NURSING EDUCATION IN NEW ZEALAND, 1883 TO 1930: THE PERSISTENCE OF THE NIGHTINGALE ETHOS

A thesis presented in partial fulfilment
of the requirements for the degree of Master of Arts
in Education at Massey University

JAN. A. RODGERS

1985

ABSTRACT

NURSING EDUCATION IN NEW ZEALAND, 1883 to 1930: THE PERSISTENCE OF THE NIGHTINGALE ETHOS

This thesis argues that the Nightingale ethos shaped the development and progress of nursing training in New Zealand during the years 1883 to 1930. The Nightingale ethos with its allegiance to the traditional belief in women's responsibility for nurturance, cleanliness and order, along with the truly 'feminine' traits of forbearance, endurance and obedience, paralleled the idealised vision of woman, mother and 'helpmeet'. That Florence Nightingale saw nursing as a natural extension of the role of female both advantaged and hindered nurse training. From a period of amateurism when every woman was a nurse, there developed a belief that nursing was women's work, an acceptable occupation for females. This same belief was used by administrators to provide an economically stringent hospital service, with the nursing service situated in hospitals, probationers providing the service while receiving a training. It is my contention that the Nightingale ethos was incompatible with advanced training for nurses. Even when nurse training was provided with the opportunity for a new direction - a university education - the pervasiveness of the Nightingale ethos prevented this. The training scheme for nurses remained within the hospital structure perpetuating the unwritten, unformulated belief that nurses' work was women's work.

TABLE OF CONTENTS

ABBREVIATIONS

AD	Army Division (Army Division File National Archives)
A.J.H.R.	Appendices to the House of Representatives
A.T.L.	Alexander Turnbull Library
c.	Circa
H	Health (Health File, National Archives)
H.D.F.	Health Department File, Department of Health, Head Office, Wellington
K.T.	Kai Tiaki (New Zealand Nursing Journal)
N.A.	National Archives
N.Z.N.A.	New Zealand Nurses' Association (N.Z.N.A. File, Alexander Turnbull Library)
R.B.N.A.	Royal British Nurses' Association
SANS	School of Advanced Nursing Studies. The title given to the Wellington Post-Graduate Course in the 1970's
U.O.A.	University of Otago Archives, Hocken Library

PREFACE

In New Zealand the process of separating nursing training from the control of the hospital boards began only in 1973. In that year two pilot programmes for nurse training were commenced in polytechnics under the auspices of the Department of Education. In the same year, two universities introduced nursing studies into their curricula. Contemporary arguments underlying these events concentrated on 'dropout' rates of nurses from hospital training schemes, cost-effectiveness and contemporary attitudes of society regarding nursing education. While the more recent years of change in nurse training have been recorded there is little New Zealand research on the early history of nursing education in New Zealand. Beryl Hughes in her article 'Nursing Education : The Collapse of the Diploma of Nursing at the University of Otago, 1925-1926', provides one of the few indepth records of an important event in New Zealand nursing history. Objects and Outcomes (1983) a production of the New Zealand Nurses' Association presents an overview of the Nurses' Associations role in the development of nursing education 1909 to 1983. This thesis was written with the purpose of adding to the knowledge of events which occurred in the history of nursing education in New Zealand. The years of 1883 to 1930 were selected for study as this was the period when formal nurse training occurred, developed and was consolidated along apprenticeship lines. The events of Nurses' Registration (1901) and University education for nurses (1925-1926) occurred during these years.

Identification of the Research Problem and development of a Working Hypothesis: One of the major processes in historical research is the careful identification and articulation of the purpose of the study. Care must be taken to limit the period, problem and population.[1] Although the researcher in history initially commences with a working hypothesis new hypotheses occur as

---

1 David J. Fox, Fundamentals of Research in Nursing (New York: Appleton-Century-Crofts, 1976), 29.

research data increases.[2] For this thesis the broad research question was 'What were the social and cultural influences which directed nurse training in New Zealand between 1883 and 1930?' The research focused on a process which, by its very nature, involved the consideration of certain key concepts: women's role; nurses as women; the work life of the nurses within New Zealand society. This broad research problem was steadily refined until it became more clearly directed towards examining the influence of the Nightingale ethos and its effect on nurse training. The working hypothesis was 'that the Nightingale ethos was incompatible with advanced training for nurses'.

Definitions and Boundaries: Apart from a few exceptions this thesis is limited to the training and practice of nurses in New Zealand public hospitals during the period 1883 to 1930. It focuses on general nurse training excluding maternity, midwifery and psychiatric training.
'Nursing service' is a term used to describe nursing practices in public hospitals.
'Probationer' is used to describe a nurse receiving training. Although pupil nurse was the term used on official documents, probationer was used in correspondence and publications.
The term 'Nightingale ethos' is specifically used to define fundamental values that distinguished the nurse from other groups. It relates to a range of attitudes and beliefs which were collectively integrated into the training of nurses. These attitudes included endurance, forbearance, quietness, gentleness, patience and obedience. It is not the case that these attitudes were written and incorporated into the formal syllabus for nurse training, rather, they were manifested by diverse nursing activities and practices within the work-life of the probationer who was the major provider of nursing services in hospitals.
While this study focuses on the 'Nightingale ethos' and its ability

---

2 Sydney D. Krampitz, ed. Readings for Nursing Research (St. Louis: Mosby, 1981), Chapter 7.

to direct nurse training, it also is concerned with the absorption into nurses' belief systems the social belief that nursing was women's work and, therefore, by their nursing practices and training nurses confirmed societies expectations of what women's work was. Hegemony[3] is a term used to explain how dominant beliefs, values and practices are produced and permeate throughout society positing certain ideas and routines as natural and universal. Hegemony acted to impose specific values and meanings to nurses' practices and training, and in return nurses reflected these values in their training and practice.

Collection, organisation and analysis of data: The source material included in this thesis was diverse. Primary source material included letters, documents, records and books recording the events in this period of nursing history. The search for primary material was extensive as, apart from documented resources for the period 1925-1927 (Hughes, 1978) and Minutes of the Trained Nurses Association, little further primary source material was documented. This fact is the reason for extensive footnotes. It is hoped that these may in the future be used by others to record events in nursing history. Kai Tiaki (The New Zealand Nursing Journal) was central in helping to focus the search for other sources of evidence. The journal was the only publication for New Zealand nurses, 1908 to 1930.

The Hester Maclean miscellaneous box was deposited at the National Archives in August 1984. Primary material on this prominent nurse was not located up to this time.

The Health Department File giving information on Grace Neill has previously been documented (Tennant 1978). Fire has evidently destroyed other material on Grace Neill.

The task of tracing the immigration to New Zealand of 'Nightingale Nurses' was as exacting as it was exciting. Numerous immigration lists were examined in trying to identify 'nurses' who came to this country. This specific area could be the topic for further research.

---

3 Henry Giroux, "Beyond the Correspondence Theory: Notes on the Dynamics of Educational Reproduction and Transformation" Curriculum Inquiry 10:3 (1980), 242.

Alexander Turnbull Library contains material on The New Zealand Nurses' Association and is a most valuable source of data. During December 1984 oral histories of New Zealand nurses were deposited at this library. Because they were not, at this time, re-recorded onto user tapes it was not possible to use these for this thesis. Hocken library with its collection of archival material for the period 1925-27 was used extensively.
Much of the material on the actual practices and activities of nurses during the period 1883 to 1930 is an amalgamation of archival material gathered from Health files (National Archives), and Kai Tiaki. A complete set of Kai Tiaki journals is held by Palmerston North Hospital School of Nursing.
Minutes of the Otago Hospital Board were made available through Mr Jennings, Executive Officer, Administration, Dunedin Hospital Board. Palmerston North Hospital Board Minutes were made available through the Chief Executive, Mr G. Gordon. Access to the Palmerston North Hospital Board, Sisters Monthly Report, was through the Chief Nurse, Palmerston North Hospital Board. Minutes of the Otago Branch of the Trained Nurses Association was obtained through the kindness of Ngaire Quennell, the secretary of this Branch,1984.
Personal interviews were highlights of the data collection. No structured interview technique was used. The free form style of interview yielded valuable information which both expanded and reinforced written data.

Research Accountability: The necessity for maintaining a critical evaluation of the credibility of the recorded events has been an important part in documenting this research. The accuracy and consistency of documents were continually reviewed and, where possible, cross-referencing was sought to confirm the validity of the events. In an effort to reduce researcher bias three approaches were used:

a. Statements made by the actors of the events were used to a considerable extent throughout the account.

b. The development of a research problem directed the search for data.

c. The hypothesis that the Nightingale ethos was incompatible with advanced training for nurses assisted in maintaining objectivity during the writing of the account.

Acknowledgements:

Beryl Hughes' article on nursing education provided the impetus for this study.

Nancy Tomes' article "The Silent Battle : Nurse Registration in New York State, 1903-1920", assisted in the consolidation of ideas for Chapter 2 of this thesis.

That this research has been able to benefit from a diverse source of material is owing to the interest and assistance of many people. My sincere thanks for the assistance of librarians and archivists of the Hocken Library, Turnbull Library, National Archives, Massey University Library, Palmerston North Hospital Medical Library, Nurses' Association Library, Department of Health Library, Wellington, and Palmerston North Library who went to considerable trouble to obtain elusive material.

The assistance I received from Mr T.H. Wilton, Miss X. and Miss Y. in recalling the events of their early years is very much appreciated.

My deepest appreciation to Marie Spelman for her support and enthusiasm as she typed, retyped and typed again, the revisions that this thesis has undergone.

The guidance and supervision I have received from Dr Roger Openshaw and Professor Nancy Kinross have been unstinting, pertinent and always constructive.

Maria Culling, my niece, thank you for your company on those many trips to the libraries in Wellington.

CHAPTER 1

WOMEN'S WORK

NURSING EDUCATION IN NEW ZEALAND 1883-1900

Introduction: The position of nurses in nineteenth century New Zealand was shaped by the ideas of the relationship between male and female roles - roles which saw the male as the possessor of intellect and bodily strength, the female as the creator and stabiliser of home and hearth. Dalziel (1977) suggests that in New Zealand the nineteenth century view of women's place within the home helped shape any achievement made by women into new spheres of activities. The concept of women's role as home-maker and housekeeper worked to the advantage of the development of nursing. The work of nurses paralleled the idealised vision of women, mother and 'helpmeet'. From a period of informal amateurism there developed a nurse training scheme based on the Nightingale ethos with its allegiance to the traditional belief in women's responsibility for nurturance, cleanliness and order, along with the truly 'feminine' traits of forbearance, endurance and obedience.

All Women are Nurses (c1840-1880): For the New Zealand woman, pioneer life was not easy. When sickness or childbirth occurred many women were thrown on their own resources either to attend to their family, neighbour, or self. Although four state hospitals were instituted, dating from 1846 for 'the treatment of sick and destitute Europeans, and free treatment for all Natives',[1] the majority of Europeans endured their illnesses at home. Hospitals in New Zealand offered nothing better than the hospitals of England. Like them, they were generally poor, apathetic institutions providing accommodation for the invalid or accident victim who could not pay his way. The establishing of hospitals

---

1 New Zealand Department of Health Annual Report, Centennial Number 1840-1940. (Government Printer 1939), 47.

had low priority for a society which saw the poor, the weak and the ill as a burden upon its resources, and as a stumbling block to economic development and financing. Clearing land, building homes, developing banking services and land tenures were considered vastly more important subjects than hospitals which were viewed as being unable to provide any service which was not able to be given in the home by wife, mother, servant or neighbour.

For the early pioneer woman childbirth was the main reason for requesting aid and an ad hoc network of neighbourhood services developed in some areas:

> We women of Wakefield had no medical attention at childbirth, but we attended one another. Mrs Isaac Baigent, my opposite neighbour, cared for me and I for her.[2]

Many tales are told of the birthing practices of the early pioneer. Confinements were at home, home being whares or small wooden huts. The telling of ghost stories was a common practice for hurrying along a prolonged labour, and 'stillbirth' was recorded for a number of children heard to cry for up to an hour following birth.[3] Gradually the term 'midwife' developed, experience being the main claim to the title.[4]

In the Otago area women who assisted during childbirth were known as 'Howdies'. The term being developed, it is said, from the greeting of "Howd' ye fin' yersel' this morn."[5] However in the seventeenth century Howdie was a commonly used term in the lowlands of Scotland for women who attended on childbirth.[6] The 'midwife',

---

2 Julia Millen, Colonial Tears and Sweat (Wellington: A.H. & A.W. Reed, 1984), 25.

3 Interview with a Registered Nurse retold by her grandmother c1850. The definition for stillbirth is a baby who at birth shows no spontaneous movement or respiration. The first New Zealand definition for stillbirth occurred in 1913.

4 Women's Division of the Federated Farmers, Brave Days; Pioneer Women of New Zealand (Wellington: A.H. & A.W. Reed, 1939), 15.

5 Brave Days, 155.

6 John Buchan, Witch Wood (London: Hodder & Stoughton, 1975), 84.

although an amateur, was well meaning and European women felt fortunate to receive the assistance of another woman who was ready to help a neighbour, attend the birthing and stay on to keep an eye on the new arrival. In addition the 'midwife' often cleaned the house and cared for the older children. The lands from which the pioneer came were not known for clean, infection-free hospitals or sympathetic concern for labouring women. Dickens' imagery of the 'Sairy Gamps' and 'Betsy Prigs' portrayed the dormant social consciousness of the grim, grotesque attender of the poor and sick of England.[7] For pioneer women, escape from puerperal fever or purulent discharge was a luxury, even if the infant died. Labour itself was fraught with difficulties. The 'midwife', expanding her activities based on experience rather than knowledge, traumatised the birthing process with undue interference. Long and difficult labours were increasingly hazardous resulting in infection for the mother and death of the infant. Breech deliveries were arduous, and premature infants were given no hope of survival.[8] But not all women were untrained. In 1823, when Florence Nightingale was three years old, Mrs Marianne Williams undertook a training in maternity nursing in England prior to her immigration to New Zealand. With her missionary husband, Henry, she undertook medical responsibilities providing the missioners and Maoris with her favourite prescription, tea, considered at that time to have many therapeutic properties.[9] Childbirth was not the only service provided by the women:

> There was neither doctor or [sic] nurse in the area when Mrs Donald Monro first went to Taieri Plains. On many occasions she left her eldest daughter in charge of the small children and went out at any hour of the day or night to nurse her neighbour.[10]

---

7 M. Diamond, "The Nightingale Nurse : A Case Study in Victorian Values." (Paper presented at Massey University, 1980), 1.

8 F.O. Bennett, Hospital on the Avon (Christchurch: Caxton Press, 1962), Chapter 5.

9 L.K. Gluckman, Tangiwai : A Medical History of 19th Century New Zealand (Auckland: Whitcoulls, 1967), 48.

10 Joan Rattray, Great Days in New Zealand Nursing (Wellington: A.H. & A.W. Reed, 1961), 22. The era was 1860.

For European and Maori children 'hooping cough', measles, diphtheria and pneumonia were deadly.[11] Drownings took the lives of many men. Between 1840 and 1870 three to four deaths by drownings were recorded for each month.[12] Accidents from axes, flying wood, hot water and falls from horses were the most common reason for medical intervention and the women showed their resourcefulness:

> Once when she [Mrs Stronge] was away, a Maori woman carried in one of Mrs Stronge's little girls, aged six, saying she had just broken her leg! Imagine how Mrs Stronge felt - forty miles from a hospital!! She sent for the doctor, but when he arrived he was too drunk even to stand! Mrs Stronge pulled the leg into place herself and ordered the doctor away. Her leg setting was quite a success![13]

and

> Many a night, Mrs Bint tramped, with a hurricane lamp, through miles of bush, to attend maternity cases. Once, when a man was felling bush for a neighbour, he gashed the calf of his leg open; Mrs Bint said, "Carry him to the river and let the cold water run on the wound and I will put some stitches in." She put in twenty stitches with needle and cotton.[14]

Pulling teeth, application of oil of cloves for toothache, and lancing boils or carbuncles was common knowledge. The uses of charcoal for dysentry and Dover's powder or Epsom salts for most other bowel disorders is frequently recorded. These and other remedies for sickness came with the immigrants to New Zealand. Culpeppers Complete Herbal, first published in 1815, was in the possession of a woman who practised 'midwifery' in 1850.[15] Newspapers of the era carried advertisements for the latest remedy for

---

11 Appendices to the House of Representatives (A.J.H.R.) 1885, D-4a.

12 A.J.H.R., 1875, H-37.

13 Brave Days 146. The area was Taranaki, a site of one of the four state hospitals; the era was 1860.

14 Ibid. 154. The era was 1855.

15 Interview with Mr T.H. Wilton (81), 8 September, 1984. His grandmother was 'midwife' in the Wairarapa area 1850.

the common cold, hoarseness and bronchitis[16] and in the towns the sign of the apothecary indicated a supply of ointments and remedies for man and beast. When diphtheria became almost epidemic just at the conclusion of the Land Wars, neighbours assisted one another day and night in caring for the children. Throughout the era of 1840 to 1880 instances are told of women gathering up dresses and petticoats, mounting horses and travelling through bush to attend the sick members of the community. Many women were given the title 'nurse' in recognition of specific medical knowledge or skill. These were not trained nurses but they fulfilled a service for the early communities of European colonists. Arnold (1981) provides insight into colonial kindess which was rare in the Old Country. Generosity and thoughtfulness were expressed in many ways,[17] not least through the contribution of women in their services as 'nurses' or 'midwives'.

The Growth of Hospitals (c1846-1880): The early colonists' ailments are somewhat speculative as the nomenclature was limited.[18] It is known that infectious diseases occurred spasmodically and accidents were prevalent. Heart, lung, kidney diseases and delirium tremens seemed to be the more prominent causes for admittance to the state hospitals. Auckland, Wellington, Wanganui and Taranaki were the sites chosen in 1845 when Governor Grey gave consent for money to be used for the building of hospitals. These hospitals attended to the diseases 'most aggravated and chronic'.[19] Dr Fitzgerald, medical officer in charge of the Wellington Hospital, reported in 1848 that Mr and Mrs Jacobs the hospital attendants "never spare themselves night or day". His annual report gave a

---

16 Manawatu Standard, copies between 1883-86.

17 Rollo Arnold, The Farthest Promised Land, English Villages, New Zealand Immigrants of the 1870s (Wellington: Victoria University Press with Price Milburn, 1981), 253.

18 Tangiwai 157.

19 New Zealand Government Gazette, Province of New Munster, (21 January 1848). 'State', 'Colonial' and 'Native' Hospital are used interchangeably in early reports.

description of the usual treatment of a patient on admission to the hospital. Firstly, the patient received a vapour bath and the skin was well cleansed with soap and water. The hair was cut and the patient was placed in a comfortable bed with clean sheets. Wearing apparel was a blue woollen shirt, pilot cloth 'trowsers' and a night cap. For women a blue woollen gown covered a white cotton gown, with slippers being provided.[20] Diseases listed in the first annual report of Wellington Hospital are: jaundice, dyspepsia, fistula-in-ano, leprosy, rheumatism, consumption, syphilitic destruction to mouth, white swelling, abscess and fracture of the legs.[21] The patient with the fracture died of lockjaw. Comments of "largest abscess I've seen"; "I said nothing could be done" and "on admission he was in the last stages" punctuated a glowing report by Fitzgerald of survival and fitness of the patients. Dispensary patients, those attending Wellington Hospital as outpatients, totalled 77. Fourteen female and seven children attended. Fitzgerald commented on the low numbers of females and children attending the hospital both as inpatients and outpatients. Significantly only three women were inpatients during the first four months. He stated that "few mothers could leave their children to come into hospital unless under peculiar circumstances". Perhaps the women were otherwise occupied providing assistance to their neighbours.

Gradually as larger numbers of Europeans came to New Zealand the need for hospital services became more clearly identified and, increasingly, pressure was applied for the development of such services. Agitation among settlers for the establishment of more hospitals, and the arrival in New Zealand of immigrants unable to pay for medical aid, led to the development of small institutions for care of the sick in areas around the country. The four state hospitals were handed over to the provinces in 1854 as part of the process of dividing the colony into six provinces, and these together with a developing number of smaller hospitals, were controlled

---

20 New Zealand Government Gazette, (3 September, 1847). Tender request for Native Hospital, 3.

21 New Zealand Government Gazette, (21 January, 1848). Report covering admissions from 15.9.1847 to January 1848.

by provincial councils with minimal state control.[22] Throughout the provincial period uneven distribution of hospital facilities became a feature of New Zealand spawned by unequal wealth and resources of the provinces. In Wellington in 1875 anxiety was being expressed by the provincial surgeon as it was most difficult to find 'steady and sober' men to act as wardsmen - the duties being onerous, constant and often disgusting.[23] In Christchurch during the same period the nurse, a married man or woman, was paid five shillings a night to enforce discipline upon the patients.[24] At Auckland, in 1882 for two shillings per day a patient was entitled to lie on a vermin infested palliasse and to receive attention from 'an old patient, who does the whole of the nursing and sleeps in the same ward'.[25] This 'old patient' had apparently recovered from typhoid fever and was regarded as rather an appropriate attender of those who were in the acute phase of the same disease. Convalescent patients were overtaxed with scrubbing and other onerous work, while the vegetable garden was flourishing from a steady supply of raw sewage. The patient's lot was not a happy one and the staff's not much better. Destitute men from the refuge were requested to lend a hand to lighten the load for the convalescing patients. Complaints occurred regularly. Poor cooking, rough handling and intoxication while on duty were the more common ones. The state of affairs at the hospitals was poor. The provincial councils, full of humanitarian ideals but ignorant of the needs of the sick were developing a system of hospital services not unlike those of England. Provincial councils employed staff and administered the hospitals. The remoteness of such councils from the hospitals both conceptually and physically meant that the everyday organisation was left to the master, mistress or untrained matron whose abilities were often questionable.[26] Financial

---

22 A Review of Hospital and Related Services in New Zealand. (Department of Health, Wellington, 1969), 9. See also Wellington Provincial Council Acts and Proceedings, (Session 1, 1853-54); 63-65.

23 Wellington Provincial Council Acts and Proceedings. (Session 27-28, 1874-75), 27.

24 Hospital on the Avon 94.

25 A.J.H.R. 1883, H-3a

26 Department of Health, Appendix to the Annual Report, Hospital Statistics of New Zealand 1925-29.

assistance from Government was in toto for some hospitals and partial for others, the criteria being that provinces willing to contribute to their own services did so, while others with more influence manipulated varying degrees of Government assistance. By 1883 the difficulties of hospital administration were being acknowledged. Dr G.W. Grabham, the Government Inspector of Hospitals wrote a stinging report exposing the primitive repugnant conditions of several larger hospitals. His report indicated neglect, apathy and abuse of finances. Hospital services were charitable services, many occupiers of a hospital bed being more suited for accommodation at a benevolent institution or refuge. The true indictment of hospital services of the era was that many patients would be better treated in their own homes than admitted to an institution which supposedly cared for the sick.[27] Fresh from England, Dr Grabham was aware of the changes being implemented by the Nightingale training of nurses and he intended to improve the situation in New Zealand. 'British trained nurses were sent for'.[28]

The Nightingale Connection (c1880): Florence Nightingale's revolutionary work in the emancipation of nursing in English hospitals, was, by 1880 a reality. Dr Grabham was the bearer of the good news and his position as Inspector of Hospitals provided a suitable mode to relay his message. An important outcome of Nightingale's experience in the Crimea was a belief that nurses required organised training and Nightingale's efforts in establishing training for nurses in England are well documented.[29] [30] [31]

---

27 A.J.H.R. 1883, H-3a. In February 1880 the Inspector of Lunatic Asylums became also the Inspector of Hospitals and Charitable Institutions. Dr Grabham was appointed as Inspector of Asylums and Hospitals following Dr Skae's dismissal in 1881.

28 Isobel M. Stewart and Anne L. Austin, A History of Nursing (New York: G.P. Putnams & Sons 1962), 264.

29 Brian Abel-Smith, A History of the Nursing Profession (London: Heinemann, 1960).

30 Lavina Dock and Isobel Stewart, A Short History of Nursing (New York: G.P. Putnam & Sons, 1902).

31 Frances T. Smith, "Florence Nightingale : Early Feminist" American Journal of Nursing 81 (May, 1981), 1023.

One central theme of the Nightingale training was the inclusion of moral training. "Nightingale nurses" were required to be obedient, quiet, orderly, punctual, neat, sober and trustworthy.[32] In a letter of 1881 to trainees of St. Thomas' Hospital, Nightingale extolled the womanly virtue of obedience:

> To be a good Nurse one must be a good woman; here we shall all agree...
> What makes a good woman is the better or higher or holier nature: quietness - gentleness - patience - endurance - forbearance ... with her patients - her fellow workers - her superiors - her equals. We need above all to remember that we came to learn, to be taught, hence we came to obey.
> ... as a mark of contempt for a woman is it not said, she can't obey? - She will have her own way? - As a mark of respect - she always knows how to obey? How to give up her own way?
> You are here to be trained for Nurses - attendants on the wants of the sick - helpers, in carrying out Doctors orders.[33]

Graduates of the Nightingale School - nurse missionaries of the Nightingale order - were trained to train. Their mission was to spread over the hospitals of England and the world preaching and teaching the art of nursing, hygiene and health. Along with the art of nursing were inculcated the womanly virtues of obedience, quietness, gentleness, patience, forbearance and endurance, the Nightingale ethos. Diamond (1980) states that nursing was seen by Nightingale as a natural extension of the role of female - the doctor the authority, the nurse obedient, and because of this nursing succeeded in becoming a respectable occupation for women, a complementary role to that of medicine rather than a competitive role. These Nightingale missionaries came to New Zealand, not in great numbers, but those who were appointed to positions of matron were influential in introducing the Nightingale ethos to New Zealand hospitals - with its

---

32 Cassell's Science & Art of Nursing (London: Waverley Book Co. Ltd. c1910), 57.

33 Marian Diamond, "The Nightingale Nurse: A Case Study in Victorian Values." Pre conference paper presented at the Australasian Victorian Studies Conference, Massey University, 1980. See also The History of Nursing. Adelaide Historical Nursing Collection, Teachers College Columbia University 1983. (Ann Arbor, Michigan, 1983). Microfilm Catalogs AN 0270, AN 0876, AN 1126.

allegiance to nurturance, cleanliness and order and the truly 'feminine' traits of forbearance, endurance and obedience.

During the 1870's and 1880's an increasing number of women with an occupation described as 'nurse' came to New Zealand. In 1874 of the sixty-five single women aboard the *Cathcart* four were classified as 'nurses'.[34] For the year 1884 however, no less than ninety-seven 'nurses' were listed among those receiving assisted passage.[35] Aboard the *Westmeath* which berthed at Auckland 16 May 1883[36] came Miss A. Amelia Crisp, 28 years of age. She was not a nominated immigrant but travelled as the ship's matron. On the same ship came seven other women designated as 'nurse', their ages ranging from 17 years to 28 years. Elizabeth Deau, 26 years of age came from Launceston and was nominated for Auckland. Annie Donaldson, 18 years, from Tyrone was not nominated. Maria Flynn, 17 years, was to travel on to Hawkes Bay. Kezia Long, 22 years and Elizabeth Sceats, 26 years, both came from Middlesex and were not nominated. Alice Head, and Louise Studd, both 18 years of age were destined for Auckland. Whether or not they were trained nurses and where they finally found employment has not been traced. Owing to the youthfulness of these immigrant 'nurses' it would seem unlikely they were trained. It is more likely they were employed in private homes as nursery-maids or nannies minding children and providing domestic service. There is evidence that an enquiry was made in 1877 by the Agent General of Immigration as to the prospect of employment for trained hospital nurses. The reply from the Minister of Immigration suggested that male attenders for the male wards would be appropriate - trained nurses, assumed to be female, would be more readily employed in

---

34 National Archives Passenger (Assisted) List. *Cathcart* 1874. (IM 15/145). Hereafter National Archives will be referred to as N.A.

35 A.J.H.R. 1886, D-5a.

36 N.A. Passenger (Assisted) List. *Westmeath* 16 May, 1883. (IM 15/435).

private homes.[37] Mary Lyons, one of Florence Nightingale's trainees, came to New Zealand in 1879 following her successful application for Matron of Masterton Hospital. Among her possessions she carried a letter received from Florence Nightingale which alludes to some early situation which Miss Nightingale found 'painful' and required 'the Almighty Shepherd' to assist the 'lost sheep'.[38]

Auckland Hospital received the services of Miss A. Crisp one month after disembarkation. Miss Crisp's appointment introduced the new status of Lady Superintendent, responsible for the female patients. She had received her training as a nurse at Neatley Hospital, Southampton. Her training incorporated the traditions of Florence Nightingale and she possessed 'in an eminent degree the qualities which are desirable'.[39] These qualities were put to good use making a marked improvement to the environment - clean ward, fresh mattresses, small dressers and particulars of the diet, extra requirements and treatment for each patient. In fact, she was 'nearly worn out' by nursing the large number of fever cases.[40] Endurance was obviously one of her admirable qualities. One tell-tale item, the wine and spirit bill, was reduced by two-thirds in the first year of Miss Crisp's office. Miss Moore,[41] the matron at Wellington Hospital appointed in 1882, was also implementing changes. The Crimean War had prepared Miss Moore for her onerous task and she not only improved the patients' environs but introduced a training for probationers who were drawn from a 'higher-order' of society and were supplanting the untrained attender of the sick. This

---

37 A.J.H.R. 1877, D-1. Letter 4 May 1877.

38 N.A., SANS 20/22. Papers related to Nurse Lyons 1873-77. September 27, 1877 Testimonial from Dr Balfour, Edinburgh. December 12, 1879 Testimonial from D.M. McGregor Hospital Committee, Masterton. Immigration information concerning Mary Lyons was not identified. Letter from Nightingale to Lyons, 28 December, 1873.

39 A.J.H.R. 1884, H-7a.

40 A.J.H.R. 1887, H-19.

41 Maclean refers to Miss Moore, Rattray refers to a Mrs Bernard Moore.

training was for one year subject to suspension at any time for misconduct or negligence of duty. A certificate was awarded to those nurses who successfully completed one year of training and passed the hospital examination.[42] Regulations as to the training of a probationer[43] were explicit. On the distinct understanding that the woman would remain the length of one year a training would be provided in hospital nursing. The duties of the probationer,[44] apart from being sober, trustworthy, punctual, quiet, clean, orderly and neat, were to become skilful -

1. In the dressing of blisters, burns, sores, wounds; in applying fomentations, poultices, and dressings.

2. In the administration of enemas and the use of the catheter for women.

3. In the management of helpless patients, i.e., moving, changing, personal cleanliness of, feeding, keeping warm (or cool), preventing and dressing bed-sores.

4. In bandaging, making bandages and rollers, lining splints.

5. To be competent to cook gruel, arrowroot, puddings, drinks for the sick.

6. To understand ventilation, or keeping the ward fresh by night as well as by day. You are to be careful that great cleanliness is observed in all the utensils, those used for the secretions as well as those required for cooking.

7. To make strict observations of the sick in the following particulars:
   The state of the excretions, expectoration,

---

42 N.A., SANS 20/21 Certificate of Nurse E. Begg and Regulations as to training of probationers, 1883. While the development of probationers at Auckland Hospital is recorded in the A.J.H.R. 1884, no further reference occurs for Auckland training of nurses until 1886.

43 N.A., SANS 20/21. Certificate of Wellington Hospital 1883.

44 Probationer for this period, 1883, was used for the women receiving training.

> pulse, skin, appetite; intelligence, as delirium or stupor, breathing, sleep, state of wounds, eruptions; effects of diet or of stimulants, and of medicine. To "take" temperature and respiration.
>
> 8. And to learn the management of convalescents.[45]

The probationer, under the control of the Lady Superintendent, commenced ward duties at 7 a.m. completing duties at 8 p.m. An hour and a half was allowed each day for open-air exercise. This was almost a replica of the duties of the probationer of the 'Nightingale Fund' (1860).[46] Concern for hygiene is very evident.

The 1880's Wellington Hospital regulations prescribed the matron's role:

> Visit all the wards, commencing not later than 9 o'clock every morning and not later than 8 every evening, and the other departments daily, and see that good order and cleanliness are everywhere maintained. She shall see that the meals of the patients are properly served by the nurses, and so far attend to their distribution that there may be no cause of complaint. She shall visit the wards at uncertain times, and take care that the rules of the house are strictly observed, and that nurses and servants do their duty.[47]

In a hospital of four wards and ninety-six beds meal times must have been a nightmare for the Matron. The Matron's role was domesticity personified. As controller of meals, linen, and domestic staff, organiser of equipment for patient's use and guardian of the nurses' professional and moral conduct, she was a worthy manager of an extended household, the hospitals of New Zealand.

---

45 N.A., SANS 20/21. The similarity to the 'Nightingale Fund' training is marked. (Appendix A, 103).

46 Cassell's The Science and Art of Nursing 57.

47 L. Barber and R. Towers, Wellington Hospital 1847-1976 (Wellington: Wellington Hospital Board, 1976), 24.

The 1887 Report on Hospitals and Charitable Aid showed improvements. Not only were many of the buildings and equipment more in keeping with the imagined standard suitable for hospitals, the quality of the carers of the sick was altering in some areas. Auckland Hospital was now drawing into its ranks of probationers 'well educated ladies' who could be seen serving their apprenticeship with other probationers.[48] The change was probably related to the passage of Hospital and Charitable Aids Act 1885. Local boards rather than provincial councils were to be responsible for the maintenance of each hospital and also for asylums and charitable institutions. Subsidised funding was provided by the State along with fees charged for those patients considered able to pay, levies from local taxes and contributions if and when made. The duty of distributing charitable aid, relieving the destitute and caring for the sick, by virtue of the Act, became a united function. The new Act appeared to be producing the desired improvements. But perhaps more emphasis should be given to the 'Nightingale' nurses trained in England who were now being appointed to Matronship at larger hospitals. Their influence was also achieving results.[49] The male wards which were the domain of male attenders were contrasted poorly against the clean female wards for which the Matron was responsible. The Annual Report on Hospitals called attention to the fact that in female wards probationer nurses were learning their duties taking 'the greatest possible interest in their calling which they have chose for other than pecuniary means'.[50] Presumably endurance, forbearance and obedience along with cleanliness, were appealing qualities to the Inspector of Hospitals. The 'learning of duties' and the receiving of an occasional lecture on an irregular basis constituted the commencement of nurse training in New Zealand. From these small

---

48 A.J.H.R. 1887, H-19.

49 A.J.H.R. 1901, H-22.

50 A.J.H.R. 1886, H-9.

beginnings developed a cadre of New Zealand trained nurses.

Women are Nurses : Nurses are Women (1895-1900): By 1895 the progress in nursing and the training of probationers was obvious. An inquiry into the management of Christchurch Hospital highlighted the advances being made. Probationer nurses were receiving tuition in 'scientific nursing skills' that was creating a disparity between the ability of those nurses who 'had inherited the old traditions', and those of the new order. Assisting at surgery and observing complicated procedures were now seen as part of nurse training, along with the dressings, enemata, use of a thermometer (a fairly recent addition to hospital services), and observations of the sick.[51] The trained nurse was also increasing her span of activities. A 'theatre nurse' was responsible for seeing 'that the theatre and necessary appliances are got ready for operations', and in larger hospitals they were administering ether and chloroform.[52] Along with polishing the brass, sweeping the floors, and cleaning the ablution block, special skills were becoming the duty of the nurse. Treatment of pressure sores was the particular concern of the nurse recognised by the medical profession along with cleanliness and comfort of patients, and new skills were being added as nurse training expanded. The mix of staff in public hospitals was also altering. The nursing staff now consisted mainly of females who were steadily usurping the positions of the male attenders.[53] Those males still working in hospitals attending to the sick were appointed as dressers or porters, none of whom received nursing training. Nursing was becoming an occupation exclusively for women based on contracts between the local boards and the individual nurse. The length of training expanded to three years, the nurse being provided with lodgings, food, uniform and a small salary.[54] In return she carried out the wishes of her employers

---

51 A.J.H.R. Report of Inquiry into the Management of Christchurch Hospital. 1895, H-18.

52 Ibid.

53 Annual Report of Health (1840-1940), 56.

54 Ibid. £25 per year.

concerning nursing duties while always maintaining forbearance, endurance and obedience.

All was not well with hospital administration, however. The 1890's saw much unjustified interference by local boards in the affairs of nursing.[55] The matron, limited by the absence of a supporting nursing group [56] began to lost control in selection of staff and management of nursing services. The local hospital authorities of whom all were male selected probationers, and promoted nurses to senior positions without concern for quality, but rather on criteria based on family friendship, of length of time in employment.[57] The management of hospitals was seen as biased and manipulative, used by members of local bodies not for altruistic dispensing of services but rather as stepping stones to popularity. Dr D. MacGregor, Inspector Of Hospitals, in his annual report of Hospitals and Charitable Aid, 1898, directed his fury towards the abuses found in local board administration.[58] He quoted from President A. Johnson:

> I have tried punishing, curing, reforming you, and I have failed: You are incurable, a degenerate, a being unfit for free social life.

His fury was aimed at doctors and local boards, the doctors for encouraging the extension of hospitals, the boards for not resisting the popular demand for cheap medical services at the hospitals. The 'vicarious humanitarianism' of local boards was perpetuating the philanthropic resources of hospital services. The trigger for this fury was the public accounts for hospital services. Exorbitant increases in the funding required for hospitals were occurring. Government was being requested to

---

55 J.O.C. Neill, Grace Neill; the Story of a Noble Woman (Christchurch: N.M. Peryer, 1961), 82.

56 The first matrons' conference was held in 1927. The New Zealand Trained Nurses' Association did not commence until 1909.

57 A.J.H.R. 1901, H-22.

58 A.J.H.R. 1898, H-22. Dr MacGregor spelled his name thus.

subsidise more and more the cost of running the hospitals, the local bodies being 'lax in enforcing payment from persons who are able to pay their maintenance'.[59] The State's function was being inextricably extended to the advantage of the local boards, in their work of distributing aid, relief for the destitute and hospital services. The expansion of nursing services was also a target for his wrath:

> Again look at the leaps and bounds by which our system of female nursing is growing...I know hospitals where the nurses are increasing far too rapidly in number - during the slack times they are simply in each other's way - where their demands for every comfort are so loud and persistent in the mouths of their humanitarian champions that it looks as if the whole system must break down of its own weight.[60]

The belief that 'over-indulgence' in giving aid to the population, automatically increased both pauperisation and more significantly further dependence on the state was not new. Fear of a permanent class of paupers becoming parasitic on the State was a prominent belief of early colonists. No poor laws existed in early New Zealand history much to the joy of early immigrants from Britain. In New Zealand, a hoped for classless utopia, recognition of the need for poor relief would have been an acknowledgement that a stratified society existed in utopia.[61] But by 1885 economic recession and social inequalities, along with increasing numbers of unemployed constituted a strong case for some minimal form of 'charitable' aid. Outdoor relief was implemented. Although introduced as a means of relieving poverty and suffering, Spencerian belief that the poor were poor because of selfishness, weakness and wastefulness lingered long into the twentieth century.[62]

---

59 A.J.H.R. 1898, H-22.

60 A.J.H.R. 1898, H-22. The 'Humanitarian Champions' was possibly a reference to the Christchurch Hospital Inquiry 1895 when certain associations laid allegations of poor working conditions for probationer nurses.

61 Jeannie Graham, "Settler Society" in The Oxford History of New Zealand ed. W.H. Oliver with B.R. Williams (Wellington : Oxford University Press, 1981), 136.

62 D.A. Hamer, "Sir Robert Stout and the Labour Question, 1870-1893" in Studies of a Small Democracy, ed. William Airey (Australia : University of Auckland, 1965), 82.

In 1887 Dr MacGregor expressed grave concern that The Hospitals and Charitable Institutions Act, 1885, would threaten the 'springs of voluntary charity' and have far reaching consequences. His was not a lone voice calling attention to the disreputable consequences of poor relief. Mrs Grace Neill, assistant to Dr MacGregor had in 1895 struck a similar vein.

> Such an enormous amount in cash and kind doled out by the Benevolent Trustees ... week by week must necessarily have a harmful effect upon the community by pauperising applicants and taxing the struggling and independent.[63]

Dr MacGregor and Mrs Neill were minds atuned, groping with a system which was on one hand aiming to raise the standard of care in hospitals, on the other subjected to supervise a system of charitable aid which was, from their viewpoint assisting the pauperisation of society. Dr MacGregor, Inspector of Hospitals since 1886, was renowned for his tirades in official reports directed against socialism and democracy, while in private he abused the government and contributed anonymously to the opposition press.[64] As professor of moral and mental philosophy at Otago University 1871-1886 he untiringly upbraided the system of university education in New Zealand propounding the need for intellectual stringency.[65] His motto 'Magna est veritas et prevalebit' (Truth is mighty and will prevail) was transferred into his reports on Hospital and Charitable Aid.

Neither Dr MacGregor nor Mrs Neill was totally insensitive to the need to alleviate poverty. Their criticism was aimed at administrators who manipulated charity vicariously, on one hand giving generously to able-bodied men, on the other requesting additional payments from patients for surgical intervention over

---

63 A.J.H.R. 1896, H-22. Mrs Grace Neill was appointed 1895. Chapter 2 develops her role on behalf of nursing services.

64 B. Webb and S. Webb, Diary Records of Visit to New Zealand (Wellington : D.A. Hamer, 1959), 36. Webb & Webb described the Hospital and Poor Relief of New Zealand as 'perhaps the most unsatisfactory department of Government adminstration'.

65 N.S. Murray, "The Life and Work of Dr Duncan MacGregor M.A., M.D., L.I.D." (Masters Thesis, Otago University, [1949]), 25.

and above the usual payment for hospital services.[66] The increasing number of nurses was also viewed as an excessive demand on services, hospital trustees showing a tendency to increase staffing levels 'even where it is not required'.[67] A workload which waxed and waned according to the number of patients, and the persistent cry for improved working conditions for nurses made by their 'humanitarian champions' needed to be weighed against obvious improvements gained from the training of probationers. One thing was clear, increasing numbers of women seen as being members of a higher order of society, were becoming probationers and entering a training period. In 1901 the New Zealand census showed a total of 443 women employed as hospital nurses. The role of female as nurse was developing within an evolving bureaucratic hospital structure rather than as a general family or neighbourly service. From a time when all women were nurses there was now, by the late 1890's, a belief that all nurses were women working in a hospital system with no basic nursing organisation other than the wishes and whims of the local boards, whose members were male defenders of a system which contained many flaws.

Summary: The colony of New Zealand from 1840 to 1880 was in a period of settling. The European community was spread across the country in isolated settlements. Every woman was a nurse by virtue of demographic isolation and belief that sickness could be better attended to at home rather than in Government institutions which served the needs of the poor or destitute. Even with the establishment of provincial governments in 1852 when hospitals along with education, roading and immigration came under the immediate control of provincial administrators, the sick continued to remain at home administered to by wife/mother, neighbourly women, or community 'nurse' who through need became experienced in providing medical and nursing services. Only the destitute, poor, or severely ill resorted to hospitalisation.

---

66 A.J.H.R. 1897, H-22.

67 A.J.H.R. 1898, H-22.

Demographic changes of the European population during the 1870's and 1880's brought about by intense immigration, altered the initial informal characteristics of early New Zealand. From a period of optimistic belief that voluntary charity would serve society's needy, there was recognition by 1885 that an ever increasing number of people were in need of assistance be it for sickness, aging, destitution or neglect. The introduction of the Hospital and Charitable Institutions Act, 1885, acknowledged the need for organised health and welfare services through the country. Hospitals increasingly became the centre for providing services for the sick with activities of nurses becoming situated within hospitals rather than within the community. A form of training for nurses commenced in 1883 which by the 1890's was extending to most of the thirty-eight hospitals of the country. In a matter of fifteen years a situation had occurred where trained nurses or probationers were banishing the untrained from their midst and monopolising nursing services. While women were employed to provide nursing services, men of the community gave voluntary service to manage the ever increasing complexities of hospital administration. Plagued by interfering local boards, and inept administration, nursing services showed a resourcefulness which amounted to a revolution. From an era when every woman was a nurse there evolved a situation where every nurse in a hospital was a woman providing a service based on domesticity extending to envelop medically delegated services augmented by a training scheme structured on the Nightingale model with its moral training in obedience, endurance and forbearance. Women's place in the home became women's place in the hospital - attenders and carers of the sick. The dominant male role in the home as controller of finances and managers of resources, became the dominant male role in the provision of hospitals - controllers of finance and administrators of women's work.

CHAPTER 2

DEVELOPING STRATEGIES
NURSING EDUCATION IN NEW ZEALAND 1900-1914

Introduction: While the late nineteenth century saw an important extension of the concept of women's role as homemaker and housekeeper into the realms of an evolving bureaucratic hospital structure, the early twentieth century strengthened the monopoly women had achieved as nurses. Now was the time for developing strategies to extend the power of nurses. State registration of the New Zealand nurse was a pivot for strengthening the position women had over the occupation of nursing and providing controls for its direction. From this pivot developed the establishment of training credentials, exclusion of the untrained, expanding uniformity and the introduction of a supporting nursing organisation. With protective strategies in place the probationer was set the task of entering the portals of the elite. A rite-of-passage engendered by increasing hospital bureaucracy, the stabilising influences of procedures and regulations, and the all important Nightingale ethos tried, tested and shaped her to become a fitting member of the select group, a New Zealand Trained Nurse.

Nursing Registration: the Pivotal Strategy:

> His Excellency the Governor is respectfully advised to approve Elizabeth Grace Neill to be a Deputy Inspector of Lunatic Asylums, Hospitals and Licensed Houses, in the Colony of New Zealand, under 'The Lunatics Act, 1882', and an Inspector of Hospitals and Charitable Institutions under 'The Hospitals and Charitable Institutions Act, 1885'..
> W.P. Reeves[1]

Mrs Grace Neill was appointed as Assistant Inspector to the Department of Hospitals, Asylums and Charitable Institutions of New

---

1 Health Department File 30/54/10. D. MacGregor to Hon. W.P. Reeves, 4 April, 1895. (Health Department File hereafter referred to as H.D.F.).

Zealand in 1895 by the then Governor, The Earl of Glasgow.[2] The appointment of a woman as an official to this Department came as a result of a request from Dr MacGregor.[3] Certainly she was well qualified when in 1893 she came to New Zealand bearing high credentials from members of the Australian Ministries.[4] As a member of an Australian Royal Commission (1891) into the conditions of labour in shops and factories, Mrs Neill had taken a large part in the investigations and deliberations. She came to New Zealand on the recommendation of Gresley Lukin, a fellow Australian journalist and was immediately appointed as Inspector of Factories.[5] Her appointment to the Department of Hospitals and Charitable Institutions was not solely based on her qualifications, however, rather it appears to stem from a belief that a woman might better obtain detailed information on female nurses and those women receiving out-door relief. MacGregor couched his request for a lady assistant in terms which portrayed a belief that women had different and distinct attributes which would work to the advantage of the public purse. Questionable activities of women recipients of charitable aid had been a thorn in the side of MacGregor for some years. A woman inspector attached to his department, he felt, would be more able to gather 'full-information' regarding the circumstances and 'deserts' of the recipients of out-door relief. According to MacGregor out-door relief was stretching its services to such an extent that if allowed to continue in its present manner must break down the finances of the Colony. There were also charges being made that women applicants for out-door relief were being blackmailed by the relieving officers of the boards, a frequent charge made country-wide and a woman officer, it was felt,

---

2 H.D.F. 30/54/10, Memorandum, 11 May, 1895.

3 H.D.F. 30/54/10, 4 April, 1895. (Appendix K, 135).

4 Cyclopaedia of New Zealand 1897, 171.

5 C. Manson, and C. Manson, Doctor Agnes Bennett (London: Tonbridge Printers Ltd. 1960), 47.

would be better able to enquire into such matters.[6] Mrs Neill's involvement in Australia with enquiries into the conditions of women and children subject to 'necessitous' unemployment and also her participation as a member of a two member commission of inquiry into charitable relief in Canterbury[7] gave her credentials which surpassed any other woman, and most men. At a time when female nursing numbers were increasing Dr MacGregor also saw his opportunity for a woman appointee as "...the female nurse of our hospitals and Asylums cannot be completely managed now-a-days without female assistance."[8] Mrs Neill commenced duties on a salary of £230 per annum,[9] and was obliged to visit asylums and hospitals, attend meetings of Benevolent Trustees of Charitable Aid Boards, inspect receiving houses and female refuges. By far the most demanding work was the preparation and presentation of reports concerning poor relief through the country.[10] [11] Gradually successive reports on the general hospitals of New Zealand showed the influence of Mrs Neill's work. Increasing references were made about the qualities of the nursing staff and their abilities to influence patient care. Concern for the 'welfare' of nurses was also becoming more prominent. An eight-hour system was commencing at Wellington for nurses and night nurse accommodation was now in effect at Dunedin.[12]

In 1899 Mrs Neill visited England ostensibly with a desire to see her mother whom she had not seen for twelve years. As the oldest of eight children she felt a responsibility to visit 'my mother

---

6 H.D.F. 30/54/10, 4 April, 1895.

7 Margaret Tennant, "Mrs Grace Neill in the Department of Asylums, Hospitals and Charitable Institutions," 12, New Zealand Journal of History, (October, 1978), 6.

8 H.D.F. 30/54/10, 4 April, 1895.

9 Ibid. In 1901 she received £240 with a compulsory 5% reduction (equalling £228). A £50 increase was granted in 1901. Dr MacGregor's salary was £1200.

10 A.J.H.R. 1899, H-22.

11 H.D.F. 30/54/10, 30 May, 1899.

12 A.J.H.R. H-22 1899 to 1901.

between 70 and 80 years...'[13] Her request for six months leave was granted, with Treasury to instruct the Agent-General to pay Mrs Neill's salary for three months.[14] During her time in Britain, Mrs Neill was to undertake visits to institutions for the training of imbeciles, the training of women for horticultural work and the new English Asylums. At this time a parsimonious Government insisted that her travel expenses while in England were not to exceed £20.[15]

While in England Mrs Neill communicated with the Royal British Nurses' Association to discuss the possible affiliation of New Zealand Nurses. Dr MacGregor, had, himself, in 1895, made overtures regarding the development of a self-supporting colonial branch affiliated to the R.B.N.A. This initiative had been unsuccessful. Now in 1899 a second attempt was being made. Owing to internal conflict within the management of the R.B.N.A. this second attempt was also unsuccessful.[16] However, Mrs Neill did communicate with Mrs Bedford-Fenwick the founder of the R.B.N.A. (1887), a woman committed to the Registration of Nurses. It was she who led a pro-registration faction that broke away from the R.B.N.A. Bedford-Fenwick's strong belief was that only by raising the level of nursing education by examination and by registration would the standard of nursing be raised. "The nurse question is the woman question" she stated and her conviction never faltered as she worked unceasingly to raise the status of women and nurses in Britain.[17] [18] Mrs Neill while on leave in Britain attended the International Council of Women in London (1899) along with Mrs

---

13 H.D.F. 30/54/10, 5 September, 1898.

14 H.D.F. 30/54/10, 7 February, 1899.

15 Ibid. 9 February, 1899.

16 A.J.H.R. 1901, H-22.

17 Daisy C. Bridges, A History of the International Council of Nurses, 1899-1964. (Toronto: J.B. Lippincott, 1967), 5.

18 Winifred Hector, Mrs Bedford-Fenwick and the Rise of Professional Nursing, (London: Royal College of Nursing, 1973), 41.

Bedford-Fenwick and matrons of large London Hospitals.[19] Not only did Mrs Neill attend, she was invited to be the principal speaker of the nursing section.[20] Along with nurses from Britain, America, Denmark and other countries Mrs Neill debated the question of state registration for nurses which was a topic for discussion at this International Conference of Women, Nursing Section. Within two years of this auspicious Congress registration of New Zealand Nurses was achieved. England achieved registration in 1919.

It was Dr MacGregor who claimed the credit for initiating and achieving legislation for nurses. He stated:

> My only object has been to call attention to obvious evils, with a view to remedial legislation; and I am certain that I will have the support and sympathy of every genuinely qualified nurse in the colony.[21] [22]

Mrs Neill must be given recognition for implementing the Nurses Act 1901, although she, herself, never claimed responsibility for this:

> I have had two successful achievements in my life,
> No. 1 - bringing a wholesome man child to maturity.
> No. 2 - making the pains and risks of child bearing less for hundreds of women in St. Helens Hospitals.[23]

While these sentiments mark her as an essentially late Victorian female retainer she was eminently more than this. George Fowlds, Minister in Charge of Hospitals and Charitable Institutions at the time of Mrs Neill's retirement in 1906, wrote to Mrs Neill his appreciation of her services for the past thirteen years:

> In April 1905, the late Right Hon. R.J. Seddon selected you to organise and establish four (St. Helens) Maternity Hospitals for the benefit of working men's wives and for the efficient training

---

19 Christopher Maggs, The Origins of General Nursing (London: Croom Helm, 1983), 117.

20 Alexander Turnbull Library, N.Z.N.A. Box 18/1, D. Bridges to Miss Lambie 26 June 1959. (Alexander Turnbull Library hereafter referred to as A.T.L.).

21 A.J.H.R. 1901 H-22.

22 N.A. Murray, The Life and Work of Dr MacGregor (Master's Thesis [1949]), 90.

23 A.T.L., A.E.L. Bennett Collection, 1346/211.

> of maternity nurses. These Hospitals are now incorporated in the routine work of your Department, which also holds the State Registration of Midwives, the system being supplementary to the State Registration of Hospital nurses, in the inception of which you were actively interested and for the continued success of which you are mainly responsible.[24]

In correspondence with Mr Hall-Jones (Minister for Public Works) MacGregor was exuberant in his praise of Mrs Neill's efficiency and invaluable ability "... and the quiet and effective way in which she has got the Nurses' Registration Act to work as it does without a hitch."[25] He was to say later that it was with the deepest regret that the services of this distinguished woman had never been sufficiently acknowledged.[26] Her hours of work, her years without holidays, the opposition met and overcome during the stages of the Bill's progress on the floor of the House resulted in the Nurses' Registration Act of New Zealand 1901 which remained unaltered until 1925. Mrs Neill enjoyed the responsibility of her senior position stating that "... to twist and twiddle Ministers and Premiers and make them think they were having their own way all the time", was a pleasure.[27] Her opinion of Miss Maclean, her eventual successor, was that she had 'too lofty an opinion of the male',[28] and stated that "however soft my outer coat might be they [officials] knew I could take it off on occasions".[29] A confidential letter she wrote to Mr Seddon in 1905 regarding the setting up of St. Helens Hospitals certainly overturns any conception that Mrs Neill was a pawn of the established order:

---

24 A.T.L., N.Z.N.A. Box 18/1, 3 December, 1906. My emphasis. Mrs Neill implemented a Midwives Act 1904.

25 H.D.F. 30/54/10, 4 October, 1904.

26 Ibid. 3 September, 1906.

27 A.T.L., A.E.L. Bennett Collection, 1346/211. Grace Neill to Dr Agnes Bennett.

28 Ibid. 2 March, 1909. Miss Hester Maclean was appointed Inspector on G. Neill's retirement 1906.

29 Ibid. 2 March, 1909.

Confidential.

To the Right Hon. R.J. Seddon.

re Opposition Medical Men to St. Helens.

That mean little Dr..... is busily trying to "smash up" St. Helens through the Medical Association, as he told me he would. He had more of his "resolutions" before a meeting this week, and I understand has formed a committee of doctors and himself (Drs ..... and ..... are using him as a cat's paw) and have put Dr .....'s name out, to draw up fresh regulations and form a deputation to Sir Joseph Ward. I asked Dr..... if he had any grievance or complaints and he said he had none, and that all was working satisfactorily. He is a fool if he does not see that their object in trying to put him forward is to make him lose his position. Dr ..... is, I believe, the only doctor that speaks out and tells them what he thinks of their pettiness. This malcontent section of the Medical Association want to know -

(1) What medical man drew up the Regulations?

(2) What department St. Helens is under?

(3) They object to the thorough training of midwives in an institution. It is an innovation in New Zealand, although all other countries have them, and if well trained nurses are turned out each year, it may make a difference to fees of medical men.

(4) How are they to know but that some of the patients taken into St. Helens might not be able to pay their 3 or 4 guineas as well as a nurse's fee of 2 guineas a week.[30]

Her acuteness regarding political intrigue and manipulation was considerable. Tennant (1978) sees Neill on one hand as a model of the first generation of Nightingale nurses holding the ideals of dedication to serve others which befitted the women of this late Victorian period. On the other hand Neill is viewed as an active, effective woman provided with the opportunity to influence policy and legislation. Perhaps more emphasis should be given to the association Mrs Neill had with Bedford-Fenwick, a renegade from the Nightingale ethos. Both women were married to doctors, which may have destroyed any illusion of medical supremacy, both were ardent believers in registration for nurses, and both linked the low

---

30 A.T.L., N.Z.N.A. Box 18/1. Proof of J.O.C. Neill's book, Confidential letter to R.J. Seddon.

status of nurses with the low status of women in the late nineteenth century. Service to society through improved nursing training was central to each woman's thinking and endurance was certainly a characteristic of both women. Obedience and forbearance, Nightingale's expectation of nurses, were not words used in their vocabulary. Mrs Neill seems distinctly different from Nightingale. Although called the Florence Nightingale of New Zealand, she might better be called the original New Zealand nurse - the nurse who dared to be different and match men in devising political strategies to achieve registration and unification of nursing services in New Zealand. Her tactical ability was used to advantage in drafting legislation, consulting with nurses, doctors, politicians and draughtsmen in the preparation of the Hospital Nurses Registration Bill which was presented to Parliament July 1901.[31] The essence of the Bill was the basis of an address given by Mrs Neill while attending the International Council of Women in London 1899. Her thoughts on nursing were centred on broadening the horizons of a nurse through education and learning:

> The educational curriculum of hospitals should embrace a three year training. The first years [sic] teaching chiefly on ward work with the rudiments of anatomy and physiology. This teaching to be undertaken by Sisters or third year nurses under the Matron's supervision. The second year's course to include cooking, rudiments of chemistry, food values, etc. Third year to include the training and teaching of juniors, and a foreign language.[32]

The object of the Bill was not only to register nurses, but also to set standards for nurse training in New Zealand. Those who might register were required to receive three consecutive years training in a hospital and systematic instruction in theory and practical nursing finally passing a State examination.[33] This Bill encompassed

---

31 During the progress of this Bill in Parliament it was titled The Hospital Nurses Registration Bill. The Act was 'The Nurses Registration Act, 1901'.

32 J.O.C. Neill, Grace Neill: The Story of a Noble Woman, (Christchurch: N.M. Peryer, 1961), 43. From this Congress developed the formal founding of the International Council of Nurses.

33 N.Z. Statutes, Nurses Registration Act, 1901. No. 12.

those nurses who already held a hospital certificate proven to be satisfactory and also all future nurses.

The debate on the Bill in the House was not spectacular although much was said on the disposition required of a nurse. Mr Fisher (Wellington City) fluently expressed his view of women and nurses by quoting from Sir Walter Scott's "Marmion" finishing with the lines:

> "When pain and anguish wring the brow
> A ministering angel thou"[34]

Significantly every politician who spoke to the Bill saw a nurse as first a woman. Mr T. McKenzie (Waihemo) was concerned that training might produce a haughty woman whose main objective was an occupation 'rather' than one who was endowed with a naturally kind disposition.[35] McKenzie epitomised the then prevalent conviction that nursing should be a vocation for self-sacrificing women rather than an occupation for monetary reward. Little alteration occurred to the original draft. Altercation was limited to the proposed State examination. The original draft of the Bill had distinguished those hospitals which were able to provide adequate experience and those considered too small to attend to the board range of experience. The magical number of 40 was seen by Dr MacGregor as being the required number of beds necessary to give a nurse sufficient practical training. The reason for his restriction on bed numbers related to a belief that reciprocity of the New Zealand nurse training with other countries, particularly Britain, would not be countenanced unless conditions of training remained comparable. In 1923 reciprocity for New Zealand Trained Nurses was secured, the formal document giving no heed to the training place of nurses or the number of beds within the hospital. Rather it concentrated on whether the nurse was certified by State examination.[36] Some Honourable Members evidently believed

---

34 New Zealand Parliamentary Debates (Vol. 117, July 30 to August 28, 1901), 394.

35 Ibid. 395.

36 N.A., SANS 20/27. 31 October, 1923.

that those nurses who were trained in small hospitals were disadvantaged by a State examination through lack of experience and skill in caring for patients. Those nurses training in the four larger hospitals were already provided with systematic instruction in theoretical and practical nursing from the medical officer and the Matron.[37]

Parliament rejected the classification of hospitals as too small or large. The State examination was retained. As a result the 1901 Act allowed nurses to be trained in any public hospital which provided,

> ... a course of at least twelve lectures ... delivered in that hospital in each of the three years residence.[38]

The Act also enabled nurses who had received three years' consecutive training as a nurse in a hospital prior to the month of June 1902 to register providing proof was supplied of satisfactory performance. Grace Neill registered January 1902. The entry for Mrs Neill in the New Zealand Gazette, January 23, 1903, states:

> King's College and Charing Cross Hospitals, 1873-76; Children's Hospital, Pendlebury (lady superintendent), 1876-79. St. John's House certificate midwifery, 1886; Assistant-Inspector Hospitals, New Zealand, 1895 to date of registration; member R.B.N.A. and hon. member Matrons' Council [Britain].[39]

From 1903 to 1932 the complete list of nurses entered on the Register was gazetted. The publishing of the names of Trained (later registered) Nurses was for the protection of doctors and the public from the incompetent. The 1903 Gazette detailed the name, address and training hospitals of each nurse and allowed the reader to identify those nurses registered as a result of practical experience without recourse to State examination. Many nurses on the list had travelled widely both in New Zealand and overseas obtaining positions as private or hospital nurses. Sixteen of the 292 nurses gazetted for the year 1903 were members of the Royal British Nurses Association.

---

37 The Life and Work of Dr Duncan MacGregor; 2.

38 N.Z. Statutes, Nurses Registration Act 1901, No. 12.

39 N.Z. Gazette, 1903.

Although the Annual Report on the Hospitals and Charitable Institutions of the Colony 1903 indicated that doctors were appointed to set and mark the written examination, with trained nurses examining clinical competency, there is no evidence of regulations being drafted.[40] [41]

Training Credentials: The Standardising Strategy: The Nurses' Registration Examination for 1903 was held on December 2.[42] The 1903 nurse was to describe in detail a hot-air bath, a cold bath in a case of typhoid and nursing of a severe case of gastric ulcer and explain terms such as 'Leiter's Coil', 'Clover's Inhaler', 'Laudanum' and 'Hypodermic Strychnine'.[43] By 1908 a Consolidated Statute to the Nurses Registration Act appeared[44] and with it the first nurses regulations.[45] The regulations gave conditions for training schools, attendance at lectures, introduced an elementary

---

40 The New Zealand Gazette for the six years 1901 to 1907 contain only the names of nurses being admitted to the register. A search of A.J.H.R.'s and Parliamentary Debates provides reference to regulations to be drafted. Official Year Books have not provided evidence of regulations for the Nurses Act 1901. Tennant, M. does refer to regulations in Woman and Welfare : The Response of Three New Zealand Women to Social Problems of the Period 1890-1910. 20, but they were not sighted. The Nursing Council of New Zealand hold no regulations of the Act of 1901. The first located nursing regulations appear in 1908.

41 The first New Zealand Registered Nurses medal was received by Miss Dougherty, Matron, Palmerston North Hospital. Each medal was provided with a number. Mrs Grace Neill designed the medal (originally referred to as a badge); it was an adaption of the N.Z. flag with its five stars.

42 The New Zealand Nursing Journal (March 1962). (Hereafter referred as K.T. for Kai Tiaki) The month and year of publication will be given, as Volume numbers showed some inaccuracies. This is the first recorded State Examination Paper held by the New Zealand Nursing Council. (Appendix B, 105).

43 Ibid.

44 Consolidated Statutes. Vol. IV 1908. Nurses Registration Act No. 134; 448-450.

45 The New Zealand Gazette. Vol. II 1908, 3313. The terminology used in this notification of regulations indicates that possibly they were the first regulations.

anatomy and physiology examination to be held during the term of training after the end of the first year and identified the course of instruction. The State examination at the conclusion of the three years was to be in written, oral, and practical forms. Subjects for examination, according to the syllabus, numbered 63, each placed under the major headings of elements of anatomy and physiology, general nursing, medical nursing, surgical nursing and hygiene.[46] The subject matter reflected the important health issues of the day, and diseases dominated; inflammation, fevers, poisoning, ulceration, haemorrhage and surgical emergencies. The topic 'Nursing of Children' considered 'common ailments' of convulsions, croup, gastro-intestinal catarrh and rickets. 'General Nursing' consisted of a list of tasks - enemata, sponging fever patients, applying poultices and fermentations and the application of leeches:

> Leeches were used frequently for eye conditions and we pitied the nurse who could not find the leeches when she had finished her job.[47]

Perhaps this prospensity for diseases resulted from a claim made by the Medical Committee of the Auckland Hospital that 'arrangements of nurses studies and examinations' were in accordance with medical views and 'in the interests of the discipline and efficiency of the Auckland Hospital Nursing Staff'.[48] Certainly doctors featured largely as the approved teachers, thirty-five topics being the responsibility of the 'medical officer' with twenty-eight topics considered the realm of the matron.[49]

While the formal syllabus dealt with topics required to pass an examination for registration, the probationer was filling in her

---

46 N.A., SANS 20/23 (1908). In attempting to trace the code number (500/6/08-7290), the Government Printers were unable to give information. The code mark appears to fit the era. No record of the syllabus is to be found in the New Zealand Gazette.

47 M. Lambie, My Story, (Christchurch: N.M. Peryer, 1956), 9. This stated as occurring in 1910.

48 N.A., SANS 24/12. 27 December, 1907.

49 N.A., SANS 20/23. Syllabus of Subjects for 1908 Examination. (Appendix E, 108).

ten hour day performing the duties prescribed by the matron.[50] The probationer was a woman who would be twenty-three years of age at the time of her State examination. She applied to the matron who duly approached the local board. If viewed as appropriate her name was placed on the waiting list for appointment when a vacancy occurred.[51] Appropriate in what manner was never disclosed. By 1906 five hundred and ninety-three nurses were employed in public hospitals. One hundred and eighty-eight were certificated. No fewer than 405 were classified as learners.[52] A probationer could be employed for 5/- per week, less than half the salary of a trained nurse.[53] This fact had been recognised by Dr Truby King in 1889 and was seen as a 'considerable permanent benefit to the colony'.[54] Not only was the pay low, the work demanding and the hours long, but moves were already afoot to extend the training to four years.[55] This did not eventuate but certain hospitals requested applicants for nursing to sign an agreement to remain at the hospital for a fourth year as a staff nurse.[56] Once again the priorities were not exactly in the patients' interest. The desire for cheap labour extended to private hospitals also. Nurses were mostly employed as 'probationers' in private hospitals although no

---

50 The Hospitals and Charitable Institutions Act 1909 introduced an eight hour day for all hospital employees. Wellington Hospital nurses were on an 8 hour day, circa 1898. Christchurch Hospital nurses were on an 8 hour day, circa 1908. But many other hospitals still retained 10 hours. A 56 hour week lasted up to 1965.

51 Minutes of the Palmerston North Hospital [and Charitable Aid] Board 1911-1928. (Hereafter referred to as Palmerston North Hospital Minutes).

52 A.J.H.R. 1901, H-22. 'Probationer' is the term used in many instances. It appears to include all nurses in training. 'Pupil' is used in official documents e.g. Gazette, Syllabi, no differentiation being made as to probationer or pupil.

53 C.J. Carle, Masterton Hospital 1879-1979. (Centennial Book Committee, Wairarapa Hospital Board 1979); 18. Hospitals differed in pay rates for nurses. The pay rate was 4/2 per week at Wanganui Hospital 1902.

54 Department of Health Annual Report 1840-1940, 56.

55 Palmerston North Hospital Minutes 3/6/1912.

56 Ibid. 1912.

training was provided. Pressure was exerted time and again for private hospitals to be considered as training hospitals.[57] Miss Hester Maclean, the successor to Mrs Neill, was adamant that standards of nursing should be improved not lowered and she held out against the private hospitals.[58] Nurse owners were persuasive in their argumentation for the training of probationers at private hospitals advancing the points that the probationer would be advantaged by being supervised by trained staff rather than the third year nurse as was common in public hospitals. Discipline would also be learned - obedience, punctuality, method - and all this under the authority of the trained nurse.[59] Miss Maclean was quick to point out that financial considerations concerning the employment of nurses might be the prime reason for private hospitals wishing to train nurses.[60] For a short time certain private hospitals were licensed as training schools but their existence was brief.[61] The vagaries of contemporary medical knowledge also impinged on nursing practice. Fever wards, diphtheria wards, typhoid wards and consumptive annexes were becoming specialised areas within hospitals.[62] Along with new surgical techniques, radium was being introduced,[63] and probationers were known to administer anaesthetic gases under the watchful eye of the matron.[64] Considerations were also being

---

57 Department of Health Annual Report 1840-1940, 58.

58 Ibid. Miss H. Maclean succeeded Mrs Neill in 1906.

59 K.T. (July, 1910), 99.

60 Ibid; 99.

61 M. Patricia Carroll, 'Basic Nursing Education' in Objects and Outcomes ed. Smith, M.G. & Shadbolt, Y., (Wellington: N.Z.N.A. 1984), 64.

62 Palmerston North Hospital Minutes. 12 April, 1912.

63 Ibid. October, 1913.

64 N.A. H21/10, 4 July, 1918.

made to admit patients into wards according to the disease process. Ophthalmology and ear, nose and throat complaints were developing into specialties. Medical Officers saw it to their advantage to have patients grouped as to disease entities allowing for greater convenience to the doctor when conducting his 'rounds'.[65] With the development of medical specialisation the associated role of the trained nurse altered. She began to become a specialist also.[66] The trained nurse was now being identified as 'a specialist in surgical nursing' and books on nursing were changing titles away from vague generalities as 'The Art & Science of Nursing' toward technically specific titles such as 'Operative Nursing and Technique' and 'A Text Book of Massage'.

Counter-Strategies: A Benevolent Administration:

> I went to Wellington Hospital, 1908, for an interview and was told I might be wanted in six months, but to prepare. It was only three weeks before I was sent for ... The train arrived at midday and at 4 p.m. I was on duty in the Men's Medical Ward, as green as [sic] a new pro. as can be imagined.[67]

The combination of advancing technology and the immediate assumption of nursing duties by a new probationer were the elements for the perpetuation of a hierarchical structure within nursing. Tasks such as 'learning' to record observations made of patients were absorbed by observing the nurse one step above. Back in 1901 Dr MacGregor stated that a ward sister's main duty was not to do the work herself, but to teach others how to do it.[68] This hierarchy was understood and approved of by later authorities. The Annual Report of Hospitals of 1906 saw it as appropriate that probationers should be supervised by trained staff, the more senior the probationer the less need to have large numbers of trained staff.[69]

---

65 Palmerston North Hospital Minutes. 1912/13.

66 'She' is used advisedly. No record of a male nurse either as probationer or trained has been identified up to 1930.

67 M.M. Thorp, The Long Long Trail; An Autobiography, (Hastings: Hart Printing House, 1971), 29.

68 A.J.H.R. 1901,H-22.

69 A.J.H.R. 1906,H-22.

Discipline and attention to detail were emerging as the ultimate concern within the organisation of nursing, this concern being supported by medical staff and hospital boards. The female nurses worked in wards these often being named after prominent men of the district.[70] Nurses lived 'in' at the hospital and later were housed in specially built nurses' homes. They wore a uniform which while explicitly designed to promote hygiene and efficiency also dispensed with the contours of the female figure and any show of legs. Black shoes and stockings, grey uniform which reached to the ankles, white starched cuffs and collar and the all important cap were the order of the day. "The sisters had a very nice goffered cap, the probationer a plain white cap which was to cover the hair."[71] Despite this, the Annual Report of 1906 displayed an evident concern with the deficiences in nurses' uniform. 'The absolute cleanliness and neatness' which were seen as being required to carry out the duties of nurses were being undermined by the increasing tendency for nurses on duty to wear dangling chains, numerous brooches and rings. It had been observed that some hospital matrons were also adopting this habit, there being one matron in the North Island who had worn as many as five brooches at one time.[72] Certainly along with formal training informal socialisation of nurses into the increasingly regimented organisation of early 20th century hospitals was occurring. Nursing was the assistant to medicine which, in certain instances, resulted in a rift between the prescribed syllabus and the identified needs of service commitments. As one doctor stated:

> Nurses will have to teach themselves out of their hospital curriculum if they intend to take up when qualified [as an] assistant in general surgical work.[73]

Nurses were also the servant of the hospital boards who regarded

---

70 One woman is identified as a hospital board member for the years 1901-1914. All medical superintendents of General Hospitals appear to be male for the same period.

71 The Long, Long Trail 30.

72 A.J.H.R. 1906, H-22.

73 T. Lewis, "The Trained Nurse as an Assistant" K.T. (October 1909), 153.

the nurse with benevolence. While the board members discussed with the medical superintendent only those matters relating to hospital services, the discussion on and about nursing often concentrated on mundane topics of whether the nurses had consumed the patients' golden syrup, the buying of a horse and trap for the use of the matron, the defects of nursing staff when patients' clothing was lost, and the fact that the Municipal picture theatre gave free tickets for the nurses to attend the opening.[74] The medical superintendent's monthly report was always the first item on the board's agenda and was followed by the matron's report. In an instance when further knowledge of treatment for infantile paralysis was required the medical staff and the chairman of the board made a decision that the matron and her deputy would attend for training at another hospital. The matron is not recorded as having been consulted.[75] In the event of the unavailability of the cook a nurse was commandeered. At least consideration was given to paying the nurse the equivalent of the cook's wages:

> Nurse S. has worked very hard doing the cooking as well as her own work. I suggest we pay part of the cook's wages to her.[76]

Through all the demands made of the nurse in training came an implicit command, obedience, unfaltering moral standards, propriety and possession of nursing 'instinct...her heritage from primaeval days'.[77] An amalgam of prevalent beliefs about women's kindness and their caring natures along with a growing awareness that probationers needed to know about diseases produced the nursing curriculum of 1901 to 1914.[78] The affective component developed through discipline and detail, the knowledge of disease, through limited theoretical instruction.

---

74 Palmerston North Hospital Minutes. 1908-1914.

75 Ibid. 9 June, 1916.

76. Ibid. 2 February, 1918. The cook received £40 per annum, the nurse £25.

77 Cassell's Science and Art of Nursing. (London: Waverley Book Co. Ltd., c1910), 109. Textbook held by Palmerston North Hospital used by nurses circa 1918.

78 (Appendix C, 106).

Communication: A Unifying Strategy. The one continual supporter of nurses in the country was the New Zealand Nursing Journal, (Kai Tiaki). Miss Maclean,[79] the successor to Grace Neill took up duties in 1906 as Assistant Inspector of Hospitals, Asylums and Charitable Institutions. Her contribution to nursing in New Zealand began with the introduction of the nurses' regulations and syllabus of 1908 and in the same year she funded, produced and edited Kai Tiaki remaining its editor until 1931. Kai Tiaki, taken to mean the 'Watcher', the 'Guardian', over the sick and suffering, was produced with the desire of uniting nurses and fostering the growth of professional nursing in New Zealand. While other working groups were developing unions, the nurse leader of New Zealand was developing a vehicle of communication which, to a large extent, published the nursing gospel in the image and likeness of Miss Hester Maclean. Two attitudes are constantly portrayed. On one hand loyalty, consideration, kindness, caring and obedience were insistently seen as attitudes to be encouraged in nurses. On the other hand encouragement was given to ex-nurses to become members of Hospital and Charitable Aid Boards.[80] Continual reference was made to the professional development of nursing overseas, and accounts of nurses' abilities, whether in war or in the back-blocks of New Zealand, were written with zeal and alacrity.[81] The journal, being the only New Zealand publication on nursing, carried articles on changes occurring in nursing throughout the country. It had considerable influence as demonstrated by one doctor who referred to its being used as a text book for preparation for the state examination.[82] This strains the imagination somewhat, however the journal did publish the state examination questions along with those answers seen as the most correct.[83]

---

79 Hester Maclean successor to Grace Neill as Assistant Inspector of Hospitals (1906), introduced, and owned K.T. from 1908 to 1923, and was its editor from 1908 to 1931. She became the first Director, Division of Nursing (1920), and retired in 1923 , Marton-in-Chief N.Z. Army Nursing Services and received the R.R.C. November 2, 1917, and Florence Nightingale Medal 1920.

80 K.T. (October, 1910), 138.

81 K.T. (January, 1915), 39 and passim 1908-1920.

82 K.T. (July, 1908), 67.

83 K.T. (July, 1908), 67.

Through her journal Miss Maclean communicated with the nurses of New Zealand. As Assistant Inspector she received and answered correspondence from nurses throughout the country.[84] The correspondence portrays an aspect of Miss Maclean - her ability to communicate. Some of the letter writers bared their souls, others were most critical of nursing and medical practices,[85] many asked for advice on furthering their nursing experience, and most wrote to ask for certificates or results of examinations. One student who had sat her midwifery examination and was unsuccessful received a personal, handwritten letter from Miss Maclean. It was edged with a heavy black band.[86] Interested public also wrote. Ettie Rout, now considered a feminist socialist[87] was most concerned that young women should not train as maternity nurse as it was "emotionally and individually unwise to allow virgins to train and practise as maternity nurses [and] even savage races [knew] that midwifery should be in the hands of the older woman."[88] Miss Maclean by virtue of her communication abilities was possibly the most lettered nurse in New Zealand and this paid dividends. She was aware of happenings at hospitals from Invercargill to Auckland; marriages, births, transfers and promotions. Through her journal she linked the nurses of the Dominion. Miss Maclean was also to become the first president of the New Zealand Trained Nurses Association which was inaugurated November 1909.[89] One of the objects of the Association

---

84 N.A. Midwives and Nurses' registration, miscellaneous papers. H1905/289/1026/1234: 1906/5/11/145/165/1353: 1907/106/118/123/137/158/159/161/179. Correspondence ranges from 1907 to 1920.

85 N.A. Midwives and Nurses' registration, miscellaneous papers. S. Maude to H. Maclean, 26 May, 1907.

86 Ibid. 11 June, 1919

87 S. Eldred-Grigg, Pleasures of the Flesh, Sex and Drugs in Colonial New Zealand 1840-1915 (Wellington: A.H. & A.W. Reed, 1984), 146.

88 N.A. Miscellaneous Papers. Letter to Dr Valintine from E.A. Rout, 17 January, 1914. Letter handed to Miss Maclean.

89 Miss Lambie in her Report of 1939 records Mrs Kendall as being the first president. Possibly this was of the Wellington Branch.

was to assist in maintaining a high standard of training throughout the Dominion and to this end it worked hard and long. For a period of three years, 1909-1912, Miss Maclean held what could possibly be viewed as the most daunting nursing position in the country - Assistant Inspector of Hospitals, editor of the only New Zealand nursing journal and, moreover, was president of the newly formed Trained Nurses' Association. Each of these positions was amalgamated into her journal achieving her desire to produce a medium for nursing communications, integrating her official positions into her editorials and presenting to New Zealand Nurses the considerations and resolution of the Department of Health and the Trained Nurses' Association.[90] The nurses' regulations of 1914 were demystified in Kai Tiaki.[91] The long involved regulations, the most comprehensive to date, provided greater detail and tightened conditions for nurse training. Practical nursing duties in institutions such as consumptive sanitoria could now be part of a nurse's training providing the time spent away from the main hospital did not exceed six months. A nurse now might transfer from one hospital to another during her training period if special circumstances arose; holiday leave and one months sick leave were able to be taken without jeopardising the nurse's opportunity to sit the state examinations; two years eleven months was the minimum training period; fifty-four hours of theory were to be provided; and specific information on teaching staff, subjects taught and hospital size was to be supplied.[92]

The Auckland District Hospital produced its own syllabus for 1914.[93] Not only did the concept of treating the disease still dominate, there was the onerous addition of body systems - osseous, excretory,

---

90 Hester Maclean. Nursing in New Zealand, (Wellington: Tolan 1932), 71.

91 K.T. (July, 1914), 106.

92 New Zealand Gazette Vol. I 1914, 2347-8.

93 N.A., SANS 20/24, Syllabus of Instruction to Pupil Nurses Auckland District Hospital 1914. (Appendix F, 112).

articulatory, respiratory, circulatory, and the digestive systems together with body cavities and the organs of special systems. Overall a total of 70 hours was given to lectures during the three year course, 12 of these hours given to general nursing presented by the Lady Superintendent. The syllabus was given the stamp of approval by the Medical Committee, who had in 1913 stated:

> The modern trained nurse is the produce of four years of strenuous theoretical and practical work. The medical profession has played a prominent part in this evolution of a new profession. It has freely and gratuitously planned and directed the general scheme of training.[94]

Maclean's reply to the Auckland Hospital syllabus was positive. She did point out in her editorial that the fourth year was a 'Post Graduate' course for nurses obliged to remain at Auckland Hospital for one year after training.[95] One telling article came from 'Hospital Matron'[96] in July of 1914. She proposed a practical syllabus to supplement the theoretical and clinical lectures given by the doctors:

> We could have a syllabus of the practical work to be taught in each year... Probationers should be taught from the day they enter hospital 'why' everything is done ... also the importance of accuracy in detail.

The proposed practical syllabus listed those points considered necessary for everyday nursing practice:

> How to wash and sterilise catheters ...
> How to make and apply fomentation ...
> How to bath a patient in bed ...
> Learn all lotions and how they are used ...
> How to test urine for everything ...

The 'why' was not very evident, the 'how' predominated. What was most obvious was consistent attention to the fulfilling of orders and an assumption that prescription was all that was necessary for the nursing duties of the day. Expected nursing knowledge which was reinforced by the State examination of the era

---

94 K.T. (October, 1913), 147.

95 Ibid. 133.

96 K.T. (July, 1914), 129. This may have been a nom de plume for Miss Maclean.

continued to propound the disease process augumented with practical knowledge of skills to be performed. One comment only was made to psychosocial aspects, keeping the 'patient's mind off coming operations'.[97] The main emphasis was on the practical nurse - the desirable one. The nurse required knowledge - knowledge to perform skills - and skills were described in detail. This was the era when no specific drugs were effective for specific diseases. Tuberculosis and pneumonia were usually deadly. Post-operative sepsis was declining rapidly as the methods of Lister were well understood, but surgery was mainly of the order of emergencies rather than elective.[98] Nursing training and examinations 1908 to 1914 illustrated the concerns of the day and were reality for the nurse at work in hospitals. This was also the era when the untrained probationer was viewed as being fortunate to be receiving a training which allowed her to join the ranks of the trained nurse. Maclean stated in one of her many editorials that the untrained probationer was receiving far more than she gave. Money for salary, uniform and equipment was expended on the probationer. She, the probationer, had everything to gain and nothing to lose, so she should prove herself by being teachable and conscientious and always obedient to discipline.[99] Maintaining a standard of nursing to which the neophyte must be trained was the responsibility of each and every member of the trained nursing corps. In the period of thirteen years since the initiation of nurses' registration much had been gained and probationers were of necessity tried, tested and shaped to become fitting members of the select group, New Zealand trained nurses.

Summary: The first fourteen years of the twentieth century was a period which saw, paradoxically, greater control through standardisation of procedures and regulations, but also attempts to foster

---

97 K.T. (April, 1913), 51.

98 Y. Shadbolt, "Trends in Written Examinations for Nurses" Seminar Paper (1981), University of Auckland.

99 Editorial 'Selection and Training of Probationers' K.T. (April, 1911), 43-45.

a stronger unity among the nurses of New Zealand. The importance of state registration cannot be underestimated. Through the ability of Grace Neill to achieve registration, nursing services in New Zealand were gradually brought into harmony by standardisation and regulation. State registration which strengthened the practice of nursing was not an accidental product brought about by vague pressure of increasing nurse numbers and demands of hospital services. It was a planned and coordinated effort not only to protect the public from incompetent nurses but also to enhance the credibility of nurses. State registration also provided a source of power; power to exclude the untrained, power to develop training standards; and power to reward the learner nurse who through effort and conformity could rise to the ranks of the trained nurses. While the single event of state registration enhanced nursing's development it was the establishment of a training scheme which gave regularity to nursing practice. State examination gave direction for training, pulled recalcitrant programmes into line, and perpetuated the belief that training was for service. The change in nurse leadership in 1906 altered the type of strategy used - while Grace Neill used legislative strategies, Hester Maclean used communicative strategies. Maclean produced a nursing journal to unite nurses and foster the growth of nursing. She also aided and abetted the Trained Nurses' Association by proclaiming its message in the journal. Not only in their use of strategies were the leaders different. Differences were also evident in their philosophies of nursing. Neill was a combatant against the established order of the women's role and laid the foundations for nurse autonomy and self-regulation through registration. Maclean preserved the concept of women's role as subservient and obedient. Any educational significance within the training scheme was lost within the dominant concept held by Maclean that nursing was service based. With service being a dominant theme prescriptive and proscriptive instructions became the order of the day. Probationers learned their role by example rather than through knowledge. The content of syllabuses came directly from

contemporary medical knowledge and practice with new medical knowledge influencing any expansion. The practical aspects of nursing were an amalgamation of domestic service, medical practice and specific nursing skills. But it was the informal training, the unwritten, unformulated but, none-the-less, most crucial training for probationers which perpetuated the idealised vision of women - the Nightingale ethos. With its emphasis on obedience, nurse training reinforced the dependence of women, and the structure of hospital administration strengthened this dependence through a benevolent exploitation. Nurses' work was women's work, and while nurses had achieved supremacy over the role of nurse they had not by 1914 gained autonomy or self-regulation of nursing practice.

CHAPTER 3

EXPANDING DUTIES
NURSING EDUCATION IN NEW ZEALAND 1914-1922

Introduction: Within a single decade international and national calamities had grimly illustrated the inefficiencies within the organisation of health and hospital services of New Zealand. The rapid growth of public health and medical knowledge resulting from war and the pandemic contributed to new and revised legislation which was to alter the administrative direction of hospitals. These changes reflected the ascendancy of medical knowledge and technology and produced changes in both nursing service and in the knowledge required of the nurse. The nurse came to occupy a central position in hospitals through her ability to implement increasingly complex tasks. This ability created a dependency on nursing services and this dependency, in turn, was instrumental in gaining the support of members of the medical profession.

Inappropriate Feminine Zeal:

> In the genial sunshine of one of Wellington's most charming Indian summer days, the fifty nurses who are to serve with the British nursing service sailed from Wellington in the *Rotorua* for England at noon yesterday.[1]

These pleasant calming words documented in Kai Tiaki the first contingent of the New Zealand Army Nursing Service who left the shores of New Zealand for Egypt on 8 August 1915.[2] The aim to have New Zealand trained nurses at the front attending to New Zealand troops was not achieved with ease. For over a year Hester Maclean had, with great tenacity, bombarded Army Headquarters with correspondence on the need for trained nurses to be actively involved in military nursing duties.[3] In desperation, a deputation

---

1. K.T. (April, 1915), 68.

2 M. Wilson and Marquant, C., Official History of the Royal New Zealand Nursing Corps. (Wellington: R.N.Z.N.C., 1978), 3.

3 N.A., AD 64/4. Hester Maclean to the Hon. the Minister of Defence 27 October 1914. In 1908 Mrs Janet Gilles was appointed Matron-in-Chief of a nursing reserve.

of the New Zealand Trained Nurses' Association waited upon the Minister of Defence (Hon. James Allen). With Dr Marshall Macdonald, President of the Dunedin Branch of the Nurses Association, as spokesman, a strong plea was made for the opportunity for nurses to serve their country. Miss Holford[4] spoke of deaths from pneumonia of the men who were in the trenches.[5] How right she was. Of deaths from causes other than war injuries, peneumonia took the greatest toll of lives.[6] After the Trained Nurses intervention, authority was finally given for the formation of a Nursing Corps. From April 1915 onwards 531 nurses gave nursing services abroad.[7] This figure does not include those many nurses who left New Zealand on their own accord prior to and during the war to become members of the British Nursing Service.

The reason given by Government for its reticence regarding utilising New Zealand nursing resources was that the female nurse would have difficulty being accommodated on already overcrowded ships: besides, it was reasoned, there was good evidence that sufficient British nurses were available for active duty.[8] The greatest difficulty, however, appeared to be that the British War Office saw New Zealand's contribution as supplying men, guns, horses and ammunition rather than nurses who showed inappropriate feminine zeal in desiring to serve their country at war.[9] Miss Maclean, Matron-in-Chief of the Army Nursing Service, was less than subtle in comments she made about Government delays. She believed strongly that, far from

---

4 For further information on Miss Holford and Dr Macdonald refer to Chapter 4.

5 K.T. (January, 1915), 13.

6 A.D. Carbery, The New Zealand Medical Service in the Great War 1914-1918 (Whitcombe & Tombs Ltd. 1924), 536. From the outbreak of war until November 1918, of the 1579 deaths from disease, pneumonia accounted for 578.

7 Ibid. 536. Hester Maclean records 579 members of the Nursing Service of whom 31 were masseuses.

8 K.T. (January, 1915), 14.

9 Edna Pengelly, Nurses in Peace and War (Wellington: Harry H. Tombs Ltd., 1956), 33, 40, 44.

British reluctance, the real problem was that the New Zealand Government was parsimonious. While Australia was paying its nurses to work alongside and for nursing services of other countries, the New Zealand Government was unwilling to pay nurses to attend to other than New Zealand army personnel.[10] However, as the war dragged on with no sign of victory, Miss Maclean was requested to exercise speed in forming a nursing reserve.[11] By April 1915 active nursing duties became a reality. Instructions for army nurses were precise and decidedly military. Camp kit and active service equipment instructions were set out in detail, as were the rules of service.[12] The only decidedly imprecise instructions related to the pay rates of nurses. In particular, Colonel J.R. Purdy, Director, Medical Services, had questioned the rates of payment Miss Maclean had put forward. Now finally when all else was arranged, nurses salaries were to be subject to consideration.[13] Economy was still, in 1915, overriding nursing services. Miss Maclean apparently received no grant to cover her travelling expenses for a six month tour of inspection as Matron-in-Chief of the New Zealand Army Nursing Services. For her tour of Egypt and England in 1915 she was granted £10 to cover expenses of her military uniform, and a further £18 for replacement uniform.[14] Finally the matter of payment for nurses was settled and New Zealand nurses, paid at the same rates as their non military sisters, became members of the army to serve their country along with their fellow men. Maclean's desire for the involvement of nurses in war service is interesting. Nightingale achieved her fame through the Crimean War. World War I in New Zealand was an important activity (Openshaw, 1978).

---

10 N.A., AD 64/4. Handwritten comments signed 'H. Maclean' along side an Australian journal article describing the nursing arrangements for that country. No date given.

11 N.A., AD 64/4. J.R. Purdy to Maclean 15 December, 1914.

12 N.A., AD 64/4.

13 Ibid. Purdy to Maclean 15 December, 1914, and Maclean to Purdy 16 December, 1914.

14 Official History of the R.N.Z.N.C., 11.

Patriotism was high and nurse participation could benefit the position of nurses in society. Maclean used Kai Tiaki to encourage patriotic zeal. Reports of nursing duties in war became a regular feature of the journal. The dreadful wounds made an indelible impression on the nurses. Caring for men with frost-bite, pneumonia and those who had incision probing for bullets without the use of precious chloroform began to be 'all in a day's work' for these nurses.[15]

Edna Pengelly, who went with the first nursing contingent in 1915 and returned to New Zealand in 1919, provided insight into war conditions for New Zealand nurses through her diary:

> October 3 1915 . My ward at present is nothing but a clearing station. It is like playing draughts - you move one man on to make room for the next ... A convoy arrived - 55 - mostly walking cases. Nothing very cheerful coming from the Dardenelles. ... Convoys continue to come in, mostly dysentery cases; most of the wounded are kept in Alexandria. I have one very sick patient - but I hope he will pull through - pneumonia and typhoid, and his nerves are all gone - severely shocked - also wounded. (Cairo)
>
> December 2, 1919 . A convoy of 141 arrived at 7.30 p.m. The men are coming in with rheumatism and frost bite ... Another convoy, the men are so glad to get into a bed, poor souls, and sleep. (Cairo)
>
> February 6 1916 . One of our poor men died in the night. He was off the *Implacable* - came from Suez and had never been inoculated. I tremble to think of the state of things if there had been no inoculation - especially against enteric in this campaign. (Alexandria)[16]

New Zealand Army Nurses were working very hard and learning a great deal particularly about prevention of illness through inoculation and hygiene.

Miss Maclean was once again the centre of correspondence. She received letters from nurses describing their experience of nursing in war conditions. She also received letters from doctors

---

15 Letters from Nurses at the Front. K.T. (April, 1915), 82, 95, 171.

16 Nurses in Peace and War, 35, 40, 44.

expressing either delight that a nurse with whom they had previously worked was again to serve with them, or a less than flattering description of the disposition of a nurse who was thought to be less than capable in providing what the doctors saw as nursing duties.[17] [18] Whether Maclean was influenced by the doctors' appraisals was not recorded, but the communications illustrated the strengthening of nursing's position as a supporting service to medicine. Continually, throughout the war, Maclean encouraged and cajoled nurses to do their duty, both at home and abroad, for the benefit of nursing service. By way of her journal she provided a picture of new trends in medicine, and new duties for nurses. There was no way that a reader of Kai Tiaki, during the war years, could mistakenly assume that peace had been declared. The nursing journal was alive to every move, every situation, that a nurse made on behalf of the war effort and, increasingly, reports on new techniques and treatments were included for the advancement of those nurses working throughout New Zealand. Then, hard on the heels of war came the Influenza Pandemic of 1918. The lives of some five thousand New Zealanders were lost during the pandemic and nursing services were strained to keep pace with the demanding situation:

> During the recent epidemic the lack of a sufficient number of trained nurses undoubtedly added to the loss by death of very many patients. It was impossible to give the proper care to many who were very ill.[19]

Calamities create Change: These two calamities, war and pandemic, which ushered in the Nineteen twenties demonstrated gaps in the organisation of health and hospital services. Consolidating and structural statutes evolved to plug these gaps. Three Acts contained legislation affecting nursing in New Zealand. The Health Act (1920), brought about by recognition, during the influenza epidemic, of the restricted scope and power of the Public Health Act (1908) created a Government Department to administer both health and

---

17 N.A., A.D. 64/4. Dr Anderson to Maclean, 5 November, 1916.

18 Ibid. Colonel Purdy to Maclean, 24 April, 1917.

19 K.T. (April, 1919), 73.

hospital services.[20] Public health issues became the important topic of the day. Services for school hygiene were transferred to the authority of the new Health Department, along with dental hygiene, child welfare and Maori services. A nursing division was also created; to be one of seven divisions within the Department. For each of the departmental divisions, a director was appointed. Miss Maclean became the Director, Division of Nursing, with Dr Valintine becoming the Director-General of Health. Dr Thomas Valintine, since his appointment as Inspector-General of Hospitals in 1907 following the death of Dr MacGregor, had worked closely with Miss Maclean. She records how, following the death of Dr MacGregor, she suffered a period of anxiety waiting for the appointment of her new senior officer. The choice was between Dr Valintine and a certain Dr Mason. To Miss Maclean's relief Dr Valintine was appointed to head the Department as Inspector-General of Hospitals.[21] His association with Miss Maclean during the many years they worked together was harmonious. Maclean recorded:

> I think, for the years when I was Dr Valintine's only assistant inspector, and we divided the work of inspecting, no relationship of chief and subordinate could have been happier. He consulted me about his plans, and we discussed matters together.[22]

Dr Valintine was certainly an active man, visiting hospitals and consulting with local board members. The minutes of one local hospital board is perpetually punctuated with reference to Dr Valintine concerning administrative matters.[23] It was not unusual for spontaneous local representation to be made to Dr Valintine, with arrangements being made to meet him at the railway station as he was passing through. Whether the meetings were held at the station is not recorded. Matters such as designs for additions to the hospital, the development of new services, the

---

20 New Zealand Statutes; Health Act, 1920. An Influenza Epidemic Commission was set up to inquire into the circumstances of the outbreak. The report identified the deficiences of the Public Health Department and the new Act (1920) altered statutory power of local authorities.

21 H. Maclean, Nursing in New Zealand, (Wellington: Tolan, 1932), 53-4. See also N. Kinross "Politics and Power" in Objects and Outcomes, (Wellington: New Zealand Nurses Association, 1984).

22 Nursing in New Zealand, 54.

23 Palmerston North Hospital Board Minutes, 1911-1928, passim.

revelation that bed-steads for a new ward were lost at sea, the appointment of a hospital board secretary as well as community disgruntlement with affairs of the hospital were all referred to Dr Valintine.[24] Having a genial temperament and a marked sense of humour, together with a forceful personality enabled him to cope with the irksome duties of a government official.[25] Communication between Dr Valintine and Maclean was regular. Letters written to the Inspector of Hospitals (and later to the Director-General of Health), found their way to Miss Maclean with comment that she might find this interesting, or requesting any comment. On matters relating to maternity nursing Miss Maclean was often requested to reply in place of Dr Valintine.[26]

The reorganisation of the Health Department in 1920 was to have some gains and losses for nursing. Maclean's position as Director of Nursing,being one of seven directors, limited the close working association she had had with Dr Valintine. Now seven separate divisions were claiming precedence over each other. A division devoted entirely to nursing, however, gave greater opportunity to develop nursing services. Public health, district and school nursing took on new importance and trained nurses were encouraged to join the ranks of these expanding services. Now there was greater recognition that nursing skills could be utilised in areas outside the hospitals. With the expansion of the Department of Health, new pressures were imposed on Hospital Boards. An amendment to the Hospitals and Charitable Aid Act 1909, introduced the title of Hospital Board and contained regulations to provide accommodation for nurses; leave of absence from duty if appropriate; extension of district nursing services; and established bursaries for students of nursing or massage to assist those who were unable to afford to give up the necessary time for training at the ordinary

---

24 Palmerston North Hospital Board Minutes. 1911-1928.

25 Nursing in New Zealand, 55.

26 N.A., Miscellaneous Box.

pay of a probationer'.[27]

Parliamentary debates on these two new Acts expressed the demand being made for expansion of efficient medical treatment of the sick and a heightened awareness of the advantage of public health activities. There was, however, controversy over a proposed classification of hospitals. Base hospitals were being proposed - those hospitals with specialist departments would receive patients from surrounding areas. Sectionalism became rife with various members championing the needs of their own specific electorate.[28] The Annual Report on Hospitals pointed out the existing weaknesses and defects of a system where one doctor single handedly diagnosed and treated the multiplicity of diseases. The complexity of modern therapeutic techniques, it was asserted, could no longer be the skill of one person.[29] While specialisation had been evident prior to the war, it now increased in intensity and hospital boards were competitive in expanding diagnostic and curative technology. Where the local Hospitals and Charitable Aid Boards of the early 1900's saw every patient as a potential 'parasite' of the £, the newly developed hospital boards saw every £ as an expansion of medical services. Clinical laboratory services were expanding with the development of specially trained personnel. X-ray and Physio-therapeutic departments were adding new visions to the diagnosis and treatment of new found disease entities [30] and the larger hospitals were benefitting from these new ideas. This report also introduced the idea of the development of standards against which to measure the competence of hospital activities. Through the establishment of regular monthly meetings the efficiency of departments could be more objectively assessed. Certainly changes were occurring

---

27 K.T. (January, 1921), 19. A comment is made in 1922 that no nurse had received a bursary to date. As this was organised by local hospital boards individuals may have been receiving extra money, but no reference to this was identified.

28 New Zealand Parliamentary Debates, Hospitals and Charitable Institutions Bill, 1920. passim.

29 A.J.H.R. H-31, 1921-22.

30 Infantile Paralysis (Poliomyelitis) was made a notifiable disease in 1914. In 1915 there were 10 recorded cases, in 1916, 1,018 cases. Massage and water therapy were used during the 1920's.

as the First World War in particular, brought about new attitudes towards medical excellence:

> The men who fought in the trenches ... have come back here to influence very largely the public life and sentiment of this country ... as one result of the war team work amongst doctors has become an established practice.[31]

Tasks Create Nursing: The nursing service within hospitals had also been directly influenced by war. The knowledge and skills required of nurses expanded. The body of knowledge nurses were required to know had received considerable input during and following the war. Plastic surgery, thoracic surgery, and orthopaedic techniques had advanced. Sophisticated surgical procedures were brought back by the demobilised war surgeons and transferred into the operating theatres of New Zealand hospitals.[32] Insulin therapy was introduced in 1922 and the diagnosis of cancer and the advancement of treatment regimens were becoming a special feature of large hospitals.[33] Bowel preparation for surgery altered from the usual soap and water enema to irrigations. Wounds were drained with new apparatus; new antiseptic lotions developed; and medication increased in number and dosage. A 'contrivance' for lifting helpless patients was introduced and new procedures for old diseases became known.[34] "Swab counting' for abdominal surgery became a feature of the theatre nurses' duties. Increasingly mistakes or accidents which occurred in hospitals overseas were published in Kai Tiaki and preventive measures were implemented in the hospitals of New Zealand in an effort to reduce the risk of such an event happening here. Checking, counting and rechecking instruments and apparatus, especially in operating

---

31 Mr S.G. Smith (Taranaki) Parliamentary Debates, Hospitals and Charitable Institutions Bill 1920, 340.

32 K.T. Articles and examination comments 1918 to 1925, passim.

33 Wellington Hospital 1847-1976, 65.

34 Tracheostomy technique and care became more advanced. Scarlet fever isolation altered.

theatres, became the responsibility of the nurse. The instrument check-list was integrated into the nurse's role. Counting of spoons, forks and suturing material along with 'swabs' 'packs' and bedpans is remembered as one of the key activities of nursing in the twenties and for many years to come.[35] State examination papers for 1920 to 1925 reflected the changing practices. Describing the preparation of a patient for a particular surgical procedure and preparation of surgical instruments now featured in place of the more general reference to surgery of previous years. Terminology was also altering. What was once 'removed' was now 'enucleated'. Hysterectomy, gastro-enterostomy, and colostomy treatment infiltrated the questions for examination along with the common conditions of typhoid fever, pneumonia and rheumatism. Essay type questions predominated with the nurse being asked to describe, explain, or give the cause, prevention and treatment of a disease process. Laboratory services were also affecting examination questions. Nurses were requested to describe in detail collection and transportation of specimens for a host of pathological examinations.[36] Once again the State examinations for nurses were reflecting medical advances. Surgical intervention and pathological analysis were giving direction to the content of nurse training and the examinations. But however medically orientated the nurse's knowledge became there was always a nurse on duty, twenty-four hours a day, to carry out the tasks which became more complex as scientific knowledge evolved. The matron, also, was expanding her area of command. Now dietitians had appeared upon the scene and the matron was seen as the appropriate person to supervise dietary personnel.[37] Added to this she reserved the right to report on each and every trained nurse or probationer, recording the individual's ability to be neat, quiet, punctual, clean, trustworthy, kind, truthful and

---

35 Interview recorded with Miss X, 18 September, 1984, who commenced her nurse training in 1925. Miss X wishes to remain anonymous. I am very grateful to Miss X for her willingness to discuss her nursing experience with me.

36 K.T. State examination of Nurses. (January, 1929), (January, 1921), (January, 1923), (Appendix D, 107).

37 Palmerston North Hospital Board Minutes. 13 March, 1925.

obedient,[38] true elements of the Nightingale ethos. An amendment to the Nurses Registration Act (1920), reduced the commencing age of 21 years to 18 years. The amendment also allowed for the affiliation of hospitals for providing nurse training. Small hospitals which found difficulties with providing suitable theoretical or practical tuition might transfer students to larger centres for a period within the three years of training.[39] The work of nurses came under close scrutiny during the readings of this Bill. The hardships and trials of the hospital probationer, her small pay, her long hours, her lack of liberty and her lack of enjoyment of girlhood, all were illuminated along with her scrubbing of floors and performing duties which were of the order of drudgery.[40] Maclean, obviously more confident with the development of a nursing division, had been prompted into publicly criticising those Hospital Boards which exploited probationers and 'do not, or are not able to afford a satisfactory training'.[41] Women were being appointed as probationers, often with very little formal nursing training being given.[42] Where the required theoretical hours since 1912 numbered fifty-four, as little as 48 or 50 hours were, in practice, being given in some training schools at irregular intervals. It was also noted that up to this time a 'day off' had been few and far between. This idea of a day's leave had been encouraged by the Health Department[43] but few boards could see their way free to initiate such moves as it required increased staffing levels and extra accommodation. Certainly an increase in expenditure would result, but this was not a prominent reason given by hospital boards. The priority of

---

38 Palmerston North Hospital Sisters Monthly Staff Report, 1923-1925. No file number.

39 New Zealand Statutes, Nurses Registration Act 1920.

40 Mr Parry (Auckland Central), Parliamentary Debates; Nurses Registration Amendment Bill, 1920.

41 A.J.H.R. 1920, H-31.

42 N.A., H21/23/23. Letter from Dr Valintine to Chairman of Wairau Hospital Board, 12 July, 1921.

43 K.T. (January, 1921), 12.

hospitals it was stated, was to maintain stable staffing.[44] Now, as a result of legislation, alterations were being contemplated.

The following reminiscences of a nurse who trained during the 1920's highlight two aspects of the working life of a nurse. The first concerned the strict disciplinarian approach of senior nursing personnel and the second the limited opportunity for study. Trainee nurses who were seen as unfit for the profession were dismissed. The label 'unfit' was in fact a 'catch-all' covering many areas. An incident is told of a night sister who altered her usual routine and found three trainees having supper in the casualty department. Why this occurred was not recounted. The nurses were sent off duty immediately and duly reported to the matron who informed the Board. Dismissal was immediate. Other nurses were called from their sleep to complete the night shift and subsequently worked the following day. To work a year without a day off was not uncommon in the 1920's in some hospitals of New Zealand. One nurse was offered a twenty-four hour break as she was looking a little 'peaked'. This was a year after commencing nursing without a day off for either sickness or leave and often working longer than the prescribed eight hour day. Study periods were non-existent. One was expected to complete any study in one's own time. For some this was not difficult as the knowledge requirements were not extensive. For one nurse, having received four years secondary education, no study was ever required. Her 'Latin' apparently was deemed sufficient to enable her to grasp the terminology of diseases and drugs. For others, however, life was not so easy and they left nursing owing to inability to pass the examination. Sixth standard formal education was the minimal requirement although the regulations did not express a required educational qualification. Lectures were minimal. Occasionally a house-surgeon, or the matron, or a sister in off-duty time, would provide a session on a specific disease. These lectures were few and far between and

---

44 Department of Health Annual Report 1840-1940, 61.

always attended when not on duty. The teaching received was, in the main, those bits of useful knowledge on how to perform special procedures such as the easiest way to change sheets, or prepare an enema, or perform wound dressings. Most information was gained from the nurse who was the immediate senior. It was she who gave the new probationer a list of tasks and saw that they were performed to her satisfaction, and guided the newest nurse around the difficulties experienced. The training of character and learning the art of nursing by practical experience were seen as the most valuable contributions made by the hospital training method.[45] Once again the Nightingale ethos was obvious.

The annual reports of the training schools for the early period of the 1920's highlighted the differences in training being received.[46] The small hospitals presented a limited number of hours of theoretical instruction, while most larger hospitals gradually extended both the hours and a refinement of the topics. While Waimate Hospital probationers received limited hours on Anatomy, Physiology and Medical and Surgical nursing, probationers at Auckland Hospital were receiving 70 hours of lectures which included Ophthalmology and ear, nose and throat nursing.[47] To overcome the difficulties being experienced by the small hospitals, a system of affiliation was developed. Probationers from small hospitals were to transfer to large hospitals for that part of training not able to be provided for. A probationer from a 'limited school' applied to the matron of the large hospital and was duly employed for six months to one year, sometimes longer, in order to gain experience. This new arrangement, however, was not entirely satisfactory to the matrons.

---

45 Interview recorded with Miss X, 18.9.84.

46 N.A., H21/23/23, H21/23/41.

47 Ibid.

Miss Maclean received letters informing her of the difficulties encountered. No lectures had been provided by the small hospitals; no preliminary training on skills had been given; adaptation to the new environment took time; and special coaching was required for the transferred nurse to achieve the same knowledge level as her peers.[48] Added to this an examiner of the state examinations for nurses held in 1922 criticised the low standard of education shown by many candidates. Spelling was one aspect at which nurses were apparently less than proficient. However, it was the incorrect treatment provided for diseases which was the cause of the greatest criticism. Inappropriate, often harmful treatment, was instigated by the nurses in their answers to questions in the state examination and the examiner, a doctor, questioned the quality of the instruction being provided.[49] In June 1922 Dr Valintine circularised Hospital Board Chairmen, Medical Superintendents and Matrons of all training schools for nurses. He stated:

> ... it has been brought to my notice by the comments of Examiners that the papers of candidates show in many cases a great lack of general education.[50]

Dr Valintine wished to impress upon the officers of hospitals the necessity for developing criteria for selection of applicants for nursing. A certificate of sixth standard qualification or equivalent, along with a three month 'probationership' and the 'weeding out' of those considered unsuitable were his guidelines. Dr Valintine was also communicating with those individual hospital boards whose failure rate in the last state examinations showed deterioration.[51]

Dependency Creates Allies: By October 1922 the time had arrived for raising the important matter of nurse education. Dr Falconer,

---

48 N.A., Miscellaneous Box. Nutsy (Matron of Auckland) to Bicknell, 1922. Miss Jessie Bicknell was assistant to Hester Maclean.

49 K.T. (July, 1922), 102.

50 K.T. (October, 1922), 162.

51 N.A., H21/23/23.

Medical Superintendent of the Otago Hospital laid before the Otago Hospital Board a report on nursing education. He stated:

> It is felt that the old apprenticeship system, on which nursing education has been based for the last half-century, is breaking down, and that more systematic and sounder educational methods should be evolved through high qualified nurse instructors... The trend in America is to establish university courses ... It is in this university trend [that] any further advance [in nursing can be made].[52]

Cumming and Cumming (1978) call the 1920's an age of experiment in education. As a counteraction against the discord of war a general belief in the advantage of a liberal education which contributed to the performance of vocational tasks was advocated. This and the growing complexity of medicine and technology, which was expanding the duties and skills of the nurse within and without the hospital, found its expression in a belief that what was really required for nurses was education - education for leadership in nursing and in particular, advanced education for nurse instructors. Scarcely twenty years had passed since the introduction of standards of nurse training through examination and registration. Now Dr Falconer in 1922 was presenting a case for university education for those nurses who would be leaders and who would, in future years, give direction to nurse training. Even the editorial of Kai Tiaki for the 1922 October issue saw some value in further qualifications for those nurses 'suited for and desirous of taking up the teaching side of the profession'. However, Miss Maclean, the writer of the editorial, was insistent that nurse training in its present form, 'apprenticeship', was the most suitable:

> Personal dealing with the actual patients is to my mind the only way in which a nurse can attain skill in the practical details of nursing care ... This can only be carried out in Hospital wards and under careful instruction of a sister who understands her cases...[53]

---

52 K.T. (October, 1922), 169, 170.

53 K.T. (October, 1922), 150.

Moreover, she argued, the cost of university education would be prohibitive to the student and mean loss of a work force to the hospital. Despite the cautionary note of the editorial the nurse's contribution to hospital services was being recognised by doctors and a university education for nurses was about to become a reality, even if for a short period. The era of isolated and protected training for nurses based on long standing tradition, cultivated to yield obedience, was about to be provided with faint glimmerings of an education within a setting other than the hospital.

Summary: World War I influenced markedly the expansion of medical and technological knowledge which produced a direct effect on nursing services. The Army Nursing Service was finally organised and provided a nursing service for New Zealand soldiers. The activities of these nurses who participated in New Zealand's war effort helped to gain medical support for nurses. Their activities were also communicated throughout New Zealand by way of Kai Tiaki illuminating the expanding role of the nurse and providing evidence of appropriate patriotic zeal. The rapid escalation of medical knowledge gave new impetus to hospital services in the years following the War. Legislation redirected the pattern of health care and it was medical knowledge which influenced this. From the pre-war period when hospital administration was concentrating on the cost of charitable aid and its influence in pauperising recipients, there was a change of direction. Hospital administration became subservient to medical knowledge. New and complex techniques were introduced to hospitals for analyses, diagnoses and cure through new found treatment modalities. Supporting services arose in order to provide assistance for the new horizons of medical excellence. This upsurge of medical knowledge was translated into new skills to be learned, new tasks and new spheres of activity for nurses. The 'count' became a ritual to guard against mistakes, and new words, new terms became part of the nursing repertoire. There was, in fact, a dependency by the medical profession on the services nurses were providing. The acquisition of new nursing skills was increasing the value of

nurses' contribution to hospital services and now also in the area of public health. In recognition of this, the medical men suggested that an increase in the theoretical knowledge of nurses was required.

CHAPTER 4

NEW COMPLEXITIES : NEW PERPLEXITIES
NURSING EDUCATION IN NEW ZEALAND 1923-1930

Introduction: The years immediately following World War I strengthened the position the nursing service held within hospitals. More specifically these years had stimulated growing recognition that further nurse training could be beneficial to hospital services generally. The acquisition of new practical skills which assisted medical staff, provided nursing services with advantages over other services. A dependency on nursing services was created, particularly a dependency on the specific skills the nurses could provide for medical personnel - for example, pre-operative and post-operative observations for critical changes, attention to detail in preparing surgical instruments, and collection and transportation of laboratory specimens. Medical men proffered the concept of not only an improved training for the many by way of educated nurse instructors but also a university education for future nurse leaders. Medicine was expansive in its ideas for nursing training, but the nurse leadership was reticent - perhaps because of fear of loss of control of nursing direction. At stake was the 'apprenticeship' for nurses, with its proven ability to enforce the haunting refrain of the Nightingale ethos - obedience, forbearance and endurance. This chapter highlights a specific period in the development of nursing education when the issue of the control of nursing training was being contested. The Nightingale ethos was threatened by a vision of new horizons for the education of nurses. A new perspective for basic nurse training was tried in the 1920's. As this chapter will demonstrate it failed. Its failure can be attributed to bureaucratic wrangling as much as it can to parsimony. An alternative educational programme for trained nurses was developed which sought to find the middle ground between control over nursing education and advancing educational reform.

A False Dawn: The Rise and Fall of University Education for Nurses: On July 17, 1930, at the Dunedin Town Hall, Winifred Fraser was awarded the Diploma in Nursing from the Otago University.[1] The holder of this unique Diploma became the one and only recipient of an undergraduate nursing award which was to be subject to years of controversy. To appreciate this state of affairs, it is necessary to retrace earlier developments in nursing history. The entry of Winifred Fraser's name in the Calendar of the Otago University (1931) acknowledges a period of New Zealand nursing education history which began early this century. The Kai Tiaki of April, 1912, supplies the first evidence of thoughts on university education for New Zealand nurses. Dr Pabst, Chairman of the Auckland Medical Council is quoted as stating that the university authorities should recognise the nursing profession by granting a degree:

> Were it put on its proper plane the girl intending to embrace nursing as a profession would then enter the Auckland University College as an undergraduate, living at the hospital and receiving her practical experience from there...[2]

The editorial in the same issue of the journal was headed 'The University Degree for Nurses'. It indicated that what Dr Pabst really meant was that for a nurse practical skills were more important than theoretical training.[3] Just how this interpretation was obtained from Dr Pabst's reported speech is unclear. Twenty years later (1932) the writer of that editorial, Hester Maclean, stated that her views concerning basic preparation for nursing remained the same, apprenticeship training was necessary to gain practical nursing skills, while University education was the aspiration of postgraduate studies for positions of administration or teaching rather than clinical nursing roles.[4] By July 1912 Kai Tiaki records the recommendation of a Bachelor of

---

1. University of Otago Archives, Calendar 1931. (Hereafter University of Otago Archives will be referred to as U.O.A.).

2 K.T. (April, 1912), 20.

3 Ibid. 1.

4 Nursing in New Zealand, 106.

Science in Home Science at Otago University with the possibility of the establishment of a two year diploma in Home Science.[5] In a response to enquiries from Miss Maclean the proposed course was published in Kai Tiaki with a remark that nurses might find it of value. Two interesting papers on nursing education were presented at the Triennial Trained Nurses Conference, 1912. Miss Alice Holford, a close friend of Grace Neill, and who featured prominently in the drive towards university education for nurses during the nineteen-twenties, spoke on the advantages of nurses receiving university preparation in subjects appropriate for nursing duties.[6] [7] 'Post-graduate instruction', read by a certain Nurse Thompson, advanced the concept of lectures for trained nurses so that these nurses might remain in touch with other fields of nursing and receive advanced instruction.[8]

There is little evidence to suggest that the ideas on further nurse education were given much consideration during the next decade.[9] [10] There were some proposals for post-graduate training but they did not envisage affiliation with a university. One such proposal from the Auckland Hospital Medical Committee suggested a post-graduate scheme of training at the hospital which might be used as a means to increase retention of nursing staff.[11] Orthopaedic

---

5 K.T. (July, 1912), 70-71. The Home Science Degree at Otago University was made available in 1910 with a Diploma in Home Science commencing in 1911. No record of nurse enrolments have been identified prior to 1927.

6 Miss Holford, 'Future Training of Nurses'. K.T. (January, 1913), 12.

7 E.B. Salmon, 'Send for Alice.' Address presented at Taranaki Board School of Nursing, (4 April, 1983).

8 A.M.M. Thompson, 'Post Graduate Instruction'. K.T. (January 1913), 13.

9 K.T. (January, 1913), 12-13.

10 K.T. (April, 1913), 45.

11 K.T. (October, 1913), 147.

courses and training in massage were also identified as being required for advancement of nursing.[12] But the main emphasis was on the 'practical' nurse - the desirable one! Consequently the 'apprenticeship' training remained and was further expanded providing practical knowledge and limited theoretical information.

It was in 1922, following the expansion of nursing duties related in the last chapter, that interest in university education for nurses was rekindled. In the January 1922 issue of Kai Tiaki the institution of a Diploma of Nursing, Leeds University was reported along with a report from a New Zealand trained nurse studying at Bedford College, University of London.[13] Then Dr Falconer, in an apparent response to criticism on the illiterate, ungrammatical style and lack of knowledge of nurses, presented his paper to the Otago Hospital Board. There had been, however, previous correspondence between Dr Falconer and Miss Maclean:

> Dear Miss McLean [sic]
>
> I must thank you for sending me a copy of your memorandum of 15th December 1922 to the Deputy Director-General of Health, which I think puts the position very fairly. You have struck the right note that the immediate requirement in New Zealand is for post-graduate training for nurses already qualified...
>
> Yours faithfully,
> (Sgd) A. Falconer [14]

This six page letter whilst strongly reinforcing Miss Maclean's views on post-graduate training for nurses, went on to give an account of under-graduate nursing training within a university leading to a Diploma of Nursing. It also became obvious, as the letter progressed, that Dr Falconer and Miss Holford, a member of the Otago Trained Nurses' Association had already approached the Otago University Chancellor informally and received considerable

---

12 K.T. (July, 1914), 129.

13 K.T. (January, 1922), 36, 38.

14 U.O.A., Registry File 104, October 21, 1922. (Appendix J, 130).

information from Professor Ann Strong, a member of the Otago University Home Science School, on the planning and implementing of the Cincinnati University School of Nursing with which Professor Strong had been associated.[15]

The 1922 Trained Nurses' Conference rekindled the debate on university education for nurses by endorsing a remit presented by the Otago Branch of the New Zealand Trained Nurses Association; not surprisingly the very branch of which Miss Holford was a member. This remit asked for active steps to be taken to obtain recognition at a university level for nurses of New Zealand. 'The remit was thoroughly discussed from various viewpoints',[16] the crux of the discussion centering on the possibility that practical nursing might be jeopardised by those nurses who might give more attention to 'intellectual' considerations. A number of delegates were concerned that those who entered training with a 'vocation' for nursing would be discouraged if theoretical instruction was advanced over practical nursing. Finally a resolution was passed unanimously:

> That in view of nursing being accepted in Leeds, British Columbia and the United States of America as a university course combined with Hospital Training the N.Z.T.N.A. takes active steps to obtain some academic recognition for their profession from the New Zealand University, provided such university course is preliminary or supplementary to the three years', [sic] practical work and clinical teaching in the hospital which must not be interferred with.[17]

This strongly worded resolution presented by the Otago Branch and accepted by the Conference set in motion progress towards university nursing education in New Zealand. The assumption

---

15 U.O.A., Registry File 104. Copy of letter 21.10.22 Dr Ann Strong was associated with Miss Laura R. Logan R.N. Professor of Nursing and Health, Director of the School of Nursing and Health, University of Cincinnati. Dr Strong joined the staff of Otago University in 1922.

16 Minutes Book, Otago Branch of the New Zealand Trained Nurses' Association 1912-1928, (1 November,1922), 85. Hereafter referred to as Minutes Book.

17 Ibid. Emphasis included in resolution.

could be made that the Trained Nurses Association was the originator of the events of the next few years concerning the development and implementation of the Otago University Diploma in Nursing. However, it was Dr Falconer who claimed this honour along with Miss Holford in a report written by him for the Registrar of the Otago University 1926,[18] and this was reinforced by comments from the Director, Division of Nursing in 1928. In three journals of Kai Tiaki, 1923, no mention of the resolution was made and little reader reaction was evident at this stage. Yet the resolution did appear to be in line with Miss Maclean's view on nurse training - the hospital training would be maintained, although no format was present as to whether a university course would be for nurses in training or for those already trained.

Progress was being made, however. The astute Miss Holford was proposing that:

> Dr Falconer and Dr Marshall Macdonald should be asked if they would be members of the [Otago Trained Nurses] Council.[19]

Both doctors were members of the Otago University Council and duly accepted the position of advisors to the Trained Nurses' Council of the Otago Branch. It was Dr Falconer, in this advisory role, who asked that 'active steps' be taken by the Otago Branch of the Trained Nurses' Association 'to obtain some academic recognition for their profession from the Otago University.'[20] Communication was duly undertaken resulting in a combined meeting of University staff, Hospital Board members, medical staff and nursing association members. This meeting, held at the Dunedin Hospital

---

18 U.O.A., Registry File 104. Dr Falconer was Medical Superintendent, Otago Hospital Board for over twenty years retiring in 1927. Recognition is given to him in K.T. April 1927 for his great endeavours to obtain a university course for nurses. He was also a member of the Otago University Council representing Hospital Boards.

19 Minutes Book, (9 February, 1923), 97. Mrs Falconer, a trained nurse, was a member of the Otago T.N. Branch.

20 Ibid. (10 August, 1923), 110.

19 August 1923, was very supportive of the resolution adopted at the Conference of the Trained Nurses Association in Wellington 3 November 1922 and it resolved:

> That pending the recognition of the N.Z. University of academic status to Nursing, the Otago University be requested to institute a Diploma Course in Nursing.[21]

One day later, 20 August 1923, members of the Trained Nurses' Association met with the Otago University Council to present a case for the implementing of nursing studies at a university.[22] The Otago Daily Times recorded this event with headlines acclaiming the desire of the Nursing Profession for academic recognition and stated:

> Miss Holford, an ex-president of the association said that this resolution was the outcome of a feeling of lack of recognition of the profession, as a profession ... The University would not be called upon to provide any further teachers, except possibly a nursing teacher, and they hoped the Government would come forward and provide that [the nurse teacher]...[23]

On September 12, 1923, the Medical and Home Science Committees considered the request from the Trained Nurses Association:

> After carefully considering this request and the proposed syllabus for a [nursing] diploma it was resolved that the Committee approve generally of the principle involved but that the Home Science and Medical Facilities should be asked to report on the proposed syllabus...[24]

In October 1923 it was recorded by the secretary, Otago Branch of the T.N.A. that 'we have heard nothing further of the matter', that is, the Otago University's considerations on the Diploma in Nursing.[25] However, the Central Council of the Trained Nurses' Association

---

21 Minutes Book, (20 August, 1923), 113. The Chancellor of the University, Dr Cameron, was present, as was Miss Young, President of the N.Z. Trained Nurses' Association.

22 U.O.A., Registry File No. 67. The date of the meeting is given as August 9 in K.T. (October, 1923), 153. In later minutes of the Otago Branch it is recorded as 19 August 1923.

23 Otago Daily Times, 22 August, 1923.

24 U.O.A., Committee Reports 1919-1924. (September 12, 1923)

25 Minutes Book, 1919-1928, 131.

had prepared a remit asking for consideration, revision and approval of the Diploma Course for nurses by the University Council.[26] This remit was to be presented at the sixth Conference of the Central Council of the Trained Nurses Association 7 November 1923. At this Conference held in Dunedin:

> The President [Miss Young] in her address expressed regret that the New Matron-in-Chief also known as The Director of Nursing , Miss Bicknell, was unable to be present at our opening meeting. She [Miss Bicknell] also made reference to the forward move we have made in endeavouring to get the Otago University to grant recognition to the Nursing Profession.[27]

Miss Jessie Bicknell was welcomed to the Conference on Friday 9th having just returned from the International Conference of Nurses in time for the considerations made on the remit concerning the Diploma Course for Nurses at present under consideration by the University of Otago. (Miss Maclean retired and Miss Bicknell succeeded her, October 1923.) The conference was very lively with considerable attention given to nursing education. Both British and American university nursing programmes were considered and questions from the floor even related to the possibility of progression to a Masterate. Considerable attention was paid by conference members to the Goldmark Report (1923), a paper from America which examined the direction of nursing education for nurses of the United States. At the conclusion of the review on overseas post-graduate and university schools of nursing the meeting was in agreement that university education was appropriate for nurses. Miss Bicknell then made a statement:

> There [are] three ways the present system of training may be advanced:
>
> (1) By the establishment of preliminary training-schools for nurses;
>
> (2) By the appointment of specially-trained sister tutors;

---

26 Minutes Book, 1919-1928, 138.

27 Ibid, 141. Miss Bicknell's period as Director Division of Nursing and her involvement in Nursing is vague. Archival material was not identified. She trained at Nelson Hospital, gave service in World War I and was the first New Zealand trained nurse to become Director of Nursing. She was from 1907 to 1923 Deputy Director (Assistant Inspector).

(3) By a post-graduate course leading to a University diploma.[28]

But Miss Bicknell did not receive the unanimous support of the Conference which went on to present a resolution requesting the Registrar of Nurses (who was also the Director of Nursing, Miss Bicknell), to convey to the Director General of Health the approval of the meeting for a course for a university diploma of nursing for women who wished to become nurses, and of preliminary training schools for hospital training programmes.[29] Miss Bicknell, a member of the Health Department since 1907, appeared to have similar beliefs about nursing education as her predecessor Miss Maclean. On her ascension to power she immediately presented to the 1923 Trained Nurses' Conference her ideas for the direction of nursing education. These ideas were challenged and it might be appropriate to suggest that this unified challenge was in fact a challenge from Alice Holford. A single minded daughter of a 'doughty' harbourmaster, Holford broke down parental opposition, and, commenced her nurse training at New Plymouth Hospital at the mature age of 30 years.[30] Her name appears in the New Zealand Gazette along with her friend Mrs Grace Neill. The Gazette shows that Alice Holford was registered in 1901 and travelled to Australia to complete her maternity training in 1902. She was involved with Grace Neill in the development of the St. Helens Hospitals. In 1905 Holford was personally selected by Grace Neill to become the first matron of the Dunedin State Maternity Hospital. Seddon, the Prime Minister, fully endorsed Miss Holford's position apparently impressed by her independent attitude and her lack of connection with any member of Parliament. The minutes of the Otago Branch of the T.N.A. are perpetually punctuated with the name Holford; as president; as committee member; as proposer or seconder of numerous remits on nursing and social issues. Cast in what might be considered 'the Neill mould' - an opposer of the ideals of womanly forbearance and obedience -

---

28 K.T. (January, 1924), 6-8.

29 Otago Daily Times, 12 November, 1923.

30 'Send for Alice'.

she sought for an opportune moment to redirect nursing towards self-regulation and struck with the changing of the guard. Miss Bicknell had only just returned to New Zealand from England and was possibly out-of-touch with happenings here. Maclean was relinquishing her grip of the Directorship. The moment was appropriate.

On 10 March 1924 The Otago Daily Times advertised the Diploma in Nursing at Otago University.[31] The Central Council of the Trained Nurses Association informed members in April 1924 of the approval of the institution of the Diploma.[32] The April Editorial of Kai Tiaki commented on the university diploma stating that higher education was needed for 'those who aspire to fill positions of responsibility where more than the ability to nurse an actual patient is required'.[33] The editorial extolled those women who were essentially practical and who, without full understanding of theory, provided excellent care for their patients. Miss Maclean, the editor, although her opposition to university education for nurses was undermined, was still consistent in her views on nursing as a practical concern.

The syllabus accepted by the Otago University and the Trained Nurses Association was for students undertaking nurse training. The programme was arranged to include two years of practical work in hospitals (Year 3 and 4) with theoretical content filling much of the first two years. In the fifth year there were options for advanced studies in either teaching and administration in schools of nursing or public health nursing.[34] The syllabus probably appeared overly ambitious to the majority of nurses of New Zealand. Physics, chemistry, bacteriology and nursing administration were certainly not usual topics included in

---

31 Otago Daily Times, 10 March 1924.

32 Minutes Book, 156.

33 K.T. (April 1924), 1.

34 U.O.A., Registry File, 83. (Appendix G, 121).

hospital training programmes of the 1920's. A twenty-four hour week of formal lectures must have seemed like pure indolence to nurses working fifty-six hours each week with extra hours whenever requested. Considering the number of requests for information on the diploma from interested nurses, the syllabus was seen as 'interesting' rather than daunting.[35] It was, however, axiomatic that this course for women would fall under the auspices of the Home Science Faculty and Professor Strong became intimately involved with planning and developing the course: Strong's association with the Cincinnati University School of Nursing no doubt influenced her considerations.[36] In fact it was members of the Home Science and Medical Faculty who comprised the sub-committee set up to supply details of the Diploma in Nursing.[37] No nurse was a member although the Matron of Dunedin Hospital was co-opted for one meeting. The frame of reference for the sub-committee was to prepare a programme 'for women who aspire to administrative or other specialised positions in their profession'.[38]

The replies from the university in response to enquiries provided the first intimation that consideration was being given to a post-basic course for trained nurses. In the newspaper advertisement of March the course had been stated as a diploma for the training of nurses. By May a post-basic course, the fifth year of the diploma, was being considered. Even Dr Valintine was not sure of the proposal for the fifth year. In a letter to the Chancellor he requested clarification of the situation:

---

35 U.O.A., Registry File, 83. 19 inquiries were received.

36 H. Thomson and S. Thomson, Ann Gilchrist Strong: Scientist in the Home (Christchurch: Whitcombe & Tombs, 1951), 156,160). In Strong's biography it is stated that some of her ideas fell on 'stoney-broke' road. One such idea being the launching of a plan for training nurses jointly in the Home Science School and the Hospital. The 'fiasco' leading to its demise is one part of her life that Professor Strong refrained from commenting on.

37 U.O.A., Registry File, 83.

38 U.O.A., Registry File, 104.

> I note that in the recently instituted Diploma in Nursing the fifth year of the course is devoted to specialist nursing for which, presumably, it will be necessary to appointe a qualified nurse as lecturer.
>
> It is to be hoped that this portion of the curriculum will be thrown open to already trained and experienced nurses to fit them for administrative and teaching posts thus enabling hospitals to make the fullest use of excellent material already to their hands...[39]

Dr Valintine continued on to offer the services of a nurse who would be sent to London 'to fit her for appointment to the position of lecturer'. His offer was accepted.[40] Miss Janet Moore was sent to London to take the Course in Hospital Administration and Teaching of Nurses at Bedford College, University of London. A second nurse, Miss Mary Lambie, was assigned to Canada, Toronto University to study Public Health, in preparation for that aspect of teaching in the fifth year of the Diploma.[41] The entry of trained nurses to the fifth year, (later called the Post-Graduate Course) was clarified in an undated, unsigned paper of 1926. Miss Bicknell had, on her return from Europe in 1923, suggested a post-graduate course to prepare nurse tutors. The Committee of the university set up to prepare the nursing course considered her wishes. In addition the need for advanced training for public health nurses, of which there were a growing number, had earlier been the topic of conversation between the Director-General of Health and the Professor of Public Health of the Otago University. The University Council in an effort to reconcile the Department of Health's identified needs for nursing education developed the fifth year of the Diploma in Nursing into a post-graduate course.[42] It evidently was Dr Falconer with

---

39 U.O.A., Registry File, 83.

40 U.O.A., Committee Reports 1924-27.

41 M. Lambie, Historical Development of Nursing in New Zealand 1840-1950. (Department of Health, N.Z., 1951), 15.

42 U.O.A., Registry File 98, headed Dunedin Hospital 4 March 1926. This undated, unsigned paper was most probably written by Dr Falconer owing to his high involvement but Marshall Macdonald is a possibility as he was a member of the Hospital staff and the University Council.

much support from Miss Holford who pushed for the under-graduate training of nurses within a university. Miss Maclean and Miss Bicknell always expressed greater interest in post-basic development than undergraduate development. These nurse leaders both propounded the need for post-basic courses, neither mentioning basic training in any setting other than a hospital.

In September 1924 the development of a post-graduate course at Otago University was made public and official.[43] Now nurses could attend a university either for nurse training (The Diploma in Nursing commencing in 1925), or a Post-Graduate Course for trained nursing, (date of commencement unspecified.) When the Otago University advertised the Diploma in Nursing enquiries were quick in coming.[44] [45] On enrolment day three students commenced the Diploma leading to registration as a nurse knowing that history was being made, but unaware that hurdles other than study and examinations were soon to be faced.

Within weeks of the commencement of the Diploma in Nursing difficulties were encountered concerning financing. Up until this point the Department of Education had not visibly been involved in the development of the Diploma. On receipt of a letter from the University giving a brief outline of the Diploma and requesting consideration for bursaries similar to those received by students of the Home Science course, the Department of Education referred the matter instantly to the Department of Health with clear indication that financial assistance would not be forthcoming.[46] [47] [48] The University was also experiencing

---

43 U.O.A., Registry File, 90. Circular letter to Hospital Boards, 30 September, 1924.

44 U.O.A., Registry File, 90. Letter requesting advertising space for advertisement of Diploma in Nursing 18 February 1925.

45 U.O.A., Registry File, 90.

46 U.O.A., Registry File, 90. Registrar to Director of Education, 18 March, 1925.

47 U.O.A., Registry File, 90. 2 April, 1925.

48 U.O.A., Registry File, 91A (E22/58/1), 27 July, 1925.

concern as to who would pay the salaries of the nurse lecturers on their return to New Zealand and subsequent commencement of lectureship in the fifth year of the Diploma Course. While the University maintained that it was their expectation that the inclusion of trained nurses in the fifth year of the programme would take effect after 1927,[49] the Health Department were of the view that the fifth year would have commenced in 1926. The Registrar wrote to the Director General of Health indicating that the university would not be able to pay the salaries of the two nurses owing to lack of finance and asking the Department of Health to provide the necessary information on salaries.[50] A surprised reply came from Dr Watt, Acting Director of Health in the absence of Dr Valintine. This letter clearly stated that the assumption had been made by the Department of Health that its role was restricted to financing the two nurses receiving overseas education and that on their return to New Zealand they would become University Officers, with salaries being the responsibility of the University.[51] This would seem to have been a logical assumption as in the University Committee Report of July 23, 1924 it was recorded that:

> ... the course for post-graduate training of registered nurses commence as soon as the nurse tutors [Misses Moore and Lambie] are available.[52]

Over the next four months correspondence between the Department of Health and the Otago University failed to resolve the question of the nurse lecturers' salaries. The seriousness of the situation was presented by Dr Falconer to the Otago Hospital Board. He asked that the Board might give assistance by providing a position titled Education Director for 'Sister' Moore at a yearly salary of £150.00 with an equal amount being provided by the Department of Health.[53] This position would be structured so that sufficient

---

49 U.O.A., Registry File, 104. 1 September, 1926.

50 B. Hughes, 'Nursing Education: The Collapse of the Diploma of Nursing at the University of Otago, 1925-1926.' New Zealand Journal of History, 12 (October, 1968), 27.

51 U.O.A., Registry File, 91A. 3 September, 1925.

52 U.O.A., Committee Rerports. 23 July, 1924.

53 Otago Hospital Board Secretary's 16th Annual Report 22 July, 1926. 35.

time would be available for Miss Moore to provide lectures for the University nursing course. This generous offer failed to find favour with the Director General of Health. Miss Moore had returned to New Zealand in January 1926 having successfully completed her overseas commitment. Now she was waiting in the wings to take up an appointment for which, at this point, there was no funding. Other efforts to gain funding for the nurse lecturers were being made. The Chancellor of the University suggested splitting the salary of Miss Moore between the Department of Health and the University.[54] The reply to this offer was that the Department of Health was considering an alternative post-graduate course.[55] By this time, the new year, the second intake of students for the Diploma had commenced. Was the post-graduate course to commence? Would intending students be able to enrol? Professor Strong was prepared to organise a later commencement date arranging to have enrolments for the post-graduate course at the end of March.[56] All efforts failed - the Otago University post-graduate course was not established in 1926. The editorial of K.T. April 1926 stated:

> It is really to be regretted that owing to financial reasons the Otago University has gone back on its promise to establish a diploma course for nurses at the University.[57]

This statement was not quite accurate. The Otago University had failed to establish a post-graduate course. It had, however, established a Diploma in Nursing with two students in the second year and four in their first year.[58] [59] The Otago Branch of the Trained Nurses' Association moved into the firing line again. It now offered to raise £225 as half the salary required to appoint Miss Moore. The Chancellor approached the Minister of

---

54 U.O.A., Registry File, 98. Night letter 4 March, 1926.

55 Ibid. Night letter 16 March, 1926.

56 The Otago Hospital Board Secretary's Sixteenth Annual Report 22 July, 1926, 36.

57 K.T. (April, 1926), 1.

58 U.O.A., Otago University Calender 1926, 1927.

59 K.T. (July, 1926), 129.

Education requesting that a subsidy equal to the £225 be made available. A daunting reply was received which questioned the responsibility of the University to train nurses and stated that no subsidy would be forthcoming.[60] The Trained Nurses' Association of New Zealand did indeed make further attempts to raise money for the salaries of nurse lecturers but each attempt failed.[61] [62]

On the 27th of April 1927 the Otago University informed the Hospital Boards' Association that owing to financial difficulties the Diploma of Nursing (and therefore the Post-Graduate Course) had been deleted from its calendar.[63] This came in reply to an enquiry from the Hospital Board Conference concerning the Diploma in Nursing and a somewhat belated offer to encourage trained nurses to undertake the Post-Graduate Course.[64] The recommendation to the Otago University Council to delete the programme came from the Medical Committee whose own university department was being sorely disrupted through lack of finance.[65] Dr Valintine appealed to the University asking for reconsideration of a university programme for nurses and pointed out that Australia was looking towards establishing university programmes for nurses.[66] He received no official reply.[67] It was later to be stated that 'medical resistance' was

---

60 U.O.A., Registry File,104. 9 September, 1926. Minister of Education to T.K. Sidey, M.P. Sidey was an M.P. and Chancellor of Otago University replacing Dr Cameron.

61 Ibid. 17 September, 1926. Letter from T.N.A. Otago Branch to N.Z. Branch of Red Cross requesting consideration of a grant for salaries.

62 A.T.L., N.Z.N.A., Box 10, Item 2, 11 July, 1927. T.N.A. Central Branch to Rotary Club.

63 U.O.A., Registry File,111. 27 April, 1927.

64 Ibid. 23 April, 1927.

65 'Collapse of the Diploma of Nursing at the University of Otago', 31.

66 U.O.A., Registry File,111. 3 May, 1927.

67 Ibid. 18 June, 1927.

partially responsible for the breakdown in the development of the Diploma of Nursing,[68] but certainly Dr Valintine had been supportive and in 1927 was expressing his firm belief for University Education for Nurses.[69] Other medical men were also supportive as at a meeting of the Otago Division of the New Zealand Branch of the British Medical Association held in November 1926, a resolution was passed that:

> (They) ... desire strongly to support the Trained Nurses' Association in their efforts to obtain some University recognition of the profession of teaching and particularly for the immediate institution of post-graduate courses for training of leaders in nursing.[70]

It would appear that the 'medical resistance' came from inside the university especially from the Medical Committee of the university and that financial considerations constituted the basis for this resistance. Miss Maclean in her editorial of July 1927 was moved to comment:

> It seems as if this young country is not yet ready for a Diploma in Nursing Course to be taken by students who have not first proved their suitability for the nursing profession.[71]

Perhaps this statement suggests the most likely reason for the demise of the Diploma in Nursing, Otago University. The proving of one's 'suitability' for nursing was one of the aims of the apprenticeship training system for nurses, not only in New Zealand, but all countries which had adopted the English system of training?[72] Discipline, orderliness and the maintenance of rules were the moral responsibility of the matron of a hospital. As far as most matrons were concerned 'the work [the nurse had] to do on duty [was] the main object and interest of a nurse's day, not to be got over as quickly and easily as possible to make way for amusement'.[73]

---

68 K.T. (April,1927), 67.

69 U.O.A., Registry File 104. 3 May, 1927.

70 K.T. (January,1928), 2.

71 K.T. (July,1927), 108.

72 C.J. Maggs, The Origins of General Nursing (London: Croom Helm,1983), Chapter 2, passim.

73 K.T. (October,1926), 154.

Once again, here is clear evidence nursing was not only viewed as assisting suffering and diseased humanity; it was also regarded a spiritual force bequeathed to nurses, and epitomised in the heroic qualities of courage, self-control and obedience.[74] If any nurse was to achieve these 'holier' qualities it evidently was by way of the apprenticeship training. An alternative programme had potential for flouting compliance with the established order. Loss of control, even of small numbers, was a potential threat to the ethos of endurance, forbearance and obedience.

Notwithstanding this, by July 1927 Auckland University had been approached by the Trained Nurses' Association with a request to develop a post-graduate course. No mention was made concerning basic nurse training. The reply was positive depending adequate aid, presumably financial, was available.[75] It seemed, however, a lost cause. Finance was not available. Winifred Fraser completed her practical work on the staff of Dunedin Hospital and in 1929 completed a Diploma of Nursing at Wellington being duly awarded the Diploma in Nursing, Otago University. Mavis Hillary also went on to complete the Diploma in Nursing gaining practical training at Christchurch Hospital and completing the Diploma of Nursing, in Wellington, 1930, but does not appear in the Calendars of the Otago University. Three students of the 1926 class entered for the Home Science Degree or Diploma while the fourth entered a hospital training school.[76] [77]

Although there were moves made throughout 1927 to raise money for the Otago University Course it was principally directed at maintaining the fifth year of the course - the Post-Graduate Course. The Otago Branch of the Trained Nurses' Association was the main

---

74 K.T. (October, 1926), 154.

75 A.T.L., N.Z.N.A. Box 10, Item 2.

76 U.O.A., Calendars 1926, 1927, 1928, 1930.

77 "Nursing Education : The Collapse of the Diploma of Nursing...", 31.

contributor. Its achievements to raise money through the efforts of the amazing Miss Holford were splendid. The sum of two hundred pounds was made available from the Otago Branch for post-graduate nursing education but a motion was passed at a Branch meeting that this money was to be used only in the event that 'the Post-Graduate' Course for Nurses was at the Otago University.[78] Other Branches succeeded in raising small amounts.

An Acceptable Alternative: Post Graduate Education for Trained Nurses: The Central Councul of the Nurses' Association was working very hard to convince the Minister of Health, Mr Young, of the need for an advanced training course for nurses who were later to become nurse tutors and matrons.[79] A further appeal was made to the Otago University for reconsideration of the Post-Graduate Course.[80] But the University was adamant; there was to be no nursing course as it was a financial liability.[81] A strong endorsement for the need for a university course for post-graduate nursing education came from the first Matrons' Conference held in New Zealand June 1927. Not only was it agreed 'That in future no Ward Sister would be appointed until she has a post-graduate course...;' but a letter was written from the Conference to Otago University urging the Council to reconsider the Post-Graduate Course for Nurses.[82] The request for a Post-Graduate Course for Ward sisters was creating an amazing situation. It was not known at this Conference whether a Post-Graduate Course would be implemented and very few, if any, of the matrons would have had advanced training for their position. However, the belief was strong that further education was required for those nurses who

---

78 Minutes Book, (11 November, 1927), 326. In July 1927 there were eight branches of the N.Z.T.N. Association.

79 K.T. (April, 1927), 67.

80 U.O.A., Registry File, 117. Inglis to Registrar, 13 September, 1927.

81 U.O.A., Committee Reports 1924-1927.

82 U.O.A., Registry File, 117. President of Matrons' Conference to Chancellor, 8 July, 1927.

would be the managers of the future. The tempting vision of post-basic education stirred the masses and throughout the country, branches of the Trained Nurses' Association were discussing the chances of obtaining post-basic courses rather than undergraduate courses.[83] Refresher Courses were also now being organised by the Department of Health and implemented by Misses Moore and Lambie. School nurses, district nurses, hospital sisters and private organisations were attending study days centering on the fascinating topics of Tuberculosis, Ante-Natal instruction and Vaccine and Serum Therapy. Venereal Disease, a growing concern of the 1920's, featured as a frequent topic. The participants were assisted to make their own assessment of the 'class' of person who attend V.D. clinics, the classification most commonly being 'the unfortunate', 'the depraved' or the professional prostitutes. These sessions were regarded as especially stimulating, and enthusiastic reports were made by the attenders.[84] [85] Meanwhile Miss Bicknell and others were visiting branches of the Nurses Association throughout the country speaking with and encouraging support for the formation of a post-graduate course.[86] Miss Moore and Miss Lambie, frustrated by the slow progress of nursing interests, were taking things into their own hands:

> We decided to do this without saying anything to anybody. I [Miss Lambie] made an appointment with Professor Hunter Victoria College of the University of New Zealand and he arranged that we should have a subsequent meeting with Professor Gould, Professor of Education, Professor Murphy, Professor of Economics, and himself. We took with us syllabuses of both the Toronto and Bedford College courses and an outline of what we thought could be given in New Zealand.[87]

Professor Hunter was sympathetic to the situation and expressed his belief that the University should give assistance to a 'movement' which would benefit the community'.[88] Now Misses Moore and Lambie

---

83 K.T. (October,1926), 152.

84 K.T. (April,1927), 92. (Appendix H, 125).

85 K.T. (July,1927), 113.

86 K.T. (July,1927), 153.

87 Mary Lambie, My Story: Memoirs of a New Zealand Nurse (Christchurch: N.M. Peryer, 1956), 61.

put before Dr Valintine and Miss Bicknell their suggestions for a post-graduate course for trained nurses to be inaugurated by the Department of Health with support from Victoria University.[89]

At the 1927 annual conference held in October, a new perspective occurred in the chain of events concerning post-basic education for nurses. The Minister of Health in his address stated that it was important that something in the nature of a post-graduate course for nurses be promoted and Dr Valintine spoke briefly on the matter of higher training and arrangements that might develop, but not necessarily at Otago.[90] The Conference was informed that it was hoped to have a definite statement on post-graduate education very shortly. An undated, unsigned paper was circulated at this period giving an outline of a proposed post-graduate course indicating that forty possible participants could be considered, this number being equally divided between those wishing to study public health nursing and those who wished to study teaching and administration in schools of nursing. It was also hoped to include plunket training.[91]

In November 1927 an official circular from the Department of Health advised hospital boards, medical superintendents and lady superintendents of the introduction of a Post-Graduate Course for Nurses and the manner of application.[92] The efforts of Miss Lambie and Miss Moore together with the nurses of New Zealand were to be rewarded - not by a university diploma but rather by a specially designed course under the auspices of the Department of Health in conjunction with Wellington Hospital Board and Victoria College (Victoria University). The Royal Sanitary Institute of London was also cited for that part of the course pertinent to public health nursing. Victoria College

---

89 Ibid. 61.

90 K.T. (October,1927), 184-185.

91 A.T.L., N.Z.N.A., Box 10/2, Unsigned, Undated paper. The terms used in this paper indicate a nurse author. The handwritten corrections to the typescript appear similar to Miss Bicknell's signature. It could possibly have been written by either Miss Moore or Miss Lambie.

92 Otago Hospital Board, Secretary's Annual Reports 1928-31, 31.

had replied positively to official overtures made by the Department of Health to provide lectures for the nurse participants[93] and, as a condition of appointment the Sarah Ann Rhodes Fellow, a Miss Heine, was required to deliver lectures in social economics if requested.[94] The financial situation concerning the implementation and maintenance of this course was set out in detail. The Department of Health would pay the salaries of Miss Moore and Miss Lambie - at last these women were to be able to utilise their special knowledge for the benefit of New Zealand nurses in a formal setting - the payment for university lecturers and sundry costs to be met by the course fees.[95] There were going to be no assumptions as to who paid for what, this time round!

In a memorandum dated 5 March, 1928, the Director General of Health after informing the Minister of Health that 'the higher training of nurses is really a university matter',[96] requested approval for the setting up of a Post-Graduate Course for Nurses Committee with a view to securing the 'live' interest and co-operation of Victoria College and Wellington Hospital Board. The Department of Health was to have two members namely Dr Valintine as chairman and Miss Bicknell. The duties of the committee were to approve the syllabus, arrange for examiners, award diplomas and receive the fees. This Committee did not come into operation until 1935.[97]

In January, 1928, the Kai Tiaki editorial took great pleasure in announcing the achievement of an objective towards which the Trained Nurses Association had been directed for five years - a

---

93 Victoria University Minutes of the Professorial Board 1927-30. 6 January, 1928, 274.

94 Ibid. 21 October, 1927, 266.

95 N.A., H21/9/99. 8 November, 1927. Memorandum from the Accountant, Department of Health to Deputy Director of Health.

96 Dr Valintine to the Hon. the Minister of Health. Memorandum 5 March, 1928. Private papers, E.B. Salmon.

97 N.A., H21/9/99. 24 April, 1935. Watt to Registrar, Victoria College Council.

post-graduate course for nurses.[98] No reference was made to the Diploma in Nursing - the training of nurses to be nurses - by the Otago University. The historic opening of the Post-Graduate Course was held 2 March 1928 in the Pioneer Club, Wellington. Seventeen trained nurses commenced the six month course in rooms provided by the Wellington Hospital Board. The participants came from throughout New Zealand - eleven taking the hospital administration option and five the public health option.[99] Fourteen students received bursaries of varying amounts from their hospital boards and were committed to return to the employ of the board for a definite stated period.[100] One student was a nursing member of the Mental Hospital Department (Porirua Hospital), and her inclusion in the course was seen as a step forward for mental nursing (Psychiatric Nursing). Another student was Miss E. Bridges who later was to be principal of the Post-Graduate Course. In 1949 she became Director of Nursing.[101] The selection criteria of participants were at the discretion of hospital boards with the amount of bursary being approved by the Minister of Health.[102] At the opening on the second of March 1928 Dr Valintine gave a cordial welcome and Miss Bicknell said:

> On my return from the Old Country at the end of 1923 I found that the Otago University had, at the instance of the Dunedin Branch of the N.Z.T.N.A. agreed to establish a Diploma in Nursing which was to be a combined course of hospital training and University education extending over a period of five years. For reasons which need not now be gone into, this course was discontinued, but not before the idea was conceived of using the programme mapped out ... for any nurse already trained ... for administrative and teaching positions, or for the field of preventive medicine.[103]

---

98 K.T. (January,1928), 1.

99 N.A., SANS 12/7 Attendance Register-General 1928-29. Mary Lambie gives the date as February 26, 1928.

100 Otago Hospital Board Secretary's Annual Reports 1928-31, 31. Sister Taylor of Dunedin Hospital received a bursary of £80.

101 Evening Post, 3 November,1949.

102 N.A., H21/9/23.

103 K.T. (April, 1928), 87.

And so was launched the first formal post-graduate course for nurses which was seen as:

> ... a very forward step in the progress of nursing education in the Dominion.[104]

For the students attending the course it was awe-inspiring to see and hear Miss Bicknell who was remembered by nurses-in-training as the Chief Nurse of New Zealand who visited a hospital on occasions to assess the standard of nursing care.[105] This time the responsibility for the success or otherwise of this new venture was entrusted to the two nurse lecturers with every confidence.

The object of this Post-Graduate Course was to prepare nurses to 'fill positions as administrators, tutor-sistors, ward sisters and Public Health nurses (District nurses, school nurses, tuberculosis nurses) so that the qualified nurse undertaking it shall be carried to stage higher in the technical side of her work, as well as being taught principles of education and methods of teaching, thus giving a better service to the community as a whole.'[106] A four week probationary period was instigated and those students considered unsuitable were asked to discontinue their studies. Unsuitable in just what manner was not disclosed. The course fee was twenty guineas (£21) with cost of board and accommodation being the responsibility of the student. The syllabus for this first course of 1928 was arranged over six months. It combined practical aspects of personal and oral hygiene, methods of disinfection and school room sanitation with laws of learning, nursing administration, and vital statistics. Staff of Victoria College were to present education, principles of psychology, and economics, the students attending the

---

104 K.T. (April, 1928), 87.

105 Interview with Miss X. 18.9.84. Miss Bicknell is recalled as visiting a hospital in a flowing cape sweeping in to make a quick inspection.

106 Original Course Information 1929. Private Papers, E.B. Salmon.

University for these subjects.[107] The enthusiasm of the students for this first course was expressed through the pages of Kai Tiaki:

> It was an education and an inspiration to sit at the feet of our instructors, each one an authority on his or her subject.[108]

A report from the University Professor of Psychology on the abilities of the students expressed the keenness and intelligent interest of all, 'a better spirit among a group of students could not be desired'.[109] Absences were minimal and, although the students' abilities were not equal as far as general education was concerned, each used her talents to the best effect. At the conclusion of this first course the students, all of whom were successful, were called to the Department of Health, Old Parliament Buildings, to receive their Diplomas from the Minister of Health, Mr Young, who commented on the splendid reports he had had of their work.[110]

The selection of students by 1929 was based on theoretical ability. A Miss Henderson, staff nurse Auckland Hospital who had gained the Board's gold medal for the highest marks in a recent examination was subsequently recommended to attend the Post-Graduate Course.[111] Miss Kerr, the receiver of the Keith-Payne Memorial Medal was also a student of this course. The 1929 Course commenced with nineteen students one of whom was Winifred Fraser. Miss Fraser had just completed her general training at Dunedin Hospital at the conclusion of two years university education at Otago.[112] Now she

---

107 Course Outline 1929. Private Papers E.B. Salmon. (Appendix I, 127).

108 K.T. (October,1928), 162.

109 Private Papers, E.B. Salmon. Covering letter from Professor Hunter of Psychology Department, Victoria College, 13 August,1928.

110 K.T. (October,1928), 192.

111 K.T. (July, 1929),151.

112 K.T. (April,1929), 80.

was to complete the fifth year of her course. A student of the 1929 course remembers:

> Miss Moore, austere and gaunt who used no aids to beautify. She was the principal tutor of the Course. [It was she who kept detailed accounts of expenditure and recorded the abilities of the students]. She knew her subject and gave a good lecture. A very religious woman, and appeared stern and, at times, unapproachable, although it was known by the students attending the course that during her war experience, Miss Moore assisted the young soldiers who returned to quarters after consumption of large amounts of spirits to their beds. Now Miss Lambie, she was responsible for the public health section of the course, and was a wonderful, lucid lecturer, who required no notes.
>
> Professor Hunter and Dr Sutherland jointly presented the psychology lectures, the first knowledge of this subject received by many of the students. [Each session was held in what is now the Hunter Building, Victoria University]. Each of the students, for the sessions on teaching, were required to present a demonstration lecture which was criticised by the other students. [This particular form of teaching - the demonstration lecture - was to be a feature of the school for many years anticipated with acute anxiety by the majority of the students]. Dental lectures, a topic included in the early courses, were held in the Department of Education Building opposite Parliament Buildings, called the Tomato House as it was always so hot. It was decided to have a medal struck to be worn as declaration of the achievement of the students. Miss Moore let us decide on what we wanted. After having two medals prepared for selection dissention occurred, which medal to choose became a major topic of discussion. Having spent £5 for the demonstration medals it became a matter of some importance on which one we chose. Finally at the eleventh hour a choice was made and we each paid for the privilege of wearing the medal.[113]

The 1929 Course had the added interest of visiting high schools in the Wellington area where each student gave a practice lesson

---

113 Interview with Miss Y, recorded 18.9.84, who was a student in the 1929 Post-Graduate course. She wishes to remain anonymous. I am most appreciative of Miss Y's help as material on personal aspects of the course was difficult to find.

on 'methods of health education'. It was seen as a useful way to give health information to teachers and pupils.[114] Each graduate received a Diploma jointly signed by the Director General of Health, the Minister of Health and the Chairman (later the Chancellor) of Victoria University College Council.[115]

For 1930 encouragement to Boards to send participants to the Post-Graduate Course was maintained by virtue of Miss Bicknell. Through correspondence with the Matrons of Hospitals, Miss Bicknell less than subtly inferred that matrons should be realising their responsibilities in employing 'Sisters' with some knowledge of modern teaching methods or administrative aspects. Those Matrons whose Boards had not indicated that a prospective student was in the offing were questioned as to the reason and directed to consult with their Board concerning the granting of annual study bursaries. Miss Moore and Miss Lambie were corresponding with prospective students providing information on the Course and advice on lodgings. Owing to various circumstances prospective students withdrew or altered their plans for the year in which they took the course.[116] Mavis Hillary a student of the Otago University Diploma in nursing entered this 1930 course. The report for the year 1930 submitted to the Director, Division of Nursing by Misses Moore and Lambie read:

> We beg to submit the following report for the Post-Graduate Course of 1930. Fifteen students attended, of these six had bursaries from Hospital Boards, one a bursary from the Health Department and eight paid their own expenses, three of these taking the Hospital section and five the Public Health.

---

114 N.A., H21/9/3. Letter to Secretary Education Board from Director, Division of School Hygiene, 28 March, 1929. The Department of Education was to have more involvement in later years.

115 Original Course Information 1929. Private Papers, E.B. Salmon.

116 N.A., H21/9/23. Letters from Miss Bicknell to -
(a) Miss Watt, Matron, Ashburton Hospital 17 December, 1929.
(b) Miss McGhee, Matron, Public Hospital, Palmerston North, 17 December, 1929.
(c) Miss Macdonald, Napier Hospital, 17 December, 1929.

> A difficulty was experienced at the beginning of the year in regard to obtaining suitable board for the students at a reasonable rate. However as the time progressed, the Girls' Friendly Society made accommodation for eight at their hostel. Here we would like to mention how exceedingly kind the Matron and staff of this Hostel have been to our students.
>
> The syllabus of lectures was slightly altered this year. At the University Economics was deleted but additional time was given to Practical teaching. The subject of Preventive Medicine was rearranged. Dr Lynch, the Bacteriologist at the Hospital gave ten lectures dealing with bacteriology combined with practical demonstrations in the laboratory. Dr McKibbin included Vital Statistics with his lectures on Public Health legislation. A cyclostyled outline was given to each student for future reference and what might be assumed to be uninteresting was made a very live question. Dr Findlay extended his number of lectures to include the Preventive aspect of Communicable Diseases.
>
> Concerning our own individual subjects we have each divided our usual course into two aspects, the Hospital section into Hospital administration and Training School administration and the Public Health Section into Public Health nursing and Social Work. This we feel has been an improvement. The alterations have enabled the students to find time for more reading round the various subjects.[117]

The work of the students had been excellent and steady development of each student had occurred. Goodwill and co-operation had been a feature of the course and Miss Moore and Miss Lambie felt good academic results had been achieved. Miss Bicknell was high in her praise and presented the report to Dr Watt who had succeeded Dr Valintine as Director General of Health.[118] Another year was brought to a satisfactory conclusion.

---

117 .N.A., H21/9/23. Memorandum 3 September 1930.

118 Dr Valintine retired at the end of August 1930 after twenty-eight years in the Government Service. The report of his retirement in the New Zealand Medical Journal Vol. XXIX No. 153, October 1930, stated; 'He did not always see eye to eye with the medical profession ... but his relationship was always cordial...'

The progress of some of the students of the first three courses of the Post-Graduate Course can be traced, to some extent, through the Notes from Hospitals and Personal Items in Kai Tiaki 1928-31.

Miss Bridges (1928) became a tutor sister at Invercargill Hospital and in 1949 became Director of Nursing.
Miss Milroy (1929) was appointed nurse to the Sunshine School at Auckland.
Miss M.A. Kerr (1929) became Sister-in-Charge of the Children's Medical Ward at Wellington Hospital following completion of her Plunket Training.
Miss Marjorie Hitchman (1928) transferred to Otaki as Public Health Nurse.
Miss H. Scott (1928) was to become school-nurse at Napier.
Miss Uniack (1928) was sent to Nelson to relieve the school nurse.
Miss North (1928) who was Native Health nurse at Whakatane was transferred to Gisborne as Nurse Inspector of a new health district.
Miss Wise (1928) became Nurse Inspector for the Taranaki District.
Miss Samson (1930) returned to Wellington Plunket Nurse Services.
Miss Jorgenson (1928) became sister-in-charge of the men's medical ward, Wellington.
Miss Macdiarmid (1928) became acting tutor sister at Waikato and then completed her maternity training.
Miss Turner (1929) married a health inspector in 1931.
Miss Frazer (1929) entered St. Helens Hospital, Auckland, for her midwifery immediately following the course. She became night sister at a private hospital, Dunedin.
Miss Mavis Hillary (1930) travelled to England 1931.
Miss T. Macdonald (1930) was appointed sister-tutor, Palmerston North Hospital.
Miss F.M. Pickett (1929) School nurse Dunedin, transferred to Rawene as District Nurse.
Miss T. Henderson (1929) returned to Auckland Hospital as sister-tutor.
Miss Bates (1929) returned to Auckland as sister-tutor.
Miss Tomlinson (1929) returned to Masterton as sister-tutor.
Miss Dicky (1929) returned to Whangarei Hospital as sister-tutor.

The appointment of the Post-Graduate students as sister-tutors was progression towards a position of specialisation in nursing education. The first appointment of a sister-tutor was at Christchurch in 1923.[119] But it was the impact of a post-graduate course providing preparation for teaching, which influenced the development of the sister-tutor role. At last a course was being provided for trained nurses to gain advanced knowledge of teaching, administration and public health nursing. By 1928 Miss Bicknell was able to state in her annual report that now 'with tutor-sisters available it should be possible ere long to establish the preliminary training schools through the Dominion', her desire since 1923.[120] Sixteen years later she was to say that the arrangements made with the Otago University were 'not entirely satisfactory' and a less ambitious course was more suited to existing needs.[121]

While, for a brief period in its early history, New Zealand nurses held within their grasp a university education for both nurses in training and trained nurses, this was lost. Another programme arose which while giving practical voice to the increasing need for knowledge by nurses, deferred to the desires of those who controlled nursing. Hughes (1978) states that the 'single-minded determination' shown by the T.N.A. to see the establishment of advanced education for nurses contrasts with the hesitation shown by others'.[122] It might be said that the 'single-minded determination' of the nurse leaders, Miss Maclean and Miss Bicknell, to maintain control over nurse training was in the end the deciding factor.

---

119 K.T. (April, 1923), 84.

120 A.J.H.R. 1928, H-31.

121 Jessie Bicknell, The New Zealand Registered Nurses' Association and its Contribution to Nursing in New Zealand (Wellington: Tolan, 1940), 7-8.

122 'Nursing Education: The Collapse of the Diploma of Nursing...', 33.

Summary: In the nineteen twenties the cornerstone of nursing, its training of neophytes, was jeopardised by differences over nursing education reform. The desires of the nurse leaders, Miss Maclean and Miss Bicknell, came into conflict with the desires of the medical profession. Potential for distancing the probationer from the testing of hospital training without first proving one's suitability, became a reality. A programme at the Otago University was introduced for nurses in training at the behest of one branch of the Trained Nurses Association. Members of the medical profession gave strong direction to the orchestration and implementation of the course, and nursing conferences, in defiance of the views of the nurse leaders, supported the changes even though it was unclear in the early stages as to who would be the recipients of such a course. The influence of a university programme on the direction of nursing education was never really tested as financial problems and bureaucratic wrangling over the timing for the introduction of a post-graduate course arose alienating the medical profession from one another and from nursing. This finally resulted in the deletion of the course from the university calendar. The demise of a university course for nurses starkly highlighted the brittle medical support, and the non-existent links with mainstream education institutions. The Department of Education certainly undertook no responsibility towards nurse training. Clearly any further progress for nursing education would require development within a setting which would minimise opposition.

Another and perhaps more positive result was the centralising of nursing efforts towards developing their own post-basic course within the safe environment of their alma mater - the Department of Health. This course straddled the difficulties of the contrary views held by the nurse leaders, unyielding educational institutions and the now identified desire by trained nurses for increased knowledge. Thus, essentially positioned to defuse conflict, it ultimately preserved the Nightingale ethos by leaving intact basic nurse training within the hospital setting so perpetuating the unwritten, unformulated training that nursing was women's work to be carried out with endurance, forbearance and obedience.

CONCLUSION

The position of nurses in nineteenth century New Zealand was shaped by the orthodox Victorian belief concerning the female role. Women were believed to have a distinct nature which gave them a special ability to nurture. Along with this distinct nature they were also regarded as the guardians of the morals of society. Diamond (1980) uses Chisholm's term, 'God's police'.[1] This Victorian attitude travelled with the immigrants and was firmly planted on New Zealand soil to grow and intertwine along with European expansion and development. Elphick (1979) states that marriage and frequent child-bearing were the expectations of the majority of women, and any opportunity for employment was mainly in the realm of domestic service. Certainly women in New Zealand nurtured. Hospitals of early times were not attractive institutions, and women were thrown on their own resources to attend to the sick of the community. The adaptability of men in this developing colonial society has been documented.[2] The adaptability of the women has not been described so fully. One of women's particular areas of adaptability was in providing 'midwife' services along with attending to accidents, ailments and illness. Nursing and medical services were provided in the home based on knowledge brought from the homelands and adapted by the situation of isolation and immigration. The upheaval of the social structure in the United Kingdom which occurred during the 1870's increased European numbers from a mere 2000 to 1840 to 480,000 in 1880.[3] The society became more mobile and this, with a poverty produced by depression, resulted in an identified need for 'poor relief' and, increasingly, the provision of hospital services. The efforts of Provincial councils on behalf of hospitals were less than adequate. The hospitals themselves were primitive, repugnant institutions.

---

1 M. Diamond, 'The Nightingale Nurse: A Case Study in Victorian Values'. (Preconference paper presented at Massey University, 1980), 4.

2 Miles Fairburn, "Social Mobility and Opportunity in Nineteenth Century New Zealand" 13 New Zealand Journal of History, (April, 1979).

3 Pleasures of the Flesh, Sex and Drugs in Colonial New Zealand, 10-11.

Men and women attenders were not fluently versed in the concepts of hospital services and the patient consequently suffered.

While New Zealand was developing a hospital service on lines similar to those of the pre-Nightingale period, Nightingale herself was developing the nursing services of England. Her ability to achieve a focus on nursing, resulted in a revolutionary change within British hospitals.[4] Nightingale's revolution was achieved through the introduction of a training for nurses. She aligned her direction for nurse training with that of the traditional belief in women's responsibilities for nurturance, cleanliness and order, along with the truly 'feminine' traits of forbearance, endurance and obedience. Nightingale saw nursing as a natural extension of the role of female, the nurse having not only the special ability to nuture, but also a special ethos of a 'higher or holier nature', with its attributes of quietness, gentleness, patience, endurance, forbearance, and above all obedience - the Nightingale ethos. This Nightingale ethos was integrated into the Nightingale training scheme as moral training, and this spread with her nurses throughout the world. Those Nightingale nurses who came to New Zealand were decidedly successful. By 1895 the trained nurse was distinguishable from the untrained caretaker of former times. The distinguishing characteristics, along with skills in wound dressing, managing helpless patients and attending to other personal needs of patients, were cleanliness, order, punctuality, trustworthiness and certainly endurance to perform 'degrading' duties, often for long hours, with little pay, and limited time for leisure. The extension of these duties to encompass male patients suggests that the alignment of nursing with that of the female role extended further to include that of a mothering role.[5] Certainly the matron's role was an extension of the mother figure. Her duties, circumscribed by male administrators, were domestic. She was the organiser of an extended household, controller of household equipment and supervisor of the nurses' professional and moral conduct.

---

4 M. Louise Fitzpatrick, "Nursing" Signs 2 (April, 1977): 820.

5 Frances T. Smith, "Florence Nightingale: Early Feminist" American Journal of Nursing 81 (May, 1981): 1022.

From the moment of its inception in New Zealand, training for nurses was situated in hospitals under the aegis of local councils. The situating of nurse training within the hospital structure was a pragmatic decision. Unlike Britain, an endowment scheme for nurse training never seemed a reality. New Zealand's endeavours during the eighteen eighties were directed towards maintaining a balanced economy. The introduction of the Nightingale nurses occurred at the time of the 'Long Depression'. Low wages and unemployment were not likely to yield an endowment for training nurses when this could be adequately pursued within the hospital as part of the matron's duties.

Once situated in hospitals nurse training remained within hospitals. Economy was seen as more important than nurse training and this ultimately created a dependency. Hospital administrators took advantage of the situation. The apprenticeship scheme for nurse training was seen as wise business practice creating an economic service with little expenditure. Another and more subtle influence, however, was also affecting the situation. Nurse training, with its emphasis on endurance, forbearance and obedience, worked to the advantage of hospital administrators. Long hours, low pay, extension of duties and skills to include cooking, cleaning, household duties or any other work unable to be provided by others such as dispensing drugs, were accepted by nurses, encouraged by the belief that obedience was their duty in order to serve the patient. Not that this was always passively accepted, as 'Humanitarian Champions' were a force to be considered, as MacGregor so forcefully pointed out. But through the 1890's hospital administrators were biased and manipulative not only of finances but also of the nursing services. Eligibility to hold office for positions of responsibility in the late nineteenth century and early twentieth century in this counrty was based on residency and land holding.[6] Land holding equated with the attributes of industry, thrift, sobriety and practicality.[7] There is evidence that local board

---

6 Miles Fairburn, "Social Mobility and Opportunity in Nineteenth-Century New Zealand", New Zealand Journal of History, 13 (April, 1979), 55.

7 Ibid. 55.

members who administered hospital services were landowners. Farmers and well known men of the district, 'the landed gentry', held membership of local boards. Their expertise was certainly not nursing services or nurse training. Rather it would appear that their interest in nursing was based on 'patronage',[8] selection and promotion of nurses being based on family friendships. It would seem that they held the traditional view that nurses were women, as regardless of the manipulation and the bias, the role of female as nurse was expanding within the evolving bureaucratic hospital organisation. From a time when amateur nursing skills were performed within the home, nursing skills were now developing from a training which was seen to have advantages for the patient as well as hospital administrators.

The proliferation of nursing services and the extension of training schemes were sufficient incentive for Grace Neill to seize the opportunity to implement legislation for the nursing services of New Zealand. State registration was a source of power. It could be said that whoever controlled nurse training controlled the nursing services; that by control of nurse training the direction of nursing knowledge would be controlled. Neill achieved legislation for nurses in New Zealand in advance of the rest of the world. This very act of registration highlights the contrary views of Nightingale and Neill. Nightingale was not in favour of registration. Neill's views were that registration protected the patient from the incompetent nurse. By setting a standard for nurses through a training scheme, a level of competency could be achieved. With the new Seddon government, 1895 was a time for the commencement of social policy in New Zealand and by 1900 Neill was poised to swing into action with a policy which would enhance the young and developing nursing service. It might be said that her action was too much, too soon. Law and medicine were the only occupations which had achieved autonomy and prestige through legislation to this point and both were male-dominated areas of concern.[9] However, Neill moved into action on a wave

---

8 Miles Fairburn, "Local Community or Atomised Society?" New Zealand Journal of History 16 (October, 1982), 151.

9 Nancy Tomes, "The Silent Battle: Nurse Registration in New York State, 1903-1920", in Nursing History New Perspectives New Possibilities, ed. Ellen Langeman (New York: Teachers College, Columbia University, 1983), 108.

of approbation. The growing appreciation for the nursing services as a complementary role to that of the proliferating medical service was sufficient to bring about legislation for setting standards for nurse training and nursing services. Legislation had also the power to provide autonomy - a move that could disengage nursing services from the direct influence of hospital administrators and bring it under control of the nurse leader. Neill would then have been positioned to regulate and direct its training and its practice. It can only be presumed that if Neill had not retired her influence on the direction of nursing would have been away from dependency and obedience; that liberation from the Nightingale ethos, with all its inherent potency for manipulation by administrators, might have occurred. On the other hand Neill's successor, Maclean, showed concern for the direction of nursing, but her direction was distinctly different from that of her predecessor. Whereas Neill used the force of legislation as a means to enhance the credibility of nurses and provided a basis for self-regulation and autonomy, Maclean redirected nursing towards increasing dependency on authority. Neill saw the teaching of nurse training as the role of nurses. Maclean saw doctors as both teachers and examiners. This move to have doctors as portrayers of knowledge to nurses established a relationship which encouraged nurse dependency on medical knowledge.[10] It also sustained male dominance as, at this time, only male doctors dispensed this knowledge. If anything was to augment the structure of male-female relationships it was this most effective device. There were other more subtle influences which acted to preserve the idealised vision of women as nurses and nurses as women. The economy-minded priorities of hospital boards persisted, with nurses seen as a cheap work force, covert servants of a benevolent paternalism. Women's 'nature' was being manipulated to the advantage of hospital boards. It is possible that Maclean knowingly used this dependency as a means to strengthen the position of nurses within the workforce. If so it was latent rather than overt. It was Maclean, however, who saw clearly the power of wider communications with the rank and file

---

10 Judith Perry, "Curriculum Development in Nursing Education", (Paper prepared for Master Study, August, 1983).

nursing sorority. The development of a nursing organisation and a journal which could effectively champion the cause of nursing was a strategy which through the future years was influential on behalf of nurses, helping to overcome the impediments of a wide-spread nursing organisation. It was also the journal which acted as a vehicle to distribute the prevailing ideas and beliefs held by society and by the leader of nursing. It is possible that the journal was used as a political strategy to prove to the Nation that nurses were equal in their patriotic fervour to the rest of society during World War I, and as committed to 'deserving' issues as any other organisation.

This centrality of communication substantially provided Maclean with a primacy over other nurses. This along with her official position, Assistant Inspector of Hospitals and later Director, Division of Nursing, gave her the superiority of leader and her beliefs on nurse training and nursing services were pervasive. It was her persistent belief that nurse training was only to be achieved through an apprenticeship that reinforced the direction of nurse training. It is Neill's less than subtle statement that Maclean had 'too lofty an opinion of the male' that provides an impression of dependency by Maclean to male authority. This together with her belief that probationers had everything to gain and nothing to lose by way of the apprenticeship training supports the impression that the Nightingale ethos was fundamental to Maclean's philosophy of nursing. The influence of the Nightingale ethos, carried through into every aspect of the training of the probationer, was still present by 1920. While the training programme gave a list of duties in which the probationer was to become skilled, it was the moral training with its preservation of womanly virtues tacitly melded into the training scheme of efficiency, that reminded the nurse of her distinctly feminine responsibility for nurturance, cleanliness and order with the ever present respect for obedience. Practices and routines enforced this moral training. The uniform worn by nurses reinforced domesticity, while the duties of the matron gave voice to the implicit belief that her role was guardian of the nurses' morals. For nurses these practices and routines were deeply entrenched into the very

structure of its service. This argument is supported by recent investigation in social sciences. Jacoby uses the term 'second nature' to describe an ideology that has hardened and surfaces as nature.[11] The 'second nature' for nurses was a complex integration of cultural and social values and belief. Women's work was seen as nurturance; nursing was nurturance; women became nurses; nurses were women; and nurses adhered to an ethos which reinforced the nurturing role of women. Endurance, forbearance and obedience were the attributes of a 'higher and holier' nature of women, and therefore of the nature of nurses. From this complex relationship came the knowledge base which structured and directed nurse training. Neill attempted to disentangle nurses from this relationship while Maclean reinforced its persistence.

Maclean's efforts to have New Zealand nurses involved in war successfully strengthened nurses' place within the structure of medical services. It also reinforced nurses' dependency on medical knowledge. This, along with the dramatic expansion of medical technology immediately following the war and pandemic, reinforced the content of nursing practice. It also expanded nursing services. Medical knowledge directed hospital services. While the pre-war period of hospital administration was controlled by financial stringencies, the post-war period was an expansive preoccupation with the introduction of new technology. Nurses developed an adaptability to integrate new skills, new tasks into their every day nursing practice. New roles were developing for the trained nurse also. Outside the domain of hospitals nurses were attending to community needs with public health, district and school nursing becoming a recognised work alternative for the hospital trained nurse. This together with the recognition of the apparent low standard of general education of nurses focused attention on the benefits which could accrue if greater attention was given to nurse training.

The statement which provided vision for a possible new direction for nurse training came, interestingly, from a member of the medical

---

11 Henry Giroux, "Beyond the Correspondence Theory: Notes on the Dynamics of Educational Reproduction and Transformation", Curriculum Inquiry 10 (1980), 242.

profession. Medicine was expansive in its ideas for nurse training but the nurse leader was reticent. Although there had been limited consideration for advancing nurse training as early as 1912 the matter was not taken further. It was in 1922 that Dr Falconer reopened the topic in apparent response to critical comments made of the standard of general education of nurses. It also became obvious that Miss Holford, a friend of Grace Neill, was investigating, along with Falconer, the possibilities of an alternative training scheme for nurses at Otago University. Although it would appear that Dr Falconer was the instigator of discussions, he cited Holford as an associate. Holford's role in the events leading to the rise of university education for nurses was that of a strong leader who lacked the backing of office to implement alternative ideas. Obviously a close associate of Neill and cast in a mould which was similar, she identified a fault within the system of nurse training and reacted. That she did not seek the assistance of Maclean, but rather sought backing from a doctor, possibly indicates that she had familiarised herself with Maclean's appreciation of the present apprenticeship training. Being a foundation member of the Trained Nurses' Association, having held office at both National and local level throughout the association's thirteen years, she was well positioned to tap the attitude of the rank and file. In 1912 she presented her views on the advantages a university eduation could have for nurses and then in the early 1920's she advocated more active steps for the achievement of this goal. She saw the expanding nature of the nurse's role and, like her friend Neill, identified the importance of training. While Neill was in a position to give direction through legislation, Holford was required to use more indirect means. She possibly identified the strengthening of the nurse's position and saw the support nurses were now receiving from doctors. These two features along with the contemporary advocacy of the contribution education could make to vocational training, set the scene for the events leading to the rise and fall of university education for nurses. A challenge was issued to the contemporary nursing leadership, Maclean and Bicknell, at a time when their leadership was susceptible to attack. The challenge resulted in the establishment of the Otago University Diploma in Nursing (1925).

The Otago University Diploma course for the training of nurses developed a set of circumstances which provided opportunity for weakening the controls set in place by the hospital training scheme. Even though the numbers of students entering the Diploma in Nursing was small initially, the potential for flouting compliance to the established order was profound. The desire of Holford, the Trained Nurses' Association, and those members of the medical profession who were supportive, to advance the education of nurses, came into conflict with protagonists whose interest it was to maintain the status quo. The possibility of an alternative training scheme for nurses meant nurses with advanced knowledge, and a competitive rather than complementary role between medicine and nursing was likely to occur. Advanced knowledge for nurses was most suitable while the training was situated in hospitals. Advanced knowledge for nurses gained in a university threatened to relax the control which could be exerted over nurse training and nursing services. For hospital administrators a work-force of dependent women had always been an economically desirable proposition. University education for nurses to leadership positions threatened the equilibrium of the hospital structure. It also threatened the structure of nursing itself. The evolution of nurse leaders through a university system which was an unknown quantity made those leaders already in leadership positions feel vulnerable. In Maclean's words 'students who had not first proved their suitability for the nursing profession' were seen as unworthy aspirants to leadership positions. Worthy aspirants to leadership positions in nursing came by way of the apprenticeship training, and any desire for higher education was by way of post-basic education for those tried and tested members of nursing.

Nursing, however, could not remain totally isolated from the expansion of knowledge occurring in society and in health and hospital services in particular. A compromise was that of a post-graduate course which would meet the demands for increasing knowledge on one hand and limit the disruptive influences which might have resulted from a training scheme within a university. The development of the Wellington based post-graduate course for trained nurses, which commenced in 1928, was a viable alternative. The Trained Nurses' Association saw their desire for further education realised, and the

competing factions were appeased by a course which preserved the training of nurses within hospitals. The fundamental structure of women's role within society which shaped the achievement of nurses was, for one brief exhilarating moment challenged by the desire for higher nursing education. But this moment was short-lived. The strongly entrenched pattern of the role of women, reflected in the Nightingale ethos, was too strong to allow for university based education for nurses in training; it could more easily accommodate the less ambitious post-graduate course which was under the patronage of the Department of Health.

In the years to come nurse training continued to be situated in hospitals receiving various extensions to the curriculum. The three years of apprenticeship remained static with increasing numbers of theoretical hours being provided. It was not until 1973 that two pilot programmes for nurse training were introduced at Wellington and Christchurch Technical Institutions under the auspices of the Education Department. The post-graduate course at Wellington remained the one source of higher education especially designed for trained nurses until 1973 when Massey University and Victoria University incorporated nursing studies into their curricula.

APPENDIX A

REGULATIONS
AS TO THE
TRAINING OF PROBATIONERS
IN THE
PRACTICE OF HOSPITAL NURSING
WELLINGTON HOSPITAL 1883

1. The term of the Probationers' training is a complete year (if after the first month found suitable); and they will be received on the distinct understanding that they are willing to remain for that length of time. They will be subject to be suspended at any time by the Lady Superintendent in case of misconduct or negligence of their duties.

2. The Probationers will be under the control of the Lady Superintendent, and will be subject to the rules of the Hospital.

3. Every Probationer will be required, at the end of one month from the date of entry into the Hospital, to sign a written engagement, agreeing to abide by the regulations.

TIME-TABLE FOR THE PROBATIONERS

Rise	Wards	Break fast	Wards	Dinner	Wards	Tea	Wards	Off Duty	Bed
6.30 am	7 am	9 am	9.30 am	1.30 pm	2 pm	5.30 pm	6 pm	8 pm	9.30 pm

---

An hour and a half allowed each day for open-air exercise: extra leave by permission.

Lectures suitable for nurses will be given, from time to time, at the convenience of the Resident Medical Officer.

DUTIES OF THE PROBATIONER

You are required to be sober, honest, truthful, trustworthy, punctual, quiet and orderly, cleanly and neat, patient, cheerful, and kindly.

You are expected to become skilful -

1. In the dressing of blisters, burns, sores, wounds; in applying fomentations, poultices, and dressings.

2. In the administration of enemas and the use of the catheter for women.

3. In the management of helpless patients, i.e. moving, changing, personal cleanliness of, feeding, keeping warm (or cool), preventing and dressing bed-sores.

4. In bandaging, making bandages and rollers, lining splints.

. To be competent to cook gruel, arrowroot, puddings, drinks for the sick.

. To understand ventilation, or keeping the ward fresh by night as well as by day. You are to be careful that great cleanliness is observed in all the utensils, those used for the secretions as well as those required for cooking.

. To make strict observations of the sick in the following particulars:-

The state of excretions, expectoration, pulse, skin, appetite; intelligence, as delirium or stupor; breathing, sleep, state of wounds, eruptions; effect of diet or of stimulants, and of medicines.

To "take" the temperature and respiration.

. And to learn the management of convalescents.

APPENDIX B

NURSES' REGISTRATION EXAMINATION

FINAL PAPER - NURSING - DECEMBER 2, 1903

TIME: 3 Hours

1. Describe in detail how you would give -
   (a) A hot-air bath.
   (b) An intra-uterine douche.
   (c) A saline hypodermic injection.
   (d) A cold bath in a case of typhoid fever.

2. What are the symptoms of scarlet fever?
   What complications are apt to occur?
   Describe fully the points to be attended to in nursing a case.

3. The uterus is to be curetted:
   (a) Describe fully the preparation of the patient.
   (b) What instruments, lotions and dressings will be required.

4. What is the dose of -
   (a) Tincture of Digitalis.
   (b) Laudanum.
   (c) Strychnine (hypodermically).
   (d) Calomel.
   (e) Phenacetin.

5. Describe carefully the nursing of a severe case of gastric ulcer.

6. What are the symptoms of a compound fracture of the tibia?
   What splints are required, and how are they to be prepared for use.

7. What is meant by -
   (a) Hyperpyrexia.
   (b) Renal colic.
   (c) Coma.
   (d) A fracture bed.
   (e) Ascites.
   (f) Leiter's Coil.

8. How would you disinfect -
   (a) A typhoid stool.
   (b) A rubber catheter.
   (c) A Clover's inhaler.

APPENDIX C

NURSING REGISTRATION EXAMINATION

SURGICAL NURSING

APRIL 1913

Questions

1. What signs and sypmtoms would lead you to diagnose a ruptured ectopic gestation? How would you treat such a case in the absence of surgical aid?

2. Describe fully how you would treat a case of haemorrhage from a ruptured varicose vein in the leg.

3. How would you prepare a bed for a patient who has undergone an operation for an appendix abscess with free pus in the pelvis? State briefly what complication may immediately follow the operation.

4. Describe how you would apply a splint for a simple direct fracture of both bones of the forearm in its middle third.

5. A patient is suffering from a deep scalp-wound as the result of an accident about which he remembers nothing; what are the immediate and remote dangers, and how would you treat the case in the absence of the surgeon?

6. What is gangrene?
   What are the signs of gangrene?
   By what means would you attempt to prevent a threatened gangrene from occurring in the feet?

APPENDIX D

STATE EXAMINATION FOR NURSES

DECEMBER 1922

Medical Nursing

1. Mention the complications of typhoid fever and give the appropriate treatment in each case.

2. How would you estimate the total quantity of urine passed by a patient? In what diseases is there a departure from the normal?

3. Describe in detail the artificial feeding of a healthy infant three months old admitted to your ward for a trivial operation.

4. What are the danger signs in a case of diphtheria?

5. Give the chief points in the nursing of a case of inbercular [sic] meningitis.

6. Mention some of the indications for the introduction of fluids, etc., into the lower bowel.

Surgical Nursing

1. Describe -
   (a) The Symptoms,
   (b) the nursing management,
   of a case of concussion.

2. Describe the after-treatment of an operation for the removal of the tongue, the jaw having been divided.

3. Give an account of -
   (a) The complications,
   (b) the nursing,
   of a case of tuberculosis of the spine.

4. Describe -
   (a) The possible cause of
   (b) the nursing management of,
   a case of cellulitisof the hand.

5. What are the common after effects of the administration of an anaesthetic; and how would you deal with them?

6. Give details of -
   (a) The complete preparation for,
   (b) the after treatment of,
   a minor vaginal operation.

APPENDIX E

THE 1908 SYLLABUS OF SUBJECTS FOR EXAMINATION
Under
"THE NURSES' REGISTRATION ACT, 1901"

Elements of Anatomy

1. General structure of human body: Systems of body.
2. Osseous system: Number of bones; names; structure; classification.
3. Articulatory system: Joints, definition of; classification; structure; movements; levers of body.
4. Muscular system: Voluntary muscles - structure; uses; names and position of chief muscles of body; involuntary muscles - structure; uses; where found.
5. Circulatory system: Uses and composition of the blood; general sketch of systemic, pulmonary, and portal circulation; organs of circulation; names and position of chief arteries and veins; thoracic duct and lymphatic circulation.
6. Respiratory system: Anatomy of various parts; anatomy of various organs in chest cavity, and position.
7. Digestive system: Mouth, tongue, teeth, pharynx, oesophagus, stomach; small and large intestine; liver; pancreas; salivary glands; peritoneum; position of various abdominal and pelvic organs; processes of digestion.
8. Secretory system: Names of glands; position.
9. Excretory system; Structure and functions of the skin, kidneys, ureters, bladder, and urethra.
10. Nervous system: Brain, its main divisions and coverings; spinal cord and its coverings; nerves, their structure; reflex action.
11. Organs of special sense: Eye, ear, nose.

Elements of Physiology

1. Structure and uses of epithelium, connective tissue, adipose tissue, cartilage: Bone; tooth; tendon; ligament.
2. Muscle: Varieties; muscular movement; relation of muscles to nerves.
3. Circular system: Blood, its colour, composition, temperature, and uses; coagulation; heart, its structure and mode of action; heart sounds; cardiac impulse; frequency of heart's action; influence of age, posture, etc. on heart's action; arteries, veins, and capillaries, uses and structure of; pulse, sketch of course of circulation.

4. Respiratory system: Respiration, definition; respiratory apparatus with structure of each part; mechanism of respiration, respiratory [sic] rythm; respiratory sounds; quantity of air respired types of respiration; changes in air by respiration; changes in blood during respiration; condition of gases in blood; regulation of respiration; apnoea; dyspnoea; asphyxia.

5. Digestive system: Classification of foods; object of digestion, mastication, and swallowing; secretory glands, with uses of their secretions; structure and position of various digestive organs; sketch of digestive process; absorption.

6. Secretion and excretion: Definition; differences between secreting organs; excretory organs - structure of kidney; urine; structure and uses of skin.

7. Animal heat: Temperature of body; loss and gain of heat in body; regulation of body temperature.

8. Nervous system: Functions of cerebrum, cerebellum, pons, and medulla; afferent and efferent nerves; functions of spinal cord; reflex action.

General Nursing

1. Qualifications of a nurse, and her limitations.

2. Ethics of nursing - i.e., nurse's duty to the patients, doctor, matron, patients' relatives, other nurses, and herself.

3. Bedmaking; washing and care of patients; sponging fever patients; moving to second bed.

4. How to take temperature, pulse, and respiration.

5. Administration of food, medicines, powders, and nauseous draughts.

6. Administration of enemata.

7. Baths - hot-air, steam, medicated.

8. How to report cases.

9. External applications; Poultices, fomentations, packs, blisters, leeches, strapping, etc.

10. Hypodermic medication.

11. Bed-sores, prevention and cure; handling and moving of helpless patients, uses of hot bottles, sand-bags, bed-cradles.

12. Consideration of personality of patient.

13. Invalid cookery; household hygiene.

Medical Nursing

1. General description of duties.

2. Observation of sick, and inferences to be drawn from various symptoms.

3. Circulatory system: General symptoms and nursing management of cardiac cases.

4. Respiratory system: Symptoms and nursing-management of bronchitis, asthma, pneumonia, phthisis-pulmonalis, pleurisy, broncho-pneumonia, pulmonary embolism; sputa.

5. Digestive system: Symptoms and nursing-management of dyspepsia, gastritis, gastric ulcer, colic, peritonitis, ascites, malignant growths, characteristics of vomit; abnormal faeces.

6. Urinary system: Symptoms and nursing-management of renal cases, anasarca, oedema; urine-testing.

7. Nervous system: Symptoms and nursing-management of cerebal meningitis, apoplexy, epilepsy, hemiplegia, paraplegia; general management of cerebral cases, hysteria, neuralgia, neuritis, massage, electricity, treatment for functional cases; Weir-Mitchell treatment.

8. Fevers: Symptoms and nursing-management of cases of enteric fever, measles, whooping-cough, scarlet fever, diphtheria, croup, rheumatic fever.

9. General diseases: Tuberculosis, syphilis, scurvy; skin-diseases - scabies, ringworm, erythema, eczema, acne, herpes, lupus.

10. Nursing of children: Common ailments of - gastro-intestinal catarrh, worms, convulsions, croup, chorea, rickets, etc. Idiosyncrasies of children with regard to drugs - morphia, mercury, etc.

11. Drugs: Classification; terms used to distinguish their action - aperients, diaphoretics, hypnotics, etc., doses of those more commonly used; dosage according to age. Idiosyncrasies of certain patients, etc.

12. Poisons: Symptoms of most common - carbolic, opium, strychnine, mercury, phosphorus, arsenic, atropine, hydrocyanic acid, digitalis.

Surgical Nursing

1. Bandages and bandaging; padding of splints; application of strapping, plaster; massage; surgical application of electricity.

2. Instruments, names, uses and care of; instruments required for various operations.

3. Inflammation: Definition, description, and termination; causes; treatment.

4. Germ theory: Sepsis and asepsis; personal asepsis, toxins, antitoxins, immunity; phagocytosis; suppuration; abscess; sinus and fistula; gangrene; toxaemia; septicaemia, pyaemia; erysipelas; tetanus.

5. Ulceration; ulcers, varieties and treatment; skin-grafting.

6. Wounds: Definition, process of repair and treatment; burns, scalds - description and treatment.

7. Haemorrhage: Definition; internal and external, capillary, venous, arterial; haemophilia and scurvy; constitutional effects of haemorrhage, and treatment; arterial haemorrhage - primary, reactionary, secondary; temporary arrest of same; points of compression of the main arteries of the body; venous and capillary haemorrhage, treatment.

8. Operations: Antiseptics, description; preparation of hands, preparation of patient for operation; preparation of instruments, solutions, swabs, sponges, dressings, ligatures, etc.: preparation of theatre and room which patient is to occupy; duties of nurse during operation.

9. After-treatment of various operations; nurse's duties and responsibilities.

10. Fractures: Definition, classification, management; splints, plaster-of-paris, extension apparatus; rupture of muscles and tendons.

11. Injuries to joints; sprains; dislocations; wounds.

12. Surgical emergencies: Pulse; collapse; shock, symptoms and treatment; retention of urine; acute peritonitis; strangulated hernia; head-injuries; insensibility; delirium; acute obstruction to respiration by foreign body or disease.

Hygiene

1. Air: Composition; impurities; ventilation, amount required, natural and artificial ventilation of sick-room and hospital-ward.

2. Food: Classification of foods; dietaries; preparation and serving of food.

3. Traps on drains; ventilation of drains; flushing; sanitary fittings.

4. Dampness of dwellings.

5. Infectious diseases: Incubation period; quarantine.

6. Disinfection: Deodorants, antiseptics, disinfectants; disinfection of person, clothes, rooms and contents; treatment of discharges.

7. Personal hygiene: Clothing, exercise, bathing.

Books Recommended

Reference only: Clark's Anatomy.

Bandaging and Splints, etc.: Caird and Cathcard's Surgical Handbook.

Anatomy and Physiology: Furneaux; Murche; Angell; Shore and Foster.

Nursing: Watson; Humphrey; Lewis; Luckes; "Practical Nursing" by Isla Stewart.

Bell's Surgery for Nurses.

Materia Medica for Nurses: Dock.

APPENDIX F

SYLLABUS OF INSTRUCTION
TO
PUPIL NURSES

AUCKLAND DISTRICT HOSPITAL
1914

The Course of Lectures in the Autumn Session are to be commenced in the first week of February and be ended during the first week in May.

The Lectures in the Spring Session are to be commenced in the first week in August and be ended during the first week in November.

A Pupil Nurse shall attend the following lectures during her four years' course of training:-

First Year
(a) Elementary Anatomy and Physiology. A Course of 16 Lectures.

Second Year
(a) Surgical Nursing. A Course of 12 Lectures in Autumn Session.
(b) Junior Medical Nursing. A Course of 8 Lectures in Spring Seccion.
(c) Practical Nursing. A Course of 12 Lectures.

Third Year
(a) Senior Medical Nursing. A Course of 12 Lectures in Autumn Session.
(b) Ophthalmic Nursing. A Course of 4 Lectures in Autumn Session.
(c) Nursing in Ear and Throat Cases. A Course of 6 Lectures in Spring Session.

Fourth Year
(a) Massage
(b) Practical Dispensing.

Tutorial instruction should be given weekly in the Wards by each member of the Residential Staff.

During the three years, Pupil Nurses will attend a Course of Lectures and Demonstrations on Instruction on Invalid Cooking.

The half-yearly examinations shall consist of a written paper, and a viva voce in each subject.

The examinations to take place during the second week of May, and second week of November.

Subjects of each half-yearly examination:

First Year — Anatomy and Physiology.

Second Year — Surgical Nursing (without instruments)
Junior Medical Nursing

Third Year — Surgical Nursing (including instruments)
Senior Medical Nursing.

1. TO FIRST YEAR PUPIL NURSES

A. ELEMENTS OF ANATOMY AND PHYSIOLOGY
(A Course of about 16 Lectures, including two demonstrations on models.)

General Structure of the Human Body - The system of the body.

Osseous System - Skeleton; number of bones; classification; names of various bones; structure of bones; periosteum.

Articulatory System - Joints; definition of; classification; structure; movements; levers of body.

Muscular System - Voluntary muscles; Structure and uses; names and positions of chief muscles.
Involuntary muscles; Structure and uses; where found.

The Cavities of the Body - Their boundaries and contents, and position of chief organs.

Circulatory System - General sketch of the systemic, portal, and pulmonary systems.

The Heart - Names and positions of large arteries; names and positions of the large veins.

The Thoracic Duct and lymphatic circulation, including the position of the chief lymphatic glands.

Respiratory System - The anatomy of the lungs, including the trachea, larynx, and pleura.

Digestive System - Mouth; tongue; teeth; with periods of eruption; pharynx; oesophagus; stomach; peritoneum; small intestines, liver and pancreas; salivary glands.

Excretory System - Kidneys, ureters; bladder; urine. Skin and its appendages.

The Ductless Glands - Spleen; suprarenal bodies; thyroid; thymus.

The Nervous System - Central nervous system; brain, with its coverings and main divisions; spinal cord, with its coverings.

Peripheral Nervous System - Names of cranial and chief spinal nerves.

The Organs of Special Sense - Eye; ear; nose.

Definition of Physiology - Chemical composition of the tissues; oxidation; waste and removal.

The Blood - The red corpuscles; the colourless corpuscles; coagulation of blood; composition of serum and plasma.

The Circulatory System - Structure of heart; contraction of cardiac muscle; the beat of the heart; the cardiac impulse; sounds of the heart; course of the circulation.

Structure of blood vessels; blood pressure; the pulse; velocity of the blood; the valves of the veins; regulation of the heart and blood vessels.

Lymph - Lymphatic vessels; lymphatic glands.

The Respiratory System - Structure of trachea and lungs; functions of lungs; mechanism of respiration in male and female; quantity of air respired; difference in air inhaled and exhaled, and of blood and after it passes through the lungs; regulations of respiration; asphyxia; the loss from the body by the lungs, necessity for ventilation.

The Digestive System - Food: the four kinds and uses; a mixed diet; the object of digestion; teeth; mastication and swallowing; the lining of the alimentary canal; glands and secretion; the salivary glands; the action of the saliva; structure of oesophagus and stomach; composition and action of gastric juice; structure of pancreas; composition and action of pancreatic juice; composition and action of bile; digestion of fats; structure and functions of small intestines; structure and functions of large intestines; composition and action of succus entericus; resume of changes which the food undergoes in the various portions of the alimentary canal.

Structure and Functions of the Liver - Structure and functions of the spleen.

Waste and Excretion - Structure of kidney; composition of urine. The skin; Structure and uses of.

Animal Heat - Source, distribution, and regulation of.

The Nervous System - Afferent and efferent nerves and their functions. The spinal cord; Structure and functions; reflex action.

B. GENERAL NURSING (SECOND YEAR)
(A Course of about 12 Lectures by the Lady Superintendent)

Hospital Ethics and Etiquette.

Bedmaking; washing and care of patient; beds for surgical cases.

How to take temperatures, pulse, and respirations.

Administration of medicines, enemata, etc.

Baths (various kinds), sponging.

Observation of sick; system and manner of reporting same to Doctor.

External Applications. - Preparation of foments and poultices; local application of heat and cold, hot and cold packs, hot air baths, counter irritation; leeches; blisters.

Various methods of administering drugs, enemata, subcutaneous injections.

Operation Case. - Preparation of patient and room.

Bed sores. - Prevention and cure.

Immediate treatment of emergency cases.

Nursing of infectious cases.

II. TO SECOND YEAR PUPIL NURSES

A. SURGICAL NURSING

1. Bacteria - Infection; immunity.
Inflammation - Clinical signs, treatment; abscess, sinus, fistula; lardaceous disease; septicaemia; pyaemia; cellutitis, erisipelas, tetanus.

2. Wounds - Varieties; treatment of infected and clean wounds; shock; haemorrhage; surgical tuberculosis; syphilis; tumours (innocent and malignant); cancer of breast, uterus, and stomach.

3. Fractures - Their varieties and complications; general treatment of fractures and complications.

   Special Fractures - Appropriate treatment of head, upper limb, lower limb, thorax, and spine.

4. Joints - Sprains, dislocation, inflammation, tubercular disease, and suppuration of joints; symptoms and general treatment; special treatment of large individual joints.

5. The general preparation of a patient for operation. Preparation of skin. Preparation of the operating room. General treatment of patient after operation.

6. Special preparation and special after treatment in cases of operation on the limbs, amputation, operations on joints, varicose veins.

7. Ditto, Operations on the Head and Neck.

   (a) Skull and brain (trephining).
   (b) Tongue.
   (c) Jaws.
   (d) Glands in neck and goitre.

8. Ditto, Operations on the Thorax.

   (a) Breast.
   (b) Paracentesis thoracis, thoracotomy, and thoracoplasty.

9. Ditto, on Abdominal Organs.

   (a) Stomach.
   (b) Intestine.
   (c) Liver and gall bladder and bile ducts.

10. Ditto in Laparotomies for disease of the female special organs.

11. Ditto for operation on the Kidney.

12. Ditto for Suprapubic Cystotomy and Urethrotomy.

13. Ditto for Vaginal Operations.

   (a) Repairs of perineum, etc.
   (b) Vaginal exploration of the pelvic organs and vaginal hysterectomy.

14. Ditto, for operations on the Rectum and Anus, e.g., piles, excision of rectum, etc.

15. Immediate treatment of acute surgical abdominal cases. Preparation of urgent operations and special after care demanded.

B. MEDICAL NURSING
(A Course of about 8 Lectures).

1. General Description of Duties - Objects of nursing; care of patients; hygiene of sick room; self care of nurse; general precautions for nursing of infectious cases.

2. Observations of the Sick. - Inferences to be drawn from attitude, expression, temperature, pulse, and respiration. Favourable and unfavourable symptons; coma, coma vigil; stertorous breathing, delirium, etc.

3. Circulatory System. - General symptoms and management of cardiac cases; angina pectoris; anaemia; syncope; oedema, etc.

4. Respiratory System. - General symptoms (favourable and unfavourable), and general management of bronchitis, pneumonia, pthisis, pleurisy, empyema, and asthma. Precautions in nursing. Sputa, etc. Dyspnoea, etc.

5. Abdominal Cases. - Symptoms and general management of; peritonitis, gastric ulcer, dyspepsia, colic, renal colic, etc.

6. Urinary System. - General management of kidney cases; anasarca; oedema; urine testing.

7. Fevers. - Eruptive and non-eruptive: Special references to symptoms and nursing treatment of enteric, scarlet, and rheumatic fevers, measles, whooping cough, diphtheria, and croup.

8. Haemorrhage considered Medically. - Haemoptysis, haematemesis, epistaxis, melaena, haematuria - occurrence and general management of.

III. TO THIRD YEAR PUPIL NURSES

A. SENIOR MEDICAL NURSING
(A Course of about 12 Lectures.)

1. Digestive System. - Stomatitis, structure of gullet, gastric catarrh, intestinal catarrh, diarrhoea, constipation, dysentery, appendicitis, haemorrhoids, worms, jaundice, gall stones, characteristics of vomit.

2. Respiratory System - See under Note at foot.

3. Circulatory System - Anaemia, pernicious anaemia, palpitation, fatty degeneration, senile degeneration, pericarditis, aneurism, phlebitis, varicose veins.

4. Urinary System. - Cystitis (acute and chronic), tuberculosis and cancer of urinary tract, urinary calculus, pyelitis, retention and incontinence of urine.

5. Diseases of Uterus. - Amenorrhea, dysmenorrhea, metritis, metrorrhagia, menorrhagia, leucorrhoea.

7. Nervous System. - Meningitis, cerebral tumour, cerebal abscess, apoplexy, cerebral embolism, infantile paralysis, locomotor ataxia, epilepsy, chronic hysteria, neurasthenia, neuritis, dilirium tremens, Weir-Mitchell treatment.

7. (a) Diseases of Thyroid. - Exopthalmic goitre, myxoedema.
   (b) Systemic Diseases. - Diabetes, chronic rheumatism, gout.
   (c) Diseases of Nutrition. - Rickets, infantile scurvy.

8. Fevers. - Smallpox, erysipelas, plague, influenza, malaria, anthrax, syphilis (including incubation invasion, necessary periods of quarantine and isolation).

9. Skin Diseases. - Eczema (acute and chronic), psoriasis, scabies, ring worm, herpes zoster, urticaria.

10. The peculiarities of disease in childhood, special susceptibility of children to drugs. The feeding of infants in health and sickness.

11. The common preparations, doses, uses and dangers of -
    Alcohol, antipyrin, aether, ammonia, arsenic, belladonna (atropin), bismuth, boracic acid, carbolic acid, bromide of potash, cantharides, cascara, castor oil, chloral, chloroform, cocaine, creosote, croton oil, digitalis, ergot, iodine, iron, iodide of potash, iodoform, ipecacuanha, lead, magnesia, magnesium sulphate, mercury (calomel, corrosive sublimate), nux vomica (strychnine), pepsin, potassium permanganate, quinine, rhubarb, salicylate of soda, sodium carbonate and bi-carbonate, sodium phosphate, sodium sulphate, turpentine, zinc oxide, adrenalin, pituitrin, thyroid, scopolamine.

12. Poisons. - General classification; characteristic signs and symptoms of each class; general treatment. Antidotes and treatment in poisoning by aconite, carbolic acid, belladonna, arsenic, chloral, chloroform, opium, oxalic acid, strychnine, phosphorus, prussic acid, lysol.

13. The Principles of Diet.

Note:
For the following refer to Second Year Lectures:

Dyspepsia, gastric ulcer, colic, peritonitis, bronchitis, pneumonia, pleurisy, asthma, phthisis, haemoptysis, sputa, syncope, valvular disease of heart, angina pectoris, nephritis, urine testing, acute rheumatism, typhoid, scarlet fever, measles, diphtheria, croup, whooping cough, mumps.

NO SECTION B GIVEN

C. OPTHALMIC NURSING
(Course of 5 Lectures by Opthalmic Surgeon.)

1. Anatomy of the Eye.

2. Physiology of the Eye.

3. The Commoner Affections of the Eye.

4. General Principles of Nursing in Eye Cases.

5. The Nursing of Surgical Cases, with special references to Operations.

D. EAR, NOSE, AND THROAT NURSING
(6 Lectures by Hon. Ear, Nose and Throat Surgeon.)

1. General Consideration of "Position" in Ear, Nose and Throat work; lighting, restraint, and theatre outfit.

2. Anatomy and Physiology of the Ear. - Ear examination, otitis media, acute and chronic. Preparation for operation and after care of mastoid operations, cerebral complications of mastoid disease.

3. Anatomy of the Nose. - Naso pharynx; examination of Nose; nasal cleansing; operations on septum, turbinates and sinuses.

4. Anatomy of Adenoids and Tonsils. - Causes and effects of nasal obstruction and mouth breathing; operations on adenoids and tonsils.

5. Anatomy and Physiology of Larynx and Trachea and Bronchi. - Examination of same, direct and indirect; laryngitis; laryngeal obstruction; details of signs and symptoms. Tracheotomy drill and tie; tracheotomy after treatment of tracheotomy cases; intubation thyrotomy; laryngectomy.

6. Oral Hygiene, Gullet. - Anatomy and examination; methods of treatment and artificial feeding from above.

FOURTH YEAR

Practical Dispensing.

Courses for 4 Nurses at a time to be given at Dispensary twice a week from 10 a.m. till 1 p.m. Making stock mixtures and preparations, learning value of Standard Drugs, Serums, Thermometers, Druggists' Sundries, and Dressings.

Massage Syllabus.

Definition of Massage. - Effects of effleurage, petrissage, tapotement, [sic] vibrations, passive movements, active movements, resisted movements.

Symptoms and treatment of sprains, dislocations, fractures, joint injuries and diseases, flat foot, knock knee, talipes, torticollis, spinal curvature, sciatica, neuritis, occupation neuroses, facial neuralgia, facial paralysis, infantile paralysis, hemiplegia, chorea, constipation, indigestion, colitis, anaemia, insomnia, Weir-Mitchell treatment, muscle tone, muscle fatigue, physiology of nutrition.

Anatomy. - Bones; origin, insertion, actions and nerve; supply of muscles of limbs and trunk (not small of back and neck).

Nerves. - Brachial, lumbar, sacral, blood vessels and lymphatics, joints, and ligaments.

SYLLABUS OF LECTURES AND DEMONSTRATION IN COOKING

(About 18 Lessons)

The course includes lectures, demonstrations, and practical work. Food and its functions; the preparation of food; the five food principles; nutrition; digestion.

Invalid Drinks. - Such as toast water, barley water, lemonade, milk lemonade, egg flip, rice water, sterilised milk, etc.

Beef Juice, Beef tea, and various broths.

Jellies. - Such as wine, lemon, orange, chicken, coffee, restorative, etc.

Toast. - Such as milk, cream, egg, and vermicelli, sippets, croutons, etc.

Soups. - Such as oyster, chicken, potato, cream of celery, cream of rice, beef, tapioca, chicken panada, consomme, apple, etc.

Fish. - Preparation; when in season; broiled, boiled, steamed and fried.

Poultry. - Various methods of boiling and roasting.

Sweetbreads. - Brains, chops, steaks, etc.

Custards. - Creams, puddings, blanc-mange, etc.

Eggs. - Various methods of cooking; omelettes, etc.

Cooked Fruits. - Bread, cakes, etc.

Serving of food for invalids, tray decorations.

TEXT BOOKS

One may be selected and recommended by the staff from the following:

Bandaging and Splints. - Caird and Cathcart's Surgical Handbook.

Anatomy and Physiology. - Shore and Foster; Angell; Furneaux.

Nursing. - Watson; Lewis.

Practical Nursing. - Isla Stewart.

Bell's Surgery for Nurses.

Materia Medica for Nurses. - Dock.

Reference only. - Clark's Anatomy.

Ear, Nose, and Throat. - Auckland Hospital Lecture notes.

Opthalmic Nursing. - Stephenson's Opthalmic Nursing.

Approved by Medical Committee
July 1914.

(Sgd) Jas. Hardie Neil
Chairman.

(Sgd) W.E. Williams
Secretary.

APPENDIX G

SYLLABUS OF THE UNIVERSITY OF OTAGO - DIPLOMA IN NURSING - 1925

The Diploma in Nursing of Otago University is intended for women who aspire to administrative or other specialised positions in their profession.

A candidate must have passed the Matriculation Examination, and must complete a five-years' course of study, as follows:-

YEAR 1

Home Science Department, Terms 1 and 2 -

	Fees		
Inorganic and Organic Chemistry: 8 hours per week, as for Diploma in Home Science	£8	8	0
Physics: 4 hours per week, as for Diploma in Home Science	£4	4	0
Technology of Cookery: 6 hours per week, as for Diploma in Home Science	£4	4	0

Hospital, Terms 1 and 2 -

Elementary Nursing, principles and method: Ethics of Nursing (1 hour per week)	£1	1	0
Students' Association Fee	£1	1	0
College Fee	£2	10	0
	£21	8	0

Term 3 -

Chemistry and Physics, and Elementary Nursing (continued) Housecraft	£2	7	0
Elementary Anatomy: 3 hours per week, as for Diploma in Home Science	£1	11	6
	£3	18	6

Between October and March

Hospital -

Three months' probationary ward work.

YEAR 2

	Fees
University, Terms 1 and 2 -	
Biology and Physiology: 5 hours per week, as for Diploma in Home Science	£4 14 6
Home Science Department, Terms 1 and 2 -	
Applied Chemistry (Foods and Nutrition): 6 hours per week, as for Diploma in Home Science	£6 6 0
Dietetics: 4 hours per week, as for Diploma in Home Science	£4 4 0
Hygiene (Personal): 1 hour per week, as per Diploma in Home Science	£1 11 6
Medical School, Terms 1 and 2 -	
Sanitary Science and Bacteriology: 3 hours per week, as for Diploma in Home Science	£3 3 0
College Fee	£2 10 0
Students' Association Fee	£1 1 0
	£23 10 0

Term 3

Biology and Physiology (continued): 3 hours per week.

Applied Chemistry (continued).

Dietetics (continued).

Home Science Department -	
Laundry Work	£2 12 0
Hospital -	
Elementary Nursing, principles and methods; Elementary Dispensing: 2 hours per week	£1 1 0
	£3 13 0

YEAR 3

Hospital -

Ward work and General Hospital Training

YEAR 4

Hospital -

Ward work and General Hospital Training

In the fifth year two major subjects are offered, of which the student may elect either:

(a) Teaching and Administration in Schools of Nursing; or

(b) Public Health Nursing.

Course A

Teaching and Administration in Schools of Nursing. It will be understood that the course will be made as practical as possible.

(a) Principles of Hospital Administration.
(b) Administration in Schools of Nursing.
(c) Principles of Education and Methods of Teaching.
(d) Psychology as applied to Nursing.
(e) History of Nursing and contemporary problems.
(f) Nutrition.
(g) Physiology.
(h) Mental Hygiene.
(i) Sanitation and Hygiene.

Field Work -

Students selecting this option will be required to do practice teaching under supervision, and will be afforded opportunity of studying Hospital and Training School Administration.

Inclusive fee, 25 guineas.

Course B

Public Health Nursing.

(a) Nutrition.
(b) Communicable Diseases.
(c) Public Health Nursing.
(d) Sanitation and Hygiene.
(e) Tuberculosis.
(f) Maternal Nursing and Child Welfare.
(g) School Nursing.
(h) Social Service.
(i) History of Nursing.
(j) Teaching Principles.
(k) Economics and Social Legislation.
(l) Mental Hygiene.
(m) Health Legislation.

Field Work -

In addition to the syllabus herein mentioned, candidates will be granted facilities for practical instruction in Hospital Nursing and Public Health Nursing respectively.

Inclusive fee, 25 guineas.

A registered nurse, who has not passed the Matriculation examination, may be admitted as a student for the Diploma in Nursing, provided that she can produce evidence of having attained a standard of education which in the opinion of the Professorial Board is sufficient; and provided further that she had, not later than the first day of January 1925, entered upon the course of training in nursing in respect of which she had secured registration.

A person admitted to the course in accordance with the provisions of the immediately preceding paragraph shall not be required to undergo the training prescribed for Year III or Year IV, nor to attend the courses prescribed in Elementary Nursing, Ethics of Nursing, Elementary Dispensing.

Post-Graduate Course -

A registered nurse may be admitted for post-graduate training to either of the courses prescribed for Year V, and certificates will be issued to those who satisfactorily complete either of such courses.

NOTE -

Students may be admitted to the course for the Diploma in 1925, the session opening on Monday March 9. Students for the Post-Graduate Courses only, however, cannot be admitted until 1926.

FEES -

The fees prescribed for each term are payable within three weeks from the commencement of the term.

APPENDIX H

SYLLABUS OF A REFRESHER COURSE 1927

September 17th Tuesday	Discussion "Asepsis in Obstetrics"	
Morning	(a) Preparation of patients and Outfits. (b) Sterilisation.	
Afternoon	Demonstration "Preparation for Labour"	St. Helens.
Evening	Lecture "Modern Obstetrics"	Dr Paget
Wednesday	Discussion "Early detection and correction of the Abnormalities of Pregnancy."	
Morning	(a) Prenatal Hygiene (b) Palpation and its importance.	
Afternoon	Demonstration "Ante Natal Clinic"	St. Helens.
Evening	Lecture "Toxaemias of Pregnancy"	Dr Inglis
Thursday	Discussion "Child Behaviour"	
Morning	(a) The nervous child. (b) The problem child. (c) The retarded child.	
Afternoon	Demonstration Visit to Neuropathic Unit, Mental Hospital.	
Evening	Lecture "Mental Hygiene"	Dr Paterson
Friday	Discussion Diets in Normal Health	
Morning	(a) Preschool Child. (b) School Child. (c) Adult.	
Afternoon	Demonstration - Preparation of Special Diets. Technical Schools.	
Evening	Lecture "Nutrition in the Prevention of Disease"	Dr Johnson
Monday 23rd.	Discussion "Special Problems of Social Diseases"	
Morning	(a) The Nurse in relation to Tuberculosis Patient. (b) The Nurse in relation to Venereal Disease Patient.	
Afternoon	Demonstration - Tuberculosis nursing at T.B. Shelters.	
Evening	Lecture "Tuberculosis in the Community"	Dr Champtaloup

Tuesday 24th	"Hospital Administration"
Morning Discussions	(a) Stores (b) Linen (c) Kitchen
	"Public Health Nurses Problems"
	In the Home. In the Community
Afternoon	Demonstration - Visit to Laundry Visit to Skin Clinic
Evening	Lecture "The Hospital as it serves the Community" Dr Macguire
Wednesday 25th	Discussion Infestious Disease Nursing
Morning	(a) In the Hospital (b) In the Home.
Afternoon	Demonstration - Isolation Hospital
Evening	Lecture "Control of Infectious Diseases" Dr Hughes
Thursday 26th	Discussion "Infant Care"
Morning	(a) Care during the first two weeks. (b) Technique of Breast feeding.
Afternoon	Demonstration - Karitane Hospital.
Evening	Lecture "Prematurity" Dr Studs
Friday 27th	Discussion "The Hospital Ward Unit."
Morning	(a) The administration of the ward. (b) The nursing service. (c) The teaching function of the ward.
Afternoon	Demonstration - Visit to Hospital Wards.
Evening	Lecture "Nursing Education" Miss Moore

Particularly arranged so that Maternity Nurses can attend 17th and 18th of September.

Public Health, including School Nurses, 19th, 20th, 23rd, 24th of September.

Hospitals can attend 24th, 25th, 26th, 27th of September.

APPENDIX I

SYLLABUS FOR GRADUATE NURSES
offered by
HEALTH DEPARTMENT
in conjunction with
VICTORIA UNIVERSITY COLLEGE AND WELLINGTON HOSPITAL BOARD
1929

Duration of course, six months - 1st March to 31st August.

GENERAL INFORMATION

This course is intended for general trained nurses who have completed a three-years training in a general hospital and are registered in New Zealand.

The object of this course is to prepare nurses to fill positions as administrators, tutor-sisters, ward sisters, and Public Health nurses (i.e., district nurses, school nurses, tuberculosis nurses, etc.) so that the qualified nurse undertaking it shall be carried a stage higher in the technical side of her work, as well as being taught principles of education and methods of teaching, thus giving a better service to the community as a whole.

All candidates will be required to furnish evidence of a good general education and particulars of their hospital training, with testimonials. The Department reserves the right to refuse any application for this course of training. All applicants will be on a four-weeks probation, and at the end of this time will be advised to discontinue their studies if considered unsuitable for the training.

SYLLABUS

1. PREVENTIVE MEDICINE:-
   - (a) Personal and oral hygiene.
   - (b) Infectious diseases, including tuberculosis and venereal diseases: Their nature, control, prevention. Methods of conveying infection and the prevention of the spread of infection. Methods of disinfection.
   - (c) School hygiene: History of School Medical Service and its organisation. Physical conditions affecting health. School-room sanitation.
   - (d) Domestic hygiene: Ventilation, value of sunlight, fresh air, water-supplies. Sanitation of towns and houses, urban and rural.
   - (e) Administration of the Health Act: Vital statistics, etc.

2. ANATOMY AND PHYSIOLOGY:-

A more intensive course than is given to nurses in training.

3. NUTRITION AND FOOD:-

Essentials of an adequate diet; the nutritive value of common foodstuffs; food-costs as compared with food-values; planning of dietary budgets, with special reference to economic and social conditions.

4. EDUCATIONAL PRINCIPLES:-

The laws of learning and their application to nursing education and health teaching. Methods of preparing notes for lectures and lessons. Practice lessons.

5. PSYCHOLOGY:-

The learning process; human social influences; abnormal tendencies; intelligence testing; mental deficiency; with practical clinical experience.

6. MENTAL CONDITIONS:-

A short course of lectures on mental disturbances.

7. SOCIAL ECONOMICS:-

Legislation concerning the welfare of women and children. Poverty; means of charitable aid, etc.

8. ADMINISTRATION OF HOSPITALS AND SCHOOLS OF NURSING:-

The organisation and administration of the New Zealand hospital systems. State and local combined Boards and private control. Sources of income and control of expenditure. Purchase and supervision of supplies and equipment. Departmental management. Administration of the preliminary school. Selection of candidates. Records.

9. PUBLIC-HEALTH NURSING:-

The development of the service; different types of organisations controlling the service. Problems of supervision and records. Maternal and infant welfare. School nursing. Tuberculosis and venereal diseases clinics. Industrial nursing. Rural district problems. Native health problems.

10. HISTORY OF NURSING:-

Evolution of nursing from the earliest ages to the present day.

PRACTICAL AND CLINICAL EXPERIENCE

Practical work will be arranged for each student with reference to her past experience and future work with the following organisations:

Department of Health	Alexandra Home
Department of Education	Porirua Mental Hospital
Wellington Hospital Board	Red Cross Society
St. Helens Hospital	St. John Nursing Guild

APPENDIX J

COPY OF LETTER TO MISS MACLEAN FROM DR FALCONER *

Miss Maclean, [No Date]
Director, Division of Nursing,
WELLINGTON

Dear Miss Maclean,

I must thank you for sending to me a copy of your memorandum of 15th September 1922 to the Deputy Director-General of Health, which I think puts the position very fairly. You have struck the right note that the immediate requirement in New Zealand is for post-graduate training for nurses already qualified.

By parcel post I am sending you three numbers of Modern Hospital' Journals in which articles appear in regard to Nursing Education which you might kindly give to Miss Gow (the Otago representative on the Nurses' Council). If you have not read them already you will find them very interesting.

Modern Hospital November 1919 has an article p.429 on "adjustments which Training Schools and Nursing Departments are Facing". by Miss Laura R. Logan R.N., Professor of Nursing and Health and Director of the School of Nursing and Health, University of Cincinnati. Fortunately Professor Strong of the Home Science School in Dunedin possesses the curriculum of the school and this is being forwarded through Miss Gow for your perusal. Mrs Strong was associated with Miss Logan in planning the scope of the School of Nursing and Health at Cincinnati. Whenever you get time to come to Dunedin, you will find Mrs Strong able to give a very interesting account of the work. She is a very capable woman and suggests that part of the course at the Home Science school e.g. chemistry, biology, bacteriology, physiology, hygiene, housekeeping, dietetics, economics, etc. would be as suitable for candidates for degrees in nursing as for the Home Science degree students, and I agree with her. In discussing the matter with the Chancellor of the University (Dr Cameron) Miss Holford and Professors Rawson and Strong, we came to the conclusion that the best plan would be not to attempt a University Degree in Nursing at once in New Zealand, but to institute a Diploma of Nursing

of the Otago University, and this could be done next year, if the responsible bodies asked the university to do so. In the case of a degree the Senate of the N.Z. University would require such an elaborate beginning that difficulties would be met at every turn. Whereas in the case of a Diploma the Otago University can make its own conditions. After reading your report to the Director-General, Dr Cameron agreed with you that post-graduate training is the first requirement to be met in New Zealand, and that a course should be instituted making concessions to the nurses already trained in New Zealand (e.g. in not demanding matriculation entrance at first etc.) so that the present trained nurses who so desire could have the opportunity of obtaining a diploma by post-graduate study. This in time would lead to the establishment of a degree in nursing when the standard attained was sufficiently advanced. Personally I do not think that time would be long. Of course the diploma and the degree are meant for the few who desire to be the leaders in the future.

Re apprentice-ship you will notice that Miss Logan puts this in the proper place when she says "our apprentice-ship method of nursing education in this aspect (i.e. the theory and practice are motivated and worked in connection with real and immediate problems e.g. hospital patients)' will prove a possession to be cherished. In the main we have "come along the right road in our method of education". On the other hand the apprentice-ship method is criticised in so far that the student nurse "enters the hospitals of our country with no universally standardized 'educational requisites for entrance thus differing from all other school systems." She is provided with a varying but really unsafe minimum of 'theoretical instruction. Our theory has been too scanty." Miss Logan would seek a "more advantageous balance of practical and theoretical "teaching", and while "holding fast to all that has proved of value in the 'way of orthodox training in technique" would desire to give to the student 'well systematized, academic courses in the sciences which underlie her 'profession". Again the "standard curriculum for Schools of Nursing" (U.S.A.) speaks concerning "the strength and weakness of our method of training as follows. "The strength lies in the character of the actual practical work, which in most training schools is sincere and performed [sic] in a spirit of devotion, zeal and self-forgetfulness which is remarkable. Teachers and

students alike are imbued with this spirit. It has become a part of the history and tradition of nursing and forms an almost invaluable contribution to the world's service. The weakness lies in the over emphasis placed upon the practical aspects of the training and the consequent neglect of the theoretical foundation in which really good practical work [—] always be built. Another limitation of the ordinary training is that it deals only or mainly with disease, neglecting almost entirely the preventive and educational factors which are such an essential element in the many new branches of public health work, such as school and visiting nursing, infant welfare, industrial welfare, and hospital social service. Similarly the physical causes and evidences of disease have been recognised as important, but the social and economic conditions which lie at the root of so many of our disease problems have usually been over-looked in the course of training. This knowledge is fundamental particularly in the newer branches of nursing and the lack of it is a distinct handicap to the nurse in her work.

The education of a nurse is not carried on in the ordinary type of school, but in hospitals and under a well established system which requires that the practical training shall be obtained through student service in the various departments. This practical training indeed is considered of such importance in the general scheme as to occupy almost the entire time and energy of the student; in all schools of which we have knowledge more than nine-tenths of the student's time throughout the three years being devoted to practical work. This means that the theory, essential and indispensable as it is, in reality occupies everywhere a relatively small place in respect to time in the curriculum."

Modern Hospital August 1920 contains an article of interest, "The University in relation to Nursing Education" by Miss Ethel Johns, R.N., Director of Nursing, Vancouver General Hospital, and in charge of Department of Nursing in the University of British Columbia. This gives an account of the University course at Vancouver which differs from that at Cincinnati.

In Cincinnati all the nurses of the hospital take the University course. There is a two years University course and a three years Hospital course, but one semestar (i.e. four months) in the first hospital year after the probation period of four months, and another

period of four months in the second year are freed from ward duty and devoted solely to academic work. In that there is really 2 years and 8 months University and 2 years and 4 months hospital work. (The two university years may be before or after the three hospital years.) In Vancouver a similar result obtains, but is achieved at in a different way. There is two years University and in the four months vacation intervening between the university sessions there is a preliminary hospital probationer course "to try out" etc. Then comes two years of intensive hospital training, and then the final year at the University in which specialization is made in two fields either (a) nursing teaching and the administration of schools for nurses or (b) public health. In the case of Vancouver only a small proportion of the nurses take the University course and the rank and file (the main number) take the ordinary nursing course.

What we want is for your Department to agree to accepting two years special University training as equivalent to eight months hospital practice in granting registration as a nurse. In time there would be three years university training in the case of degree candidates.

I understand from Dr Hercus, Professor of Public Health that Dr Valentine[sic] some time ago discussed with him the necessity of having a public health post-graduate course for nurses entering your public health service. Dr Hercus is very keen about this. So you see your own Department has actually been the first to push for university training for nurses. If the work is done efficiently why not give university recognition by means of a Diploma at least?

You will have already read Modern Hospital August 1922 which gives the[——] making report on nursing education by the committee appointed by the Rochfeller foundation.

The report itself covers the entire field of nursing and may be regarded as the Magna Charta of the status of the nursing profession.

I am forwarding for your information copies of two further letters to the Otago Hospital Board dated 8th and 12th September 1922 regarding setting up a Committee to consider and investigate the conditions, methods and standards of nursing at the Dunedin Hospital and the scope of the enquiry. I wish you could be

associated with it as a working member to give us the benefit of your knowledge and not only as the "authority above" to deal later on with any recommendations which may be made.

You will notice that there are two sub-committees really distinct but joined in the general Committee one dealing with the University education of nurses and the other with the ordinary nursing course. I hope to interest the secondary (and technical) educational authorities in our problems. Miss Holford brought this matter before a nursing conference some years ago.

Yours faithfully,

(SGD.) A. Falconer

Medical Superintendent

*

This has been typed with the spelling errors and quotation marks in place, as they occur in the original. It was difficult to select out those parts of the letter which were quotes from "Modern Hospitals" and those stated by Falconer.

APPENDIX K

LETTER TO THE HONOURABLE W.P. REEVES

Lunacy and Hospitals

Inspector's Office,
Wellington N.Z.,
4 April, 1895.

Sir,

I have the Honour to recommend that a lady be appointed as Assistant Inspector under the Hospitals and Charitable Aid Act 1885 and under the Lunatics' Act/88. I am driven to advise this because of recent political and Social developments.

Experience has shown that a lady-assistant's help is indispensable to me for the purpose of getting full information regarding the circumstances and deserts of the recipients of out-door relief which if it is allowed to go on as at present must break down the finances of the Colony.

It is also necessary that I should have the help of an able and experienced woman in enquiring into the charge of blackmailing women applicants by the relieving Officers of the boards. Such charges have frequently been made against Officers in all the large centres.

Again the female Nurses of our hospitals and Asylums cannot be completely managed now-a-days without female assistance.

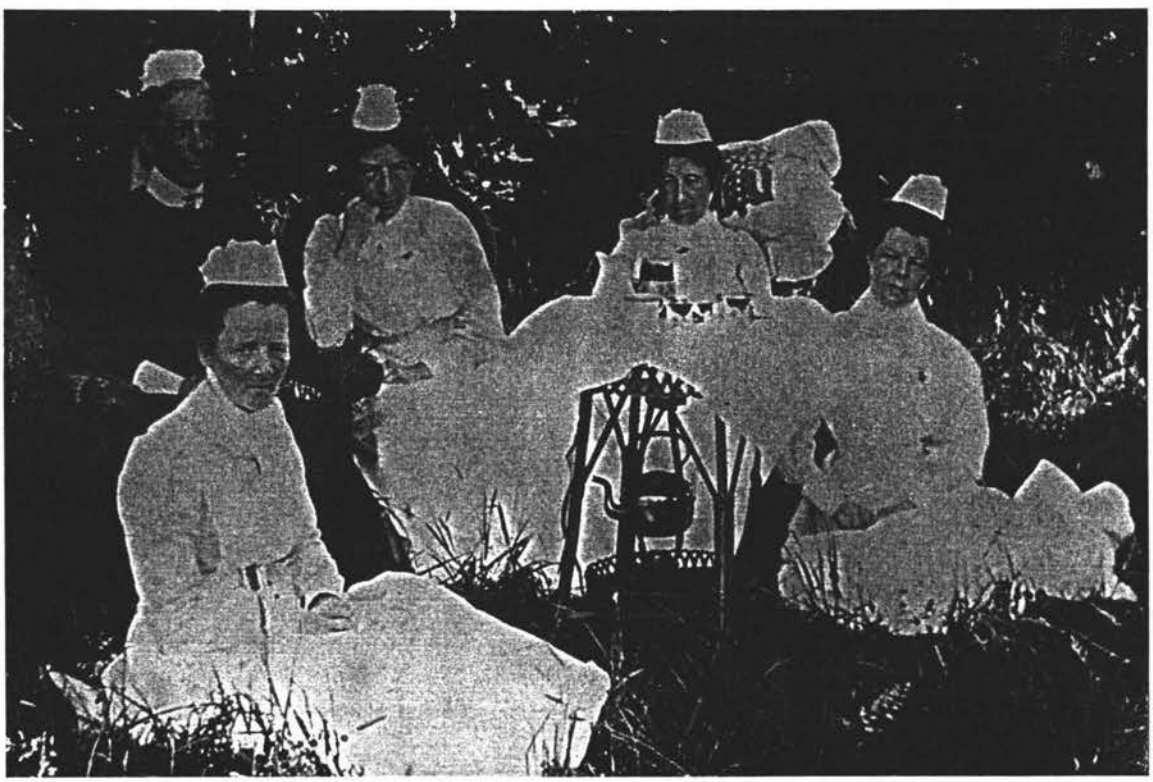
Mrs Grace Neill is well known to you as combining in herself (in a degree unequalled in my experience) all the qualities required for this office. She is a lady of great ability and force of character combined with the High admirable tact and kindness, a trained hospital nurse and an experienced hospital Matron.

I recommend that her salary be not less than £230.

(SGD.) D. MacGregor.

APPENDIX L

MISS DOUGHERTY, PALMERSTON NORTH HOSPITAL
MATRON AND 'SISTERS' AT A PICNIC
c1897



SOURCES USED

1. PRIMARY SOURCES

a. Unpublished

I Private papers.

II Manuscript records of boards and associations.

III Government department archives.

b. Published

I. Official papers.

II Newspapers and periodicals.

III Contemporary books, pamphlets, directories. (Those published prior to 1935.)

2. SECONDARY WORKS

a. Books.

b. Articles.

c. Unpublished material.

3. PERSONAL COMMUNICATIONS

a. Interviews.

1. PRIMARY SOURCES

a. UNPUBLISHED

I Private Papers.

E.B. Salmon, Personal Papers.

i Syllabus for 1929 Post-Graduate Course, Wellington.

ii Memorandum to the Hon. The Minister of Health, from Dr Valintine, 5 March, 1928.

iii Letter from Professor Hunter, Victory College, 13 August, 1928.

A.E.L. Bennett Collection, Alexander Turnbull Library.

i Personal Correspondence Outwards: "Duchess" [Mrs Grace Neill] File No. 1346/176.

ii Personal Correspondence Inwards: Mrs Grace Neill File No. 1346/211.

New Zealand Nurses Association Collection, Alexander Turnbull Library.

i Grace Neill, Biography Manuscript, Photographs and Negotiations with Publishers, Box 18/1.

ii Documents, recommendation of New Zealand Post-Graduate School, Box 10/2.

iii Minutes of Meetings and Conferences 1909-1936, Box 32/1.

II Manuscript records of boards and associations.

Otago Hospital [and Charitable Aid] Board Minutes, 1924-27.

Otago Branch of the New Zealand Trained Nurses Association Minutes, 1919-1928.

Palmerston North Hospital [and Charitable Aid] Board Minutes
1911-1918
1918-1925
1925-1928
1928-1931

Palmerston North Hospital [and Charitable Aid] Board Executive Committee Minutes, 1912-1919.

Victoria University Minutes of the Professorial Board, 1927-30.

Palmerston North Hospital [and Charitable Aid] Board Sisters Monthly Staff Report, 1923-1925.

III Government department archives.

Health Department Files, National Archives.

Series H. Health
1/11/102
21/9/3
21/9/23
21/9/99
21/10
21/23/1
21/23/18
21/23/23
21/23/41
21/23/86
30/35/33

Miscellaneous papers on nurses and midwives registration.
Communications Miss Hester Maclean.
1905/289/1026/1234.
1906/5/11/145/165/1353
1907/106/118/123/137/158/159/161/179

SANS Series, School of Advanced Nursing Studies
12/1
20/1
20/11
20/21
20/22
20/23
20/24
20/27
22/127
24/12
Immigration [Assisted] Passenger List
IM 15/145
IM 15/435

Series A.D. Army Division
64/4 Hospital Ships

Health Department Files, Department of Health, Head Office, Wellington.
30/54/10 Mental health, Porirua Hospital - Visitors.

Otago University Files [University of Otago] Hocken Library

Committee Reports
1919-1924
1924-1927

Otago University Calendar
1926-1933

Registry Correspondence
File Number
67
75
83
90
91A
104
111
117

Registry Newspaper Clippings
Book No. 2 1918-1925
Book No. 3 1925-1932

b. PUBLISHED

I Official papers

Appendices to the Journal of the House of Representatives.

Wellington Provincial Council Acts and Proceedings
1853-1854
1874-1875
Annual Report on Hospitals, 1883-1887.
Annual Report on Hospitals and Charitable Institutions, 1888-1910.
Annual Report on Public Health, Hospitals and Charitable Aid, 1911-1920.
Annual Report, Department of Health, Director, Division of Nursing, 1921-1930.

New Zealand Parliamentary Debates.
1885 Hospital and Charitable Aid Bill
1899 Hospitals, Lunatic Asylums, Gaols, and Industrial Schools Questions for Oral Answer
1901 Hospital Nurses Registration Bill
1903 Midwives Bill
1920 Nurses Registration Amendment Bill
1920 Hospitals and Charitable Institutions Bill

New Zealand Statutes
1885 Hospitals and Charitable Institutions Act, 1885.
1901 Nurses Registration Act 1901, No. 12.
1904 Midwives Act, 1904, No. 31.
1908 Nurses Registration Act, 1908, No. 134.
1920 Nurses Registration Amendment Act, 1920, No. 55.
1920 Hospital and Charitable Institutions Amendment Act, 1920 (No. 2), No. 72.
1925 Nurses and Midwives Registration Act, 1925, No. 10.
1920 Health Act, 1920, No. 45.

New Zealand Government Gazette
1847
1848
1900-1930

II Newspapers and periodicals.

Manawatu Standard 1885-1908.
Evening Post 3 November, 1949.
Auckland Star, 19 September, 1929.
New Zealand Medical Journal -
1887-1888
1903
1913
1917

New Zealand Nursing Journal [Kai Tiaki] Volumes
1908-1911
1912-1914
1915-1916
1917-1919
1920-1922
1923-1925
1926-1929
1929-1931

Journal of the American Medical Association, 1924-1925.

III Contemporary books, pamphlets and Directories.

Carberry, A.D. The New Zealand Medical Service in the Great War, Whitcomb and Tombs, 1924.

Cassell's Science & Art of Nursing, London: Waverly Book Co. Ltd. c1910.

Culpepper, Nicholas. Culpeppers Complete Herbal, c1885 Edition.

Cyclopedia of New Zealand, Vol. I, Wellington, N.Z., 1897.

Jellett, H. A Short Practice of Midwifery for Nurses, J. & A. Churchill, London, 1908.

Kellogg, J.H. Ladies Guide in Health and Disease, Pacific Press: California, 1888.

Leys, T.W. Bretts Colonist's Guide & Cyclopaedia of Useful Knowledge, H. Brett, Evening Star Office: Auckland, 1883.

Maclean, H. Nursing in New Zealand, Tolan, Wellington, 1932.

Murche, V.T. Animal Physiology for Beginners, Blackie & Son, London, 1895.

New Zealand Department of Health. Hospital Statistics of New Zealand 1925-29. Wellington: Government Printers, 1931.

Nightingale, Florence. Notes on Nursing, 1859, Reprinted ed. London: Duckworth & Co., 1970.

Webb, B. & Webb, S. Diary Records of Visit to New Zealand, Wellington: D.A. Hammer [1959]

2. SECONDARY WORKS

a. Books

Able-Smith, Brian. A History of the Nursing Profession. London: Heinmann, 1960.

Apple, Michael, W. Ideology and Curriculum. London: Routledge & Kegan Paul, 1979.

Arnold, Rollo. The Farthest Promised Land. Wellington: Victoria University Press with Price Milburn, 1981.

Baly, Monica E. Nursing and Social Change. London: Heinemann, 1980.

Barber, Laurie, and Towers, Roy. Wellington Hospital 1847-1976. Trentham: Wellington Hospital Board, 1976.

Beaglehole, J.C. The University of New Zealand: A Historical Study. Wellington: N.Z.C.E.R., 1937.

Beaglehole, J.C. Victoria University College. Wellington: New Zealand University Press, 1949.

Bennett, F.O. Hospital on the Avon. Christchurch: Caxton Press, 1962.

Bishop, W.J. and Goldie, S. A Bio-Bibliography of Florence Nightingale. London: Dawsons of Pall Mall, 1961.

Bridges, Daisy C. A History of the International Council of Nurses, 1899-1964. Toronto: J.B. Lippincott, 1967.

Buchan, John. Witch Wood. London: Hodder & Stoughton, 1927, reprinted, 1975.

Bunkle, P. & Hughes, B. ed. Women in New Zealand Society. Auckland: George Allen & Unwin, 1980.

Burgess, Marie E. Nursing in New Zealand Society. Auckland: Longman Paul, 1984.

Campbell, A.E. Educating New Zealand. Wellington: Department of Internal Affairs, 1941.

Campbell, H. Mary Lambie: A Biography. Christchurch: Whitcoulls Ltd., 1976.

Carle, C.J. Masterton Hospital 1879-1979. Centennial Book Committee: Wairarapa Hospital Board, 1979.

Cumming, Ian and Cumming, Alan. History of State Education in New Zealand 1840-1975. Wellington: Pitman, 1978.

Davis, C. Rewriting Nursing History. London: Croom Helm, 1980.

Dock, Lavina & Stewart, Isobel. A Short History of Nursing. New York: G.P. Putman & Sons, 1902.

Eldred-Grigg, S. Pleasures of the Flesh, Sex and Drugs in Colonial New Zealand 1840-1915. Wellington: A.H. & A.W. Reed, 1954.

Foster, J. and Sheppard, J. "Archives and the History of Nursing" in Rewriting Nursing History, 200-214. Edited by Davis, C. London: Croom Helm, 1980.

Fox, David, J. Fundamentals of Research in Nursing. New York: Appleton-Century-Croft, 1979.

Gibson Smith, M. and Shadbolt, Y. ed., Objects and Outcomes. Wellington: New Zealand Nurses Association, 1984.

Gluckman, L.K. Tangiwai: A Medical History of 19th Century New Zealand. Auckland: Whitcoulls, 1976.

Godley, C. Letters from Early New Zealand. Christchurch: Whitcombe and Tombs, 1951.

Grimshaw, P. Women's Suffrage in New Zealand. Auckland: University Press, 1972.

Hamer, D.A. "Sir Robert Stout and the Labour Question, 1870-1893" in Studies of a Small Democracy, 78-101. Edited by Chapman, Robert and Sinclair, Keith. Australia: The University of Auckland, 1965.

Hector, Winifred. Mrs Bedford-Fenwick and the Rise of Professional Nursing. London: Royal College of Nursing, 1973.

Jamison, Elizabeth M. and Sewall, Mary. Trends in Nursing History. Philadelphia: W.B. Saunders, 1940.

Krampitz, Sydney D. Readings for Nursing Research. St. Louis: Mosby, 1981.

Lambie, Mary. Historical Development of Nursing in New Zealand 1840-1950. Wellington: Government Printers, 1951.

Lambie, Mary. My Story: Memoirs of a New Zealand Nurse. Christchurch; N.M. Peryer, 1956.

Langemann, Ellen Condliffe, ed. Nursing History, New Perspectives, New Possibilities. New York: Teachers College Press, 1983.

Maclean, F.S. Challenge for Health. Wellington: Government Printers, 1964.

Maggs, Christopher. The Origins of General Nursing. London: Croom Helm, 1983.

Manson, C. and Manson, C. Doctor Agnes Bennett. London: Tonbridge Printers Ltd., 1960.

Millen, Julia, Colonial Tears and Sweat. Wellington: A.H. & A.W. Reed, 1984.

Neill, J.O.C. Grace Neill: The Story of a Noble Woman. Christchurch: N.M. Peryer Ltd., 1961.

New Zealand Department of Education. Nursing Education in New Zealand. Wellington: Department of Education, 1972.

New Zealand Department of Health. A Health Service for New Zealand. Wellington: Government Printers, 1975.

New Zealand Department of Health. An Improved System of Nursing Education for New Zealand. Wellington: Government Printers, 1971.

New Zealand Department of Health. Annual Report 1939. Centennial Number 1840-1940. Wellington: Government Printers, 1939.

New Zealand Department of Health. A Review of Hospitals and Related Services in New Zealand. Wellington: Government Printers, 1969.

Olssen, E. "Towards a New Society" in The Oxford History of New Zealand, 250-278, Edited by Oliver, W.H. and Williams, B.R. Wellington: Oxford University Press, 1981.

Parry, G. A Fence at the Top: The First 75 Years of the Plunket Society. Dunedin: John McIndoe, 1982.

Parton, H. The University of New Zealand. Auckland: University Press & Oxford University Press, 1979.

Pengelly, Edna. Nurses in Peace and War. Wellington: Harry H. Tombe Ltd., 1956.

Rattray, Joan. Great Days in New Zealand Nursing. Wellington: A.H. & A.W. Reed, 1961.

Russell, Charles H. Liberal Education and Nursing. Columbia: Teachers College Columbia University, 1960.

Shackleton, B.E. The Fifth Schedule. Invercargill: Craig Printing Co. Ltd., 1984.

Stewart, I. & Austin, I. A History of Nursing. New York: G.P. Putnam & Sons, 1962.

Strachey, L. Eminent Victorians. London: Chatto & Windos Ltd., 1957.

Sutch, W.B. Women with a Cause. Wellington: New Zealand University Press, 1973.

Thomson, H. and Thomson, S. Ann Gilchrist Strong: Scientist in the Home. Christchurch: Whitcombe & Tombs, 1951.

Thorp, M.M. The Long Long Trial: An Autobiography. Hastings: Hart Printing House, 1971.

Tomes, Nancy. "The Silent Battle: Nurse Registration in New York State, 1903-1920". in Nursing History, New Perspectives, New Possibilities. 107-132. Edited by Lagemann, Ellen Condliffe, New York: Teachers College Press, 1983.

Turabian, Kate L. A Manual for Writers of Term Papers, Theses, and Dissertations. 4th ed. Chicago: University of Chicago Press, 1973.

Wilson, D.M. A Hundred Years of Healing. Wellington: A.H. & A.W. Reed, 1948.

Wilson, M. & Marquand, C. Official History of the Royal New Zealand Nursing Corps. Wellington: R.N.Z.N.C., 1978.

Women's Division of the Federated Farmers. Brave Days: Pioneer Women in New Zealand. Wellington: A.H. & A.W. Reed. 1939.

b. Articles.

Ashley, Jo Ann. "Nursing and Early Feminism." American Journal of Nursing, 75, (September, 1975): 1465-67.

Dalziel, Raewyn. "The Colonial Helpmeet: Women's Role and the Vote in Nineteenth-Century New Zealand." New Zealand Journal of History, 11, (October, 1977): 112-123.

Dickenson, M. & Law, G. "Nurses in the National Health Scheme." The Australian Quarterly, 46, (March, 1974): 29-41.

Eldred-Grigg, S. "What Happened to the Gentry? The Large Landowners of Ashburton County, 1890-1896." New Zealand Journal of History, 11, (April, 1977): 3-27.

Elphick, Judith. "What's Wrong with Emma? The Feminist Debate in Colonial Auckland." New Zealand Journal of History, 9, (October, 1975): 126-141.

Evans, R.J. "Women's History: The Limits of Reclamation." Social History, 5, (May, 1980): 273-281.

Fairburn, Miles. "Local Community or Atomized Society." New Zealand Journal of History, 16, (October, 1982): 146-165.

Fairburn, Miles. "Social Mobility and Opportunity in Nineteenth-Century New Zealand." New Zealand Journal of History, 13, (April, 1979): 43-60.

Fairburn, Miles. "The Rural Myth and the New Urban Frontier: An Approach to New Zealand Social History 1870-1940." New Zealand Journal of History, 9, (April, 1975): 3-21.

Faust, B. "Feminism Then and Now." The Australian Quarterly, 46, (March, 1972): 15-28.

Fitzpatrick, M. Louise, "Nursing." Signs, 2, (April, 1977): 818-832.

Giroux, H.A. "Beyond the Correspondence Theory: Notes on the Dynamics of Educational Reproduction and Transformation." Curriculum Inquiry, 10, (March, 1980): 225-247.

Grigg, A.R. "Prohibition and Women: The Preservation of an Ideal and Myth." New Zealand Journal of History, 17, (October, 1983): 144-165.

Hughes, Beryl. "Nursing Education: The Collapse of the Diploma of Nursing at the University of Otago, 1925-1926." New Zealand Journal of History, 12, (October, 1978): 17-33.

Hull, R.T. "Dealing with Sexism in Nursing and Medicine." Nursing Outlook, 30, (February, 1982): 89-94.

Kalisch, Beatrice J. & Kalisch, Philip A. "Be a Cadet Nurse: The Girl with a Future." Nursing Outlook, 21, (July, 1973): 444-49.

Lambie, Mary. "A Wealth of Information: Facts Relating to Our Nursing History Which Every Nurse Should Know." Kai Tiaki (July, 1960): 8-17.

Longway, I.M. "Curriculum Concepts: An Historical Analysis." Nursing Outlook, 20, (February, 1972): 116-120.

Mackinnon, Alison. "Women's Education: Linking History and Theory." History of Education Review, 13, (1984): 5-14.

Okin, Susan Moller. "John Stuart Mill's Feminism." New Zealand Journal of History, 7, (October, 1973): 105-127.

Oliver, W.H. "Social Policy in the Liberal Period." New Zealand Journal of History, 13, (April, 1979): 6-33.

Olssen, Erik. "The Working Class in New Zealand." New Zealand Journal of History, 8, (April, 1974): 44-60.

Rice, Geoffrey. "Christchurch in the 1918 Influenza Epidemic, A Preliminary Study." New Zealand Journal of History, 13, (October, 1979): 109-137.

Smith, Frances T. "Florence Nightingale: Early Feminist." American Journal of Nursing, 81, (May, 1981): 1021-1024.

Tennant, Margaret. "Elderly Indigents and Old Men's Homes 1880-1920." New Zealand Journal of History, 17, (April, 1982): 3-21.

Tennant, Margaret. "Mrs Grace Neill in the Department of Asylums, Hospitals and Charitable Institutions." New Zealand Journal of History, 12, (October, 1978): 3-16.

c. Unpublished Material.

Benseman, Mary Hancock. "Knowledge and Control: A Feminist Perspective." Readings for History of New Zealand Education, Department of Education Massey University.

Bunkle, Phillida E. "And Two Chinese Lepers." Paper presented at Conference on Women and Health, Wellington, 14 February, 1977.

Codd, John. "Educational Evaluation and Critical Theory." Paper presented to the Annual Conference, Philisophy of Education Society to Australasia. Massey University, New Zealand, 22-25 August, 1983.

Diamond, M. "The Nightingale Nurse: A Case Study in Victorian Values." Pre Conference Paper presented at Massey University, 1980.

Levesque, A. "Women and the Medical Profession: An Historical Survey." Paper presented at Conference on Women and Health, Wellington, 14 February, 1977.

Murray, N.S. "The Life and Work of Dr Duncan MacGregor M.A., M.D., L.I.D." Thesis, M.A. Otago University 1946 .

Openshaw, Roger. "Patriotism and the New Zealand Primary School: The Decisive Years of the Twenties." Thesis, Ph. D., University of Waikato, 1978.

Perry, Judith. "Curriculum Development in Nursing Education." Paper prepared for Masters studies, Massey University, 1983.

Peters, Michael. "A Critique of the Knowledge as Production Thesis." Paper presented to the Annual Conference, Philosophy of Education Society of Australasia. Massey University, New Zealand, 22-25 August, 1983.

Rayner, Beverley M. "Constancy and Differences in the Dimension and Elements of Nursing Practice 1901-1981." Thesis, M.A. Massey University, 1983.

Salmon, E. Beatrice. "Send for Alice." Address given at Taranaki Hospital Board Nurses Graduation Ceremony, 1983.

Shadbolt, Y. "Trends in Written Examinations for Nurses." Seminar Paper, Auckland University, 1981.

Tennant, Margaret. "Indigence and Charitable Aid in New Zealand, 1885-1920." Thesis, Ph.D. Massey University, 1981.

Tennant, Margaret. "Women and Welfare: The Response of Three New Zealand Women to Social Problems of the Period 1890-1910." Thesis, B.A. Hons. Massey Unversity, 1974.

3. PERSONAL COMMUNICATIONS

a. Interviews.

Mr Wilton, Palmerston North, 81 years.
Interview date 8th September 1984.

Miss X, Personal details omitted.
Interview date 18 September 1984.

Miss Y, Personal details omitted.
Interview date 18 September 1984.