary Ann	13.10.1881	New Plymouth - July 1909	27	33
22/151	Munro, Isobella	Not given	Christchurch - Aug. 1912	-	-
22/152	Myles, Eva	22.9.1883	Glasgow 1904	21	31

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/153	Newell, Lyna Todd	5.5.1884	Auckland - June 1911	27	31
22/154	Noonan, Kathleen Mary	17.2.1878	Timaru - Dec. 1907	29	37
22/155	O'Callaghan, Ellen Monica	5.3.1873	Perth, Australia 1902	29	42
22/156	Paterson, Mary Agnes (Clarke)	Not given	Gisborne - Feb. 1913	-	-
22/157	Philpotts, Alice Lizzie	20.9.1882	Wellington - Jan. 1910	27	32
22/158	Popplewell, Edith	30.10.1884	Victoria, Australia 1907	23	31
22/159	Porteous, Elizabeth Anna	9.9.1878	Dannevirke - Jan. 1913	34	38
22/160	Rattray, Lorna Aylmer	10.1.1875	Christchurch - Aug. 1914	38	40
22/160A	Hughes, Norah	5.4.1885	Wellington - July 1915	30	31
22/161	Rae, Mary Helen	29.1.1880	Dunedin - June 1911	31	30
22/162	Reynolds, Emily Maria (Owen)	21.7.1877	Liverpool 1899	22	37
22/163	Rhind, Emily Ruth	29.10.1883	Riverton - June 1911	27	31
22/164	Smith, Florence 'Flora'	3.9.1891	Hawera - Sept. 1913	22	23
22/165	Stubbs, Eliza Dorcas	8.11.1876	Christchurch - June 1908	31	38
22/166	Tucker, Margaret Sarah	Not given	Christchurch - Aug. 1913	-	-
22/167	Utting, Ruth	10.5.1884	Auckland - Jan. 1913	28	31
22/168	Walker, Mary Rose (Torrance)	19.7.1872	Oamaru - July 1909	27	42
22/169	Watt, Mary (Cameron)	2.8.1883	Waikato - Jan. 1914	30	32
22/170	Warner, Phoebe Matilda	24.11.1884	Auckland - Jan. 1910	25	30

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/171	Welch, Kathleen	25.8.1888	Wellington - Feb. 1914	25	26
22/172	Whitta, Ada Jessie (Scott)	24.10.1887	Wairarapa - July 1913	25	27
22/173	Willis, Ida Grace	29.12.1881	Wellington - Jan. 1910	28	32
22/174	Wilson, Elizabeth Annic	21.7.1882	Timaru - Sep. 1909	27	32
22/175	Rogers, Margaret	11.12.1887	Christchurch - Aug. 1913	25	27
22/176	Atkinson, Maude Gertrude	2.10.1880	Auckland - June 1910	29	34
22/177	Stronach, Wynnifrid (Lennie)	16.12.1883	Palmerston North - Aug. 1911	27	31
22/178	Adams, Florence Alford	1886	Dunedin - June 1914	28	29
22/179	McAllum, Elsie May	5.5.1886	New Plymouth - July 1910	24	29
22/180	Anderson, Mary Watson	23.7.1879	Dunedin - June 1914	34	36
22/181	Brook-Leers, Winifred	3.1.1885	Wellington - Jan. 1913	28	30
22/182	Naismith, Jean	6.12.1881	Dunedin - June 1911	29	33
22/183	Gordon-Boyd, Isabel "Isa"	24.4.1882	Wellington - Aug. 1913	31	33
22/184	Booth, Kate	9.2.1885	Wellington - Aug. 1914	29	30
22/185	Early, Mary Amelia	2.1.1874	Wellington - June 1908	34	41
22/187	Stephenson, Agnes Kate (Cruickshank)	12.8.1877	Auckland - Jan. 1909	31	38
22/188	Affleck, Mary Ellen	1888	New Plymouth - Jan. 1913	24	27
22/189	Boyd, Margaret	6.8.1883	Wellington - Jan. 1913	29	32
22/190	Cumberworth, Lucy Isabel	22.2.1887	Christchurch - Aug. 1913	26	28

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/191	Jessep, Mabel Alice (Hight)	20.12.1883	Oamaru - July 1909	25	31
22/192	Scott, Haidee	1884	Melbourne Hosp. Aust. 1907	23	31
22/193	Keith, Alice Violet	1.2.1874	Launceston Hosp. Tasmania 1902	28	41
22/194	Burnett, Margaret	1886	Dunedin - Aug. 1913	27	29
22/195	Brawn, Edith Martha	12.1887	Westland - Sept. 1914	27	27
22/196	Crispin, Eleanor Elizabeth	8.2.1880	Wairau - Dec. 1905	25	35
22/197	Fulton, Mrs Ada Helmina	14.10.1868	St. Thomas's Hosp. London 1904	37	46
22/198	Goldsmith, Elizabeth McBride	28.12.1876	Wellington - June 1908	31	38
22/199	Stronach, Elsie McGregor	13.1.1882	Dunedin - June 1908	26	33
22/200	Douglas, 'Millie' Amelia Catherine	Not given	Dunedin - Jan. 1912	-	-
22/201	Arrowsmith, Doris Field (Gibbons)	20.4.1889	Wellington - Aug. 1914	25	26
22/202	Broun, Margaret	18.10.1876	Auckland - May 1905	28	39
22/203	Barker, Violet Gertrude	22.10.1881	Wellington - Aug. 1914	32	33
22/204	Gilmer, Ruth	24.11.1876	Wellington - Aug. 1910	33	39
22/205	Jamieson, Mary Ann	1.8.1887	Waikato - Jan. 1913	25	28
22/206	Jennings, Ethel	7.12.1886	Christchurch - Aug. 1913	26	28
22/207	Lever, Isobel Daisy	17.4.1877	Auckland - 1905 May	28	38
22/208	McGregor, Katherine (Peek)	11.10.1877	Wellington - July 1912	34	39
22/209	Mills, Mary	19.2.1879	Christchurch - Jan. 1911	31	36

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/210	McIntyre, Catherine Anne (Duncan)	File not found	Riverton - Jan. 1914	-	-
22/211	McLoughrey, Lillian	24.8.1881	Wanganui - Sept. 1913	32	34
22/212	McRae, Isabella Marion	20.5.1881	Nelson - June 1908	26	33
22/213	Patrick, Ann	File not found	Christchurch - Aug. 1914	-	-
22/214	O'Loughlin, Edith Marion	29.4.1885	Palmerston North - Jan. 1913	27	30
22/215	Richardson, Eliza Moore	26.11.1881	Timaru - March 1914	32	33
22/216	Rudd, Annie	6.10.1880	Adelaide Lt, 1909	29	35
22/217	Smith, Margaret Amy (White)	7.8.1887	Gore - August 1913	26	28
22/218	Smith, Ruth	15.6.1885	Auckland - July 1910	25	30
22/219	Swayne, Ethel	27.10.1883	Hamilton - Jan. 1912	28	32
22/220	White, Winifred Elsie	30.7.1882	Auckland - Dec. 1907	25	33
22/221	Young, Elizabeth Jane	29.12.1885	Dunedin - Aug. 1913	27	29
22/222	Brayshaw, Ruby	31.8.1887	Napier - Feb. 1914	26	28
22/223	Broun, Jane	12.11.1880	Wellington - June 1908	27	35
22/224	Burgess, Elinor Kate	10.12.1886	Wanganui - Jan. 1915	28	28
22/225	Carter, Katherine Mary	22.2.1885	Auckland - July 1912	27	30
22/226	Chamberlain, Catherine	30.8.1885	Wellington - Aug. 1914	29	30
22/227	Duke, Bertha Evelyn	Not given	Adelaide, 1902	-	-
22/228	Donald, Elsie Mary	11.3.1886	Wellington - Jan. 1913	26	29

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/229	Easton, Rose (Brooks)	15.10.1880	Wellington - Jan. 1914	33	35
22/230	Floyd, Isobel Ethel	20.3.1882	Auckland - Dec. 1907	25	33
22/231	Fogelin, Svea	1.7.1884	Wellington - Aug. 1914	30	31
22/232	Forrester, Bertha Louise (Tilley)	1.12.1889	Nelson - Jan. 1914	24	26
22/233	Flynn, Hilda	1882	Hawera - July 1912	30	33
22/234	Gebbie, Ellen Mary	14.6.1881	Wanganui - July 1913	32	34
22/235	Gilmour, Frances (Evans)	8.5.1884	Wanganui - Jan. 1912	27	31
22/236	Glynes, Alice Mildred	1881	Wellington - Aug. 1914	33	34
22/237	Gray, Mabel Gertrude (McKay)	File not found	Wellington - Jan. 1913	-	-
22/238	Greensill, Florence Lillian	20.4.1882	Picton - Jan. 1914	31	33
22/239	Gunn, Davinia Mertel (Hay)	9.5.1888	Christchurch - Aug. 1914	26	27
22/240	Harper, Lottie	2.3.1885	Napier - Jan. 1912	26	30
22/241	Hood, Irene Josephine	31.8.1882	Dunedin - Jan. 1910	27	33
22/242	Inglis, Olivia Helen (Cooke)	26.2.1889	Wellington - Aug. 1914	25	26
22/244	Jacobsen Alice Maud	1872	Christchurch - Dec. 1903	31	43
22/245	Knight, Enid	13.12.1891	Waipawa - Aug. 1914	22	23
22/246	Leipst, Gertrude	1878	Mercury Bay - Jan. 1913	34	28
22/247	Lewis, Edith Mary	Date unreadable	Wanganui - June 1908	-	-

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/248	Lea, Lucy Mary	1.8.1888	New Plymouth - Jan. 1913	24	27
22/249	Moore, Dora (Pilcher)	20.2.1885	Dunedin - July 1910	25	30
22/251	Morley, Sarah Elizabeth	Not given	Guys Hosp. 1904	-	-
22/252	Malcolm, Olive	File stated as missing	Gisborne - Jan. 1914	-	-
22/253	Maberley, Henrietta B. (Ward)	File stated as missing	Waihi - Jan. 1910	-	-
22/254	Mathews, Charlotte	1885	Masterton - Aug. 1913	28	30
22/255	Mitchell, Emily Freeman	8.1.1885	Waihi - Jan. 1912	27	30
22/256	McKenzie, Elsie	5.2.1877	Timaru - Aug. 1913	36	38
22/257	McRae, Rhoda Georgina	21.9.1888	Christchurch - Aug. 1914	25	27
22/258	McMahon, Florence May	14.5.1882	Wellington - Jan. 1914	31	33
22/259	Newton, Helena Mary (Belton)	1875	Hackney Infirmary London 1906	31	40
22/260	Petre, Gertrude Eleanor Mary	22.8.1888	Dunedin - Aug. 1914	26	27
22/261	Rhind, Alice Rose	29.6.1878	Gisborne - Jan. 1910	31	37
22/262	Rood, Laura (Barry)	Not given	Nelson - Jan. 1915	-	-
22/263	Sugden, Florence Kate	26.12.1882	Wellington - Jan. 1911	28	32
22/264	Sutherland, Hugh	13.10.1888	Auckland - Jan. 1914	25	27
22/265	Tilly, Barbara Mildred	1.3.1885	Auckland - Jan. 1913	27	30
22/266	Trask, Margaret Annic	Not given	New Plymouth - Dec. 1906	-	-
22/267	Trumble, Lucy	Not given	Christchurch - June 1912	-	-

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/268	Tuke, Ellen	1874	Auckland - July 1903	29	41
22/269	Westoby, Annic Catherine (Aitkin)	24.6.1880	Wellington - June 1908	28	35
22/270	Keddie, Alexandra Gunn	1881	Timaru - Dec. 1904	23	35
22/271	Woodward, Katherina Adelaide	File not found	Dunedin - Jan. 1910	-	-
22/272	Seager, Jeanne	28.12.1884	Launceston Hosp. Tasmania 1911	27	30
22/274	Gallagher, Elizabeth Mary (Falconer)	File not found	Waikato - 1914	-	-
22/274A	Shuker, Margaret Elizabeth	17.1.1885	Guy's Hospital, London 1914	29	30
22/275	Millar, Letitia Annic	13.8.1881	Timaru - Aug. 1913	32	33
22/278	Fisher, Margaret, Jane	1876	Dunedin - Dec. 1903	27	39
22/279	Barnard-Brown, Louise (Codling)	12.7.1883	Wellington - June 1911	26	32
22/280	Kilgour, Ada, Florence	14.6.1874	Grey River Hosp. - June 1902	28	41
22/281	Findlayson, Alice, Blanche	15.6.1885	Wellington - Jan. 1914	28	30
22/282	Gilmer, Jean McClure Ross (Martin)	File not found	Wellington - July 1912	-	-
22/283	Kenny, Agnes M.	20.10.1884	Auckland - Aug. 1914	29	31
22/284	Mclean, Christine	File not found	Wanganui - Jan. 1914	-	-
22/285	Nicholson, Jane	2.6.1870	Riverton - Dec. 1904	34	46

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/286	Pownall, Mabel	11.11.1876	Wellington - Jan. 1909	32	39
22/287	Sanderson, Ruth Ada	Information appears incorrect Date of 1892 given.	Hamilton - Aug. 1911	-	-
22/288	Moody, Annie	29.5.1878	Timaru - Dec. 1904	26	37
22/289	Murie, Isobella McFarlane	7.6.1878	Dunedin - Dec. 1907	29	32
22/290	Petersen, Violet (Barclay)	3.7.1887	Palmerston North - Jan. 1915	26	28
22/291	Porteous, Jean Bowic	4.2.1886	Riverton - Jan. 1912	25	29
22/292	Reidy, Mary	20.6.1882	Waikato - Aug. 1914	22	33
22/293	Smith, Alice Brash	Not given	Hawera - Jan. 1910	-	-
22/294	Walker, Catherine	26.1.1878	Napier - Jan. 1911	33	37
22/295	Wise, Caroline Elizabeth	4.9.1889	Nelson - Jan. 1914	24	27
22/296	Lloyd, Ada Ethel Jane	18.10.1874	Wellington - July 1910	35	41
22/297	Carruthers, Hannah (Nash)	28.5.1888	Napier - Jan. 1914	25	27
22/298	Child, Elenor Ivy	25.3.1887	Napier - Aug. 1913	26	28
22/299	Curtis, Elyse Mary	1887	Gisborne - Jan. 1914	26	28
22/300	d'Emdem, Theodora Mary	6.11.1886	Napier - July 1912	25	29
22/301	Evans, Amy Adeline	1879	Wanganui - Aug. 1914	35	36
22/302	Holmes, Dora Kathleen	7.7.1889	Wellington - Aug. 1914	24	26
22/303	Mason, Gertrude Ellen	1879	Wellington - June 1907	28	36
22/304	Pascoe, Edith Mary	15.12.1883	Christchurch - Aug. 1912	28	32

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/305	Persen, Elsie Helga	8.2.1886	Wanganui - Jan. 1915	28	30
22/306	Schaw, Ellen Iris	24.3.1886	Wellington - July 1910	24	29
22/307	Scott, Isabella Young	File not found	Timaru - Dec. 1906	-	-
22/308	Walker, Jessie	15.8.1883	Auckland - Jan. 1909	25	32
22/309	Robins, Annie Caroline	16.10.1882	Guys Hospital, London 1907	25	33
22/310	Mandeno, Mary Ethel	14.2.1884	Southland - Aug. 1913	29	31
22/311	Campbell, Christina	8.11.1877	Thames - Jan. 1911	33	38
22/312	Williams, Agnes	3.3.1883	Royal Sydney - 1911	28	32
22/313	MacPherson, Jean	26.3.1871	Wanganui - Jan. 1912	30	44
22/314	Metge, Amy Julia (Falconer)	19.1.1884	Auckland - Jan. 1912	28	31
22/315	Anderson, Daisy Maude	12.5.1887	Christchurch - Jan. 1915	27	28
22/316	Campbell, Margaret	6.1.1881	Waihi - Aug. 1913	22	35
22/317	Lodge, Joanna Charlotte	13.8.1886	Auckland - Jan. 1911	24	29
22/318	Edgerley, Ruby Gladys	1.8.1886	Auckland - Jan. 1912	25	29
22/319	McAra, Gertrude (Callcut)	22.6.1872	Dunedin - Oct. 1915	33	43
22/320	Nicholas, Susan	File not found	Hawera - Jan. 1914	-	-
22/321	Miller, Margaret Jessie	13.12.1883	Dunedin - June 1911	27	32
22/322	Brooks, Beatrice Elizabeth (Mitchell)	11.2.1878	Melbourne Hospital - 1906	28	37
22/323	Kelly, Ruby Izetta	14.10.1887	Auckland - Jan. 1914	26	28

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/324	Montgomery, Maud	27.9.1889	Auckland - Jan. 1914	24	26
22/325	Kidd, Elvie Jane	3.2.1889	New Plymouth - Jan. 1914	24	26
22/326	Campbell, Janie Letitia (Moir)	26.12.1881	Dunedin - Aug. 1914	32	34
22/327	Stanton, Elizabeth Fanny	2.1.1879	Wanganui - June 1911	30	37
22/328	Galloway, Muriel Murtle (Hutson)	24.5.1883	Timaru - Jan. 1911	27	32
22/329	Hamann, Annie Albrecht	File not found	Dunedin - June 1907	-	-
22/330	Don, Amelia Prior	6.4.1884	Dunedin - Aug. 1914	30	31
22/331	Eagle, Mary	6.10.1877	Naseby - Jan. 1912	24	39
22/332	Ayson, Anna	4.3.1880	Southland - Aug. 1914	34	35
22/333	Arnold, Jean Penman	12.5.1889	Dunedin - Jan. 1915	25	26
22/334	Barclay, Elizabeth Turnbull	6.7.1872	Dunedin - March 1902	29	43
22/335	Mercer, Jessie M.	6.12.1884	Dunedin - Jan. 1914	29	31
22/336	Kelly, Leonora Flight	1870	Timaru - Dec. 1906	36	46
22/337	Thomson, Frances (Martin)	6.9.1888	Christchurch - Jan. 1915	26	27
22/338	Bicknell, Jessie	27.3.1871	Nelson - May 1903	32	44
22/339	Flower, Jessie Lena	5.10.1885	Nelson - Sept. 1911	25	30
22/340	Upton, Florence Winifred	1879	Auckland - Jan 1912	33	36
22/341	Ibbetson, Laura Martha Charlotte	Not given	Wellington - June 1907	-	-
22/342	Thurston, Mabel	Not given	Wellington - Dec. 1904	-	-

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/343	Smale, Mrs Ivy Murial	3.3.1885	Waikato - Jan. 1911	25	31
22/344	Drummond, Margaret, Rose	29.2.1892	Albury District Hosp. NSW 1915	23	24
22/345	Donald, Lottie	Not given	Wellington - Jan. 1913	-	-
22/346	Milne, Mary (Hovey)	2.8.1887	Auckland - Aug. 1912	25	25
22/348	Sullivan, Norah Josephine	14.3.1884	Wanganui - Jan. 1914	29	32
22/350	Stewart, Annie	30.6.1889	Waihi - Aug. 1913	24	27
22/351	Silvester, Mary Susannah	27.6.1884	Poplar Hosp. London 1909	25	32
22/352	Cook, Frances	7.4.1884	Dunedin - Jan. 1910	25	31
22/353	Davison, Grace	19.7.1878	Wellington - July 1912	34	40
22/354	Eaddy, Margaret Audrey (Thurston)	9.11.1885	Gisborne - Jan. 1909	23	30
22/355	Illingworth, Mable (Coates)	5.7.1883	Auckland - July 1912	29	33
22/356	Grey, Elsie Prudentia	1.8.1889	Auckland - Feb. 1916	26	27
22/359	Nixon, Margaret	1888	Timaru - Dec. 1906	18	29
22/360	Watt, Margaret	21.3.1886	Waimate - June 1911	25	29
22/361	White, Emmeline Mary	1878	Napier - May 1903	25	38

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/362	MacKenzie, Margaret Kathleen	23.7.1888	Wellington - Aug. 1914	26	28
22/363	Rose, Annie Munro	19.3.1888	Dunedin - Jan. 1914	25	28
22/364	Goucher, Mary Elenor Kate	6.1883	London Hospital	29	33
22/366	Haywood, Alice Mary	11.1882	Guy's Hospital, London 1904	22	35
22/367	Fabian, Annie (Trumbel)	9.7.1882	Wellington - Aug. 1914	32	34
22/368	West, Alice Maud	12.10.1881	Napier - July 1915	33	34
22/369	Parkinson, Ida	File not found	Wellington - May 1902	-	-
22/370	Carruth, Ethelwyn (Motion)	Not given	Thames - Jan. 1914	-	-
22/371	Whishaw, Mabel	1884	Wellington - Jan. 1910	25	32
22/372	Jessep, Lilian (Kay)	4.10.1881	Oamaru - Jan. 1912	30	35
22/373	Kirkpatrick, Annie	7.9.1889	Christchurch - July 1915	25	27
22/374	Norman, Janie (Hunt)	19.10.1889	Christchurch - Jan. 1915	25	26
22/375	Moore, Dorothy Evelyn	17.10.1886	New Plymouth - July 1915	28	29
22/376	Drummond, Catherine Isabell	Not given	Wellington - Dec. 1905	-	-
22/377	Park, Mary Muriel	17.6.1882	Christchurch - Jan. 1910	27	43
22/378	Trott, Violet Maud	10.4.1888	Waimate - July 1915	27	28
22/379	Bursill, Rosina Eliza	17.5.1879	Wellington - Jan. 1914	34	37
22/380	Reay, Lucy Elizabeth (Whetter)	9.5.1891	Nelson - July 1915	24	25

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/381	Herbert, Margaret Emily (Whitfield)	File not found	Waihi - Jan. 1914	-	-
22/382	Taylor, Ada	13.3.1875	Christchurch - May 1902	27	41
22/383	Taylor, Bertha Emily (Pritchard)	23.11.1879	Auckland - Jan 1910	30	36
22/384	Ward, Grace Evelyn (Dunford)	10.11.1884	Wellington - July 1912	27	31
22/385	Martin, Elizabeth Fitzgerald	17.3.1888	Wellington - Jan. 1913	24	28
22/386	Makeig, Ruby Constance	12.2.1891	Dunedin - Jan. 1915	23	25
22/387	Broadbent, Amy (Marshall)	23.8.1878	Wellington - May 1904	25	38
22/388	Matheson, Jean Drysdale	18.11.1890	Royal North Shore, Sydney 1915	25	26
22/391	Scanlon, Louise Kathleen	27.9.1889	Palmerston North - July 1915	25	27
22/392	Barr, Stella Grace	18.9.1886	Gisborne - Aug. 1914	27	30
22/393	Hart, Florence Emily	18.3.1879	Wellington - June 1908	29	37
22/394	Fitzgerald, Eileen Maude	16.11.1886	Wellington - Jan. 1915	28	30
22/395	McKercher, Annie Cameron	File not found	South Island - Jan. 1914	-	-
22/396	Jensen, Nielsene Maye (Chappell)	26.5.1878	Christchurch - Aug. 1914	36	38
22/397	Slater, Norah	23.10.1885	Nelson - July 1915	29	31
22/398	Parkinson, Elfrida	File not found	New Plymouth - July 1915	-	-
22/399	McGee, Mary (Finlayson)	12.5.1888	Auckland - Aug. 1914	26	28

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/400	Watters, Bessie Glendinning (Hewett)	26.5.1889	Auckland - Aug. 1914	25	27
22/401	Beattie, Emilye Edwina (Ross)	16.4.1877	Patea - Oct. 1902	25	39
22/402	Mandeno, Nettie	18.6.1882	Dunedin - June 1911	29	34
22/403	McGhie, Janet Nicholson	14.10.1885	Naseby - Aug. 1910	24	31
22/404	Beer, Jessie Harriette Elsie (Pullan)	5.8.1885	Dunedin - Aug. 1914	29	31
22/405	Ancell, Irene Catherine (Ellis)	13.5.1890	Gisborne - July 1915	24	26
22/406	Jackson, Mildred Doris (Deller)	26.2.1889	Auckland - Jan. 1915	25	27
22/407	Meddins, Gertrude	1.7.1884	Wellington - July 1912	28	32
22/408	Bagley, Amelia	2.10.1870	Dunedin - March 1902	31	46
22/409	McKenny, Cecilia	25.6.1874	Wellington - Feb. 1902	27	42
22/410	Steele, Camilla (Harrowell)	Not given	Auckland - Jan. 1910	-	-
22/411	Giffney, Dora Erin	13.2.1883	Auckland - July 1910	27	33
22/412	Grant, Emily Hesba (Ross)	1.3.1885	Dunedin - June 1911	26	31
22/413	Cameron, Margaret Jean	13.7.1890	Wanganui - July 1915	25	27
22/414	Bennett, Amy Elizabeth (Copeland)	27.9.1886	Christchurch - Jan. 1914	27	30
22/415	McKay, Kitty Georgina	23.2.1890	Christchurch - Jan. 1914	23	26
22/416	McFarlane, Christabel	19.10.1886	Hamilton - July 1911	24	30
22/417	McKenzie, Annie (Draper)	31.1.1887	Gisborne - Jan. 1914	27	29
22/418	McIlwraith, Margaret Hamilton Paton	15.2.1889	Mercury Bay - Jan. 1915	25	27

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/419	Burke, Caroline Ivy	1883	Waikato - Jan. 1915	31	34
22/420	Tilyard, Louise (de Jaunay)	3.4.1883	Wellington - Jan. 1911	27	33
22/421	Maxfield, Bessie	12.11.1887	Auckland - Aug. 1914	26	29
22/422	Gray, Rachel Nellie	12.11.1887	Ballarat Dist.Hosp. June 1916	29	30
22/423	Cutforth, Constance Evelyn (Warburton)	18.2.1882	Auckland - Jan. 1911	28	34
22/424	Hay, Edith Grace	25.9.1881	Dunedin - Jan. 1914	32	35
22/425	Adams, Charlotte Ellen Josephine	19.6.1885	Auckland - Jan. 1912	26	31
22/426	Morgan, Hariette	4.6.1882	Auckland - Jan. 1910	27	34
22/427	James, Dora Parry	1884	New Plymouth - Aug. 1914	30	32
22/429	Garner, Rose	9.4.1891	Westland - July 1915	24	26
22/430	Dickens, Alice	9.9.1887	Dunedin - Jan. 1915	27	29
22/431	Ansenne, Nina (Busing)	11.9.1891	Waikato - July 1915	23	25
22/432	Hetherington, Sarah Jane	15.8.1869	London Hospital - 1909	40	47
22/433	Franks, Gertrude	30.6.1885	Royal Haunts Hosp. Winchester 1911	26	31
22/434	Shirtcliffe, Frances Martha	25.6.1890	Nelson - Jan. 1909	18	28
22/436	Bouskill, Ethel	6.6.1879	Wanganui - Jan. 1912	32	39
22/437	Jordan, Eva Clare	18.12.1878	Auckland - Dec. 1903	25	39
22/438	Gittens, Florence Maisie	File not found	Auckland - Jan. 1903	-	-

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/440	Hunter, Christina	1881	Christchurch - June 1908	26	37
22/444	Lewis, Ethel Mary	6.12.1884	Bristol General Hosp. 1905	21	34
22/445	Hitchcock, Margaret	24.11.1883	Wellington - Jan. 1910	26	33
22/448	Thomson, Edith	File not found	Christchurch - Feb. 1902	-	-
22/449	MacLennan, Isobel	File not found	Wellington - Feb. 1916	-	-
22/450	Dempsey, Nora Kathleen	5.3.1888	Auckland - Aug. 1916	28	29
22/451	Delugar, Annette (Black)	27.10.1891	Thames - Feb. 1916	24	25
22/452	Webster, Edith Ramsay	20.3.1888	Wellington - Jan. 1914	25	29
22/453	Dawson, Vera	26.9.1892	Napier - Feb. 1916	23	25
22/454	Barker, Gertrude Ivy	20.10.1889	Nelson - Feb. 1916	26	27
22/455	Taylor, Frances Ann	27.4.1886	Dunedin - Jan. 1915	28	31
22/456	Crompton, Susan Fanny	15.1.1888	Southland - Feb. 1916	28	29
22/457	Harris, Amy	31.7.1885	Christchurch - Feb. 1916	30	32
22/458	McIntyre, Charlotte Leslie	31.7.1887	Dunedin - Feb. 1916	28	30
22/459	Douglass, Emily Harriett	File not found	Wellington - June 1907	-	-

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/461	Rhind, Alice Maria Victoria	24.5.1887	Ashburton - Aug. 1916	29	30
22/462	Daw, Margaret Mary (McLean)	27.11.1886	Palmerston North - June 1911	24	31
22/463	Wylie, Katherine (Ross)	File not found	Auckland - Aug. 1914	-	-
22/464	Wallace, Eva, Adeline	9.4.1885	Wellington - Feb. 1916	30	32
22/465	Burt, Isabella	6.7.1886	Wellington - July 1915	29	31
22/466	Waite, Winifred Ellen (Spencer)	30.8.1889	New Plymouth - July 1915	25	27
22/467	Keyte, Alice	31.12.1890	Christchurch - Jan. 1915	24	27
22/468	Hodges, Mai (Wallace)	3.5.1888	Christchurch - Jan. 1915	26	29
22/469	Shaw, Bertha	10.2.1887	Nelson - Aug. 1916	29	30
22/470	North, Hilda Irene	25.12.1889	Wellington - Feb. 1916	26	28
22/471	Lange, Grace Margaret	14.4.1884	Auckland - Feb. 1916	31	33
22/472	Wilson, Winifred (Lowe)	File not found	Wellington - Feb. 1916	-	-
22/473	Hancock, Mary Lucretia	1.10.1882	Dunedin - Jan. 1914	31	35
22/474	Aiken, Maggie Isobel	15.9.1890	Wellington - July 1915	24	27
22/475	Lee, Clara	3.3.1886	Wanganui - Aug. 1914	28	31
22/476	Lindsay, Ruth	File not found	Southland - Dec. 1904	-	-
22/477	Gray, Leila	12.4.1890	Wellington - July 1915	25	27
22/478	Cairns, Elizabeth	12.7.1878	Auckland - June 1907	28	39
22/479	Shaw, Jessie Isobella	6.4.1883	Thames - Sep. 1916	33	34

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/480	Guinness, Marguerite (Brown)	File not found	Christchurch - Feb. 1916	-	-
22/481	Roberts, Mary Cassandra	16.12.1890	Waikato - Feb. 1916	25	27
22/482	Earl, Agnes Ada (Fagan)	File not found	Waikato - Aug. 1914	-	-
22/483	Coutts, Eleanor (Potvine)	12.11.1885	New Plymouth - Feb. 1916	30	32
22/484	McLellan, Edith	6.10.1878	Dunedin - Feb. 1916	37	39
22/485	Oppenheim, Violet	8.8.1886	Christchurch - Jan. 1915	28	31
22/486	Thompson, Margaret Hepple	17.12.1886	Christchurch - July 1915	28	31
22/487	Roy, Annic	24.12.1888	Dunedin - Jan. 1914	25	29
22/488	Keyes, Isabel Couldry	14.10.1890	Auckland - Jan. 1915	24	27
22/494	Garland, Marrion Barbara	17.12.1881	Auckland - Jan. 1914	33	36
22/495	Brown, Mary Chadwick	File not found	Auckland - Aug. 1916	-	-
22/496	Bremner, Mary Victoria	17.8.1886	Dunedin - Aug. 1913	27	32
22/497	Wallace, Beatrice	30.7.1886	Wellington - July 1915	29	31
22/498	Haliburton, Jean Grey	File not found	Wellington - July 1915	-	-
22/499	McGibbon, Euphemia Laidlaw	29.8.1890	Christchurch - Feb. 1916	25	27

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/500	Rountree, Alice	File not found	Christchurch - Feb. 1916	-	-
22/501	McNicol, Marion Jane	15.1.1890	Auckland - Jan. 1914	24	28
22/502	McAllum, Jessica May (Seward)	11.9.1886	Christchurch - Feb. 1916	29	31
22/503	Johnson, Ivy	File not found	Dannevirke - Feb. 1916	-	-
22/504	Miller, Aileen Catherine	26.8.1889	Auckland - Aug. 1916	27	28
22/505	Orr, Jessie Muriel (Bates)	12.2.1876	Guy's Hospital London	23	38
22/506	Jackson, Mary Alice	6.12.1892	New Plymouth - Aug. 1916	27	25
22/507	Bishop, Emily	3.4.1875	Dunedin - May 1902	28	43
22/508	Davis, Lilian Phyllis (Watson)	8.9.1888	Auckland - Jan. 1917	24	29
22/510	Mirams, Ruth Josephine	29.9.1881	Auckland - June 1907	28	36
22/511	Cox, Margaret Irene	11.8.1886	Auckland - July 1915	29	31
22/512	Ellis, Mary Eliza (Edge)	21.10.1890	Auckland - Aug. 1914	23	27
22/513	Williams, Catherine Amelia	File not found	Auckland - July 1915	-	-
22/514	Baker, Elizabeth Looseman (Hill)	21.2.1889	Christchurch - Aug. 1916	31	29
22/515	Whitehorn, Elizabeth Letitia	8.12.1874	Wellington - Dec. 1905	25	43
22/516	Binsted, Rita Janette	18.2.1891	Dunedin - Aug. 1916	26	27
22/517	Tubman, Esther Maude	18.4.1887	Dunedin - 1913	26	31
22/518	Aitkinhead, Elsie Annie	6.10.1889	Auckland - Feb. 1916	26	28
22/519	Goulstone, Muriel Florence	21.2.1890	Auckland - Aug. 1916	26	28

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/520	Knowles, Emily Frances	6.5.1882	Dunedin - Aug. 1913	31	36
22/521	Evans, Kate	16.1.1887	Auckland - Aug. 1916	29	31
22/522	Honeyfield, Irena Katherine	23.3.1885	Wellington - Aug. 1916	31	23
22/523	Smale, Myrtle Ruahine	17.8.1891	Palmerston North - Jan. 1917	25	26
22/524	McKenzie, Catherine Lynette	4.9.1891	Wellington - Aug. 1916	24	26
22/525	Punter, Rosamund	22.11.1888	Wellington - Jan. 1917	28	30
22/526	Chittenden, Delia	25.5.1891	Palmerston North - Jan. 1917	25	27
22/527	Hamilton, Annie	25.10.1881	Westland - Jan. 1917	35	36
22/528	McNab, Mary Duirs	1.10.1891	Christchurch - Jan. 1917	25	25
22/529	Scott, Alithea Muriel	2.10.1883	Auckland - Jan. 1915	31	34
22/530	Robinson, Gladys Alfreda	29.12.1890	Auckland - Aug. 1914	23	27
22/532	Mettam, Lavinia	11.5.1879	New Plymouth - Jan. 1917	39	39
22/533	Webb, Adeline Martha	21.5.1885	Auckland - Jan. 1917	33	33
22/534	Thomson, Selina Bertha	24.4.1885	Wellington - Feb. 1916	30	33
22/535	Lewis, Edith Hilda	6.7.1888	Waihi - Jan. 1917	28	30
22/536	Lancaster, Winifred Eva	4.8.1886	Wellington - Jan. 1917	30	31
22/537	Everette, Dorothy) <i>twins</i>	16.3.1892	Christchurch - Aug. 1916	24	26
22/538	Everette, Claire )	16.3.1892	Auckland - Feb. 1916	23	26

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/540	Bowman, Anne	21.12.1890	Grey River Hosp. - Feb. 1916	25	27
22/541	Farmer, Viva Waud	File not found	Blenheim - Jan. 1910	-	-
22/542	De Lisle, Florence Rawhiti Arohanui	3.5.1893	Napier - July 1917	24	25
22/543	Withell, Ada Sarah	File not found	Ashburton - Jan. 1917	-	-
22/544	Law, Jessie Rachael (Thompson)	File not found	Wellington - Jan. 1917	-	-
22/545	Holton, Josephine	8.2.1892	Waikato - Aug. 1916	24	26
22/546	Harrowell, Marjorie	14.9.1886	Waikato - Aug. 1916	29	31
22/547	Kirk, Mary Agnes	7.6.1882	Dunedin - Jan. 1914	31	36
22/549	Taine, Elaine Howell	6.8.1892	Timaru - Jan. 1917	24	26
22/550	Wallace, Caroline Mary (Marsden)	1.3.1882	Gisborne - Jan. 1917	24	36
22/551	Gibbon, Catherine	9.11.1892	Southland - Feb. 1916	23	25
22/552	Pengelly, Lillian Mary	4.11.1889	Southland - Jan. 1917	27	28
22/553	Nock, May Armfield	3.9.1886	Wellington - Aug. 1916	29	31
22/554	Carver, Ada Maud	14.4.1886	Thames - Aug. 1916	30	32
22/555	Jackson, Gertrude	29.9.1891	Waipukurau - Aug. 1916	24	26
22/556	Parker, Doris Thirza	29.11.1893	Nelson - July 1917	23	24
22/557	Wright, Jessie (Moncreff)	File not found	Auckland - Feb. 1914	-	-
22/558	Grey, Isabel	27.4.1888	Dunedin - Jan. 1917	28	30

NZANS REGIMENTAL NUMBER	NAME	DATE OF BIRTH	HOSPITAL AND REGISTRATION DATE	AGE ON REGISTRATION	AGE ON ENTERING ARMY
22/562	Burgess, Agnes	Not given	Auckland - Feb. 1916	-	-
22/563	Bowie, Lucy	21.12.1890	Timaru - June 1910	22	27
22/564	Hill, Cissie	Not given	Patca Hospital - Feb. 1916	-	-
22/566	Logan, Mary	Not given	Wellington - Dec. 1905	-	-
22/569	Neal, Mary Selina	13.3.1880	Auckland - June 1911	31	38
22/596	Cunningham, Grace	11.5.1889	Auckland - Aug. 1914	25	29
22/613	Harron, Mary	No file found - possibly employed in NZ only	Dunedin - July 1915	-	-

## APPENDIX D

**NAMES OF NEW ZEALAND TRAINED NURSES ATTACHED  
TO OVERSEAS MILITARY NURSING ORGANISATIONS  
Queen Alexandra's Imperial Military Nursing Service (Reserve)**

<b>NAME</b>	<b>TRAINING HOSPITAL</b>	<b>DATE OF REGISTRATION</b>
Aitkin, Isabel	Christchurch	1905
Allan, Agnes	Auckland	1905
Allan, Jean	Dunedin	1902
Atkinson, Lucy	Westland	1911
Benjamin, Kate	Christchurch	1904
Barclay, Agnes	Wellington	1903
Bennett, Louise	Christchurch	1902
Berry, Elizabeth	Wellington	1902
Bilton, Margaret	Napier	1908
Blackmore, Emma	Timaru	1903
Bowie, Lucy*	Timaru	1910
Brown, Daisy	Dunedin	1912
Carr, Barbara (Grieg)	Wellington	1913
Collins, Mary*	Hawera	1909
Coneys, Mary	Dunedin	1905
Cooke, Ella	Auckland	1907
Craig, Mary	Wellington	1909
Dalrymple, Maggie	Wellington	1908
Dobson, E.E.	Christchurch	1904
Falconer, Jessie	Christchurch	1906
Gill, Dora	Christchurch	1903
Herdman, Olive (Harkness)	Dunedin	1909
Higginson, Louise	Hamilton	1910
Horrocks, Muriel	Auckland	1913

NAME	TRAINING HOSPITAL	DATE OF REGISTRATION
Hunter, Christina*	Christchurch	1908
Jordan, Eva Clare*	Auckland	1908
Kummer, Gertrude	Napier	1909
Kerr, Agnes Dorothy	Wellington	1902
McBeth, Hilda	Napier	1902
McLeod, Jessie	Southland	1913
MacMillan, Agnes*	Dunedin	1902
McMullin, Elizabeth	Dunedin	1912
Miller, Lalla	Napier	1902
Packard, Lucy	Dunedin	1912
Palmer, Nina	Wellington	1902
Rawlings, Beryl	Timaru	1913
Rees, Mildred	Blenheim	1902
Shirtcliffe, Frances	Nelson	1909
Sisley, Grace	New Plymouth	1908
Smart, Alice	Auckland	1902
Threlkeld, Mary	Wellington	1903
White, Mary	Christchurch	1913
Whyte, Isobel	Auckland	1909
Williams, E.G.	Dunedin	1902
Wilson, Mary	Dunedin	1910

\* Indicates those who later joined the NZANS

**British Territorial Nursing Service**

NAME	TRAINING HOSPITAL	DATE OF REGISTRATION
Werder, Marie	Wellington	1914

**French Flag Nursing Corps**

NAME	TRAINING HOSPITAL	DATE OF REGISTRATION
Hitchcock, Margaret	Wellington	1910
Lind, Laura	Wellington	1908

**Australian Army Nursing Service**

NAME	TRAINING HOSPITAL	DATE OF REGISTRATION
Shaw, Adelaide	Napier	1913
Smith, Myra	Napier	1914

## APPENDIX E

**NAMES OF NURSES AWARDED THE ROYAL RED CROSS (RRC)  
AND ASSOCIATE OF THE ROYAL RED CROSS (ARRC)  
AND OTHER HONOURS AND AWARDS**

NAME	AWARD
Atkinson, Mabel	ARRC
Beswick, M.B.	ARRC
Bicknell, J	ARRC
Bird, L.M.	ARRC
Brooke, Evelyn, G.	RRC
Brooks, Beatrice, E (Mitchell)	ARRC
Brown, Helen Blunett	ARRC
Buchanan, I A (nee McNie)	RRC
Buckley, Annie	ARRC
Burton, H.A.	ARRC
Calder, G.	ARRC
Cameron, M. McN.	RRC
Chalmer, May	ARRC
Christmas, E.L.	ARRC
Clark, C.R.	ARRC
Clark, S.L.	RRC
Cooke, E.M.E.	ARRC
Cumming, K.S.	ARRC
Davies, K.	ARRC
Dement, E.	ARRC
Dodds, J.C.	ARRC
Douglass, A.	ARRC
Early, M.A.	ARRC
Fanning, R.G.	ARRC
Finlayson, A.B.	ARRC
Fricker, M.	ARRC
Fulton, A.H. (Mrs)	ARRC
Gilmer, J.M.R.	ARRC
Gilmer, R.	ARRC
Grant, E.E.A.	ARRC

NAME	AWARD
Grigor, M.	ARRC
Haggitt, J (nee Ingram)	ARRC
Hay, E.G.	ARRC
Hodges, E.	ARRC
Huddleston, B.M.	ARRC, Order de la Reine Elizabeth
Ingles, A.	ARRC & RRC
Livesey, E.	ARRC
Looney, M.	ARRC
Longman, A.	ARRC
Maclean, A.	ARRC
Maclean, H.	RRC
Mackay, A.	ARRC
McAllum, E.M.	ARRC
McBeth, M.	ARRC
McGann, S.J.	ARRC
McLean, V.M.K.	ARRC, RRC
McLeod, E.	ARRC
McRae, I.M.	ARRC
Metherell, G.M.	ARRC
Mitchell, M.	ARRC
Moore, J.A.	ARRC
Morley, S.E.	ARRC
Nixon, E (Mrs Plowman)	ARRC
Nurse, B.G.	RRC
Nutsey, E.	ARRC
O'Connor, M.	ARRC
Pengelly, E.	ARRC
Popplewell, E.	ARRC
Porteous, E.	ARRC
Price, F.	RRC

NAME	AWARD
Robertson, C.B. (nee Anderson)	ARRC, RRC
Scott, Isabella	ARRC
Scott, W.M.	ARRC
Searell, G.	ARRC
Siddells F.E.	ARRC
Smailes, E.	ARRC
Smith, A.B.	ARRC
Speedy, Fanny	ARRC
Stronach, W.	ARRC
Thurston, M.	RRC, CBE
Trott, V.M.	ARRC
Trumble, L.	ARRC
White, E.I.	ARRC
White, W.E.	ARRC
Whyte, Dorothy (nee Rose)	ARRC
Wilkie, M.H. (Mrs Hargest)	ARRC
Wilkin, E.L.	ARRC
Willis, I.G.	ARRC
Wilson, F.	ARRC, RRC
Wright, K.E.	ARRC
Wright, M. (Mrs Hemming)	ARRC
Young, C.	ARRC
Young, E.B.	ARRC
Lewis, Ethel Mary	Servian Medal

## VIGNETTE 1

Mabel Thurston  
1872-1960

Born in Cambridge, England, in 1872, Mabel Thurston came to New Zealand in 1901 and entered Wellington Hospital to train as a nurse. Thurston completed her training in 1904 and, within two years, moved on to become matron of Greymouth Hospital from 1906 to 1908. From there she went to Christchurch Hospital as Lady Superintendent. Christchurch Hospital nursing flourished with Thurston at the helm. She was said to be a very popular matron and a capable manager, although considered by some to be 'strict and severe', but always kind to patients and nurses.<sup>1</sup> She is recalled arriving in a ward late at night to inquire after a seriously ill patient and to ask how the nursing staff were coping.<sup>2</sup>

Thurston was also a leading member of the Trained Nurses' Association, taking an active part in the Canterbury Branch from 1911 to 1920. Her time as president of the Canterbury Branch was spent confronting the difficulties between the trained and untrained nurses which continued to be evident during this period. She also promoted the formation of a benevolent fund for trained nurses in the event of sickness or financial hardship.

In 1913 when the New Zealand Army Nursing Service was first initiated, Thurston, as matron of Christchurch Hospital, was appointed as one of the four regional matrons of the army service with the responsibility for selecting applicants. In 1916, she was offered the matronship of the New Zealand War Contingent Hospital at Walton-on-Thames in England. She received the support of the Christchurch Hospital Board members who granted her leave of absence and

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<sup>1</sup> 'A Tribute to the Memory of Miss Mabel Thurston', NZNJ, October 1964, 57:10, p. 29.

<sup>2</sup> Ibid.

expressed their 'appreciation of her capabilities and service [to the hospital], especially in the training of nurses'.<sup>3</sup> By 1917, her war duties expanded when she became Matron-in-Chief of the British-based New Zealand Army Nursing Service. Her new duties were to supervise the nearly 530 New Zealand nurses who were members of the New Zealand Expeditionary Force on active duty in England, France and Egypt. Organising the numbers of nurses to work at the four British-based New Zealand military hospitals and maintaining the nursing standards was strenuous work and, in recognition of her military service Thurston received the Royal Red Cross and the CBE. On both occasions she attended Buckingham Palace to receive these decorations.<sup>4</sup>

Thurston received leave of absence from the Christchurch Hospital Board for the duration of the war when she initially enrolled for service with the NZANS in 1916. By 1918 she received a letter from the Hospital Board indicating that the length of time she had been away from the hospital had adversely affected the hospital. The letter also implied that the acting-matron had turned down offers of other jobs in her desire to remain in the post vacated by Thurston.<sup>5</sup> The quality of Thurston's work during her time at Christchurch Hospital did not appear to be under question. The main thrust of the Board's argument concerned the fact that her absence meant lack of a coordinated nursing services. Thurston responded that she had understood leave had been granted for the duration of war and indicated her intention to return to New Zealand as soon as the war ended. The Board, unmoved, terminated her appointment.<sup>6</sup> In Christchurch a meeting of concerned citizens castigated the Hospital Board for its gross neglect in repatriation of war workers,

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3 'Walton-on-Thames Hospital', NZNJ, April 1916, 9:2, p. 89.

4 'Return of Miss Thurston, R.R.C., C.B.E', NZNJ, January 1920, 13:1, p. 27.

5 'Christchurch Hospital', NZNJ, July 1919, 12:3, pp. 115-116.

6 *Ibid.*, p. 116.

commenting especially on the way it had treated Thurston.<sup>7</sup> The Board, however, showed no inclination to alter its stance and Thurston officially resigned and became matron of King George V Military Hospital at Rotorua.<sup>8</sup> The furore over the Board's treatment of Thurston was not forgotten immediately. Two years later, in January 1920, when Thurston returned to New Zealand after the Armistice, it was publicly noted that the Board had given 'scant courtesy to a lady who has borne her part in the war with integrity and credit'.<sup>9</sup>

Her last post in this country was at Queen Mary Hospital, Hanmer Springs. Perhaps because of the insult dealt her by the Christchurch Hospital Board, Thurston returned to England in 1924. In recognition of her abilities as matron of Christchurch Hospital a number of the nurses who had trained during her period formed a club in her honour. Members of the Thurston Club, as it was known, kept her informed on changes in New Zealand nursing and sent her flowers on her birthday. During World War II, although retired, she worked tirelessly, visiting New Zealand soldiers in British hospitals.<sup>10</sup> Even though Thurston had entered one of the conventional occupations for women, she was one of the few women to hold a prominent senior position in the army and experience the diversity of military nursing during World War I. She died in England in 1960 aged 89.<sup>11</sup>

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7 'Miss Thurston, RRC', NZNJ, April 1920, 13:2, pp. 81-82.

8 Ibid, p. 116. Kathy Wilson has provided information on Thurston's time at Rotorua

9 "Excerpt from the Herald", NZNJ, January 1920, 13:1, p. 27.

10 *New Zealand Herald*, 5 August 1960.

11 Copy of Thurston's Death Certificate held by the Department of Internal Affairs, Wellington.

## VIGNETTE 2

Ada Gilbert Hawken  
1886-1915

Ada Hawken trained as a nurse at Auckland Hospital. She registered in June 1911, being given the Gold Medal in recognition for gaining the top mark in the examination. For a short time Hawken worked as a district nurse to the Maori population at the Bay of Islands, but resigned because she could not manage the constant riding over rough country that the position entailed. She was almost immediately afterwards appointed matron at Kawakawa Hospital and was said to have admirably filled the position, gaining the regard and respect of all those with whom she came in contact.<sup>1</sup> In 1915, she was granted leave of absence from Kawakawa to join the New Zealand Army Nursing Service, and was presented with a purse of sovereigns in appreciation for her untiring work at the hospital.<sup>2</sup>

Hawken's war work started in July 1915 when she joining the 69 members of the third contingent of New Zealand nurses to leave for overseas duty. By August, Hawken was working at No 19 General Hospital, Alexandria. From this hospital Hawken wrote two letters to Charlotte Le Gallais.. Excerpts from these letters provide insight into the homesickness some nurses experienced and the professional concerns of the military nurses:

19/8/15,

My dear Josie [Charlotte Le Gallais],

...Condick, McGann, Martin and I came here - the three are on day duty, I on night so am rather a lonely chicken at present, but I'm sure I will like it when I get used to it. First morning I did duty in the officers ward and went off to bed for the afternoon and on duty at night so you may imagine I was rather

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<sup>1</sup> 'Native Health Nursing in Auckland District', *NZMJ*, January 1914, 7:1, p. 47.

<sup>2</sup> 'Notes from the Hospitals and Personal Items', *NZMJ*, July 1915, 8:3, p. 157.

tired....We do 12 hours a night. You may have seen the other girls and know more about them than I do as I have not seen any of them since we arrived....

No date,

My Dear Josie ,

I was quite disappointed I didn't see you and the others when [they visited No 19 British Military Hospital].<sup>3</sup> I had the misfortune to break my hypodermic the other day. It was a glass one, Burrows and Welcome I think. I am sending you 10s. by one of my old patients, Captain Rowe. I do hope it will not be too much trouble to you. If so never mind about it. I think you will need to register the parcel. If you could get it and post it right away I should be very grateful as the hypo[dermic] here is impossible and we have so many to give daily....

Ada Hawkins contracted enteric fever while working in Egypt and died on the 28 October 1915. Fanny Speedy who was also working in Alexandria attended Hawken's military funeral and found it the most trying episode of her nursing career.<sup>4</sup> Hawken was buried at the military cemetery at Alexandria. At Kawakawa Hospital a tablet was erected in her memory. Hawken's death was rather overlooked, as six days erlier, 23 October 1915, ten nurses on board the *Marquette* had lost their lives by drowning when the boat was hit by a torpedo.

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3 C. Le Gallais.

4 F. Speedy, 29 October 1915.

## VIGNETTE 3

Margaret Hitchcock  
1883-1967

Margaret Hitchcock, a twin, was born on 24 November 1883, possibly in Christchurch. Little is known about her early life until she entered Wellington Hospital in January 1910, to start her nurse training. At the completion of her training, Hitchcock continued to work at Wellington Hospital as a staff nurse, then as a ward sister until 1914. In 1914 she decided to further her nursing career. With her friend Laura Lind, who had completed her training at Wellington Hospital in 1908, she travelled to Ireland to train as a midwife at the Rotunda Hospital, Dublin.

Nineteen fourteen seemed to have been a year of interest for Hitchcock and Lind. After graduating at the Rotunda, they moved to London to work as private nurses and from there they travelled around the country sightseeing.<sup>1</sup> Following the outbreak of war, both Hitchcock and Lind joined the French Flag Nursing Service in October 1914 and were immediately sent to work at a hospital in Belgium, then on to a French hospital at Rouen.<sup>2</sup> Lind's letters home said that they were enjoying their military nursing experience 'but the wounds [were] terrible'. Hospital wards could have over 100 German soldiers, and the organisation of the hospitals also required some comment. Most of the work was done by orderlies and infirmaries, usually under the direction of a man.<sup>3</sup> Hitchcock and Lind continued to work for this organisation caring for French, Algerian and German soldiers at hospitals at Bordeaux, Bergues, Steenwoorde and Grasse until Lind contracted tuberculosis in mid-1916. Following a period of time in England where Lind's condition worsened, they decided to return to New Zealand. Lind never made it home. She died during

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<sup>1</sup> 'Notes from the Hospitals and Personal Items', NZNJ, April 1914, 7:2, p. 100.

<sup>2</sup> 'New Zealand Nurses who are now at the Front', NZNJ, January 1915, 8:1, p. 29.

<sup>3</sup> 'The French Flag Nursing Corps', NZNJ, January 1915, 8:1, p. 32.

the voyage, just when the ship had left Colombo, Ceylon. Hitchcock continued her journey to New Zealand and joined the New Zealand Army Nursing Service. Her first appointment was at Trentham Camp in June 1917. In October of that year, she again went overseas to join the staff at the New Zealand Military Hospital at Brockenhurst, England. In 1918, on her return to New Zealand, she worked at Queen Mary Hospital, Hanmer until 1921, when she was posted to the Reserve of Offices.

Hitchcock became one of the first nurses to work for the Karitane hospitals. She opened the Auckland Karitane Hospital as its first matron and was next appointed tutor sister of Plunket nursing at Dunedin. She later became matron of the Wellington Karitane Hospital till the Second World War. But she never lost her interest in army nursing. In 1934 she again applied for territorial service, this time as matron at Central Command, Wellington. By 1942, she had been appointed to the Royal New Zealand Air Force, at Rongotai.<sup>4</sup> Up until her retirement in 1946, she assisted Ida Willis, the Matron-in-Chief of the NZANS, at Army Headquarters. In the same year, Hitchcock received the MBE in recognition of her military service.

The MBE was not her only recognition. She also received the *Medaille de la Reconnaissance Francaise Bronze* for her service to the French soldiers. In the years before her death Hitchcock lived with her sister in Levin. In 1963, she and her twin brother, E. Hitchcock, celebrated their 80th birthdays. Hitchcock spent her life as a single woman working for the betterment of humanity, relying on her own endeavours to make a living and representing nursing in two world wars - a significant contribution to New Zealand society. Hitchcock died in Levin in 1967.

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<sup>4</sup> '80-year-old Twins Celebrate', EP, 27 November 1963.

## VIGNETTE 4

Edna Pengelly  
1874-1959

Edna Pengelly was born in Canada on 5 July 1874.<sup>1</sup> She came to New Zealand as a child when her father bought a small farm at Annat, a settlement near the foothills of the Southern Alps. Pengelly initially walked two miles each day to attend the primary school at Waddington, until a school was built at Springfield, near Annat. For a period she also travelled daily to the West Christchurch School, but was able to board at Christchurch Girls' High during her secondary education. Immediately on finishing her schooling, Pengelly taught at a small private school in Rangiora. It was arranged that she would live with the Waterston family who owned the school. A Christian family who were 'averse to drink and gambling and not afraid to avow their principles', they held similar values to those held by Pengelly.<sup>2</sup> Pengelly spent a number of year with the Waterston family and enjoyed the freedom of attending the country dances, horse riding, playing tennis, enjoying the company of friends and having what she called a free and easy life.

In 1902 Pengelly and her mother moved to Levin and started a poultry farm. Working on a poultry farm was hard work, but Pengelly found time to met new friends. It was during this period that she decided on nursing as a career. The decision was made, according to Pengelly, because she had 'splinted a rooster's leg and painted the throat of a hen which had roup'. These incidents decided her 'to try to aid humanity' as a nurse.<sup>3</sup>

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1     Headquarters, New Zealand Defence Force, Base Records of Edna Pengelly.

2     E. Pengelly, p. 9.

3     Ibid., p. 12.

Pengelly's nursing training commenced at Wellington Hospital on 1 January 1904. Although she had little money and worked hard, she enjoyed the companionship of the other probationers. Together they studied, learned the skills of nursing and passed their examinations. Pengelly's own words best describe how nurses, in this period, learned their duties:

By listening and watching proceedings, such as the instruments used, dressings, etc., the newcomers began to learn the important beginnings of their profession. The ward was quiet for the doctor's visit, and etiquette rigid.<sup>4</sup>

The eleven hour working day began at 6 a.m. at Wellington Hospital when the patients were washed and the ward prepared for the doctors' visits at 9 a.m. Scrubbing and washing soiled linen, disinfecting, making beds, attending to the cleanliness of furniture, baths and toilets were the major tasks of the day.

On completion of her training in 1907, Pengelly was initially in charge of various wards at Wellington Hospital. From 1909 to 1915 she took charge of the Nurses' home. All the probationers lived in the nurses' home during their three years of training and this was especially suitable for Pengelly and the other recruits who came from outlying districts. The nurse in charge of the home was responsible for enforcing the rules of the home and fostering the value of discipline by checking that nurses arrived on duty on time, attended meals and maintained good health. During this period Pengelly brought a house in Wellington for £750. As she received £60 a year she let the house to pay off the mortgage.

In 1915, Pengelly applied to join the New Zealand Army Nursing Service. On 8 April, as a member of the first contingent of fifty army nurses, she sailed out of Wellington Harbour on board the *Rotorua*. By June 1915, these fifty nurses were working at military hospitals in Egypt receiving the wounded and sick soldiers from

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<sup>4</sup> Ibid., p. 15.

Gallipoli. In a letter published in the *New Zealand Nursing Journal*, Pengelly gave her impressions of work in Egypt:

At first we all found the heat very trying. I was sent at first to a surgical ward and later on to the enteric. The wards were full and fairly busy - nearly all the surgical cases being very septic - horrid gunshot wounds, and compound fractures being the most common. There were a great many head cases also.<sup>5</sup>

Pengelly was to spend the next six years as a military nurse and receive the decoration of the Royal Red Cross for her military work. From 1915 to 1919, she was stationed overseas, nursing at military hospitals in Egypt and England. In 1956 Pengelly published her diaries *Nursing in Peace and War*. This book provides one of the few accounts of a New Zealand nurse's military experiences in World War I. In her book, Pengelly illustrates the difficulties faced by nurses as they attempted to learn the military system. She was, at times, scathing of army structures and her manner could be acerbic to the orderlies and VADs who failed to meet her standards. On her return to New Zealand in 1919 she continued her military work as matron of Queen Mary Hospital, Hanmer, a military rehabilitation centre until 1921.

For the next seven years Pengelly took charge of a private hospital in Hobson Street, Wellington. She appeared to enjoy this work, finding the owner Dr William Young, spared no expense to make the hospital comfortable. Working in Wellington gave her the opportunity to live in her own home to which she added a flat for her mother. In 1928, aged 54, Pengelly moved to Wanganui to take charge of the health services for the pupils at the Collegiate Boys' School.<sup>6</sup> Her nine year period at this school ended when Pengelly left to return to Wellington to be near her mother. This, however, was not the end of her nursing career. For the next four years she supervised the dental nurse trainees at the dental hostel in Ghuznee Street.

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<sup>5</sup> 'Extracts from Nurses' Letters', *NZNJ*, January 1916, 9:1, p. 21.

<sup>6</sup> E. Pengelly, p. 91.

Her obituary recorded that the trainees stood in awe of her, although they recognised her kindness and concern for their health.<sup>7</sup>

Retiring from nursing in 1941, aged 67, Pengelly continued to be a member of the Trained Nurses' Association while also an active member of the New Zealand National Council of Women and the Pioneer Club. She also retained her interest in military nursing and, during World War II, assisted at the clearing hospital on Aotea Quay, Wellington. In 1959 Pengelly died in Wellington Hospital, the same hospital in which she had commenced her training 55 years earlier. Despite a long career in nursing, Pengelly has received little recognition for her abilities. Yet her experiences as a military nurse during two world wars make her one of the few women to have worked close to the front making a significant contribution to the welfare of the soldiers.

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<sup>7</sup> 'Obituary', NZNJ, October 1969, 52:5, p. 185.

## VIGNETTE 5

Ruth Gilmer  
1876-1953

Ruth Gilmer was born at Totara Flat, Greymouth, on the 24 September 1876. She trained at Wellington Hospital registering in 1910. On completion of her training, Gilmer worked as a private nurse and then as matron of Clifton Terrace Private Hospital, Wellington, until joining the New Zealand Army Nursing Service in December 1915. She served overseas for the next three years mainly as a staff member on the *HS Marama*.

Throughout the war Gilmer spent much of her time working on board hospital ships. Her first experience of this demanding work began on the 5 December 1915 when the *Marama*, the second New Zealand hospital ship left for Egypt. This particular trip became known for its complaints on behalf of nurses. A newspaper report on the sailing stated that nurses had complained 'loudly' over the discomforts of their quarters. On the first trip the *Marama* transported passenger nurses who slept in the wards to be used by the wounded and sick, while it was customary for male officers to have private accommodation. While the Matron-in-Chief, Hester Maclean, censured the nurses for making complaints, the situation was resolved by suitable accommodation being provided for nurses on later sailings.

Gilmer and her fellow nurses soon faced the trauma of caring for patients from the Sinai and Palestine areas who were being transported to Alexandria.<sup>1</sup> Many of the patients were very sick with one nurse describing the sufferings of a patient who died from pneumonia and others who suffered dysentery. During the second trip the *Marama* was working between Havre and Boulogne and England. On this particular trip the work was heavy with over 5,000 patients being transported in a

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<sup>1</sup> 'Third Contingent of Nurses from New Zealand', NZNJ, October 1915, 8:4, p. 166.

fortnight. Life on board hospital ships could be exciting and Gilmer enjoyed the work. This second trip was even more eventful than usual. The *Marama* was stopped at Suez and the nurses taken off because of submarine activity. While the ship proceeded on its way, the nurses had to make their way over land and by sea through France to England where they spent some weeks working in British military hospitals waiting for transport back to New Zealand.<sup>2</sup>

A number of nurses had to be removed from hospital ships because of seasickness, but Gilmer found that she was an excellent sailor. Most nurses were given appointments for one trip each year, and even this was a lot of sailing for those who found seasickness a problem. Gilmer, because of her good record as a sailor, made five trips between December 1915 to December 1919.<sup>3</sup> On the third commission of the *Marama* she was appointed matron and instructed to stay working on hospital ships.

Returning to New Zealand in 1919, she worked at Featherston Military Camp and was placed on the retired list in 1922. In recognition of her military service she received the ARRC. Her retirement was spent at Otaki and she died at Silverstream on 10 January 1953, aged 78.

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<sup>2</sup> 'The Hospital Ships', NZNJ, October 1917, 10:4, p. 201.

<sup>3</sup> Copy of Ruth Gilmer's military record, private collection.

## VIGNETTE 6

Vida Mary Katie Maclean  
1881-1970

Vida Maclean was born at Hunterville in November 1881. She spent her childhood on the family farm, Bird Grove, situated some eighteen miles from Hunterville. Her father, Findlay Maclean, came from Scotland and was the first European settler in this area when he brought the farm in 1873.<sup>1</sup> In 1905 Maclean entered Wanganui Hospital to train as a nurse, completing her training in 1909. From 1909 to 1912 she continued to work at Wanganui Hospital before starting her midwifery training at St Helens Hospital. On completing her midwifery training Maclean quickly moved on to a senior nursing position, becoming sub-matron of St Helens Hospital, Wellington, a position she held until August 1914 and the start of her military career.<sup>2</sup>

The outbreak of World War I opened a new world for Maclean, as it did for the approximately 549 member of the NZANS who had the opportunity to give war service. On 15 August 1914, at the request of the British War Office, New Zealand began its involvement in World War I. Six nurses were selected to accompany the Advanced Expeditionary Force to German Samoa and Maclean, who had offered her service as early as January 1914, was selected to go. This was the beginning of Maclean's five years of experience as a military nurse. The selection of the nurses for Samoa was made three days before they were expected to sail. With only three days notice this meant those working in Wellington were given preference. Maclean, working at St Helens Hospital, Wellington was well situated, and on her selection she was kept occupied with selecting material for uniforms, choosing the necessary items for invalid diets and packing the nursing requisites of linen and

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1     Communications with Ann Owen, Taranaki, who has undertaken an initial study of Maclean.

2     'Notes from the Hospitals and Personal Items', NZNJ, July 1913, 6:3, p. 129.

surgical instruments. On arriving at Samoa the New Zealand nurses replaced the German nursing staff at Apia.<sup>3</sup>

Maclean spent from August 1914 to March 1915 at Samoa, returning to New Zealand in time to join the fifty members of the NZANS who left for Egypt in April. Her first appointment was at the Egyptian Army Hospital, Abbassieh, where she experienced the heat, flies and sand, along with the locusts. This hospital, initially, provided for 300 patients, but soon grew to accommodate 1,000.

Several of Maclean's letters were published in the *New Zealand Nursing Journal*. In July 1915, she wrote of the difficulties of working in the sandy, hot environment for thirteen hours each duty.<sup>4</sup> Even though she did complain about the heat, she was enthusiastic, interested in the experience and zealous in providing care for the soldiers. In June 1916 she embarked on the *Marama* for England. Her first six months in England were spent at the New Zealand Military Hospital at Brockenhurst. By January 1917, she had been promoted to matron of the New Zealand Convalescent Hospital at Hornchurch, a position she held until she embarked for New Zealand in May 1919.

Her return to New Zealand was not the end of her military career. While her active military nursing ceased on 1 February 1920, her name was placed on the reserve list where it remained until 1933. Maclean's years of military service were recognised when she received the Royal Red Cross first and second class 'in recognition of [her] valuable nursing service in connection with the war'.<sup>5</sup> She was

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<sup>3</sup> 'New Zealanders at Samoa', *NZNJ*, October 1914, 7:4, p. 171.

<sup>4</sup> 'Extracts from Nurses' Letters', *NZNJ*, July 1915, 8:3, p. 137.

<sup>5</sup> Copy of an extract from the Sixth Supplement to the *London Gazette*, 18 June 1918, Headquarters, Defence Force Base Records of Maclean.

also one of the few New Zealand nurses to receive the 1914-15 Star, an award given to commemorate war service between August and November 1914.<sup>6</sup>

Immediately following the war, Maclean, in partnership with Fanny Wilson, who had been the matron of No 2 New Zealand Military Hospital, Walton-on-Thames, opened a sixteen bed private hospital in Wellington. Dr Fred Bowerbank (later Sir Fred Bowerbank) who had worked with the nurses during the war, made the comment that their private hospital was his favourite as it was run by two exceptional nurses who had the 'best-equipped and organised hospital in Wellington'.<sup>7</sup> This venture was short lived and by 1925, aged 44, Maclean had moved on to a new nursing career in maternal and child health. After completing her Plunket training she worked from 1926 to 1929 for the Royal New Zealand Society for Health of Women and Children at Auckland and Wellington in pre-natal clinics, and at child welfare and mothercraft training centres. During this period Maclean hosted a radio programme on 5KA each Tuesday morning at 11.40 a.m. giving information on child care.<sup>8</sup> Throughout this period, Maclean was also a nurse examiner for the State Nursing Examinations, responsible for setting the nursing section of the examinations and examining the clinical competency of the candidates. In 1929 she transferred to Sydney as organiser of the Australian Mothercraft Society and then on to Adelaide to set up the Truby King Mothercraft Society, an organisation initially set up in this city during the 1930s, to assist mothers with baby care.<sup>9</sup>

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6 Copy of Maclean's military nursing service file, Headquarters, Defence Force Base Records. This copy is held by A. Owen.

7 F. Bowerbank, p. 162. The Malifa Hospital was situated in Upper Willis St., Wellington.

8 Communications with Ann Owen.

9 Vida Maclean's MS (no number), Wanganui Regional Museum.

For the period of World War II Maclean was attached to the Indian Army Nursing Service at Calcutta teaching nursing, first as assistant matron and then as matron. Information in this period of her life is sparse. Her major work in the late-1940s was to re-establishing a mothercraft centre in Calcutta.<sup>10</sup> With assistance, Maclean reintroduced a Truby King Mothercraft Centre. She remained in this position until her retirement in 1952, aged 72. Her retirement was spent in Wanganui with her brother and sister and on 1 July 1970 Vida Maclean, RRC, ARRC, died at Wanganui aged 89 years.<sup>11</sup> She was given a full military funeral.

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<sup>10</sup> 'Truby King Mothercraft Centre in Calcutta', *NZMJ*, September 1952, 45:5, p. 164.

<sup>11</sup> Copy of the Department of Internal Affairs, Notification of Death, held by A. Owen.

## BIBLIOGRAPHY

### Primary Sources

The primary sources are divided into sections according to the name of the archives, museums or institutions holding the collection.

**NATIONAL ARCHIVES,  
DEPARTMENT OF INTERNAL AFFAIRS, WELLINGTON, NEW ZEALAND  
Defence Department Archives formally the Army Department Archives  
(AD):**

**Series 1, Subseries 3-12:**

**3/613, Building: Hospital Accommodation in New Zealand, General File.**

**10/342, Roll Nominal, Hospital Ship No 2, 1915.**

**Series I, Sub-series 12-166:**

**15/189/14, Memorial to New Zealand Nurses, 1917.**

**16/577, Pensions Nurses, Scale of, 1924.**

**24/73/4, Discipline, Returned Soldiers, Rotorua, 1915-19.**

**24/189, Discipline, Staff of Hospital Ship Maheno, 1917.**

**25/142, Correspondence re, Transport and Nurses, 1915-18.**

**31/599, Pay and Allowances. NZ Nursing Service, 1915-22 .**

**31/885, Pay and Allowances, Medical Corps Employed in NZ, 1916-21.**

**39/54, Reports on Medical Services.**

**39/54/14, 39/54/18, 39/54/21, Reports on Annual Medical Services, 1914-1921.**

**39/241/1-5, Reports Medical NZEF, five parts, 1916.**

**39/241/6-27, Reports Medical NZEF, twenty two parts, 1916-19.**

**43/236, Staff Personnel, Hospital Ship Maheno, 1915-16.**

**44/49/3, Forms, Nursing Service Reserve, Printing of 1909-17.**

**48/73, Honours & Awards. Royal Red Cross to NZ Army Nursing Service, 1917/22.**

**49/27, Red Cross Society. Proposed Formation of, 1914.**

**49/33, Medical Organisation and Arrangements, NZEF, 1914.**

**49/34, 49/34/1, 49/34/2, Nurses for Expeditionary Forces, Offers of by N.Z. Government, 1914.**

**49/65/1, Nurses - Samoa, Correspondence re, 1914-19.**

- 49/70, 1 & 2, Invalids (Returning to New Zealand), General Inst[ruccio]ns, 1914-18.
- 49/70/54, Evacuation per Hospital Ship Marama, 1917.
- 49/70/65, 49/70/80, Evacuation per Hospital Ship Maheno.
- 49/86, Hospital Accommodation at Trentham, 1915-19.
- 49/86/1, 49/86/2, 49/86/3, Hospital Trentham, General File, 1916-18.
- 49/88/1, Hospital Stationary No 1, 1915.
- 49/112, 49/112/1, Hospital Ships, General File, 1915-1916, Hospital - Walton-on-Thames, General File, 1915-16.
- 49/130, 49/130/1, Outbreak of Measles-Influenza etc. NZEF Camps.
- 49/148, V[ol] I and V[ols] 2-4, Medical Corps for NZEF, General File, 1915 and 1916-21.
- 49/160, VAD & Female Domestic Staff, Hospitals NZEF, 1916-21.
- 49/177, 49/177/1, Masseurs & Masseuses for NZEF.
- 49/178, Nurses - Appointments of to Transports, 1917.
- 49/200, Nurses (Volunteer Sisterhood), General File, 1915-17.
- 49/200/1, Nurses (Volunteer Sisterhood), General File, 1918.
- 49/201, Staff Hospital Ship - Marama 1st Voyage, 1915-16.
- 49/213, Staff (Medical) Egypt, 1916.
- 49/237, 49/237/1, Red Cross - Organisation during War, 1916-20.
- 49/241, Hospital (Disease) Trentham Camp, 1916-17.
- 49/245, Hospitals (General) in New Zealand.
- 49/261, 49/261/1, 49/261/2, Hospital Convalescent - Hanmer, General File, 1916-17.
- 49/284/3, Neurasthenic Cases, Return of Soldiers, 1919.
- 49/301, 49/301/1, Mental Patients, NZEF General File, 1916-20.
- 49/336/1, Cerebro Spinal Meningitis, General File, 1918.
- 49/341, Nurses - Walton-on-Thames Hospital, General Staff, 1916.
- 49/347, Nurses, Marriages of, 1917.
- 49/373, Hospital Trentham (Infectious Diseases ) Erection of, 1916-17.
- 49/419, Wounds - Self Inflicted, General File, 1916.

49/437/1, Invalids to England for Treatment per Marama, 1917.  
49/444, Suicides - Soldiers - NZEF, 1917-19.

49/654, Hospital - Entrambieres, France, Establishment, 1918-19.

49/668, Nurses - Disposal of on Return from NZEF, 1919.

49/858, Boarding and Treatment of Nurses, 1919-22.

49/891/16, Nursing Inst[ruccio]n. Female Employees Public Service, 1919.

63/4, Orderlies (Medical), NZ Med. Corps/General.

#### **War Archives (WA):**

##### **Series 1:**

**WA-SA 1, 5**, Miscellaneous Papers on Boer War Including Memorandum on Health, Decorations and Commissions, 1900-02.

1/3, 1/17, Transport, Hospital Ships, Maheno and Marama, May-Aug 1917.

1/3, 5/10, Buildings and Accommodation - Nurses - Hornchurch Hospital, General Comments, NZEF in UK.

1/3, 5/13, NZ Women's Hospital and Nurses' Home, Walton-on-Thames, 1916-17.

1/3, 10/59, Nurses, VAD General File, 1918-19.

1/3, 10/71, Mrs Royd-Garlick, October - November 1916.

1/3, XFE 1372, Promotion of New Zealand Nurses.

1/3, 10/87, Medical Treatment, Transport Returning to NZ.

##### **Series 2-10:**

10/3/2, ZMR, 1/1/40, 1/1/41, 1/1/42, 1/1/43, Miss E.A. Rout, 1917-1918.

10/3/4, 9/1/2, Report of NZEF Medical Service up to 1 October 1916.

10/3/4, 9/1/4, Reports of SVO Medical Services, Aug - Nov 1917.

##### **Series 24:**

24/2/338, Hospital, Formation at Zeitoun, February 1915.

##### **Series 118:**

118/1, War Diaries, January 1917, August 1917-September 1918, February-April 1919.

##### **Series 140-146:**

140/1, War Diaries (1 General Hospital), Feb 1918-Mar 1919.

140/2, Unit Records.

141/1, War Diaries (2 General Hospital), Aug 1915-Jun 1919.

142/1, War diaries (3 General Hospital), Nov 1917-Dec 1918.

**143/1**, War Diaries (New Zealand Section, Queen's Hospital), Aug 1917, Jul 1918.

**145/1**, War Diaries (Officers Convalescent Hospital), 1915, Jan 1916, Dec 1917.

**146/1**, War Diaries (Convalescent Hospitals, E Group) Jul 1916-May 1919.

**Series 190:**

**190/2/26**, Hospitals (New Zealand Headquarters, Egypt), Apr-Jul 1915.

**Series 205:**

**205/2/5**, Medical Correspondence, Apr-May 1916.

**Series 207**

**207/2**, Hospital Ship No. 1 (Maheno), Hospital Ship No. 2 (Marama).

**Series 213:**

**213/1, 213/2**, War Diaries (Principal Medical Officer).

**Series 252:**

**252/1**, Papers of General Sir Alexander Godley, GCB, KCMG, 1867-1957.

**Lands and Survey Department Archives (L and S) Series I:**

**Sub-series 13:**

**13/25-9, 13/25/11**, Financial Administration.

**Archives of the Health Department Series H 1:**

**Sub Series 6:**

**6/0002**, General, 1919-21.

**Sub Series 17:**

**17/1**, Military Hospitals - Takeover of Administration by Health Department, 1921-46.

**Sub Series 20:**

**20/4**, Civil Nursing Reserve List, 1943-47.

**Sub Series 21:**

**21/10**, Nurses Acting as Anaesthetists.

**21/82/10**, History of New Zealand Army Nursing, 1914-1944.

**21/82/3**, NZANS, Lists Approved by Nursing Council, 1940-43.

**Sub Series 45:**

**45/1**, Preparation of Pamphlets (VD), 1916-29.

**45/3**, Social Hygiene Association, 1916-27.

**45/4**, Treatment, 1919-38.

**Allen Papers, 1/1**

**Midwives Registration:**

Miscellaneous Correspondence on Nurses and Midwives. As at October 1993 this collection had no accession number but is requested under Health Files.

1905, Files 289, 1026, 1234

1906, Files 5, 11, 145, 165, 1353

1907, Files 106, 118, 123, 137, 158, 159, 161, 162, 179.

Material from 1905 to 1919 is held in the various files.

**ALEXANDER TURNBULL LIBRARY (WTU), WELLINGTON, NEW ZEALAND**

From 1992 the card index has been changing to a computer index. The following file numbers are a mix of the old and new.

Austin, Edith, Album C3836.

Bennett, Agnes Elizabeth Lloyd, MS Papers 1346:411.

Bakewell, Diary of Dr Robert Hall, 1892-1908, MS 0125.

Bett, Francis, Micro MS 0810.

Browne, Theodore Percy 1880-1948, MS Papers 1394.

Burdett, Florence, 'Mrs Grace Neill, New Zealand's Florence Nightingale', qMS 0331.

Clifton, Private Ernest Charles, MS 0548-0552.

Commons Family Papers, MS 1582, Folders 21, 23-30, 33.

Gasgoine, Joseph William 1885-1972, MS Papers 1007.

Gordon, Colin McFarland, MS 0853-0854.

Harris, Dora L., Transcript of the Diary of Nurse Dora L. Harris of the New Zealand Nursing Contingent, Nursing Sister in the South African War, No. 2 General Hospital Cape Town and No. 8 General Hospital near Bloemfontain, April 1900-May 1901, Micro Ms Coll 20-1906, Reel 2.

Higginson, Louise, MS Papers 2477, 3 Folders.

Ingles, Major General L.M. 1895-1966, MS Papers 0421.

Jones, Victor MacPherson 1887-1965, MS Papers 1766.

MacFarlane, Walter Angus (Pat), MS Papers 3871.

Marwick, Private James, MS Papers qMS 1345.

Millen, Roy Gibson, MS Papers 2257.

Perry, Private Clifford Arthur, Micro MS 0584.

Quartermain, Lesley, B. 1895-1973, MS Papers 1807, 23 Folders.

Russell, John Macbeth, MS Papers 1693.

Speedy, Fanny H., Micro MS Papers 595.

Taylor, Bertha Emily, MS Papers 1291.

Thomson, Bruce, New Zealand Field Ambulance 1915, MS Papers 1510.

Tilly (Lilly), Barbara Mildred, MS 1451, Folder 1.

Willis, Lizabeth Ida Grace, 1915-1968, MS 2023.

**NZ. Nurses' Association Records:**

These records have not been catalogued although an inventory is available. The records cover 1908 to 1979.

**Box 18 File 1**

Proofs of J.O.C. Neill's Book. The proofs contain material not included in the book, for example a confidential letter from Neill to Seddon on doctors at Dunedin.

**World War I, Oral History Project:**

Le Lieve (nee de Lisle) Florence, MSC 2690.

**Nursing Education and Research Foundation (NERF) Oral History Project:**

Bonnington, Violet, MSC 148.

Clarke, Mary Agnes Isabella [Reminiscences] recorded by Y. Shadbolt, MSC 82.

Compton, Dorothy, MSC 24.

Crabbe, Majorie, recorded by N. Miller, MSC 47.

Hodge, Emily, MSC 8.

King Ivy, MSC 61, 62.

Le Gallais, Charlotte, recorded by Y. Shadbolt, MSC 157, 158.

Le Lievre, Florence, recorded by M. Grant, MSC 184.

McIntyre, Charlotte [Reminiscences], recorded by Y Shadbolt, MSC 108.

Muggeridge, Irena, recorded by D. Story, MSC 137.

Paterson, Mary, MSC 82.

Worn, Edyth, MSC 53, 54.

**DEFENCE LIBRARY, HEADQUARTERS, NEW ZEALAND DEFENCE FORCE**

Willis, I., Transcript of her Recollections of Military Nursing (no MS number).

New Zealand Defence Forces, General Orders by the Council of Defence, 1908/209, Section 15, 16 May 1908.

Army Records of Members of the NZANS, 1914-1918.

**QUEEN ELIZABETH II ARMY MUSEUM, WAIOURU, NEW ZEALAND**  
Barclay, William John (M.D., D.P.H., F.R.C.S.E., F.R.C.S.), 1874-1967,  
RV 3902.

Bennett, Edith, Album of War-time Nursing, World War I, RV 6209.

Bollinger, Corporal, later Second Lieutenant George Wallace, RV 3730.

Crooks (no file number) handwritten notes post war c1960s.

Jull, C.F., Notes and Diary, RV 0595.

Petersen, Violet, RV 3796M.

Pococks, C., RV 0168.

Priestly, Corporal H.G., Memories, January-February 1917, MS 3/221.

Second New Zealand General Hospital, Walton-on-Thames, 1916, RV  
5953.

**PETER LIDDEL'S 1914-18 ARCHIVES, SUNDERLAND, ENGLAND**

Stilman, B. (Domestic Front: War Hospitals).

**PALMERSTON NORTH AREA HEALTH BOARD, NEW ZEALAND**

Palmerston North Hospital [and Charitable Aid] Board Minutes, 1911-  
1918 and 1918-1925.

**TARANAKI BASE HOSPITAL**

'Nursing Staff' Book No. 93337, list of nurses in training between 1915  
and 1974.

**TARANAKI REGIONAL MUSEUM**

Evans, Ann, MS papers 1832-1980 (no MS number).

**WANGANUI REGIONAL MUSEUM**

Maunder, Miss Dormer, MS Papers (no MS number).

**AUCKLAND INSTITUTE AND MUSEUM**

Miscellaneous items about early nurses in New Zealand collected by Joan  
Ratray, MS Papers 897, 1880-1950.

Notes from her work on her book *Great Days in New Zealand Nursing*, 15 items.

Dudar, John, MS Papers 1160.

Fenwick, Diary of Lieutenant-Colonel P.C. Fenwick, MS 1497.

Trenne, F.C., MS 1570.

**DEPARTMENT OF INTERNAL AFFAIRS**

Copy of Mabel Thurston's Death Certificate.

**CANTERBURY MUSEUM**

North Canterbury Hospital Board Records, 1863-1959.

Christchurch Hospital [and Charitable Aid] Board Minutes,  
1897-1910.

**THE QUEEN ALEXANDRA'S ROYAL NURSING CORPS MUSEUM, ALDERSHOT, ENGLAND**

Minutes of the Nursing Board, QAIMNS, Proceedings and Reports, Vol. 12, May 1913 to March 1914.

Diary of Miss Haynes, VAD, First World War, MS 45/1985.

**AUSTRALIAN WAR MUSEUM, CANBERRA**

Tait File AWM No. 32.

Report on the Second Australian Casualty Clearing Station, Ms. 264.

**HOCKEN LIBRARY**

Dunedin Hospital Reports for 1880-1906, Otago Hospital Board Archives.

**PRIVATE COLLECTIONS**

Diary of Annie Buckley held by Bob Buckley, Wellington.

Copy of Ruth Gilmer's Military Record held by Sheryl Kendall, Auckland.

New Zealand Nurses' Organisation, Otago Branch, Collection of Material on Isabella Fraser.

Regulations of the New Zealand Returned Army Nursing Sisters' Association (Auckland Branch), c1929, held by Miss J.R. McGregor, Papatoetoe.

Copy of Vida Maclean's Headquarters, New Zealand Defence Force, Base Records, held by A. Owen, Taranaki.

**CONTEMPORARY NEWSPAPERS**

*Auckland Weekly News*, 1900-1901.

*Christchurch Press*, 1899-1901.

*Dominion, The* (Wellington), 1915.

*Evening Post* (Wellington), 1915.

*Manawatu Evening Standard*, 1900, 1914-1919.

*Maoriland Worker*, 1911, 1913, 1916.

*New Zealand Herald, The* (Auckland), 1914-1918, 1960.

*Otago Daily Times*, 1900.

**MAGAZINES AND PAPERS OF HOSPITAL SHIPS AND ARMY REINFORCEMENTS**

*The Kia Ora Coo-ee*, 1918.

*Te Huiā, The Magazine of the 33rd Reinforcement.*

*The Remuerian' Being a Souvernir (sic) of the 38th Reinforcement en Voyage.*

*The Pakeha', (Mark III) Being the Journal of the Left Wing of the 24th New Zealand Reinforcements.*

*The Navuan Nautilus' Being some Accounts of the Doings of C., H. and J Companies and Details, 22nd Reinforcements, NZEF, February-March, 1917.*

*Tiki Talk', Epistle of the Corinthians Book XXIII, Part II, Vol. LXXX.*

*Quick March*, 1918-1922.

**CONTEMPORARY JOURNALS**

**Journal of the Department of Public Health, Hospitals and Charitable Institutions**, July 1917 to December 1921.  
**New Zealand Medical Journal**, 1887-1916.

**New Zealand Nursing Journal (Kai Tiaki)**, 1912-1922.

**OFFICIAL GOVERNMENT PAPERS**

**Appendices To The Journal Of The House Of Representatives:**

**Report on Hospitals in New Zealand**

H-3a 1883.

H-9 1885.

H-18 1886.

H-19 1887.

**Special Reports on Hospitals in New Zealand**

H-18a 1885.

**Report on Hospitals and Charitable Institutions in the Colony**

H-9 1888.

H-3 1889.

H-11 1890.

H-7 1891.

H-3 1892.

H-23 1893.

**Report on Hospitals and Charitable Institutions of the Colony**

H-22 1895 - 1904.

**Report on Hospitals and Charitable Institutions**

H-22 1905-1907.

**Report on Hospitals and Charitable Aid in the Dominion**

H-22 1908-1910.

**Annual Report of the Public Health Department**

H-31 1911.

**Report on Public Health and Hospitals and Charitable Aid**

H-31 1912-1913.

H-31 1913-1914.

H-31 1915-1919.

**Report of the Auckland Hospital Commission together with the Minutes of Evidence**

H-22a 1905.

**Report on the Conference on Hospital and Charitable Institutions Acts**

H-22a 1909.

**Report of Dunedin Hospital Inquiry Commission**

H-1 1891.

**Report of Inquiry into the Management of the Christchurch Hospital**

H-18 1895.

Despatches from the Governor of New Zealand to the Secretary of State for the Colony  
A-1 1914.

Report on the Defence Force of New Zealand  
H-19 1908-1916.

Reports of the New Zealand Expeditionary Force  
H-19A and H-19B, 1916.

Report of Trentham Camp Commission, Together with Minutes of Evidence  
H-19B 1915.

**New Zealand Parliamentary Debates:**

Hospital Nurses Registration Bill, Vol. 117, July 30 to August 15, 1901, pp. 387-396.

Midwives Bill, Vol. 131, October 10 to November 8, 1904, pp. 480-482.

**New Zealand Statutes:**

The Nurses Registration Act, 1901 [1 EDW. VII, 1901, No. 12].

The Midwives Act, [4 EDW. VII, 1904, No. 31].

The Nurses Registration Act [8 EDW. VII, 1908, No. 134].

Discharged Soldiers Settlement Amendment [8 GEO. V, 1917, No. 17].

Discharged Soldiers Settlement Amendment [10 GEO. V, 1919, No. 49].

Discharged Soldiers Settlement Loans [10 GEO. V, 1919, No. 2].

Hospitals and Charitable Institutions Amendment (No. 2) [11 GEO. V, 1920, No. 72].

Masseurs Registration Act [11 GEO. V, 1920, No. 16].

War Pensions Act 1915 [6 GEO. V, 1915, No. 16].

Health Act [11 GEO. V, 1920, No. 45].

**The New Zealand Gazette:**

Register of Nurses, 1903-1920.

Regulations Under 'The Nurses Registration Act, 1908', Vol. I, 1914.

Amendment to Regulations under 'The Nurses Registration Act, 1908', Vol. II, 1916.

Appointments of Matrons, Sisters, and Staff Nurses of the New Zealand Army Nursing Service, Vol. II, 1915.

Appointments, Promotions, and Grants of Temporary Rank of Officers Serving with the New Zealand Expeditionary Force, Vol. I, 1917.

Appointments and Promotions of Temporary Rank of Officers Serving with the New Zealand Expeditionary Force, Vol. I, 1917.

Appointments, Promotions and Transfer of Officers of the Territorial Force  
 Vol. I, 1917.  
 Vol. II, 1917.  
 Vol. III, 1917.  
 Vol. I, 1918.  
 Vol. II, 1918.  
 Vol. III, 1918.

**New Zealand Census**  
 1901-1911.

**CONTEMPORARY BOOKS**

Anon., **Alphabetic Roll of New Zealand Expeditionary Force: From 15th August 1915 to 31st December 1915** (Wellington: Government Printer), 1916.

Anon., **Anzac Diary: A Nonentity in Khaki** (Christchurch: Treharne Publishers), c1987.

Anon., **Diary of a Nursing Sister on the Western Front, 1914-1915** (London: William Blackwood and Sons), 1915.

Bean, C.E.W., **The Official History of Australia in the War of 1914-1918**, Vols. 1-6 (Sydney: Angus and Robertson), 1921-1936.

Bean C. and H. Gullett, **Photographic Record of the War: Reproductions of Pictures taken by the Australian Official Photographers** (Sydney: Angus and Robertson), 1923.

Bowser, T., **The Story of British V.A.D. Work in the Great War** (London: Andrew Melrose), 1919.

Brittain, V., **Testament of Youth: An Autobiographical Story of the Years 1900-1925** (London: Grey Arrow), 1960.

Burdett, H., **Burdett's Official Nursing Directory** (London: The Scientific Press), 1903, fifth edition.

Carbery, A.D., **The New Zealand Medical Service in the Great War 1914-1918** (Auckland: Whitcombe and Tombs), 1924.

Cook, Sir E., **The Life of Florence Nightingale** (London: Macmillan and Co), Vol. 1 (1820-1861), 1913.

Cook, Sir E., **The Life of Florence Nightingale** (London: Macmillan and Co), Vol. 2 (1862-1910), 1913.

Dock, LL., **A History of Nursing: From the Earliest Times to the Present Day with Special Reference to the Work of the Past Thirty Years** (New York: G.P. Putnam's Sons), 1912.

Dock, L.L. and I. Stewart, **A Short History of Nursing: From the Earliest Times to the Present Day** (New York: G.P. Putnam's Sons), 1929.

Drew, Lt. H.T.B. (Ed.), **The War Efforts of New Zealand: A Popular History of (a) Minor Campaigns in which New Zealanders took Part:**

**(b) Services not Fully Dealt with in the Campaign Volumes: (c) The Work at the Bases** (Auckland: Whitcombe and Tombs), 1923.

Elliot, J., **Scalpel & Sword** (Christchurch: A.H. and A.W. Reed), 1936.

Fuller, J.F., **Memoirs of an Unconventional Soldier** (London: Ivor Nicholson and Watson), 1936.

Foljambe, A.W., Fifth Earl of Liverpool, **The Voyages of His Majesty's New Zealand Hospital Ships, Marama and Maheno** (Auckland: Whitcombe and Tombs), Volumes 1, 2, 3, 1917.

Laurence, E.C., **A Nurse's Life in War and Peace** (London: Smith Elder and Co.), 1912.

McDougal, G., **Nursing Adventures: A F.A.N.Y. in France** (London: William Heinemann), 1917.

Maclean, H., **Nursing in New Zealand: History and Reminiscences** (Wellington: Tolan), 1932.

Martin, A.A., **A Surgeon in Khaki** (London: Edward Arnold), 1915.

Miller, E., **Camps, Tramps & Trenches: The Diary of a New Zealand Sapper, 1917** (Wellington: A.H. Reed and A.W. Reed), 1939.

Mitchell, T.G. and G.M. Smith, **Official History of the War** (London: H.M.S.O.), 1932.

Nightingale, F., **Notes on Nursing** (London: Harrison & Sons, Ltd.), 1924.

Nutting, M.A. and L.L. Dock, **A History of Nursing: The Evolution of Nursing Systems from the Earliest Times to the Foundation of the First English and American Training Schools for Nurses** (New York: G.P. Putnam's Sons), 1907.

Pengelly, E., **Nursing in Peace and War** (Wellington: The Wingfield Press), 1956.

Powles, C.G., **The New Zealanders in Sinai and Palestine** (Auckland: Whitcombe and Tombs), 1922.

Skinner W.A.G., **The Great War, 1914-1918: New Zealand Expeditionary Force Roll of Honour** (Wellington: Government Printer), 1924.

Stewart, H., **The New Zealand Division 1916-1919: A Popular History Based on Official Records** (Auckland: Whitcombe and Tombs), 1921.

Studholme, J., **Some Records of the New Zealand Expeditionary Force** (Wellington: Government Printer), c1922.

Thompson, I., **Light Diet: 150 Caricatures and Sketches Perpetrated by a New Zealand Artist In and Out of Hospital, 1918** (Published by the Author), 1918.

Tooley, S.A., **The History of Nursing in the British Empire** (London: S. H. Bousfield), 1906.

**CONTEMPORARY ARTICLES, GOVERNMENT INQUIRIES AND PAMPHLETS**

Abbott, Major, 'Gas in War', **New Zealand Medical Journal**, 1918, 17:82, pp. 193-203.

Anon., **By-Laws, Wanganui Hospital**, (Wellington: Government Printer), 1898.

Anon., Editorial, 'The Medical Profession and War Service', **New Zealand Medical Journal**, 1917, 16:75, pp. 176-177.

Chisholm, Lieutenant-Colonel P. and Major S.D. Rhind, 'Some Aspects of Post-War Psycho-Neuroses, and their Treatment at the Queen Mary Hospital, Hanmer Springs', **New Zealand Medical Journal**, 1920, 19: 94, pp. 222-229.

Collins, Colonel W.E., 'New Zealand Hospital Ship *Maheno*', **New Zealand Medical Journal**, 1916, 15:66, pp. 59-73.

Mickle, Dr., 'New Zealand Branch of the British Medical Association, the Fourth Annual Meeting', **New Zealand Medical Journal**, 1900, 1:1, pp. 36-62.

Minutes of Proceedings into Shops, Factories and Workshops (Royal Commission of Inquiry), Brisbane, Australia, 1891.

Purdy, Colonel J.R., 'Organisation for Evacuation of Sick and Wounded', **New Zealand Medical Journal**, July 1914, 13:53, pp. 253-261.

## Secondary Sources

### BOOKS

Abel-Smith, B., **A History of the Nursing Profession** (London: Heinemann), 1960.

Aitken, A., **Gallipoli to the Somme: Recollections of a New Zealand Infantryman** (London: Oxford University Press), 1963.

Ashley, J.A., **Hospitals, Paternalism, and the Role of the Nurse** (New York: Teachers' College Press), 1976.

Ashworth, T., **Trench Warfare 1914-1915: The Live and Let Live System** (New York: Holmes and Meier), 1980.

Anderson, K., **Wartime Women: Sex Roles, Family Relations and the Status of Women during World War I** (Westport, Connecticut: Greenwood Press), 1981.

Baker, P., **King and Country Call: New Zealanders, Conscription and the Great War** (Auckland: Auckland University Press), 1988.

Baly, M., **Florence Nightingale and the Nursing Legacy** (London: Croom Helm), 1986.

- Baly, M., **Nursing and Social Change** (London: Heinemann Medical), 1980, second edition.
- Barber, L.H. and R.J. Towers, **Wellington Hospital, 1847-1976** (Wellington: Wright and Carman), 1976.
- Barker, M., **Nightingales in the Mud: The Digger Sisters of the Great War, 1914-1918** (Sydney: Allen and Unwin), 1989.
- Bassett, J., **Guns and Brooches: Australian Army Nursing from the Boer War to the Gulf War** (Melbourne: Oxford University Press), 1992.
- Beddoe, D., **Back to Home and Duty: Women between the Wars, 1918-1939** (London: Pandora), 1989.
- Bevege, M., M. James and C. Shute, **Worth Her Salt: Women at Work in Australia** (Sydney: Hale and Iremonger), 1982.
- Bingham, S., **Ministering Angels** (London: Osprey Publishers), 1979.
- Bishop, A. (Ed.), **Chronicle of Youth: Vera Brittain's War Diary, 1913-1917** (New York: William Morrow), 1981.
- Bishop, W.J. and S. Goldie, **A Bio-Bibliography of Florence Nightingale** (London: Dawsons of Pall Mall for the International Council of Nurses), 1962.
- Bowerbank, F., **A Doctor's Story** (Wellington: The Wingfield Press), 1958.
- Boyack, N., **Behind the Lines: The Lives of New Zealand Soldiers in the First World War** (Wellington: Allen and Unwin), 1989.
- Boyack, N. and J. Tolerton (Eds.), **In the Shadow of War: New Zealand Soldiers Talk about World War I and Their Lives** (Auckland: Penguin), 1990.
- Braybon, G., **Women Workers in the First World War: The British Experience** (London: Croom Helm), 1981.
- Braybon, G. and P. Summerfield, **Out of the Cage: Women's Experiences in Two World Wars** (London: Pandora Press), 1987.
- Brookes, B., C. Macdonald and M. Tennant (Eds.) **Women in History: Essays on European Women in New Zealand** (Wellington: Allen and Unwin/Port Nicholson Press), 1986.
- Brookes, B., C. Macdonald and M. Tennant (Eds.), **Women in History 2** (Wellington: Bridget Williams Books), 1992.
- Brooking, T.W.H., **A History of Dentistry in New Zealand** (Dunedin: New Zealand Dental Association), 1980.
- Bryder, L., (Ed.), **A Healthy Country: Essays on the Social History of Medicine in New Zealand** (Wellington: Bridget Williams Books), 1991.
- Burgess, M. E., **Nursing in New Zealand Society** (Auckland: Longman Paul), 1984.

- Butler, A.G., **The Australian Army Medical Services in the War of 1914-1918** (Canberra: Australian War Memorial), 1943.
- Cameron, H.C., **Mr. Guy's Hospital, 1726-1948** (London: Longmans, Green), 1954.
- Campbell, H., **Mary Lambie: A Biography** (Wellington: The New Zealand Nursing Education and Research Foundation), 1976.
- Chambers, M., **My Life in Nursing: Christchurch Hospital, 1936-1966** (Tauranga: Moana Press), 1988.
- Clark, M., **Beyond Expectations: Fourteen New Zealand Women Write about their Lives** (Wellington: Allen and Unwin and Port Nicholson Press), 1986.
- Clarke-Kennedy, A.E., **Edith Cavell: Pioneer and Patriot** (London: Faber and Faber), 1965.
- Coney, S., **Every Girl: A Social History of Women and the YWCA in Auckland, 1885-1985** (Auckland: YWCA), 1986.
- Corbett, D., **The Regimental Badges of New Zealand: Being a Concise and Illustrated History of the Badges Worn by the Militia, Volunteer and Territorial Corps which were the Proud Forerunners of the New Zealand Army** (Auckland: Ray Richards Publishers), 1970.
- Couch, M. and B. Hüppauf (Eds.), **Essays on Mortality** (Sydney; University of New South Wales), 1985.
- Davies, C. (Ed.), **Rewriting Nursing History** (London: Croom Helm), 1980.
- Davis, C. and P. Lineham (Eds.), **The Future of the Past: Themes in New Zealand History** (Palmerston North: Department of History, Massey University), 1991.
- Davis, P., **Health and Health Care in New Zealand** (Auckland: Longman Paul), 1991.
- Devaliant, J., **Kate Sheppard: A Biography: The Fight for Women's Votes in New Zealand - The Life of the Woman Who Led the Struggle** (Auckland: Penguin Books), 1992.
- Dingwall, R., A.M. Rafferty and C. Webster, **An Introduction to the Social History of Nursing** (London: Routledge), 1988.
- Donahue, M.P., **Nursing, the Finest Art: An Illustrated History** (London: C.V. Mosby), 1985.
- Dornbusch, C.E., **The New Zealand Army: A Bibliography** (New York; Hope Farm Press), 1961.
- Dyhouse, C., **Girls Growing up in Late Victorian and Edwardian England** (London: Routledge and Kegan Paul), 1981.
- Edmond, L. with C. Milward (Eds.), **Women in Wartime: New Zealand Women Tell Their Story** (Wellington: Government Printer), 1986.

- Elshtain, J.B., **Women and War** (New York: Harvester Press), 1987.
- Ensor, R., **Much Ado...Hanmer Springs, 1883-1983** (Christchurch: Hanmer Springs Centennial Committee), 1983.
- Eldred-Grigg, S., **Pleasures of the Flesh: Sex and Drugs in Colonial New Zealand, 1840-1915** (Wellington: A.H. and A.W. Reed), 1984.
- Fair, R. (Ed.), **A Treasury of Anzac Humour** (Brisbane: The Jacaranda Press), c1965.
- Fairburn, M., **The Ideal Society and its Enemies: The Foundations of Modern New Zealand Society, 1850-1900** (Auckland: Auckland University Press), 1989.
- Farwell, B., **The Great Anglo-Boer War** (New York: Harper and Row), 1976.
- Field, L.M., **The Forgotten War: The Australian Involvement in the South African Conflict of 1899-1902** (Melbourne: Melbourne University Press), 1979.
- Fraser, A., **The Weaker Vessel: Women's Lot in Seventeenth Century England** (London: Weidenfeld and Nicholson), 1984.
- Fussell, P., **The Great War and Modern Memory** (London: Oxford University Press), 1975.
- Gibson Smith, M. and Y. Shadbolt (Eds.), **Objects and Outcomes: New Zealand Nurses' Association, 1909-1983: Commemorative Essays** (Wellington: New Zealand Nurses' Association), 1984.
- Goodman, R., **Our War Nurses: The History of the Royal Australian Army Nursing Corps, 1902-1988** (Brisbane: Boolarong Publications), 1988.
- Graves, C., **The Story of St. Thomas's, 1106-1947** (London: St Thomas's Hospital), 1947.
- Gray, S., **The South African War 1899-1902: Service Records of British and Colonial Women: A Record of the Service in South Africa of Military and Civilian Nurses, Laywomen and Civilians** (Auckland: Published by Sheila M. Gray), 1993.
- Greenwald, M.W., **Women, War and Work: The Impact of World War I on Women Workers in the United States** (Westport, Connecticut: Greenwood Press), 1980.
- Griffiths, K., **Thank God We Kept the Flag Flying: The Siege and Relief of Ladysmith 1899-1900** (London: Anchor Press), 1974.
- Grimshaw, P., **Women's Suffrage in New Zealand** (Auckland: Auckland University Press), 1987.
- Haigh, R.H. and P.W. Turner (Eds.), **The Long Carry: The War Diary of Stretcher Bearer Frank Dunham, 1916-1918** (Oxford: Pergamon Press), 1970.

Hall, D.O.W., **The New Zealanders in South Africa, 1899-1902** (Wellington: Department of Internal Affairs), 1949.

Hay, I., **One Hundred Years of Army Nursing: The Story of the British Army Nursing Service from the Time of Florence Nightingale to the Present Day** (London: Cassell), 1953.

Hay, I.M., **The Caring Commodity: The Provision of Health Care in New Zealand** (Auckland: Oxford University Press), 1989.

Hector, W., **The Work of Mrs. Bedford Fenwick and the Rise of Professional Nursing** (London: Royal College of Nursing and the National Council of Nurses in the United Kingdom), 1973.

Herbst, H., **And Sadly Teach: Teacher Education and Professionalization in American Culture** (Wisconsin: University of Wisconsin Press), 1989.

Higonnet, M. R., J. Jenson, S. Michel and M.C. Weitz (Eds.), **Behind the Lines: Gender and the Two World Wars** (New Haven: Yale University Press), 1987.

John, A.V., **By the Sweat of their Brow: Women Workers at Victorian Coal Mines** (London: Croom Helm), 1980.

Johnston, C.M. and H. Morton, **Dunedin Teachers' College: The First Hundred Years** (Dunedin: John McIndoe), 1976.

Joll, J., **The Origins of the First World War** (London: Longman), 1992, second edition.

Jones, A.H. (Ed.), **Images of Nurses: Perspectives from History, Art and Literature** (Philadelphia: University of Pennsylvania Press), 1988.

Kendall, S. and D. Corbett, **New Zealand Military Nursing: A History of the R.N.Z.N.C.: Boer War to Present Day** (Auckland: Published by Sherayl Kendall and David Corbett), 1990.

King, M., **New Zealanders at War** (Auckland: Heinemann), 1981.

Knightly, P., **The First Casualty: From the Crimea to Vietnam: The War Correspondent as Hero, Propagandist and Myth Maker** (London: Pan Books), 1989 edition.

Lambie, M., **My Story: Memoirs of a New Zealand Nurse** (Christchurch: N.M. Peryer), 1956.

Lanara, V.A., **Heroism as a Nursing Value** (Athens: Sisterhood Evniki), 1981.

Lagemann, E.C. (Ed.), **Nursing History: New Perspectives, New Possibilities** (New York: Teachers' College Press), 1983.

Lehmann, J.H., **The First Boer War** (London: Jonathan Cape), 1972.

Lewis, E., **Joy in the Caring** (Christchurch: N.M. Peryer), 1963.

Liddle, P., **Men of Gallipoli: The Dardanelles and Gallipoli Experience August 1914 to January 1916** (London: Allen Lane), 1976.

- Litoff, J.B., **American Midwives, 1860 to the Present** (London: Greenwood Press), 1978.
- Macdonald, C., **A Woman of Good Character: Single Women as Immigrant Settlers in Nineteenth-century New Zealand** (Wellington: Bridget Williams Books/Historical Branch), 1990.
- Macdonald, L., **1914** (London: Michael Joseph), 1987.
- Macdonald, L., **The Somme** (London: B.T. Batsford), 1964.
- Macdonald, L., **They Called it Passchendaele** (London: Michael Joseph), 1978.
- Macdonald, S., P. Holden and S. Ardener, **Images of Women in Peace and War: Cross-cultural & Historical Perspectives** (London, Basingstoke: Macmillan Education in Association with the Oxford University Women Studies Committee), 1987.
- McGibbon, I., **The Path to Gallipoli: Defending New Zealand, 1840-1915** (Wellington: Government Printer), 1991.
- MacManus, E.E.P., **Matron of Guys** (London: Andrew Melrose), 1956.
- Maggs, C., **The Origins of General Nursing** (London: Croom Helm), 1983.
- Mein Smith, P., **Maternity in Dispute: New Zealand, 1920-1939** (Wellington: Government Printer), 1986.
- Melosh, B., **"The Physician's Hand": Work Culture and Conflict in American Nursing** (Philadelphia: Temple University Press), 1982.
- Mitchell, D., **Women on the Warpath: The Story of the Women of the First World War** (London: Jonathan Cape), 1966.
- Mosse, G.L., **Fallen Soldiers: Reshaping the Memory of the World Wars** (New York: Oxford University Press), 1990.
- Neill, J.O.C., **Grace Neill: The Story of a Noble Woman** (Christchurch: N.M. Peryer), 1961.
- Nicholson, W.N., **Behind the Lines** (Oxford: Jonathan Cape), 1939.
- O'Neill, C., **A Picture of Health: Hospital and Nursing on Old Picture Postcards** (Oxford: Meadow Book), 1989.
- O'Neill, C., **More Pictures of Health: Hospitals and Nursing on Old Picture Postcards** (Oxford: Meadow Books), 1991.
- Openshaw R. and D. McKenzie (Eds.), **Reinterpreting the Educational Past: Essays in the History of New Zealand Education** (Wellington: New Zealand Council for Educational Research), 1987.
- O'Rourke, N., **A Country Nurse and Midwife** (Queanbeyan: Published by the Author), 1989.
- Page, D., **The Suffragists: Women who Worked for the Vote: Essays from the Dictionary of New Zealand Biography** (Wellington: Bridget Williams

Books together with Dictionary of New Zealand Biography, Department of Internal Affairs), 1993.

Pakenham, T., **The Boer War** (London: Weidenfeld and Nicholson), 1979.

Partridge, E., **Frank Honeywood, Private: A Personal Record of the 1914-1918 War** (Melbourne: Melbourne University Press), 1987.

Phillips, J., **A Man's Country? The Image of the Pakeha Male: A History** (Auckland: Penguin), 1987.

Phillips, J., N. Boyack and E.P. Malone (Eds.), **The Great Adventure: New Zealand Soldiers Describe the First World War** (Wellington; Allen and Unwin/Port Nicholson Press), 1988.

Pugsley, C., **Gallipoli: The New Zealand Story** (Auckland: Hodder and Stoughton), 1984.

Rattray, J., **Great Days in New Zealand Nursing** (Wellington: A.H. and A.W. Reed), 1961.

Reverby, S.M., **Ordered to Care: The Dilemma of American Nursing, 1850-1945** (New York: Cambridge University Press), 1987.

Rice, G., **Black November: The 1918 Influenza Epidemic in New Zealand** (Wellington: Allen and Unwin), 1988.

Sargison, P., **From Candles to Computers: A Bibliography of Printed Sources on the History of Nursing in New Zealand** (Wellington: New Zealand Nursing Education and Research Foundation), 1986.

Searle, C., **The History of the Development of Nursing in South Africa, 1652-1960** (Pretoria: The South African Nursing Association), 1965.

Showalter, E., **The Female Malady: Women, Madness and English Culture, 1830-1980** (New York: Pantheon Books), 1985.

Silkin, J. (Ed.), **The Penguin Book of First World War Poetry** (London: Penguin Books), 1979.

Smith, F.B., **Florence Nightingale: Reputation and Power** (London: Croom Helm), 1982.

Smith, J.M., **Cloud Over Marquette : The Epic Story of Those who Sailed in the Ill-fated Troopship, Marquette** (Christchurch: Caxton Press), 1990.

Smith, V., **For Better or for Nurse** (Wellington: Government Printer), 1988.

Somers Cocks, S., **A Friend in Need: Nurse Maude: Her Life and Work** (Christchurch: Whitcombe and Tombs), 1950.

Summers, A., **Angels and Citizens: British Women as Military Nurses, 1854-1914** (London: Routledge and Kegan Paul), 1988.

Sutch, W.B., **Women with a Cause** (Wellington: New Zealand University Press), 1973.

- Tennant, M., **Paupers and Providers: Charitable Aid in New Zealand** (Wellington: Allen and Unwin), 1989.
- Thane, P., **The Foundations of the Welfare State** (London: Longman), 1982.
- Theweleit, K., **Male Fantasies** (Cambridge: Polity Press in Association with Basil Blackwell, Oxford), 1985.
- Tolerton, J., **Ettie: A Life of Ettie Rout** (Auckland: Penguin Books), 1992.
- Vicinus, M., **Independent Women: Work and Community for Single Women, 1850-1920** (Chicago: University of Chicago Press), 1985.
- Walker, S., **A Critical History of Police Reform** (Toronto: Lexington), 1977.
- Wallace, R.L., **The Australians at the Boer War** (Canberra: The Australian War Memorial and the Australian Government Publishing Service), 1976.
- White, C.L., **Women's Magazines, 1693-1968** (London: Michael Joseph), 1970.
- Wicksteed, Major M.R., **A Chronology of the New Zealand Army, 1827-1986** (Wellington: Government Printer), 1986.
- Wilson, T., **The Myriad Faces of War: Britain and the Great War, 1914-1918** (Cambridge: Polity Press in Association with Basil Blackwell, Oxford), 1986.
- Wilson M. and C. Marquand, **Official History of the Royal New Zealand Nursing Corps** (Wellington: Ministry of Defence), 1978.
- Winter, D., **Death's Men: Soldiers of the Great War** (London: Penguin Book), 1978.
- Winter, J.M., **Socialism and the Challenge of War: Ideas and Politics in Britain, 1912-1918** (London: Routledge and Kegan Paul), 1974.
- Woodham-Smith, C., **Florence Nightingale, 1820-1910** (London: Constable), 1950.

#### ARTICLES

- Anon., 'All Nurses were Once Men', **New Zealand Hospitals**, 1970, 22:4, pp. 17-18.
- Anon., 'The Pharmaceutical Society of New Zealand', **Pharmaceutical Journal of New Zealand**, 1931, 3:10, pp. 1-5.
- Baer, E.D., ' "A Cooperative Venture" in Pursuit of Professional Status: A Research Journal for Nursing', **Nursing Research**, 1987, 36:1, pp. 18-25.
- Baer, E.D., 'Nurses', in R.D. Apple (Ed.), **Women, Health and Medicine in America. A Historical Handbook** (New York: Garland Publishing) 1990.
- Baer, E.D., 'Nursing's Divided House - An Historical View', **Nursing Research**, 1985, 34:1, pp. 32-38.
- Baer, E.D., 'Nursing's Divided Loyalties: An Historical Case Study', **Nursing Research**, 1989, 38:3, pp. 166-171.

- Baly, M., 'The Nightingale Nurses: The Myth and the Reality', in C. Maggs (Ed.), **Nursing History: The State of the Art** (London: Croom Helm), 1987.
- Barrett, J., 'No Straw Man: C.E.W. Bean and Some Critics', **Australian Historical Studies**, 1988, 23:89, pp. 102-114.
- Beeber, L.S., 'To be One of the Boys: Aftershocks of the World War I Nursing Experience', **Advances in Nursing Science**, 1990, 12:4, pp. 32-43.
- Belgrave, M., 'A Subtle Containment: Women in New Zealand Medicine, 1893-1941', **New Zealand Journal of History**, 1988, 22:1, pp. 44-55.
- Belgrave, M., 'Medicine and the Rise of the Health Professions in New Zealand, 1860-1939', in L. Bryder (Ed.), **A Healthy Country: Essays on the Social History of Medicine in New Zealand** (Wellington: Bridget Williams Books), 1991.
- Belich, J., 'War', in C. Davis and P. Lineham (Eds.), **The Future of the Past: Themes in New Zealand History** (Palmerston North: Massey University), 1991.
- Bryder, L., ' "Lessons" of the 1918 Influenza Epidemic in Auckland', **New Zealand Journal of History**, 1982, 16:2, pp. 97-121.
- Carberry, A., 'The Voluntary Aid Detachments in the First World War', **Bulletin of History of Nursing**, 1987, 2:2, pp. 29-34.
- Chua, W-F. and S. Clegg, 'Professional Closure: The Case of British Nursing', **Theory and Society**, 1990, 19:2, pp. 135-172.
- Cohen, I.B., 'Florence Nightingale', **Scientific American**, 1984, 250:3, pp. 98-104, 107, 114.
- Colliere, M.F., 'Invisible Care and Invisible Women as Health Care Providers', **International Journal of Nursing**, 1986, 23:2, pp. 95-112.
- Crowder, E.L., 'Historical Perspectives of Nursing's Professionalism', **Occupational Health Nursing**, 1985, 33:4, pp. 184-190.
- Dalziel, R., 'The Colonial Helpmeet: Women's Role and the Vote in Nineteenth-Century New Zealand', **New Zealand Journal of History**, 1977, 11:2, pp. 112-123.
- Dow, D.A., 'Springs of Charity?: The Development of the New Zealand Hospital System, 1876-1910', in L. Bryder (Ed.), **A Healthy Country: Essays on the Social History of Medicine in New Zealand** (Wellington: Bridget Williams Books), 1991.
- Fairburn, M., 'The Rural Myth and the New Urban Frontier: An Approach to New Zealand Social History, 1870-1940', **New Zealand Journal of History**, 1975, 9:1, pp. 3-21.
- Fitzpatrick, M.L., 'Nursing', **Signs**, 1976/77, 2:4, pp. 818-834.
- Garnnikow, E., 'Nurse or Woman: Gender and Professionalism in Reformed Nursing 1860-1923', in P. Holden and J. Littlewood (Eds.), **Anthropology and Nursing** (London: Routledge), 1991.

- Gamarnikow, E., 'Sexual Division of Labour: The Case of Nursing', in A. Kuhn and A. Wolpe (Eds.), **Feminism and Materialism: Women and Modes of Production** (London: Routledge and Kegan Paul), 1978.
- Gilbert, S. M., 'Soldier's Heart: Literary Men, Literary Women, and the Great War', in M.R. Higonnet, J. Jenson, S. Michel and M.C. Weitz (Eds.), **Behind the Lines: Gender and the Two World Wars** (New Haven: Yale University Press), 1987.
- Godden J., G. Curry and S. Delacour, 'The Decline of Myths and Myopia?: The Use and Abuse of Nursing History', **Australian Journal of Advanced Nursing**, 1993, 10:2, pp. 27-34.
- Gould, J., 'Women's Military Services in First World War Britain', in M.R. Higonnet, J. Jenson, S. Michel and M.C. Weitz (Eds.), **Behind the Lines: Gender and the Two World Wars** (New Haven: Yale University Press), 1987.
- Helm, A.S., 'The New Zealand Nursing Service', **New Zealand Army Journal**, 1955, 1:5, pp. 7-13.
- Holdaway, M., 'Where are the Maori Nurses who were to Become Those "Efficient Preachers of the Gospel of Health"?', **Nursing Praxis in New Zealand**, 1993, 8:1, pp. 25-34.
- Honey, M., 'The Working-Class Woman and Recruitment Propaganda during World War II: Class Differences in the Portrayal of War Work', 1983, **Signs**, 8:4, pp. 672-687.
- Hughes, B., 'Nursing Education: The Collapse of the Diploma of Nursing at the University of Otago, 1925-1926', **New Zealand Journal of History**, 1978, 12:1, pp. 17-33.
- Hughes, B., 'Women and the Professions in New Zealand', in P. Bunkle and B. Hughes (Eds.), **Women in New Zealand Society** (Auckland: Allen and Unwin), 1980.
- Hüppauf, B., 'War and Death: The Experience of the First World War', in M. Crouch and B. Hüppauf (Eds.), **Essays on Mortality** (Sydney: University of New South Wales), 1985.
- Kalisch, P., 'Heroines of '98: Female Army Nurses in the Spanish-American War', **Nursing Research**, 1975, 24:6, pp. 411-429.
- Keddy, B. and E. Lukan, 'The Nursing Apprentice: An Historical Perspective', **Nursing Papers**, 1985, 17:1, pp. 35-46.
- Keith, J., 'Florence Nightingale: Statistician and Consultant Epidemiologist', **International Nursing Review**, 1988, 35:5, pp. 147-150.
- Kendall, S., 'A New Zealand V.A.D.: 1914-1918', **The Volunteers: The Journal of the New Zealand Military Historical Society**, 1983, 9:3, pp. 92-96.
- Kinross, N.J., 'Politics and Power', in M. Gibson Smith and Y. Shadbolt (Eds.), **Objects and Outcomes: New Zealand Nurses' Association, 1909-**

1983 : **Commemorative Essays** (Wellington: New Zealand Nurses' Association Inc.), 1984.

Layton, L., 'Vera Brittain's Testament(s)', in M.R. Higonnet, J. Jenson, S. Michel and M. C. Weitz (Eds.), **Behind the Lines: Gender and the Two World Wars** (New Haven: Yale University Press), 1987.

Levine, M.E., 'Florence Nightingale: The Legend that Lives', **Nursing Forum**, 1963, 2:4, pp. 26-35.

McKegg, A., 'The Maori Health Nursing Scheme. An Experiment in Autonomous Health Care', **New Zealand Journal of History**, 1992, 26:2, pp. 145-160.

Maggs, C., 'Nurses Recruitment to Four Provincial Hospitals, 1881-1921', in C. Davies (Ed.), **Rewriting Nursing History** (London: Croom Helm), 1980.

Maier, C.S., 'Wargames: 1914-1919', **Journal of Interdisciplinary History**, 1988, 18:4, pp. 819-849.

Miller, P.G., 'The Nurse Training Act: A Historical Perspective', **Advances in Nursing Science**, 1985, 7:2, pp. 47-65.

Montgomerie, D., 'Man-powering Women: Industrial Conscription During the Second World War', in B. Brookes, C. Macdonald and M. Tennant (Eds.), **Women in History 2** (Wellington: Bridget Williams Books), 1992.

Montgomerie, D., 'War and Women: Work and Motherhood', **Women's Studies Journal**, 1988, 3:2, pp. 3-16.

Murphy, R., 'The Struggle for Scholarly Recognition: The Development of the Closure Problematic in Sociology', **Theory and Society**, 1983, 12:5, pp. 631-658.

Noel, N.L., 'Historiography: Biography or 'Women Worthies' in Nursing History', **Western Journal of Nursing Research**, 1988, 10:1, pp. 106-108.

Norman, E.M., 'After the Casualties: Vietnam Nurses' Identities and Career Decisions', **Nursing Research**, 1992, 41:2, pp. 110-113.

O'Carrigan, C., 'Two Veteran Nurses of World War I Days', **The Medical Journal of Australia**, 1984, 140, pp. 782-784.

O'Connor, P.S., 'The Awkward Ones - Dealing with Conscience, 1916-18', **New Zealand Journal of History**, 1974, 8:2, pp. 118-136.

Olssen, E., 'Truby King and the Plunket Society: An Analysis of a Prescriptive Ideology', **New Zealand Journal of History**, 1981, 15:1, pp. 3-23.

Osborne, J.M., 'Defining Their Own Patriotism: British Volunteer Training Corps in the First World War', **Journal of Contemporary History**, 1988, 23:1, pp. 59-74.

Parkes, C. M., 'The Impact of the Medicalisation of New Zealand's Maternity Services on Women's Experience of Childbirth, 1904-1937', in L. Bryder (Ed.), **A Healthy Country: Essays on the Social History of Medicine in New Zealand** (Wellington, 1991).

Paterson, B., 'Tuberculosis Amongst New Zealand Nurses, 1940-1950', *History of Nursing Journal*, 1992, 3:2, pp. 46-59.

Pierson, R.R., '"Did Your Mother Wear Army Boots?": Feminist Theory and Women's Relation to War, Peace, and Revolution', in S. Macdonald, P. Holden and S. Ardener (Eds.), *Images of Women in Peace and War: Cross-cultural and Historical Perspectives* (London, Basingstoke: Macmillan Education in Association with the Oxford University Women Studies Committee), 1987.

Pillitteri, A., 'Documenting Lystra Gretter's Student Experiences in Nursing: A 100-Year Comparison with Today', *Nursing Outlook*, 1991, 39:6, pp. 273-279.

Poslusny, S.M., 'Feminist Friendship: Isobel Hampton Robb, Lavinia Lloyd Dock and Mary Adelaide Nutting', *Image*, 1989, 21:2, pp. 64-68.

Reverby, S., 'A Caring Dilemma: Womanhood and Nursing in Historical Perspective', *Nursing Research*, 1987, 36:1, pp. 5-11.

Rice, G., 'The Making of New Zealand's 1920 Health Act', *New Zealand Journal of History*, 1988, 22:1, pp. 3-22.

Robson, L.L., 'Behold a Pale Horse: Australian War Studies', *Australian Historical Studies*, 1988, 23:90, pp. 115-126.

Rodgers, J.A., '...A Good Nurse...A Good Woman', in R. Openshaw and D. McKenzie (Eds.), *Reinterpreting the Educational Past: Essays in the History of New Zealand Education* (Wellington: New Zealand Council for Educational Research), 1987.

Rose, J., 'Rani at the Castle: the Reminiscences of a V.A.D. in the First World War', *History of Nursing Journal*, 1992/93, 4:2, pp. 85-89.

Roth, M., 'Archives: Associations of Women Teachers in 1901', *Women's Studies Journal*, 1:2, 1985, pp. 93-108.

Salmon, E.B., 'The International Idea', in M. Gibson Smith and Y. Shadbolt (Eds.), *Objects and Outcomes: New Zealand Nurses' Association, 1909-1983: Commemorative Essays* (Wellington: New Zealand Nurses' Association Inc.), 1984.

Schultz, J.E., 'The Inhospitable Hospital: Gender and Professionalism in Civil War Medicine', *Signs*, 1992, 17:2, pp. 363-392.

Scott, J., 'Gender: A Useful Category of Historical Analysis', *American History Review*, 1985, 91:5, pp. 1053-1075.

Scott, J. W., 'Rewriting History,' in M.R. Higonnet, J. Jenson, S. Michel and M.C. Weitz (Eds.), *Behind the Lines: Gender and the Two World Wars* (New Haven: Yale University Press), 1987.

Stone, M., 'Shellshock and the Psychologists' in W.F. Bynum, R. Porter and M. Shepherd (Eds.), *The Anatomy of Madness: Essays in the History of Psychiatry*, Vol. II (London: Tavistock), 1985.

Tennant, M., 'Duncan MacGregor and Charitable Aid Administration 1886-1896', *New Zealand Journal of History*, 1979, 13:1, pp. 33-40.

Tennant M., 'Magdalens and Moral Imbeciles: Women's Homes in Nineteenth Century New Zealand', **Women's Studies International Forum**, 1986, 9:5, pp. 491-502.

Tennant, M., ' "Missionaries of Health": The School Medical Service During the Inter-war Period', in L. Bryder (Ed.), **A Healthy Country: Essays on the Social History of Medicine in New Zealand** (Wellington: Bridget Williams Books), 1991.

Tennant, M., 'Mrs. Grace Neill in the Department of Asylums, Hospitals and Charitable Institutions', **New Zealand Journal of History**, 1978, 12:1, pp. 3-16.

Tolerton, J., 'Ettie Rout and the Volunteer Sisterhood: Fighting to get into the Great War', **Women's Studies Journal**, 1990, 6:1/2, pp. 153-167.

Tosti, M., 'The Nursing Sisters of the Marquette', in Sister M. Damian (Ed.), **Growl You May, But Go You Must** (Wellington: Reed), 1968.

Weitzel, R.L., 'Pacifists and Anti-Militarists in New Zealand, 1909-1914', **New Zealand Journal of History**, 1973, 7:2, pp. 128-147.

Wheelwright, J., ' "Amazons and Military Maids": An Examination of Female Military Heroines in British Literature and the Changing Construction of Gender', **Women's Studies International Forum**, 1987, 10:5, pp. 489-502.

Williams, K., 'From Sarah Gamp to Florence Nightingale: A Critical Study of Hospital Nursing Systems from 1840 to 1897', in C. Davies, **Rewriting Nursing History** (London: Croom Helm), 1980.

Williamson, S.R., Jr. 'The Origins of World War I', **Journal of Interdisciplinary History**, 1988, 18:4, pp. 795-818.

#### UNPUBLISHED THESES AND PAPERS

Belgrave, M., ' "Medical Men" and "Lady Doctors": The Making of a New Zealand Profession, 1867-1941', PhD Thesis in History, Victoria University, New Zealand, 1985.

Briar, C., 'Women Workers and the State: Historical Analysis of Employment Policies Affecting Women in Britain, 1905-1986', PhD Thesis in Sociological Studies, University of Sheffield, England, 1987.

Brown, M., 'The Auckland Hospital School of Nursing, 1883-1990', MA Thesis in Education, University of Auckland, New Zealand, 1991.

Carter, D.M., 'An Estimate of the Political Development of New Zealand Women', MA Thesis in History, Canterbury University, New Zealand, 1947.

Clarke, R., 'Not Mad But Very Ill: The Treatment of New Zealand's Shell Shocked Soldiers, 1914-1939', MA Thesis in History, University of Auckland, New Zealand, 1991.

Diamond, M., 'The Nightingale Nurse: A Case Study in Victorian Values', Paper presented at the Victorian History Conference, Massey University, New Zealand, 1980.

Donner, H., ' "The Women are Splendid" - The Value of Women's Work in the Great War,' Paper presented at the Department of History, Atkinson College, York University, England, 1992.

Fleming, P., ' "Shadow over New Zealand": The Response to Venereal Disease in New Zealand, 1910-1945', PhD Thesis in History, Massey University, New Zealand, 1989.

Godden, J., ' "We are Professional Women": Nursing as Philanthropic Work Within the Women's Sphere, Australia, 1880-1930', Paper presented at the Nursing, Women's History and the Politics of Welfare Conference, University of Nottingham, England, 1993.

Gould, A., 'Proof of Gratitude? Soldier Land Settlement in New Zealand After World War I', PhD Thesis in History, Massey University, New Zealand, 1992.

Griffiths, S., 'Feminism and the Ideology of Motherhood in New Zealand, 1896-1930' MA Thesis in History, University of Otago, New Zealand, 1984.

Hucker, G., 'When the Empire Calls: Patriotic Organisations in New Zealand During the Great War', MA Thesis in History, Massey University, New Zealand, 1979.

Johnson, S., 'The Home Front: Aspects of Civilian Patriotism in New Zealand During the First World War', MA Thesis in History, Massey University, New Zealand, 1975.

McKegg, A., ' "Ministering Angels": Government Backblock Nursing Services and Maori Health Nurses, 1909-1939', MA Thesis in History, University of Auckland, New Zealand, 1991.

Macdonald, C., 'Single Women as Immigrant Settlers in New Zealand, 1853-1871', PhD Thesis in History, University of Auckland, New Zealand, 1986.

Melling, J.O. 'The New Zealand Returned Soldiers' Association, 1916-23', MA Thesis in History, Victoria University, New Zealand, 1952.

Montgomerie, D., 'A Personal Affair Between Me and Hitler?: Public Attitudes to Women's Paid Work in New Zealand During World War Two', MA Thesis in History, University of Auckland, New Zealand, 1986.

Murray, N.S., 'The Life and Work of Dr. Duncan MacGregor', MA Thesis, University of Otago, New Zealand, 1946.

Rawstron, R., 'Anaesthetics and Anaesthetic Services in the Palmerston North Hospital Since 1893', Paper prepared for the Centenary of Palmerston North Hospital, New Zealand, November 1993.

Rodgers, J.A., 'Nursing Education in New Zealand, 1883-1930: The Persistence of the Nightingale Ethos', MA Thesis in Education, Massey University, New Zealand, 1985.

Sharp, K.H., 'New Zealand Women: A Contribution to the History of the Part Played by Women in the Social and Political Life of the Dominion', MA Thesis in History, Canterbury University, New Zealand, 1930.

Wallace, S., 'The Professionalisation of Nursing, 1900-1930', BA (Hon) Thesis, University of Otago, New Zealand, 1987.